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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY RECORD FOR BILLING

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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

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

Date of Admiss --- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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
22/7/26	ABG RBS	26242·6	[illegible]
"	ABG	26024727	[illegible]
"	X-ray	26011855	[illegible]
"	RBS	26024729	[illegible]
22/7/26	Blood grouping	26024947	[illegible]
22/7	RBS	26024785	[illegible]
23/7/26	RBS	26024857	[illegible]
	RBS	26024858	
23/	CRP, CBP, SE, Urea Creatinine, SPBR	26024857	[illegible]
	CROSS CHECKED by Dr. Arya	23/7/26	
24/7	6:30Am GRBS - 95mg/dl	26025135	[illegible]
25/7	7AM - GRBS 99 mg/dl	26025136	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/7/26	Invasive monitoring	9.40 AM	3.30pm	3604464	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Ref No. F/INPR/12

Patient Na VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

UHID NO. :

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
22/7/26	00.00	OT RBS 99mg/dl	[illegible]	26024229
22/7/26	1.00	10 am RBS 60mg/dl	[illegible]	26024226
22/7/26	2.00	4 PM RBS - 79 mg/dl	SH	26024285
22/7/26	3.00	10pm RBS-140 mg/dl	[illegible]	26024857
23/7/26	4.00	6am RBS — 110 mg/dl	[illegible]	26024858
	5.00	Vitals checked	[illegible]	23/7/26
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Name	Baby B/O PRATIKSHA BHAGAT	**UHID**	VIH-00207196
Father/Guardian	Mr AMIT KUMAR BHAGAT	**Age/Gender**	0 Y 0 M 1 D/Female
Address	FLAT NO. 101, SRINIVASA NILAYAM, SHILPANAGAR, NAGARAM, HYDERABAD., Nagaram, Hyderabad, Telangana, INDIA, 500083		
IP No	IP-00060793	**Admission Date**	22-07-2026
Ref Doctor	Dr.. PRASHANTHI ELIZABETH	**Discharge Date**	26-07-2026

DISCHARGE SUMMARY

Consultant: Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS

Diagnosis:
Early Term (37 weeks)/SGA/LBW/B.wt: 2.12 kgs/Baby Girl
Transient Tachypnea of NewBorn - Low flow oxygen

Chronological age: 3 days
PMA: 37+3 weeks

History: Baby of PRATIKSHA BHAGAT is a early term (37 weeks) / SGA /LBW/ baby girl of birth weight 2.12 kgs, born to G3P1L1D1 mother delivered by Emergency Lower Segment Cesarean Section (Indication : Abruptoplacenta) on 22.07.2026 at 08:05 am. Baby cried immediately after birth. Apgar scores were 6 & 8 & 9 at 1, 5 & 10 minutes respectively. Baby developed respiratory distress after birth for which baby was started on delivery room CPAP. In view of respiratory distress baby was admitted to NICU, Rainbow Children's Hospital, Karkhana, for observation.

Name	Baby B/O PRATIKSHA BHAGAT	**UHID**	VIH-00207196

Maternal History : Mrs. PRATIKSHA BHAGAT is a 34 years old G3P1L1D1 mother with. Non Consanguineous marriage. Mother's blood group is "B" Positive. Expected delivery date: 18.08.2026.

G1 : Male/IUGD/9mnths/AVD/3kgs/Gestational HTN/Forceps delivery
G2 : 6 years / Female/ FT/NVD/2.28kgs/RCH, VKP/Active and healthy.
G3 : Present pregnancy, spontaneous conception.
History of gestational hypertension present on Tablet Labetalol 100 mg twice daily.
History of hypothyroidism on Tablet Thyroxine 50 mcg.

She had regular antenatal checkups and antenatal scans were normal. There was no history of Urinary tract infection / Hydramnios / Premature Rupture of Membranes/ diabetes / Cardiac / Renal abnormalities. She received calcium, iron supplementation and TT prophylaxis.

On examination: At the time of admission, baby was euthermic and maintaining saturations on low flow oxygen. Her heart rate was 137/min, respiratory rate was 55/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were appropriate for gestational age. There were no obvious external congenital anomalies.

Weight on Admission : 2.17 kgs
Weight on Discharge : 1.98 kgs
Head circumference : 28 cms
Length : 43 cms
Baby blood group: "B" Positive (Blood group to be repeated after 4 months).

Investigations: Enclosed.

Management: Transient Tachypnea of New Born - Low flow oxygen: Baby was nursed in thermoneutral environment. Her initial ABG showed pH 7.14, pCO2 7.14 mmHg, pO2 65.1 mmHg, HCO3 22.3 mmol/L, BE - 6.9 mmol/L. Her initial chest x-ray was normal. In view of respiratory distress baby was continued on low flow oxygen. As respiratory distress settled, baby was gradually weaned off low flow to room air after few hours. At present, baby is maintaining saturations at room air.

