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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

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

UHID No : ---------- ---------- Consultant : Dr. Atluri kundana priya Dept : ----------

Date of Admission : 24/7/26 Time : 5:55pm Date of Discharge : ---------- Time: ----------

Room / Bed No : MICU-231-1 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/7/26	12:30pm	MICU	210	

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
24/7/26	GRBS 104mg/dl 10pm	V1202510	Rani
24/7/26	Blood grouping	V126025074	
24/7/26	ABG	V1202510	
	Cross checked by	Rani 25/7/26	
25/7/26	GRBS @ 4Am - 99mg/dl	26025291	
25/7/26	GRBS @ 10Am - 93mg/dl	26025292	
	cross Checked by	26/7/26	
25/7/26	TCB	26025322	
——	Cross checked done	by	27/07/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	cardiac monito.	26/7/26 6.09pm	25/7/26 6:00pm	3106642	
	cross Chkd	by	Chkd vs	26/7/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 22/02/26 Time : 12 : 00 AM Prepared By : 22/02/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sig.	Sig.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

Patient Name :

IP.No: 60841

Ward:

DOA:

Sl.No	List of Records	..o. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	01	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	03	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
	Conset for Surgery				
	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	3	✓	✓	
	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription) Start	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 Education Form				
	Consent formula	1.	✓	✓	
	Braden Q1	6.	✓	✓	
	Humpty dumpty	2	✓	✓	
	pain assessment	1	✓	✓	
	Others	7	✓	✓	
	Total No. of Pages	37 pages			

Signature and Date : 26/7/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

NEW BORN DETAILS

B/O Komanduri Sp Raghavi

DOB: 24/7/2026. Sex: male Maternal Blood Group: O +ve

Time: 3:01:35sec. Birth Weight: 3.094 kg Baby Blood Group: O+ve

SVD / LSCS: GL. LSCS.

Indication: CPD & High BMI

Diagnosis: 37+5 weeks | male | 8 Hrs | primi | EL. LSCS | 3.094 kg | AGA.

Any Maternal Complications: Hypothyroidism, mild & initial Pericardial effusion along Right ventricular wall.

Spo2 Pre ductal Right Upper Limb: 99%.

Spo2 Post ductal Left Lower Limb: 100%.

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 done 25/7/26 @ 3:50 PM

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
25/7/26		3.10 ↑		✓	✓	DBM+FF	
		6gm					
26/7/26		3.10 (same weight)		✓	✓	DBM+FF	TCB 3pm. 11.3 mg/dl.

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-00060841 **Admit Date** : 24-Jul-2026 **Admit Time** : 05:55 PM **UHID** : VIH-00207283

Patient Details :

Patient Name	: Baby B/O KOMANDURI S P RAGHAVI	**Age**	: 0 D
Guardian	: Mr MR. D GOUTHAM	**DOB**	: 24-07-2026 03:10 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kapra Ecil Hyderabad Telangana INDIA 500062	**Phone No**	: 7722893652
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-231-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-231-1 **Admission Type** : First Visit

Contact Details :

Name : Mr MR. D GOUTHAM **Relationship** : Father

Contact Address : Kapra Ecil Hyderabad Telangana INDIA 500062 **Phone No** : 7722893652

Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA **Specialisation** : NEONATOLOGY

Referral Doctor : DR.KAPPAGANTULA APARNA **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : POWER GRID CORPORATION OF INDIA

PATIENT TRANSFER FORM

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Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

Date & Time of Admission	Date & Time of Transfer Order
24/7/26 at [illegible]	25/7/26 at [illegible]

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Ganesh	observation

From Unit	To Unit	Information to Attendant
MICU	210	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
25	Nil	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small Wheelchair — (1)	
2.		
3.		
4.		
5.		

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

Dr. Ganesh

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S.S. K. Sahini	Dr. Ganesh

Patient & Clinical Records Received by : Deepika

Date & Time of Patient Received : 25/7/26 @1:20pm

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

Baby B/O KOMANDURI S P RAGHAVI IP-00060841
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o S P Raghavi Mother's Name: Mrs S P Raghavi.

Date of Birth: 24/7/26 Time of Birth: 3.01 pm Esse Gender: ☑ Male ☐ Female

Birth Weight: 3.093 094 Kgs HC: 34 cm Lenght: 42 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: .

