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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY SHEET

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D3H (M)
Dr. SIVA NARAYANA REDDY

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

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

Date of Admission : 5/7/26 Time : 7:24AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 226-2 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7/26	01:40PM	MICU	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
5/7/26	Blood grouping	V126022469	
07.07.26.	SBR. TFT	26022664	
	Urine checked	by Dr Shamin 5/7/26 at 12.30 pm	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/7/26	TEOAE	1	3097998	

ANY OTHER INFORMATION

Date : 07.07.26 Time : 8Am Prepared By : MERCY

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Thanks	07.07.26 8Am		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206802 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 1 D (M)
Dr. SIVA NARAYANA REDDY

Patient Nam

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	–
2	Discharge Summary	2	–	–	–
3	Nursing Initial assessment form	1	–	–	–
4	Patient Trasfer Forms	1	–	–	–
5	In-patient Medical Record	4	–	–	–
6	Doctors Progress Sheets	2	–	–	–
7	Nurses Progress notes	3	–	–	–
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	–
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	8	–	–	–
26	Intake and Output chart (fluid Chart)	3	–	–	–
27	Drug Chart (Regular prescription)	1	–	–	–
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	–
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	conset for Formula Feeds	1	–	–	–
	Humpty dumpty	2	–	–	–
	neonatal/ Infant Braden's	6	–	–	–
	neonatal pain Assessment	1	–	–	–
	other pages	4	–	–	–
		87 Pages			
	Total No. of Pages				

Signature and Date : 7/7/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D4H (M)
Dr. SIVA NARAYANA REDDY

NEW BORN DETAILS

B/O kirthi Akula.

DOB: 5/7/2026 Sex: male Maternal Blood Group: 'B' positive

Time: 5:27 Am Birth Weight: 3.019 kg Baby Blood Group: 'O' positive

SVD / LSCS: Elective. LSCS.

Indication: Previous LSCS (maternal request

Diagnosis: Term baby/Baby boy/3.019 kg/AGA/EL. LSCS/CIAB.

Any Maternal Complications: -

Spo2 Pre ductal Right Upper Limb: 99%.

Spo2 Post ductal Left Lower Limb: 99%.

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: _____ Thyroid Screening: _____ : NBS: _____

Hearing Test (OAE): _____ Red Reflex: _____.

Head Circumference: _____ cms Length: _____ cms

Vaccination: OPV BCG, Hep-B given on 6/7/26.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
6/7/26	28 hours.	2.92 ↓99 gms		✓	✓	DBM+FF	-
7/7/26		2.95 ↑3 gm		✓	✓	DBM+FF	SBR=7.9

D. 7.8 I

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-00060574 **Admit Date** : 05-Jul-2026 **Admit Time** : 07:24 AM **UHID** : VIH-00206602

Patient Details :

Patient Name	: Baby B/O KIRTHI AKULA	**Age**	: 0 D
Guardian	: Mr MR. G. VAMSHI VARDHAN	**DOB**	: 05-07-2026 05:27 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 9962537009/ 9949096444
		E-mail	: kirthi.akula@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-226-2 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-226-2 **Admission Type** : First Visit

Contact Details :

Name	: Mr MR. G. VAMSHI VARDHAN	**Relationship**	: Father
Contact Address	: HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD Alwal Hyderabad Telangana INDIA 500010	**Phone No**	: 9962537009

B.V. Subhashini

Signature

Doctor Details :

Doctor Name	: Dr. SIVA NARAYANA REDDY VENNAPUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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PATIENT TRANSFER FORM

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	5/7/26 at 7:24AM	5/7/26 @ 1:10PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Siva Narayana Reddy	Observation
From Unit	**To Unit**	**Information to Attendant**
MICU	Room (207)	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
28	—	Yes ☑ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kuchies	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
S/S. Kamala	Dr. Siva Narayana Reddy

Patient & Clinical Records Received by : Akanksha

Date & Time of Patient Received : 5/7/26 @ 1:40pm

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-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D3H (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: B/o. kirthi Mother's Name: mrs. kirthi

Date of Birth: 5/7/26 Time of Birth: 5:27Am Gender: ☑ Male ☐ Female

Birth Weight: 3.019kg Kgs HC: 34 cm Lenght: 47 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: B positive Baby: O positive

