DISCHARGE SUMMARY

Name	Baby Of AARTI WAGHRAY	**UHID**	HNH-00016692
Father/Guardian	Mr VINIT RAJ MAHENDRA	**Age/Gender**	0 Y 0 M 0 D 0 H/ Male
Address	8-1-328/b, shakepet nala, opp aditya empress towers, Golconda, Hyderabad, Telangana, INDIA, 500008		
IP No	IP26-00006893	**Admission Date**	20-07-2026
Ref Doctor	Self.		
Discharge Date	23.07.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
TERM (37 weeks + 3 days)/SGA/BABY BOY/CIAB/IDM /? MICROPENIS	

History: Baby Of AARTI WAGHRAY is a term (37 weeks + 3 days) baby boy, delivered to a primi mother elective LSCS by on 20.07.2026 at 9:54 am with birth weight of 2.3 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed

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cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. AARTI WAGHRAY is a 30 years old primi mother.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of : Gestational Diabetes Mellitus. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ / Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.
Mother's Blood group is B positive. Baby's blood group is B positive.

Examination: Baby was euthermic (36.5 *C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.3 kgs.
Weight at discharge : 2.14 kgs.
Head Circumference : 33 cms.
Length : 46 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

In v/o small for gestation age and GDM mother GRBS monitoring was done

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which was normal.In v/o micropenis paediatric endocrinologist Dr.Leena priyambada consultation was taken who had examined the baby and in v/o low testicular volume had advised ultrasound abdomen and pelvis to r/o mullerian structures and send serum LH,FSH,Cortisol,Testosterone and electrolytes and follow up with reports in OPD.
On day 2 of life baby had icterus and hence transcutaneous bilirubin was done which was 14mg/dl and hence double surface phototherapy was started.Repeat SBR was sent at 62 hours of life was 8.6 mg/dl with indirect fraction of 8.5 mg/dl. This doesn't fall in phototherapy range. hence, phototherapy stopped.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk excessive weight loss, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	21.07.2026
OPV	Given	21.07.2026
HEPATITIS B	Given	21.07.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:
Bilateral normal outer hair cells functioning.

Newborn screening advanced : Sent on 22.07.2026 report awaited.

SPO2 : 98% at room air

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Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Newborn screening advanced : Report to collect on followup.**
2. **Serum Bilirubin to be done / decided on followup.**
3. **Follow up with Dr. Leena (endocrinologist) with reports On Tuesday 28.07.26**

Review consultation with Dr. SPANDANA PASUPULETI on Saturday (25.07.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If

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breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar** / **Banjara Hills** / Rainbow Clinic **Madhapur** / **Kukatpally** / **Vikrampuri** / **LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006893 **Admit Date** : 20-Jul-2026 **Admit Time** : 10:32 AM **UHID** : HNH-00016692

Patient Details :

Patient Name	: Baby Of AARTI WAGHRAY	**Age**	: 0 D
Guardian	: Mr VINIT RAJ MAHENDRA	**DOB**	: 20-07-2026 09:54 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 8-1-328/b, shakepet nala, opp aditya empress towers Golconda Hyderabad Telangana INDIA 500008	**Phone No**	: 9703560427/
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VINIT RAJ MAHENDRA **Relationship** : Father

Contact Address : 8-1-328/b, shakepet nala, opp aditya empress towers Golconda Hyderabad Telangana INDIA 500008 **Phone No** : 9703560427

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 15000.00

Payor Name : SELFPAY

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Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 3 D (M)
Dr. SPANDANA PASUPULETI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4 3			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale	2			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing Factrac	1 6			
	Total No. of Pages	31			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 23/07/26

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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CROSS CONSULTATION FORM

Doctor Name: Dr. Spandana pasupuleti Date: 21/7/26 Time: 5PM

Diagnosis: .....

Hospital: Rainbow Childrens hospital

Referred for: ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Term (37 wks) | SGA | 2.3kg | IDM | LSCS

- IUGR - ? cause.
- well controlled GDM on diet

Plan

- Penis - 3cm; buried; but thin penis
  mild
  B/L TV ↓↓ - @ consistency.
  @ scrotum.