BCH-00039375 IP-00060835
Mrs KOMANDURI S P RAGHAVI
27-07-2001 24 Y 11 M 27 D (F)
Dr. KAPPAGANTULA APARNA

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

Indication: Elective LSCS

Physical Assessment of New Born:

Temp: 36.5 °C HR: 145 bt /Min RR: 45 bt /Min BP: — SpO_2: 98%

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: Adithya Signature: Date &Time: 24/8/26 @ 4pm

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : SP Raghavi Age : 24yrs. Father's Name : ..... Age : .....

Date of Birth : 24/7/2026 Date of Admission : 24/7/2026 UHID No.: .....

NICU Consultant : ..... 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 SP Raghavi

Gender : ☒ M ☐ F Blood Group : .....

Date of Birth : 24/7/2026 Time of Birth : 3:01 PM

Place of Birth : RCH, VKP.

Mother's Blood Group : .....

Birth Weight (gms) : 3.094kg. Length (cms) : .....

OFC (cms) : 35cm.

Estimated Gesth Age : 37+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24yrs. Ht : 164 Wt : 127kg BMI : (High.) Married Life : 1yr. LMP : 25/10/25 EDD : 9/8/2026

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : At RCH (25th wk) Prev-marcheriyal. AN Steroids Drugs / Doses : .....

Last Scans Details : Cephalic, Dopplers (N) (Uterine, umbilical) / CPD.

..... 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 /

Redistribution in MCA) / Ductus Venosus : .....

AFI : 14.1 cm.

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

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

.....

Compliance with Rx : (Initial)

Scans : LGA, TIFFA (Fetal Echo) : mild Pericardial effusion along Rt. ventricular wall

H/o Hypothyriodism : when diagnosed ? Medication?

Hypothyroidism. (Resolved) 10th

7.5mcg OD

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever ANA (+) on Hydroxychloroquine (HCQ) 200mg OD

(☐ 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 : .....

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Aparna Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) EL.CSCS

Second stage (> 2 hours after dilation) (CPD) & High BMI

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
5/10	8/10.	

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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Dr. ATLURI KUNDANA PRIYA

37+5 / male baby delivered to Primi via EL-LSCS

↓

Difficult / delayed head pulling after incision (for 2-4 min) even uterine efforts

due to mother BMI (high) / fatty tissue.

↓

45 sec Delayed Cry, Tone low [Immediate Cord clamping done.]

(after Pulling out)

After Stimulation & oronasal Suction

↓

Baby Cried, [CPAP connected for 10 min]

At 50 sec of life

↓

Reached Target SPO2 & HR at 7 min (90% HR-150)

mild RD initially, (Nasal flaring, ± SCRT)

↓

Settled on low-flow nasal prongs

↓

after 10 min shifted RA

↓

maintaining on RA no Grunt / RD.

← Cord clamped & cut [CLAVH] Thi-Vit K.

← [Cord ABG Sent, showed pH - 7.17, PCO2 - 60.9]

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

GENERAL EXAMINATION ON ADMISSION

General Disposition : Initial limp ↓ after stimulation baby doing fine - CFT/A Good

VITALS : Temperature : 36.5° HR : 179/min RR : NIBP : CFT :

Color of the extremities : mild Peripheral Cyanosis

Jaundice : — Pallor : — SpO2 : 98% at 7th min of life

Anthropometry : Birth Weight : 3.094 kg. Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : / Sutures / Shape / Moulding : / Edema / Bruising : / Size - (H.C.) : — forceps injury - mild on left side. while pulling the head

Facies : (Any Facial Dysmorphism) — Nil

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

EYES : Symmetry : / Red Reflex : / Discharge : — (N)

EARS, NOSE MOUTH and THROAT : Ear set / Shape : / Periauricular Pits / Tags : / Nasal shape / Patency : / Palate : / Gums : / Lips : / Tongue : — Forceps Contusion @ left side. (difficult delivery) (N)

BREASTS :	Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	N
GENITILIA :	Labia / Hymen : Testicles/penis : Testicles ~~doubtful ? undescend~~ descended ; palpable. Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		N
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	N Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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% at 6-7 min of life Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 172/min BP : ..... Precordial Activity : Nil

Femoral Pulses : ..... Murmurs : Nil

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Shape : ..... Hernia orifice : .....

