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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVIT VIH-00206752 IP-00060639 **G**
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

Name: ---

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

Date of Admission : 9/7/26 Time : 5:00pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/26	8:45pm	L&D	217	

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
9/7/26	Blood grouping	V126022969	
	cross checked by	Suhasini	8:30pm.

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 10/4/26 Time : 10 AM Prepared By : Srishna.

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shani	10/4/26 10AM.		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D6H (F)
Dr. SURENDER RAO DUSA

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

Patient Name :

IP.No:

Ward:

DOA:

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

Signature and Date : Sony 6/7/26. @2PM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060639 **Admit Date** : 09-Jul-2026 **Admit Time** : 05:09 PM **UHID** : VIH-00206752

Patient Details :

Patient Name	: Baby B/O K DIVYA	**Age**	: 0 D
Guardian	: Mr R VINAY KUMAR	**DOB**	: 09-07-2026 03:54 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: flat no-c-101, sterling abode,bankers colony Sainikpuri Hyderabad Telangana INDIA 500094	**Phone No**	: 8309858154/ 8106522400
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-222-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1 **Admission Type** : First Visit

Contact Details :

Name : Mr R VINAY KUMAR **Relationship** : Father

Contact Address : flat no-c-101, sterling abode,bankers colony Sainikpuri Hyderabad Telangana INDIA 500094 **Phone No** : 8309858154 / 8106522400

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ELECTRONIC CORPORATION OF INDIA

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

	Date & Time of Admission	Date & Time of Transfer Order
	9/7/26 at 5:9pm	9/7/26 at 8:45pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Somedhar	observation
From Unit	**To Unit**	**Information to Attendant**
2/w	217	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
29	Nil	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kookree's — (1)	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
G.P.S. K. Subramani	Dr Somedhar

Patient & Clinical Records Received by : Sony

Date & Time of Patient Received : 9/7/26 @ 8:50 pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Divya Mother's Name: mrs. Divya

Date of Birth: 9/7/26 Time of Birth: 3:54pm Gender: ☐ Male ☑ Female

Birth Weight: 3.007 Kgs HC: 34 cm Lenght: 47 cm

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

Term / Pre-term / Post-term: Term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 4pm

VIH-00205088 IP-00060624
Mrs K DIVYA
27-05-1997 29 Y (F)
Dr. BHAVANA K

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

Indication:

Physical Assessment of New Born:

Temp: 98.6F °C HR: 152bl/m /Min RR: 45bl/m /Min BP: - SpO_2: 99%

Pain Score: 0 (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

Vitamin K 1 mg IM Administered: Yes / No

Routine Care Provided: Yes / No

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

Neonatal Screening Done: Yes / ~~No~~

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: K. Sulochini Signature: Date &Time: 9/7/26 6pm

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : K. Divya Age : 29yr Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Surendar Rao Sir Referring Consultant : Dr. Bhavana. K maam

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

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

BIRTH INFORMATION

Name : B/O K. Divya

Gender : ☐ M ☑ F Blood Group : B+ Positive

Date of Birth : 9/7/26 Time of Birth : 3:54 pm

Place of Birth : RCHV

Mother's Blood Group : O positive

Birth Weight (gms) : 3.007 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+5 wk.

Current Obstetric History : (Booked / Unbooked Case) RCH from 31+4 wk, previously at Ankura Hosp

Maternal Age : 29 yr Ht : 159 cm Wt : 76.35 kg BMI : ..... Married Life : 4 yr LMP : 9/10/25 EDD : 12/7/26.

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

Booked at what GA. : Ankura Hosp - ANC AN Steroids Drugs / Doses : —

Last Scans Details : 8/7/26 - SLWF, 38+3 wk, cephalic, PL - Post lig., doppler (N).
NT scan : NT = 1.2mm.

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 / (N).

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

AFI : 10.7 cm.

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

Controlled or not, recent values, HbA1 values : —

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? no

.....

Any other Chronic Medical Problems, when detected

drugs ? no.

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

Infection : H/O, Fever Recurrent UTI (+).

