Baby File

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SIVA NARAYANA REDDY

Name: ---

UHID No ---------- Consultant : ---------- Dept : ----------

Date of Admission ~~2-4-~~ ne : 9:20am Date of Discharge : ---------- Time: ----------

Room / Bed No : 222-1 Ward : LIW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	2:45pm	LIW	Room (206)	MS

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/7/26	Blood grouping	V12602218 1	
2/7/26	GRBS 81mg/dl 9AM	V12602218 7	
	Cooks checked by Subastini	10:30AM	
2/7/26	GRBS - 59mg/dl - 4pm	26022225	
2/7/26	GRBS 10pm - 77mg/dl	26022248	
3/7/26	GRBS 4AM - 74mg/dl	26022250	
3/7/26	GRBS 10:30Am - 67mg/dl	26022287	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 03.07.2026 Time : 12 Pm Prepared By : MERLY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sony	03.07.26 12 Pm		

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060537 **Admit Date** : 02-Jul-2026 **Admit Time** : 09:02 AM **UHID** : VIH-00206469

Patient Details :

Patient Name	: Baby B/O KOLLURI LAKSHMI SUKEERTHY	**Age**	: 0 D
Guardian	: Mr NANDULA VBSC KRISHNA	**DOB**	: 02-07-2026 08:12 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Flat no.103, Tirumala Anjali Enclave, Chaitanyapuri, Hyderabad Dilsukhnagar Colony Hyderabad Telangana INDIA 500060	**Phone No**	: 9491871742/
		E-mail	: kollurisukeerthy@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-222-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr NANDULA VBSC KRISHNA	**Relationship**	: Father
Contact Address	: Flat no.103, Tirumala Anjali Enclave, Chaitanyapuri, Hyderabad Dilsukhnagar Colony Hyderabad Telangana INDIA 500060	**Phone No**	: 9491871742 / 9573036182

Signature

Doctor Details :

Doctor Name	: Dr. SIVA NARAYANA REDDY VENNAPUSA	**Specialisation**	: NEONATOLOGY
Referral Doctor	: DR.KAPPAGANTULA APARNA	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
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NURSING DEPARTMENT

NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: Blo. Lakshmi Mother's Name: mrs. Lakshmi

Date of Birth: 2/7/26 Time of Birth: 8:12Am Gender: ☐ Male ☑ Female

Birth Weight: 3.906 Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: A' positive Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 9:40Am

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

Mode of Delivery: ☑ Normal ☐ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: .....

Physical Assessment of New Born:

Temp: 98.6f °C HR: 152bm /Min RR: 52bm /Min BP: – SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 15 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☑ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: –

Nursing Management: (Please strike through If not applicable e.g. ~~Yes~~ / ~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: ~~Yes~~ / No

Neonatal Screening Done: Yes / ~~No~~

1. Nutritional Screening: Feeding Problem Yes / ~~No~~
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: K. Suhasini Signature: ..... Date &Time: 2/7/26 9:40Am

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206469 IP-00060537 Baby B/O KOLLURI LAKSHMI 02-07-2026 0 Y 0 M 0 D 2 H (F) Dr. SIVA NARAYANA REDDY	2/6/26 at 9:02 AM	2/6/26 at 2:25pm
	Transfer Ordered by	Reason for Transfer
	Dr. Srikar	observation
From Unit	To Unit	Information to Attendant
L&W	Room (206)	Yes ☒ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
15	No: 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small koochee's — (1)	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐

Dr. Srikar

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Meghana	Dr. Srikar

Patient & Clinical Records Received by : Sushila

Date & Time of Patient Received : Sushila 2/6/26 at 2:30Pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : KOLLURI LAKSHMI Age: ..... Father's Name : ..... Age : .....

Date of Birth : 17.03.93 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Siva Sir Referring Consultant : Dr. Aparna Mam

Transferring Unit : ☐ OT ☒ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☒ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : S/o Lakshmi

Gender : ☐ M ☒ F Blood Group : .....

