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

ACTIVITY

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. SIVA NARAYANA REDDY

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

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

Date of Admission : 29/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	7:40pm	L/W	Room (115)	

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
29/6/26	Blood grouping	V126021896	(PU)
	Cross checked by manga	29/6/26	@ 7:45pm

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 19 H (F)
Dr. SIVA NARAYANA REDDY

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form				
4	Patient Trasfer Forms	01	—	—	
5	In-patient Medical Record	01	—	—	
6	Doctors Progress Sheets	01	—	—	
7	Nurses Progress notes	02	—	—	
8	Consultation Sheets				
9	General Consent for Treatment				
	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	02	—	—	
	Intake and Output chart (fluid Chart)	01	—	—	
27	Drug Chart (Regular prescription)				
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	OTHERS	06			
	Total No. of Pages	18			

Noted By
manisha
30/6/26
@ 11am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0Y0M0D6H (F)
Dr. SIVA NARAYANA REDDY

NEW BORN DETAILS

B/O _____

DOB: 29/6/26 Sex: Female Maternal Blood Group: 'O' positive.

Time: 2.21pm. Birth Weight: 2.689 Baby Blood Group: 'B' positive

SVD / LSCS: _____

Indication: _____

Diagnosis: Term/37wks/girl/2.689 kgs/AGA/NVD

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: _____

Spo2 Post ductal Left Lower Limb: _____

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: 33 cms Length: 45 cms

Vaccination: OPV, BCG, Hep.B given on 30/6/26.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
30/6/26	1	2.675 ↓14gms		✓	✓	DBM+FF.	

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-00060516 **Admit Date** : 29-Jun-2026 **Admit Time** : 04:45 PM **UHID** : VIH-00206377

Patient Details :

Patient Name	: Baby B/O PREETHI U	**Age**	: 0 D
Guardian	: Mr MUTHURAMAN M	**DOB**	: 29-06-2026 02:21 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BODUPPAL Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9791677105/ 8197799480
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-219-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-219-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MUTHURAMAN M **Relationship** : Father

Contact Address : BODUPPAL Boduppal Hyderabad Telangana INDIA 500092 **Phone No** : 9791677105

Signature

Doctor Details :

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

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206377 IP-00060516 Baby B/O PREETHI U 29-06-2026 0Y0M0D5H (F) Dr. SIVA NARAYANA REDDY	29/6/26 at	29/6/26 at 7:40pm
	Transfer Ordered by Dr. Barasha	Reason for Transfer observation
From Unit L&D	To Unit Room (115)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15	Number of Imaging Films –	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.	Small Kuchis - 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. Meghna	Dr. Barasha

Patient & Clinical Records Received by : Manisha

Date & Time of Patient Received : 29/6/26 @7:40pm

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

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Preethi U Age : 31y Father's Name : ..... Age : .....

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

NICU Consultant : dr Siva Narayan. Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/o Preethi U

Gender : ☐ M ☒ F Blood Group : .....

Date of Birth : 29/6/26 Time of Birth : 2:21 PM

Place of Birth : V - RCH

Mother's Blood Group : O positive

Birth Weight (gms) : 2689 g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31y Ht : ..... Wt : ..... BMI : ..... Married Life : 8-5 yrs LMP : 13/10/25 EDD : 20/7/26

Conception : Spontaneous or with Rx. : OI

Booked at what GA. : RCH at 17 wks · Prev anes at Vaishali AN Steroids Drugs / Doses : .....

Last Scans Details : (26/5/26) single - 32+1 wks, cephalic, AFI - 13.1 cm, AC - 68 cm, EFW - 1.88 kg dop (N)

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 : .....

AFI : 13.1 cm.