Palpation : ..... Soft Anal Patency : N

Palpable masses : ..... Umbilical Cord : N

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

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Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

Nervous ... functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : Initially low but later o/c. (after crying & breathing)

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : .....

.....

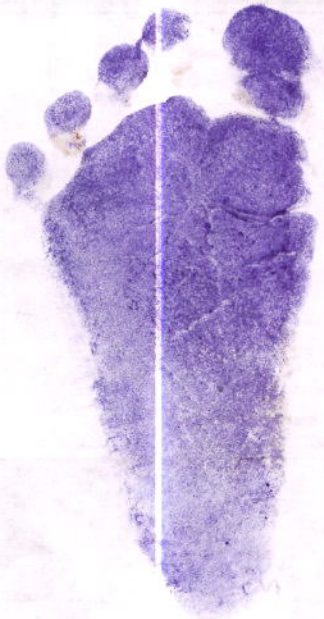
Diagnosis : 37+5/ male. /IOHM/ primi / ELCSCS

3.094/cg / AGA.

.....

FOOT PRINTS

Left Side :



Right Side :

Taken by Dr. Anil @3:10 PM

Resident Doctor :

Signature : A. Ganesh

Name : CH. GANESH

Date & Time : 24/7/2026.

Consultant :

Signature : .....

Name : Dr. KUNDANA

Date & Time : 27/7/26

Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

Pati

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 : .....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

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Fe...ing: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

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

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ..../........../..........

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: ....

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

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

Discharge to ☐ Home ☐ Other: ....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details: ....

Final Diagnosis:
- DBF to burping Q2H
- warmth & cord care
- I/v/o HCQ intake in mother [ECG, 2D Echo (SOS) after c/n rounds]
- NSG (SOS) - I/v/o forceps injury
- vitals 6th hrly
- SpO2 (pre & post ductal)
- Inform SOS

Doctor Signature: (signature)

Doctor Name: CH. GANESH

Date & Time: 24/7/2026

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24-07-2026 0Y0M0D9H (M)
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26:	S/B Dr Kundana.	
	(37+1W) / Male / 10H M / Primi / El. LSCS / 3.094 kgs / AGA	
	O/E Baby alert, active, warm, stable	
	C/T/A (N)	
	CVS, RS, P/A (N)	Adv:
		→ ECG leads
		→ Continuous monitor.
Dr. KUNDANA 24/7/26 5pm		I/v/o HCQ maternal intake & Difficult delivery ECG leads were connected for 24 hrs

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

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
9:35 PM 24/7/26	· Sucking (+) · CRT → Good · Cry (+) · Perfusion Fair · RR @ arterial pulsable · Virally stable.	adv . Monitor vitals .. GRBS 6 hrly . ECG leads
DNE	Noted by Dupilca 24/7/26 @ 9:35 pm	

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/2026 9:00am	37+5 / male / Delayed cry.	3.094 [redacted] / ↓ [redacted] (176g) 3.10. / Primi EL. LSCS- difficult delivery Forceps. Poor APGAR initially.
		C/T/A - Good Sucle - good CRT < 3 sec AF - (N) moro Elicited
M/O tre. B/O		CVS CNS RS (N) PA
		Plan - on ECG leads - DBF fb burping Q2H - warmth & cord care. - TCB bf d/c - OAE T/M - vitals Q6H - Inform SO d. Cm
		Noted by Vaishnavi 25/7/26 @9:30Am

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/2026 4:00pm	Baby reviewed on ECG leads all vitals - (N) feeding - (N) Sucking - (N). Plan - TCB, OAE bf d/c - Continue rest - on ECG leads. - Inform scs. 2D ECHO at f/u. d. [signature]	[signature] Dr. KUNDANA 25/7/26. 5pm
25/7/26	Lactation notes (Mrs. Ramyashree) • Ist time mother • flat nipples both sides • Mother is DBF +TF on pediatrician's advice. • Discussed about the hand expression technique • Advised to feed every 2hrs • Advised to invest in breast pump. • f/u.	Noted by Vasha 25/7/26 @4pm ECG monitoring stopped at 9pm!. d. [signature]