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 7AM

VIH-00155037 IP-00060572
Mrs KIRTHI AKULA
08-09-1992 33 Y 9 M 26 D (F)
Dr. NABAT LAKHANI

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

Indication: Elective LSCS

Physical Assessment of New Born:

Temp: 98.6F °C HR: 152bl/m /Min RR: 52bl/m /Min BP: — SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☑ No **Score:** 16 (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. Subasini Signature: Date &Time: 5/7/26 7am

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Kirthi Akula Age : ..... Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Shiva Narayana Reddy Referring Consultant : Dr. Nabal-

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

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

BIRTH INFORMATION

Name : B/O Kirthi Akula

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 5/7/26 Time of Birth : 5.27 AM

Place of Birth : VRCH

Mother's Blood Group : B positive

Birth Weight (gms) : 3.014 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39+4 weeks

Current Obstetric History : (Booked / Unbooked Case) Unbooked to RCH

Maternal Age : 33yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 4yrs LMP : 1/10/25 EDD : 8/7/26

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : Previous ANC at Nyshachine AN Steroids Drugs / Doses : (-)

Last Scans Details : 18/6/26 - 36+1, SLUX, Echo - 28 24 + 413 gm, AFI - 9-10 cm

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 : .....

(-)

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 : 9-10 cm

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

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

(-)

Compliance with Rx : .....

Scans : LGA, TIFFA, Fetal Echo : (N)

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 : ..... Any culture : .....

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

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

ViH-00206602 IP-00060574
Baby d/O KIRTHI ARULA
05-07-2025 [illegible] (M)
Dr. B VANARAYANA REDDY

PAST OBSTETRIC HISTORY

..2.. P: ..1.. A: ..... L: ..1.....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	3½ yrs	Term	2.85kg	male	LSCS i/v/o fetal distress	A&U
G2 - P.P						

PERINATAL HISTORY

Treating Obstetrician : Dr. Nabal- Hospital : URCH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : previous LSCS & Maternal request

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
1	1	
2	2	
2	2	
1	2	
2	2	
TOTAL 8/10	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 :

Baby B/O KIRTHI
05-07-2026 0Y0M0D3H (M)
Dr. SIVA NARAYANA REDDY

Patient St

History of Present Ill

Baby Boy/ term/ 3.019 kg/ El. LSCS

↓

Baby delivered by El. LSCS

↓

Baby cried immediately after birth

↓

Secretions cleared & dried

↓

Delayed cord clamping done for 60 sec

↓

cord clamped & cut- (DA + IV ⊕)

↓

Investigation details in previous Hospital : inj vit K Inj in given

↓

Shift to mother side

Feeding History :

Past History :

Family History :

Socio Economic History :

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

GENERAL EXAMINATION ON ADMISSION

General Disposition :

c/c/A - Good

VITALS : Temperature : 36.5°C HR : 147/min RR : 42/min NIBP : - CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : (-) SpO2 : 99% @RA

Anthropometry : Birth Weight : 3.019 kg Length : HC : Present Weight :

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 :
Discharge :
} Not checked

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

Patient Sticker

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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

ABDOMEN and UMBILICUS : Shape : / Organomegaly : / Bowel Sounds : / Umbilical Stump : 2A + IV (+) / Discharge : — (N)

GENITILIA : ~~Labia / Hymen :~~ Baby Boy / Testicles/penis : Bilateral testis descended / Anus : (+)

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : Nil

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has ~~Respiratory distress~~ : RR : 42/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 : 99% @ RA. Auscultation : BAE (+) Breath Sounds : NVBS (+) Added Sounds : (-)

Cardiovascular System :

HR : 142/min BP : Precordial Activity :

Femoral Pulses : full Murmurs : (-)

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : (N) Hernia orifice : free

Palpation : Soft Anal Patency : Patent

Palpable masses : Umbilical Cord : 2A + IV (+)

Abdominal girth : First urine passed : Not passed

Meconium passed : passed

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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

State of wakefulness : ...... / Alert/Active - Good ......

Prechtle Score : ....

Nerves : ....

....

Motor System :

Passive Tone : ...... / (N) ......

Active Tone : ....

Neonatal Reflexes : ....

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

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

ATNR : .... Skull and Spine : ....