She was intravenous fluids. Her complete hemogram showed hemoglobin 15.5 gm%, white blood cells count 15,150 cells/cumm, platelet count 3.13 lakhs/cumm. C-Reactive protein 1.0 mg/L. Serum electrolytes showed serum sodium - 146 mmol/L, serum potassium - 4.1 mmol/L, serum chloride - 114 mmol/L, serum calcium 9.8 mg/dl, blood urea 13.9 mg/dl, serum creatinine 0.8 mg/dl. Serum bilirubin of 4.5 mg/dl with direct fraction of 0.1 mg/dl and indirect fraction of 4.4 mg/dl.

Feeding : Once hemodynamically stable, she was started on oral feeds were started on day-1 of life, which she accepted and tolerated well. At present, baby is on demand oral feeds, which she is accepting and tolerating well.

Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 24.07.2026

Hearing test (TEOAE): to be done on follow up.

Newborn screening (Advanced): to be done on follow up.

At the time of discharge: Baby was active, hemodynamically stable and maintaining saturations at room air, accepting feeds well.

Name	Baby B/O PRATIKSHA BHAGAT	UHID	VIH-00207196

Advice :

1. Warmth care.
2. Continue breastfeeding + top up formula feed as advised.
3. Encourage breastfeeding.
4. Immunization as per schedule.
5. Vitamin D3 drops (1ml=800IU), 0.5 ml once daily till one year of age.
6. NBS (Advanced) / TFT, Hearing screening (OAE) to be done on follow-up.
7. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 27.07.2026 (Monday) in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 9963766633 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

If any IV antibiotics - will be given in Emergency Room between 6am - 7am for morning dose, between 2pm - 3pm for afternoon dose and between 10pm - 11pm for evening dose (Outside IV medication shall not be allowed with in the hospital as per the hospital protocol).

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

HIGH RISK FOLLOW UP
Note: Register for Neurodevelopmental assessment with developmental specialist

Name : AMIT KUMAR BHAGAT Signature : 25/7/2026

Relationship with patient : FATHER

This summary has been explained by :

Summary prepared by: Dr. Shrikar
Typist : Kalyan / Younus

Dr. SURENDER RAO DUSA
MD (Pediatrics), Fellowship in Neonatology
SENIOR CONSULTANT PEDIATRICS
47776

Registrar/Resident/C.M.O

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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PatientName	: Baby B/O PRATIKSHA BHAGAT	**Inpatient No.**	: IP-00060793
Age/Gender	: 0 Y 0 M 0 D 2 H/ Female	**Admit Date**	: 22-07-2026
Ward/Bed	: N 2F-NICU I/ NICU 247	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
ARTERIAL BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :22-07-2026 10:06
PH (Reagent Strip/Double PH Indicator)	7.40	unit		7.35 - 7.45
pCO2	31.0			
pO2	**74**	**mm Hg**	L	83 - 108
HCO3	19.0			
BE	-5.1	mmol/L		
O2 Sat	94.6	mmol/L		

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :22-07-2026 10:06
RANDOM BLOOD GLUCOSE (GOD/POD)	**60**	**mg/dl**	L	70 - 140

Investigation	Result	Unit		Biological Reference Interval
ARTERIAL BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :22-07-2026 10:07
PH (Reagent Strip/Double PH Indicator)	**7.14**	**unit**	L	7.35 - 7.45
pCO2	65.1			
pO2	**21**	**mm Hg**	L	83 - 108
HCO3	22.3			
BE	-6.9	mmol/L		
O2 Sat	21.1	mmol/L		

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-07-2026 10:42
RANDOM BLOOD GLUCOSE (GOD/POD)	99	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-07-2026 12:04
BLOOD GROUP	B		
RH (D) TYPE	POSITIVE		

NOTE :- BLOOD GROUPING TO BE REPEATED AFTER FOUR MONTHS.

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :22-07-2026 19:56

This is an interim report. The final report will be released after 24 hours

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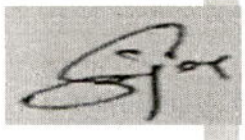
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O PRATIKSHA BHAGAT	**Inpatient No.**	: IP-00060793
Age/Gender	: 0 Y 0 M 0 D 11 H/ Female	**Admit Date**	: 22-07-2026
Ward/Bed	: N 2F-NICU I/ NICU 247	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE (GOD/POD)	79	mg/dl	70 - 140

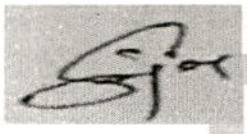
Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-07-2026 04:48
TOTAL BILIRUBIN (Azobilirubin)	4.5	mg/dl	
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	4.4	mg/dl	



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
CALCIUM (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-07-2026 04:48
CALCIUM (Arsenazo dye)	9.8	mg/dl	7.5 - 11.9



