Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D1H (M)
Dr. SIVA NARAYANA REDDY

Name: ---------- ----------

UHID No : ------- --- Consultant : Dr. Siva Narayana Dept : ----------

Date of Admissi ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
02.07.26	at. 10pm	NICU	Room(207)	

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	ABG	V:2602221H	
2/7/26	Blood grouping	V:2602223H	
crossed	checked by Tesu 2/7/26 at: 9:50pm		
	SBR. RBS / BBW	26022360	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/7/26	TEOAE	1	3097348	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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-00060544 **Admit Date** : 02-Jul-2026 **Admit Time** : 04:29 PM **UHID** : VIH-00206496

Patient Details :

Patient Name	: Baby B/O VANDANAPU SAHITHI	**Age**	: 0 D
Guardian	: Mr SHASHANK VANDANAPU	**DOB**	: 02-07-2026 03:07 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KOMPALLY Kompally Hyderabad Telangana INDIA 500014	**Phone No**	: 9121659644/ 9908271754
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-227-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-227-1 **Admission Type** : First Visit

Contact Details :

Name : Mr SHASHANK VANDANAPU **Relationship** : Father

Contact Address : KOMPALLY Kompally Hyderabad Telangana INDIA 500014 **Phone No** : 9121659644 / 9908271754

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : NEONATOLOGY

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SIVA NARAYANA REDDY

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Bo. V. Sahithi Mother's Name: Ms. Vandanapu Sahithi

Date of Birth: 2.07.2026 Time of Birth: 03:07:36pm. Gender: ☑ Male ☐ Female

Birth Weight: 2.883 Kgs HC: 34 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: O positive Baby: .....

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 3:30pm.

VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

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

Indication: Non-Progressed labour.

Physical Assessment of New Born:

Temp: 36.8 °C HR: 146bt /Min RR: 43bt /Min BP: ..... SpO_2: 98%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** ..... (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: Sr. Meghana. Signature: ..... Date &Time: 02/7/26 @ 4pm.

PATIENT TRANSFER FORM

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VIH-00200609 IP-00060530
Mrs VANDANAPU SAHITHI
23-09-2000 25 Y 9 M 9 D (F)
Dr. BHAVANA K

	Date & Time of Admission	Date & Time of Transfer Order
	2/7/26 at: 4:20 pm	2/7/26 at: 9 pm
Treating Consultant Name	Transfer Ordered by: Dr vishal	Reason for Transfer: for observation
From Unit: MICU	To Unit: (207)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (15)	Number of Imaging Films: Nil	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	1) Baby leeches	(1)
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
sis. pooja	Dr. vishal

Patient & Clinical Records Received by :

Date & Time of Patient Received : 2/7/26 @ 10:50 pm

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

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 5 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Sahithi. Age : 25. Father's Name : ..... Age : .....

Date of Birth : 23/9/2000 Date of Admission : 1/7/26. UHID No.: .....

NICU Consultant : Dr Shiva sir Referring Consultant : Dr Bhavanew

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

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

BIRTH INFORMATION

Name : B/o Sahithi

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 2/7/26. Time of Birth : 3.07.36pm

Place of Birth : RCH, VKP.

Mother's Blood Group : 'O' Positive

Birth Weight (gms) : 2.883Kg. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+5 weeks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25yrs Ht : 169 Wt : 103. BMI : ..... Married Life : 1½yr LMP : 10/10/25 EDD : 17/7/26

Conception : Spontaneous or with Rx. : Spontaneous.

Booked at what GA. : 12weeks - Previous - Vijetha AN Steroids Drugs / Doses : .....

Last Scans Details : 1/2/26 — SLIUF, 37+5wks, Cephalic, PLT - Post, (R) Lateral Kyst.

TT Immunization and Iron / Folic Acid : .....

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 : .....

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 : 9cm (oligo hydramnios).

H/o GDM/ pre GDM/ on diet or insulin

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

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

12weeks - Thyronorm - 37.5mcg.

Any other Chronic Medical Problems, when detected drugs ? Led fetal mvti @ 27+5wks conservative

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

Infection : H/O, Fever

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

UTI : when : ..... Any culture : .....

