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

ACTIVITY ... NG

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM (M)
03-07-2026 0 Y 0 M 8 D
Dr. SURENDER RAO DUSA

Name : ----------

UHID N ---------- Consultant : ---------- Dept : ~~Pae~~ Neonatal

Date of Admission : 10/7/26 Time : 9:11 AM Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	3:50 PM	ER	NICU.	Shm.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Murtaza	11/7/26	Sy	~~3100247~~
2.	Dr. Mohamed Abdul	11/7/26	3100264	Sy
3.	Dr. Akhila Vemaraju	14/7/26	3101586	Cuff
4.	Cross checked done by Sr. Swetha on 15/7/26			
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/7/26	GRBS @ 1:15 pm - 77mg/dl	26023038	[illegible]
	CBP, CRP, S/E, Urea, Creat		
	Calcium, SBR	26023061	[illegible]
10/7/26	RBS - 130mg/dl	26023062	
10/7/26.	X - ray	26011085	[illegible]
		26 30999999	[illegible]
11/7/26.	RBS	26023142	
	RBS.	26023143	
	2 - D Echo	26011136	[illegible]
	USG	26011141	[illegible]
11/7/26	RBS	26023258	A
12/7/26	RBS	26023259	
12/7	PT/APTT	26023357	[illegible]
12/7	RBS	26023360	
13/7	RBS	26023436	K
13/7	RBS	26023574	Bhavana
13/7	RBS	26023582	[illegible]
14/7	RBS	26023614	A
14/7	RBS	26023736	[illegible]
12/7	RBS	26023306	[illegible]
	RBS	26023307	
	RBS	26023404	[illegible]
15/7	RBS	26023780	[illegible]

Cross Checked done by Sr. Shwetha on 15/7/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7/26	Monitor	4pm	16/07/26 @ 11Am	30999	
	Infusion pump		11/3/26 11Am		
10/7/26	oxygen	4pm	11/7/26 @ 11Am		
	Cross checked done by Sr. Swetha on 15/7/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/7	(IV placement done inoutside)	-	-	
10/7/26	IV placement	1	3099955	
11/7/26	IV Plant	1	3100202	
14/7	~~extensive~~ physiotherapy		3101580	Sig
	Cross checked done by Sr. Shwetha on 15/7/26			
16/07/26	TEOAE	1	3102216	Sig.
—	Cross Checked done by		Sig.	on 16/07/26

ANY OTHER INFORMATION

Date : 16/07/26 Time : 11:21 Am Prepared By : Sig. 16/07/26 @ 11:21 Am

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sig. Raja	Sig. Raja		

Ref. No. F/INPR/12

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Patient Name : VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
10/7.	00.00	1:15 PM - 77 mg/dl.		26023038
	1.00	6 PM - 130 mg/dl		26023062
11/7	2.00	12 PM - 99 mg/dl.		26023142
	3.00	6 AM - 95 mg/dl		26023143
11/7	4.00	12 PM - 99 mg/dl		26023358
	5.00	6 PM - 78 mg/dl		26023559
12/7	6.00	6 AM - 89 mg/dl		26023307
	7.00	12 AM - 96 mg/dl		26023306
12/7	8.00	RBS - 105 mg/dl		26023360
12/7	9.00	RBS - 114 mg/dl		26023404
13/7	10.00	RBS 6 AM - 118 mg/dl		26023436
	11.00	~~RBS 6 pm - 93 mg/dl~~		~~26023582~~
	12.00	RBS 6 pm - 51 mg/dl		26023574
	13.00	RBS 9 pm - 93 mg/dl		26023582
14/7	14.00	RBS 6 AM - 83 mg/dl		26023614
	15.00	RBS ~~7 pm~~ - 98 mg/dl		26023736
15/7	16.00	RBS 6 AM - 98 mg/dl		26023781
	17.00	Cross checked done by Sr. Swetha on 15/7/26		
15/7	18.00	GRBS. @ 9 pm - 91 mg/dl.		26023933
16/7	19.00	GRBS - @ 9 AM - 89 mg/dl		26023944
	20.00	Cross Checked done by ... on 16/07		
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060645 **Admit Date** : 10-Jul-2026 **Admit Time** : 09:11 AM **UHID** : VIH-00206765

Patient Details :

Patient Name	: Baby Of ANJUM BEGUM	**Age**	: 0 Y 0 M 8 D
Guardian	: Mr MOHAMMED NAWAP	**DOB**	: 03-07-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-5-2-197/E2 VIKAS NAGAR Kamaeddy Arts & Scie Coll Nizamabad Telangana INDIA 503111	**Phone No**	: 7989689448
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 231 **Ward Name** : N 2F-NICU II

Room No : NICU 231 **Admission Type** : First Visit

Contact Details :

Name	: Mr MOHAMMED NAWAP	**Relationship**	: Father
Contact Address	: HNO-5-2-197/E2 VIKAS NAGAR Kamaeddy Arts & Scie Coll Nizamabad Telangana INDIA 503111	**Phone No**	: 7989689448 / 7569940241

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	: Dr. PAPPULA SINDHURA		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 20000.00
		Payor Name	: SELFPAY

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
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Patient Details :

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Guardian	: Mr MOHAMMED NAWAP	**DOB**	: 03-07-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO-5-2-197/E2 VIKAS NAGAR Kamaeddy Arts & Scie Coll Nizamabad Telangana INDIA 503111	**Phone No**	: 7989689448
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name	: Mr MOHAMMED NAWAP	**Relationship**	: Father
Contact Address	: HNO-5-2-197/E2 VIKAS NAGAR Kamaeddy Arts & Scie Coll Nizamabad Telangana INDIA 503111	**Phone No**	: 7989689448 / 7569940241

Signature

Doctor Details :

Doctor Name	: Dr. PAPPULA SINDHURA	**Specialisation**	: PEDIATRIC NEUROLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Patient Name : B/O. ANJUM BEGUM UHID : VIH-00206765 IPD : IP-00060645 Gender : Male Age : 0 Y 0 M 7 D

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Head circumference da

Date : 10/7/26 Time of arrival : 9:07 p.m.

Chief Complaints: c/o: Sixures 1 Episode. RBS: 77 mg/dl

Height : – Weight : 2.750kgs BMI : – Head Circumference (<2 years) –

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify –

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☑ N Pass ☐ FLACC ☐ Wong Baker

☐ Character – ☐ Location – ☐ Frequency – ☐ Duration –

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☑ If Patient is > 6 years
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?) –

Time of Initial assessment completed by ER Nurse : @ 9:12pm.