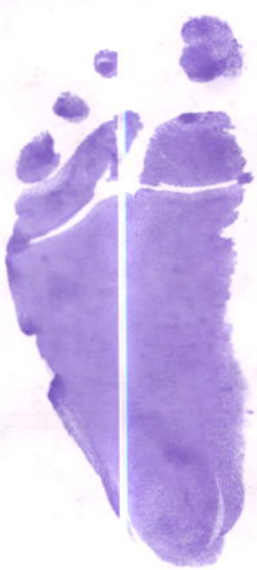
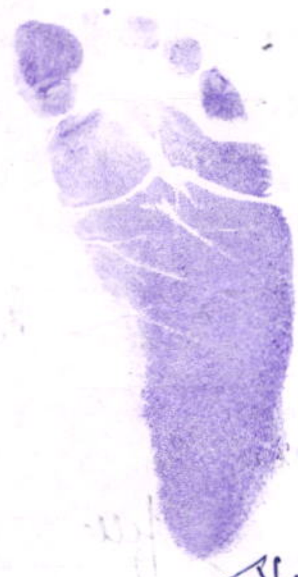
Any Congenital Anomalies : ...... No obvious external congenital anomalies ......

....

Diagnosis : ...... Term/ baby boy/ 3.015 kg/ AGA/ [illegible] ......

....

FOOT PRINTS

Left Side :	Right Side :
	 Taken by Br. Afrif @ 5:35AM

Resident Doctor :

Signature : ....

Name : ...... Dr. Prathyusha ......

Date & Time : ...... 5/7/26 ......

Consultant :

Signature : ....

Name : ....

Date & Time : ...... 5/7/26 ......

Dr. Shiva Narayana Reddy
Reg. No. 48300

DISCHARGE PLAN

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 : shift to room

1) Warmth care, Cord care
2) DBF followed by burping
3) Immunisation as per schedule
4) NBS, OAE, SKR – b/f discharge.

Screenings done during NICU Stay :

NSG : Done

Hearing Screen : Done

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

05-07-2026 0Y0M0D3H (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: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 5:30pm	Termbaby | Baby Boy | 3.019kg | AGA | EL-LSCS | LIAB.	
HOL: 12hrs.	O/E	
	Child-Alert & Active	
	Vitals stable	
MBG - B+.	CFT - Good	
BBG - O+ve.	CRT <3sec.	
	CVS: S1S2 (+)	
	RS: B/L AE (+)	Plan
	P/A: Soft	
Dr. prasanthi	CNS: NAD.	- DBF & f/b burping and holding.
M/F - 4/7 passed.		- Warmth and cord care.
		- Immunisation as per schedule - T/m.
		- [illegible], OAE, [illegible] - T/m.
		-
Note by Roja 5/7/26 @5:30Pm		- NBS, SBR B/t d/c.
		- Monitor vitals
		- Inform P/I.

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

(P.T.O)

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 : 9:30 AM	S/B President : [G2P1L1]	
	Term / Boy / 3.019 kgs / AGA / EL-LSCS / CIAB / (39+4 wks)	
	HOL - 28hrs.	
M - B (+) B - O (+)	O/E Baby alert, euthermic, vitals - stable.	
P.Wt ⇒ 2.92kgs. (3% wt loss)	C/T/A (N)	
	CVS - S1S2 (+). RS - BAE (+). P/A - soft.	
	Adv:	
	DBF + FF + Burping Q2H.	
	warmth.	
	cord care.	
	vaccination - done	
Dr. Nula 6/7/26 10A	OAE / NBS / SBR b/f d/C	
Dr Shiva Narayana Reddy Reg. No: 48300	U/M passed	
Chairman.		Noted by [signature]

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

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 21 H (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26	Lactation notes (Mrs. Ramyasri)	
•	2nd time mother	
•	Normal breast condition	
•	EF introduced on pediatrician's advice.	
•	Strategies to improve supply discussed.	
•	To feed every 2-3 hrs	
•	f/u	
2:00pm		
	O/B Resident:	
6/7/26 4:00PM	Term / Boy / 3.019 kgs / AGA / EL. LSCS / CIAB.	
	O/E Baby alert Activity Stable	
	OAE (B)	Adv
	CVS / RS / P/A } (N)	CF
		NBS / SBR but d/c @6AM
	Noted by Sr. Jhansi 6/7/26 @4:30 pm.	

