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

BirthRight BY RAINBOW HOSPITALS
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ACTIVITY RECORD FOR BILLING

Name: ---------- VIH-00206607 IP-00060577 ----------
Baby B/O RUNA RAI
UHID No : ---------- 05-07-2026 0 Y 0 M 0 D 3 H (M) - Consultant : ---------- Dept : ----------
Dr. SURENDER RAO DUSA
Date of Admission -------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	10pm	NICU	202	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. mohd Abdul khalid	6/7/26	3098040	
2.	Dr. Murtaza kamal	6/7/26	3098131	
3.	Mrs. Sai Krishe	8/7/26	3098814	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
5/7/26	CBR, Blood grouping	26022489	
	VBG, RBS	26022491	
	RBS	26022492	
	CXR	26010758	
	RBS	26022503	
	Cord ABG	26022511	
	Cross checked done by Dr. Adarsh		6/8/26
6/7	ultrasound Abdomen	26010809	
6/7	NSG	26010824	
	2Decho	26010825	
	RBS	26022604	
6/7	TFT	26022668	
8/7/26	SBR	26022720	
8/7/26	NSG	026.0108874	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	monitor	1:10pm	5/7/26 8pm	3097746	
	Infusion pump	8pm	7/7/26 8AM	3097786	
	Syring pump	1:10pm	5/7/26 @6PM	3097785	
	oxygen				
	Cross checked		Done by	Dr' [illegible]	
				04/07 @ 5pm	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
5/7/26	Dr placement	1	3097747	
	Cross checked done by Sr. Ashish			7/6/26
8/7/26	AABD	1	3098815	

ANY OTHER INFORMATION

Date : 8/7/26 Time : 11 AM Prepared By : Mishra

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Syed	8/7/26 11 AM		

Ref. No. F/INPR/12

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Dr. SURENDER RAO DUSA

Registration No.: –

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
5/7	00.00	1pm RBS – 56 mg/dl		26022494
	1.00	2pm RBS – 84 mg/dl		26022492
	2.00	8pm RBS – 89 mg/dl		26022503
	3.00	Cross checked done by Sr. Achah 6/7/26		
6/7	4.00	2pm RBS -78 mg/dl.		26022581
	5.00	8PM RBS – 98 mg/dl		26022604
7/7	6.00	2AM RBS – 119 mg/d		26022642
7/7	7.00	8AM RBS – 102 mg/dl		26022643
	8.00	2PM RBS – 98 mg/dl		26022698
	9.00	Cross checked by	Sr. Hari	
	10.00	GRBS 10pm – 91 mg/dl		26022723
	11.00 8/7/26	GRBS @ 6AM – 82 mg/dl		26022725
	12.00	~~GRBS @ 12pm –~~		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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-00060577 **Admit Date** : 05-Jul-2026 **Admit Time** : 01:07 PM **UHID** : VIH-00206607

Patient Details :

Patient Name	: Baby B/O RUNA RAI	**Age**	: 0 D
Guardian	: Mr MOH ABBAS	**DOB**	: 05-07-2026 11:40 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat.no502,5th floor VEDHA TOWERS A S Roa Nagar Hyderabad Telangana INDIA 500062	**Phone No**	: 9575160560
		E-mail	: na@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 246 **Ward Name** : N 2F-NICU I

Room No : NICU 246 **Admission Type** : First Visit

Contact Details :

Name : Mr MOH ABBAS **Relationship** : Father

Contact Address : flat.no502,5th floor VEDHA TOWERS A S Roa Nagar Hyderabad Telangana INDIA 500062 **Phone No** : 9575160560

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : NEONATOLOGY

Referral Doctor : **Phone No** :

Co-Consultant : Dr. ATLURI KUNDANA PRIYA

Payment Details :