Patient Name : B/O. ANJUM BEGUM UHID : VIH-00206765 IPD : IP-00060645 Gender : Male Age : 0 Y 0 M 7 D

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

Time	Nursing Notes
@ 9:00Am	* Patient Come to ER.
9:15Am	* Vitals checked & recorded.
9:30Am	* Dr. Bameera & Dr. Nikesh Seen the patient.
9:35Am	* Doctor advice for admission.
9:11 Pm	* Admission done.,
1:00Am	* CBRBS - 44mg/dl.
3:50Pm	* Patient Shifted to NICU

Samples collected by: } -Nill- Time: }

Samples sent by : } -Nill- Time: }

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10/07/26 2:45Pm	10% ISO-PE CA 12ml added	IV	15ml/hr		

Condition of patient at time of shift - out :		Details of Shift - out
HR: 160bpm	BP: Crying CFT: 2secs	Shift - out from ER to: NICU - 11
RR: 30bpm	SPO_2 : 98%	Time of Shift - out: @ 3-50 Pm
GCS: 15bpm	Temperature : 97.3° F	Handover given to: Sis. Akhila. (Nurse's Name)
Pain Score: 0		
Repeat RBS (if applicable): -		

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

Name of the Nurse : Bro. Sanjay Signature of the Nurse : Sanjay

Date & Time : 10/7/26 @ 3:50 Pm

PATIENT TRANSFER FORM

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Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

	Date & Time of Admission	Date & Time of Transfer Order
	10/7/26 @ 9:11	10/7/26 @ 3:50
	Transfer Ordered by: DR. shrikar	Reason for Transfer: for Admission
From Unit: ER	To Unit: NICU.	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: (21)	Number of Imaging Films: —	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what? opfily given to.

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	Nill	
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
shaikh/shm	DR. shrikar.

Patient & Clinical Records Received by : Shorty.

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

UHID ID: _____

Department: _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : B/o Anjum Begum Age/Sex NB | Day of Life

Information given by: Shishuraksha Nurse Relationship

Chief Presenting Complaints & Duration (Chronologically)

Come for MRI i/v/o Seizure noticed Activity @ Referral hospital.

History of present illness :

M/A/T/H/E/R

Male | LT. Pt | 2.64 kg | AGA | LSCS | CIAB | Segmental hemangioma Microcephaly | Hypocalcemia | Hypoglycemia | (L) occipital Horn calcification | NNJ | Coagulopathy | ? TORCH infection | ? GWI & delivery ? CORPUS MALFORMATION SYNDROME (? PROS)

Baby was Admitted @ outside hospital i/v/o Dull Activity, poor feeding : 1 Day on D4 of life.

at Admission time → Baby had hypoglycemia → correction done

D5-D6 of life Baby had clusters of seizure 4-5 times / day (As per Nurse) each lasting 1-2 min Started on Inj Levipil and Broad spectrum Antibiotic CP done — (+ve)

→ Seizure semiology - variable ↓ Motor ↳ Tonic & gave movement eye

Seizure free in last (2) days

Patient Sticker

Pediatric Multiorgan History & Physical Examination

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

Currently on full dy feeds and Hemodynamically stable

Birth & Neonatal History:

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry : HC – 33.5 cm

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

Weight (kgs)) 2.56kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate :_____ B.P. _____ SPO2 _____

Resp.rate and type of breathing : _____

Rash Hemangioma – (L) Arm, Shoulder (+) Pelvis (+)

Lymphadenopathy –

Oedema :

Allergies (if any): –

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : BAE (+)

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur :

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

Per Abdomen :

Inspection

Palpation : SOFT

Ausculation :

Spine : External Genitelia :

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

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves : intact

B/L Motor equivocal.

Af @ level

Motor System:

Nutriton :

Tone: Power

Co-ordinator :

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars

Sensory System :

Bladder / Bowel :

Clinical Summary & Diagnostic:

? Seizure d/t for further evaluation.

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : To treat the underlying cause

Planned Labs:

Planned Management

- MRI.

noted by shantha
10/7 @ 2:16pm

Signature of the Doctor: ..... Signature of the Consultant: .....

Name of the Doctor: Dr. Shrikar Name of the Consultant: .....

Date & Time: 10/7/26 | 9:50 am Date & Time: .....

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Anjum Begum Age : ..... Father's Name : ..... Age : .....

Date of Birth : 3/7/2026 Date of Admission : 10/7/2026 UHID No.: .....

NICU Consultant : Dr. Surendra. 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 Anjum Begum.

Gender : ☒M ☐ F Blood Group : A+

Date of Birth : 3/7/2026 Time of Birth : 7:29 PM

Place of Birth : Tirumal Nursinghome, Komoreddy.

Mother's Blood Group : A+.

Birth Weight (gms) : 2.65 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24 yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 5 LMP : 27/10/25 EDD : 18/7/26.

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

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

Last Scans Details : Cephalic presentation

TT Immunization and Iron / Folic Acid : Received.

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 : .....

— T. Metformin at 24 wks GA.

Compliance with Rx : Antenatal Scans (5)

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

H/o Hypothyriodism : when diagnosed ? Medication?

Nil

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

..2.. P: ..1.. A: ..1.. L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G_1	–		Twins →	dt. due to PPROM & NVD	death. (25 wk)	death of ♂ 30 min, ♀ 15 min
Current G_2	7 days.	[T PT C36 wks		male.		

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : Cord around neck, ↓ FHR.

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

TOTAL

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : - seizure episodes.
- ① Hemangioma on face, neck, UL

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
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Dr. PAPPULA SINDHURA

Male baby LT·PT delivered by EL-LSCS / CIAB
Doing fine until day 3.

↓

— On D4 i/v/o dull activity / Poor activity
did some investigations found hypoglycemia
& mild hypocalcemia. Correction done &
10% DNS + Calc gluconate
Repeat values (N)

— On D5/D6 of life Baby had Eps of seizures
4-5 times / day lasting for 1-2 min.
Started on Inj. levipil and antibiotics
LP - (N)

(Semiology - GTCS to mild twitching)

on D7 discharged

↓

referred here

↓

MRI done

Investigation details in previous Hospital :

Blcls - No Growth LP, - (N)

EEG - (N)

LD echo (N).

(last) CBP, CRP, BGT, 1.2 → At
(Hb-15.2 Plt-1.15)
VBG, X Ray. mg+2 - 1.8 (N)
Sr-Electrolytes & CoTC. - (N)

(N)

↓

Feeding History :

Baby ongoing medication
- Inj meropenem
- Inj ciprofloxacin

Past History :

- Inj levipil
- Vit D3 oral
- oral calcium
- oral Biotin.
- Oral L-carnitine.

Family History :

Socio Economic History :

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Dr. PAPPULA SINDHURA

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4 HR : 170 RR : 45 NIBP : CFT :

Color of the extremities :

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : Length : HC : 32cm Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) Hemangioma ⊗ on left side.

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

EYES :
Symmetry :
Red Reflex : (N)
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate : (P)
Gums :
Lips :
Tongue :

Patient Sticker

THORAX and BREASTS : Shape of Thorax : Normal
Position of Nipples and Number :

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

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

HERNIAL ORIFICES free

TRUNK and SPINE : N

SKIN LESIONS : N

EXTREMETIES : Fingers / Toes : N
Deformities :
Hip Joint Examination :
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

SpO_2 : 98% @RA Auscultation : BAE + Breath Sounds : NVBS + Added Sounds : clear

Cardiovascular System :

HR : 180/min BP : - Precordial Activity : N

Femoral Pulses : felt Murmurs : -

Other Peripheral Pulses : felt Signs of Cardiac Failure : -

Abdomen :

Shape : Hernia orifice : -

Palpation : soft Anal Patency : +

Palpable masses : - Umbilical Cord : -

Abdominal girth : - First urine passed : -

Meconium passed : -

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

ctual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : clicA - good

.....