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 21 H (M)
Dr. SIVA NARAYANA REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident,	
7/7/26 5 DOL	Term (39+4wk) / Boy / 3.091kg / AGA / ELLSCS / CRAB	
	1°	
	Baby warm	
M - B (+)	C/T/A good	
B - O (+)	CRT <3sec	
	CVS - S1S2 (+)	
TW: 2.95kg	RS - BAE (+)	
(930g)	P/A - soft	
(4.57 loss)		
		Adv
U / M } passed		1) DBF + EF + Burping
		2) warmth, cord care
		3) OAE / vaccination } done
		4) TBR / NRS before d/s ↓ Now
Dr. Vishwas		
	Dr. [illegible] 7/7/26 [illegible]	
	Noted and Sr [illegible] 7/7/26 @10am	

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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...RSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term / Baby boy / 3.019kg / AGA
EL. LSCS / GA38/

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

Surgery / Procedure: —

Post OP Day: —

	Date / Shift	5/7/26 N	5/7/26 M	5/7/26 E	5/7/26 N	6/7/26 M	6/7/26 E
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	Nill	Nill	Nil	Nil
	Diet:	DBF	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	RA
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.1F	98.3F	98.7F	97.9F	98.6F
	Res:	45b/m	46b/mt	50b/m	38b/m	41b/m	42b/m
	SpO_2:	99%	99%	99%	98%	99%	99%
	Pulse:	152b/m	156b/mt	150b/m	137b/m	140 b/m	148b/m
	BP:	—	—	-	—	Nil	Nil
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Confused
	Fall Risk Score:	16	16	16	16	16	16
	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:	—	-	Nill	Nil	Nil	Nil
	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:	—	—	Nill	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	dependent	dependent
Post Operative Procedure Special Orders:		DBF 2nd hourly	DBF 2nd hourly	-	-	Nil	Nil
Handed Over By Name :		Sukanya	Komal	padma	Bhanu	Bhanu	Shanti
Signature / ID :		020477	020573	606329	[illegible]	17887	17542
Date:		5/7/26	5/7/26	5/7/26	6/7/26	6/7/26	6/7/26
Time:		8AM	2pm	3pm	8AM	8am	8pm
Taken Over By Name :		Komal	padma	Raja	Bhanu	Shanti	Sushma
Signature / ID :		020573	606329	[illegible]	17887	17542	376493
Date:		5/7/26	5/7/26	5/7/26	6/7/26	6/7/26	6/7/26
Time:		8AM	2pm	8pm	8am	8pm	8pm

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D5H (M)
Dr. SIVA NARAYANA REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term baby/baby boy/3.019kg/AGA EL-LSCS/CIAB

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

Surgery / Procedure: nil

Post OP Day: -

BACKGROUND	Date / Shift	6/7/26 N	7/7/26 M				
	Medical Condition (Any special condition to be noted):	nil	Nil				
	Diet:	DBF/FF	DBF+FF				
ASSESSMENT	Allergy:	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6F				
	Res:	40 b/m	40 b/m				
	SpO_2:	100%	100%				
	Pulse:	148 b/m	147 b/m				
	BP:	-	-				
	LOC:	Conscious	Consious				
	Fall Risk Score:	16	16				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	nil	Nil				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF				
	Critical Lab Test / Values:	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				
Post Operative Procedure Special Orders:		nil	Nil				
Handed Over By Name :		Sukanya	Thanmi				
Signature / ID :		016993	017542				
Date:		7/7/26	7/7/26				
Time:		8AM	11:AM				
Taken Over By Name :		Thanmi					
Signature / ID :		017542					
Date:		7/7/26					
Time:		8am					

Noted by Thanmi 7/7/26 @11:AM

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D3H (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: 5/7/26

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							
Night	6 AM	DBF	6 AM	DBF given 2nd hourly	prem delyd - ration	Baby well hydrated	& 5/7/26 8am

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D4H (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 5/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... DBF
- ☐ 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	10 Am	Ensure safety	10 Am	To Provied Cridle Cries	To Prevent fall	Patient is Good	Akhil 5/7/26 @ 1:40pm
	1:40 pm	* Maintain fluid Balance.	1:45 pm	* Feeding & Burping given 2nd hourly	* prevented Dehydration	* Baby is Stable.	
Afternoon	4pm	* maintain fluid Balance.	2pm	* maintained the fluid Balanced. Nutritiond stats.	* Prevent to the dehydrition	* Re-assesment Done. Every 2nd hourly feeding.	Padma 5/7/26 @4pm
Night	9pm	* maintain Good Nutritional status	9:30 pm	* every and hourly Feeding & Burping is a given	* TO prevent dehydration	* Re-assessment was done every 4th hourly vital monitor	Padma @ 6/7/26 @6AM