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-07-2026 04:48
HEMOGLOBIN (Colorimetry)	15.5	g/dL		14.25 - 22.5
RBC COUNT (DC detection method)	4.16	10^12/L		4 - 6.6
PCV/HCT (Calculated)	**42.4**	**VOL%**	L	45 - 67
MCV (Calculated)	101.9	fL		95 - 121
MCH (Calculated)	**37.3**	**pg/cells**	H	31 - 37
MCHC (Calculated)	36.6	g/dL		29 - 37
RDW-CV (Calculated)	14.7	%		13 - 18
PLATELET COUNT (DC Detection Method)	313	10^9/L		150 - 450
MPV (Calculated)	8.2	fL		6.5 - 10
WBC COUNT (DC Detection Method)	15.15	10^9/L		9 - 35
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	50	%		32 - 62
LYMPHOCYTES (Microscopy, Leishman stain)	**40**	**%**	H	19 - 29

This is an interim report. The final report will be released after 24 hours

PatientName	: Baby B/O PRATIKSHA BHAGAT	**Inpatient No.**	: IP-00060793
Age/Gender	: 0 Y 0 M 0 D 21 H/ Female	**Admit Date**	: 22-07-2026
Ward/Bed	: N 2F-NICU I/ NICU 247	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
MONOCYTES (Microscopy, Leishman stain)	06	%	6 - 18
EOSINOPHILS (Microscopy, Leishman stain)	04	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC** **WBC - MORPHOLOGY NORMAL** **PLATELETS - ADEQUATE**		

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
C REACTIVE PROTEIN (Specimen : SERUM)				**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :23-07-2026 04:48
CRP (Immunoturbidimetry)	1.0	mg/L		<10

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Investigation	Result	Unit		Biological Reference Interval
CREATININE (Specimen : SERUM)				**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :23-07-2026 04:48
CREATININE (Enzymatic)	**0.8**	**mg/dl**	H	0.03 - 0.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				**TEST RESULT STATUS : REPORT AUTHORISED** Order Date :23-07-2026 04:48
SODIUM (Direct ISE)	146	mmol/L		133 - 146
POTASSIUM (Direct ISE)	4.1	mmol/L		3.2 - 6
CHLORIDE (Direct ISE)	**114**	**mmol/L**	H	96 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O PRATIKSHA BHAGAT	**Inpatient No.**	: IP-00060793
Age/Gender	: 0 Y 0 M 0 D 21 H/ Female	**Admit Date**	: 22-07-2026
Ward/Bed	: N 2F-NICU I/ NICU 247	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
UREA (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-07-2026 04:48
UREA (Kinetic, Urease)	13.9	mg/dl	5 - 60

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :23-07-2026 07:39
RANDOM BLOOD GLUCOSE (GOD/POD)	110	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :23-07-2026 07:39
RANDOM BLOOD GLUCOSE (GOD/POD)	140	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :25-07-2026 07:34
RANDOM BLOOD GLUCOSE (GOD/POD)	95	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :25-07-2026 07:34
RANDOM BLOOD GLUCOSE (GOD/POD)	99	mg/dl	70 - 140

DEFICIENCY CHECK LIST OF . CASE SHEET

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 2 D (F)
Dr. SURENDER RAO DUSA

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Patient Name : IP.No:

Ward: DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01	—	—	
2	Discharge Summary	02	—	—	
3	Nursing Initial assessment form	02	—	—	
4	Patient Trasfer Forms	02	—	—	
5	In-patient Medical Record	04	—	—	
6	Doctors Progress Sheets	03	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	01	—	—	
10	Conset for ~~Surgery~~ Formula Feed	01	—	—	
	Consent for ~~Blood Transfusion~~ NICU	01	—	—	
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	04	—	—	
26	Intake and Output chart (fluid Chart)	03	—	—	
	Drug Chart (Regular prescription)	04	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	01	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	others	07	—	—	
	Total No. of Pages	39 pages			

Noted by

Signature and Date : 26/7 6 AM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

NEW BORN DETAILS

B/O Pratiksha Bhagat

DOB: 22/7/26 Sex: F Maternal Blood Group: _____

Time: 8:05 AM Birth Weight: 2.12 kg Baby Blood Group: _____

SVD / LSCS: SVD

Indication: _____

Diagnosis: DOL-1/Early Term/CIAB/GA - 37 wk/BWt - 2.12kg/Female/RA/TTNB

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 98%

Spo2 Post ductal Left Lower Limb: 97%

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, Hep-B, BCG done 24/7/26 @ 9:05 AM

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
24/7	3day	2.00kg		✓	✓	DBF+FF	
25/7	4day	1.98kg		✓	✓	DBF+FF	

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VIH-00207198 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

UHID No.:

Name :

Date of Birth :

NICU

NEONATAL WEIGHT CHART

Birth Weight : Admission Weight / Discharge Weight

Month	7	7
Date	21	23
Day	26	26

WEIGHT IN GRAMS

4500
4400
4300
4200
4100
4000
3900
3800
3700
3600
3500
3400
3300
3200
3100
3000
2900
2800
2700
2600
2500
2400
2300
2200
2100
2000
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700