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

UTI : when : 31+4 wk Any culture : Klebsiella pneumonia

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

Medication during Pregnancy : — Duration : —

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

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

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

Primi

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavana. K ..... Hospital : RLHV ..... ☑ Inborn ☐ Outborn

Duration of Labour NVD

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : -

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
1	1	2
2	2	2
1	2	2
2	2	2
1	1	2
TOTAL 7/10.	8/10	10/10

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby delivered by NVD in vertex presentation c cord around neck

CRIB

HR > 100/min

↓

Baby received in prewarm lenin

↓

tactile stimulation; oronasal suction ⊕

↓

cord clamped under aseptic conditions

↓

Inj vitamin K 1mg given

shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

GENERAL EXAMINATION ON ADMISSION

General Disposition : c/T/A - good.

VITALS : Temperature : ..... HR : 160/min RR : 48/min NIBP : ..... CFT : < 3 sec

Color of the extremities : .....

Jaundice : — Pallor : — SpO2 : 100% @ RA

Anthropometry : Birth Weight : 3.007kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... (AGA) SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) (N)

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

EYES :
Symmetry : (N)
Red Reflex : - not done
Discharge :

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

tongue tie (+)

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

BREASTS : Shape of Thorax : N
Position of Nipples and Number : N

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : -
Bowel Sounds : +
Umbilical Stump : 2UA + 1V V+
Discharge : -

GENITILIA : Labia / Hymen : ✓
Testicles/penis :
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : n

SKIN LESIONS : n

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 : 100% @ RA Auscultation : BAE + Breath Sounds : NVBS + Added Sounds : -

Cardiovascular System :

HR : 160/min BP : .....
Femoral Pulses : Palp+
Other Peripheral Pulses : Palp+
Precordial Activity : N
Murmurs : -
Signs of Cardiac Failure : -

Abdomen :

Shape : .....
Palpation : Soft
Palpable masses : -
Abdominal girth : .....
Hernia orifice : free
Anal Patency : +
Umbilical Cord : 2VA + 1VV +
First urine passed : ✓
Meconium passed : ✓

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

...al functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : C/T [A AGA A

.....

Motor System :

Passive Tone : N

Active Tone : N

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : .....

.....

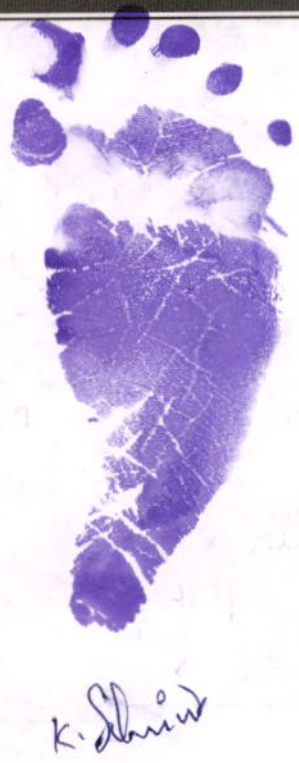
Diagnosis : NVD | Term | CIAB | B. wt = 3.007 kg | AGIA

.....

FOOT PRINTS

Left Side :

Right Side :



K. Divya

Resident Doctor :

Signature : SG

Name : Sumedha.

Date & Time : .....

Consultant :

Signature : Dr. Surender Rao

Name : .....

Date & Time : .....

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

Patie

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 : warmth care
cord care.
Breastfeeds 2nd hrly/on demand f/b pumping
SBR, OAE, NBS before discharge
Vaccination as per Schedule

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

Feeding: ☐ Breastfeeding exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

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

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

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

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

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

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D6H (F)
Dr. SURENDER RAO DUSA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8 Am	S/B Neo doct (Hol - 17 hrs; Primi)	
	Term (38+5 wks) / NVD / girl / CAAB / B.wt - 3.007g /	
	AGA /	
	wt - 2.936 ↓ 77 gm	Plan
		- Cont same instructions
	M / N] O the	- Warm + Cord Care
	U / S] passing	- DRF f/b supply - daily
		- Monitor vitals
		- Wt check
	o/e - Euthermic	- Information
	CVS - S1S2 (+)	
	RS - NAS (+)	
	PA - soft	
	CRT - good	Caput (+)
	CRT < 3 sec	
	? Ant Tongue tie (+)	
		Dr. Surender 10/7/26 1 PM
	- Plan today / Plan on Monday	

