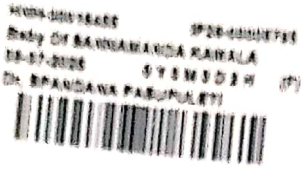
Rainbow Children's Hospital

BirthRight

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- Consultant : ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/7/24	4pm	DT	NICU	

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
9/7/26	CBP, CRP	11353	
	Blood c&s, blood grouping		
9/7/26	① ABG, ② ABG, ③ ABG	11354	
	RBS (91 mg/dl) RBS (169 mg/dl)		
9/7/26	X-ray chest	8247	
10/7/26	④ ABG, ③ RBS (163 mg/dl)	11391	
	Cross clerked done by Dhanya		10/7/26 @ 2pm
10/7	NSG	8272	
10/7	CBP, CRP, electrolytes		
	urea, creatinine, SBR	11438	
	calcium		
	⑤ ABG, ④ RBS (95 mg/dl)	11458	
	2D echo	2981	
	Cross clerked done by Dhanya 11/7/26		
10/7/26	⑥ ABG, ⑤ RBS (101 mg/dl)	11456	2pm
11/7/26	CBP, CRP, ~~ABG~~	11465	
	RBS (107 mg/dl), ABG	11473	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No	Signature
9/7/26	Invasive monitoring	4:59 pm		12193	Lamia
	CPAP				
	oxygen				
	Syringe pump (1st floated)				
	Cross Clotted done by			Dhanya	10/2/26
10/2/26	Syringe pump (2nd floated)	8pm		2592	24hrs
11/2/26	DSPT	3Am		12658	SH

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/7/26	IV placement	(1)	12192	
10/7/26	RL placement	(1)	2305	
	Cross Cleuled done by Dhanya 10/7/26 @ 2pm			
10/7/26	PICC line	(1)	12593	
10/7/26	IV placement	(1)	12594	
11/7/26	RL placement	(1)	2651	
	Cross Cleuled done by Dhanya 11/7/26 @ 8am			
11/7/26	Blood Transfusion			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HHH-00016455
Baby Of BANNAMANDA KAMALA IP26-00005795
09-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
9/7/26	4pm (1)	91mg/dl	Iv fluids	[illegible]
9/7/26	8pm (2)	105 mg/dl	[illegible]	[illegible]
10/7/26	6Am. (3)	163mg/dl,	[illegible]	[illegible]
10/7/26.	6pm (4)	95 mg/dl	[illegible]	[illegible]
10/7/26.	11pm (5)	101mg/dl	[illegible]	[illegible]
	Cross checked doc by Dhee 11/7/26 @ 2pm			
11/7/26	6Am	107 mg/dl	Iv fluids	Sh

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

Printed Date / Time : 09/07/2026 17:03

Rainbow Children's Hospital

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: 040-46673000
WEB: https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP20-00006795 **Admit Date** : 09-Jul-2026 **Admit Time** : 04:59 PM **UHID** : HNH-00016455

Patient Details :

Patient Name	: Baby Of SANNAMANDA KAMALA KUMARI	**Age**	: 0 D
Guardian	: Mr B SAI KUMAR	**DOB**	: 09-07-2026 03:16 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SIDDARATHA MADHURAN APARTMENT 303 3RD FLOOR Jamia Osmania Hyderabad Telangana INDIA 500061	**Phone No**	: 8801580040/ 9398535470
		E-mail	: KAMALAKUMARISANNAMANDA@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU1-402 **Ward Name** : 4F -NICU 1

Room No : NICU1-402 **Admission Type** : First Visit

Contact Details :

Name : Mr B SAI KUMAR **Relationship** : Father

Contact Address : SIDDARATHA MADHURAN APARTMENT 303 3RD FLOOR Jamia Osmania Hyderabad Telangana INDIA 500061 **Phone No** : 8801580040

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

Baby Of BANDARUPALLI KAMALA
Dr. APARNA PARUPALLI

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Rainbow Children's Hospital | BirthRight

Name: B/o Kamala Age: 0D Gender: Male ☐ Female ☑

UHID No: HNH - 00016455 Date: 9/7/26

I Sai kumar S/o, D/o, W/o Kamala, hereby declare that our patient Mr. / Ms ..... who is related to me as ..... 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 :

Preterm / RDS

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 : Sai kumar

Name : Sai kumar

Relationship with Patient: Father

Date & Time : 9/7/26 at 7pm

Witness :

Signature : Kamala

Name : Kamala

Date & Time : 9/7/26 at 7pm

Doctor (who is taking the consent) :

Signature : A

Name : Anusha.

Date & Time : 9/7/26 at 7pm

Docu. No. : RCH /FRM / CLINICAL / 012

Doc. No. : RCH / FRM / CLINICAL / 012

HNH-00016455 IP26-00006795
Baby Of BAIRAMANDA KAMALA
09-07-2026 8Y8M5D3H (F)
Dr. BRAHMANA PARUPULETI

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o KAMALA Gender: ☐ Male ☑ Female

UHID No : HNH-00016455 Department : NICU Date : 9/7/26

I Saikumar S/D/W/O Ramulu .

Here by give consent for procedure of : NIV Ventilation

For my patient, Named : B/o KAMALA

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

Pneumothorax / Nasal injury

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: .....

Patient Attendant :

Signature : Sai kumar

Name : Sai kumar.

Relationship with Patient: Father.

Date & Time : 9/7/26 at 7pm

Witness :

Signature : (2)

Name : Laxmi

Date & Time : 9/7/26 at 7pm

Doctor (who is taking the consent) :

Signature : PR

Name : PRANAV

Date & Time : 9/7/26 at 7pm

CONSENT FOR BLOOD TRANSFUSION

Rainbow Children's Hospital | BirthRight

Baby Of BANNAMANDA KAMALA
Dr. SPANDANA PABUPULETI (F)

Name: ..... Age: ..... Gender: Male ☐ Female ☐

UHID No : .... Date: .....

Type of Blood Product:

- ☑ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time .....

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. V ARJUN.

Date & Time 18/7/26 6PM

Witness

Signature: .....

Name:.....

Date & Time .....

