Rainbow Children's Hospital | BirthRight by Rainbow

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 : IP25-00020455 **Admit Date** : 15-May-2026 **Admit Time** : 10:56 AM **UHID** : FDH-00045666

Patient Details :

Patient Name	: Baby B/O SATYA SUBHA DEEPIKA SURYA	**Age**	: 0 Y 0 M 6 D
Guardian	: Mr NITIN SURYA	**DOB**	: 09-05-2026 10:48 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Bhel Hyderabad Telangana INDIA 500032	**Phone No**	: 9603662235/ 9971006806
		E-mail	: NITDEEPALT@GMAIL.COM

Admission Details :

Bed Type	: PRIVATE ROOM	**Bed No**	: PVT-204	**Ward Name**	: 2F -PRIVATE ROOM
Room No	: PVT-204	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr NITIN SURYA	**Relationship**	: Father
Contact Address	: Bhel Hyderabad Telangana INDIA 500032	**Phone No**	: / 9971006806

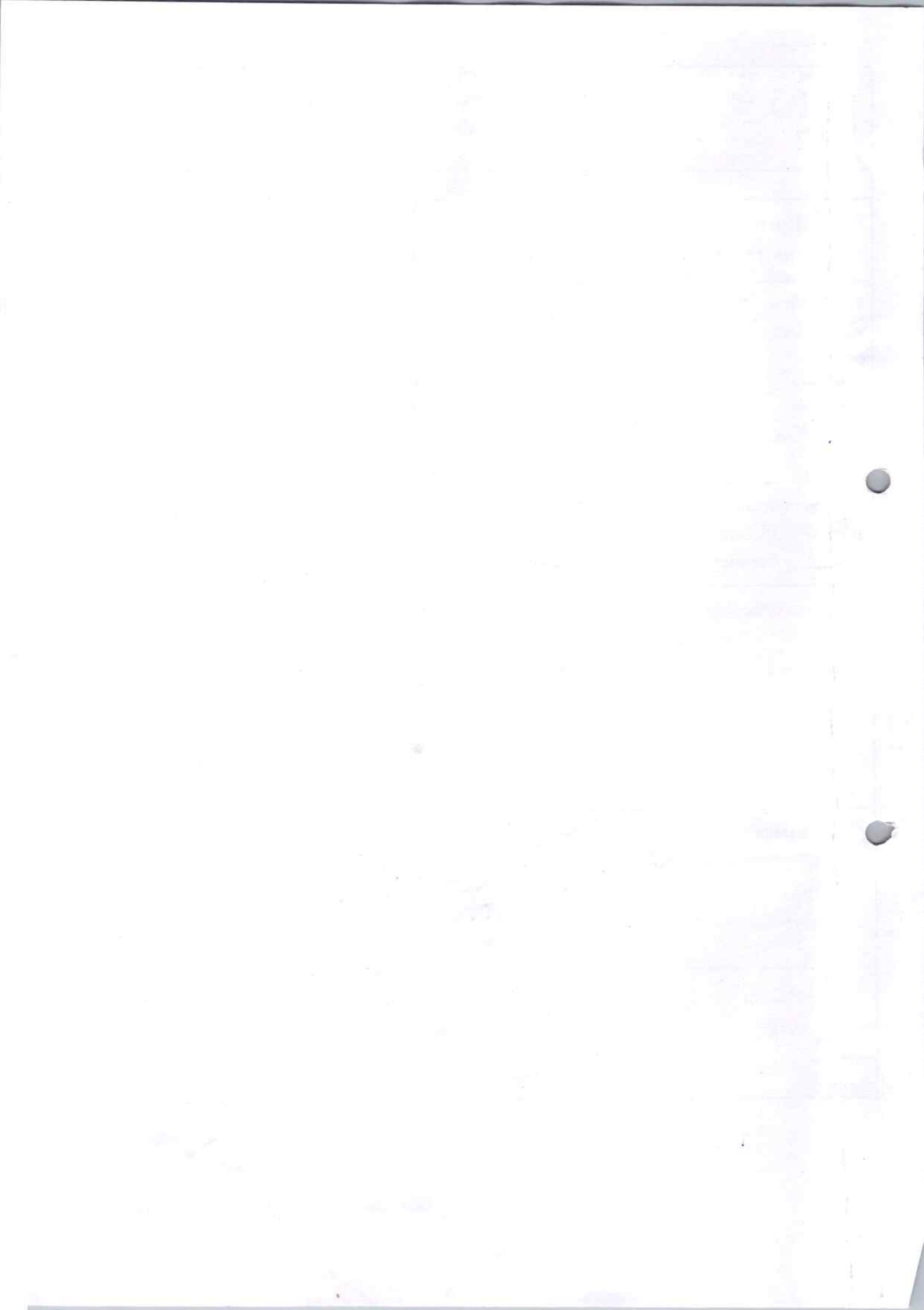
Signature

Doctor Details :