H/o GDM/ pre GDM/ on diet or insulin (-)

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? (+)

since June '25, on Thyronorm 100

Any other Chronic Medical Problems, when detected drugs ? cervical cerclage at 17 wks removed at 37wks

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

Infection : H/O, Fever

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

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

PPROM : Duration : at 25 wks duration unknown ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

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Baby B/O PREETHI U
29-06-2026 0Y0M0D3H (F)
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 madhumitha Hospital : V-RCM. ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

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
8/10	9/10	

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 PREETHI U
29-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. SIVA NARAYANA REDDY

History of Present Illness: single | Term | 37 wks | girl | BW - 2.689 kg | AGA | NVD

Baby CIAB
↓
OC done for 1 min
↓
2 min — SpO_2 - 80%
HR - 146/m
↓
cord clamped & cut
Inj vit K - 1 mg im stat given
↓
5 min - SpO_2 - 98%
HR - 160/m
↓
shift c mother

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. SIVA NARAYANA REDDY

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 156/m RR : 55/m NIBP : CFT : < 3s

Color of the extremities : acrocyanosis

Jaundice : (-) Pallor : (-) SpO2 : 98%

Anthropometry : Birth Weight : 2.689 kg Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) no dysmorphism

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

EYES :
Symmetry : (N)
Red Reflex :
Discharge : (-)

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

THORAX and BREASTS : Shape of Thorax : (N)
Position of Nipples and Number : 2in no, normal position

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

GENITILIA : Labia / Hymen : (N)
~~Testicles/penis :~~
Anus : patent

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : (-)

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 55/m SCR / ICR / See - Saw breating :

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

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

Settings :

SpO_2 : 98% Auscultation : BAE (+) Breath Sounds : NVBS (+) Added Sounds :

Cardiovascular System :

HR : 168/m BP :
Femoral Pulses : ✓ felt
Other Peripheral Pulses :
Precordial Activity : (N)
Murmurs : (-)
Signs of Cardiac Failure : 0

Abdomen :

Shape : (N)
Palpation : (N)
Palpable masses : (-)
Abdominal girth : (N)
Hernia orifice : free
Anal Patency : (+)
Umbilical Cord : 2A+IV
First urine passed :
Meconium passed :

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29-06-2026 0Y0M0D3H (F)
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Nervous System : Higher intellectual functions (Sensorium) : alert

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : AGA

Active Tone :

Neonatal Reflexes :

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

Moro's : complete & symmetrical. DTR :

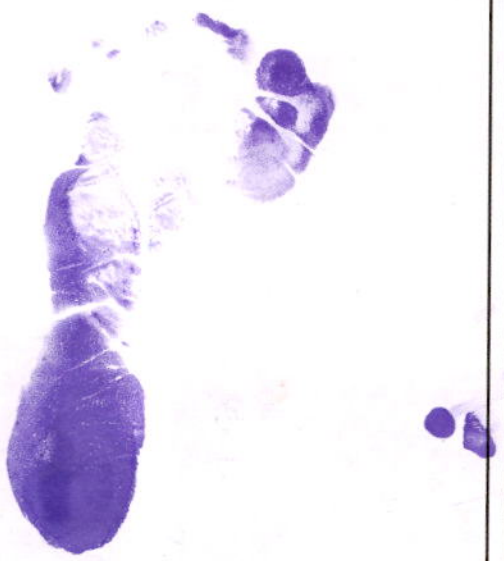
ATNR : Skull and Spine :

Any Congenital Anomalies : none

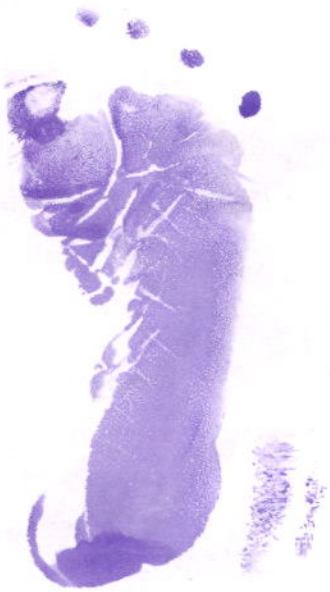
Diagnosis : Term baby | Temp 37 wk | girl | 2.689 kg | AGA | NVD

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Lakshmi

Date & Time : 29/6/26 - 2:36 PM

Consultant :

Signature :

Name :

Date & Time :

VIH-00206377 IP-[illegible]
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. SIVA NARAYANA REDDY

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 : .....

Immunise as per schedule

DBF @2H per syringe

OAE, SBR, NBS before discharge.

warm care, cord care

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

Patient Sticker

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: .....