HMS-000184[illegible] IP26-[illegible]
Baby Of BANNAMANDA [illegible]
[illegible]

HMS-000184[illegible] IP26-[illegible]
Baby Of BANNAMANDA KAMALA
[illegible] BYOMID (F)
Dr. BPANDANA PARUPALLI

Rainbow Children's Hospital | BirthRight

BLOOD PRODUCTS TRANSFUSION MONITORING FORM (FFP Transfusion)

Date: 10/7/26 Time: 4 pm

Blood Group of the Patient: AB+ve Blood Group on the Blood Bag: AB+ve

Blood Bank Issue No: 1213 Date of Collection: 4/6/26 Date of Expiry: 3/6/22

Date & Time of Starting Transfusion: 10/7/26@ Planned duration of Transfusion: 10/7/26@ 4:30pm

Check for Correct Unit: ☑ Correct Patient: ☐ 4pm

Blood products cross checked by: Nurse 1: Nimala Nurse 2: Saipriya

Before starting transfusion vitals: Temp: 36.5°C HR 132bpm RR: 30bpm BP: 59/39 (46) SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
10/7/26	4:15pm 15 Min	132bpm	36.5°C	61/43 (49)	100%	–	–	–	–
	4:30pm 15 Min	146bpm	36.5°C	55/40 (45)	100%	–	–	–	–
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Bhavani

Signature of the Incharge-Nurse: B

Date & Time: 10/7/26@ 4:30pm

Name of the Nurse: Nimala

Signature of the Nurse: N

Date & Time: 10/7/26@4:30pm

Docu. No. : RCH /FRM / CLINICAL / 078

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Devlopment Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

150-180 ML.

Prepared from Whole Human Blood Collected with Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT DONOR**

Patient Name : B/o Kamala Age / Sex : 1Day/F

Hospital Name : Rainbow CH-Hospital

Blood Group : AB+ve Blood Bag No. : 1213

Date of Preparation : 4/6/26 Tested Date : 4/6/26

Expiry Date : 3/6/27 Volume : 25ml.

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

INSTRUCTIONS : 1) Do not store Transfuse immediately. 2) Do not use if there is any visible evidence of deterioration 3)Check blood group on label and receipients group before administration. 4) Transfuse cretaria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature – 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refroze once FFP is Thawed. 9) Do not add any medicine to the component. 10)Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

Rainbow Children's Hospital | BirthRight

BLOOD PRODUCTS TRANSFUSION MONITORING FORM (FFP Transfusion)

Date: 11/7/26 Time: 12 Am

Blood Group of the Patient: AB+ve Blood Group on the Blood Bag: AB+ve

Blood Bank Issue No: 1213 Date of Collection: 4/6/26 Date of Expiry: 3/6/27

Date & Time of Starting Transfusion: 11/7/26@ 12 Am Planned duration of Transfusion: 11/7/26@ 12:30 Am

Check for Correct Unit: ☑ Correct Patient: ☐

Blood products cross checked by: Nurse 1: pooja Nurse 2: Laxmiprasanna

Before starting transfusion vitals: Temp 36.5c HR 142bpm RR 26bpm BP 61/44 (50) SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
11/7/26	12:15 Am 15 Min	152bpm	36.5°c	59/39 (46)	100%	–	–	–	–
	12:30 Am 15 Min	148bpm	36.5°c	61/43 (49)	100%	–	–	–	–
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Bharani Name of the Nurse: laxmiprasanna

Signature of the Incharge-Nurse: B Signature of the Nurse: S M

Date & Time: 11/7/26@ 12:30 Am Date & Time: 11/7/26@ 12:30 Am

Docu. No. : RCH /FRM / CLINICAL / 078

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Devlopment Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

150-180 ML.

Prepared from Whole Human Blood Collected with Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT DONOR**

Patient Name : B/o Kamala Age / Sex : 1 Day/F

Hospital Name : Rainbow CH Hospital

Blood Group : AB+ve Blood Bag No. : 1213

Date of Preparation : 4/6/26 Tested Date : 4/6/26

Expiry Date : 3/6/27 Volume : 25ml

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

INSTRUCTIONS : 1) Do not store Transfuse immediately. 2) Do not use if there is any visible evidence of deterioration 3)Check blood group on label and receipients group before administration. 4) Transfuse cretaria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature – 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refroze once FFP is Thawed. 9) Do not add any medicine to the component. 10)Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 11/3/26 Time: 4 Pm

Blood Group of the Patient: A Rh+ve Blood Group on the Blood Bag: A Rh+ve

Blood Bank Issue No: 1225 Date of Collection: 9/6/26 Date of Expiry: 3/6/26

Date & Time of Starting Transfusion: 11/3/26 @ 4 Pm Planned duration of Transfusion: 11/3/26 @ 4.30 Pm

Check for Correct Unit ☑ Correct Patient ☑

Blood products cross checked by: Nurse 1 Laxmiprasanna Nurse 2 Bhargavi k

Before starting transfusion vitals: Temp 36.5 C HR 142 bpm RR 22 bpm BP 90/53 (59) SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
11/3/26	4:15 Pm 15 Min	142 bpm	36.5 C	94/42 (59)	100%	-	-	-	-
	4:30 Pm 15 Min	136 bpm	36.5 C	90/53 (59)	100%	-	-	-	-
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Bhavani Name of the Nurse: Laxmiprasanna

Signature of the Incharge-Nurse: Signature of the Nurse: Sn

Date & Time: 11/7/26 @ 4:30 Am Date & Time: 11/7/26 @ 4:30 Am

Docu. No. : RCH /FRM / CLINICAL / 078

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Devlopment Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

150-180 ML.

Prepared from Whole Human Blood Collected with Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT DONOR**

Patient Name : Blo Kamala Age / Sex : 10ay/F

Hospital Name : Rainbow CH Hospital

Blood Group : AB +ve Blood Bag No. : 1225

Date of Preparation : 4/6/26 Tested Date : 4/6/26

Expiry Date : 3/6/27 Volume : 25 ml

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

INSTRUCTIONS : 1) Do not store Transfuse immediately. 2) Do not use if there is any visible evidence of deterioration 3)Check blood group on label and receipients group before administration. 4) Transfuse cretaria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature – 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refroze once FFP is Thawed. 9) Do not add any medicine to the component. 10)Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

S/O Ramala

Baby Of BARGAMANDA RAMALA

DATE :

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

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

Ped.Registrar signature

Ped.Consultant signature

Rainbow Children's Hospital | BirthRight

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Kamala Age : Father's Name : Age :

Date of Birth : 1.7kg Date of Admission : UHID No : 81614 [illegible]

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 Kamala

Gender : ☐ M ☑ F Blood Group : AB Pos

Date of Birth : 9/7/26 Time of Birth : 3.16pm

Place of Birth : RCH - MNH

Mother's Blood Group : B Pos

Birth Weight (gms) : 1.7kg Length (cms) :

OFC (cms) :

Estimated Gestn Age : 34^{+2} wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : 15/10/25 EDD : 22/8/26

Conception : Spontaneous or with Rx :