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D6H (F)
Dr. SURENDER RAO DUSA

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

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NVD/Term/GAB/B.wt 3.007kg AGA	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure:	Post OP Day:

	Date / Shift	9/7/26 E	9/7/26 P	9/7/26 M			
BACKGROUND	Medical Condition (Any special condition to be noted):	–	–	–			
	Diet:	DBF	DBF	DBF			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6F	98.6°F	98.6°F			
	Res:	45b/m	41b/m	45b/m			
	SpO_2:	99%	99%	99%			
	Pulse:	152b/m	151b/m	155b/m			
	BP:	–	–	–			
	LOC:	conscious	conscious	conscious			
	Fall Risk Score:	15	15	15			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–	–			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	DBF			
	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			
Post Operative Procedure Special Orders:		2nd hourly DBF	–	–			
Handed Over By Name :		K.Sulu	Sony	Jhansi			
Signature / ID :		020477	4000143	17742			
Date:		9/7/26	10/7/26	10/7/26			
Time:		8:45pm	@8AM	@10am			
Taken Over By Name :		Sony	Jhansi	noted by Sr [illegible] 10/7/26 @ 9pm			
Signature / ID :		4000143	17742				
Date:		9/7/26	10/7/26				
Time:		@8:45pm	@8				

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

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4 pm	Ensure safety	4 pm	Provided Bribe care	prevent fall	Baby safe.	9/7/26
	6 pm	DBF	6 pm	DBF 2nd hourly	DBF 2nd hourly given	Baby good	
Night	9pm	* Maintain fluid balance	12am	* Every 2nd hourly feeding & Burping is given	* To prevent dehydration	* Baby is safe & active	Surya 10/7/26 @ 8am

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 10/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assess the baby condition. Give feeds O2 n.		Discharge Notes Baby is stable. doctor advised for discharge			
Afternoon					Noted by Sr Jhansi 10/7/26 @10am		
Night							

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 K DIVYA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060639**	**Sex:**	**Female**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/CRDL-LW-222-1**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned) consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ...surance 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 ...rance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....) R. Vinay Kumar

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: R. Vinay Kumar

Name: RELLI VINAYKUMAR
Relationship: FATHER
Date: 09/07/2026 Time: 05:04 P.M

Patient Address:
flat no-c-101, sterling abode,bankers colony Sainikpuri Hyderabad Telangana INDIA 500094

Witness Name:
Witness Signature:

CONSENT FOR FORMULA FEEDS

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

BirthRigh
BY RAINBOW HOSPITAL
Your Right to a Safe Deliver

Patient Name: K. DIVYA Age: 29 Gender: ☐ Male ☑ Female

UHID no: ..... Department / Ward: ..... Date: .....

I Mr / Mrs. : R. Vinay Kumar Aged 34 years, hereby declare that I have admitted my ☐ son / ☑ daughter in Rainbow Children's Hospital, Hyderabad on 08/07/2026

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant / Guardian:

Signature: R. Vinay Kumar

Name: RELLI VINAY KUMAR

Relationship with patient: FATHER

Date & Time: 10/07/26 & 02:45 Am

Witness

Signature: .....

Name: .....

Date & Time: .....

Doctor (who is taking consent):

Signature: .....

Name: Dr. Vishwaja

Date & Time: 10/7/26.

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

పేషెంట్ పేరు: ..... వయస్సు : ..... లింగం : □ మగ □ ఆడ

UHID సంఖ్య: ..... విభాగం / వార్డు : ..... తేదీ:.....

నేను శ్రీ / శ్రీమతి : ....., వృద్ధాప్యం .....