VIH-00206802 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SIVA NARAYANA REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 6/7/26

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	8am	* maintain Personal Hygiene. * prevent Infection.	11 AM	- Provided warm and cord care. - ensure safety	- DBF 2nd hourly given.	- Re-assessment vitals with hourly checking.	6/07/26 2pm
Afternoon	3pm	* Ensure safety * Maintain Good Nutritional status	5pm	* Provided the side rails * Every 2nd hourly feeding & burping given	* TO Prevent Risk of falls, * TO prevent dehydration	Re-assessment done Baby Rs Stable	6-7-26 @8pm
Night	10pm	maintain good nutritional status	10:16 pm	To provided every 2nd hourly feed given	To prevent Hydration	patient is stable	7/7/26 @2am

VIH-00206802 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 H (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: .....

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	6am 12 pm	Assess the baby condition. Give feeds 2 hr.	9am	* Assessed the baby condition * Given feeding & burping every 2nd hourly	* patient is active * baby is comfortable and hydrated	* Re-Assessment done baby is good	Jhansi 7/7/26 @ 11 AM
Afternoon				Discharge Note: Doctor come for round Advice for discharge			
Night		Noted by Jhansi @ 4 AM					

Aptamil Gold

CONSENT FOR FORMULA FEEDS

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Patient Name: B/O. KIRTHI AKULA Age: NIB Gender: ☑ Male ☐ Female

UHID no: 206602 Department / Ward: 2nd FLOOR Date: 6/7/26

I Mr / Mrs. : MRS. KIRTHI AKULA Aged 33 years, hereby declare that I have admitted my ☐ son / ☐ daughter in Rainbow Children's Hospital, Hyderabad on 05.07.26

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: A. Kirthi

Name: A. KIRTHI

Relationship with patient: Mother

Date & Time: 6/7/26 at 2Am

Witness

Signature: A Jyothi

Name: A. JYOTHI

Date & Time: 6/7/26 at 2Am

Doctor (who is taking consent):

Signature:

Name: Dr. Sharma.

Date & Time: 6/7/26 @ 2Am

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

Rainbow® Children's Hospital
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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: .....

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O KIRTHI AKULA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP-00060574**	**Sex:**	**Male**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-226-2**

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 also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance 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 clearance. 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.

B.V. Subhashini
Signature of Patient/Relative:

Name: G. Vamsi Varda
Relationship: Father
Date: 05-07-2026 Time:
Witness Name:
Witness Signature:

Patient Address:

HNO. 1-24-502, PLOT NO. 99, ROAD NO. 2, LOTHKUNTA, ALWAL, SECUNDERABAD Alwal Hyderabad Telangana INDIA 500010

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

CH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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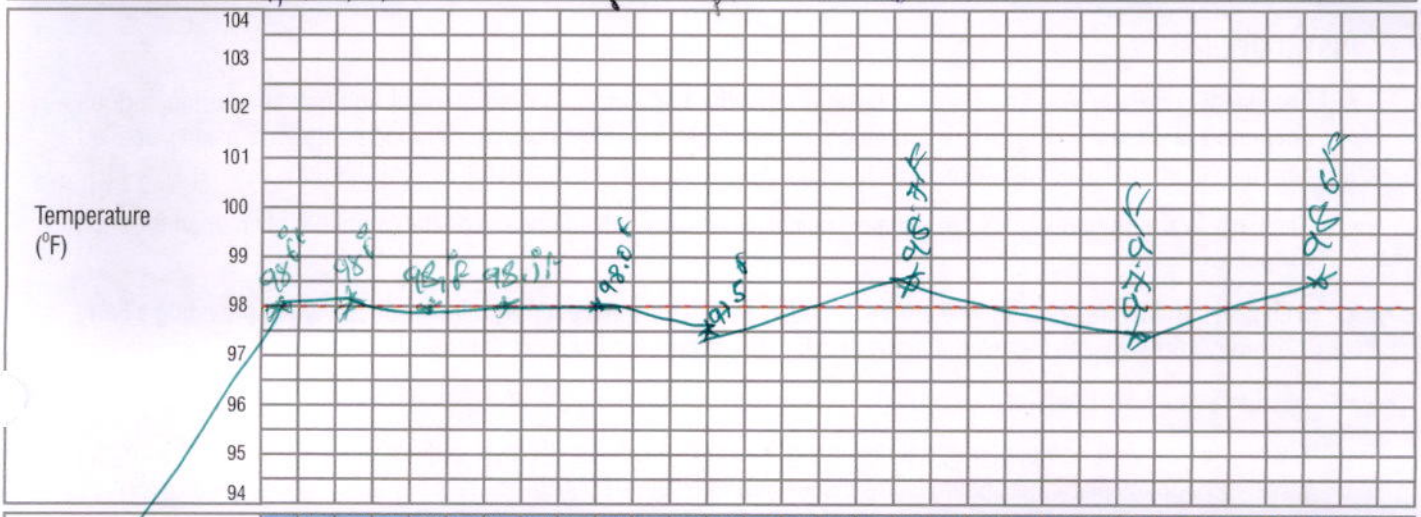
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/7/26 Time: 6 8 10 12 4 3 D 4 7

