Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176159 **Admit Date** : 09-Jul-2026 **Admit Time** : 03:00 PM **UHID** : BAH-00661124

Patient Details :

Patient Name	: Baby Of DELPHINE SAMARPANA U	**Age**	: 0 D
Guardian	: Mr ERAGAM REDDY ROHITH REDDY	**DOB**	: 09-07-2026 02:04 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #PLOT NO 34, 3-6-V/34, VIVEKANANDA NAGAR COLONY NEAR VENKATESHWARA SWAMY TEMPLE Kukatpally Hyderabad Telangana INDIA 500072	**Phone No**	: 7386868018/ 9989951592
		E-mail	: NOMAILID@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-SW-416-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-SW-416-1 **Admission Type** : First Visit

Contact Details :

Name : Mr ERAGAM REDDY ROHITH REDDY **Relationship** : Father

Contact Address : #PLOT NO 34, 3-6-V/34, VIVEKANANDA NAGAR COLONY NEAR VENKATESHWARA SWAMY TEMPLE Kukatpally Hyderabad Telangana INDIA 500072 **Phone No** : 7386868018 / 9989951592

E. Rohith Reddy

Signature

Doctor Details :

Doctor Name : Dr. ANNAPOORNA TADAVARTHY **Specialisation** : NEONATOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

BAH-00661124 IP5-00176159
Baby Of DELPHINE SAMARPANA U
09-07-2026 0Y0M0D1H (F)
Dr. ANNAPOORNA TADAVARTHY

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NEWBORN MONITORING FORM

Willing sign [illegible]

Date of Birth	: 9/7/26.		New Born Screening	:	
Time of Birth	: 2:04pm.		TFT	:	
Mode of Delivery	: Em. LSCS.		OAE	:	
Birth Weight	: 3.102kgs.		Mother's Blood Group	: A+ve.	
Head Circumference	: 34cm		Baby's Blood Group	: AB+ve	
Length	: 49cm		Anomaly Scan	:	
Red Reflex	:		Vaccination	: BCG, OPV, HepB done on 9/7/26 Namita	

Date	Weight	Type of Feed	Quantity	Temperature	Signature
9/7/26.	3.102kgs	DBF	~~98°F~~ -	98°F	[signature]
9/7/26	(handout) 3.056kg	DBF	-	-	[signature]
10/7/26	2.981kg	DBF+FF	—	—	[signature]
11/7/26	2.925kg	DBF+FF	18 ml	98.1°F	[signature]

Date	Time	Investigation	Result	Order No.	Signature
9/7/26.	3pm	Blood group		26068706	[illegible]
11/7	9AM	OAE		969785	[illegible]

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09-07-2026 0 Y 0 M 0 D 1 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... 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 : B/O-Delphine Samarpana U.

Gender : ☐M ☑F Blood Group : .....

Date of Birth : 9/7/26 Time of Birth : 2:04 pm.

Place of Birth : RCH, BIT

Mother's Blood Group : A+ve

Birth Weight (gms) : 3.102kg Length (cms) : 49 cm

OFC (cms) : 34 cm

Estimated Gesth Age : 29+6 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25y. Ht : 154 cm Wt : 77.7kg BMI: ..... Married Life : ..... LMP : 2/10/25 EDD : 9/7/26

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

Booked at what GA. : @ 34 weeks AN Steroids Drugs / Doses : .....

Last Scans Details : 36 weeks – 2.7 kg, AFI – 10.1 cm, placenta-Rt, upper grade doppler – (N), TIFFA – (N), NT scan (N)

..... 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 : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. ANNAPOORNA TADAVARTHY

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA WKS	B.W	Gender	Significant	Details
	Primi					

PERINATAL HISTORY

Treating Obstetrician : Dr. Himabindu Veerla Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : NPOL

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	2	
2	2	
2	2	
2	2	
2	2	
TOTAL 9/10	10/10	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Primi / 39 1/6 wks / IOL.

Preheated warmer.
equipment check done.
↓
Female baby delivered
via - EM LSCS
↓
CIAB
↓
delayed cord clamping
@ 60 sec
↓
routine care given
↓
Inj Vitamin K - 0.5ml IM stat
↓
Shift to mother side

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°F HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 96%

ANTHROPOMETRY: Birth Weight : 3.1 kg Length : ..... HC : ..... Present Weight : .....