Plans: . S. cortisol (random) / S. electrolyte / GRBS / TFT
LH / FSH / Total Testosterone
. USG Abd/pelvis - for any mullerian str.
. Inform reports

Leena Priyambada

Consultant :

Name: Dr. priyambada leena Signature: Date & Time: 21/7/26 5pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016892 IP26-00006893 Baby Of AARTI WAGHRAY 20-07-2026 0Y0M0D2H (M) Dr. SPANDANA PASUPULETI	2017/26 @ 10:32 Am	2017/26 @ 3:40 pm
	Transfer Ordered by Dr. Spandana	Reason for Transfer OBS
From Unit ONE SPOST	To Unit (208)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	Number of Imaging Films Nil	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.	NA	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumita @ Maddy	Dr. Spandana

Patient & Clinical Records Received by : Madhu 20/7/26 @ 3:40pm

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

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NEWBORN MONITORING FORM

Date of Birth	: 20/7/26	New Born Screening	:
Time of Birth	: 9.54 Am	TFT	:
Mode of Delivery	: ELSCS	OAE	:
Birth Weight	: 2.31 kg	Mother's Blood Group	:
Head Circumference	: 33 cm	Baby's Blood Group	: B+ ve
Length	: 45 cm	Anomaly Scan	:
Red Reflex	:	Vaccination 21/7/26	: BCG OPV Hep-B-1 given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
20/7	2.31 kg	DBF	1	36.2°C	
21/7	2.220	DBF+FF	1	36.2°C	
22/7	2.160 kg	DBF+FF	1	36.2°C	
23/7	2.140 kg	DBF+FF	1	36.2°C	

Date	Time	Investigation	Result	Order No.	Signature
20/7/26	11Am	Blood grouping	—	12108	
20/7	11Am (1st)	2RBS	65mg/dl	12125	
20/7	11Am	ABH		12124	
20/7/26	1pm (3rd)	2RBS	74mg/dl	12143	
20/7/26.	4:00 pm 6thau.	6RBS	77mg/dl	2154	
			Cross checked done 20/7/26 @ 3:30pm		
20/7/26	9:54 pm 12th.	GRBS	80 mg/dl	2166	
21/7/26	9:50 Am 24th.	GRBS	80 mg/dl	Cross checked done 2208.	
~~22/7/26~~	~~9:50AM.~~ 4th.	~~GRBS.~~			
21/7/26	Dr. Priyambada Leena			15903	Rai
22/7/26	GRBS -			12262	
22/7/26	USG Abdo&pelvis			B902	
	GRBS	53mg/dl		12262	
	Cortisol				
	NBS				
	Testosteron total			12263	Rai
	Electrolytes · LH (Luteinizing Hormone)				
	Follicle Stimulating Hormone				
22/7/26	DSPT	9:30 Am	23/7/26 at 7am	15979	Rai
22/7/26	O.A.E	1 Pm		15984	
23/7/26	[redacted] blood Am	SBE		2230	

Cross checked done by Sister on 23/7

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : AARTI WAGHRAY Age : 30y Father's Name : ..... Age : .....

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

NICU Consultant : ..... Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : Bb Aarti Waghray

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 20/7/26 Time of Birth : 9:54 Am

Place of Birth : RCH-HANAK

Mother's Blood Group : B Positive

Birth Weight (gms) : 2.3kg Length (cms) : 46cm

OFC (cms) : 33cm

Estimated Gesth Age : 37wk+3d.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : 1.54 Wt : 74.2 BMI : ..... Married Life : ..... LMP : 31/10/25 EDD : 7/8/2026

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

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

Last Scans Details : 36wk 3d EFW - 2317gm Doppler - (N) 15/7/26

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : 10-16 cm

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

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

on diet

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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 : ..... Any culture : .....

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

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

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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Padmaja Hospital : RCH-HMNR ☑ Inborn ☐ Outborn

Duration of Labour

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	
1	1	
1	1	
1	1	
8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : ~~Tac (37wk+4d) / GEP+4 /~~

Tac (38wk) / 2SCS / c IAB / 2.3kg

SGA.

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Baby cried Immediately after birth

↓

Acrocyanosis

grimace reflex

Tone in b/o

↓

Cord clamped within $<^{1A}_{h}$

~~[illegible]~~ ? Micropenis

Oronasal suction done, liquor - clear

Investigation details in previous Hospital :

Feeding History :

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Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acrocyanosis
HR > 100/min
Tone in b/l

VITALS : Temperature : ..... HR : 136 /min RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96% on RA

Anthropometry : Birth Weight : 2.3 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

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HEAD TO TOE EXAMINATION

	: — At at level	
	Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)	No	
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : → To be checked Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(N)
GENITILIA :	~~Labia / Hymen :~~ Testicles/penis : Male external genitalia ? Micropenis Anus :	
HERNIAL ORIFICES	Free	
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 36/min 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 : .....