[signature] 5:40pm

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 11:30 AM	S/B Resident	(HOL - 43hrs; PRIMI)
	Term (37+5 wks) / EL.LSCS - CPD + High BMI)	
	Baby boy / Cried after stimulation / B.wt - 3.094 kg / AGA /	
	Difficult extraction (+) / Hypothyroid mother /	
	Mother ANA +ve	
		Plan
	Wt - 3.10 kg (gain)	- CCT + Cont. care instructions
	U / S pass	- OAE today
		- TCB bl2d
		- 2D Echo on f/u
	B / B O +ve	↓ i/v/o mild pericardial effusion in fetal Echo
	HR > 130/m	- Monitor vitals
	O/E - Euthermic	- HIs charting
	CVS - S1S2 (+)	- Inform SOS
	RS - NAE (+)	
	PA - soft	
	CNS - good	
	CRT < 3 sec	
		Noted by Vaishnavi 26/7/26 @12pm
[signature]		

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 3pm	D/w Dr. Kundana mam	
	TCB @ 48 HOL - 11.3 mg/dl	
	↓	
	Treatment range ≥ 13.5 mg/dl	
	Plan	
	- D/c f/up if mother is D/c	
	f/u on wednesday	
	- don't repeat TCB	
		Noted by Vaishnavi 26/7/26 @ 3:30pm
@ Deepu	2D ECHO at f/u.	
	d/s T/m.	
	f/u days.	(tuesday evening
		(or)
Dr. KUNDANA 26/7/26 5pm.		wednesday morning)
		Noted by Somy 26/7/26 @ 10pm

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: 37+5 | male | 10Hm | Normal | Et. LSCS. 3. Oguly

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

Surgery / Procedure: —

Post OP Day: —

BACKGROUND

Date / Shift	24/7 N	24/7/26 N	25/7 M	25/7/26 E	25/7/26 N	26/7/26 M
Medical Condition (Any special condition to be noted):	—	—	—	—	—	—
Diet:	Aptamil	ff+DBM	DBM+FF	DBM+ff	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	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.6°F	98.1°F	98.2°F	98.6°F	98.4°F
Res:	30 b/m	38 b/m	36 b/m	42 b/m	42 b/m	40 b/m
SpO_2:	94%	99%	98%	99%	99%	99%
Pulse:	130 b/m	128 b/m	139 b/m	142 b/m	145 b/m	146 b/m
BP:	—	—	—	—	—	—
LOC:	Conscious	Conscious	Conscious	Cooley	Conscious	Conscious
Fall Risk Score:	0	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:	—	Nil	Nil	Nil	Nil	Nil
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	Aptamil	ff+DBM	DBM+FF	DBM+ff	DBM+ff	DBF+FF
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	Dependent	dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Sahasini	Deepika	Vaishnavi	Varsha	Akanksha	Vaishnavi
Signature / ID :	8	660746	WO20216	905042	660660	WO20216
Date:	24/7/26	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26
Time:	8pm	@8 am.	@2 pm	@8pm	@8am	@2pm
Taken Over By Name :	Akanksha	Vaishnavi	Varsha	Akanksha	Vaishnavi	Vaishnavi
Signature / ID :	660607	WO20216	905042	660607	WO20216	WO20216
Date:	25/7/26	25/7/26	25/7/26	25/7/26	26/7/26	26/7/26
Time:	@1120	@8AM	@2pm	@8am	@8AM	@2pm

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. ATLURI KUNDANA PRIYA

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: 37+5 / male / IDFM / primi / EL. LSCS / 3.94 kg / AGA			Any Infection: ☐ Yes ☑ No ☐ Not Known; If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	26/7 E	26/7 N				
	Medical Condition (Any special condition to be noted):	–					
	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:	98.1°F	96.6°F				
	Res:	39 b/m	41 b/m				
	SpO_2:	98%	99%				
	Pulse:	136 b/m	134 b/m				
	BP:	–	–				
	LOC:	Conscious	Conscious				
	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+FF	DBF+FF				
	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				
Post Operative Procedure Special Orders:		–	–				
Handed Over By Name :		Vaishnavi					
Signature / ID :		0020216					
Date:		26/7/26					
Time:		@ 8pm					
Taken Over By Name :		Sony					
Signature / ID :		9058143					
Date:		26/7/26					
Time:		@ 8pm					