Date of Birth : 2/7/26 Time of Birth : 8:12 am

Place of Birth : RCH.VKP

Mother's Blood Group : 'A' Positive

Birth Weight (gms) : 3.906 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39+2 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32yr. Ht : ..... Wt : ..... BMI : ..... Married Life : 2yr LMP : 29/9/25 EDD : 6/7/26.

Conception : Spontaneous or with Rx. : Spontaneous.

Booked at what GA. : 30+3 | Previous AVE @ Rep LB noted. AN Steroids Drugs / Doses : .....

Last Scans Details : 24/6/26. 8 wks NF | 38+2 wks | Cephalic Pl. Ant Right AFI - 14.3 Doppler (N)

TT Immunization and Iron / Folic Acid : Taken

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

T-Ecosprin 150 mg stopped at 34+5 wks

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : (N)

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin Fs-low n8k

Controlled or not, recent values, HbA1 values : .....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication? .....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☒ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : 21 wks Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SIVA NARAYANA REDDY

PAST OBSTETRIC HISTORY

G: 2 P: 1 A: 1 L: 0

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	- 9+2 wks	miscarriage				March 2021
G2	P/P -	spontaneous				

PERINATAL HISTORY

Treating Obstetrician : Dr. Aparna Hospital : RCH VKP ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication :

Specify the reason : NVD

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitaion : ☐ Yes ☐ No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : .... Weeks : ....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
TOTAL	7/10	9/10	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

GIAB.

Equipment check done
↓
B/o Lakshmi delived via NVD
on 2/7/26 at 8:12 am
↓
c/AB
↓
Dee done for Bosse
↓
Recieved into a preheated warmer
↓
Dried and stimulated
↓
Secreations cleared Mouth → Nose
↓
Cord clamp cut 2A+1V (+)
↓
Inj. vit K i/M given
↓
Baby Nigrous
↓
Shift to mother side

target SpO2 reached at 3' of life

Investigation details in previous Hospital :

Feeding History :

-

Past History :

-

Family History :

-

Socio Economic History :

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SIVA NARAYANA REDDY

GENERAL EXAMINATION ON ADMISSION

General Disposition : Cry - vigrous
tone - (N) UL = LL
Activity - good flexion of and active movements of all (4) limbs

VITALS : Temperature : 36.5°C HR : 170/min RR : 42/min NIBP : CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 98/RA

Anthropometry : Birth Weight : 3.906 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : (LGA)

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : AF @ level
Sutures
Shape / Moulding : Caput ++
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism) no dysmorphism

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses : (N)

EYES :
Symmetry :
Red Reflex :
Discharge : not checked

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags : (N)
Nasal shape / Patency :
Palate :
Gums : no cleft lip / palate
Lips :
Tongue :

VIH-00206459 IP-00080537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SIVA NARAYANA REDDY

BREASTS : Shape of Thorax :
Position of Nipples and Number : 2 in NO @ Position

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : +
Umbilical Stump : 2A+1V ⊕
Discharge : –

GENITILIA : Labia / Hymen : ⊕
Testicles/penis :
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : –

EXTREMETIES : Fingers / Toes : 10f+10T ⊕ Arms / Legs :
Deformities : Mobility :
Hip Joint Examination : No Single palmar / plantar crease

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breating :

Scoring of respiratory distress if present (Silverman or Downe's) :

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings :

SpO_2 : 98/RA Auscultation : B.A.E ⊕ Breath Sounds : NVBS ⊕ Added Sounds : –

Cardiovascular System :

HR : 160/min BP : Precordial Activity : (N)
Femoral Pulses : ⊕ Murmurs : –
Other Peripheral Pulses : ⊕ Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice : free
Palpation : Soft Anal Patency : ⊕
Palpable masses : Umbilical Cord : 2A+1V ⊕
Abdominal girth : First urine passed :
Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☑ Palmar ☑ Plantar ☐ Sucking ☑ Rooting ☐ Crossed adductor : .....

Moro's : elicited ..... DTR : .....

ATNR : + ... Skull and Spine : N .....

Any Congenital Anomalies : .....