Spo2 : 96% on RA Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 136/min BP : ..... Precordial Activity : .....

Femoral Pulses : B/L Murmurs : .....

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

Abdomen :

Shape : ..... Hernia orifice : free

Palpation : (N) Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 2 A/V

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

Meconium passed : Not yet passed

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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20-07-2026 0 Y 0 M 0 D 2 H (M)
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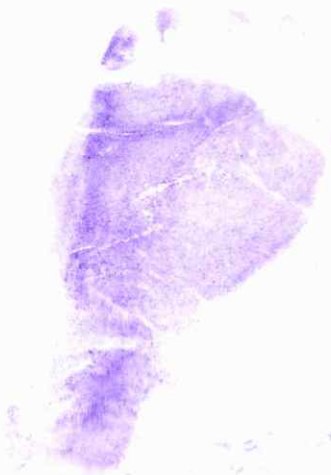
Diagnosis : Term (38wk+1d) / SGA / Primi / Elective LSCS
2.3kg / EIAB / GDM mother on diet

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : RV

Name : B. Sreeja

Date & Time : 20/7/26 10:15 PM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

- Inj. vitamin K 1mg IM stat ✓
- CRBS monitoring @ ~~1, 3~~, 6, 12, 24, 48 Hrs
- Warm care
- DBF + Burping 2nd by
- Shift to ward
- Pead. Endocrinologist opinion for micropenis

Feeding Plan at the time of shifting : - Vaccine for today (OPV, BCG, Hep-B)

10:09 - 10:16 am. - Inform : if CRBS < 5 g/dl

1st feed - Send cord blood for blood group

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 5:45 PM	S/B Dr. Sneaya / Dr. Pranav Δ Term (37+6+d 38)/ LSCS/ 2.3 kg/ GDM mother / ? Micropenis	SCA / Mod / CIAB
	Baby Euthermic	Plg
	CVS - S1 S2 ⊕ RS - BLC - AIF ⊕	- DBF + Bupg 2nd TFC - GMBS monitoring @ 12, 24, 48 HOL
	PA - SOL	
	CTAfeed.	- Warm cot - Feed. Endocrine consultation for Micropenis Tomorrow
		- Monitor vitals - I/B transfer N/B bupriyan @5:45 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8 AM	S/B Dr: Archana / Dr: Thanvi	Baby BG: B^{pos} mothers BG: B^{pos}
	D1 OL (22 hrs of life): (37+3 wks) PT / LSCS / SGA / IDM / ? micropenis	
	Accepting well orally GRBS: wnl B wt: 2.3 kgs t wt: 2.22 (78 g ↓) 3.5% wt loss urine / stool passed	Advice • Warm care • DBF 2nd hrly flb burping • GRBS monitoring 24/48 HOL • Pediatric Endocrinology consult today ± Dr Leena if c/o micropenis
	ole vitally stable	
	SE wnl	Noted by Swetha 21/7/26 @ 8:30 AM

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

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20-07-2026 0 Y 0 M 0 D 2 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:10 AM	S/B Dr. Spandana 3.5% wt loss Accepting well orally Erythema toxicum (+) clinically stable	Adv (S) SBR, NBS, OAE tomorrow @10 AM . vaccination today . Warm care . GRBS monitoring @ 9AM today & tomorrow . DBF 1hly burping 2nd hourly Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925
21/7/26 BCG OPV Hep-B given SP		
21/7 9:00 pm.	C/S/B Dr. Naipunya T | SGA | IDM | Male | ? Micropenus Euthermic. CTVA - Good. Vitals - Stable. R/S. | NAD. P/A |	Plan - DBF 2nd hourly 1hly burping - SBR, NBS, OAC } 48 HOL (22/7 9:30 AM) - GRBS Monitoring - Pediatric Endocrinologist Consultation N.B. Meanwhile 21/7 @ 9pm.