Noted by Sony 26/7/26 @ 8pm

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

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

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: 24.7.26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify... Assess the baby condition
- ☑ 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				NIL			
Afternoon							
Night	8pm	monitor vitalls maintain fluid Balance	8pm	Vital's checked *feeding & Burping given tray wise	Baby vital's are maintain *Prevented Dehydration	* maintain skin integrity *Reduced dehydration	Swathi 24.7.26 @ 8pm

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

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: 25/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Maintain Good Nutritional status - Ensure Safety	9:10 AM	- Every 2nd hourly Feeding & Burping given - provided side rails	- Nutrition is Maintained - To prevent Falls	Baby is stable	Vanishy 25/7/26 @2pm
Afternoon	3pm	Maintain Good Nutritional Status	5pm	Every 2nd hourly Feeding ap Burping given	To prevent dehydration	Reassessment done Baby is stable	Vanishy 25/7/26 @8pm
Night	9 pm	* maintain fluid Balance. * Ensure Safty	10 pm	Encouraged pt to give oral fluids. * Baby in crib	* Prevent Dehydration * Reduced falls Risk.	* Re-Assesment Done. pt condition is Stable.	Manisha 26/7/26 @8a

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. ATLURI KUNDANA PRIYA

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: 26/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify... Assess the baby Condition
- ☐ 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 - Ensure Safety	9:10 am	- Every 2nd hourly Diaper changed - provided side rails	- To prevent infection - To prevent Falls	- Re-Assessment is done, vitals checked	Vaishnavi 26/7/26 @2pm
Afternoon	4pm	Maintain Good Nutritional status - Ensure Safety	4:10 pm	- Every 2nd hourly Feeding & Burping given - provided side rails	- To prevent dehydration - To prevent Falls	- Re-Assessment is done, vitals checked	Vaishnavi 26/7/26 @8pm
Night	10pm 11pm	* Ensure Safety * Maintain fluid balance.	*	Discharge note Doctor come for rounds To Advice the Discharge		noted by sonu 27/7/26	

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. ATLURI KUNDANA PRIYA

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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 ,Hy
,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O KOMANDURI S P RAGHAVI**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP-00060841**	**Sex:**	**Male**
Consultant:	**Dr. ATLURI KUNDANA PRIYA**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-231-1**

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.

derstand 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:

e 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: Goutty)

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: Goutty

Name: GOUTHAM
Relationship: father
Date: 24/07/26 Time: 05:55 P.m
Witness Name:
Witness Signature:

Patient Address:
Kapra Ecil Hyderabad Telangana
INDIA 500062

APTAMILK GOLD (25ml x 3rd hrly)

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

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CONSENT FOR FORMULA FEEDS

Patient Name : B/O RACHAEL Age : 0d/M

Gender : M☑ F☐ - IP No : Reg. No. :

Department : Cradle Date : 24/2/26

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

aged ..... years. Hereby declare that I have admitted my son / daughter .....

In the NICU of Rainbow Children's Hospital, Hyderabad on ..... 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 : Goutty

Name : D. Goutham

Relationship with Patient: Husband

Date & Time : 24/2/26, 9:30 PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : DIVA

Name : Dr SIVA KRISHNA

Date & Time : 24/2/26

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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-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

IM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 24/7/26 (L) Time: 6 8 10 12 1 2 3 4 5 6 7

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

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94
98.6°F 98.6°F 98.6°F 98.6°F 99.2°F 98.1°F 98.2°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50
156 148 139 133

Note: BP does not score in early warning scoring

Heart Rate (Number): 120 120 110 120 140 140 120

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

Resp Rate (Number): 30 33 38 44 40 50 50 43 50 41 40

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

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

SERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- Detailed actions are described according to increasing Early Warning Score.
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- 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

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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-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

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: 25/7 Time: 8 9 10 11 12 1 2 4 7 11 3 7

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

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

98.4°F 98.6°F 98.2°F 98.2°F 98.0°F 98.2°F 98.0°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): 139 141 146 151 138 136 139 142 140 144 143 141

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

Resp Rate (Number): 39 41 36 32 36 39 40 45 42 42 42 43

Resp Distress	Mod/ Severe / None / Mild									N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)		98	98	97	98	99	99	99	98	99%	99%	99%
Conscious Level	Normal / Altered	C	C	C	C	C	C	C	NA	C	C	C
GCS *								NA	NA			
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		V	V	V	V	V	V	V				