Booked at what GA. : AN Steroids Drugs / Doses : 1 dose today

Last Scans Details : 9/7 -) 34wk / -2 LVF / AFI - wn / Wt - 2.2kg / Retroplacental clot

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - (N)

Consanguinity : ☐ Yes ☐ No FTS - Lag Rd

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 :

HIMS-00018455 IP26-00006795
Baby Of SANNAMANDA KAMALA
09-07-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : Abruption placenta

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	1
HEART RATE	Absent	< 100 Minutes	> Minutes	2	2	2
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	1	2
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	1	1
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	1	2	2
			TOTAL	6/10	7/10	8/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Cut Baby delivered by Emg LSCS
↓
CPAP
↓
Baby developed RDS afth birth
↓
DR - CPAP given
↓ SOS - 7/10
Baby was given
Inj Vit - K
↓
Shifted to NICU on DR - CPAP

Investigation details in previous Hospital :

Feeding History :

HNH-00018455 IP26-00008795
Baby Of SANNAMANDA KAMALA
09-07-2026 0 Y 0 M 3 D 3 H (F)
Dr. SPANDANA PASUPULETI

Any Congenital Anomalies :

Diagnosis : Mid PT 34 + 2 wk / Em LSCS (Abruption) / CIMB / RDS - mild / GH / 1.73 kg / ELBW /

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : ....

Name : ....

Date & Time : ....

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.

HIDH-00018455 IP28-00008795
Baby Of SANDHAMANDA KAMALA
09-07-2025 9Y0M0D2H (F)
Dr. SPANDANA PABBUPULETI

(1)

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 4pm	c/o/by oDs spandu.	
	NIPPV PEEP 7 PIP 18	- NPO - tod - (80ml/kg/d)
	SCR (+) Grunt (+) ICR (+)	- Amp + Cefotaxime - CXR - CBP, CRP, B/Cs, BGT - Tm 2D Echo, NSG - Repeat gas aft 4 hour (8pm)

Noted by Laxmi 9/7/26 at 4pm

MNH-00016455 IP26-00008795
Baby Of BANNAMANDA KAMALA
09-07-2026 0Y0M9D2H (F)
Dr. SPANDANA PASUPULETI

Baby of Kamala.

(2)

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 12.36pm	Dr. Spandana.	Wt. 1.7 kgs
	NIV — Night continue	
	Blood gas - O2/CO2 ↓ prematurity	
	tomorrow - CPAP	
		→ CBP/CRP/BC
	NPO	
	IV fluids	ABx started.
		→ (NP1) tomorrow
	HR/BP - stable	
		B1 - 48 hours
	tomorrow - 1) NCG 2) 2DEcho	
		noted by Dhee. 10/7/26 @ 1pm
	P. Sh[signature]	
		[signature]

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

Baby Of BANNAMANDA KAMALA
09-07-2025
SYEMSEDEN (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/25 11pm	U/R Dr. [illegible]	
	- vitals : HR : [illegible]	
	RR : [illegible]	
	SpO2 : 99% @ FiO2 21%	
	BP : (N)	
		[signature]
10/7/26 1:30 AM	S/B Dr. Sreejha	
	Mod preterm (34wk+2d) / Day 2 / Female / LBW	
	1.74 kg / RDS - NIV	
		P G
	Baby Euthermic	
	HR - 152/min	- c/f NIV Support
	SpO2 - 96%	
		- c/f AMPICILLIN
	CVS - S1S2 (+)	GENTAMICIN
	CRT < 3s	
	RS - B/L - AE (+)	- VBG @ 6AM
		A/B Sreejha 10/7/26 @ 2pm [signature]

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

HID4-00016455 IP26-0000E795
Baby Of SANNAMANDA KAMALA
09-07-2026 0Y0M0D0H (F)
Dr. SPANDANA PASUPULETI

(3)

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 7:50 AM	S/B Dr. Sneeghan	
	D Mod. preterm (34 wk+2d) / Day 1 / Female / LBW SGA / 1.74 kg / RDS - NIV	
		Plan
	Baby Euthermic	
	HR - 146/m	- c/c AMPICILLIN
	SpO2 - 96%	GENTAMICIN
	BP - 60/35 (41)	- c/c IV fluid @ 5.8 ml
	CVS - S1 S2 (+)	
	CRT < 3 sec	- c/c NIV - PS
	RS - B/L AE (+)	PEEP - 7
	Grunt	PS Above PEEP - 9
		FiO2 - 21%
	PCA - 30	
	CNS :-	- Monitor vitals
	Spont. Activity (+)	
		- NSG ~~today~~ 2D Echo } today
		- NPO - evening
		LS - Sign
		Noted by Dhaya 10/7/26 @ 8 am

(P.T.O)

HNH-00016455 IP25-00000...
Baby Of SANNAMANDA KAMALA
09-07-2025 0Y0M0D3H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 9:45A	c/s/b Dr. Tejasri	
	Mod PT / 34+2 wk / D1 / LSCS / BLBW - 1.74kg / RDS - NIV / ? Sepsis	
		Plan
	On NIV	1) FFP Transfusion
	PEEP - 7 / PIP - 16	
	FiO_2 - 21%	2) NIV - Sn
		3) Inj Ampicillin, Gentamycin
	Vitals	
	HR - 155/min	
	RR - 72/min	4) Add Domstal, Glycerin
	SpO_2 - 95%	
	BP - 84/63(70) mmHg	
		5) NP, PT, INR, VBG } @ 3pm
	Ongoing Ukn & Stool	
		6) TV - 80 ml/kg - 10% ↓, NPO
		7) NSG, 2D echo } Today
		8) ~~FFP~~
		R

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

HNH-00016455 IP26-00005795
Baby Of SANNAMANDA KAMALA
08-07-2025 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

(4)

Rainbow Children's Hospital | BirthRight by RAINBOW HOSPITALS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 11:45am	Counselling (Dr. Tejaswi) S/o Kamala	
	-> Baby settled on NIV support	
	-> Did not need MV / Surfactant	
	-> Pt baby is preterm - coagulation issues possible & Platelets kept close will give FFP transfusion need	
	-> At 24 HOL - will do blood test (coagulation profile)	
	-> NSG & 2D echo - today	
	-> After 24 hours of life - will start feed minimally - (1-2ml) < Mother milk / Preterm formula	
	-> Will plan to taper NIV pressure after blood gas is normal	
	-> Ct. Antibiotic till 2 negative CSF & negative blood culture	

Dr Tejaswi

(P.T.O)