Deposit Amount : 0.00

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

PATIENT TRANSFER FORM

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
0206607 IP-00060577 B/O RUNA RAI -2026 0 Y 0 M 2 D (M) URENDER RAO DUSA	7/7/26	7/7/26 @ 10pm
	Transfer ordered by: Dr. Surender	Reason for Transfer: Stable
From Unit: NICU	To Unit: 202	Information to attendant: Yes ☒ No ☐
Number of Sheets in clinical file: 57	Number of Imaging films: 2d Echo. - 1, NSG - 1, USG - 1, ABG - 2	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.	kochees —	4
2.	baby wipes —	1
3.	d. water 10 ml - 40	1
4.	Aptamil pepti —	1
5.	feeding bottle —	2

Shifting Summary / notes written by Doctor :

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Sumanjali.	Dr. Vishal Siv

Patient & Clinical records received by : Raja

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

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

(1/2)

ADMISSION INFORMATION

Mother's Name : Runa Rai Age : ..... Father's Name : ..... Age : .....

Date of Birth : 05/07/26 Date of Admission : ..... UHID No.: VIH-00206607

NICU Consultant : Dr. Surender Rao. 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 Runa Rai

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 5/7/26 Time of Birth : 11:40:00 AM

Place of Birth : V- RCH

Mother's Blood Group : B+VE.

Birth Weight (gms) : 2.431 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 34+3 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : 1.57 Wt : 75 BMI : ..... Married Life : 3yrs LMP : 5/11/25 EDD : 13/8/26

Conception : Spontaneous or with Rx. : spontaneous.

Booked at what GA. : conception. AN Steroids Drugs / Doses : .....

Last Scans Details : 18/6/26, growth scan - SLIUF, 32wks, cephalic, PL - Ant. Light. AFI - 11.9cm, AC - 25%, EFW - 1965g. Dopplor (2) TT Immunization and Iron / Folic Acid : yes

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs DEAF AND MUTE

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 : NO

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : NO

IUGR - when detected : NO

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

AFI : 11.9cm

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

Controlled or not, recent values, HbA1 values : NO

Compliance with Rx : -

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

H/o Hypothyriodism : when diagnosed ? Medication? NO

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

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

Infection : H/O, Fever

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

UTI : when : @ 32 wks Any culture : candida globrata managed conservatively

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

Medication during Pregnancy : Tab Ecosprin 150mg started @ 34 wks Duration : .....

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Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Sirisha reddy Hospital : M-RCH ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : ABRUPTIO

Specify the reason : Placenta c/s. PROM

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 : 36+3wks 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
7 no	9 no.	

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 :

CUAB

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Baby delivered via LSCS in rotary position.
↓
CTAB HR > 100/min.
↓
SCR (+), RR > 70/min.
SpO2 - 70% on RA @ 2min.
Delivery room CPAP was given for 2min.
PEEP-6.
FiO2-30%.
↓
Delayed cord clamping was done for 60sec.

Investigation details in previous Hospital :

Cord was clamped in aseptic conditions.
↓
Inj. vitamin k given.
↓

Feeding History :

~~Shifted~~ Connected to LFO2 @ 1L/min.
~~HR~~ ↓
Shift to NICU.

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition : Active, crying.

VITALS : Temperature : 36.3 C HR : 152/mm RR : 66/mm NIBP : CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : Nil Pallor : Nil SpO2 : 96% @ L02

Anthropometry : Birth Weight : 2.431kgs Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) N Nil

NECK and CLAVICLES :
Range of Motion : Normal
Asymmetry : Nil
Masses :

EYES :
Symmetry : - Not checked.
Red Reflex :
Discharge :

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

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Thorax :

BREASTS : Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : (-)
Bowel Sounds : (+)
Umbilical Stump : clean & dry
Discharge : (-)

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

HERNIAL ORIFICES (-)

TRUNK and SPINE : (N)

SKIN LESIONS : (-) No rash.

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... 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 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....
Femoral Pulses : well felt
Other Peripheral Pulses : (N)
Precordial Activity : (N)
Murmurs : (-)
Signs of Cardiac Failure : (-)

Abdomen :

Shape : .....
Palpation : Soft, Nontender
Palpable masses : (-)
Abdominal girth : .....
Hernia orifice : (N)
Anal Patency : Patent
Umbilical Cord : clean & dry
First urine passed : .....
Meconium passed : .....