Motor System :

Passive Tone : ↓ ⓞ

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : .....

.....

Diagnosis : male / Late PT / 2.6 kg / AGA / LSCS / microcephaly
CIARI / Segmental Haemangioma, / microcephaly / Hypocalcemia, hypo. calcm

FOOT PRINTS

Left Side : ⓒ occipital horn calcification.

Right Side : ?GLUT Deficiency / NNJ.
?TORCH- infections

Resident Doctor :

Signature : .....

Name : CH. GANESH

Date & Time : 10/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

...clusively ☑ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☑ Yes ☐ No

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

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

Hearing Test: ☑ Yes ☐ No

Jaundice: ☑ NIL ☐ Slight ☐ Moderate

Passed Urine: ☑ Yes ☐ No

Passed Meconium: ☑ Yes ☐ No

Weight at discharge: 2.68kg

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

Date of Discharge: 16 / 07 / 2020

Discharge to ☑ Home ☐ Other: ....

Against Medical Advice: ☑ Yes ☐ No

Referred to another hospital: ☐ Yes ☑ No

Discharge Medications: ☑ Yes ☐ No

Details: ....

Final Diagnosis: - [illegible]

- CBP, NP, PT-INR, aPTT
- IVF 10% D5o-P @ 150ml/kg/day
- GRBS monitoring 6th hrly.
-

Note by
Akhila
10/7/26
@ 4pm

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Dr. Surender

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26. 4:15 PM.	T. wt = 2.17 kg.	
	- Baby was given sedation for MRI.	
	- IVF 10% Dextrose @ 150 ml/kg/day.	TV = 150 ml/kg/day
	- If hunger cry ⊕ start OG feeds.	
	- GRBS - 6th hrly.	
	- 2D-echo } Tomorrow.	
	USG-abdomen }	
	- paed surgeon consultation t/m after rounds.	
	- trace MRI-Report.	
	- OG feeds - 150 ml/kg/day 3rd hrly feed.	
	Noted by Akhila.	Dr. Surender 10/7/26 6:30 PM
9:40 pm -	PT/INR, aPTT } nurse Arch	
	Noted by shen[illegible]	

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

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8 AM	DOL=8 late PT / GA = 36wk / Bwt = 2.6kg / AGA / LSCS / CIAB / segmental Ⓓ Hemangioma? / Hypocalcemia / Hypoglycemia / seizures / ?TORCH	
	Issues: dull activity, -did not start feeds due to dull activity of baby.	
	T.wt = 2.56kg (39gm↑) I/O = 240ml / (40ml) U/O = 3.6ml/kg/hr B/O = 1time GRBS = 99mg/dl	- normothermia - Baby maintaining on RA -c/s/A - moderate RS: BAE-⊕. CVS: S1S2⊕ P/A: soft
	Plan - Target SpO2: 90-95%. - Target MAP: 36 mm Hg. - Baby maintaining at Room air. - GRBS monitoring 6th hrly, ABG - SOS, CXR - SOS. - TV: 150ml/kg/day IVF 10%. Dextrose going Plan of feeds - (32ml 2nd hrly) - if Baby active - Inj meropenem, Inj levipil. - Syp osopan, Tab Biotin - Paediatric neurologist consultation plan. - MRI - Brain Done. - 2D-echo, USG abdomen, PT-INR/aPTT } Today.	Dr. Surender Rao 11/7/26. 10:45 AM Inj. PIPTA2 TID STOP meropenum.
	Noted Dx. Sr. Sravani 11/7 @9AM	

VIH-00206765 IP-00060645
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03-07-2026 0 Y 0 M 8 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/26 8am	DOL-9 / Late PT / GA-36wks / B.W 2.6kg / AGA / LSCS / segmental Lt Hemangioma / Hypocalcemia / Seizures / ? TORCH	
		· Normothermic
	· active	· On RA
	TWR 2.60kg ↑ 40grams	· CP/S Active
	I/O 342 / 130	NF MDF ⊕
	U.O 2.1cc / kg / hr	Chs 4/4 ⊕
	S/O 4 times	f/A low nontender.
	GRBS 89mg/dL	
	Mang	
	· Target SPO2 90-95%	
	· Target MAP >36 mmHg	
	· GRBS 6hrly ABG SOS, Xray SOS ?	
	· TV 150ml/kg/day OG feeding 30ml/2hrly.	
	· Oral demand feeding, [illegible]	
	· Inj PIPTAZ D2 Inj levipril	
Ⓒ NA	· Syp Ascoyan, Tab Biotin	
	· Start Oral levipril Ask Dr. Sindhura mam.	
	T/m ODM	
		Dr. Surender [signature] 12/7/26 8:30AM
	Noted by Sr. Harsha 12/07/26 [illegible]	

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

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	Baby seen.	
SPM	On feeds full	
	plan to start oral feeds.	
	2DEcho, ~~ABER~~ CUS Abd dn.	
	Vitally stable	
	discs.	CIF
	Noted by	
	Sr. Sravani	
	11/7/26	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 6AM	DOL 10 / Late PT / 36wks → / 2.6 Kg / AGA / ASD / Segmental Hemangioma / (?) Nevus / Hypocalcemia / Neonatal Seizure / feed Intolerance	
	Issues:- 3 e/o large Vomiting;	
	T.Wt 2.70 (↑100gms).	Normothermia
	I/O - 325/120ml	SV @ RA.
	U/O - 1.9ml/kg/hr	PS - BAE (-)
	S/O - 16 bpm.	CVS - F.S (-).
	GRBS - 108mg/dl.	CNS - T/A/R AGA
		PA - Soft, BS (+).
	Advice:-	
	Target SPO2 90-95%, >36.	
	GRBS - BD.	
	IV - 150ml/kg/day.	
	OG feed - 30ml x 2hrly.	
	(P3) Inj Piptaz, Cefotaxime.	
	Syp Ossopan, Tab Biotin.	
	plan to start oral feeds.	
	Monitor Vitals.	
	noted by Rekha 13/7/26 @11AM.	13/7/26. 10:30AM
Duty Doctor.		