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

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

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

PAST OBSTETRIC HISTORY

..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	Primi					

PERINATAL HISTORY

Treating Obstetrician : Dr Bhavana K. Hospital : RUH, VKP ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : .....

Specify the reason : NPOL

Augmentation of Labour : ☑ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : —

Resuscitaion : ☐ Yes ☑ No

Cord ABG : PH = 7.26 / PCO2 - 44 / PO2 18, BE -3.9.

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
1	1	2
2	2	2
2	2	2
2	2	2
1	2	2
8/10	9/10	10/10.

TOTAL

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 :

—

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Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D5H (M)
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Baby cried, was delivered via Emergency LSCS in Vertex presentation

FT/37+5wks/2.880kg/AGA/1m/male/CSCS/CIAD.

CIAD.

DCC done for 1 min

OVO Nasal suction done

shifted to warmer

Investigation details in previous Hospital : umbilical cord clamped & cut under aseptic conditions.

Inj Vit K given

Feeding History : —

Past History : —

Family History : —

Socio Economic History :

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/I/A (N).

VITALS : Temperature : Euthermic HR : 168/min RR : 36/min NIBP : — CFT : <3sec

Color of the extremities : Acrocyanosis (+).

Jaundice : — Pallor : — SpO2 : 96% RA

Anthropometry : Birth Weight : 2.883kg Length : — HC : — Present Weight : 2.883kg

Ponderal Index : ✓ AGA : ✓ SGA : — LGA : —

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : / Sutures / Shape / Moulding : / Edema / Bruising : / Size - (H.C.) : (N)

Facies : (Any Facial Dysmorphism) / No facial dysmorphism

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

EYES : Symmetry : / Red Reflex : → Not done / Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape : / Periauricular Pits / Tags : / Nasal shape / Patency : / Palate : / Gums : / Lips : / Tongue : (N)

Patient Sticker

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number : /(N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : -> 2A, 1V
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : -> B/L testis palpable
Anus :

HERNIAL ORIFICES /

TRUNK and SPINE : /

SKIN LESIONS : (N)

EXTREMETIES :
Fingers / Toes : /
Deformities :
Hip Joint Examination :
Arms / Legs : /(N)
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 60/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 : 96% RA Auscultation : BAE (P) Breath Sounds : Chest clear Added Sounds : -

Cardiovascular System :

HR : 160/min BP : -
Femoral Pulses : /
Other Peripheral Pulses : well felt
Precordial Activity : /
Murmurs : (P)
Signs of Cardiac Failure :

Abdomen :

Shape : /
Palpation : NAD
Palpable masses :
Abdominal girth :
Hernia orifice : - (P)
Anal Patency : - (P)
Umbilical Cord : - 2A, 1V
First urine passed : -NP
Meconium passed :

ectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : ..... C/T/P ⊘.

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : B/L Symmetrical, Complete DTR : –

ATNR : – Skull and Spine : –

Any Congenital Anomalies : N.D. Visible Congenital Anomalies.

.....

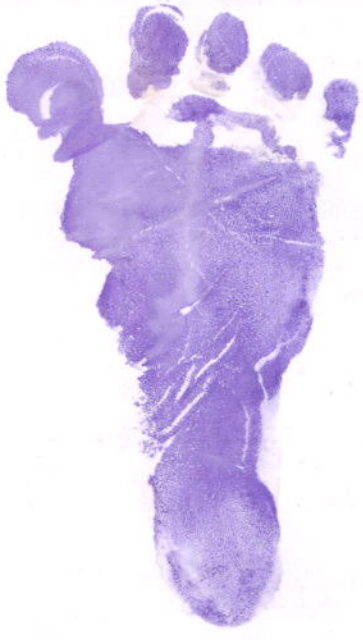
Diagnosis : FT/37 Hr/2.883Kg/AUA/1m/male/LSCS/CIABS.

.....

FOOT PRINTS

Left Side :

Right Side :



Noted by Prasanna

Resident Doctor :

Signature : .....

Name : D. Vishal.

Date & Time : .....

Consultant :

Signature : .....

