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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0 Y 0 M 0 D 2 H (F)
r. KODICHERLA VISHNU VARDHAN

Name: -----

UHID No : --

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

Date of Admission : 2/8/26 Time : 5:33Am Date of Discharge : ---------- Time: ----------

Room / Bed No : 226-1 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/8/26	11:15Am	MICU	Room 115	

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
2/8/26	Blood Grouping – (1)	V1260261160	
2/8/26	ABG – (1)	V1260261163	
Cancelled	Checked by Nurse 2/8/26 at 7:00AM.		
	SBR	2602698	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/08	OAE	(1)	3110611	

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	4/8@ 11:50Am		

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0 Y 0 M 1 D (F)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name

Ward:

IP.No: 60971

DOA: 2/8/26

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	
2	Discharge Summary	3	–	–	
3	Nursing Initial assessment form	3	–	–	
4	Patient Trasfer Forms	1	–	–	
5	In-patient Medical Record	4	–	–	
6	Doctors Progress Sheets	3	–	–	
7	Nurses Progress notes	3	–	–	
8	Consultation Sheets				
9	General Consent for Treatment	1	–	–	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	–	–	
26	Intake and Output chart (fluid Chart)	3	–	–	
27	Drug Chart (Regular prescription)	1	–	–	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	–	–	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	–	–	
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	others	0			
	Total No. of Pages	35 pages			

Signature and Date :

Noted by BP 4/8 IP

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D9H (F)
Dr. KODICHERLA VISHNU VARDHAN

NEW BORN DETAILS

B/O B/O. Chirumamilla. Angeline

DOB: 2/8/26. Sex: Female. Maternal Blood Group: 'AB' positive.

Time: 4.43AM Birth Weight: 2.897. Baby Blood Group: 'A' positive

SVD / LSCS: ✓.

Indication: CL-LSCS - Leaking PV (PROM) & Anemia.

Diagnosis: 37+4 wks / Female / Baby-wt-2.897 Kgs / Cur P.L1 / Em LSCS. / FCH. CIAB/ACA.

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 95%

Spo2 Post ductal Left Lower Limb: 98%.

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: _____ Thyroid Screening: _____: NBS: _____

Hearing Test (OAE): _____ Red Reflex: _____.

Head Circumference: _____ cms Length: _____ cms

Vaccination: OPV, BCG, HEP-B, on 2/8/26 → Sabor.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
3/8/26		2.758 ↓139 gms	4.7%	✓	✓	DBM.	
4/8/26		2.710 kgs ↓48 gms	6.4%	✓		DBM	SBR 10.9 @ 10.8

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-00060971 **Admit Date** : 02-Aug-2026 **Admit Time** : 05:33 AM **UHID** : VIH-00207565

Patient Details :

Patient Name	: Baby B/O CHIRUMAMILLA ANGELINE MRINALIN RACHEL	**Age**	: 0 D
Guardian	: Mr R.ANNAMALI	**DOB**	: 02-08-2026 04:47 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 24-17-1 SATYAM SADAN SIVAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 7276609853/ 9700939722
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-226-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-226-1 **Admission Type** : First Visit

Contact Details :

Name : Mr R.ANNAMALI **Relationship** : Father

Contact Address : 24-17-1 SATYAM SADAN SIVAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 7276609853

Signature

Doctor Details :

Doctor Name	: Dr. KODICHERLA VISHNU VARDHAN REDDY	**Specialisation**	: NEONATOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

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aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D2H (F)
r. KODICHERLA VISHNU VARDHAN

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O - Angelina Mother's Name: B/O - Angelina

Date of Birth: 2/8/26 Time of Birth: 4:47 AM Gender: ☐ Male ☐ Female

Birth Weight: 2.897 Kgs HC: 36 cm Lenght: 47 cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: AB+ Baby: —

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

VIH-00207564 IP-00060970
Mrs CHIRUMAMILLA ANGELINE
24-06-1990 36 Y 1 M 9 D (F)
Dr. RAYAPUDI DIVYA HANUMA

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

Indication: Em. LSCS

Physical Assessment of New Born:

Temp: 36.2 °C HR: Nsbl /Min RR: Nsbl /Min BP: — SpO_2: 98%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

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

Neonatal Screening Done: ~~Yes~~ / No

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Prathyusha Signature: P Date &Time: 2/8/26 @ 7Am

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

PATIENT TRANSFER FORM

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IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0 Y 0 M 0 D 2 H (F)
r. KODICHERLA VISHNU VARDHAN

Date & Time of Admission	Date & Time of Transfer Order
2/8/26 @ 5:33Am	2/8/26 @ 11:45Am

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. Ganesh	Observation

From Unit	To Unit	Information to Attendant
MICU	Room (115)	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
- 15 -	- ABG -	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kochi's — (1)	
2.		
3.		
4.		
5.		