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

State of wakefulness :

Prechtle Score :

Nerves : <A/A - AGA

Motor System :

Passive Tone : N

Active Tone :

Neonatal Reflexes :

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

Moro's : B/L symmetrical DTR : -

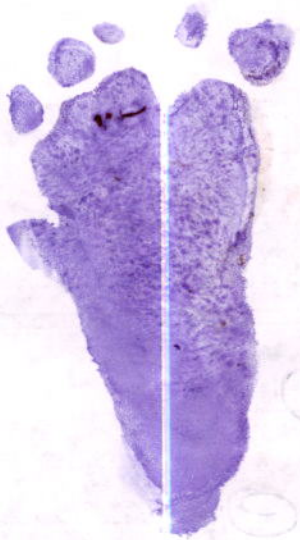
ATNR : Skull and Spine : N

Any Congenital Anomalies : -

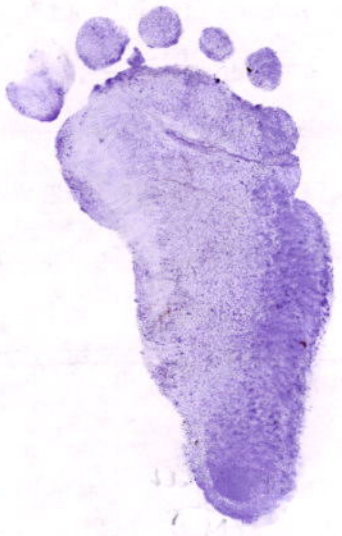
Diagnosis : PT- 34+3 WKS

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. Hanif

Date & Time : 5/6/2026 10:25 PM

Consultant :

Signature : D. Surender Rao 6/7/26.

Name : 10:35 AM

Date & Time :

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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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: => LFO2 observe for 1hr

↓

If not settled start CPAP

- CBP, Blood group
- IVF @ 60cc/kg/day
- CXR, ABG, one

Noted by
5/7/26

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26		
01PM		
	=> Baby reviewed	
	=> Tolerating feed NO tachypnea	
	a distress settled	
		=> ADV
		- Start OG feeds
		- First 1/2 feed
		&
		If tolerating then full
		OG feed
		- RBS - 6th hrly (TRFeed)
		Noted by
		Dr. Harsha Pandey 5/7/26

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9AM	DOL-1 (HOL-21h) / LPT / 34+3wk / 2.43kg / AGA / IM / MT	
	CTAB / RD - LFO.	
	Issues: Bluish discolouration of digits, 1 e/o vomiting	
	↳ 4-5ml (milk)	
	T.wt 2.43kg	Normothermic
	I/O - 144/80	SV @ RA
	UO - 1.7cc/kg/h	CVS - S1 S2 (+)
	S/O - 1 time	P/A - soft
	GRBS -	RS - B/L AE (+), chest clear
		P/A - soft.
	Adv:	
	- Target SpO2 - 90-95%	
	- Target MAP > 34.	
	- TFR - 80cc/kg/day	
	Full OG feeds - 16ml x 2hly	
	- NSG, 2D Echo, US Abdomen →	
	- NPO @ 12 PM	
	- Bluish discolouration of hand	
	Inj Dobutamine - 6 mcg/kg/min.	
Chari	- GRBS - Q6H (prefeed)	
	- ABG, CXR - for	
	I/O charting, vitals monitoring	
	- Advanced NBS, OAE - today	
	AABR after shifting room.	Dr. [signature] 6/7/26. 10:30 AM
	Noted by Nikhitha 6/7/26 @ 2pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26		
5pm	Baby received	
	accepting feeds well	
	C/T/A - good.	
	passing urine & stools.	
	w/f Bluish discolouration of hand, Baby on Dig dopamine infusion	
	trace NP, reports.	
	2D-echo, USG abdomen, NSG done.	
	Advanced NBS to be done today.	
Sd/ (Surender)	AABR after shifting to room.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 9AM	DOL-2 / (45HOL) / Late PT / 34+3 wks / 2.43 Kg / AGA / male / RD - LFOL.	
	Dyswyl. NAD.	
	Twt - 2.41 (+20gms).	Normothermic.
	I/O - 228/120ml	SV@RA
	U/O - 2ml/Kg/hr.	CVS-S1S2①
	S/O - 3 times.	P/A- soft, BS①
	GRBS - 107mg/dl	RS- BAE①, Chest clear
	Advices.	
	Target SPO2 90-95%, MAP >34.	
	TFP - 100ml/Kg/day.	WGES
	Oral demand feeds.	TFT
	GRBS 6th hrly.	
	ABG, CXR SOS.	
	Inj Ca Advance NBS.	
	Plan to shift to Room. today	
	BAER after shifting to Room.	
	- SBR T/M.	
	- WGES, TFT today.	
Dr Sushol	Noted by Sr. Sravani 7/7/26 @ 10AM	Dr. Surender Rao 7/7/26. 10:00AM.