Doctor Name	: Dr. REENA MATHEW	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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



Outlook

Re: Mrs. SATYA SUBHA DEEPIKA SURYA (BAH-00542148) - Agreed Discount Package

From Polepeddi Anand <anand.p@rainbowhospitals.in>
Date Sat 5/9/2026 7:13 PM
To FD Financial Counsellor <financial.counsel.fd@rainbowhospitals.in>
Cc Shashidhar A <shashidhar.a@rainbowhospitals.in>; FD IP BILLING <ipbilling.fd@rainbowhospitals.in>; M Rajlingam Chitra <operations.fd@rainbowhospitals.in>; Tintu Joy <nursingmanager.fd@rainbowhospitals.in>; Internal Audit FD <internalaudit.fd@rainbowhospitals.in>; FD MOD <mod.fd@rainbowhospitals.in>; FD ADMISSION DESK <admissiondesk.fd@rainbowhospitals.in>

Okay

Get Outlook for Android

From: FD Financial Counsellor <financial.counsel.fd@rainbowhospitals.in>
Sent: Saturday, May 9, 2026 1:48:36 PM
To: Polepeddi Anand <anand.p@rainbowhospitals.in>
Cc: Shashidhar A <shashidhar.a@rainbowhospitals.in>; FD IP BILLING <ipbilling.fd@rainbowhospitals.in>; M Rajlingam Chitra <operations.fd@rainbowhospitals.in>; Tintu Joy <nursingmanager.fd@rainbowhospitals.in>; Internal Audit FD <internalaudit.fd@rainbowhospitals.in>; FD MOD <mod.fd@rainbowhospitals.in>; FD ADMISSION DESK <admissiondesk.fd@rainbowhospitals.in>
Subject: Mrs. SATYA SUBHA DEEPIKA SURYA (BAH-00542148) - Agreed Discount Package

Mrs SATYA SUBHA DEEPIKA SURYA (BAH-00542148)
Suite Room - 208
Dr. Pujitha
Delivery

Respected Sir,

The above-mentioned patient has been given a package of 300,000 all-inclusive mother + healthy baby for the retention of the patient.

The agreed package excludes any extra day stay, blood/blood products, baby treatment, NICU stay, phototherapy, NBS, etc.

The patient will be paying by cash only.

Note: This patient is the sister of Nikitha Surya, who got delivered 3 months ago. And also, the same package was given to them

Need your approval for the same

Regards,
Vivek

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ACTIVITY RECORD FOR BILLING

Name: ------------------------ FDH-00045666 IP25-00020455 --

Baby B/O SATYA SUBHA DEEPIKA

UHID No : ---------- 19-05-2026 0Y0M6D (F) Consultant : ------------------------- Dept : -----------------

Dr. REENA MATHEW

Date of Admission : ------ Date of Discharge : ----------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15-5-26	11:30 AM	ER	204	YASEEN

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
14/6/26	SBR, Reti. Count, DCT Eletrolytes.	17374	[illegible]
		[illegible]	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/5/26	DSPT	15/5/26 @11:40AM	16/5/26 11:00Am	5702	[illegible]

Cross checked by [illegible] 16/5/26 [illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 15-5-26 Time : 11:30AM Prepared By : YASEEN

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
YASEEN	204		

FDH-00045666 IP25-00020455
Baby B/O SATYA SUBHA DEEPIKA
19-05-2026 0 Y 0 M 6 D (F)
Dr. REENA MATHEW

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O : Satya Subha Deepika Age : 6 days. **Gender:** ☐ Male ☑ Female

