Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48673000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006691 Admit Date : 30-Jun-2026 Admit Time : 11:23 AM UHID : HNH-00016263

Patient Details :

Patient Name	: Baby Of AIZAH ZAINAB MAIRAJULLA	Age	: 0 D
Guardian	: Mr SYED ZABEEHULLAH	DOB	: 30-06-2026 10:14 AM
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR AP Police Academy PO Hyderabad Telangana INDIA 500091	Phone No	: 9121008834/ 8421531325
		E-mail	: 9121008834@GMAIL.COM

Admission Details :

Bed Type : null Bed No : Ward Name :

Room No : Admission Type : First Visit

Contact Details :

Name : Mr SYED ZABEEHULLAH Relationship : Father

Contact Address : 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR AP Police Academy PO Hyderabad Telangana INDIA 500091 Phone No : 9121008834

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY Specialisation : NEONATOLOGY

Referral Doctor : Self. Phone No :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 50000.00

Payor Name : SELFPAY

30-06-2026 ...MAIRAJULLA
0Y0M0D2H (F)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
30/6/26.	11AM	47 mg/dl	[illegible]	[illegible]
30/6/26	5pm	97 mg/dl	"	[illegible]
1/7/26	6Am	96 mg/dl	"	[illegible]

Docu. No. : RCH /FRM / CLINICAL / 185

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00016283 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-05-2026 0Y0M0D2H (F)
Dr. S TEJASWI REDDY

UHID No : --

---------- Consultant : ---------- Dept : ----------

Date of Adm ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	12 pm	~~OT~~	NICU	Dly

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	Blood grouping Blood Culture. CBP. CRP ABG, VBG RBS (47mg/dl)	0663 0688	Dhaya.
30/6/26	chest x-ray	7788	
30/6/26	ABG, RBS (89mg/dl)	10690	
	Cross Clerked done by Dhaya 30/6/26 @ 7pm		
1/7/26	RBS - VBG (PCT) done	10710	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/26	Invasive monitor				
	C-PAP	30/6/26		9516.	Dhaya
	Oxygen	11:23pm			
	Syringe pump				

Cross included done by Dhaya 30/6/26 @ 2pm

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26	8U placement	(1)	9512	[illegible]
	Cross Checked done by		Dhaya	30/6/26 @ 7pm

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

CONSENT FOR FORMULA FEED

Patient Name : B/o BIZRA Age : 1d Gender : ☐ Male ☑ Female

UHID No : Department : NICU Date :

I Mr / Mrs. : Syed Zabeehullah aged years, hereby declare that I have admitted my ☐ son / ☑ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature :

Name : Syed Zabeehullah

Relationship with Patient: Father

Date & Time : 30/6/26

Witness :

Signature : Dhayala.

Name : Dhayanithi

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 30/6/26

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Baby Of AIZAH ZAINAB MAIRAJULLA

Name: B/o AIZAH ZAINAB Age: 1d Gender: Male ☐ Female ☐

UHID No : Date: 30/6/26

I Syed Zabeehullah S/o, D/o, W/o Syed Mubeenullah hereby declare that our patient Mr. / Ms. Aizah Zainab who is related to me as daugth is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on

The doctors have explained to me in a language understood by me that my child has following health related issues :

Be Term / 33+6wk / LSCS / RDS - NIV

? Suspected Sepsis / Be Term completed, possible

The doctors have clearly explained to me that my patient B/o . during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature :

Name : Syed Zabeehullah

Relationship with Patient: Father

Date & Time : 30/6/26

Witness :

Signature :

Name : Dheeraj

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 30/6/26

Baby Of AIZAH ZAINAB MAIRAJULLA A (F)
Dr. B TEJASWI REDDY

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : B/o AIZAH ZAINAB Gender: ☐ Male ☐ Female

UHID No : Department : NICU Date : 30/6

I Syed Zabeehullah S/D/W/O Syed Mubeenullah

Here by give consent for procedure of : Non Invasive Ventilation

For my patient, Named : B/o AIZAH

The doctors have clearly explained to me that the procedure has following possible complications:

Pneumothorax

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Breathing Support

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Tejaswi

Patient Attendant :

Signature :