NH-00016692 IP26-00006893
aby Of AARTI WAGHRAY
)-07-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 8am	S/B Dr. Nameen / Dr. Anusha	
	37+3 wks / AT / LSCS / SGA / IDM / ? micropenis	
	Today's wt - 2.160 kg	Plan M / BT
	% wt loss - 6% wt loss	(1) warm care B / BT
	Suthenic / ~~pink~~ - icterus (+)	(2) DBF every end hrly plb buying
	CT / A - good	(3) GRBS @ 10am today
	Hemodynamically stable	(4) ~~BR~~, NBS
	chest - clear	OAE
	P/A soft	Sr. Cortisol; Sr. Electrolytes @ 10am
	Urine ✓	GRBS; TFT;
	Stool ✓	LH, FSH
	Vaccination ✓	Total testosterone
	4 limb spo2 ✓	(5) Monitor intals
	TCB - Head 12.5 mg/dl	
	Chest - 14.3 mg/dl	Nam (Dr. Nameen)
		Plan
		(1) Start DSPT & eyes and genitalia covered
		(2) Send samples
		(3) Plan to repeat SBR T/m
		Nam (Dr. Nameen)

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0-07-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/7/26 9:30am	M/B Dr. Tejaswi	
	FT / SGA / IDM / neutropenia	
	- feeds ✓	
	- urine ✓	
	- stools ✓	
	O/E	plan
	euthermic	1) NBS
	- AT/BT: good	OAE
	- vitals - stable	S. cortisol, S/E
	S/E - (N)	TOT LH, FSH — today e10 am
		> total testosterone, 4 RBS
	erythematous	2) DBF every 2nd h
	rash (+).	3) DSPT ct.
		4) Repeat SBR T/M & plan discharge
		5) monitor vitals
		6) lactation counselling
		MB Sr. ... @ 9:30
		Dr. S. TEJASWI REDDY Registration No: 94068

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

NH-00016692 IP26-00006893
aby Of AARTI WAGHRAY
0-07-2026 0 Y 0 M 1 D (M)
r. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7	CIMS Dr. Spandana	
	T/SGA/IDM/	? micropenis
		plan
	Euthermic	
	C/T/A - Good	- Cont DSpT
	Vitals - Stable	- Repeat SBR T/m @ 8:00Am
	RIS / NAD PIA	- Trace reports and inferm pead - Endocrinologist
		- T. Bact Ointment
		Noted by Divya 22/7/26.
22/7/26 3pm	S/B Dr. Archana / Dr. Naipunya	
	T/SGA/IDM/2.3 kgs/micropenis	
	Euthermic	Advice -
	Accepting well orally	- Send SBR @ 12am (night)
	U/passed	- Ct DSpT
	S/	- Ct Rest as per Rs chart
	C/T/A - good	- (T) reports
	ok vitally stable	Noted by Divya 22/7/26

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30925

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 0 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 7:20 AM	S/B Dr. Sreejhas	
	B Term/SGA/Male	/? Micropenis/ GDM mother
	NNJ	
	Baby Culture	Plan
		- CF DSPT'
	CVS - S1 S2 (+)	
	P/A - BLL - AEE (+)	- Treat SGA
	P/A soft	- Plan discharge morning
	C TAfeed.	
		- Monitor vitals
	T. wt 2.140	
	20gm wt loss	Noted by Shwetha
	Cumulative (160gm)	23/7/26 @ 8:30AM
	↓ 6.9 %	
	Repeat SBR - 8.4	[signature]
		18.87

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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20-07-2026 0 Y 0 M 0 D 0 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 8:40 AM	S/B Dr. Tejaswi	
	B Ter / SGA / 2.3kg / Micropenis PG WNJ	
	Baby Euthermic	Discharge
	CVS-S1S2 ⊕ RS- BL AE ⊕	Flup on Saturday
	P/A-Soft CT Afood	Flup c̄ Dr. Leena on Tuesday c̄ reports (TSH, FT4, LSH, Testosterone, Cortisol)
		c/t DBF + FF 2nd h
	Registration No: 98096 Dr. S. TEJASWI REDDY	Dr. Tejaswi

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

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. SPANDANA PASUPULETI

No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

Date: 20/7 Time:	11Am	9Pm	6pm	10pm	2Am	6Am
Doctor/Nurse/Family Concern?						
Temperature (°F)	98.4	36.5 C	98.2	98.2	97.2	98.5
Heart Rate (bpm) and Blood Pressure (mmHg) *						
Note: BP does not score in early warning scoring						
Heart Rate (Number)	144	124bpm	138bpm	88bpm	140bpm	88bpm
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	44	42bpm	43bpm	38bpm	38bpm	40bpm
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	room.	100-1	100-1	100-1	99%	99-1
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score			0	0	0	0
Observer's Initials			SD	SD	SD	SD