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AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/2026 2:30pm.	**Shifting Notes** D2 / Late PT 34+3 → 34+5 wks / 2.43kg / AGA male RD - LFOL. Baby delivered via Em. LSCS i/v/o Persisting RD Baby shifted to NICU and monitored for 2 days. (USG abdomen, NSG, 2Decho all are normal) Plan shift to ward / room (vitals 3rd hrly) - If any desaturation - DO (continous monitoring) - Target SPO2 - 90-95%. - Oral demond feeds 2-3rd hrly. (20-25 ml). - [Trace Lytes, TFT, advanced. NBS]. - SBR (T/M). - AABR bfdlc. - GRBS 6th hrly. TID - ABG, CXR (SOS) - Trace TFT. - WGES to be sent today. but patient attenders not willing.	Noted by Sr. Sumanji 7/7/26 @ 10pm

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/O RUNA RAI
026 0 Y 0 M 2 D (M)
RENDER RAO DUSA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8.7.26	S/B Registrar	
9.00 AM		
	DOL-3 / Late PT ($34^{+3} \to 34^{+6}$ wk) / AGA / baby boy /	
	RD - LFO2	
	o/E baby warm	
	icterus till abdom	
	cry }	
	tone } (N)	
	activity }	
	H/L - NAD	Plan
	P/A - soft	→ Trace SBR
	9.7.26	→ Warm care
		→ AABR before D/C
	T3 : 97.8 }	→ RBS BD
	T4 : 9.89 } (N)	→ DBM + optimal feeds
	TSH - 4.59 }	
	Y. wt : 2.41 kg	
	T. wt : 2.32 (+90gm)	
	Sameera	
	(Dr. Sameera)	
Noted by Sister [signature]		

VIH-00206607 IP-00060577
Baby B/O RUNA RAI (M)
05-07-2026 0 Y 0 M 1 D
Dr. SURENDER RAO DUSA

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NURSING CARE RECORD

Date: 7/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM – 2pm	- Assessment - check vitals - provide comfortable position - Oral demand feed	- - - -	Assessed baby condition checked vitals provided comfortable position given oral demand feed	- Baby is active	- vitals are normal - Baby is active	[signature] 7/7 @ 2pm
Afternoon	2PM – 8Pm	- Assessment - vital - feed - I/O chart	- - - -	Assessed baby condition checked vitals given feed maintain I/O chart	- Baby is active	- Vital are normal	[signature] 7/7 @ 8pm
Night	9pm	=> Assess the Baby condition => monitor vitals and Recorded => maintained Input and output chart	=> => =>	Assessed Baby condition monitored vitals and Recorded maintained Input and output chart	=> vitals are stable	=> Hemodynamically stable	[signature] [signature] 7/7/26 @ 8AM

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 1 D (M)
Dr. SURENDER RAO DUSA

Patien

NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Date: 8/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 Am.			Discharge Notes — As care for rounds and advice the pt will stable and the file will send for billing.			Sheela 8/7/26 @ 9pm.
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 ,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 RUNA RAI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060577**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-NICU I/NICU 246**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mohd Abbas

Relationship: Father

Date: 5/7/26 Time: 1:02 pm

Witness Name:

Witness Signature:

Patient Address:

flat.no502,5th floor VEDHA TOWERS A
S Roa Nagar Hyderabad Telangana
INDIA 500062

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Rainbow® Children's Hospital
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Name: B/O RUNA RAI Age: DOL:1 Gender: Male ☑ Female ☐

UHID.No : 206607 Date: 5/7/26

I Abbas S/o, D/o, W/o HUSSAIN. hereby

declare that our patient Mr. / ~~Ms.~~ B/O RUNA RAI who is related to me as SON. is

getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 5/7/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

RESP DISTRESS, PROB.