Name : Syed Zabeehullah

Relationship with Patient: Father

Date & Time : 30/6/26

Witness :

Signature :

Name : Dhayanithi

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 30/6/26

HRN-00016263 IP20-00008691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 BYDMDDH (F)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital

BirthRight BY RAINBOW HOSPITALS

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : AIZAH ZAINAB M Age : 25 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 : S/o AIZAH

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 30/6/26 Time of Birth : 10:14 AM

Place of Birth : RCH - HAH

Mother's Blood Group : B+ve

Birth Weight (gms) : 2.14 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gestn Age : 33+6 wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 4/11/25 EDD : 11/8/26

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2 dose

Last Scans Details : 20/6 -) SLVF / AFI - 7.7 / Wt - 1.73 kg / Dopplers - (N) / Stable

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - (N)

Consanguinity : ☐ Yes ☐ No NT - (N) & FTS - Low Risk

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 : .....

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS ☑ Elective ☐ Emergency Indication :

Specify the reason : Severe Oligo + Static FSR

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitaion : ☐ Yes ☐ No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	1	
2	2	
TOTAL 7/10	8/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Prese[nt illness]

Baby delivered by Em. LSCS
↓
CIAB
↓
Routine Newborn care given & Occ done < 2/... 1/...
↓
Baby had RD — SCR (+), Grunt (+), ICR (+)
Silverman Anderson Score 6/10
↓
DR-CPAP given
↓
RD persistent
↓
Inj Vit - K given
↓
Baby Shift to NICU for Newborn care

Investigation details in previous Hospital :

[Fe]eding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink

VITALS : Temperature : 36.4°C HR : 162 RR : 66 NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis

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

Anthropometry : Birth Weight : 2.16 kg Length : ..... HC : ..... Present Weight : .....

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

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures : AF - 9m Shape / Moulding : Edema / Bruising : Size - (H.C.) :
Facies : (Any Facial Dysmorphism)	
NECK and CLAVICLES :	Range of Motion : Asymmetry : N Masses :
EYES :	Symmetry : Red Reflex : To chd Discharge :
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : No cleft Nasal shape / Patency : Palate : Gums : Lips : Tongue :
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+V Discharge :
GENITILIA :	Labia / Hymen : Female Testicles/penis : Anus : Patent
HERNIAL ORIFICES	
TRUNK and SPINE :	N
SKIN LESIONS :	Few Papular rashes all over body
EXTREMETIES :	Fingers / Toes : Arms / Legs : N Deformities : Mobility : Hip Joint Examination :

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping RA

Mention if baby has Respiratory distress RR : 66 SCR / ICR / See - Saw breathing

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

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

Settings :

SpO2 : 97% Auscultation : B/L AE Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 162/m BP : Precordial Activity :

Femoral Pulses : Felt Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : NP Hernia orifice :

Palpation : Soft Anal Patency :

Palpable masses : Umbilical Cord : 2 A + 1 V

Abdominal girth : First urine passed : X

Meconium passed : X

Nervous System : Higher intellectual functions (Sensorium) : } Active

State of wakefulness : } Active

Prechtle Score : } Active

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

Patient Sticker

Any Congenital Anomalies : ....

Diagnosis : Di/Di / 32+5 / Mod PT / El. LSCS (Oligo + FGR) / SCMB / RDS / Q1/ 2.16 kg / AGA / LBW / Breech Pt. hypothyroid

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : ....

Name : PRANAV

Date & Time : 30/6/24

Consultant :

Signature : ....

Name : ....

Date & Time : ....

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan

1) NIV ← PIP - 15
PEEP - 6 cm
FiO_2 - 30%

Plan during ward follow up :

2) CBP, CRP, LVBS, Blood c/s, B/S/T } Na

3) TV - 80 ml/kg
10% D @ 7.2 ml/h

4) Chest X ray

5) Inj Augmentin
Ceftriaxone

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Baby Of AIZAH ZAINAB MAIMUDA
31-05-2025
Dr. S TEJASWINI REDDY