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)

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0Y0M0D2H (M)
Dr. SPANDANA PASUPULETI

RCH / FRM / CLINICAL / 124

INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

Date: 21/7/26 Time: 10Am 2pm 6pm 10pm 2Am 6Am

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.8 98.4 98.2 98.6 98.2 97.3

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) 145b/m 140b/m 136b/m 136b/m 138b/m 138b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 45b/m 45b/m 40 40b/m 38b/m 38b/m

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 100% 98% 98% 98% 99% 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes 0 0 0 2 0 0

Pain Score 0 0 0 2 0 0

Observer's Initials PA PA MA SA SA SA

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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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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)
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NH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
-07-2026 0 Y 0 M 1 D (M)
. SPANDANA PASUPULETI

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M / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/4/26 Time:	10 Am	2 Pm	6 Pm	10pm	2Am	6Am
Doctor/Nurse/Family Concern?						
Temperature (°F) (scale 94–104)	98.2°F	97.8°F	97.3°F	98.1°F	98.2°F	98.1°F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	130	142	138	138	144	128
Heart Rate (Number)	130 b/m	142 b/m	138 b/m	138 b/m	144 b/m	128 b/L
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)	30	40	38	36	34	38
Resp Rate (Number)	30 b/m	40 b/m	38 b/m	36 b/L	34 b/L	38 b/L
Resp Distress — Mod/ Severe						
Resp Distress — None / Mild						
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	100%	100%	RA	RA	RA
Conscious Level — Normal						
Conscious Level — Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	2	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* 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.

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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)

HNH-00016892 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. SPANDANA PASUPULETI

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
20/7	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am		DBF									
	12:00 pm											
	01:00 pm		DBF+FF(20ml)									
Total Intake : Taken						**Total Output :** Not passed						
20/7	02:00 pm											
	03:00 pm		DBF+FF									
	04:00 pm											
	05:00 pm		DBF+FF									
	06:00 pm											
	07:00 pm		DBF+FF									
Total Intake : Taken						**Total Output :**						
20/7	08:00 pm											
	09:00 pm		DBF+FF									
	10:00 pm											
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :						**Total Output :** U-1					m-2	
21/7	02:00 am											
	03:00 am		DBF+FF									
	04:00 am											
	05:00 am											
	06:00 am		DBF+FF									
	07:00 am											
Total Intake Taken						**Total Output** U-1					m-1	

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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FLUID CHART

Sheet No. : 2

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							
21/7	08:00 am											
	09:00 am	DBF	DBF									
	10:00 am				NA			NA				
	11:00 am	IO	DBF									
	12:00 pm											
	01:00 pm		DBF									
Total Intake : Tal/scn						**Total Output :** M-2 U-2						
21/7	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm		DBF		NA			NA				
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
21/7	08:00 pm		DBF									
	09:00 pm											
	10:00 pm											
	11:00 pm		DBF		NA			NA				
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :** U-2 M-1						
22/7	02:00 am		DBF									
	03:00 am											
	04:00 am											
	05:00 am		DBF		NA			NA				
	06:00 am											
	07:00 am											
Total Intake : Total						**Total Output :** U-2 M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

VH-00016692 IP26-0000689
aby Of AARTI WAGHRAY
-07-2026 0 Y 0 M 1 D (M)
. SPANDANA PASUPULETI

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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							
22/7/26	08:00 am											
	09:00 am		DBF				✓			✓		
	10:00 am	0									0	
	11:00 am		DBF		NA				NA			
	12:00 pm						✓			✓		
	01:00 pm		DBF									
Total Intake :						**Total Output :**						
22/7/26	02:00 pm											
	03:00 pm	1	DBFHH									
	04:00 pm	2					—			2		
	05:00 pm		DBFHH		NA				NA		0	
	06:00 pm	1								—		
	07:00 pm		DBFHH									
Total Intake :						**Total Output :** U — H —						
23/7	08:00 pm											
	09:00 pm		DBF PP							✓		
	10:00 pm						—					
	11:00 pm	0	DBF PP		NA				NA		0	
	12:00 am									✓		
	01:00 am											
Total Intake : Nil						**Total Output :** 0						
28/7	02:00 am		DBF PP									
	03:00 am										1	
	04:00 am		DBF PP									
	05:00 am				NA						0	
	06:00 am	0	DBF PP						NA			
	07:00 am										0	
Total Intake : Nil						**Total Output :** U —						