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

Dr. Ganesh

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Suhasini	Dr. Ganesh

Patient & Clinical Records Received by : Roja @ 11.45Pm

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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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : CH. Angeline Age : 36 yrs Father's Name : ..... Age : .....

Date of Birth : 2/8/2026 Date of Admission : 2/8/2026. UHID No.: .....

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

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

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

BIRTH INFORMATION

Name : B/o ch. Angeline. Mother's Blood Group : AB+

Gender : ☐ M ☑ F Blood Group : ..... Birth Weight (gms) : 2.897 kg Length (cms) : .....

Date of Birth : 2/8/2026 Time of Birth : 4:47 AM OFC (cms) : .....

Place of Birth : RCH Khakana Estimated Gesth Age : 37+4.

Current Obstetric History : (Booked / Unbooked Case) (2nd marriage)

Maternal Age : 36 yrs Ht : 158 cm Wt : 98 kg BMI : ..... Married Life : 6 yrs LMP : 3/11/2025 EDD : 19/8/2026

Conception : Spontaneous or with Rx. : ..... (Ovulation induction)

Booked at what GA. : unbooked at Divya Clinic AN Steroids Drugs / Doses : (2) doses @ 32 wks

Last Scans Details : SLIUF, Cephalic, AFI - 11-12 cm., Scans - (N).

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

AFI : 11-12 cm (2/8/26)

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

Controlled or not, recent values, HbA1 values : Nil

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : All (N) verify again.

H/o Hypothyriodism : when diagnosed ? Medication? on 25 mcg OD.

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 : 1:15 AM ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ~3½ hrs Duration : .....

IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D2H (F)
r. KODICHERLA VISHNU VARDHAN

PAST OBSTETRIC HISTORY

2 P: 1 A: L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	male	1 1/4 Years.			PPROM	AEH. 2.5kg.
G2	- current					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) Em-LSCS. leaking PV. (PROM).C

Second stage (> 2 hours after dilation) Anemia.

LSCS : ☐ Elective ☐ Emergency Indication : -f-

Specify the reason : Prev LSCS

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
8/10	9/10	

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 :

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2-08-2026 0 Y 0 M 0 D 2 H (F)
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37+4 / female baby delivered fb G2 P1L1 mother via Emlscs

↓

CIAB, Oronasal Suction done, delayed cord clamping done

↓

Cord clamped + Inj. vitK given

↓ Cut (LA+IV)

↓ Colour, Tone Cry-(3)

Reached Target. HR, SpO2 at 4th min

↓

NO RD / Grunt

↓

Shifted to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

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aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D2H (F)
r. KODICHERLA VISHNU VARDHAN

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 98°F HR : 152/min. RR : ..... NIBP : ..... CFT : < 3 sec.

Color of the extremities : mild Peripheral Cyanosis

Jaundice : ..... Pallor : ..... SpO2 : .....

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

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) Nil

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :
WNL

EYES :
Symmetry :
Red Reflex :
Discharge :
WNL

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

THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	
EXTREMETIES :	Fingers / Toes : 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% ..... Auscultation : B/L AE(+) ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 152 /min ..... BP : .....

Femoral Pulses : felt .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : .....

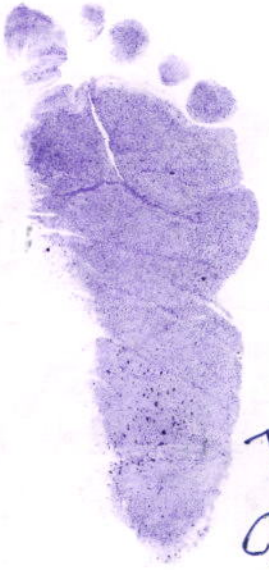
.....