HNH-00016455 IP26-00006795
Baby Of SANNAMANDA KAMALA
09-07-2026 0Y0M0D3H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 3pm	C/s/b D. Spandana	
	Mod PT / 33[+2] / D2 / LSCS / BW - 1.76 kg / RDS - NIV / 28 pm PPD - 2.2 cm	
	on NIV	
	PEEP - 7 cm PIP - 16 cm	Plan
	FiO2 - 21%	1) PT/INR/APTT NP1, CBG } @ Now
	Vitals	2) NIV
	HR - 174/min SpO2 - 93%	
	RR - 66/min	3) Cl - Inj Ampicillin Gentamycin Dopamine Glycopyrrolate
	Secretion ⊕	
		4) IV - 100 ml/kg Start - 2nd feed
		5) Monitor Vitals
		6) Blood gas - 6th hrly
		7) Inj PCM
		Plan
	Noted by saipriya 10/7/26 @ 3pm	

Baby Of RANNAMANDA KAMALA

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8:30PM	Counselling notes	
	Currently on NIV	
	feeding not taking properly, so NPO	
	Sx distress ↑; Repeat ABG @8H	
	PICC line put	
	2D echo - PDA large 2.2mm	
		↓
		started PCM x 5 days.
	Rpt 2D echo tomorrow.	
	- Continue IVF, IV Antibiotics.	
		Noted by Laxmiprasanna 10/7/26 @ 8:30pm

(P.T.O)

HNH-00016455 IP26-00005795
Baby Of BANNAMANDA KAMALA
09-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 11:45 AM	c/s/b Dr. Varun Mod. PT | VLBW | PDA (2.2mm) | ? Sepsis - Changed to CPAP at 11 PM. - NDH. O/E - HR - 160/min RR - 56/min SpO2 - 98% on CPAP 6 cm O/E - R/S - BAE (+).	Plan - CT RFP transfusion. - Trace NPT reports. - 2D echo tomorrow - Trace blood c/s. - Repeat CBP, CRP @ 6pm.

Noted by [illegible]
10/7/26 @ 11:45pm

HN0-00018455 IP29-00008795
Baby Of BANNAMANDA KAMALA
08-07-2026
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 7AM	C/s/b Dr Varun	
	Mod. PT/34+2 wks / D2 / LSCS / LBW / DOS / ?, sepsis	
	- On CPAP 5 / 21% ; ↓ DSPT (started @ 3am).	
	· No further e/o vomiting.	
	O/E - HR - 152/min, RR - 56/min, SpO2 - 100%.	Plan -
		- Trace CBP, CRP
		- Trace blood c/s
	S/E - P/S - DAC ⓐ.	- Repeat 2D echo today.
		- Can restart feeds today (2nd POH).
		- Ct. Abx, inj. PCM

Noted by Laxmiprasanna 11/7/26 @ 7Am

MRH-00018455 IP25-00008795
Baby Of BANNAMANDA KAMALA
09-07-2025 0 Y 0 M 0 D 3 H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/25	O/C/b ...	
9:30 PM	Mod. PT / VLBW / RDS / PDA (2.2 mm) / ? sepsis	
	CPAP 5 / 21	
	O/E – HR – 164/min. RR – 48/min. SpO2 – 94% on CPAP.	P/c/n – Repeat 2D echo today.
	S/E – MJ – BNFO	– Change IV Abx to piptaz.
	CRP : 5	– Take CRP, blood c/s.
		– CRP very high ↓ Send repeat blood c/s
		– change to piptaz
		– VBG @ 12pm.
		– decide to start feeds after VBG.

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

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

HNH-00016455 IP26-00006795
Baby Of BANDAMANDA KAMALA
09-07-2025 0Y 6M 0D 3 H (F)
Dr. SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS Weight 1.74 kg Ward

Verified by Dr. Dhakshayani

DRUG : Inj-AMPICILLIN

Dose	Route	Frequency	Start Date
9mg	iv	BD	9/7

Name & Signature of the Doctor Starting the Drugs:

50mg/kg/dose BD

Additional Instructions:
500mg vial in 5ml NS (100mg/1ml)
(0.9ml + 5ml NS) over 30 mins

Daily Doctor's Endorsement by a Sign

Date	Time		
9/7	6 AM		
	6 PM		STOP 11/7
10/7	6 AM		
	6 PM		
11/7	6 AM		

Verified by Dr. Dhakshayani

DRUG : Inj GENTAMYCIN

Dose	Route	Frequency	Start Date
9mg	iv	OD	9/7/25

Name & Signature of the Doctor Starting the Drugs:

(5mg/kg)

Additional Instructions:
Take (2ml + 6ml NS) = 10mg/ml
Give (0.9ml + 1ml) over 30 min.

Daily Doctor's Endorsement by a Sign

Date	Time		
9/7	6 PM		
10/7	6 PM		STOP 11/7

Verified by Dr. Dhakshayani

DRUG : DOMSTAL SYRUP

Dose	Route	Frequency	Start Date
0.2ml	PO	6th hly	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
DOMPERIDONE (1ml/1mg)
0.1-0.2mg/kg

Daily Doctor's Endorsement by a Sign

Date	Time		
10/7	12A	X	
	6A	X	
	12P	X	
	6P		
11/7	6A		

Verified by Dr. Dhakshayani

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Date
	P/R	BD	10/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
2ml + 2ml NS

Daily Doctor's Endorsement by a Sign

Date	Time		
10/7	6A	X	
	6P		
11/7	6A		

HNH-00018455 IP28-00008795
Baby Of SANNAMANDA KAMALA
09-07-2025 0Y0M5D3H (F)
Dr. SPANDANA PASUPULETI

Verified by
Dr. Dhakshayani

Rainbow Children's Hospital

BirthRight by Rainbow Hospitals

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight: 1.74kg Ward:

DRUG : Inj PERACETAMOL

Dose	Route	Frequency	Start Dt.
15 mg	IV	6th hly	10/7

Name & Signature of the Doctor Starting the Drugs: Tkana

Additional Instructions: 10mg/kg

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	10/7	11/7
10Am	X	[illegible]
6Am	X	[illegible]
12Pm		
6pm	[illegible]	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

Docu. No. : RCH /FRM / CLINICAL / 108

(P.T.O.)