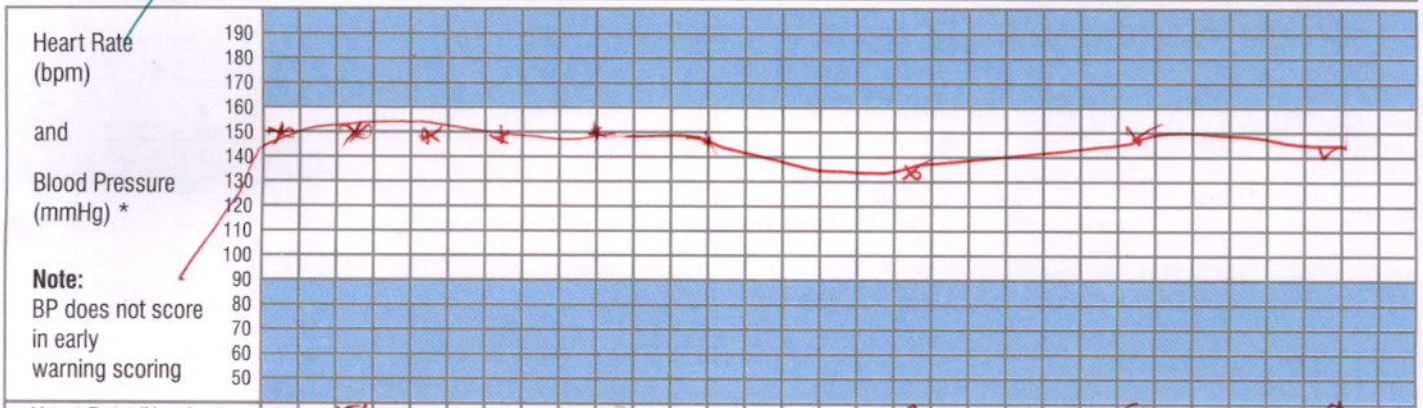
Doctor/Nurse/Family Concern? AM AM AM PM pm pm AM AM AM

Temperature (°F)



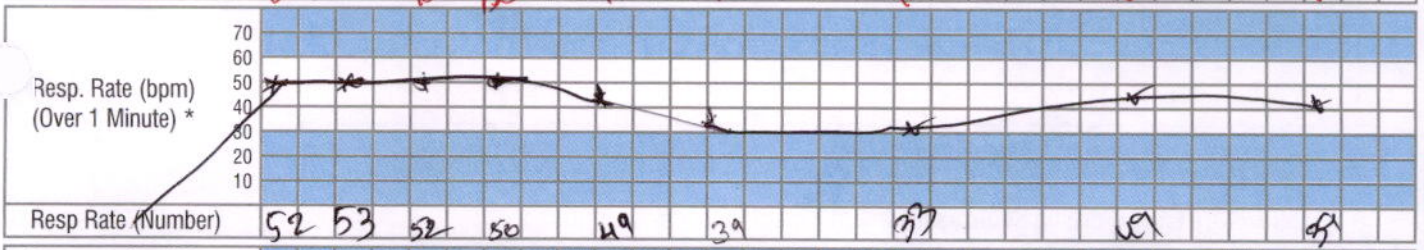
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	152	156	150	153	131	143	97	150	149

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



Resp Rate (Number)	52	53	52	50	49	39	37	49	51
Resp Distress: Mod/ Severe / None / Mild	NA	NA	NA	NA	–	–	–	–	–
Receiving O_2 (l/min)									
O_2 Saturations (%)	99	99	99	99	99	99	99	98	98
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓	✓	✓	✓
GCS *	✓	✓	✓	✓	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
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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.