Total 24 hrs. Intake		Total 24 hrs. Output	

NH-00016692 IP26-00006893
aby Of AARTI WAGHRAY
)-07-2026 0 Y 0 M 1 D (M)
r. SPANDANA PASUPULETI

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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	

HNH-00016892 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 20/7

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 ↓ 2pm	→ Plan for vital → Plan for DBF → Plan for warm care.	8am ↓ 2pm	→ Vital Checked & recorded. → Provided DBF → Provided warm care	→ Vitals normal	→ PT's Stable	Maddy
Afternoon	2pm 8pm	- Asses the baby condition - Plan for vital - Plan for DBF - Plan for Bochart	2pm 8pm	- Assessed the baby condition - Maintain vital - DBF 2nd hourly - Maintain Bochart	- Baby Stable	- Vital Normal	
Night	8pm to 8am	⇒ Asses the baby condition ⇒ Monitored vitals record ⇒ maintain Bochart ⇒ DBF - 1st 2nd hrly	8pm to 8am	⇒ Assessed the baby cond'n ⇒ monitored vitals recorded ⇒ Maintained Bochart ⇒ DBF - 1st 2nd hrly	⇒ Baby is Stable	⇒ Rechecked Vitals	

HNH-00016892 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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NURSING CARE RECORD

Date: 21/7/26

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	8 Am | 2pm	→ Assess the pt condition → monitoring vitals checked and recorded → I/O chart maintained	8 Am | 2pm	→ Assessed the pt condition → 2nd hourly feeding → Plan vaccination Done	→ Pt is stable	→ Re-checked vitals	
Afternoon	8pm	→ Assess the Baby condition → monitor the vitals. → maintain I/O chart. → DBF give every 2nd hourly.	8pm	→ Assessed the vitals. → monitored the vitals. → maintained I/O chart → DBF given every 2nd hourly.	→ Baby is stable Now.	→ Reviewed the vitals	
Night	8pm to 8Am	⇒ Assess the baby condition ⇒ Monitor vitals record ⇒ Maintain I/O chart ⇒ DBF 2nd hrly	8pm to 8Am	⇒ Assessed the baby condition ⇒ monitored vital & recorded ⇒ maintain I/O chart ⇒ DBF 2nd hrly	⇒ Baby is Good	⇒ Checked vitals	

NH-00016692 IP26-00006893
aby Of AARTI WAGHRAY
)-07-2026 0 Y 0 M 1 D (M)
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NURSING CARE RECORD

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Date: 22/7

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 2PM	- Assess the pt-condition - Monitor vitals & records - Maintain I/o chart - DBF 2nd hrly - cont. DSPT	8AM 2PM	- Assessed the pt-condition - Monitored vitals & records - Maintained I/o chart. - DBF 2nd hrly	Baby is Stable now	Re-checked vitals	
Afternoon	2PM 8PM	→ Assess the baby condition → monitor vitals → maintain I/O chart → DBF + ff 2nd hourly → Ct DSPT → SBR @ 12 Am (mid night)	2PM 8PM	→ Assessed the baby condition → monitored vitals & recorded → maintained I/O chart → DBF + ff 2nd hourly → Ct DSPT → SBR @ 12 Am (mid night)	→ baby is stable now	→ rechecked vitals	
Night	8PM to 8AM	→ Assess the baby condition → monitor vital & record → maintain I/O chart → DBF + ff 2nd hrly	8PM to 8AM	→ Assess the baby condition → monitored vitals	→ Baby is stably	→ Rechecked vitals	

Patient Sticker

NURSING CARE RECORD

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

Date: .....