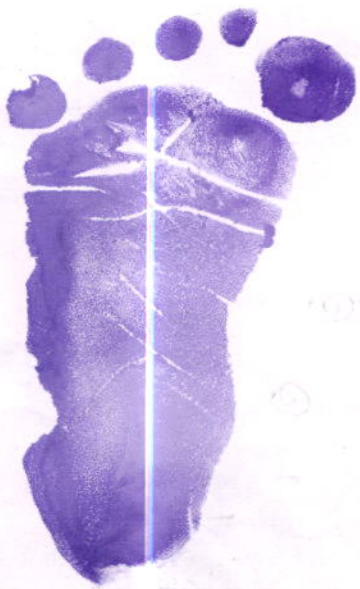
no gross Anomalies on visual examination

Diagnosis : .....

Full Term (39+2) | NVD | Female | AGA | 3.906kg | LGA.

FOOT PRINTS

Left Side :



Right Side :

Taken by Neethu 2/7/26

Resident Doctor :

Signature : .....

Name : Dr. Shankar

Date & Time : 2/7/26 8:30 Am

Consultant :

Signature : .....

Name : Dr. Siva Sir

Date & Time : .....

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Feeding Plan at the time of shifting : .....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SIVA NARAYANA REDDY

reeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening

program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: - Encourage Roomin

Final Diagnosis: - DBF 2nd baby

- SBR/NBS/oAE Bil Dle

- Immunization

- GRBS pre feed (4th 48 hour) H/o LGA 81 - GRBS @

- Good care, kangaroo care

- monitor & inform (sos)

Doctor Signature: .....

Doctor Name: Dr. Shrikar

Date & Time: 8:30 Am/ 2/7/26.

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0Y0M0D8H (F)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 4pm	S/R Resident	($G_2P_1A_1L_0$) - # [illegible]
	Term (38^{+2} wks) | NVD | Baby girl | CIAR |	
	B.wt - 3.906kg | LGA	
	O/E - Euthermic	Plan
	CVS - S_1S_2 (+)	
	RS - BAE (+)	- Cont same instructions
	PA - soft	
	C/A/T - good	- Monitor vitals
	CRT < 3 sec	- [illegible]
		- [illegible]
		noted by Sashi 2/7/26 at 6PM
2/7/26	lactation notes (Mrs. [illegible]) (Precious baby)	
	• 1st time mother	
	• Normal breast condition	
	• Drops of milk seen	
	• TF introduced on pediatrician's advice	
	• Strategies to improve supply discussed	
	• To track the feeding in the sheet given	
	5:20PM	

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0 Y 0 M 0 D 8 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 9:00 Am	HOL - 25 3042 / ♀	3.906 ↓ 3.89 (↓kg). / G2P1A1 NVD
M → A +ve O +ve B → GPAI - (N)	C/T/A Good CRT < 3sec AF (N) moro - Elicited CVS - S1S2 CNS - NAD RS / PA NAD	Plan - TCB / SBR B/F d/c. - DBF ↑ burping adv - warmth & cord care - vitals monitoring - Inform SOS - OAE T/D. - NO TCB / SBR T/D → F/up after 2days Direct D/C.
Dr Shiva Narayana Reddy Reg. No: 48300 Dr. [signature] 3/7/26 10A		
Noted by [signature] 03/7/26 @ 11AM		

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

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SHIFT HAND OVER FORM

SITUATION

Diagnosis: Full term (39+2) NVD female CRIB 3.906 kg LGA

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day: -

BACKGROUND

Date / Shift	2/7/26 N	2/7/26 E	2/7/26 N	3/7/26 M		
Medical Condition (Any special condition to be noted):		nil	Nil	Nil		
Diet:	DBF	DBF	DBF	DBF		

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA		
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.°F	98.6F	98.5F	98.5F		
Res:	40	42 b/m	42 b/m	42 b/m		
SpO_2:	99	96%	98%	99%		
Pulse:	142	148 b/m	142 b/m	140 b/m		
BP:	-	-	-	-		
LOC:	Consious	conscious	Conscious	conscious		
Fall Risk Score:	0	15	15	0		
Pain Score:	0	0	0	0		
Skin Integrity	intact	Intact	Intact	Intact		