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

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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.
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Date	Time	Early Warning Score	Date	Time	Name

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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)
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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-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D5H (M)
Dr. SIVA NARAYANA REDDY

Doc. No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/12/25 Time:	9	1	4	7	10	1	4	7
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	AM	AM	AM
Temperature (°F)	97.3°F	98.1°F	98.8°F	98.1°F	98.4°F	98.4°F	98.4°F	98.4°F
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)	141	138	142	145	142	150	142	145
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	44	43	44	46	45	42	47	46
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	99%	99%	99%	96%	97%	99%
Conscious Level: Normal / Altered					N	N	N	N
GCS *					15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	1	1	0	0	0	1
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	B	B	B	B	B	B	B	B

Note: BP does not score in early warning scoring

ACTIONS NB: Scores 3 should be recorded overleaf	
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VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SIVA NARAYANA REDDY

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 21 H (M)
Dr. SIVA NARAYANA REDDY

:. No. : RCH/ 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: 7/7/26 Time: 11

Doctor/Nurse/Family Concern? am

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F

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) 144

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

70 60 50 40 30 20 10

Resp Rate (Number) 48

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

Noted by Shanmuk 7/7/26 @ 11:10 pm

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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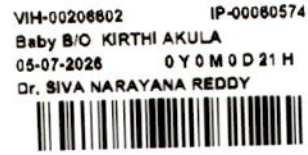

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SIVA NARAYANA REDDY

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

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.

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
	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											
	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											
5/7/26	06:00 am	DBF									0	5/7/26
	07:00 am										0	
Total Intake :		DBF				**Total Output :**						

Total 24 hrs. Intake	DBF	Total 24 hrs. Output	

Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

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

FLUID CHART

Sheet No. : 2

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							
5/7/26	08:00 am										0	
	09:00 am	DBF							✓	✓	0	Kamal 5/7/26
	10:00 am										0	
	11:00 am									✓	0	R 1:10pm
	12:00 pm	DBF										
	01:00 pm	DBF										
Total Intake :						Total Output : Passed						
5/7	02:00 pm											
	03:00 pm		1 DBF				✓			✓		
	04:00 pm											
	05:00 pm		1 DBF									
	06:00 pm									✓		
	07:00 pm		1 DBF									Dadmon 5/7/26 @ 8pm
Total Intake :						Total Output :						
6/7/26	08:00 pm											
	09:00 pm		DBF									
	10:00 pm						✓			✓		
	11:00 pm		DBF									ROP @ 6/7/26 @ 3am
	12:00 am											
	01:00 am		DBF									
Total Intake :						Total Output :						
6/7/26	02:00 am											
	03:00 am		DBF+FF							✓		ROP @ 6/7/26 @ 6am
	04:00 am											
	05:00 am		DBF+FF									
	06:00 am											
	07:00 am		DBF+FF				✓			✓		
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206802 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

06/07/26 (3)

6/7/26

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.

		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							
6/7	08:00 am	DBF										
	09:00 am											
	10:00 am	DBF + F F										
	11:00 am									✓		
	12:00 pm	DBF										
	01:00 pm											
Total Intake :						**Total Output :**						
6/7	02:00 pm	DBF										
	03:00 pm	"										
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm	DBF + FF										
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm	~~DBF~~ + FF										
	09:00 pm											
	10:00 pm											
	11:00 pm	DBF					✓			✓		
	12:00 am	+ F F										
	01:00 am											
Total Intake :						**Total Output :**						
7/7/26	02:00 am											
	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-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 21 H (M)
Dr. SIVA NARAYANA REDDY

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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	D&F								✓		
	10:00 am											
	11:00 am										0	
	12:00 pm	D&F										
	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 :**						

Thank 7/7/26 @

Noted by Thanks 8/7/26 @11:00am

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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	08:00 am											
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	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-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D3H (M)
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STAT / ONCE ONLY DRUGS

Name: B/O. Kirthi Akula

Weight: 3.019 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
5/1/26	5:40AM	INJ. VITAMIN-K	1MG	IM.			