Diagnosis : G2P1L1 Em LSCS / FCH / IOHM
CIAB / AGA / NO Anamolies
.....

FOOT PRINTS

Left Side :

Right Side :



Taken by
Br. Anil
@ 5 AM

Resident Doctor :

Signature : .....

Name : CH. GANESH

Date & Time : 2/8/2026

Consultant :

Signature : .....

Name : .....

Date & Time : .....

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

Information given by: ly ☐ 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:

.....

.....

.....

.....

.....

.....

.....

.....

Feeding: ☐ Breastfeeding Exclusively ☐ 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: .....

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

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: - DBF fb burping QLY
- warmth & Card care
- vitals QAM
- Red reflex, Pre & Post ductal SPO2
- SBR & NBS @ 48 hrs of life
Inform SOS
- OAE bfdc

Noted by Pediatrician

Doctor Signature: .....

Doctor Name: CH. GANESH

Date & Time: 2/8/2026

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Baby B/O CHIRUMAMILLA ANGELINE
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 10 AM	S/B Dr Vishnu Sir	(HOL - 5 1/2 hrs; G2P1L1)
	Term (37 weeks)	Em LSCS (Leaking pv (PROM) ~3 1/2 hrs)
	Prev. LSCS / Baby girl / CIAB / B.wt - 2.8 kg / AGA	
	10 HM	
	Tolerating feeds - well	
	Passing - urine	
	O/E - Euthermic	
	CVS - S1 S2 (+)	
	RS - NAE (+)	[signature] VV
	PA - Soft	
	CNS - good	
	CRT < 3 sec	Plan
		- GT & Cont. same instructions
		- Warm & cord care
	ⓓ BL red reflex symmetrical	SRR, NBS @ 48 hrs of life
		- OAE tomorrow
		- Monitor vitals
		- U/o chesting
		- Jaundice
		- Check pre & post ductal SpO2

Noted by
Raja [illegible] 2/8/26 @ 10 [illegible]

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 6pm	S/B Resident	
	Baby reviewed	Plan
	- No new concern	- Cont + Cont same
	Tolerating feeds well	instructions
	U/passing	- OAE H/m
		- SBR ↑
		~~NAF (if parents~~ @
	O/E - Euthermic	~~willing)~~ Ug Hoc
	CVS - S1S2 (+)	
	R - BAE (+)	- Monitor vitals
	PA - soft	- No charting
	CLAIT - good	- Informed
	CRT <3sec	
	(signature)	Noted by Subham 2/8/26 @ 7pm

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

BirthRight™ BY RAINBOW HOSPITALS
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 9:00Am.	c/s/B Resident.	
	Term (37+4wks) Emlscs (leaking pv (PROM))	
	Baby girl / CIAB / BWt: 2.897kgs / AGA / IOHm.	
4 m] passed.	O/E	Plan.
	Child Alert	SBR @ T/m @ 6:00Am.
	vitals stable	- DBF every 2ndhrly
wt loss: (4.7%)	CTA-Good	
	CRT <3sec.	- OAE today.
	CVS. S1S2 (+)	
	RS: B/L AE (+)	- Monitor vitals
	P/A: soft	- Inform (SOS).
	CNS: NAD.	- MBs on file
		Dr pravalam..
3/8/26 11:30Am.	c/s/B Dr. vishnu.	
	child Alert	Plan
	CTA-Good.	
	CRT <3sec.	- OAE-today.
	feeding well.	- continue DBF -2ndhrly
		- MBs on file
		- SBR T/m @6:00Am

Vdore

Note by Raja 3/8/26 @ 9:AM

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D9H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 5:00pm:	C/S/O B Resident.	
	O/E Child Alert Vitals stable. CTA-Good CRT <3sec eK M P/A NAD CNS	Plan - OAE today - PBR 1m @ 6:00Am. - MMR on 11 - DBF - 2nd July. - Dr. Prashanth:

Note by
Raja Rao
3/8/26
@5.pm

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0 Y 0 M 0 D 9 H (F)
Dr. KODICHERLA VISHNU VARDHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/O/B Resident	
4/8/26 10:30 AM.	Term (37+4 wk) / Emcs (leaking pv (PROM))	
	Baby girl / (IAB) Bwt: 2.897kg / AGA / Jotton.	
HOL: D3 of life.		
	O/E	
Jwt 2.710 (kg) (6.4%)	child Alert	
	vitals stable	
	CTA - Good	Plan
Vaccination - done	CRT <3 sec.	
	CVS: S1 S2 (+)	- OAE today.
	RS: NVAE (+)	
	P/A: soft	- D/c today.
	CNS: NAD.	
		- MB1 on flu.
		- DBF - Every 2nd hourly.
		- f/u on Thursday.
		Dr. prashanth..
		Noted by Gr. 4/8/26

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D9H (F)
Dr. KODICHERLA VISHNU VARDHAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8/26	lactation notes (Nm. Ramyasheeni)	
	• Experienced Mother • Normal breast condition • Good supply • Mother confidently feeding the baby • Advised to feed every 2hrs • More skin to skin • to track the feeding in the sheet given • Flw in OPD if needed - 12:00 PM	

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D3H (F)
r. KODICHERLA VISHNU VARDHAN

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: h_2 D_1 L_1 / Em. hseg / FCHI / Iotfm
UAB / RCM no anomalies

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	2/8/26	2/8/26 M	2/8/26 M	2/8/26 Evening	2/8/26 N	3/8/26 M
Medical Condition (Any special condition to be noted):	—	—	—	Nil	Nil	Nil
Diet:	DBF	DBF	DBF	DBF	DBF.	DBM

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98°F	98°F	98.7F	98.4°F	98.6°F	98.5F
Res:	40b/mt	42b/m	33b/m	40b/mt	36b/mt	38b/m
SpO_2:	99%	99%	98%	100%	98%	99%
Pulse:	145bpm	142bpm.	137b/m	130b/mt	142b/mt	140b/m
BP:	—	—	—	—	—	—
LOC:	Consciou	Conscious	conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0	0	15	16	16	16
Pain Score:	0	0	0	0	0	0
Skin Integrity	intact	intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	Nil	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	DBF	DBF	DBF	DBM
Critical Lab Test / Values:	—	—	Nil	Nil	Nil	Nil
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	dependent	dependent	dependent
Post Operative Procedure Special Orders:			—	—	—	Nil
Handed Over By Name :	Adithya	Neethu	Raja	Subham	Beunika	Nagmani
Signature / ID :	021601	607896	Raja 140424	17444	018727	Nagmani
Date:	2/8/26	2/8/26	2/8/26	2/8/26	2/8/26	3/8/26
Time:	@8am	@8Am.	@2pm	@8pm	@8am	@2pm
Taken Over By Name :	Neethu	Raja	Subham	Beunika	Nagmani	Raja
Signature / ID :	607896	Raja 140424	17444	018727	Nagmani	Raja 140424
Date:	2/8/26	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26
Time:	8Am	@12Am	@2pm	@8pm.	@8Am	@8pm

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
?-08-2026 0 Y 0 M 0 D 3 H (F)
r. KODICHERLA VISHNU VARDHAN

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: h2 P1 L1 | Em LSCS | FCH1 | JOT | M GAB | ABA NO analasis			Any Infection: ☐ Yes ☐ No ☐ Not Known				
				If Yes Specify: —				
	Surgery / Procedure: —			Post OP Day:				
BACKGROUND	Date / Shift	3/8/26 E	3/8/ N	4/8/26				
	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil				
	Diet:	DBF	DBF	DBF				
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:	98.6F	98.6F	98.6F			
	Res:	50 b/m	40 b/m	42 b/m			
	SpO_2:	99%	98%	100%			
	Pulse:	145 b/m	140 b/m	142 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	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	DBF			
	Critical Lab Test / Values:	Nil	Nil	Nil			
	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:		Nil	Nil	Nil			
Handed Over By Name :		Roja	Indu	Roja			
Signature / ID :		Roja 0199254	1606601	Roja			
Date:		3/8	4/8/26	4/8/26			
Time:		@8pm	@8am	@11AM			
Taken Over By Name :		Indu	Roja				
Signature / ID :		1606601	[illegible]				
Date:		3/8/26	4/8/26				
Time:		@8pm	8Am				

Note by Roja @ 4/8/26 [illegible]

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

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D3H (F)
r. KODICHERLA VISHNU VARDHAN