నేను నా □ కొడుకు / □ కూతురిని హైదరాబాద్‌లోని రెయిన్‌బో చిల్డ్రన్స్ హాస్పిటల్‌లో ..... . నా బిడ్డ కోసం ఫార్ములా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫార్ములా ఫీడింగ్ ప్రయోజనాలు, రిస్క్‌లు, ప్రత్యామ్నాయాల గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

NEW BORN DETAILS

B/O K. Divya

DOB: 9.07.2026 Sex: Female Maternal Blood Group: 'O' +positive

Time: 3:54pm Birth Weight: 3.007kg Baby Blood Group: 'O' positive

SVD / LSCS: NVD

Indication: _____

Diagnosis: NVD / Term / GA & / B.Wt = 3.007kg / AGA

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 99%

Spo2 Post ductal Left Lower Limb: 99%

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

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

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

Head Circumference: 35 cms Length: 46 cms

Vaccination: OPV, BCG, Hep-B given on 10/7/26.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
10/7/26		2.93↓		✓	✓	DBM+FF	
		77gm					

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/7/26

Time:	5	7	12	4	7	
Doctor/Nurse/Family Concern?	pm	pm	am	am	am	
Temperature (°F) (scale 94–104)	98.6°F	[illegible]	[illegible]	[illegible]	[illegible]	
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	plotted	plotted	plotted	plotted	plotted	
Heart Rate (Number)	150 bpm	150	141	150	149	
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	plotted	plotted	plotted	plotted	plotted	
Resp Rate (Number)	52 bpm	52	45	39	41	
Resp Distress: Mod/ Severe						
Resp Distress: None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99	99	97	98	98	
Conscious Level: Normal						
Conscious Level: Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	
Pain Score	0	0	0	0	0	
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

Note: BP does not score in early warning scoring

Noted by, [illegible] 10/7/26 [illegible]

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

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

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D6H (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 0

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 :**						
9/7/26	02:00 pm											
	03:00 pm											
	04:00 pm	DBF	✓				✓			✓	0	9/7/26
	05:00 pm										0	
	06:00 pm	DBF									0	
	07:00 pm											
Total Intake :						**Total Output :**						
9/7/26	08:00 pm											
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF								✓		
	12:00 am											
	01:00 am	DBF										
Total Intake :						**Total Output :**						
10/7/26	02:00 am											
	03:00 am	DBF										
	04:00 am											
	05:00 am	DBF										
	06:00 am						✓			✓		
	07:00 am	DBF										
Total Intake :						**Total Output :**						

Sony 10/7/26 @ 8 AM

Sony 10/7/26 @ 8 AM

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0 Y 0 M 0 D 6 H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	EBF								✓		
	09:00 am											
	10:00 am											Sham 10/2/26 @10 am
	11:00 am										0	
	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	Noted by Sr. Sham 10/2/26 @10am										
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-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: B/o Divya

Weight: 3.00 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
9/7/26	4:05pm	Inj vitamin K	1mg	IM			9/7/26

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00206752 IP-00060639
Baby B/O K DIVYA
09-07-2026 0Y0M0D4H (F)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/7/26	DATE 10/7	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3					
	7 to less than 13 years old	2	—				
	13 years old and above	1	—				
Gender	Male	2	—				
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4	—				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	—				
	Psych / Behavioral Disorders	2	—				
	Other Diagnosis	1	1	1			
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			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3			
	Patient Placed in Bed	2	—				
	Outpatient Area	1	—				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	—				
	Within 48 hours	2	—				
	More than 48 hours/ None	1	1	1			
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	—				
	Hypnotics	3	—				
	Barbiturates	3	—				
	Phenothiazines	3	—				
	Antidepressants	3	—				
	Laxatives / Diuretics	3	—				
	Narcotics	3	—				
	One of the Meds listed above	2	—				
	Other Medications / None	1	1	1			
	Total		15	15			

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

	Bed in low position		[illegible]				
	Call device within reach		—	—			
	Wheels Locked		—	—			
	Room free of clutter		—	—			
	Adequate lighting		—	—			
	Wheel chair support		—	—			
	Other Intervention(s) Specify		—	—			
	Nurse's Name:		Subin	[illegible]			
	Signature:		[illegible]	[illegible]			
	Date:		9/7/26	10/7			
	Time:		6pm	2AM			