Rainbow Children's Hospital | BirthRight by RAINBOW HOSPITALS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5 12:30pm	B/O AIZAH	
	Baby is Pre Term - 33 wks	
	→ Baby is on NIV mode of ventilation . pco_2 level - 60 - High Due to immature lungs - need to open up Nasal pressures of 18/7 to maintain Probably due to less amniotic fluid - Height is good - 2.1 kg	
	- Baby activity - better - sent blood for infection markers & started on 1st line antibiotic	
	<> Will start feeding in evening - 1/- 2 ml (Expressed feed) if mother feed inadequate - then pre term formula Initially with OG tube ; if tolerating well & no vomiting - Then take spoon feed / trial	
	- Usually baby born at 33 wks will need 7 days stay & out of breathing support & accept feed well. - Pre term baby skin sensitive - skin changes are expected - Plan NSG / ND Echo	
	Dr. Tejas	

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

(P.T.O)

Baby Of AIZAH ZAINAB MARAJULLA
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6	c/s/b Dr. Pranav	
1:30 pm	Primi / 33+1 / Mod PT / LSCS / CIAB / RDS / 2.16 kg / LGA	
	Mat: Hypothyroid	
	On NIV	Plan
	PIP - 18 / PEEP - 7	1) NIV
	FiO_2 - 21% / Rate - 60/min	
		2) Trace bloods
	Vitals	
	HR - 175/min	3) TV - 80 ml/kg
	SpO_2 - 98%	10% D
	BP - 65/41 (50)	4) Ct. Inj Ampicillin
		Inj Gentamycin
	RD (+) [SCR (+), KR (+)]	
	R/S - B/L AE (+)	5) Monitor Vitals
	P/A - Soft	
		6) Start feeds in evening
		Pranav
		Noted by Dhanush 30/6/26 1:30pm

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

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 4pm	c/o/b Dr Spandan	
	Mod PT / 33+6 wk / LSCS / RDS	
	NIV	Rx
	PIP – 18 / PEEP – 7	1) CBG @ 5pm
	FiO_2 – 21% / Rate – 60	2) TV – 80 ml/kg
		3) Feed – 1ml / Q2H after 6pm
	Vitals : HR – 155	4) NPT – T/m 11Am
	SpO_2 – 99%	
	RR – 48/min	5) Inj. Ampicillin + Gentamycin
	R.S – B/L AEBS	
	P/A – Soft	6) Monitor vitals
		[signature]

Noted by Dhanya 30/6/26 4pm

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

(P.T.O)

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/16 6:55 pm.	Counselled Mother (Mrs Spandana).	

→ Baby had respiratory distress after birth, for which started on NIV - (NIPPV).

on NIV - Blood gas improving so change to CPAP

→ If on next blood gas & clinically improving. then try to taper. CPAP - late

→ First infect mask are normal, tomorrow planning to repeat CBP, CRP (NPO 11AM)

→ start Baby, oral feeds. - 2ml (8th hourly) ↑ 1ml

→ NPH - feed intolerance.

→ Approx 4-5 days to 1 wk - NICU stay. a/c to Baby's condition may change.

Shefali

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

(P.T.O)

HNH-00016263 IP26-00005091
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0Y0M0D3H (F)
Dr. S TEJASWI REDDY

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/06/26 11PM	C/S/B D Sindhura / D Sunkanth	
	Baby on CPAP PEEP-6/ PIP-15/ FiO2-21%	
	O/E:- vitals: HR:- 150/min SpO2:- 94% @ NIV RR:- 50/min	
	S/E: RS: BLAE(+) Subcostal retractions	AW
		- CBP, CRP, MP, - 11AM - Blood gas T/M 6AM - feeds 2ml (Increase 1ml 6-8th hourly) - IV Antibiotics (Inj Ampicillin Gentamycin) - Monitor vitals and Inform SOS
		Noted by Sapanish 30/6/26 11pm