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29-06-2026 0 Y 0 M 0 D 3 H (F)
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 preethi.U Mother's Name: preethi.U

Date of Birth: 29/6/26 Time of Birth: 2:21 pm Gender: ☐ Male ☑ Female

Birth Weight: 2.689 Kgs HC: 36 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: O positive Baby:

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both First Feed Time: 3pm

VIH-00201967 IP-00060512
Mrs PREETHI U
21-07-1994 31 Y 11 M 8 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

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

Indication: Normal vaginal delivery

Physical Assessment of New Born:

Temp: 36.5°C °C HR: 156 /Min RR: 55 /Min BP: — SpO2: 98%

Pain Score: 0 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

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

Neonatal Screening Done: Yes / ~~No~~

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Adithya Signature: Date &Time: 29/6/26 @ 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/2026 8:10 Am.	37 wks / female. / 2.689 ↓ (↓149) / 2.675	J0+1M Primi NVD.
	O/E Conscious	
	CRT/A Good	
	CRT <3sec	
	AF - (N)	
M - O+ - B+ B	Micro - Clear	
	Pulses - Good	
	CVS - S1S2	
	CNS - NAD	
V M	positive	
	RS - B/L AEE	
	PA - Soft.	
	⇒ Flu after 2 days (Thursday)	Plan
		- DBF ff burping @ 1 hr
		- warmth & cord care.
		- vitals 6th hrly
		- SBR & NBS @ T/M 2:20 pm / before d/c (NVD)
		- OAE T/M (after 24 hrs)
	Dr Sruthi 30/6/26 CAR	d - Cure
		Noted by manisha 30/6/26 @ 11 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Surya Isem / Brown fne / 2.689 kg / NND — Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: ....

Surgery / Procedure: Nil — Post OP Day: Nil

Section	Item	29/6/26	29/6/26	29/6/26 N	30/6/26 M		
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	—	—		
	Diet:	DBF	DBF	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	RA	RA		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	96°F	98.4°F	98.6°F	98.6°F		
	Res:	55b/m	49b/m	42b/m	40b/m		
	SpO_2:	98%	98%	99%	99%		
	Pulse:	156bpm	140b/m	142b/m	140b/m		
	BP:	—	—	—	—		
	LOC:	Conscious	Conscious	Conscious	Conscious		
	Fall Risk Score:	0	0	0	0		
	Pain Score:	0	0	0	0		
	Skin Integrity	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:		—		—		
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	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		
Post Operative Procedure Special Orders:			Nil	Nil	Nil		
Handed Over By Name :		Meghna	Manisha	Varsha	Manisha		
Signature / ID :		M080232	H890501	908142	H890501		
Date:		29/6/26	29/6/26	30/6/26	30/6/26		
Time:		@7:40pm	@8pm	@8Am	@11Am		
Taken Over By Name :		Manisha	Varsha	Manisha			
Signature / ID :		H890501	908142	H890501			
Date:		29/6/26	29/6/26	30/6/26			
Time:		@7:40pm	@8pm	@8Am			

Noted by Manisha 30/6/26 @11Am

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
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						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00206377
Baby B/O PREETHI U
IP-00060516
29-06-2026
0Y0M0D5H (F)
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: 29/6/26

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	3pm	provided baby crib	To prevent from fall.	Baby is safe.	Meghna 29/6/26 7pm
	6pm	Maintain Good Nutritional status	6pm	Formula feed given	To prevent dehydration	Baby is taking good feed	
Night	9pm	* Ensure Safety * Maintain Good Nutritional status	11pm	* provided the side rails * Every 2nd hourly feeding & Burping given	* TO Prevent Risk of falls * TO Prevent dehydration	Reassessment done, Baby is stable & comfortable	Vanitha 29/6/26 @8Am

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0Y0M0D5H (F)
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: 30/6/26

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				Discharge Note Doctor come for round			
Afternoon				Advice for discharge			
Night							

Noted by
Manisha
30/6/26
@9AM

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 PREETHI U**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP-00060516**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/CRDL-LW-219-1**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned to 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.
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:.....) 2

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

Signature of Patient/Relative:

Name: Muthuraman

Relationship: Husband

Date: 29/06/26 Time: 04:45 PM

Witness Name: Reddy

Witness Signature:

Patient Address:

BODUPPAL Boduppal Hyderabad
Telangana INDIA 500092

APTAMIL GOLD

Ref. No. : F / NICU / FD / 02

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CONSENT FOR FORMULA FEEDS

Patient Name : B/O preethi Age : 0 Day

Gender : M ☐ F ☑ - IP No : Reg. No. :

Department : ~~NICU~~ Paediatrics Date : 29/6/26

I Mr / Mrs. : Preethi S / W / D / o. :

aged 0 days years. Hereby declare that I have admitted my son / daughter B/O: preethi

In the NICU of Rainbow Children's Hospital, Hyderabad on 29/6/26 Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : [signature]

Name : Preethi. V

Relationship with Patient: mother

Date & Time : 29/6/26

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Harish

Date & Time : 29/6/26

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డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

రోగి పేరు : .....వయస్సు : ..... లింగం :పు☐ స్త్రీ☐

రిజిస్ట్రేషన్ నం : ..... ఐ.పి. నం : .....

నేను శ్రీ/శ్రీమతి : ..... S/W/D/O: .....

వయస్సు : ..... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : _____

పేరు : _____

తేది మరియు సంతకము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. SIVA NARAYANA REDDY

LINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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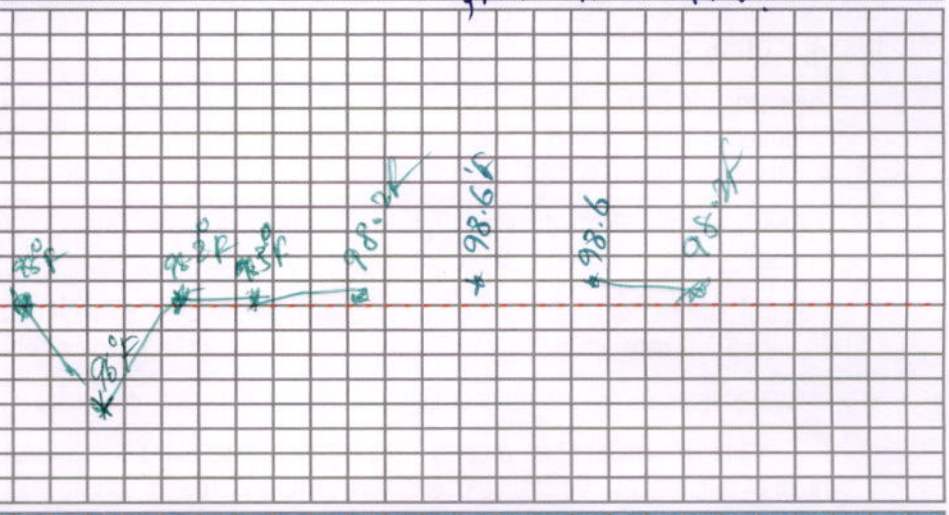
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/6/26 Time: 2 pm | 3 pm | 5 pm | 7 pm | 10 pm | 1 pm | 4 am | 7 am

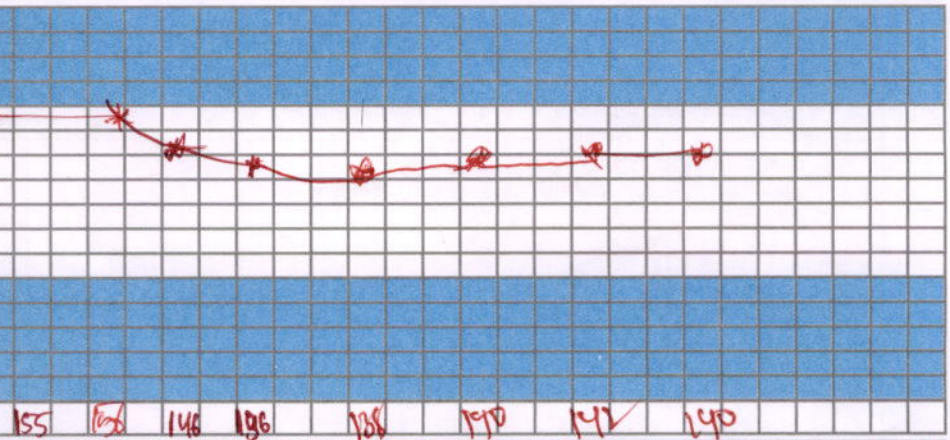
Doctor/Nurse/Family Concern?