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7	J/B Neurology	
		Plan
4p	no further seizures	
	not taking bottle feeds	→ Take 3 ml EDTA sample
9A	Vitals ✓	
	- opening eyes spontaneously - good contingently movements	
	poor sucking Mono complete	

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 5pm	· Cam received · Not accepting orally · on ON feeding · poor Sucking (+)	
DMO		

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026	P11 / late PT / 36 wks → 37+4 wks / pm n	
8:40 PM	2.6kg / AGA / Segmental Hemangioma / Hypocalcemia & Hypoglycemia Corrected / neonatal Seizures ↓ evaluation.	
	Issues – ↓ movements / activity.	
	T.wt – 2.7 sonal (2 times vomiting)	
	I/O – 250 / 110	Normothermia
	U-O – 1.6 cc/kg/hr	- CTVA - moderate
	GRBS – 83 mg/dl.	- CRT < 3 sec
	motion – 6 times Semisolid	- CVS – S1 S2 CNS – ↓ activity
	Plan	RS / PA / CNS
	- Target SPO2 (90-95%)	
	- GRBS BD.	
	- TV – 150cc/kg/day	
	OG feeds – 30ml/2nd hrly (24ml/kg)	
	- on Piptaz & Syp. levipil & Biotin.	
	- vitals 6th hrly	
	- 2 EDTA Sample extra. Present.	
	- Try again oral feeds today	
	plan to send wes	
	- AIF CBP, CRP	
	oromotor stimulation. – Dr Akhila	

Dr. Surender Rao 14/7/26 10AM

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

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM (M)
03-07-2026 0 Y 0 M 10 D
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 3:00pm	Baby reviewed.	NO vomitings today - Slowly taking. 25ml / 2 H. - NO issues. - on RA.
	Plan	
		- Continue same, Target SpO2 > 90% - EDTA for WES was collected. - If attendars willing send. - TV - 150cc/kg/day Only feeds NO IVF. - Oromotor Stimulation Pending - Routine I/o charting, wt checking - Cares BD.
		noted by pediatrician 14/7 @ 5pm

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/2026 9:00 AM	D12 / Late PT / 2.6kg / AGA / ↓ calc / ↓ glucose → Corrected / Neonatal Seizures ↓ Evaluation	36wks → 37+5 wks PMA / left hand hemangioma /
	Issues - improved activity & feeding.	No apnea / bradycardia
	Tod. wt - 2.68 (↓ 20g).	
	I/O - 255/145	
	U.O - 2.25cc/kg/hr	
	GRBS -	Normothermic CRT/A. improved CRT <3sec Cvs RS PA (w)
	Plan - Target SpO2 (90-95%) - GRBS BD. * Send WES if parents willing - TV - 150cc/kg/day (24/ml/Q4H (NO IVF - ~~Continue Aspirin~~ & Levipiral. - I/O charting Inform SC	Dr. Surender 15/7/26. 10:30AM
		Noted by Rekha 15/7/26 @ 10:55AM

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	SMEARING NOTES	
12:30pm	. Case reviewed . Improved activity - T.Wt: 2.68 kg. . Tolerating 90-95% . [redacted] adv . Send WBS if parents willing . GRBS Monitoring . Warmth Care - Cord Care - [redacted] . Oral demand feeding.	

Dr. SUMANTA
15/7/26
7AM

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 9:30 AM	S/B Resident	
	D13 / LTPT (36wks → 37+6wks) PMA / (B.wt - 2.6kg)	
	ACA / (L) Head hemangioma / Neonatal seizures /	
	Hypocalcemia / Hypoglycemia / Feed intolerance	
C/o	tolerating oral feeds	plan
	No seizures	
	Maintaining on RA	- target SpO_2 > 92%
	U/S passing	- GMS - BD (prefeed)
		- Cont. Ossopan-D +
		Biotin +
	Cwt - 2.63kg ↓50gm	Caviraceturn
		- Monitor vitals-
		Continuously
	O/E - Euthermic	- Blood sugar?
	CVS - S1 S2 (+)	- Euthermia
	RS - BAS (+)	- Warm care
	PA - soft	- w/f seizures/
	CNS - good	desaturation
	CRT < 3sec	
	CRBS - WNL	
		Noted by Roja 16/7/26 @ 11:Am

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: 36 weeks, Segmental Hemangioma — Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: — Post OP Day: —

BACKGROUND

Date / Shift	15/7/26 E	15/7/26 N	16/7/26 M			
Medical Condition (Any special condition to be noted):	—	Nil	Nil			
Diet:	DBM	DBM	DBM			

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	97.9°F	97.9°F			
Res:	48 b/m	49 b/m	48 b/m			
SpO_2:	99%	99%	99%			
Pulse:	141 b/m	141 b/m	140 b/m			
BP:	—	—	—			
LOC:	conscious	conscious	Conscious			
Fall Risk Score:	'16'	16	'16'			
Pain Score:	'0'	0	'0'			
Skin Integrity	Intact	Intact	Intact			

Recommendations

Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	Nil	Nil			
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	DBM	DBF	DBF			
Critical Lab Test / Values:	—	—	—			
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent			

Post Operative Procedure Special Orders:	—	—	—			
Handed Over By Name :	Thanu	Padma	1			
Signature / ID :	17442	606326				
Date:	15/7/26	16/7/26	16/7/26			
Time:	@8pm	8AM	@2pm			
Taken Over By Name :	Padma	Rojo				
Signature / ID :	606730	Rajulapu				
Date:	15/7/26	16/7/26				
Time:	8pm	@8Am				

Noted by Rojo 16/7/26 @11.00Am

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 13 D (M)
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NURSING SHIFT HAND OVER FORM

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

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 10 D (M)
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CROSS CONSULTATION FORM

Doctor Name : Ashok Vemuganti Date : 4-7-26 Time : 2:45pm

Diagnosis : Neonatal Sz.

Hospital : RCH - Secunderabad

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:

Physiotherapy

Signature:

Findings and Recommendations :

S/B physiotherapist

Late PT — 36 weeks ; 2.6 kg. ; cses

→ oromotor stimulation exercises done and explained to parents

Consultant :

Name : Ashok Vemuganti Signature : Ashok Date & Time : 4-7-26 2:45pm

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of ANJUM BEGUM**	**Age :**	**0 Y 0 M 8 D**
IP No:	**IP-00060645**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-NICU II/NICU 231**

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.

understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned lso 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:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

HNO-5-2-197/E2 VIKAS NAGAR
Kamaeddy Arts & Scie Coll Nizamabad
Telangana INDIA 503111

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baby of Anjum Begum Age: 7D Sex: M UHID.No :

Date: 10/7/26 Time: 10:40 am Proposed Operation: MRI Brain plain & Contrast

Diagnosis: Late preterm c Microcephaly c focal Seizures for Evaluation

B.P / CRT: H.R: 135bpm Weight: 2.5kgs ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

SpO2 - 96% on RA.

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo: Transitional PAH.
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: NKDA

Medical History: CVS :

RESP : c/o dull activity & Poor feeding since D1

CNS :

Renal :

Hepatic / GE :

Others :

Late Preterm, LSCS, CHB, Birth: 2.6kgs, was in NICU for TTN on D3 - Had Seizure like Episode Started on Inj. LEVIPIL, Microcephaly (+). H/o 1 Episode of hypoglycemia, asymptomatic Neonatal jaundice (+).

Past Anaesthetic History:

Physical Exam: Orogastric Tube (+). NSG: Left Occipital calcification / ? Hemorrhagic Cyst.