2.1 kg
2.03 kg (2 kg 95 gm)

DO NOT WRITE OUTSIDE THE MARGINS

Rainbow Children's Hospital

BirthRight by Rainbow

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060793 **Admit Date** : 22-Jul-2026 **Admit Time** : 09:42 AM **UHID** : VIH-00207196

Patient Details :

Patient Name	: Baby B/O PRATIKSHA BHAGAT	**Age**	: 0 D
Guardian	: Mr AMIT KUMAR BHAGAT	**DOB**	: 22-07-2026 08:05 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO. 101, SRINIVASA NILAYAM, SHILPANAGAR, NAGARAM, HYDERABAD. Nagaram Hyderabad Telangana INDIA 500083	**Phone No**	: 9182899179
		E-mail	: amitkumarbhagat9@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 247 **Ward Name** : N 2F-NICU I

Room No : NICU 247 **Admission Type** : First Visit

Contact Details :

Name : Mr AMIT KUMAR BHAGAT **Relationship** : Father

Contact Address : FLAT NO. 101, SRINIVASA NILAYAM, SHILPANAGAR, NAGARAM, HYDERABAD. Nagaram Hyderabad Telangana INDIA 500083 **Phone No** : 9182899179 / 9553746186

22/07/2026

Signature AMIT KUMAR

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ELECTRONIC CORPORATION OF INDIA

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PATIENT TRANSFER FORM

Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00207196 IP-00060793 Baby B/O PRATIKSHA BHAGAT 22-07-2026 0 Y 0 M 1 D (F) Dr. SURENDER RAO DUSA	21/7/2026 9-42 Am	23/7/2026 3.35pm
	Transfer ordered by	Reason for Transfer
	Dr. Shivakrishna	Stable
From Unit	To Unit	Information to attendant
NICU	Gul - floor	Yes ☑ No ☐
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant
71	Abd-2 X-ray-1	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Aptamil ~~(1)~~	(1)
2.	D/10 - 100ml	(5)
3.	Baby wipers	(1)
4.	Diapers -	(2)
5.	feeding bottles	(2)

Shifting Summary / notes written by Doctor : Summary

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sr. Sravani	Dr. Shivakrishna

Patient & Clinical records received by : Anitha

Date & Time of Patient Received: 23/7/26 @ 3:35pm

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

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0Y0M0D2H (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26		
	⇒ feeds →	Normothermic
		C/P/T – fair
	Target SPO2 90–95%.	My B/L AE ⊕ on RA
	Target MAP >35 mmHg.	CVS – S1 S2 ⊕ Normal.
		oral demand feeds.
		~~5, 10, 15 feeds~~.
		IV fluids – SOS.
		Dr. Surender Rao
		22/7/26.
		10:30 AM.
22/7/26 4pm	· Care received.	
	· accepting well orally.	
	· No tachypnea No grunting	
	adv. · Oral demand feeding	
	– T/M NP1	
		Noted by
		22/7/26

VIH-00207196 IP-00060793
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 9pm	DOL-1/ ~~late~~ Early Term / CLAB / GA = 38wk / B.wt = 2.12kg	Female / RD / TTNB?
	T. wt = 2.03kg (↓90gm)	normothermic
	I/O = 225ml / 125ml	Baby maintaining on RA
	U/O = 2.5ml/kg/day	CT/A-AGA ⊕
	B/O - 4 times.	P/A - soft
	GRBS = 110mg/dl.	CVS - S1S2 ⊕
		RS - BAE ⊕
	Plan	
	- Target SpO_2 : 85-95%.	
	- Target MAP > 37mmHg	
	- ~~IV~~ oral demand feeds - tolerating feeds well.	
SG (Sumedha)	- GRBS - OD.	
	- I/O monitoring	
	- Plan crib care.	Crib Care
	- Shift to room -	
	Noted by Akhila 23/7/26 @ 10:30AM	Dr. Surender Rao 23/7/26 10:30 AM.

VIH-00207196 IP-00060793
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22-07-2026 0Y0M0D2H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26	DOL-1 / Early Term / C/AB / GA = 37wk / B.wt = 2.12kg / Female / RD / TTNB ?	
9pm		
	Baby was delivered by emergency LSCS due to bleeding P/V since 2-3hrs. Baby had cried immediately, required delivery room CPAP for 3min. Baby had mild RD, for which started on O_2 c̄ nasal prongs & shifted to NICU. O_2 support gradually weaned off to Room air. Oral demand feeds have started & baby was tolerating well	
	Plan	
	- Target SpO_2: 85-95%	
	- oral demand feeds f/b burping	
	- warmth care	
	- cord care	
	- NBS, OAE before discharge	
	- vaccination as per schedule	
Sd/- (Sumedha)		
	Noted Cm Sd/- S. Sravani 23/7/26 3pm	