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 2/8/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☑ Any Others. Specify..... DBF
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8AM 8PM	Ensure safety DBF given	5AM 7AM	provided baby crib provided breast feeding	To prevent from fall To get energy neutrients	Baby is safe. Baby is safe	2/8/26 @ 7PM

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D3H (F)
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NURSING CARE RECORD

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Date: 2/8/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... DBF
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	DBF given.	8Am.	psovided breast ~~Milk~~ Feeding	To get enogh nutsition.	Baby vital sake	2/8/26
	12Pm	+ maintain Good Nutritional stakes	1Pm	+ every and hourly Feeding & burping is given	+ Prevent dehyd -dation	+ baby is Active	Raja 2/8/26 @1Pm
Afternoon	3Pm	→ Cord Care Cord Care	3Pm	→ Provided by Cord Care & warm Cares	→ To Prevent Infection	→ Baby is stable	Subhan 2/8 @8Pm
	4Pm	→ Feeding	4Pm	→ DBF given every 2nd hrly	→ Baby is taking well		
Night	9Pm	Warm Care. Feeding.		Provided by warm Care & Repeat the Baby in Cradle. DBF given 2nd hrly.	To Prevent Infection. Baby is taking feed well	Baby is Stable	Benonika 8/8/26 @8am

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

NURSING CARE RECORD

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

Date: 3/8/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☑ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9Am	Maintain personal hygiene	9Am	Educated about personal hygiene	Prevent infection	Patient is stable.	3/8/26 Vaeya
	11Am	feeding	11Am	feeding given every second hourly	To maintain nutritional status		C zpr
Afternoon	2pm	→ feeding		→ feeding given every Second hourly	→ To maintain Nutritional Status	→ Baby is active	Roj a 3/8 @ 8 pm
	3pm	→ Ensure Safety		→ To provid by cradle	→ To prevent falls risk		
Night	11:00	maintain aseptic technique	11:00	maintained aseptic technique	prevent from Infection	patient is stable	Indu @8pm 4/8/26
	5:00	provide comfortable position	5:00	provided Comfortable position	To reduce discomfort	No fresh Complaints	

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D9H (F)
Dr. KODICHERLA VISHNU VARDHAN

NURSING CARE RECORD

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

Date: 4/8/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		advised for discharge.		Discharge Note Doctor came for Rounds, patient is stable			
Afternoon							
Night							

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 2/8/26	DATE 2/8	DATE 2/8	DATE 3/8/26	DATE
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3		3	3		
	Forget Limitations	2					
	Oriented to own ability	1	1		1		
	History of Falls or Infant-Toddler Placed in Bed	4	4		4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		15	14	16	15	15

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		crib	Cribb	cribe	Crib	Crib
	Call device within reach		x	x	x	✓	✓
	Wheels Locked		x	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		x	x	x	x	x
	Other Intervention(s) Specify		x	✓	✓	✓	✓
	Nurse's Name:		Roja	Subha	Bindu	Nagma	Roja
	Signature:						
	Date:		2/8/26	2/8	2/8	3/8	3/8
	Time:		12pm	8pm	11pm	4Am	4pm

Docu. No. : RCH /FRM / CLINICAL / 005

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D2H (F)
r. KODICHERLA VISHNU VARDHAN

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 24/8/26	DATE 25/8/26	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4			
	3 to less than 7 years old	3	–				
	7 to less than 13 years old	2	–				
	13 years old and above	1	–				
Gender	Male	2	–				
	Female	1	1	1			
Diagnosis	Neurological Diagnosis	4	–				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	–				
	Psych / Behavioral Disorders	2	–				
	Other Diagnosis	1	1	1			
Cognitive Impairments	Not aware of Limitations	3	–				
	Forget Limitations	2	–				
	Oriented to own ability	1	–				
	History of Falls or Infant-Toddler Placed in Bed	4	4	4			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3			
	Patient Placed in Bed	2	–				
	Outpatient Area	1	–				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	–				
	Within 48 hours	2	2	2			
	More than 48 hours/ None	1	–				
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	–				
	Hypnotics	3	–				
	Barbiturates	3	–				
	Phenothiazines	3	–				
	Antidepressants	3	–				
	Laxatives / Diuretics	3	–				
	Narcotics	3	–				
	One of the Meds listed above	2	–				
	Other Medications / None	1	1	1			
	Total		16	16			