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

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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
FACIES : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : Discharge :	to be checked
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 : Anus :	N female genitalia
HERNIAL ORIFICES		N
TRUNK and SPINE :		N
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	Arms / Legs : Mobility : N

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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
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SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

SpO_2: 96% Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : ..... BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium 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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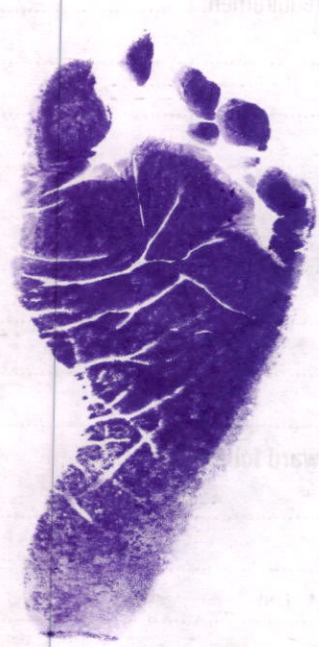
Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. ANNAPOORNA TADAVARTHY

Diagnosis : 39+6 wk / EMLSCS / Arch / 3.1kg CNPOL

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : Pavan

Name : Pavan

Date & Time : 9/7/26

Consultant :

Signature :

Name : Annap-T

Date & Time : 9/7/26

Dr. Tadavarthy Annapoorna
Reg. No. 53054

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the 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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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. ANNAPOORNA TADAVARTHY

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Neonatal condition at the time of Transfer: .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

Plan

- warm care
- DBF - 2nd wkly - Burp
- BCG | OPV | HepB today
- SBR | NBS | ONE @ 48hrs
- Send cord blood for B.G.

.....

.....

.....

.....

.....

Feeding Plan at the time of shifting : .....

first feeding time :- 2:25 pm to 2:35 pm

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Pavan

Doctor Name: Pavan

Date & Time: 9/7/26

Doctor Signature (Handover Taken): .....

Doctor Name: .....

Date & Time: .....

Patient Sticker 330

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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 +Plan	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record				
6	Doctors progress sheets	3			
7	Nursing plan of care and handover sheets	4			
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	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
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	1			
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart Others	8			
44	RBS monitoring chart				
		28			
	Total No. of Pages				

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

Signature and Date : 11/07/26

(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

BAH-00661124 IP5-00176159
Baby Of DELPHINE SAMARPANA U
09-07-2026 0Y0M0D1H (F)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 4:15pm	C/S/B Resident.	
	2HOL / 39+6 / Em LSCS (NPOL) / FCh / 3102g / Primi	Plan
	Baby on Room air	(1) DBF 2nd hly f/b burping
	M/B A+/Trace; U - not passed; A - not passed	
		(2) vaccine BCG OPV HepB
	Feed initiated	
	hemodynamically stable	(3) Trace Baby bld group
	Euthermic - Pink	(4) warm care
	Euglycemic - ✓	(5) Monitor vitals
	cry, Tone, activity } good	(6) SBR, NBS, OAE } 48HOL
	CRT <3 sec	noted by Day 7PM
	Peripheries warm	
	Femoral Pulses (+)	
		Sohel
7pm	T/S/B Dr Anup.	. Establish feeding
		A.T.
	Dr. Tadavarthy Annapoorna Reg. No: 53054	

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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/27 8:30am	C/S/B Resident	
	19HOL | 39+6 | FCh | Em LSCS (NOPL)	3102g | Primi
		Plan
	M/B: A+/AB+ V/M: ✓(2) ✓(3)	① DBF 2nd hrly
	Baby on room air	Hb bumping +
		FF 15ml/ 2hrly
	T-wt → 2.981 kg	② warm total care
	4% ↓	
		③ SBR
	Feed well	NBS } TM
		OAE 2:00 pm
	cry } Tone } good activity }	
		④ Monitor vitals
	hemodynamically stable	⑤ Naso clear drops SOHb
	Femorals Pulses ⊕.	
10/7/26 10A		1) Establish feeds
		A.T.
	Dr. Tadavarthy Annapoorna Reg. No: 53054	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 9:30am	Lactation notes:	
	- Well formed breast and nipples	
	- Primi	
	- colostrum very litely seen.	
	- Suck good.	
	Advice:	
	- Direct breast feeding.	
	- dem for deep latch as demonstrated in cradle / cross cradle hold.	
	- Make baby suck for 15-20 min on each side.	
	- Demand feeding not exceeding 2-2½ hour	
		Dly Expressed
10/7/26 5:00pm	Cs/B Resident	
	2 1 H0L | 39+6 | FCh | Em LSCS | 3102 | Primi	
	Baby on room air	Plan
	T wt → 2981g.	(1) Measured feed + FF 15-18ml 2nd hrly.
	Feed well, latching good FF as baby cried after feed.	(2) warm care
	cry, tone, activity } good.	(3) SBR, NBS, OAE } T/m 2 pm
		(4) Monitor Vitals. Sohlly

BAH-00661124 IP5-00176159
Baby Of DELPHINE SAMARPANA U (F)
09-07-2026 0 Y 0 M 1 D
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/S/B Dr Anup.	
6pm		Establish feed.
	Dr. Tadavarthy Annapoorna Reg. No: 53054	Ay.
		11/7/26
		OAE - Newborn hearing screening
		Bilateral responses present
		Bilateral Pass
		[signature]
11/7/26 9:30am	O/S/B Resident	
	44 HOL / 39+3 / Fch / Em LSCS (CNOPL) / 3102 / Primi	
	M/B A+/AB+ V/M c(S) / c(S)	Plan
		1) DBF 2nd hrly
	Baby on room air	f/b burping
		+FF 20ml 2nd hrly or 30ml 3rd hrly
	T wt → 2925g → 5.7% ↓	2) warm care
	Euthermic - Pink	
	Euglycemic	3) monitor vitals
	cry }	
	Tone } good	4) SBR } Today
	activity }	NBS } 2p.m
	Femorals ⊕	
		Sobhi