Verified
Dr. Rishika
Clinical Pharmacologist

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D3H (M)
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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0Y0M0D3H (M)
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...E HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 5/7/26	DATE	DATE 5/7	DATE 6/7	DATE 6/7/26
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	—				
	7 to less than 13 years old	2	—				
	13 years old and above	1	—				
Gender	Male	2	2	2	2	2	2
	Female	1	—				
Diagnosis	Neurological Diagnosis	4	—				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	—				
	Psych / Behavioral Disorders	2	—				
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	—				
	Forget Limitations	2	—				
	Oriented to own ability	1	—				
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2	—				
	Outpatient Area	1	—				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	—				
	Within 48 hours	2	—				
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	—				
	Hypnotics	3	—				
	Barbiturates	3	—				
	Phenothiazines	3	—				
	Antidepressants	3	—				
	Laxatives / Diuretics	3	—				
	Narcotics	3	—				
	One of the Meds listed above	2	—				
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		crib		crib	crib	crib
	Call device within reach		—	—	—	—	—
	Wheels Locked		—	—	—	—	—
	Room free of clutter		—	—	—	—	—
	Adequate lighting		—	—	—	—	—
	Wheel chair support		—	—	—	—	—
	Other Intervention(s) Specify		—	—	—	—	—
	Nurse's Name:		Rekha	Rd	Raja	Raja	Mani
	Signature:						
	Date:		5/7/26	5/7/26	5/7	6/7/26	6/7/26
	Time:		7am	3pm	11pm	7am	3pm

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 H (M)
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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 5/7/26	DATE 6/7/26	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2			
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3	3	3			
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3			
	Patient Placed in Bed	2					
	Outpatient Area	1	D				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1			
	Total		15	15			

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		crib	crib			
Call device within reach		✓	✓			
Wheels Locked		✓	✓			
Room free of clutter		✓	✓			
Adequate lighting		✓	✓			
Wheel chair seat belt		X	X			
Other Intervention(s) Specify		✓	✓			
Nurse's Name:		Soushitha	Soushitha			
Signature:						
Date:	6/7/26	6/7/26	7/7			
Time:	11PM	11PM	7AM			

Docu. No. : RCH /FRM / CLINICAL / 005

Rainbow Children's Hospital

BirthRight by Rainbow

Ref. No.: F/HW/BRD-Q/NSG/04

Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... Gender : ☐ M ☐

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	05/7/26 8 Am 1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	**1. Significant Problem:** Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	**2. Problem :** Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	**3. Potential Problem :** During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	**4. No Apparent Problem :** Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
Nutrition Usual food intake pattern	**1. Very poor:** NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	**2. Inadequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	**3. Adequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	**4. Excellent :** Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/ kg/day<2kg weight or 20gm/day/ ≥2kg	3
Tissue Perfusion and Oxygenation	**1. Extremely Compromised:** Hypotensive (MAP<50mmHg; <40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	**2. Compromised:** Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be<95%; Hemoglobin may be<10 mg/dl; Capillary refill may be> 2 seconds; serum pH is <7.40, unstable body temperature, oxygen	**3. Adequate :** Normotensive by self or compensated; Oxygen saturation may be<95 % Hemoglobin may be <10 mg/dl; Capillary refill may be>2 seconds; serum pH is normal, stable body temperature, oxygen	**4. Excellent:** Normotensive by self, Oxygen saturation>95%; Normal Hgb; Capillary refill<2 seconds, no oxygen, stable body temperature.	4
				Total: If <20 at Risk for Skin Breakdown	24

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Rainbow Children's Hospital

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. SIVA NARAYANA REDDY

Patient Name : .....

Age..... G

f. No.: F/HW/BRD-Q/NSG/04

.....

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5/7/26
6/7 6p m 4pm

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
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Rainbow Children's Hospital

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

VIH-00206602 IP-00060574
Baby B/O KIRTHI AKULA
05-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SIVA NARAYANA REDDY

Patient Name : .....

Age..... G

Ref. No.: F/HW/BRD-Q/NSG/04

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6/7/26 @ 10am

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