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs : BL AEE Clear

Heart: S1S2 (+)

CNS: Child is dull

Pregnant: ☐ Yes ☐ No ☐ NA

Venous Access Site : (+) 26G Left LL Spine Exam for regional :

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ GA-ETT ☑ LMA

Last feed: Breast milk (Expressed) at 6:30 am

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS (parents)	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:

Signature: Name: Dr. Brunda

Docu. No. : RCH /FRM / CLINICAL / 044

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

ANAESTHESIA CHART

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Pre Induction Assessment

Change in Patient Condition: ☐ Yes ☑ No		Fasting Status: Adequate.
Physical Status:	☑ Patient Identified	☑ Consent Present ☑ Chart Reviewed

H.R: 138bpm | B.P / CRT: | SpO_2: 96% on RA | R.R: 46/min | Last Feed: 6 am (Breast milk)

Pre-OP Diagnosis: focal Seizures fd Evaluation Operation: MRI Brain Date: 10/7/26

Surgeon: (11:30) Anaesthesiologist: Dr Brunda. Technician: Rakesh

TIME (11:30) 12 (12:30)
N_2O /AIR /O LPM 5L
HALO /SO /SEVO
Drugs:
Inj. MIDAZOLAM 0.1mg IV
PROPOFOL 4+4+2 mg IV
KETAMINE 4+4+2 mg IV
GLYCOPYRROLATE 25µg IV

FIO_2 / SaO_2 100 100 100 100
$ETCO_2$
ECG NSR
Temperature
Urine Output

Fluids
Blood

Antibiotic
Suppository
Blood Loss
NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

240 220 200 180 160 140 120 100 80 60 40 20 10 0

Tourniquet on Time
Tourniquet off Time
Throat Pack In
Throat Pack Out

LAB Values
ABG
GRBS
Others

☑ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☑ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: Supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☑ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other ✓ Woolen Blanket

Times:
Anaes Start: 11:30AM
OP Start: ↓
OP End: ↓
Leave OR: 12:30pm

Anaesthesia:
☑ GA i/v gel
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☑ IV: 26G left UL
☐ IV: .....
☐ IV: .....

Induction
☑ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☑ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☑ Other
Relaxant Reversed ☐ Yes ☐ No ☑ NA

Name of the Doctor : Dr. Brunda
Signature of the Doctor : B

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D
Dr. PAPPULA SINDHURA (M)

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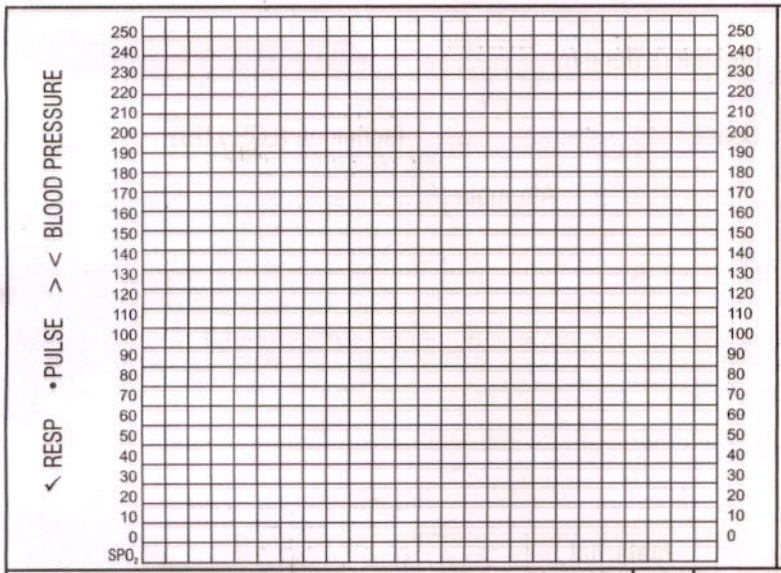
ARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

- ☐ O_2 Mask
- ☐ Nasal Prongs
- ☐ Tracheostomy
- ☐ T-Piece
- ☐ Oral Airway
- ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

Rainbow® Children's Hospital
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ology

EPIDURAL ESIA RECORD

Date: ..... Time: ..... Procedure done by .....

CSE /Spinal /Epidural Position : ..... Space :..... Technique (LOR/LOS) .....

Depth: ..... Catheter at Skin: ..... Attempts : .....

Parasthesia : Yes/No if yes details : .....

Solution Composition : .....

Any other issues :

a) .....

b) .....

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : ..... APGAR: ..... SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : .....

Patient Satisfaction : .....

Discharge /Shifting ordered by

Doctor Signature: .....

Doctor Name: .....

Date and Time : .....

Ref No. F/INPR/19 VIH-00206765 IP-00060645

Patient Name : Baby Of ANJUM BEGUM 03-07-2026 0 Y 0 M 7 D (M) Dr. PAPPULA SINDHURA

I.P. No

NURSES ASSESSMENT CHART

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date : 10/7/26 Diagnosis : Seizures. Weight : 2.17 Chart No. : (1)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																								
BLACK - RESP	105 190									36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160																								
	101 150									149	138	139	153	127	160	154	149	128	158	151	143	141	149	145	145
A- ALERT	100 140																								
V-VOICE	99 130																								
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110																								
	96 100									48	39	55	65	48	44	34	38	25	37	51	65	60	45	40	43
VERBAL	95 90																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35									98	66	98	71	71		71	71	76	66	72	66	69	67	72	72
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26									39	54	39	95	49		54	53	55	48	55	48	52	55	54	49
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20									59	39	28	38	53		45	42	42	37	44	37	43	44	45	42
1-NONE	18																								
	16																								
	14																								
1 2 3 4 5 6 7 8	12																								
	10																								
O2																									
SPO2																100	97	97	97	97	98	95	96	95	97
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU										A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Akhila

Morning Shift : .....

Evening Shift : Akhila 10/7/26 @8pm

Night Shift : Shenly 11/7/26 @8am.

Ref No. F/INPR/1[illegible]

Patient Name : VIH-00206765 IP-00060645 Baby Of ANJUM BEGUM 0 Y 0 M 7 D (M) 03-07-2026 Dr. PAPPULA SINDHURA

I.P. No

Date : 11/7/26 Diagnosis : Seizures Weight : 2.56 (1) Chart No. : (2)

NURSES ASSESSMENT CHART

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Guide	Time		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE		200																								
		210																								
RED - PULSE		200																								
BLACK - RESP	105	190	158	160	164	160	165	136	167	144	144	127	171	163	162	141	142	132	124	125	166	164	156	144	144	135
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130																								
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110	41	82	33	45	47	41	55	42	47	23	49	49	63	38	51	38	50	93	45	43	83	38	45	56
	96	100																								
VERBAL	95	90																								
5-ORIENTED		80																								
4-CONFUSED		70																								
3-IN APPROPRIATE WORDS		60	32	38	60	58	57	50	48	70	78	72	80	84	90	78	74	71	74	69	72	75	73	73	71	76
2-INCOMPREHENSIBLE SOUND		50																								
1-NONE		40																								
		35	40	42	52	50	49	48	50	48	50	38	28	30	32	59	56	54	55	57	57	60	57	54	55	54
MOTOR		30																								
6-OBEYS		28																								
5-LOCALISES PAIN		26	42	38	40	38	32	38	40	38	32	40	38	32	34	49	47	44	45	52	50	60	47	44	46	44
4-WITHDRAWS		24																								
3-FLECTION		22																								
2-EXTENSION		20																								
1-NONE		18																								
1 2 3 4 5 6 7 8		16																								
		14																								
		12																								
		10																								
O2																										
SPO2			98	100	100	91	93	94	94	93	95	95	96	100	91	91	92	97	97	90	95	94	90	94	93	100
RBS			—																							
SUCTION																										
PHYSIOTHERAPY																										
AVPU																										

Signature of the Nurse : .....