B/o Kamala

Rainbow Children's Hospital | BirthRight by Rainbow Hospitals

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date/Time
DRUG : INJ PIPTAZ				
Dose	Route	Frequency	Start Dt.	
175mg	IV	BD	11/7	
Name & Signature of the Doctor Starting the Drugs: [signature]				
Additional Instructions: @100mg/kg/dose				
Daily Doctor's Endorsement by a Sign				

				Date/Time
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date/Time
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

				Date/Time
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Weight 1.7 kg Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/7	10:30 AM	FFP TRANSFUSION	26 ml	IV over 30 min		
10/7	11 AM	FFP Transfusion	25 ml	over 30 min		
11/7	4 PM	FFP	25 ml	over 30 min		

Baby Of SANNAMANDA KAMALA
08-07-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 1.74 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
9/8/26	4pm.	IV fluids 10% D + Calgluconate (8.5ml)	iv	8ml/h			10/7		
10/7	4m	IVF – 10% D + CaCl IVF – 8.5ml (TV – 100ml/hr)	IV	7					

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

HNH-00016455 IP26-00008795
Baby Of BANNAMANDA KAMALA
09-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: PT / RDS — Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....
Surgery / Procedure: — Post OP Day:

BACKGROUND

Date / Shift	9/7/26 E2	9/7	10/7/26 NT	10/7/26 N1	11/7/26 N5	
Medical Condition (Any special condition to be noted):	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	
Diet:	—	—	—	—	—	

ASSESSMENT

Allergy:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	NIV	NIV	CPAP	CPAP	CPAP	
Tubes/Drains/Catheter:	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
Vital Signs: Temp:	36.6°C	36.8°C	36.6°C	36.5°C	36.6°C	
Res:	24bpm	24bpm	36bpm	32bpm	40bpm	
SpO2:	95%	96%	100%	100%	98%	
Pulse:	158bpm	158bpm	132 bpm	146bpm	144 bpm	
BP:	66/45	66/46	61/44(50)	59/34(46)	73/51	
LOC:	NICU	—	—	—	—	
Fall Risk Score:	—	—	—	—	—	
Pain Score:	—	—	—	—	—	
Skin Integrity	—	—	—	—	—	

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
Physiotherapy:	—	—	—	—	—	
Others Specify:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
Special Diet:	—	—	—	—	—	
Critical Lab Test / Values:	—	—	—	—	—	
Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	dependent	—	—	—	—	
Post Operative Procedure Special Orders:	—	—	—	—	—	

Handed Over By Name :	Laxmi	Divya	Sanjay	prasanna	Nirmala	
Signature / ID :						
Date:	9/7/26	10/7	10/7/26	11/7/26	11/7/26	
Time:	8pm	8am	8pm	8 AM	8pm	
Taken Over By Name :	Divya	Sanjay	prasanna	Nirmala		
Signature / ID :						
Date:	9/7	10/7	10/7/26	10/7/26		
Time:	8pm	8 AM	8 PM	8AM		

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

HNH-00016455 IP26-00006795
Baby Of SANNAMANDA KAMALA
09-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

10/2/26 11/2/26

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	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	0	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	0	0	0				
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	0	0				
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	0	0				
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	0	0				
		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 : ..... Name : Bhavani

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00016455 IP26-00006795
Baby Of BANNAMANDA KAMALA
09-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SPANDANA PASUPULETI

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BRADEN 'Q' SCALE

					Date	9/7	9/7	10/7	10/7
					Time	E2	4h	M5	N1
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 through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	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 too 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 walking hours.		4	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	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	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 freely 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	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 or 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	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	4
					TOTAL SCORE	28	32	28	32
					Evaluator's Name	SP	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

Baby Of BANNAMANDA KAMALA IP26-00006795
09-07-2026 0 Y 0 M 0 D
Dr. SPANDANA

Patient ID

BRADEN 'Q' SCALE

Rainbow Children's Hospital | BirthRight

				Date / Time				
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 through slight changes in body or extremity position independently	**4. No limitations:** Makes major and frequent changes in position without assistance.	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 too 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 walking hours.	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			
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			
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 freely 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			
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 or 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			
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			
				TOTAL SCORE	24			
				Evaluator's Name	[illegible]			

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

Docu. No. : RCH /FRM / CLINICAL / 119

HIN: 99918455 IPN: 99998795
Baby Of BAIRAMANDA KAMALA
09-07-2026 9Y5M9D5H (F)
Dr. SPANDANA PABUPULETI

Rainbow Children's Hospital | BirthRight

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date 10/7/26

	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	x	x	x	
Excess Rainout (Efferent Tubing) Drained	x	x	x	
Temperature Probe away from Heat / Cover with Aluminium Foil	x	x	x	
Gas Bubbling Continuously	x	x	x	
Water Level at Desired Level in Bubble Chamber.	✓	x	x	
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, Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	[illegible]	Lavi	[illegible]	
Signature of the Nurse:	[signature]	[signature]	[signature]	
Date & Time:	10/7/26	10/7/26	10/7/26	

*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.

Docu. No. : RCH /FRM / CLINICAL / 179

Rainbow Children's Hospital | BirthRight

PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/o Kamala	9/7/26	7/7/26 @ 3:50pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Spandana	Dr Pranav	
From Unit	**To Unit**	**Information to Attendant**
OT	NICU	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Kaveri	Dr Pranav

Patient & Clinical Records Received by : Laxmi 9/7/26 @ 3:50pm

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

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

Printed Date / Time : 09/07/2026 17:03 Printed By : 020099

Rainbow Childrens Hospital Himayatnagar
Adren's Hospital, Door no. 3-6-267, opp. Cafe Udupee, Old MLA quarters road AP State Housing Board Himayatnagar Hyderabad, Telangana, INDIA 500029
TEL NO: 040-4933 3000
WEB : https://rainbowhospitals.in

Rainbow C... H...
IP26-00006795
Baby Of SANNAMANDA KAMALA
0 Y 0 M 0 D 1 H
05-07-2026
Dr. SPANDANA PASUPULETI

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SANNAMANDA KAMALA KUMARI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006795**	**Sex:**	**Female**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -NICU 1/NICU1-402**

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 also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

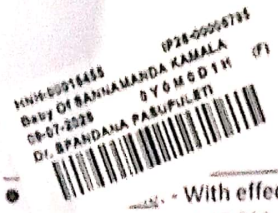
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Sai Kumar
Relationship: Father
Date: 5/2/26
Time: 4:55 pm
Witness Name:
Witness Signature: RSK

Patient Address:
SIDDARATHA MADHURAN APARTMENT
303 3RD FLOOR Jamia Osmania
Hyderabad Telangana INDIA 500061

Rainbow Children's Hospital | BirthRight by RAINBOW HOSPITALS | 25



BILLING POLICY

- With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpaln the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914 email : info@rainbowhospitals.in **www.rainbowhospitals.in**

Blo Kammal

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-11 06:09:20
Sample type: Capillary