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							
Night							

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

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RSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis:

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

BACKGROUND

Area / Shift Time	20/7 M6	20/7 2pm	21/7 N	21/7 M6	21/7 E	21/7 N
Medical Condition (Any special condition to be noted):	DBF TFF	-	-	-	DBF TFF	DBF

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.F	36.5	98.2°F	98.4	98.1°F	98.2°F
Res:	26	42bpm	42bpm	40bpm	24bpm	45bpm
SpO_2:	99%	99	99%	100%	100%	100%
Pulse:	152	156	125bpm	131bpm	136bpm	138bpm
BP:	~~110/70~~	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-	-
Pain Score:	-	0/10	-	0	1	-

Recommendations

Safety Needs:		yes	Y	yes	Y	Y
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	-		-		-	-
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	-	-	-	NA	-	-
Post Operative Procedure Special Orders:	-	-	-	NA	-	-
Handed Over By Name :	Madhu	Ram	Swetha	Amruth	mahi	Swetha
Signature :						
Date:	20/7	20/7/26	21/7/26	21/7	21/7	22/7
Time:	2pm	8pm	8AM	2pm	8pm	8AM
Taken Over By Name :	Ram	Swetha	Amruth	Mahi	Swetha	Priyanka
Signature :						
Date:	20/7/26	20/7/26	21/7	21/7	21/7	22/7
Time:	2pm	8pm	8AM	2pm	8pm	8AM

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	22/7 M6	22/7/26 E2				
	Medical Condition (Any special condition to be noted):	-	DBF+ff				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:		98.2°F				
	Res:		30b/m				
	SpO_2:		99%				
	Pulse:		138b/m				
	BP:		—				
	Fall Risk Score:		—				
	Pain Score:		—				
Recommendations	Safety Needs:		—				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:		—				
	Special Diet:	☐ Yes ☐ No	☐ ~~Yes~~ ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:		—				
Post Operative Procedure Special Orders:			—				
Handed Over By Name :			Divya				
Signature :							
Date:			22/7/26				
Time:			8PM				
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016892 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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					Date : 20/7	20/7	20/7	21/7
					Time : 8am	2pm	Night	mc
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	1	4	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	20	23	23	21
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0Y0M0D0H (M)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 21/7	22/7		
					Time : 5	10		
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	2	3	3	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	3	3	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	2	3	3	
					TOTAL SCORE	24	24	
					Evaluator's Name			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : ..... HNH-00016692 IP26-00006893 Baby Of AARTI WAGHRAY 20-07-2026 0 Y 0 M 0 D 2 H (M) Dr. SPANDANA PASUPULETI ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No : .... Department : ..... Date : .....

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... 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 :

Signature : .....

Name : .....

Relationship with Patient: Mother

Date & Time : 20/7/26 @ 4:00 pm

Witness :

Signature : Manika

Name : Manika

Date & Time : 20/7/26 @ 1:30 pm

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 20/7/26 @ 1pm

Ref. : F/N

HNH-00016692 Baby Of AARTI WAGH 20-07-2026 0 Y Dr. SPANDANA PASU

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్), డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

IP26-00000803 IRAY OMOD2H (M) PULET

PATIENT STICKER

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0Y0M0D2H (M)
Dr. SPANDANA PASUPULETI

DATE : 20/7/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)	(N)	
2	Pre natal teeth	None	None	
3	Anal opening	patent	patent	
4	Genitalia	Male external genitalia	? Micropenis	
5	Spine	(N)	(N)	
6	Red reflex	to be checked		
7	4 limb saturation (before discharge)	to be checked		

Ped.Registrar signature

Ped.Consultant signature

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SPANDANA PASUPULETI

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: .....

Date of Birth: 20/7/26 Time of Birth: 9.54 Am Gender: ☑ Male ☐ Female

Birth Weight: 2.3 Kgs HC: 33 cm Lenght: 45 cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: ..... Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 144 /Min RR: 44 /Min BP: ..... SpO_2: 99

Pain Score: ..... (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / ~~No~~

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

Neonatal Screening Done: Yes / ~~No~~

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Madhumita Signature: Madhu Date &Time: 20/7/26 11 Am

Rainbow Childrens Hospital-Himayatnagar
Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of AARTI WAGHRAY**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006893**	**Sex:**	**Male**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-412-1**

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 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: VINIT RAJ MAHENDRA

Relationship: FATHER

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

8-1-328/b, shakepet nala, opp aditya empress towers Golconda Hyderabad Telangana INDIA 500008

HNH-00016692 IP26-00006893
Baby Of AARTI WAGHRAY
20-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. SPANDANA PASUPULETI

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

25 years

LLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any

INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days.

VINIT RAJ

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | HIMAYATNAGAR - 40 488 73000 | MARATHAHALLI, BENGALURU - T: +91 807111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345

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