Date : 15/5/26. Time of Arrival : 10:29AM

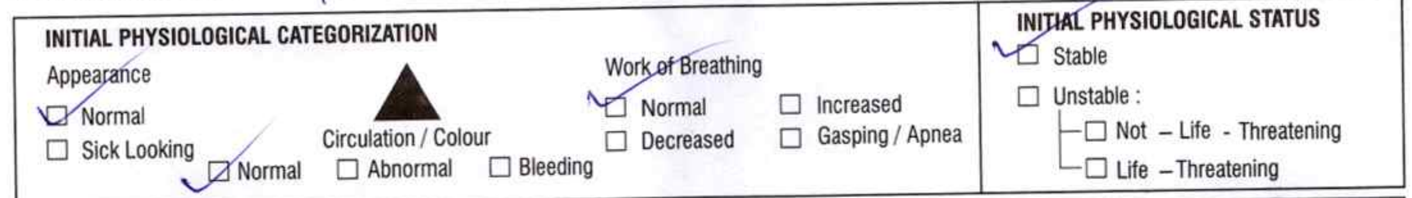
Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): .... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) ....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance TCBR - 16.7mg/dl

Initial Vital Signs: Temp: 98 F. PR: 125b/min BP: 78/50(59) RR: 39b/min SpO_2: 98%.

Chief Complaints: c/o : yellowish discolouration on skin



INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ ≤ 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☑ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 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]
Signature of Parent / Guardian

Triage Completion Time : 10:31Am.

Communicable Disease Triage Screening

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

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. 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**

1. 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: ....

2. 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 : Sameera

Date & Time : 15/5/26 @ 10:31Am

Signature of Triage Nurse : [signature]

Docu. No. : RCH /FRM / CLINICAL / 085

FDH-00045666 IP25-00020455
Baby B/O SATYA SUBHA DEEPIKA (F)
09-05-2026 0Y0M6D
Dr. REENA MATHEW

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 15/5/26 Time of arrival : 10:29 Am

Chief Complaints: c/o: yellowish discolouration on skin

Height : .... Weight : 2.389 kgs 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 ....

RISK FOR FALL:

	Yes	No
If patient is < 6 years	☐ Yes	☐ No
If **'Yes'** tick below fall risk intervention directly		
If Patient is > 6 years		
If **'Yes'** Assess the below parameters		
History of Falling: within past 3 months	☐ Yes	☐ No
Ambulatory Aids:		
• Wheelchair	☐ Yes	☐ No
• Uses furniture for support	☐ Yes	☐ No
Gait/Transferring:		
• Bedrest / immobile	☐ Yes	☐ No
• Weak	☐ Yes	☐ No
• Impaired	☐ Yes	☐ No
Mental Status: Forgets limitations	☐ Yes	☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☑ Escort while ambulating
☑ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

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 : ....

Docu. No. : RCHBH /FRM / CLINICAL / 120 (P.T.O.)

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

Time	Nursing Notes
10:29 AM	Assessed the condition
	check the vitalsig
	And Inform to doctor
	Patient shift in room

Samples collected by: Nil Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 145 b/m BP: 70/50 CFT: 2s	Shift - out from ER to: 204
RR: 45 b/m SPO2 at FiO2: 98%	Time of Shift - out: 11:30
GCS: 15 Temperature : 98F	Handover given to: (Nurse's Name)
Pain Score: —	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): Nil

Name of the Nurse : YASEEN

Signature of the Nurse :