The doctors have clearly explained to me that my patient B/o . RUNA RAI during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature :

Name : Abbas

Relationship with Patient: father

Date & Time : 5/7/26 4pm

Witness :

Signature :

Name : Gaudhuja

Date & Time : 5/7/26 4pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ishani

Date & Time : 5/7/26 4pm

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) సమ్మతి పత్రం

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

యు.హెచ్.ఐ.డి .....

నేను ..... చి .....

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ .....

..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రల్ లైన్ చెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంనర్శన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి / బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు , చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగిన విధంగా చికిత్స చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇన్బటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART

Rainbow® Children's Hospital
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I.P. No

Date : 5/7/26 Diagnosis : PT - 34+3 wks Weight : 2.43kg Chart No. : (1)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																								
BLACK - RESP	105 190						134	129	134	120	114	124	147	118	121	153	143	145	120	135	139	130	137	114	113
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160																								
	101 150																								
A- ALERT	100 140																								
V-VOICE	99 130						98.6	98.6	98.6	98.6	98.6	98.6	98.4	98.4	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110																								
	96 100																								
VERBAL	95 90																								
5-ORIENTED	80						40	51	41	37	53	40	45	38	54	49	68	37	52	63	48	29	87	30	70
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28						59	57	57	53	61	59	55	61	50	56	57	62	63	66	65	50	83	74	70
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20						46	45	47	45	52	44	44	49	42	43	47	48	53	55	55	52	51	39	57
1-NONE	18																								
	16																								
1 2 3 4 5 6 7 8	14						39	38	38	38	47	44	39	39	38	33	37	40	48	50	50	49	42	50	50
	12																								
	10																								
O2							0.5	0.5	0.5	0.5	0.5	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A	R/A
SPO2							97	96	98	97	100	98	95	97	97	96	94	99	95	96	92	98	97	96	97
RBS							–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SUCTION							–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
PHYSIOTHERAPY							–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AVPU							A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : .....

Morning Shift : ~~Saroj~~ 5/7/26 8pm

Evening Shift : ~~Saroj~~ 5/7/26 8pm

Night Shift : .....

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

NURSES ASSESSMENT CHART

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Date : 6/7/26 Diagnosis : PT - 34+3 weeks Weight : Chart No. : (2)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	136	128	131	139	126	129	133	150	120	132	133	126	130	124	159	135	149	121	140	141	148	139	153	161
BLACK - RESP	190																								
GREEN - TEMP	180																								
BLUE - NIBP	170																								
	160																								
	150																								
A- ALERT	140	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	37.5	36.5	36.5	36.5	37.5	36.5	36.5	36.5	36.5	36.5
V-VOICE	130																								
P-PAIN	120																								
U-UNRESPONSIVE	110																								
	100																								
VERBAL	90	67	59	60	57	86	67	70			61	63	70	73	65	73	83	69	74	71	84	89	38	73	61
5-ORIENTED	80	↑	↑	↑	↑	↑	↑	↑			↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50	83	46	49	50	73	53	59			49	49	54	59	53	54	65	53	48	35	34	84	65		63
1-NONE	40																								
	35	↓	↓	↓	↓	↓	↓	↓			↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	46	39	44	47	68	45	40			42	42	47	38	48	38	43	45	39	41	41	41	38		33
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	60	52	47	58	53	42	55	24	62	27	38	57	42	53	49	63	50	52	39	37	34	41	53	69
• • • • • • • • 1 2 3 4 5 6 7 8	16																								
	14																								
	12																								
	10																								
O2																									
SPO2		99	100	99	98	99	99	100	96	98	97	97	96	95	99	98	100	98	99	100	100	100	93	92	98
RBS		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
SUCTION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PHYSIOTHERAPY		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Nikiftha