Morning Shift : ..... 11/7 @ 2PM

Evening Shift : .....

Night Shift : Mavia 12/7/26 8AM

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
Ref No. F/INPR/19 03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA
Patient Name :
I.P. No

NURSES ASSESSMENT CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 12/7/26 Diagnosis : Seizures Weight : Chart No. : 3

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																								
BLACK - RESP	105 190	154	139	166	152	156	164	154	153	144	149	163	178	132	134	156	159	145	155	161	138	150	149	158	145
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160	36.5	36.5	36.6	36.7	36.6	36.5	36.7	36.5	36.5	36.6	36.6	36.6	36.7	36.5	36.5	36.3	36.6	36.6	36.6	36.5	36.5	36.6	36.6	36.5
	101 150																								
A- ALERT	100 140																								
V-VOICE	99 130																								
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110	31	35	47	36	30	24	34	42	54	30	41	34	30	52	51	43	31	40	45	50	54	49	38	40
	96 100																								
VERBAL	95 90																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60	65	72	82	72	71	74	73	84	85	73	85	62	67	67	66	76	65	80	70	67	73	76	79	82
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35	49	52	62	68	55	51	55	49	49	59	58	48	48	54	53	54	49	63	59	49	57	61	69	67
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	41	43	54	30	46	31	41	41	41	63	47	44	45	47	45	49	41	54	53	41	46	53	48	58
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
1 2 3 4 5 6 7 8	12																								
	10																								
O2		RA	RA	RA	RA	RA	RA	RA																	
SPO2		97	96	100	99	99	98	99	96	99	97	93	97	98	95	99	97	91	95	95	89	95	93	98	96
RBS		-	-	-	-	-	-	-	✓	-	-	-	✓	✓	-	-	-	-	-	-	-	-	✓	✓	✓
SUCTION		-	-	-	-	-	-	-	✓	-	-	-	✓	✓	-	-	-	-	-	-	-	-	✓	✓	✓
PHYSIOTHERAPY		-	-	-	-	-	-	-	✓	-	-	-	✓	✓	-	-	-	-	-	-	-	-	✓	✓	✓
AVPU		A	A	A	A	A	A	A	D	D	D	D	D	D	A	A	A	A	A	D	D	A	A	A	A

Signature of the Nurse : Morning Shift : Evening Shift : Night Shift :

12/7/26

12/7/26

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

NURSES ASSESSMENT CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 13/7/26 Diagnosis : Seizures Weight : 2.70kg Chart No. : (4)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																								
BLACK - RESP	190	136	138	147	139	160	153	133	136	(146)	(144)	123	168	139	169	139	138	148	160	140	139	125	147	121	160
GREEN - TEMP	180																								
BLUE - NIBP	170																								
	160	36.5	36.3	37.1	36.4	36.1	36.2	37.1	36.4	36.5	36.5	36.5	36.5	36.4	36.5	36.5	36.5	36.5		36.5	36.5	36.5	36.5	36.5	36.4
	150																								
A- ALERT	140																								
V-VOICE	130																								
P-PAIN	120																								
U-UNRESPONSIVE	110	56	51	60	30	33	29	40	25	33	50	20	27	29	40	29	37	45	24	26	42	40	38	60	50
	100																								
VERBAL	90																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60	60	70	71	64	88	79	80	74	91	68	59	75	70	64	78	64	69	81	67	66	76	69	69	79
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35	(52)	(52)	(54)	(50)	64	66	69	60	82	49	54	62	32	(45)	(59)	(45)	51	64	(49)	(57)	(55)	(52)	(60)	(50)
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	41	41	54	42	53	53	51	54	80	39	44	56	44	35	48	35	42	54	41	54	41	42	41	48
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
1 2 3 4 5 6 7 8	16																								
	14																								
	12																								
	10																								
O2		RA	RA	RA	RA																				
SPO2		94%	93%	88%	95%	99	98	98	100	100	95	94	94	95	96	98	99	100	100	96	98	99	96	98	100
RBS		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
SUCTION		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
PHYSIOTHERAPY		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : .....

Morning Shift : 13/7/26

Evening Shift : Bhaveen 13/7/26

Night Shift : Nasro 14/7/26 8AM

Ref No. F/INPR/19 VIH-00206765 IP-00060645

Patient Name : Baby Of ANJUM BEGUM 03-07-2026 0 Y 0 M 8 D (M) Dr. SURENDER RAO DUSA

I.P. No

NURSES ASSESSMENT CHART

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date : 14/7/26 Diagnosis : Seizures Weight : 2.70 kg Chart No. : 5

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	138	130	135	134	125	140	122	129	169	130	123	152	121	165	147	134	121	137	112	135	134	144	134	139
RED - PULSE	200																								
BLACK - RESP	105 190																								
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160																								
	101 150																								
A- ALERT	100 140																								
V-VOICE	99 130																								
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110																								
	96 100	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6
VERBAL	95 90																								
5-ORIENTED	80	37	32	36	49	40	72	20	31	37	22	34	57	36	29	32	29	32	32	18	44	28	29	36	19
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50	82	72	68	67	77		72		60		75		64	86	74	63	91	91	91	66	72	66	67	77
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28	62	54	57	49	57		56		44		58		48	70	54	46	53	66	66	50	57	55	59	68
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22									36		46		38	63	45	36	44	46	53	43	48	49	47	63
2-EXTENSION	20	51	45	41	40	45		46																	
1-NONE	18																								
	16																								
	14																								
	12																								
1 2 3 4 5 6 7 8	10																								
O2																									
SPO2		96	94	92	97	98	92	97	93	100	93	98	100	97	95	96	92	97	94	93	94	91	94	57	96
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A											

Signature of the Nurse : Priyanka

Morning Shift : Priyanka 14/7 @2pm

Evening Shift : Priyanka 14/7 @8pm

Night Shift : Sy 15/7 8AM

Ref No. F/INPR/1[illegible] VIH-00206765 IP-00060645

Patient Name : Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
Dr. SURENDER RAO DUSA

I.P. No

NURSES ASSESSMENT CHART

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

Date : ..... Weight : ..... Chart No. : .....

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	169	159	155	141	134	135	123	145	150	148	135	140	140	148	149	150	160	154	147	145	141	143	140	145
RED - PULSE	200																								
BLACK - RESP	105 190																								
GREEN - TEMP	104 180																								
BLUE - NIBP	103 170																								
	102 160																								
	101 150																								
A- ALERT	100 140																								
V-VOICE	99 130	98	98	98	98	94	32	36	36	38	36	36	36	32			98			98			98	98	98
P-PAIN	98 120																								
U-UNRESPONSIVE	97 110																								
	96 100																								
VERBAL	95 90																								
5-ORIENTED	80	34	39	27	56	27	31	36	40	45	40	45	40	40	40	41	39	32	36	40	47	45	46	43	45
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40	79	63	71	57	61	68	81	80	79	80	63	80												
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	85	59	50	92	46	58	85	80	60	50	52	49												
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	56	42	38	57	21	54	45	98	50	40	41	51												
1 2 3 4 5 6 7 8	16																								
	14																								
	12																								
	10																								
O2		99	98	97	99	93	90	94	99	100	98	100	100	100	99	100	99	98	99	99	99	99	99	99	99
SPO2														-	-		-	-	-	-	-	-	-	-	-
RBS														-	-		-	-	-	-	-	-	-	-	-
SUCTION														-	-		-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY														-	-										
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	P	P	P	P	P	P

Signature of the Nurse : .....