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. ATLURI KUNDANA PRIYA

. 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: 26/Feb Time:	10	1	4	7	11	4
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	AM

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	131	140	136	145	141	138

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

Resp Rate (Number)	39	40	44	41	45	41
Resp Distress (Mod/ Severe / None / Mild)						
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	98	99	99
Conscious Level (Normal / Altered)	N	N	N	N	N	N
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	V	V	V	V	[illegible]	[illegible]

Discharge Spent

ACTIONS	
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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-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

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

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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 :**						
24/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm	Aptamil	20 ml								0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
24/7/26	08:00 pm	Aptamil	25ml.								0	Sahasini 24/7/26 @8pm
	09:00 pm										0	
	10:00 pm 1:30	Aptamil	25ml 25							✓	0	
	~~11:00 pm~~										0	
	12:00 am	Aptamil (25ml)									0	
	01:00 am										0	
Total Intake :						**Total Output :**						
25/7/26	02:00 am	Aptamil (25ml)					✓			✓		Athira 25/7/26 @ 8pm.
	03:00 am											
	04:00 am											
	05:00 am	Aptamil (25ml)										
	06:00 am						✓			✓		
	07:00 am	Aptamil (25ml)										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	Urin – 3 times Stool – 2 times

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 11 H (M)
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FLUID CHART

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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
25/7			Mouth	I.V	N.G							
	08:00 am											
	09:00 am		DBM + FF							✓		
	10:00 am											
	11:00 am						✓			✓	0	Vanitha 25/7
	12:00 pm		DBM + FF									
	01:00 pm	25ml					✓					
Total Intake :						**Total Output :**						
25/7	02:00 pm											
	03:00 pm											
	04:00 pm	25ml	DBM+FF				✓			✓		Nagaraj 25/7 @ 8pm
	05:00 pm											
	06:00 pm	20ml	DBM+FF							✓		
	07:00 pm											
Total Intake :						**Total Output :**						
25/7	08:00 pm											
	09:00 pm	30ml (FF)	DBM.				✓			✓		Akshi 26/7 @ 2 am
	10:00 pm											
	11:00 pm		6BM (30ml FF)									
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
26/7	02:00 am											
	03:00 am	6BM	DBM									Akshi 26/7/25 @ 8am
	04:00 am											
	05:00 am											
	06:00 am		DBM				✓			✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 22 H (M)
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26/7												
	08:00 am										1	
	09:00 am		DBM+FF								1	
	10:00 am										0	Vaishnavi 26/7/26 @2pm
	11:00 am		DBM+FF				✓			✓	1	
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						
26/7	02:00 pm		DBM+FF								1	
	03:00 pm						✓				1	
	04:00 pm										0	Vaishnavi 26/7/26 @8pm
	05:00 pm		DBM+FF							✓		
	06:00 pm										1	
	07:00 pm		DBM+FF								1	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	DBF+FF										
	10:00 pm											Sony 27/7/26 @6am
	11:00 pm	DBF+FF								✓		
	12:00 am											
	01:00 am	DBF+FF										
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBF+FF										Sony 27/7/26 @6am
	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-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

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Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 3.09-4kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/7	3:10 PM	INJ. VITAMIN K	(0.5ml-1mg)	IM		Hrit	Jyothi

VIH-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0Y0M0D9H (M)
Dr. ATLURI KUNDANA PRIYA

RESULT SHEET

Rainbow® Children's Hospital
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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-00207283 IP-00060841
Baby B/O KOMANDURI S P RAGHAVI
24-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. ATLURI KUNDANA PRIYA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/7/26	DATE 24/7	DATE 25/7	DATE 25/7	DATE 25/7
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
	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			✓	✓	✓	✓
Call device within reach			✓	✓	✓	
Wheels Locked		yes	✓	✓	✓	
Room free of clutter			✓	✓	✓	
Adequate lighting		yes	✓	✓	✓	
Wheel chair support			✓	✓	✓	
Other Intervention(s) Specify			✓	✓	✓	
Nurse's Name:		Archana	Sudha	Deepika	Vanitha	Archana
Signature:						
Date:		24/7/26	24/7	25/7	25/7	25/7
Time:		@4pm	11pm	7AM	3 pm	9pm

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