(7)

Blood gas			
pH		7.39	[7.35-7.45]
pCO_2		37.6 mmHg	[32.0-45.0]
pO_2	↓	37 mmHg	[83-108]
Hematocrit			
Hct	↓	40 %	[45-55]
Electrolyte / metabolite			
cK^+		4.21 mmol/L	[3.50-4.50]
cNa^+		143 mmol/L	[135-145]
cCa^{2+}		1.19 mmol/L	[1.15-1.50]
cCl^-		110 mmol/L	[98-106]
cLac	↑	3.2 mmol/L	[0.3-1.6]
Derived			
cH^+_c		40.8 nmol/L	[-]
$ctHb_c$		13.2 g/dl	[-]
$cHCO_3^-(P)_c$		22.7 mmol/L	[-]
$cHCO_3^-(P,st)_c$		22.1 mmol/L	[-]
$cBase(B)_c$		-2.0 mmol/L	[-]
$cBase(Ecf)_c$		-2.3 mmol/L	[-]
$cBase(B,ox)_c$		-2.8 mmol/L	[-]
$cBase(Ecf,ox)_c$		-2.5 mmol/L	[-]
$cCa^{2+}(7.40)_c$		1.19 mmol/L	[-]
$ctCO_2(B)_c$		20.7 mmol/L	[-]
$ctCO_2(P)_c$		23.9 mmol/L	[-]
Anion Gap_c		10.5 mmol/L	[-]
Anion $Gap(K^+)_c$		14.7 mmol/L	[-]
$pO_2(A)_e$		97 mmHg	[-]
$pO_2(A-a)_e$		60 mmHg	[-]
$pO_2(a/A)_e$		38.0 %	[-]
$pO_2(a)/FO_2(I)_c$		175 mmHg	[-]
sO_2e		70.0 %	[-]
ctO_2e		5.7 mmol/L	[-]
RI_e		163 %	[-]

Post done.

Notations
↓1010: Below reportable range
↑1023: Above reportable range

C-PAP

Patient / sample information
$FO_2(I)$: 21 %
Baro: 710 mmHg

FiO2 - 21%

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 411012
SC serial no.: 5156049
SP lot: 603125
SP serial no.: 603125010
Sample no.: 7150
Sequence no.: 82233
Software version: 1.5.0
Printed: 2026-07-11 06:09:23

peep - 6
GRBS - 102 mg/dl

[illegible] [illegible]
Baby Of SANNAMANDA KAMALA [illegible] (F)
[illegible]-07-2026
Dr. SPANDANA PASUPULETI

PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-10 05:54:35
Sample type: Capillary

(4) Blo Kamala

Blood gas			
pH	↓	7.29	[7.35-7.45]
pCO_2		42.0 mmHg	[32.0-45.0]
pO_2	↓	38 mmHg	[83-108]
Hematocrit			
Hct	↑	63 %	[45-55]
Electrolyte / metabolite			
cK^+	↑	6.18 mmol/L	[3.50-4.50]
cNa^+		138 mmol/L	[135-145]
cCa^{2+}		1.31 mmol/L	[1.15-1.50]
cCl^-		105 mmol/L	[98-106]
cLac	↑	5.9 mmol/L	[0.3-1.6]
Derived			
cH^+_c		51.4 nmol/L	[-]
$ctHb_c$		20.8 g/dL	[-]
$cHCO_3^-(P)_c$		20.2 mmol/L	[-]
$cHCO_3^-(P,st)_c$		18.7 mmol/L	[-]
$cBase(B)_c$		-6.2 mmol/L	[-]
$cBase(Ecf)_c$		-6.4 mmol/L	[-]
$cBase(B,ox)_c$		-7.5 mmol/L	[-]
$cBase(Ecf,ox)_c$		-6.7 mmol/L	[-]
$cCa^{2+}(7.40)_c$		1.23 mmol/L	[-]
$ctCO_2(B)_c$		17.2 mmol/L	[-]
$ctCO_2(P)_c$		21.5 mmol/L	[-]
Anion Gap_c		12.5 mmol/L	[-]
Anion $Gap(K^+)_c$		18.6 mmol/L	[-]
$pO_2(A)_e$		92 mmHg	[-]
$pO_2(A-a)_e$		53 mmHg	[-]
$pO_2(a/A)_e$		41.7 %	[-]
$pO_2(a)/FO_2(I)_c$		182 mmHg	[-]
sO_2e		66.3 %	[-]
ctO_2e		8.5 mmol/L	[-]
RI_e		140 %	[-]

Post dul.

Notations
↓1010: Below reportable range
↑1023: Above reportable range

NIV

Patient / sample information
$FO_2(I)$: 21 %
Baro: 710 mmHg

FiO2 - 21%

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 411012
SC serial no.: 5156049
SP lot: 603125
SP serial no.: 603125010
Sample no.: 7125
Sequence no.: 82126
Software version: 1.5.0
Printed: 2026-07-10 05:54:37

peep - 7
RR : 30
GRBS - 163 mg/dl

HNH-00016455 IP26-00006795
Baby Of BANNAMANDA KAMALA
09-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SPANDANA PASUPULETI

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-10 18:20:20
Sample type: Capillary

6

Blood gas			
pH	7.30	7.35-7.45	
pCO_2	35.2 mmHg	32.0-45.0	
pO_2	48 mmHg	83-108	
Hematocrit			
Hct	59 %	45-55	
Electrolyte / metabolite			
cK^+	6.1 mmol/L	3.50-4.50	
cNa^+	140 mmol/L	135-145	
cCa^{2+}	1.23 mmol/L	1.15-1.50	
cCl^-	108 mmol/L	98-106	
cLac	6.7 mmol/L	0.3-1.6	
Derived			
cH^+_c	49.9 nmol/L	-	
$ctHb_c$	19.3 g/dL	-	
$cHCO_3^-$ (P)$_c$	17.4 mmol/L	-	
$cHCO_3^-$ (P,st)$_c$	17.6 mmol/L	-	
cBase(B)$_c$	-8.2 mmol/L	-	
cBase(Ecf)$_c$	-9.0 mmol/L	-	
cBase(B,ox)$_c$	-8.9 mmol/L	-	
cBase(Ecf,ox)$_c$	-9.2 mmol/L	-	
cCa^{2+}(7.40)$_c$	1.17 mmol/L	-	
$ctCO_2$(B)$_c$	15.0 mmol/L	-	
$ctCO_2$(P)$_c$	18.5 mmol/L	-	
Anion Gap$_c$	14.0 mmol/L	-	
Anion Gap(K+)$_c$	20.7 mmol/L	-	
pO_2(A)$_e$	99 mmHg	-	
pO_2(A-a)$_e$	52 mmHg	-	
pO_2(a/A)$_e$	47.9 %	-	
pO_2(a)/FO_2(I)$_c$	227 mmHg	-	
sO_2e	79.7 %	-	
ctO_2e	9.5 mmol/L	-	
RIe	109 %	-	

Notations
▼1010: Below reportable range
▲1023: Above reportable range

NIV

Patient / sample information
FO_2(I): 21 %
Baro: 710 mmHg

peep ÷ 7
fio2 :- 21%
PIP ÷ 11

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 411012
SC serial no.: 5156049
SP lot: 603125
SP serial no.: 603125010
Sample no.: 7137
Sequence no.: 82181
Software version: 1.5.0
Printed: 2026-07-10 18:20:22

GRBS - 95 mg/dl

.....