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0Y0M0D2H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 9AM	C/S/B Resident	
	Term/GA3/37wk/2.12kg	
	M.BG - B+ve	
	BBG - B+ve	Pla
	T.Wt - 2kg	- DBF flobbery
	O/E CFT/Agood	-
	CVS S1S2(N)	
	RS BLAE(N)	
	P/A soft	
Dr. LUNMNA 24/7/26 9AM		
		[signature]
		Note by Dr. Reg 24/7/26 9:AM

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

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 2 D (F)
Dr. SURENDER RAO DUSA

BREASTS :	Thorax : Position of Nipples and Number :	@.
ABDOMEN and UMBILICUS :	Shape : Organomegaly : – Bowel Sounds : Umbilical Stump : 2A, 1V (+) Discharge : Nil	@
GENITILIA :	Labia / Hymen : (+) ~~Testicles/penis~~ : Anus : Patent.	
HERNIAL ORIFICES	Free	
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 : >95% on RA ..... Auscultation : BAE (+) ..... Breath Sounds : NVBS (+) ..... Added Sounds : .....

Cardiovascular System :

HR : 137/min ..... BP : ..... Precordial Activity : .....

Femoral Pulses : felt equally on both sides. ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Shape : (N) ..... Hernia orifice : Free.

Palpation : Soft ..... Anal Patency : Patent.

Palpable masses : ..... Umbilical Cord : 2A, 1V.

Abdominal girth : ..... First urine passed : not passed

Meconium passed : .....

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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: - NPO until further advice.
- O2 support c NP
- ABG, CXR, CBP.
- w/f RD.

GRBS @ birth
=> 99mg/dL

Noted by
CMO
22/7/26
10AM

Doctor Signature: Divya

Doctor Name: DIVYA

Date & Time: 22/7/26

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24.7.26	Lactation notes (Mrs. Ramyakrishna)	
	• 2nd time mother	
	• Normal breast Condition	
	• Drops of milk seen	
	• Assisted due Mother is feeding	
	• Baby latching & sucking well	
	• Counselled the Mother about the importance of breastfeeding	
	• Strategies to improve Supply discussed	
	• Advised to feed every 2-3hrs	
	• To track due feeding in due sheet given	
	• Rx Plan: KMC + DBF + TF	
	• Flu	
	10.40am	
25/7/26	Lactation notes (Mrs. Ramyakrishna)	
	• To Continue with due plan	
	• To flu in OPD	
	3.45pm	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: DOL-1 / Early term / CIAB / GA sturdy B.wt: 2.12kg / Female RD / T(NB)?	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —
	Surgery / Procedure: —	Post OP Day: —

Section	Item	23/7 E	23/7	24/7 M	24/7 E	24/7 N	25/7 M
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	Nil
	Diet:	DBF	DBF+EF	DBF+FF	DBF+FF	DBF+F	DBF+FF
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:	98.6F	98.4°F	98.7F	98.6F	98.6F	98.5F
	Res:	35b/m	32b/m	33b/m	35b/m	36b/m	38b/m
	SpO_2:	98%	96%	99%	98%	98%	99%
	Pulse:	138b/m	129b/m	137b/m	147b/m	130b/m	139b/m
	BP:	—	—		—	—	—
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	16	16	16	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	Nil	Nil
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Nil	DBF+FF	DBF+FF	DBF+FF	DBF	DBF+FF
	Critical Lab Test / Values:	Nil	Nil	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	Nil	—		—	—
	Handed Over By Name :	Amitha	Subhan	Roja	Roja	Subhan	Roja
	Signature / ID :	903014	17444	9	9		
	Date:	23/7	24/7	24/7/26	24/7/26	25/7/26	25/7/26
	Time:	@ 8pm	@ 8AM	@ 2pm	@ 8pm	@ 8AM	@ 2pm
	Taken Over By Name :	Subhan	Roja	Roja	Subhan	Roja	
	Signature / ID :	17444					
	Date:	23/7	24/7/26	24/7/26	24/7/26	25/7/26	
	Time:	@ 8pm	@ 8AM	@ 2pm	@ 8pm	@ 8AM	

noted by

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

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 3 D (F)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term / G1AB1 / 37wk / 2.12kg

Any Infection: ☐ Yes ☒ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure: Nil

Post OP Day: Nil

	Date / Shift	25/7 6	25/7/26 Night				
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	NIL				
	Diet:	DBF+FF	DBF+FF				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	98.6°F				
	Res:	25b/m	40b/mt				
	SpO_2:	99%	96%				
	Pulse:	140b/m	123b/mt				
	BP:	—	-				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	16	16				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil				
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil	DBF+FF				
	Critical Lab Test / Values:	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				
Post Operative Procedure Special Orders:		Nil	Nil				
Handed Over By Name :		Veronika	Subham				
Signature / ID :		01827	17444				
Date:		25/7/26	26/7				
Time:		@ 8pm	@ 5AM				
Taken Over By Name :		Subham					
Signature / ID :		17444					
Date:		25/7/26					
Time:		@ 8pm					