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	-	nil	Nil	nil		
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	DBF	DBF	DBF	DBF		
Critical Lab Test / Values:		nil	Nil	nil		
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	Dependent		
Post Operative Procedure Special Orders:	DBF and bdy	nil	Nil			
Handed Over By Name :	Meghana	Sushila	Varsha	file		
Signature / ID :	M020232	SI6493	905014	Reading		
Date:	2/7/26	2/7/26	3/7/26	to		
Time:	@2.25pm	8pm	@8Am	Billing		
Taken Over By Name :	sushila	Varsha	Sony			
Signature / ID :	SI6493	905014	905043	Noted by		
Date:	2/7/26	2/7/26	3/7/26			
Time:	2.30 PM	@8pm	@8Am	3/7/26 @11:30		

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 14 H (F)
Dr. SIVA NARAYANA REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

LBH-00113865 IP-3000060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

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NURSING CARE RECORD

Date: 2/07/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☑ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am 11Am	DBF given Maintain personal hygiene	9Am 11Am	To provided breast milk personal hygiene given	To get enaff Nutrition To prevent infection	Baby's good Baby is comfortable	Meghq 2/7/26 1pm
Afternoon	4Pm	maintain personal Hygiene	4:16 pm	To maintain Hand Hygiene	To prevented infection	Patient is stable	Sucili 2/7/26 @8pm
Night	9pm	* Maintain Good Nutritional Status	11pm	* Every 2nd hourly feeding & Burping given	* TO prevent dehydration	Re-assessment done. Baby is stable	Vasuki 2/7/26 @8pm

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0Y0M0D14H (F)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 03/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	Give * DBF to the baby	10	* Given DBF & burping every 2nd hourly Discharge notes	* Baby is hydrated and comfortable.	* Re-Assessment Done baby is stable.	Sony 3/6/26 @10 AM
Afternoon				Doctor came for rounds & Advice Discharge Noted by sheshu 03/7/26 @11AM			
Night							

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O KOLLURI LAKSHMI SUKEERTHY**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP-00060537**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/CRDL-LW-222-1**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned) consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ırance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill arance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Sk KRISHNA
Relationship: brother
Date: 02/07/26 Time: 09:01 A.M
Wittness Name:
Wittness Signature:

Patient Address:
Flat no.103, Tirumala Anjali Enclave,
Chaitanyapuri, Hyderabad
Dilsukhnagar Colony Hyderabad
Telangana INDIA 500060

CONSENT FOR FORMULA FEEDS

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Patient Name: Blo Kalluri Lakshmi Age: ..... Gender: ☐ Male ☑ Female

UHID no: 20649 Department / Ward: 3rd Floor Date: 2/7/26

I Mr / Mrs. : K. LAKSHMI SUKEERTHY Aged 32 years, hereby declare that I have admitted my ☐ son / ☑ daughter in Rainbow Children's Hospital, Hyderabad on 2/7/2026

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant / Guardian:

Signature: Sukeerthy

Name: K. LAKSHMI SUKEERTHY

Relationship with patient: MOTHER

Date & Time: 2/7/26 at 5pm

Witness

Signature: C. Visalakshi

Name: C. VISALAKSHI

Date & Time: 2.7.2026 5 P.M

Doctor (who is taking consent):

Signature:

Name: CH GANESH

Date & Time: 31/7/2025

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

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పేషెంట్ పేరు: ..... వయస్సు : ..... లింగం : □ మగ □ ఆడ

UHID సంఖ్య: ..... విభాగం / వార్డు : ..... తేదీ:.....

నేను శ్రీ / శ్రీమతి : ....., వృద్ధాప్యం .....