HNH-00016455 IP26-00006795
Baby Of BANNAMANDA KAMALA
09-07-2026 0 Y 0 M 0 D 20 H (F)
Dr. SPANDANA PASUPULETI

PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-11 00:04:14
Sample type: Venous

3

Blood gas			
pH	7.26	7.35-7.45	
pCO_2	37.9 mmHg	35.0-45.0	
pO_2	28 mmHg	83-108	
Hematocrit			
Hct	45 %	45-50	
Electrolyte / metabolite			
cK^+	4.33 mmol/L	3.50-4.50	
cNa^+	140 mmol/L	135-145	
cCa^{2+}	1.29 mmol/L	1.15-1.50	
cCl^-	108 mmol/L	98-106	
cLac	7.6 mmol/L	0.3-1.6	
Derived			
cH^+_c	54.4 nmol/L	-	
$ctHb_c$	14.5 g/dl	-	
$cHCO_3^-$ (P)$_c$	17.2 mmol/L	20.0-24.0	
$cHCO_3^-$ (P,st)$_c$	16.3 mmol/L	20.0-24.0	
cBase(B)$_c$	-9.1 mmol/L	2.0-4.0	
cBase(Ecf)$_c$	-9.8 mmol/L	-	
cBase(B,ox)$_c$	-10.6 mmol/L	-	
cBase(Ecf,ox)$_c$	-10.3 mmol/L	-	
cCa^{2+}(7.40)$_c$	1.19 mmol/L	-	
$ctCO_2$(B)$_c$	16.0 mmol/L	-	
$ctCO_2$(P)$_c$	18.4 mmol/L	-	
Anion Gap$_c$	15.0 mmol/L	10.0-14.0	
Anion Gap(K+)$_c$	19.3 mmol/L	14.0-18.0	
sO_2e	43.6 %	-	
ctO_2e	3.9 mmol/L	-	

Notations
▼1010: Below reportable range
▲1023: Above reportable range
▼1039: Below reference range
▲1000: Above reference range

CPAP

FiO_2:- 21%

Patient / sample information
First name: B/o kamala
FO_2(I): 21 %
Baro: 710 mmHg

peep:- ~~05~~

GRBS:- 101 mg/dl

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 411012
SC serial no.: 5156049
SP lot: 603125
SP serial no.: 603125010
Sample no.: 7148
Sequence no.: 82216
Software version: 1.5.0
Printed: 2026-07-11 00:04:16

.....

W/o Kamala

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-11 11:00:31
Sample type: Capillary

Blood gas			
pH	7.43		7.35-7.45
pCO_2	34.8 mmHg		32.0-45.0
pO_2	64 mmHg		83-108
Hematocrit			
Hct	54 %		45-55
Electrolyte / metabolite			
cK^+	5.80 mmol/L	‡	3.50-4.50
cNa^+	144 mmol/L		135-145
cCa^{2+}	1.21 mmol/L		1.15-1.50
cCl	112 mmol/L		98-106
cLac	2.8 mmol/L	‡‡	0.3-1.6
Derived			
cH^+c	37.2 nmol/L		-
$ctHb_c$	17.5 g/dl		-
$cHCO_3^-(P)_c$	23.1 mmol/L		-
$cHCO_3^-(P,st)_c$	23.5 mmol/L		-
$cBase(B)_c$	-0.9 mmol/L		-
$cBase(Ecf)_c$	-1.3 mmol/L		-
$cBase(B,ox)_c$	-1.1 mmol/L		-
$cBase(Ecf,ox)_c$	-1.3 mmol/L		-
$cCa^{2+}(7.40)_c$	1.23 mmol/L		-
$ctCO_2(B)_c$	19.6 mmol/L		-
$ctCO_2(P)_c$	24.1 mmol/L		-
Anion Gap$_c$	8.6 mmol/L		-
Anion Gap$(K^+)_c$	14.4 mmol/L		-
$pO_2(A)_e$	100 mmHg		-
$pO_2(A-a)_e$	36 mmHg		-
$pO_2(a/A)_e$	63.8 %		-
$pO_2(a)/FO_2(I)_c$	304 mmHg		-
sO_2e	92.6 %		-
ctO_2e	10.1 mmol/L		-
RIe	57 %		

Notations
‡1010: Below reportable range
‡‡1023: Above reportable range

Patient / sample information
$FO_2(I)$: 21 %
Baro: 710 mmHg

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 411012
SC serial no.: 5156049
SP lot: 603125
SP serial no.: 603125010
Sample no.: 7159
Sequence no.: 82264
Software version: 1.5.0
Printed: 2026-07-11 13:00:32

C-PAP
fio2 -> 21-/.
PEEP - 5
RBS: 46 mg/dl

RADIOMETER ABL9
PATIENT RESULTS
Rainbow Children's Hospital, Himayathnagar

3

Analysis time: 2026-07-09 20:50:06
Sample type: Capillary

Blood gas			
pH	7.28		7.35-7.45
pCO_2	44.8 mmHg		32.0-45.0
pO_2	43 mmHg		83-108
Hematocrit			
Hct	65 %		45-55
Electrolyte / metabolite			
cK^+	5.91 mmol/L		3.50-4.50
cNa^+	138 mmol/L		135-145
cCa^{2+}	1.31 mmol/L		1.15-1.50
cCl	105 mmol/L		98-106
cLac	3.6 mmol/L	‡	0.3-1.6
Derived			
cH^+c	52.2 nmol/L		-
$ctHb_c$	21.2 g/dl		-
$cHCO_3^-(P)_c$	21.1 mmol/L		-
$cHCO_3^-(P,st)_c$	19.3 mmol/L		-
$cBase(B)_c$	-5.5 mmol/L		-
$cBase(Ecf)_c$	-5.6 mmol/L		-
$cBase(B,ox)_c$	-6.6 mmol/L		-
$cBase(Ecf,ox)_c$	-5.8 mmol/L		-
$cCa^{2+}(7.40)_c$	1.23 mmol/L		-
$ctCO_2(B)_c$	17.9 mmol/L		-
$ctCO_2(P)_c$	22.5 mmol/L		-
Anion Gap$_c$	11.5 mmol/L		-
Anion Gap$(K^+)_c$	17.4 mmol/L		-
$pO_2(A)_e$	89 mmHg		-
$pO_2(A-a)_e$	46 mmHg		-
$pO_2(a/A)_e$	48.0 %		-
$pO_2(a)/FO_2(I)_c$	203 mmHg		-
sO_2e	72.2 %		-
ctO_2e	9.5 mmol/L		-
RIe	108 %		