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓			
	Call device within reach		✓	–			
	Wheels Locked		✓	–			
	Room free of clutter		–	–			
	Adequate lighting		–				
	Wheel chair support		✓	–			
	Other Intervention(s) Specify		–	–			
	Nurse's Name:		[illegible] Roja				
	Signature:		[illegible]				
	Date:		24/8/26	25/8/26			
	Time:		[illegible]	11am			

Docu. No. : RCH /FRM / CLINICAL / 005

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O CHIRUMAMILLA ANGELINE MRINALIN RACHEL**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP-00060971**	**Sex:**	**Female**
Consultant:	**Dr. KODICHERLA VISHNU VARDHAN REDDY**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-226-1**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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 learance. 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: Mr. R Annamalai
Relationship: Father
Date: 2/8/26 Time: 5:33 Am
Witness Name: Mukesh
Witness Signature:

Patient Address:
24-17-1 SATYAM SADAN SIVAPURI COLONY Malkajgiri Hyderabad Telangana INDIA 500047

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0 Y 0 M 0 D 2 H (F)
r. KODICHERLA VISHNU VARDHAN

Patient

CAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/8/20 Time: 6

Doctor/Nurse/Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94
98.7

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) 140

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

Resp Rate (Number) 40

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

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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.

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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)

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0 Y 0 M 0 D 2 H (F)
r. KODICHERLA VISHNU VARDHAN

Patien

NICAL / 124

(2)

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

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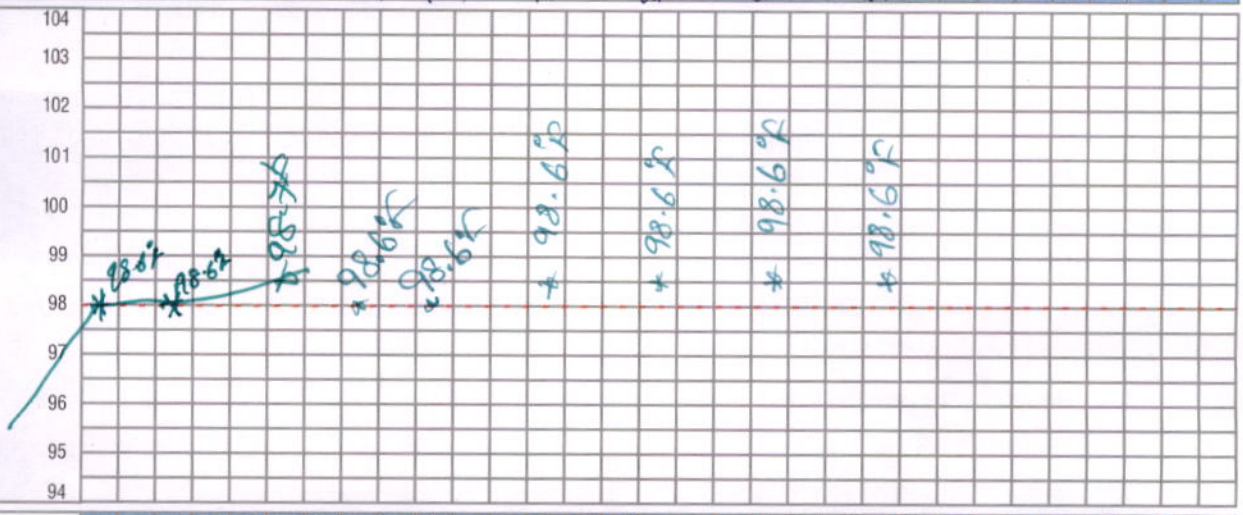
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