నేను నా □ కొడుకు / □ కూతురిని హైదరాబాద్‌లోని రెయిన్‌బో చిల్డ్రన్స్ హాస్పిటల్‌లో ..... . నా బిడ్డ కోసం ఫార్ములా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫార్ములా ఫీడింగ్ ప్రయోజనాలు, రిస్క్‌లు, ప్రత్యామ్నాయాల గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0Y0M0D8H (F)
Dr. SIVA NARAYANA REDDY

/ FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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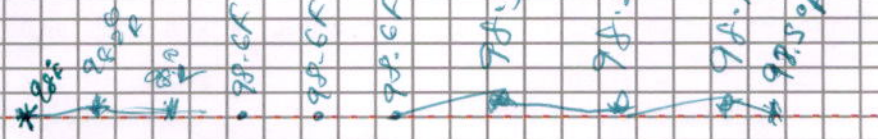
EARLY WARNING SCORE: CHILDREN'S UNIT

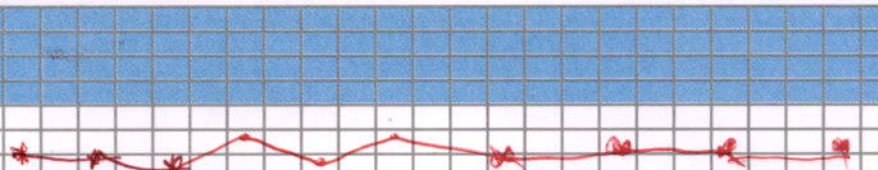
Date: 2/07/26 Time:	9	11	1	3	5	7	9	12	4	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM	AM

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94



Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring



Heart Rate (Number)	142	138	136	147	139	148	140	142	140	147

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	40	42	40	45	42	47	45	42	40	45
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓							
Receiving O_2 (l/min)										
O_2 Saturations (%)	99%	99%	99%	96	97	99	99	99	99	99
Conscious Level: Normal / Altered	✓	✓	✓	N	N	P	N	N	N	N
GCS *	-	-	-	15	15	15	-	-	-	-
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX. Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION** : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206469 IP-00080537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 14 H (F)
Dr. SIVA NARAYANA REDDY

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/20 Time:	8	10
Doctor/Nurse/Family Concern?	AM	AM
Temperature (°F)	98.1 F	98.5 F
Heart Rate (bpm) and Blood Pressure (mmHg) *		
Heart Rate (Number)	141	140
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	40	42
Resp Distress: Mod/ Severe / None / Mild	~	~
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%
Conscious Level: Normal / Altered	N	N
GCS *	N	N
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

LBH-00113665 IP-00060534
Mrs KOLLURI LAKSHMI SUKEERTHY
17-09-1993 32 Y 9 M 15 D (F)
Dr. KAPPAGANTULA APARNA

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FLUID CHART

Sheet No. : (1)

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/7	08:00 am											Meghna 2/7/26 11Am
	09:00 am	DBF										
	10:00 am	DBF										
	11:00 am	DBF										
	12:00 pm											Meghna 2/7/26 2pm
	01:00 pm	DBF										
Total Intake : Good						**Total Output :**						
2/7	02:00 pm	DBF									1	Sreelekha 2/7/26 @7 Pm
	03:00 pm		DBF									
	04:00 pm										0	
	05:00 pm		DBF									
	06:00 pm		TFF									
	07:00 pm						✓					
Total Intake :						**Total Output :**						
2/7/26	08:00 pm											Vaishali 2/7/26 @7 AM
	09:00 pm		DBF							✓		
	10:00 pm		TFF									
	11:00 am											
	12:00 am											
	01:00 am		DBF				✓				0	
Total Intake :			TFF			**Total Output :**						
3/7/26	02:00 am											Vaishali 3/7/26 @8AM
	03:00 am		DBF									
	04:00 am		TFF							✓		
	05:00 am											
	06:00 am		DBF									
	07:00 am		TFF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206469 IP-00060537
Baby B/O KOLLURI LAKSHMI
02-07-2026 0 Y 0 M 0 D 8 H (F)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : .....

3/7/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/7/26			Mouth	I.V	N.G							
	08:00 am		DBF							✓	1	
	09:00 am											
	10:00 am		DBF								0	
	11:00 am									✓		
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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VIH-00206469 IP-0006053
Baby B/O KOLLURI LAKSHMI
02-07-2026 0Y0M0D2H (F)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.906 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/6/26.	8:20 pm	Inj. VIT. K	0.5cc	IM			

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