Name : .....

Date & Time : .....

Dr. Shiva Narayana Reddy Reg. No. 48300

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-00206496 IP-00000544
Baby B/O VANDANA/J SAHITHI
02-07-2026 0/0M0D5H (M)
Dr. SIVA NARAYANA REDDY

Feeding: ☐ 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: ....

Final Diagnosis: DBF f/b bp x 3rd July.
Warm Care, Cord Care
Immunization as per schedule
OAE, NBS, SBR before ds.
Monitor Vitals.

Noted by Prasanna 2/7/26

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 9:00 am	HOL - 18. 37+5 male	2.838 / 2.79 (↓939) | IO 11m primi Em-LSCS NPCL
	C/T/A Good	
	CRT < 3 sec	
	AF - (N)	
M/B passed	moro - Elicited	
	CVS - S1S2	
	CNS - NAD	
U/M passed	RS / PA | NAD	Plan
B/L testes (+) palpable		- DBF fb burping Q 2H
		- warmth & Card Care
	(T/M 3:00pm)	- vitals 6th hrly
		- SBR & NBS @ 48hrs
		- OAE after 24hrs.
		-
	Dr. Shiva Narayana Reddy Reg. No. 48390 3/7/26 10a	(signature)

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26	lactation notes (Mrs. Ranganaikamma)	
	• 1st time Mother	
	• Drops of milk seen, protractile nipple	
	• Advised to feed every 2 hrs	
	• More skin to skin	
	• Thx.	
2:00pm	(To see hormones while feeding)	
3/7/26 4:30 pm	S/B Resident	(TTOL - 25 hrs; PRIMI)
	- Baby reviewed	plan
	- No new concern	- CT + Cont. same instructions
	- Feeding well c/f pairing	- DAT tom
		- SBR / NBS @ tom 2pm
	O/E - Euthermic	If parents are willing
	CVS - [illegible]	- Monitor vitals
	RS - BAE	- Jaundice check
	CNS - good	- Informed
	CRT <3sec	

Advised by Surg 3/7/26 @ 8pm

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02-07-2026 0 Y 0 M 1 D (M)
Dr. SIVA NARAYANA REDDY

(2)

Rainbow Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7:30AM	S/B Resident (4th day of life; primi)	
	Term (37+5 wks) / Em. LSCS (NPOL) / Boy / (B AB)	
	B.wt - 2.888 kg / AGA / No Hm	
	C/O - No New Concern	plan
	Tolerating feeds well	
	U/S passing	- CS + Cont. care instructions
		- OAE today
		- SBR
	On DBM + EBF.	NBR] @ 2pm today
	M/B] O +ve	
		(if parents are willing)
		- Monitor vitals
	O/E - Euthermic	- U to clinically
	CVS - S1S2 (N)	- Warm + Cord card care
	RS - B/L AE (N)	- DBF - 2nd hourly ffb supply
	PA - Soft	- Uprom per
	CRT - good	
	CNS <1sec	
		Noted by Sony 4/7/26 @ 10:30AM
[signature]	[signature] Dr. Shiva Narayana Reddy Reg. No: 48300 4/7/26 10Am	

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SIVA NARAYANA REDDY

Patient

Rainbow® Children's Hospital
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: FT | 37+5 | 2.885kgs | AGA | 1M | Male | LSCS | CIAB.

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

Surgery / Procedure:

Post OP Day:

	Date / Shift	2/7/26 E	2/7/26 N	3/7/26 M	3/7/26 E	3/7/26 N
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—	—
	Diet:	DBF	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	RA
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.6F	98.6F	98.5F	98.2F	98.6F	98.5F
	Res:	46bpm	40/bm	48bpm	42bpm	42bpm
	SpO_2:	99%	99%	99%	99%	99%	99%
	Pulse:	146bpm	145/bm	142bpm	146bpm	140bpm	142bpm
	BP:	—	—	—	—	—	—
	LOC:	Comfy	Conscious	Drowsy	Conscious	Conscious	Conscious
	Fall Risk Score:	15	15	15	15	15	15
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
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:	DBF	DBF	DBF	DBF	DBF	DBF
	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):	Dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Meghana	pooja	Varsha	Sony	Sony	Varsha
Signature / ID :		905043	905043	905043	905043	905043	905043
Date:		2/7/26	2/7/26	3/7/26	3/7/26	3/7/26	4/7/26
Time:		@8pm	@9pm	@8am	@2pm	@8pm	@8am
Taken Over By Name :		pooja	Varsha	Sony	Sony	Varsha	Sony
Signature / ID :				905043	905043	905043	905043
Date:		2/7/26	2/7/26	3/7/26	3/7/26	3/7/26	3/7/26
Time:		@8pm	@10:30pm	@8am	@2pm	@8pm	@8am