Temperature (°F)



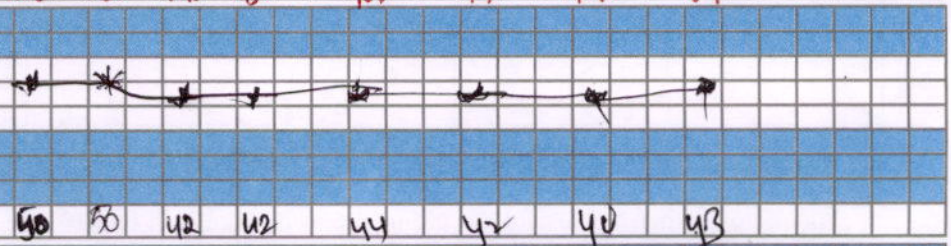
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	155	158	146	136	138	130	142	140

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



Resp Rate (Number)	50	50	42	42	44	42	40	43
Resp Distress: Mod/ Severe / None / Mild	✓	✓	✓	✓	✓	✓	✓	✓
Receiving O_2 (l/min) O_2 Saturations (%)	98%	98%	98%	98%	99%	99	99	99
Conscious Level: Normal / Altered	✓	✓	✓	✓	✓	✓	✓	✓
GCS *	–	–	–	–	✓	✓	✓	✓
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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

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

Patient Sticker

Rainbow® Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 6 H (F)
Dr. SIVA NARAYANA REDDY

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 30/6/26 Time:	9	N
Doctor/Nurse/Family Concern?	AM	AM
Temperature (°F)	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring		
Heart Rate (Number)	140	132
Resp. Rate (bpm) (Over 1 Minute) *	•	
Resp Rate (Number)	43	40
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	99
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	M	M

Noted by Manisha 30/6/26 @ 11am

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0Y0M0D5H (F)
Dr. SIVA NARAYANA REDDY

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FLUID CHART

Sheet No. : 1

29/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
29/6/26	02:00 pm	DBF										Neha 29/6/26 7pm
	03:00 pm											
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm	FF 20ml										
	07:00 pm											
Total Intake :		Good 20ml				**Total Output :**				Not passed		
	08:00 pm											
	09:00 pm	DBF FF										Vanka 29/6/26 @ 2am
	10:00 pm											
	11:00 pm											
	12:00 am	DBF FF								✓		
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am	DBF FF										Vanka 30/6/26 @ 8am
	03:00 am											
	04:00 am											
	05:00 am	DBF FF								✓		
	06:00 am						✓					
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0Y0M0D6H (F)
Dr. SIVA NARAYANA REDDY

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

30/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		DBF+FF								1	
	09:00 am						✓			✓		
	10:00 am		DBF+FF								0	Manisha 30/6/26 @11Am
	11:00 am											
	12:00 pm											
	01:00 pm										1	
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 :**						

Noted by manisha 30/6/26 @11Am

Total 24 hrs. Intake		Total 24 hrs. Output	

MH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. SIVA NARAYANA REDDY

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

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						
Blood grouping	'B' Positive.					

Culture and Sensitivities : .....

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.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00206377 IP-00060516
Baby B/O PREETHI U
29-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. SIVA NARAYANA REDDY

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 29/6	DATE 30/6	DATE 30/6	DATE	DATE
Age	Less than 3 years old	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	—	—			
	Female	1	1	1	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		
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		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	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		
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		
	Total		15/11	15	15		

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

	Bed in low position				crib		
	Call device within reach				✓		
	Wheels Locked		yes	yes	✓		
	Room free of clutter				—		
	Adequate lighting		yes	yes	—		
	Wheel chair [illegible]				—		
	Other Intervention(s) Specify				—		
	Nurse's Name:		[illegible]	[illegible]	MS		
	Signature:		[illegible]	[illegible]	[illegible]		
	Date:		29/6/26	30/6/26	30/6		
	Time:		@4pm	12PM	11AM		

NOted by Manisha 30/6/26 @11AM