Morning Shift : 15/7/26

Evening Shift : ..... 15/7/26 @ 8pm

Night Shift : 16/7/26

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/7/26 Time:	8	9	10	11
Doctor/Nurse/Family Concern?	AM	AM	AM	AM

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

98.2°F 98.4°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	146	130	144	134

Resp. Rate (bpm) (Over 1 Minute) * — 70 60 50 40 30 20 10

Resp Rate (Number)	50	50	40	50
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99%	99%	99%
Conscious Level (Normal / Altered)	N	N	N	N
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	R	R	R	R

Noted by Roja 16/7/26 @ 11:00am

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

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

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 12 D (M)
Dr. SURENDER RAO DUSA

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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)

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

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Your Right to a Safe Delivery

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
			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										0	
	03:00 pm											
	04:00 pm				NIL						0	
	05:00 pm				15.0						0	
	06:00 pm				15.0		✓			20ml	0	
	07:00 pm				15.0						0	
Total Intake :	48ml.					**Total Output :**	20ml.					
	08:00 pm				15.0					20ml	0	
	09:00 pm				15						0	
	10:00 pm				15						0	
	11:00 pm				15					40ml	0	
	12:00 am				15						0	
	01:00 am				16						0	
Total Intake :	96ml.					**Total Output :**	60ml					
	02:00 am				16						0	
	03:00 am				16					20ml	0	
	04:00 am				16						0	
	05:00 am				16						0	
	06:00 am				16					40ml	0	
	07:00 am				16.						0	
Total Intake :	96ml. (240ml)					**Total Output :**	60ml. (140ml)					

Fluids 10/7/26 @8PM

Hourly 11/7/26 @8am

Total 24 hrs. Intake	150cc/kg/day

Total 24 hrs. Output	3.6cc/kg/day

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 7 D (M)
Dr. PAPPULA SINDHURA

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FLUID CHART

Sheet No. : (2)

11/7/26

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 PO/ NG			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
	08:00 am			16.0							0	
	09:00 am			16.0						15ml	0	
	10:00 am			16.0							0	
	11:00 am			~~16.0~~	32ml						0	
	12:00 pm			STOP							0	
	01:00 pm				32 ml		✓			10ml	0	
Total Intake : 112 ml						Total Output : 25ml						
	02:00 pm										0	
	03:00 pm	EBM			32ml					15ml	0	
	04:00 pm										0	
	05:00 pm	EBM			32ml						0	
	06:00 pm										0	
	07:00 pm	EBM			32ml		✓			20ml	0	
Total Intake : 98ml						Total Output :						
	08:00 pm										0	
	09:00 pm	EBM			32ml							
	10:00 pm											
12/7	11:00 pm	EBM			20ml		✓			40ml	0	
	12:00 am											
	01:00 am	EBM			20ml					10ml		
Total Intake : 72ml						Total Output : 50ml						
	02:00 am	EBM										
	03:00 am	EBM			20ml							
12/7	04:00 am											
	05:00 am	EBM Neocate			20ml		✓					
	06:00 am											
	07:00 am	Neocate			30ml					20ml		
Total Intake : 342ml						Total Output : 130ml						

Total 24 hrs. Intake	133.5 cc/kg/day

Total 24 hrs. Output	2.1 cc/kg/hr

11/7 @2pm

11/7 @8pm

12/7/26 8AM

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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
12/1/26											0	
	08:00 am											
	09:00 am	EBM			30ml					30ml	0	Sathar 12/1/26
	10:00 am						✓				0	
	11:00 am	Neocate			30ml						0	
	12:00 pm										0	
	01:00 pm	Neocate			30ml		✓			30ml	0	
Total Intake : 80ml						Total Output : 60ml						
	02:00 pm										0	
	03:00 pm	EBM			30ml						0	
	04:00 pm										0	
	05:00 pm	EBM			30ml						0	
	06:00 pm										0	
	07:00 pm	EBM			30ml		✓	✓		20ml	0	
Total Intake : 90 ml.						Total Output : (vomiting)	✓	✓ small vomiting				
	08:00 pm										0	
	09:00 pm	Neocate.			30 ml.					10 ml	0	
	10:00 pm										0	
	11:00 pm	Neocate			25 ml						0	
	12:00 am									25 ml	0	
	01:00 am	Neocate			25 ml.						0	
Total Intake : 80 ml.						Total Output : 35 ml.						Shanty 13/1/26 @ 8 am
	02:00 am										0	
	03:00 am	EBM			25 ml					15 ml	0	
	04:00 am										0	
	05:00 am	Neocate			25 ml		✓			20 ml	0	
	06:00 am										0	
	07:00 am	Neocate			25ml.					10ml	0	
Total Intake : 25 ml. (325 ml)						Total Output : 45 ml. (120 ml)						

Total 24 hrs. Intake	125 cc/kg/day.	Total 24 hrs. Output	1.9 cc/kg/day

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM (M)
03-07-2026 0 Y 0 M 8 D
Dr. SURENDER RAO DUSA

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 4 13/7/26.

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.

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
			Mouth	I.V	N.G							
	08:00 am	Neocat			25ml						0	Rekha
	09:00 am										0	
	10:00 am	EBM Neocat	10				✓			15	0	
	11:00 am										0	
	12:00 am	EBM	20ml				✓			10	0	
	01:00 pm										0	
Total Intake : 55ml						Total Output : 25ml						
	02:00 pm										0	
	03:00 pm	EBM	20ml				✓			10	0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	EBM			25ml					15ml	0	
	07:00 pm							5ml vomit			0	
Total Intake : 45ml						Total Output : 25ml						
	08:00 pm	EBM			25ml							
	09:00 pm											
	10:00 pm	EBM			25ml					15ml		
	11:00 pm											
	12:00 am	EBM Neocat			25ml		✓			15ml		
	01:00 am											
Total Intake : 75ml						Total Output : 30ml						
	02:00 am	EBM Neocat			25ml		✓	5ml ml		10ml		
	03:00 am											
	04:00 am	Neocat			25ml							
	05:00 am											
	06:00 am	Neocat			25ml		✓			20ml		
	07:00 am											
Total Intake : 250ml						Total Output : 110ml						