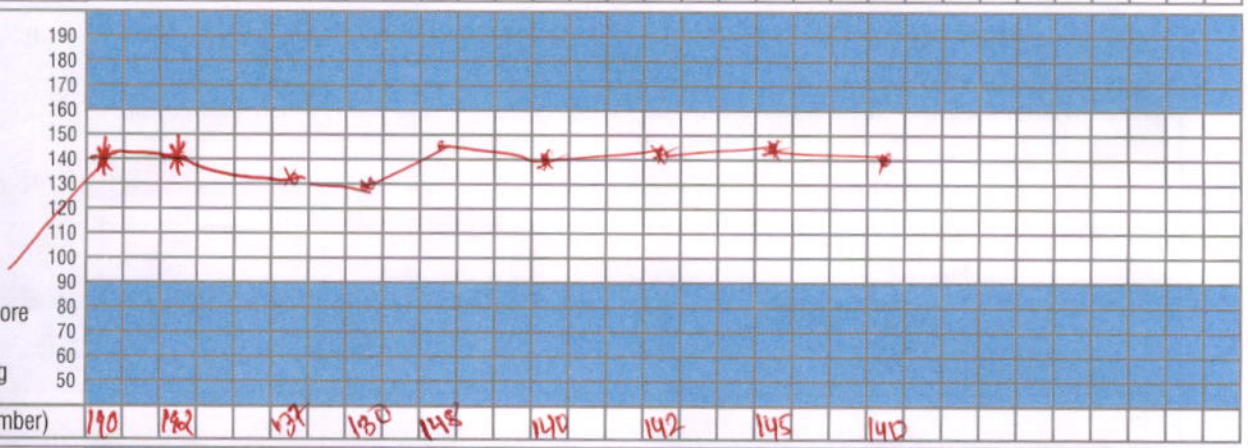
Date: 2/8/26 Time:	8	10	2	4	7	10	1	4	7	
Doctor/Nurse/Family Concern?			Pm	Pm	Pm	Pm	am	am	am	

Temperature (°F)



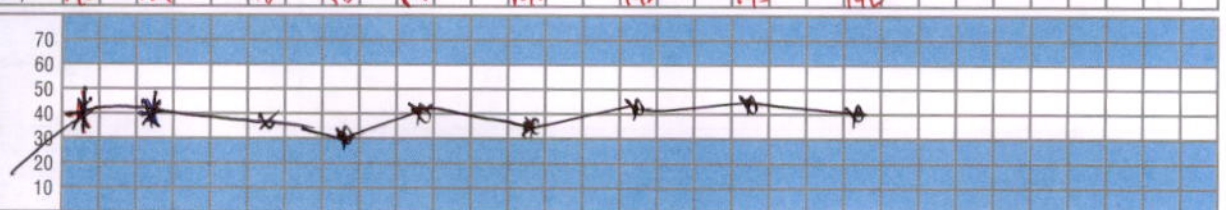
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	140	142	137	130	145	140	142	145	140

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



Resp Rate (Number)	40	40	37	30	41	35	41	45	40
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	97	99	98	99	98	98	99
Conscious Level: Normal / Altered	✓	✓	N	N	N	N	N	N	N
GCS *				15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	AP	SK	SK	B	B	B	B

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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Your Right to a Safe Delivery

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.
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- Detailed actions are described according to increasing Early Warning Score.
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- 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!
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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)
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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
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-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D7H (F)
Dr. KODICHERLA VISHNU VARDHAN

ICH/ FRM / CLINICAL / 124

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

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

Date: 3/8/26 Time: 9 11 1 4 7 9 1 1 3 5 7

Doctor/Nurse/Family Concern?

Temperature (°F)

	9	11	1	4	7	9	1	1	3	5	7
	98.2F	98.6F	98.6F	98.8F	98.6F	98.2F	98.8F		98.6F	98.6F	98.6F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number)	135	138	140	139	159	140	145	135	140	142

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

Resp Rate (Number)	35	38	38	37	45	35	40	42	41

Resp Distress	Mod/ Severe / None / Mild									
Receiving O_2 (l/min)										
O_2 Saturations (%)	99	98	99	99	98	97	95	99	98	99
Conscious Level	Normal / Altered	N	N	N	N	N	A	A	N	N	N
GCS *		15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0
Observer's Initials		GA	GA		AR	AR	AR	AR	B	B	B

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0 Y 0 M 1 D (F)
Dr. KODICHERLA VISHNU VARDHAN