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D1H (M)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	4/7/26 M					
	Medical Condition (Any special condition to be noted):	–					
	Diet:	DBR ff					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	41bpm					
	SpO_2:	99%					
	Pulse:	141bpm					
	BP:	–					
	LOC:	conscious					
	Fall Risk Score:	1 yr					
	Pain Score:	0					
	Skin Integrity	Intact					
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:	DBR					
	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):	dependent					
Post Operative Procedure Special Orders:		–					
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

noted by Sony 4/7/26 @ 10:30 AM

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D1H (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 2/7/26

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							
Afternoon	3pm	Ensure Safety	4:10 pm	Provided Cord Care	· To Prevent falls.	· Baby is Safe	
	6pm	Patient & family Education	6:10 pm	Educated regarded Cord Care, Warm Care	· Attendes are gained knowledge	· Patient gain knowledge	
	7pm	Maintain fluid Balance	7:15 pm	DBF 2nd July.	· Maintained fluid volume	· Baby is taking feeds	
Night	9pm	Ensure Safety		provide side cot	· To prevent falls	Dated Baby is safe	
	11pm	& Maintain Good Nutritional status	12Am	Every 2nd hourly Feeding & Burping given	& To prevent dehydration	Baby is stable	

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 3/7/26

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	9AM	* Maintain fluid balance	11 AM	* Every 2nd hourly feeding Burping is given	* TO prevent dehydration	* Baby is Safe & comfortable.	Sony 3/7/26 @2pm
Afternoon	3pm 6pm	* Ensure safety * Maintain fluid balance	3:15 pm 6:30 pm	* Provide cord care & warm * Every 2nd hourly feeding Burping is given	* TO prevent falls from Risk * TO prevent dehydration	* Baby is Safe & Active	Sony 3/7/26 @8pm
Night	9pm	* Maintain Good Nutritional Status	11pm	* Every 2nd hourly feeding & Burping given	* TO prevent dehydration	Re-assessment done Baby is Stable	Sony 3/7/26 @8pm

CONSENT FOR FORMULA FEEDS

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Patient Name: B/o Sahithi Age: New Born Gender: ☑ Male ☐ Female

UHID no: 206498 Department / Ward: 2nd floor Date: 3/7/2026

I Mr / Mrs. : Sahithi Aged 25 year years, hereby declare that I have admitted my ☑ son / ☐ daughter in Rainbow Children's Hospital, Hyderabad on .....

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: M.Naga

Name: M. NagaRani

Relationship with patient: Ammamma

Date & Time: 3/7/26 @ 9pm

Witness

Signature: .....

Name: .....

Date & Time: 3/7/26 @9pm

Doctor (who is taking consent):

Signature: .....

Name: Dr Neeharika

Date & Time: 4/7/26

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-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SIVA NARAYANA REDDY

Patient

ICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/7/26 Time: 4 5 6 7 8 9 10 1 4 7 10

Doctor/Nurse/Family Concern? pm pm pm pm pm pm pm am am am pm

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6F 98.6F 98.6F 98.6F 98.6F 98.6F 98.4F 98.4F 98.2F 98.1F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 160 152 154 163 151 155 150 145 142

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 46 44 50 46 42 48 42 41 45

Resp Distress	Mod/ Severe / None / Mild									
Receiving O_2 (l/min) O_2 Saturations (%)		99%	98%	99%	98%	99%	99%	99	98	99
Conscious Level	Normal / Altered	NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD	NAD
GCS *		15	15	15	15	15	15	15	-	-
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0
Observer's Initials										

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.