Date & Time : 15-5-2021

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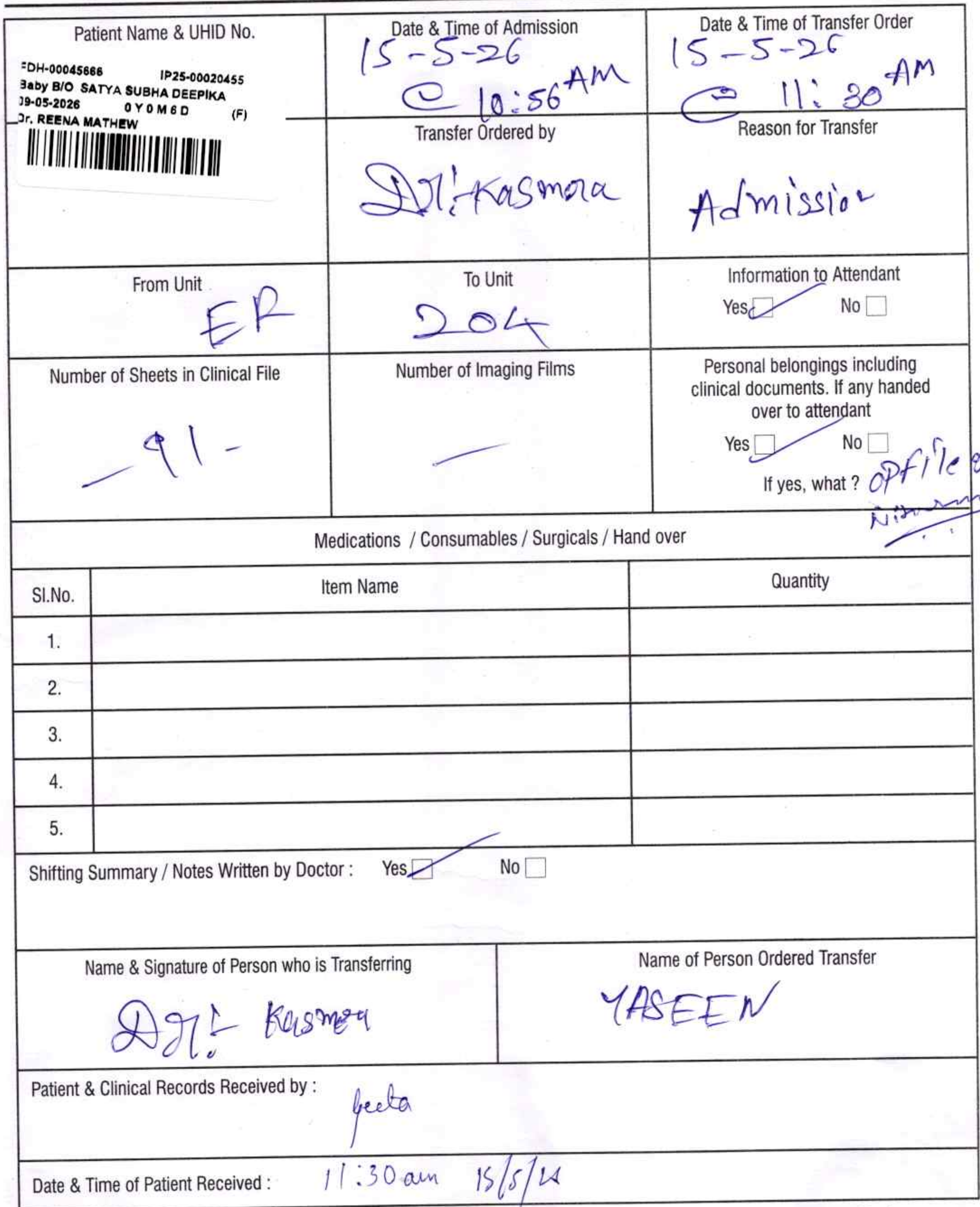
PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DH-00045666 IP25-00020455 Baby B/O SATYA SUBHA DEEPIKA 09-05-2026 0 Y 0 M 6 D (F) Dr. REENA MATHEW	15-5-26 @ 10:56 AM	15-5-26 @ 11:30 AM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Kasmora	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	204	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
91	—	Yes ☑ No ☐ If yes, what ? OP file given Nisha [illegible]

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
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
Dr. Kasmora	YASEEN

Patient & Clinical Records Received by : Geeta

Date & Time of Patient Received : 11:30 am 15/5/26

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

Docu. No. : RCH /FRM / CLINICAL / 102

Ref.No. F/IN/PR/10

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name :

Patient ID# :

FDH-00045666 IP25-00020455
Baby B/O SATYA SUBHA DEEPIKA
09-05-2026 0 Y 0 M 6 D (F)
Dr. REENA MATHEW

Consultant :

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : Age/Sex

Informant Reliability

Chief Presenting Complaints & Duration (Chronologically):

c/o yellowish discolouration of skin :: 2 days

History of present illness :

A 6 day old female child was brought with complaints of yellowish discolouration of skin since 2 days

accepting feeds well

no stool passage ~ 24 hrs

MBG - O +ve
BBG - O +ve

B.wt - 2.657 kg
wt d/s - 2.462 kg
T. wt - 2.389 kg
Wt. loss - 10.08 %

@ DOL - 6
TCBR - 16.7

Pediatric Multiorgan History & Physical Examination

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

—

Birth & Neonatal History :

Term / AGA / SVD / Girl / CIAB

Birth & Socio Economic History :

About Father : —

About Mother : H/o Thalassemia trait.