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT (F)
22-07-2026 0Y0M0D2H
Dr. SURENDER RAO DUSA

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: 22/7/26

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	9a 12pm 2pm	-) Assesement -) vital signs -) oral feed		-) Assesed baby condition -) cont oral demand feeds -) ABG & RBS Blood group done	-) Baby vital 1 stable	-) I.O chart 6th hourly	[illegible] 22/7/26 2pm
Afternoon	2PM | 8PM	- Assessment - vital Signs - Oral feed - I/o chart	- - - -	Assessed baby condition checked vitals given Oral feed maintained I/o chart	- Baby is stable	- I/o chart maintained	Sy 22/7 @ 8PM
Night	10pm 12am 6am	Assessment Oral feed given position changed		Assessed the baby condition oral feed given position changed	Baby is active	vitals monitored and recorded I/o chart maintained	Sy 23/7/26

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 23/7/26

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	*	Assement	*	Assess the Baby condition	* Baby is stable	* Baby is active	Akhila 23/7/26 @2pm
	*	vital sigul					
	*	oral feeds.	*	givend oral feeds.			
Afternoon	2PM | 8PM	- Assessment - vitals - feed I/o chart	- - - -	Assessed baby condition cheeked vitals given feeds maintained I/o chart	- Baby tolerating well	- Baby is active	Suj 23/7 @8pm
Night	9pm	=) Assess the Baby condition =) Monitor vitals and Recorded =) maintain Input and output Chart	=) =) =)	Assessed Baby condition monitored vitals and Recorded maintain Input and output Chat	=) Tolerating feed well	H Hemodynamically Stas	Suj 23/7 @8pm

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Prathiksha Age : 34yr Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : 22/7/26. UHID No.: ....

NICU Consultant : Dr. Surendar Sir. Referring Consultant : Dr. Prashanthi elizabeth edward.

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

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

BIRTH INFORMATION

Name : B/O Pratiksha.

Gender : ☐ M ☑ F Blood Group : ....

Date of Birth : 22/7/26. Time of Birth : 8:05:49. AM.

Place of Birth : RCHV.

Mother's Blood Group : B positive

Birth Weight (gms) : 2.12 kgs. Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37w

Current Obstetric History : (Booked / Unbooked Case) unbooked at RCH

Maternal Age : 34yr Ht : .... Wt : 78 kg. BMI : .... Married Life : .... LMP : 7/11/25 EDD : 18/8/26 38w

Conception : Spontaneous or with Rx. : spontanous.

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

Last Scans Details : 11/7/26: (outside) SLIUF, 34+1wk, cephalic, PL-Post.-upper & mid segment. AFI-10.7cm, Dopplers (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : Gest HTN @ 37wk on Tab labetalol 100mg BD.

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 : 10.7cm

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?

since 1st trimester on Tab Thyroxine 50 mcg.

Any other Chronic Medical Problems, when detected

drugs ? ....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : .... Any culture : ....

PPROM : Duration : .... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : ....

Medication during Pregnancy : .... Duration : ....

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PAST OBSTETRIC HISTORY

G : 3 P : 1 A : L : 1 D1.

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	07	IUFD	9m	Arrited NVD	3Kgs	Gest-HTN	forceps delivery.
G2	6yrs	9	PTNVD	2.28 Kgs	RCH VKP	uneventful.
G3	PP, Sp.	conception				

PERINATAL HISTORY

Treating Obstetrician : Dr. Prashanti. Hospital : RCH, VKP ☑ Inborn ☐ Outborn

Duration of Labour	CTG : ☐ Normal ☐ Suspicious ☐ Pathological
First stage (> 18 hours sig)	MSL :
Second stage (> 2 hours after dilation)	Resuscitaion : ☐ Yes ☐ No
LSCS : ☐ Elective ☑ Emergency Indication :	Cord ABG :
Specify the reason : Abruption Placenta.	Placenta : (weight, surface, No. of cotyledons, calcifications,
Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal	malformations, clots etc :

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	6/10	8/10	9/10

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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B(o) Pratiksha born via. LSCS on 22/7/26. @ 8:05 Am

↓

Weak cry after birth.

Good cry after stimulation.

↓

@ 2 mins, SPO_2 – 50–60%, Cyanosis ⊕, Weak cry ⊕.

↓

Delivery room – CPAP given. (3 mins)

↓

@ 5mins, SPO_2 > 90%, Cyanosis ↓, Colour improved

Investigation details in previous Hospital :

CITA – good.

↓.

Umbilical cord – cut & clamped

2A, IV ⊕

↓

Feeding History :

Inj. Vit K given

↓

Observe for 1 hr & Reassess

Past History :

Family History :

Socio Economic History :

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GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4°C HR : 137/min RR : ..... NIBP : ..... CFT : <3 sec.