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 4.8.26 Time:	9	M	
Doctor/Nurse/Family Concern?	own	own	
Temperature (°F) 104			
103			
102			
101			
100	99.68	99.86	
99	•	•	
98			
97			
96			
95			
94			
Heart Rate (bpm) and Blood Pressure (mmHg) * 190			
180			
170			
160			
150			
140			
130			
120			
110			
100			
Note: BP does not score in early warning scoring 90			
80			
70			
60			
50			
Heart Rate (Number)	140	157	
Resp. Rate (bpm) (Over 1 Minute) * 70			
60			
50			
40			
30			
20			
10			
Resp Rate (Number)			
Resp Distress: Mod/ Severe			
Resp Distress: None / Mild	N	N	
Receiving O_2 (l/min)			
O_2 Saturations (%)	100	100	
Conscious Level: Normal	N	N	
Conscious Level: Altered			
GCS *	15	15	
TOTAL SCORE Number of shaded boxes	0	0	
Pain Score	0	0	
Observer's Initials			

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Noted by Gyn 4/8/26

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Patient Sticker

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IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
Pat 2-08-2026 0Y0M0D3H (F)
r. KODICHERLA VISHNU VARDHAN

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

FLUID CHART

Sheet No. : (1)

2/8/26

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
2/8/26	05:00 am											
	06:00 am	DBF				—					:	Drotlpt @ 20ml 2/8/26
	07:00 am										:	
Total Intake :						**Total Output :**	Passed					

Total 24 hrs. Intake		**Total 24 hrs. Output**	Passed diarrhoea

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D3H (F)
r. KODICHERLA VISHNU VARDHAN

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

2/8/26

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
2/8/26												
	08:00 am	DBF								✓	0	
	09:00 am										0	2/8/26
	10:00 am	DBF					✓		•		0	11 AM
	11:00 am									✓	0	
	12:00 pm	DBF										
	01:00 pm						✓					
Total Intake :						**Total Output :**						
2/8/26	02:00 pm											
	03:00 pm		DBF				✓			✓	1	Pushpa
	04:00 pm											2/8
	05:00 pm		DBF									@ 8pm
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm		DBF				✓			✓	1	
	10:00 pm											
	11:00 pm		DBF								0	Benonika
	12:00 am									✓	1	3/8/26
	01:00 am		DBM									@ 1am
Total Intake :						**Total Output :**						
3/8/26	02:00 am											
	03:00 am		DBM				✓			✓	1	
	04:00 am											
	05:00 am										0	Benonika
	06:00 am		DBM								1	3/8/26
	07:00 am									✓		@ 7am
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0Y0M0D9H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

FLUID CHART

Sheet No. : 3

3/08/26

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
3/8/26	08:00 am		DBM							✓	1	
	09:00 am											
	10:00 am		DBM								0	3/8/26 Jaundice
	11:00 am											
	12:00 pm		DBM							✓	1	
	01:00 pm											
Total Intake :						**Total Output :**						
3/8	02:00 pm		DBM								0	
	03:00 pm											
	04:00 pm		DBM							✓		Roja
	05:00 pm											
	06:00 pm		DBM							✓		3/8 @ 6pm
	07:00 pm											
Total Intake :						**Total Output :**						
3/8/26	08:00 pm		DBM								0	
	09:00 pm											
	10:00 pm		DBM							✓		
	11:00 pm											
	12:00 am		DBM						✓	✓		2nd day
	01:00 am											
Total Intake :						**Total Output :**						
4/8/26	02:00 am		DBM								0	
	03:00 am											
	04:00 am		DBM							✓		@6pm
	05:00 am											
	06:00 am		DBM							✓		4/8/26
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00207565 IP-00060971
Baby B/O CHIRUMAMILLA ANGELINE
02-08-2026 0 Y 0 M 1 D (F)
Dr. KODICHERLA VISHNU VARDHAN

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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							
4/8/26	08:00 am		DBF							✓		
	09:00 am											
	10:00 am		DBF									
	11:00 am											
	12:00 pm									✓		
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Graph 4/8 @ 1 Pm

Total 24 hrs. Intake		**Total 24 hrs. Output**	

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.897kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/8/26	4:55AM	INJ. VITAMIN K	0.3ml - 1mg	IM			Bharani 2/8/26
2/8/26	10.30AM	nasoclear drops	1°/1°	PN			

Docu. No. : RCH /FRM / CLINICAL / 136

IH-00207565 IP-00060971
aby B/O CHIRUMAMILLA ANGELINE
2-08-2026 0Y0M0D2H (F)
r. KODICHERLA VISHNU VARDHAN

Rainbow® Children's Hospital
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RESULT SHEET

Date	4/8/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	10.9/0.1 10.8					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping:- 'A' positive						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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