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

PROGRESS NOTES AND DOCTOR'S ORDER

Rainbow Children's Hospital | BirthRight

Date & Time	Progress Notes	Doctor's Order
01/04/26 7:30 am	C/B Dr. [illegible] / Dr Vamsy	
	Preterm / 33 wks / Mod PT / LSCS / CLAM / RDS / 2.10 kg / LBW / Mat. Hypothyroid	
	Baby on CPAP. PEEP - 6 / PIP - 15 / FiO2 - 21%	T.wt - 2080 (+20gm)
	Issues: vomiting after feeds (aspiration)	
	O/E: vitals stable; HR: 188/min; SpO2: 98% @ CPAP; RR: 45/min	
	S/E: RS: BCAE (+)	Adv
		- CBC, CRP, NP @ 11am
	→ Hold feeds	(feeds 3rd 4th hourly (↑ 1ml 6th hourly))
		- IV Antibiotics
		- Monitor vitals and inform SR
		[signature]
	Noted by [illegible] 1/4/26 @ 4:30 Am	

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

(P.T.O)

Patient Sticker

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/26 9:30 AM	S/B Dr. Tejaswi	
	Moderate preterm / SGCS / CJAB / RDS	
	2.6 kg / LBW / Mot hypothyroidism	
	Baby Guthami	PG
	HR - 145/min	- NPI today
	SpO2 - 98% on RA	
		- Start Dextro/
	CVS - S1S2 (+)	
	RS - BL - AE (+)	- Glycemic supportive
	P/A Soft	- CC IV Antibiotics
	CTA good	
		- Monitor Vitals
		- Trace Blood CS
		- OG feed 3ml/2nd hr
		(↑ 1ml/6th hr)

Rainbow Children's Hospital | BirthRight by RAINBOW HOSPITALS

DRUG CHART

Date of Admission: _____ 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:				

HNH-00018283
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2025 0Y0M0D3H (F)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight: 2.16kg Ward:

DRUG: Inj AMPICILLIN				Date/Time	30/6	1/6
Dose	Route	Frequency	Start Date			
100mg	IV	BD	30/6	11AM		
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: 50mg/kg				11pm		
Daily Doctor's Endorsement by a Sign						

DRUG: Inj GENTAMYCIN				Date/Time	30/6
Dose	Route	Frequency	Start Date		
10mg	IV	Once Daily	30/6		
Name & Signature of the Doctor Starting the Drugs:				3pm	
Additional Instructions: 5mg/kg					
Daily Doctor's Endorsement by a Sign					

DRUG: Syp-DOMSTAL				Date/Time	1/7
Dose	Route	Frequency	Start Date		
0.4ml	oral	TID	1/7	6am	X
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				2pm	10pm
Additional Instructions: DOMPERIDONE (1ml/1mg)				10pm	
Daily Doctor's Endorsement by a Sign					

DRUG: Glycerin creme				Date/Time	1/7
Dose	Route	Frequency	Start Date		
1	P/A	TID	1/7	6am	X
Name & Signature of the Doctor Starting the Drugs: B. Sreeja				2pm	
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					

[illegible]

Weight .... Ward ....

	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	

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	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6	11 AM	Inj CAFFEINE CITRATE	40mg	IV	[signature]	[signature] [signature]

Baby Of NIZAH ZAINAB MAIRAJULLA

Dr. B TEJASW REDDY

I.V. FLUIDS CHART

Weight 2.16 kg Ward

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr – Mcg/kg/min etc.)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6	11 AM	IVF - 10% D (TV - 80ml/kg)	IV	7.2					

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: RDS

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

BACKGROUND

Area / Shift Time	30/6/26 m s		1/7/26 m s			
Medical Condition (Any special condition to be noted)	RDS	RDS	RDS			

ASSESSMENT

Allergy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp	36.5 C	36.5 C	36.8 C				
Res	42 bpm	50 bpm	50 bpm				
SpO_2	100 %	100 %	99 %				
Pulse	156 bpm	140 bpm	140 bpm				
BP	54/42 (48)		72/42				
Fall Risk Score	—	—	—				
Pain Score	—	—	—				

Recommendations

Safety Needs	Yes	Yes	Yes				
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify	—	—	—				
Special Diet	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications	—	—	—				
Post Operative Procedure Special Orders	—	—	—				
Handed Over By Name	Bhavya	Sanjana	Dhanu				
Signature							
Date	30/6/26	1/7/26	1/7				
Time	6 PM	6 AM	8pm				
Taken Over By Name	Sanjana	Dhanu					
Signature							
Date	30/6/26	1/7/26					
Time	8pm	8AM					