Color of the extremities : .....

Jaundice : — Pallor : ..... SpO2 : 79% on LFO2 1L/min.

Anthropometry : Birth Weight : 2.12 kg. Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) —

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

EYES :
Symmetry : (N).
Red Reflex : To be checked
Discharge : nil.

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

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NURSING CARE RECORD

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Date: 23/7/26

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
- ☑ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Good Nutritional Status
- ☐ Patient & Family Education
- ☐ Maintain Skin Integrity

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm 6pm	Ensure Safety DBF feeding	4pm 6pm	Baby kept in crib feeding given second hourly	Prevent from falls. To maintain hydration	Baby is active	23/7/26 Anitha esp
Night	9pm 10pm	→ Cord care → GRBS	9pm 10pm	→ Provided by Cord Care and warm care → monitored GRBS OD as per doctor order	→ To prevent infection → GRBS is normal	→ Baby is stable	Subhan 24/7 @8AM

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NURSING CARE RECORD

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Date: 24/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify: Assess the Patient condition
- ☐ 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	10 Am	to maintain good Nutritional status	1pm	to every and hourly Feeding & Burping is a given	to prevent dehydration	to Re-assessment was done every with hourly vital monitor	Raja Ch' 24/7/26 @2pm
Afternoon	4pm	to prevent infection to ensure safety	5pm	to every and hourly Daiper changed to provided side rails	to prevent infection to prevent fall risk	to Re-assessment was done every with hourly vital monitor	Raja Ch' 24/7/26 @5pm
Night	9pm	=> Assess the Baby condition => monitored vitals and Recorded => maintain Input and output chart	=>	Assessed Baby condition => monitored vitals and Recorded => maintain Input and output chart	=> prevent Infection =>	=> Hemodynamically stable	[illegible] 24/7/26 @9pm

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NURSING CARE RECORD

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Date: 25/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 Am	→ maintain Good Nutritional status. Discharge Noted	1pm	→ every 2nd hourly Feeding & Burping is a given. Doctor come for rounds & advice Discharge	→ prevent dehydration	→ baby's safe.	Roja 25/7/26 @2pm
Afternoon	3pm 5pm	→ Maintain good Nutritional status → warmcare cordcare		→ DBM + FF given every 2nd hrly → Provided warm care cord care.	feeding well → Baby comfortable	Baby is stable	Beravilla 25/7 @ 8pm Noted by Roja 25/7
Night	9pm	→ Maintain good nutritional status. Discharge Noted	9pm	→ DBM + FF given every 2nd hrly → Doctor come for round and adviced to discharge	→ Baby is taking well	→ Baby is stable	Subhn 26/7 @ 5Am

Patient Sticker

NURSING CARE RECORD

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Date: .....

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							
Afternoon							
Night							

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 23/7	DATE 23/7	DATE 24/7	DATE 24/7	DATE 25/7
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					
	History of Falls or Infant-Toddler Placed in Bed	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
	Patient Placed in Bed	2	2	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	15	15	15

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

	Bed in low position		✓	crib	COT	CRIB	cot
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair cap		X	X	X	X	X
	Other Intervention(s) Specify		✓	✓	✓	✓	✓
	Nurse's Name:		Anitha	Sudha	Roja	Roja	Sudha
	Signature:						
	Date:		23/7	24/7	24/7	24/7	25/7
	Time:		8PM	3AM	6AM	3PM	8AM

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E HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE 25/7	DATE 26/7	DATE	DATE
Age	Less than 3 years old	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	1	0			
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	1		
Cognitive Impairments	Not aware of Limitations	3		3	3		
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	·			
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	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		
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		
	Total		15	14	14		

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

Bed in low position		Crib	Crib	Crib		
Call device within reach		✓	✓	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair sup[illegible]		✗	✗	✗		
Other Intervention(s) Specify		✓	✓	✓		
Nurse's Name:		Rogi	Bright	Subo		
Signature:		[signature]	[signature]	[signature]		
Date:		25/7	25/7	26/7		
Time:		2pm	8pm	4Am		

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	22/7 DAY-1			23/7 DAY-2			25/7 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	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	–	–	–	–	–	–	–	–	–	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	–	–	–	–	–	–	–	–	–	
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	–	–	–	–	–	–	–	–	–	
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	–	–	–	–	–	–	–	–	–	
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	–	–	–	–	–	–	–	–	–	
			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 : Kalpna

Signature of Ward In Charge :

Signature : ..... Name : Elizabeth

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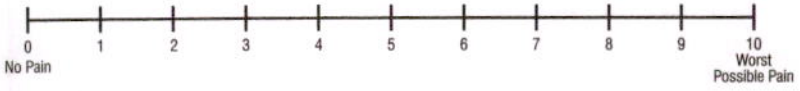
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
23/7	4pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
23/7	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
24/7	5pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
24/7	11pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
24/7	7AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	
24/7	3pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	
25/7	8AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	
25/7	2pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	-	
25/7	8pm	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	
26/7/25	3AM	0	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	

Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

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

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: B/O Prathiksha Age: NB Gender: Male ☐ Female ☑

UHID.No : 70796 Date: 22/7/2026

I AMIT KUMAR BHAGAT S/o, D/o, W/o R.C. BHAGAT hereby declare that our patient Mr. / Ms. B/o. Prathiksha who is related to me as Daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 22/7/26

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

.....