Any additional Information : —

Developmental History :

—

Immunization History :

Vaccinated at birth

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) 31.5cm (Centile ________) Height (cm) : ________ (Centile ________)

Weight (kgs) 2.389 kg (Centile ________)

On Examination :

Temperature : 98°F Pulse Rate: 125/m Description ________

B.P. 78/50(59) SPO2 98% at RA

Resp. rate and type of breathing : 39 b/m

Rash ________ } (-) Icterus (+)

Lymphadenopathy ________

Oedema : ________

Respiratory system : AEBE (+)

Inspection (any s/o distress) : ________

Air entry & breath sounds : ________

Any addes sounds : ________

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

Cardiovasclular System : S1S2 (+)

Inspection of procordium : ________

Heart Sounds : ________

Any murmur : ________

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) ________

Per Abdomen : Soft

Inspection ________

Palpation : ________

Ausculation : ________

Spine: ________ External Genitelia : ________

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

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : ______

Cranial Nerves : ______

Motor System :

Nutrition : ______

Tone : ______ Power ______

Co-ordinator : ______

Posture : ______

Involuntary Movements : ______

C/T/A - Good

Reflexes :

DTR

Superficials :

Plantars ______

Sensory System :

Bladder / Bowel : ______

Clinical Summary & Diagnostic :

NNJ

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

to prevent Kernicterus

Desired goals of the treatment :

resolution of symptoms

Planned Labs :

- SBR Reticulocyte count, DCT, Electrolytes tomorrow @ 6AM

Planned Management :

1. start DSPT
2. Cover eyes & genitalia
3. DBF every Q 2 hrly
4. Monitor U/O
5. Vit D drops 0.5 ml OD
6. ~~1/2 glycerin / PR / suppository (stat)~~
7. Siloderm cream / aquaphor

Please fill up the following details

1. Name of the Referring Doctor : ____
2. Name of the Referring Hospital : ____
   (Including the name of City)
3. Contact number of the Referring Doctor : ____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team ____ on whose name the patient is being referred

Doctor's Signature Name Dr Kasmeera Date 15-05-2026 Time ____

FDH-00045686 IP25-00020455
Baby B/O SATYA SUBHA DEEPIKA
09-05-2026 0Y0M6D (F)
Dr. REENA MATHEW

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/2026 4pm	Y/R/B Dr. Unnati	
	Ø: NNJ / D6.	
	CRT < 3sec CP/AT: Good. on DSPT	
	Vitals HR: 14/min RR: 44/min temp: 36.5°C SpO2: 98% RA	Plan - continue DSPT - DBF 2 hourly + measured feed 30-35ml/2hourly - CT Vitamin D3 0.5ml OD - W/F urine output. - rest as per charting. - SBR, Reticulocyte count, DCT, Electrolytes } T/M 6AM.
15/5/26 6pm	SLB Dr. [illegible] Vitals stable No AE: BS clear	PLAN (1) Continue DSPT (2) Trace NBS (11/5/26) (3) Send labs tomorrow give supplemented EBM (4) Monitor u/o & stools Noted by Rupsa

FDH-00045666 IP25-00020455
Baby B/O SATYA SUBHA DEEPIKA
09-05-2026 0 Y 0 M 6 D (F)
Dr. REENA MATHEW

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5	C/S/B Dr. Mohith	
12 AM	- No issues	
	- Feeding well	
	- Passed urine (+)	
	- Stool not passed today	
	Plan	
	Baby ↓ feeding	
		(1) cont. same advise
		(2) Labs @ 6 am ~~[illegible]~~
		{SBR, Retic count, DCT, Sr. electrolytes} [signature]
		Noted by Anila Jain 16/5/[illegible]

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

FDH-00045666 IP25-00020455
Baby B/O SATYA SUBHA DEEPIKA
09-05-2026 0 Y 0 M 6 D (F)
Dr. REENA MATHEW

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	S/B Dr Reena	Plan
9am		
		- Ce- D/c by 4pm
	No Acute issues	Continue Phototherapy
	CVS	till Then
	on DSPT	- Continue DBF +
		EBM
	Wt ↓ 20gm	- keep Baby warm
	Passed urine +	- D/c today &
	Stools	F/u by Tuesday
		Dr Reena

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order