Morning Shift : Nikiftha 6/7/26 @8pm

Evening Shift : Uma 6/7/26 @8PM

Night Shift : Akhila 6/7/26 @8AM

Ref No. F/INPR/19

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 1 D (M)
Dr. SURENDER RAO DUSA

Patient Name :

I.P No

NURSES ASSESSMENT CHART

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Your Right to a Safe Delivery

Date : 7/7 Diagnosis : PT - 34+3 weeks. Weight : Chart No. : 3

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	139	127	154	150	131	134	118	131	139	122	130	125	90		139			130			131			132
RED - PULSE	200																								
BLACK - RESP	190																								
GREEN - TEMP	180																								
BLUE - NIBP	170																								
	160	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5		98.6F			37.6			36.5			36.5
	150																								
A- ALERT	140																								
V-VOICE	130																								
P-PAIN	120																								
U-UNRESPONSIVE	110																								
	100																								
VERBAL	90																								
5-ORIENTED	80	51	24	35	39	24	31	46	30	36	55	60	35	32		49			40			45			42
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
1 2 3 4 5 6 7 8	14																								
	12																								
	10																								
O2		97	96	95	95	97	98	97	98	99	98	97	94	90		99			99			98			99
SPO2		"	"	"	"	"	"	"	"	"	"	"	"	"		"			"			"			"
RBS		—	—	—	—	—	—	—	—	—	—	—	—	—		—			—			—			—
SUCTION		—	—	—	—	—	—	—	—	—	—	—	—	—		—			—			—			—
PHYSIOTHERAPY		—	—	—	—	—	—	—	—	—	—	—	—	—		—			—			—			—
AVPU		A	A	A	A	A	D	A	A	A	A	A	A	A		A			D			D			D

Signature of the Nurse : .....

Morning Shift : ..... 7/7 @2pm

Evening Shift : ..... 7/7 @8pm

Night Shift : ..... 8/7/25 @8pm

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7/26 Time: 10

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 140

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

70 60 50 40 30 20 10

Resp Rate (Number) 40

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

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

Patie

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : (1) 5/7/26 2.42kg

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm			10/ Dextrose								
80cc	01:00 pm	N		8.1							0	
Total Intake : 8.1ml						Total Output :						
	02:00 pm			8.1							0	
	03:00 pm	P		8.1							0	
	04:00 pm			8.1							0	Saurabh 5/7/26 8pm
	05:00 pm			8.1						30ml	0	
40cc	06:00 pm	8ml		4.0							0	
	07:00 pm			4.0							0	
Total Intake : 40.4						Total Output : 30ml						
	08:00 pm	16ml		Stop						80ml	0	
	09:00 pm										0	
	10:00 pm	16ml								20ml	0	
	11:00 pm										0	
	12:00 am	16ml					✓				0	
	01:00 am										0	
Total Intake : 48ml						Total Output : 40ml						
	02:00 am	16ml								10ml	0	
	03:00 am										0	
	04:00 am	16ml									0	
	05:00 am										0	
	06:00 am	16ml								30ml	0	
	07:00 am										0	
Total Intake : 48ml | 1449.5						Total Output : 40ml | 80ml						

Total 24 hrs. Intake	79.7cc/kg/day	Total 24 hrs. Output	1.7cc/kg/hr

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 2

6/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – NG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
6/7/26											0	
	08:00 am	Aptamil			16 ml			5ml		10ml	0	
	09:00 am										0	
	10:00 am	Aptamil			16ml			5ml			0	
	11:00 am									15ml	0	
	12:00 pm	Aptamil			16ml						0	
	01:00 pm										0	
Total Intake : 48 Ml						Total Output : 25 ml						
	02:00 pm	Aptamil			16ml						0	
	03:00 pm										0	
	04:00 pm	Aptamil			16 Ml		✓	✓		15ml	0	
	05:00 pm										0	
	06:00 pm	Aptamil			16 Ml					15ml	0	
	07:00 pm										0	
Total Intake : 48ml						Total Output : 30ml						
	08:00 pm	Aptamil		0.3	16ml						0	
	09:00 pm			0.3							0	
	10:00 pm	Aptamil		0.3	16ml					15ml	0	
	11:00 pm			0.3							0	
	12:00 am	Aptamil		0.3	16 ml		✓			20ml	0	
	01:00 am			0.3							0	
Total Intake : 66 ml						Total Output : 30 ml						
	02:00 am	Aptamil		0.3	16ml						0	
	03:00 am			0.3							0	
	04:00 am			0.3	16ml					20ml	0	
	05:00 am			0.3							0	
	06:00 am			0.3	16ml		✓			25ml	0	
	07:00 am			0.3							0	
Total Intake : 66 ml - 228 ml						Total Output : 35 ml (120) ml						