Bleeding 15/7/26 8pm

14/7/26 8AM

Total 24 hrs. Intake	92.5 cc/kg/day	Total 24 hrs. Output	1.6 cc/kg/hr

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 5

14/7/26

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	NG	Diarrhoea	Vomit	Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	Neocate			25ml						0	
	09:00 am										0	
	10:00 am	EBM			25ml		✓			20ml	0	
	11:00 am										0	
	12:00 pm	EBM	15ml		~~30ml~~					15ml	0	
	01:00 pm										0	Shyella 14/7 @2pm
Total Intake :		65ml								**Total Output :** 35ml		
	02:00 pm	EBM			15ml					15ml	0	
	03:00 pm										0	
	04:00 pm	EBM			20ml		✓			10ml	0	
	05:00 pm										0	
	06:00 pm	EBM			20ml					~~10ml~~	0	Shyella 14/7 @8pm
	07:00 pm										0	
Total Intake :		35ml			Oral					**Total Output :** 35ml		
	08:00 pm	EBM			20ml						0	
	09:00 pm									10ml	0	
	10:00 pm	EBM			25ml		✓				0	
	11:00 pm										0	
	12:00 am	EBM			20ml					25ml	0	
	01:00 am										0	Suj 15/7 @8AM
Total Intake :		65ml								**Total Output :** 35ml		
	02:00 am	EBM			25ml						0	
	03:00 am										0	
	04:00 am	EBM			20ml		✓			15ml	0	
	05:00 am										0	
	06:00 am	EBM			25ml					15ml	0	
	07:00 am										0	
Total Intake :		255ml / 95.1 ml/kg/d								**Total Output :** 30ml / 145ml		

Total 24 hrs. Intake	95.1 cc/kg/day	Total 24 hrs. Output	2.025 cc/kg/hr

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 10 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 6

15/7/26

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						6	
	08:00 am	EBM	20							10	0	
	09:00 am										0	Rekha 15/7/26
	10:00 am	EBM	25				✓			15		
	11:00 am										0	
	12:00 pm	EBM	25				✓			10	0	2pm
	01:00 pm										0	
Total Intake : 70 ml						Total Output : 35 ml						
	02:00 pm	EBM	30 ml				✓			10		
	03:00 pm											
	04:00 pm											
	05:00 pm	EBM	25 ml				✓			20 ml		Jahnavi 15/7/26 8pm
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm	EBM	(30ml)									
	09:00 pm									✓		
	10:00 pm	EBM	(40ml)				✓					Padma 15/7/26 4AM
	11:00 pm									✓		
16/7	12:00 am											
	01:00 am	EBM	(38 ml)				✓					
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	EBM								✓		
	04:00 am						✓					Padma 16/7/26 7AM
16/7	05:00 am	EBM										
	06:00 am									✓		
	07:00 am	EBM					✓					
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 13 D (M)
Dr. SURENDER RAO DUSA

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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							
16/7/26	08:00 am		EBM (30ml)									Roja 16/7/26 @11:10am
	09:00 am											
	10:00 am		EBM (30ml)				✓			✓		
	11:00 am											
	12:00 pm		EBm									
	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 :**						

Noted by Roja 16/7/26 @11:10am

Total 24 hrs. Intake		Total 24 hrs. Output	

IP-00060645
VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D
Dr. SURENDER RAO DUSA (M)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 10/7/26 Drug Allergies: .... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date ► Time ▼														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

DRUG :				Date ► Time ▼														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

DRUG :				Date ► Time ▼														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

VERIFIED BY : Name .... Signature ....

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 2.56 kg Ward. NICU

DRUG : Inj MEROPENEM.

Dose	Route	Frequency	Start Date
53mg	IV	8th hourly	10/7/26

Name & Signature of the Doctor Starting the Drugs: ~~20mg/kg/dose~~ SY.

Additional Instructions: 20mg/kg/dose.

10/7/26 I. meaxl komada

Date / Time	11/7
2 AM	Sheela
10 AM	
6 PM	

SY 11/7/26 11:42pm

Daily Doctor's Endorsement by a Sign

DRUG : Inj LEVIPIL.

Dose	Route	Frequency	Start Date
26mg	IV	8th hourly	10/7

Name & Signature of the Doctor Starting the Drugs: SY

Additional Instructions: 10mg/kg/dose.

As per DO Orders I. meaxl komada

Date / Time	11/7	12/7	13/7
4 AM	Sheela	Sheela	Sheela
12 PM	Sheela	Sheela	Sheela
8 PM	Sheela	Sheela	Sheela

Daily Doctor's Endorsement by a Sign

DRUG : OSOPAN-D SYP.

Dose	Route	Frequency	Start Date
2.5ml	PO	8th hourly	10/7

Name & Signature of the Doctor Starting the Drugs: SY

Additional Instructions: 120-200mg/kg/day

10/7/26 I. meaxl komada

Date / Time	11/7	12/7	13/7	14/7	15/7	16/7
2 AM	X	Sheela	Sheela	Sheela	SY	Pala
10 AM	X	Sheela	Sheela	Sheela		
6 PM		Sheela	Sheela	Sheela		

Daily Doctor's Endorsement by a Sign

DRUG : Tab BIOTIN.

Dose	Route	Frequency	Start Date
5mg	PO	ONCE DAILY	10/7

Name & Signature of the Doctor Starting the Drugs: SY.

Additional Instructions: 5mg tab mixed with 5ml distilled water.

10/7/26 I. meaxl komada

Date / Time	11/7	12/7	13/7	14/7	15/7
6 PM	Sheela	Sheela	Sheela	Sheela	Sheela

Daily Doctor's Endorsement by a Sign

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VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Nam		I.P. No.	Sheet No.	Wards	Weight (kg)
	m.		①	NICU	2.15 kgs

TAZOBACTUM

REGULAR PRESCRIPTIONS

DRUG : INT PIPERACILLIN

Dose	Route	Frequency	Start Dt.
260mg	I/V	8hrly	11/7

Name & Signature of the Doctor starting the Drugs: Diva

Additional Instructions: 100mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date	11/7
Time	
2 AM	8H
10 AM	
6 PM	

11/7/26 Diva

TAZOBACTUM

DRUG : INT PIPERACILLIN

Dose	Route	Frequency	Start Dt.
260mg	I/V	8hrly	12/7

Name & Signature of the Doctor starting the Drugs: Diva

Additional Instructions: 100mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date	11/7	12/7	13/7	14/7
Time				
2 AM			8H	
10 AM				
6 PM				

STOP

12/7/26 Chitra

DRUG : SUP. LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
26mg (0.3ml)	OG	8hrly	13/7

Name & Signature of the Doctor starting the Drugs: Diva

Additional Instructions: 10mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date	14/7	15/7	16/7
Time			
4 AM			
12 PM			
8 PM			

Advised Dr Sindhuja on 13/7/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	
Time	

Rainbow Children's Hospital
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VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

Weight. ..... Ward. .....

	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date➤ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY ..... Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 8 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 2.56 kg Ward. NICU

Composition of I.V. Fluid (, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
10/07/26 2.45pm 10% 150—P + 5ml/kg C9 24 (150 cc/kg/day)	I/V	15ml/hr	L.	Achal	10/7/26		Soni JK

Signature .....

VERIFIED BY : Name .....

VIH-00206765 IP-00060645
Baby Of ANJUM BEGUM
03-07-2026 0 Y 0 M 10 D (M)
Dr. SURENDER RAO DUSA

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. LEVETIRACETAM	10mg/kg/dose	P/o	8hrly.		☐C ☐DC
2	TAB. BIOTIN	5 mg	P/o	ONCE daily.		☐C ☐DC
3	SYP. OSSCOPAN-D	120-200mg/kg/day	2.5ml P/o	8hrly		☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Surender Rao

Date & Time : 15/1/26 12:30 pm.

Nurse Name & Signature: sherly.

Date & Time : 15/1/26 @ 7:25 PM