

**Rainbow Children's Hospitals - Financial District**

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP25-00020476 Admit Date : 17-May-2026 Admit Time : 11:57 AM UHID : FDH-00045797

Patient Details :

Patient Name : Baby B/O CHINNI SNEHA LAKSHMI Age : 0 Y 0 M 4 D
Guardian : Mr CHINNI HARIN KUMAR DOB : 13-05-2026 11:28 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Serenity Park, kokapet Kokapet Hyderabad Phone No : 7730854098/ 7730854098
Telangana INDIA 500075 E-mail : snehalmunagala@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-332 Ward Name : 3F -PRIVATE ROOM
Room No : PVT-332 Admission Type : First Visit

Contact Details :

Name : Mr CHINNI HARIN KUMAR Relationship : Father
Contact Address : Phone No :


Signature

Doctor Details :


Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI Specialisation : GENERAL PEDIATRICS
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

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

10-11-11

PATIENT TRANSFER FORM

Patient Name & UHID No. :DH-00045797 IP25-00020476 Baby B/O CHINNI SNEHA LAKSHMI 3-05-2026 0 Y 0 M 4 D (F) Jr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 17/05/26	Date & Time of Transfer Order 17/05/26 @ @ 12:30pm
		Transfer Ordered by DR. Sneha.	Reason for Transfer Admission.
From Unit EK	To Unit 332	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File - 14 -	Number of Imaging Films - X -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>ap file.</i> <i>Haarini</i> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Baloram.</i>		Name of Person Ordered Transfer DR. Sneha.	
Patient & Clinical Records Received by : <i>Suna 17/05/26 @ 12:30 pm</i>			
Date & Time of Patient Received :			

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

15-11-11

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15-11-11



EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o: sneha lakshmi Age : 4 days Gender: Male Female
 Date : 17/5/26 Time of Arrival : 11:44 AM
 Allergies: No Yes Food Medications Blood Transfusion Other (Specify): _____ Not known
 Source of Information : Parents Others (Specify) _____
 Mode of Arrival : Ambulatory Wheelchair Ambulance
 Initial Vital Signs: Temp: 98.9 PR: 147b/min BP: 70/45(56) RR: 38b/min SpO₂: 100%
 Chief Complaints: clo: yellowish discoloration on skin TCBR -19mg/dl

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
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Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.
 * CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [Signature]
 Triage Completion Time : 11:46 AM

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

- Have you had fever (elevated temperature) in the past 2 weeks Yes No
- Have you had cough or a rash in the past 2 weeks Yes No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
If yes, State Location: _____
- Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Sameer
 Date & Time : 17/5/26 @ 11:46 AM
 Docu. No. : RCH / FRM / CLINICAL / 085

Signature of Triage Nurse : [Signature]

10/11/77

Dear Mr. [Name]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

:DH-00045797 IP25-00020476
 Baby B/O CHINNI SNEHA LAKSHMI
 13-05-2026 0 Y 0 M 4 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/5/26 Time of arrival : 11:44 AM

Chief Complaints: clo: yellowish discoloration. RBS:

Height : Weight : 2.202 kgs BMJ : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker

Character Location Frequency Duration

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none"> • Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> • Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <p>Inform consultant for positive criteria</p> <p>.....</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <p>Inform consultant for positive criteria</p>
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Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parents

Siblings in household Yes No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 11:48 AM

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
11:50 AM	Assess the pt condition Inform to duty doctor.

Samples collected by:

Time:

Samples sent by :

Nil

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 b/min BP: 69/50 CFT: 2 sec RR: 38 b/min SPO ₂ : 100% GCS: 15 Temperature: 98°f Pain Score: Repeat RBS (if applicable):	Shift - out from ER to: 332 Time of Shift - out: 12:30 pm Handover given to: (Nurse's Name)

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Nil

Name of the Nurse : *Samreen* Signature of the Nurse : *(Sam)*

Date & Time : *17/5/26 @ 12:30 pm*

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score :

15/15 ; No. BIND

Cranial Nerves :

N

Motor System:

Nutriton :

Tone :

Power

Co-ordinator :

Posture :

Involuntary Movements :

N

N

Reflexes :

Moro's : 13/14 - symmetric complete.

DTR

Plantars

N

Superficials:

N

Sensory System :

Bladder / Bowel :

NAD

Clinical Summary & Diagnostic:

Neonatal Jaundice

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Remission

Desired goals of the treatment:

Resolution of jaundice

Planned Labs:

*SBR
NBS
T/M
after test
results*

Planned Management

*1) DBF therapy
& bweeping
2) DSPT*

Signature of the Doctor:

Name of the Doctor:

Dr. Sneharika

Date & Time:

12/5/2016

Signature of the Consultant:

Name of the Consultant:

Dr. Subbarath

Date & Time:



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

DH-00045797 IP25-00020476
Baby B/O CHINNI SNEHA LAKSHMI
3-05-2026 0 Y 0 M 4 D
Jr. CHIGULLAPALLI SHRAVANTHI (F)




Pediatric Multiorgan History & Physical Examination

Name: B/O Chinni Sneha Lakshmi Age/Sex 4 days / female
Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Yellowish discoloration of skin and eyes for today

History of present illness :

Apparently baby was alright till yesterday when she developed yellow discoloration of skin and eyes.

• TCBR on Day : 19 mg/dl

• No features of BIND.

• Mother blood group : O +ve
Baby blood group : O +ve

• Birth weight : 2.326 kg
• Today weight : 2.202 kg

Weight loss : 7.7%

• No/xx



Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Not significant

Birth & Neonatal History:

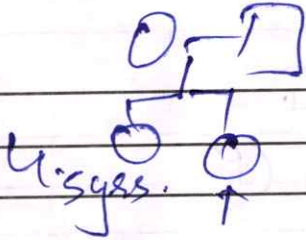
late Preterm (36+2 wks) / Apgar 2-386 kg / Elective LSCS /
Breech presentation / CIAB / 1 DM baby
↓
Discharged on 15/5/26.

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____



Developmental History :

As per age

Immunization History :

Up to date (Birth dose given)

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 51cm (Centile _____) Height (cms): _____ (Centile) _____

Weight (kgs) 2.20kg (Centile _____)

On Examination :

Temperature : 36.5°C Pulse Rate : 140/min B.P. 60/40mmHg SPO2 98% RA

Resp. rate and type of breathing : 40/min, regular

Rash (E)

Lymphadenopathy (E)

Oedema : (E)

Allergies (if any): (E)

Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : B/L ACP, equal, NVBS (+)

Any addes sounds : (E)

Relevant data from outside (Chest X-Ray, ABG, etc.,) (E)

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : (N) S1 S2 (+)

Any murmur : (N)

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : (E)

Per Abdomen :

Inspection (N)

Palpation : (N)

Ausculation : (N)

Spine : _____ External Genitalia : (N)

Relevant data from outside (CT, USG etc.,) (N)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26	Review	
	A ↓ DOST	
14/5	parental present	
	SBA, NSS	
	SBA, NSS	
18/5/26		
9:30 AM		CLIP Dr. Sujit / Dr. Juvareen
	last	main present
	now	on PBI
	weight	accepting feeds well
		CLIP - Good
		Wt & pftals passed
	CLIP - stable	
	SBR - 11.5 g/dl	Plan
		Dlc - feeds
		- Dlc - feeds