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. SIVA NARAYANA REDDY

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/9/26 Time: 10 12 2 4 6 8 10 1 4 7

Doctor/Nurse/Family Concern? AM PM PM PM PM PM AM AM.

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.8°F 99.0°F 98.6°F 98.8°F 98.4°F 98.6°F 98.4°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 131 141 139 140 142 145 144 141

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number) 131 45 40 42 41 45 44 42

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min) O_2 Saturations (%)	99 99 99 99 98 99 98 99
Conscious Level	Normal / Altered
GCS *	NA NA NA NA NA NA NA NA
TOTAL SCORE Number of shaded boxes	1 0 0 0 0 1 0 0
Pain Score	0 0 0 0 0 0 0 0
Observer's Initials	

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
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* 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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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-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 1 D (M)
Dr. SIVA NARAYANA REDDY

: RCH/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	10
Doctor/Nurse/Family Concern?	Am
Temperature (^{0}F) (104 – 94)	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50) Note: BP does not score in early warning scoring	141
Heart Rate (Number)	141
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)	41
Resp Rate (Number)	41
Resp Distress — Mod/ Severe	
Resp Distress — None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99%
Conscious Level — Normal	NA
Conscious Level — Altered	
GCS *	NA
TOTAL SCORE Number of shaded boxes	0
Pain Score	0
Observer's Initials	[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.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D1H (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : .....

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
2/7/26	02:00 pm											
	03:00 pm		DBF							✓		DBF
	04:00 pm											
	05:00 pm		DBF									7pm 2/7/26
	06:00 pm									✓		
	07:00 pm		DBF									
Total Intake :		DBF				**Total Output :**				passed		
2/7/26	08:00 pm											poop 9 pm 2/7/26
	09:00 pm	DBF										
	10:00 pm						✓					
	11:00 pm											
	12:00 am	DBF								✓		
	01:00 am											
Total Intake :						**Total Output :**						
3/7/26	02:00 am											Vomiting 3/7/26
	03:00 am	DBF					✓					
	04:00 am											
	05:00 am	DBF								✓		
	06:00 am											
	07:00 am	DBF					✓					
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 8 H (M)
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

FLUID CHART

Sheet No. : .....

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							
3/7/26	08:00 am						✓					
	09:00 am	DBF								✓		
	10:00 am											
	11:00 am	DBF									0	Sony 3/7/26 @5pm
	12:00 pm											
	01:00 pm	DBF										
Total Intake :						**Total Output :**						
3/7/26	02:00 pm											
	03:00 pm	DBF										
	04:00 pm											
	05:00 pm	DBF								✓		
	06:00 pm										0	
	07:00 pm	DBF									1	Sony 3/7/26 @5pm
Total Intake :						**Total Output :**						
3/7/26	08:00 pm											
	09:00 pm	DBF					✓					Nurse 3/7/26 @10pm
	10:00 pm											
	11:00 pm	DBF								✓		
	12:00 am											
	01:00 am	DBF										
Total Intake :						**Total Output :**						
4/7/26	02:00 am											
	03:00 am	DBF+FF										
	04:00 am											
	05:00 am	DBF+FF					✓			✓		Nurse 4/7/26 @8am
	06:00 am											
	07:00 am	DBF+FF								✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0Y0M0D8H (M)
Dr. SIVA NARAYANA REDDY

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		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							
4/7/26	08:00 am											Sony 4/7/26
	09:00 am	DBF+FF										
	10:00 am											
	11:00 am											
	12:00 pm											
	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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Your Right to a Safe Delivery

FLUID CHART

Sheet no. : .....

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		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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	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											
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	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**	

VIH-00206496 IP-00060544
Baby B/O VANDANAPU SAHITHI
02-07-2026 0 Y 0 M 0 D 1 H (M)
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STAT / ONCE ONLY DRUGS

Name: B/o. V. Sahithi

Weight: ..... kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
3/7	3:19pm	Inj Vit K	0.5ml	IM			