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Baby Of DELPHINE SAMARPANA U
09-07-2026 0Y0M1D (F)
Dr. ANNAPOORNA TADAVARTHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7 10Am	lactation notes: - colostrum better. - suck good - Continue direct breast feed with deep latch as demonstrated	Sign. [illegible]
[illegible]	1/s/B Dr Annapurna:	1) SBR, NBS - 48hrs. Sign. Dr. Tadavarthy Annapoorna Reg. No: 53054
11/7/26 2:00pm	CS/B Resident SBR - 9.1 @ 48HOL Planned discharge	d/w Dr. Annapurna mam Sohila

10 12 14

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 10 H (F)
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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Bby. Samarapanar. Mother's Name: Mrs. Delphine Samarapana

Date of Birth: 9/7/26 Time of Birth: 2:04pm Gender: ☐ Male ☐ Female

Birth Weight: 3.102 Kgs HC: 34 cm Lenght: 49 cm

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

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

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: A+ve. Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 2:25pm – 2:35pm

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: ..... ℃ HR: 144 /Min RR: 44 /Min BP: – SpO2: 98%

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: Shweta Signature: Shweta. Date &Time: 9/7/26. 4pm

Docu. No. : RCHBH /FRM / CLINICAL / 144

BAH-00661124 IP5-00176159
Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. ANNAPOORNA TADAVARTHY

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 6

9/7/2026.

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.
3. 24 hrs. total to be entered in the kardex in RED.

9/7/26.		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			N.A -								
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm		DBF.								NO	Suy
	03:00 pm										IV	Suy
	04:00 pm		DBF.								CANNULA	Suy
	05:00 pm		DBF.									Suy
	06:00 pm											Suy
	07:00 pm											Suy.
Total Intake :			Taken.			Total Output :					V=0, MED	
	08:00 pm		DBF									Sushanth
	09:00 pm										NO	
	10:00 pm		DBF				✓			✓	CANNULA	
	11:00 pm											Sushanth
	12:00 am		DBF									
	01:00 am						✓					
Total Intake :			Taken.			Total Output :		m-2 u-1				
	02:00 am		DBF									Sushanth
	03:00 am											
	04:00 am										NO	
	05:00 am		FF 20ml				✓			✓	IV	Sushanth
	06:00 am											
	07:00 am		DBF									
Total Intake :			Taken.			Total Output :		m-1 u-1				

Total 24 hrs. Intake	Taken.	Total 24 hrs. Output	m-3, u-2

BAH-00661124 IP5-00176159
Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 0 D 10 H (F)
Dr. ANNAPOORNA TADAVARTHY

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2) 10/7/26

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

		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							
10/7/26	08:00 am						✓			✓		Reneja
	09:00 am		DBF E-of 20ml									
	10:00 am						✓			✓	NO IV	Renuja
	11:00 am		DBF									
	12:00 pm						✓			✓		Renuja
	01:00 pm		DBF									
Total Intake :										**Total Output :** V- 3 m-3		
10/7	02:00 pm											Riya
	03:00 pm		FF 15ml								NO IV	Riya
	04:00 pm						✓					
	05:00 pm		DBF							✓		Riya
	06:00 pm										Canula	
	07:00 pm		DBF				✓					Riya
Total Intake :										**Total Output** V=1 m=1		
	08:00 pm											Sumathi
	09:00 pm		DBF				✓			✓		
	10:00 pm		FF 20ml									
	11:00 pm											
	12:00 am		DBF FF-30ml				✓			✓		
	01:00 am											
Total Intake :										**Total Output :** V-2 M-2		
	02:00 am		DBF FF 30ml									Sumathi
	03:00 am						✓			✓		
	04:00 am											
	05:00 am		DBF									
	06:00 am		DBF				✓			✓		
	07:00 am		FF-30ml.									
Total Intake :										**Total Output :** V-2 M-2		

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	V-8 M-8

BAH-00661124 IP5-00176159
Baby Of DELPHINE SAMARPANA U
09-07-2026 0 Y 0 M 1 D (F)
Dr. ANNAPOORNA TADAVARTHY

FLUID CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Sheet No. : 11/7

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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						✓			✓	1	Lakka
	09:00 am		DBF								ND	
	10:00 am		FF 30ml								IV	Lakka
	11:00 am						✓			✓		
	12:00 pm		DBF								1	Lakka
	01:00 pm		FF 30ml									
Total Intake :						**Total Output :** U – 2M						
	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	

Patient Sticker

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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							
	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**	