Total 24 hrs. Intake	93 cc/kg/day	Total 24 hrs. Output	2 cc/kg/hr

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : (2) 7/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
											0	
	08:00 am	Aptamil			16ml		✓			15ml	0	
	09:00 am											
	10:00 am	Aptamil	20ml								0	
	11:00 am										0	
	12:00 pm	Aptamil	20ml				✓			20ml	0	
	01:00 pm										0	
Total Intake :		56 ml				**Total Output :**						
	02:00 pm	Aptamil	20ml								0	
	03:00 pm											
	04:00 pm	Aptamil	20ml				✓			15ml	0	
	05:00 pm										0	
	06:00 pm	Aptamil	20ml							20ml	0	
	07:00 pm										0	
Total Intake :		60 ml				**Total Output :**						
7/7/26	08:00 pm	Aptamil	20ml								0	
	09:00 pm											
	10:00 pm	Aptamil 20ml									0	
	11:00 pm											
	12:00 am	Aptamil 20 ml					✓		✓		0	
	01:00 am											
Total Intake :						**Total Output :**						
8/7/26	02:00 am											
	03:00 am	Aptamil 15ml										
	04:00 am											
	05:00 am	Aptamil 20ml							✓		0	
	06:00 am											
	07:00 am	Aptamil 20ml					✓					
Total Intake :						**Total Output :**						

Sig 7/7 @2PM

Sig 7/7 @8PM

Sig 7/7/26 @1AM

Sig 8/7/26 @7AM

Total 24 hrs. Intake		Total 24 hrs. Output	

06607 IP-00060577
O RUNA RAI
126 0 Y 0 M 2 D (M)
ENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	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-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SURENDER RAO DUSA

Weight. ..... Ward. .....

DRUG :	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0Y0M0D3H (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 2.43kg Ward. NICU

		...nposition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/7	1pm	TV - 80cc/kg/day	I.V	8.1 ml	[signature]	Sevalty Swetha	7:30 AM	[signature]	[signature] [signature]

VERIFIED BY : Name .... Signature ....

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

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(All the drugs in this category belong to "High Risk / High Alert" medicines.
Bradycardia, hypotension and respiratory depression while administering these drugs)

)0206607 IP-00060577
Patient Na B/O RUNA RAI
7-2026 0 Y 0 M 2 D (M)
URENDER RAO DUSA
Weight : ...

..... Age : ..... Gender : ☐ M ☐ F

..... Sheet No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
5/7		INJ DOBUT amine	60MG/KG IN 50ML 5% D	0.1-0.5 ML HR (5-10 MCG/KG/MIN				9:30		
6/7		INJ DOBUTAMINE	60MCG/KG IN 50ML 5% D.	0.1-0.5 ML/HR (5-10 MCG/KG/MIN)				7:30 PM		

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
Dexmedetomedine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

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IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension any cardiac arrhythmia, patency of IV line, status of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)

Patient Name : ..... Age : ..... Gender : ☐ M ☐ F

Weight : ..... I.P. No. : ..... Sheet No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min
Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 – 3mg/kg/hr)

VIH-00206607 IP-00060577
Baby B/O RUNA RAI
05-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. SURENDER RAO DUSA

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

STAT / ONCE ONLY DRUGS

Name: ..... Weight: 2.43 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
5/7	12:05PM	Inj vitamin-e	1 MG	IM	A		Jyoti

Verified Dr. Rishika