Post dose
CPAP

Notations
‡1010: Below reportable range
‡‡1023: Above reportable range

Patient / sample information
$FO_2(I)$: 21 %
Baro: 710 mmHg

Operator: ANONYMOUS
Analyzer serial no.: 407422
SC lot: 411012
SC serial no.: 5156049
SP lot: 603125
SP serial no.: 603125010
Sample no.: 7115
Sequence no.: 82087
Software version: 1.5.0
Printed: 2026-07-09 20:50:08

fio2 - 21-/.
Peep - 7
RR - 30
RBS - 165 mg/dl

Vbly B/o Kamala

RADIOMETER ABL9

PATIENT RESULTS

Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-09 15:29:57

Sample type: Capillary

(1)

Blood gas			
pH	7.08	7.35-7.45	
pCO_2	71.0 mmHg	32.0-45.0	
pO_2	70 mmHg	83-108	
Hematocrit			
Hct	50 %	45-55	
Electrolyte / metabolite			
cK^+	5.62 mmol/L	3.50-4.50	
cNa^+	137 mmol/L	135-145	
cCa^{2+}	1.33 mmol/L	1.15-1.50	
cCl	103 mmol/L	98-106	
cLac	5.2 mmol/L	0.3-1.6	
Derived			
cH^+_c	83.2 nmol/L	-	
$ctHb_c$	16.3 g/dl	-	
$cHCO_3^-(P)_c$	21.0 mmol/L	-	
$cHCO_3^-(P,st)_c$	17.0 mmol/L	-	
$cBase(B)_c$	-9.3 mmol/L	-	
$cBase(Ecf)_c$	-8.9 mmol/L	-	
$cBase(B,ox)_c$	-9.7 mmol/L	-	
$cBase(Ecf,ox)_c$	-9.1 mmol/L	-	
$cCa^{2+}(7.40)_c$	1.11 mmol/L	-	
$ctCO_2(B)_c$	20.0 mmol/L	-	
$ctCO_2(P)_c$	23.2 mmol/L	-	
$Anion\ Gap_c$	13.1 mmol/L	-	
$Anion\ Gap(K^+)_c$	18.7 mmol/L	-	
$pO_2(A)_e$	59 mmHg	-	
$pO_2(A\text{-}a)_e$	..... mmHg	-	
$pO_2(a/A)_e$	..... %	-	
$pO_2(a)/FO_2(I)_c$	333 mmHg	-	
sO_2e	85.9 %	-	
ctO_2e	8.7 mmol/L	-	
RI_e	..... %	-	

Notations

‡1010: Below reportable range

‡1023: Above reportable range

1003: $pO_2(A\text{-}a)$ Outside range of indication

1003: $pO_2(a/A)$ Outside range of indication

1003: RI Outside range of indication

Poct done

Patient / sample information

$FO_2(I)$: 21 %

Baro: 710 mmHg

Operator: ANONYMOUS

Analyzer serial no.: 407422

SC lot: 411012

SC serial no.: 5156049

SP lot: 603125

SP serial no.: 603125010

Sample no.: 7110

Sequence no.: 82066

Software version: 1.5.0

2026-07-09 15:29:59

Abh B/o Kamala

RADIOMETER ABL9

PATIENT RESULTS

Rainbow Children's Hospital, Himayathnagar

Analysis time: 2026-07-09 15:25:37

Sample type: Arterial

(2)

Blood gas			
pH	7.29	7.35-7.45	
pCO_2	46.2 mmHg	32.0-45.0	
pO_2	23 mmHg	83-108	
Hematocrit			
Hct	38 %	45-55	
Electrolyte / metabolite			
cK^+	4.21 mmol/L	3.50-4.50	
cNa^+	133 mmol/L	135-145	
cCa^{2+}	1.23 mmol/L	1.15-1.50	
cCl	99 mmol/L	98-106	
cLac	2.0 mmol/L	0.3-1.6	
Derived			
cH^+_c	50.8 nmol/L	-	
$ctHb_c$	12.4 g/dl	-	
$cHCO_3^-(P)_c$	22.4 mmol/L	20.0-24.0	
$cHCO_3^-(P,st)_c$	20.0 mmol/L	20.0-24.0	
$cBase(B)_c$	-3.9 mmol/L	2.0-4.0	
$cBase(Ecf)_c$	-4.1 mmol/L	-	
$cBase(B,ox)_c$	-5.4 mmol/L	-	
$cBase(Ecf,ox)_c$	-4.7 mmol/L	-	
$cCa^{2+}(7.40)_c$	1.16 mmol/L	-	
$ctCO_2(B)_c$	21.3 mmol/L	-	
$ctCO_2(P)_c$	23.9 mmol/L	-	
$Anion\ Gap_c$	11.5 mmol/L	10.0-14.0	
$Anion\ Gap(K^+)_c$	15.7 mmol/L	14.0-18.0	
$pO_2(A)_e$	87 mmHg	-	
$pO_2(A\text{-}a)_e$	64 mmHg	-	
$pO_2(a/A)_e$	26.8 %	-	
$pO_2(a)/FO_2(I)_c$	111 mmHg	-	
sO_2e	34.0 %	-	
ctO_2e	2.6 mmol/L	-	
RI_e	27.3 %	-	

Notations

‡1010 Below reportable range

‡1023 Above reportable range

•1039 Below reference range

Poct done.

Patient / sample information

$FO_2(I)$: 21 %

Baro: 710 mmHg

Operator: ANONYMOUS

Analyzer serial no.: 407422

SC lot: 411012

SC serial no.: 5156049

SP lot: 603125

SP serial no.: 603125010

Sample no.: 7109

Sequence no.: 82064

[illegible] version: 1.5.0

2026-07-09 15:25:37