Docu. No. : RCH/FRM / CLINICAL / 097

HNH-00016263 IP29-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-08-2026 0Y0M0D3H (F)
Dr. S TEJASWI REDDY

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BRADEN 'Q' SCALE

					Date	30/6	3/7	1/7	
					Time	PM	AM	PM	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed.	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients for young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.		4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes, linen only requires changing every 24 hours.		4	4	4	
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change; moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		4	4	4	
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%, hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%, hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%, normal hgb; capillary refill < 2 seconds.		4	4	4	
					TOTAL SCORE	20	16	20	
					Evaluator's Name				

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

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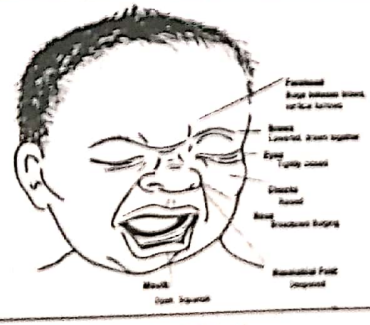
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						Procedure →								
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable									
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)									
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual									
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense									
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age														
Total Pain / Agitation Score														
Intervention														
Effectiveness														
Signature														

HNN-00016263 IP29-00006691
Baby Of AIZAH ZINNAB MAIRAJULLA
30-06-2026 1Y0M003H (F)
Dr. S TEJASWI REDDY

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CHECKLIST FOR THROMBOPHLEBITIS

30/6/26 1/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0						
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	alp						
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	alp						
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	alp						
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	alp						
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	alp						
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Bhavani Name : .....

Signature of Ward In Charge :

Signature ..... Name .....

Docu. No : RCH /FRM / CLINICAL / 137

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date 30/6/26

	CRITERIA MET / NOT MET Yes / No			
	Morning	Evening	Night	Comments by Duty Registrar
CIRCUIT and BUBBLER				
Blended Air / Oxygen Gas Supply	✓	✓		
Flow Between 5-7 Litres / Min	✓	✓		
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓		
Humidifier Water Level Correct	✓	✓		
Proper Oxygen Tubing From Blender to Humidifier	✓	✓		
Tubing Correctly Placed (Position & Leak)	✓	✓		
Excess Fainout (Afferent Tubing) Drained	✓	✓		
Excess Rainout (Efferent Tubing) Drained	✓	✓		
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓		
Gas Bubbling Continuously	✓	✓		
Water Level at Desired Level in Bubble Chamber	✓	✓		
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓		
Nasal Prong/ Mask Correctly Placed	✓	✓		
Hat Fits Snugly	✓	✓		
Moustache Suitable and Effective	✓	✓		
Nasal Bridge Intact	✓	✓		
Septum Intact	✓	✓		
POSITION:				
Head Position Correct	✓	✓		
Head Roll - Correct Size and Position	✓	✓		
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓		
Oro Nasal Suctioning Documentation	✓	✓		
OG Tube in SITU	✓	✓		
Baby Comfortable	✓	✓		
Chest Retractions	✓	✓		
Name of the Nurse:	Dhan	Dhan		
Signature of the Nurse:				
Date & Time:	30/6/26	30/6/26		

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

PATIENT STICKER

B/o #:2pm

DATE: 20/6

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1	Palate	no cleft		
2	Pre natal teeth	nil		
3	Anal opening	patent		
4	Genitalia	Female		
5	Spine	Ok		
6	Red reflex	To chk		
7	4 limb saturation (before discharge)	To chk		

Fine Papular rashes all over body

Ped.Registrar signature

Ped.Consultant signature

[illegible]

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Sheet No: 5

Maternal Blood Group: .... Baby's Blood Group: ....

Gest Age: .... Birth Weight: 2.16 kg

Date: 1/7/26	Date:	Date:
DOL: D1 Weight: 2.080 kg	DOL Weight	DOL Weight
Problems: PT / RDS	Problems:	Problems:
Rs. 70 - 60 bpm Exam: Done Vent. Setting: C-PAP ABG CXR } SOS	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR: 120 - 160 bpm BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day: 96 mg/dl I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } SOS	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics: inj Ampicillin	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment: Done	Assessment	Assessment
Plan: GRBS OD	Plan	Plan