.....

.....

The doctors have clearly explained to me that my patient B/o . Prathiksha 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 : Prathiksha 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 : 22/7/26.

Signature : .....

Name : AMIT KUMAR BHAGAT

Relationship with Patient: FATHER

Date & Time : 22-07-2026

Witness :

Signature : .....

Name : .....

Date & Time : 22/7/26 9am

Doctor (who is taking the consent) :

Signature : .....

Name : Sumedha

Date & Time : 22/7/26 9am

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

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) సమ్మతి పత్రం

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రోగి పేరు ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి .....

నేను ..... చి .....

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ .....

..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రల్ లైన్ చెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంనర్మన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి / బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు , చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగిన విధంగా చికిత్స చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇన్టెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR FORMULA FEEDS

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

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Your Right to a Safe Delivery

Patient Name : B/O Avanisha. Age : [illegible] Gender : ☐ Male ☐ ~~Female~~

UHID No : 2072026 Reg. No. : — Department : NICU Date : 22/7/26

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

Patient Attendant : Amith 22/07/2026.

Signature : .....

Name : AMIT KUMAR BHAGAT

Relationship with Patient: ~~FATHER~~.

Date & Time : 22/7/26 9am

Witness :

Signature : .....

Name : .....

Date & Time : 22/7/26 9am

Doctor (who is taking the consent) :

Signature : .....

Name : DRSIVA

Date & Time : 22/7/26 9am

Doc. No. : RCH / FRM / CLINICAL / 016

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయినోబో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Rainbow Children's Hospital

BirthRight 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 PRATIKSHA BHAGAT**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060793**	**Sex:**	**Female**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-NICU I/NICU 247**

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 e 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:.....) 22/07/2026.
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: 22/7/26 (AMIT KUMAR)

Name: AMIT KUMAR BHAGAT

Relationship: FATHER

Date: 22-07-2026 Time:

Wittness Name:

Wittness Signature:

Patient Address:

FLAT NO. 101, SRINIVASA NILAYAM, SHILPANAGAR, NAGARAM, HYDERABAD. Nagaram Hyderabad Telangana INDIA 500083

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

: RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/7/26 Time:	3.30	5	7	9	11	1	3	7
Doctor/Nurse/Family Concern?	pm	pm	pm	pm	pm	am	am	am

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

98.6F | 98.4F | 98.6F | 98.6F | 98.6F | 98.6F | 98.6F | 98.6F

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)	155	140	136	140	148	152	131	147

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

Resp Rate (Number)	35	38	36	42	48	36	41
Resp Distress (Mod/ Severe | None / Mild)	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98	99	99	98	99	98	97	96
Conscious Level (Normal | Altered)	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	GA	GA	GA	GA	GA	GA	SK	SK

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:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND** : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 2 D (F)
Dr. SURENDER RAO DUSA

Doc. No. : RCH/ 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: 24/7/26... Time:	9	1	4	7	10	1	4	7
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	AM	AM	AM
Temperature (°F)	98.4°F	98.6°F	97.4°F	99.5°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)	147	140	137	157	134	151	122	131
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	37	33	30	49	40	35	38	30
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	97	98	96	99	94	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N
GCS *					15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	AR	AR	AR	AR	SK	SK	SK	SK

NB: Note: BP does not score in early warning scoring

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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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.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 2 D (F)
Dr. SURENDER RAO DUSA

Io. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..25/7.. Time: 9 1 4 7 10 1 4

Doctor/Nurse/Family Concern? AM PM PM PM PM AM PM

Temperature (°F)

	9	1	4	7	10	1	4
	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F

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

Note: BP does not score in early warning scoring

	9	1	4	7	10	1	4
Heart Rate (Number)	134	150	140	135	122	140	129

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

	9	1	4	7	10	1	4
Resp Rate (Number)	39	41	40	38	42	39	45
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	99	98	96	99	98
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	AP	AP	B	B	SK	SK	SK

Noted by Raja 26/7 @ 5 PM

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
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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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00207198 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 1 22/2/26

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
	08:00 am										–	
	09:00 am										–	
	10:00 am	Aptamil			25ml					20mL	–	
	11:00 am										–	
	12:00 pm										–	Sig
	01:00 pm	Aptamil			25ml					15mL	–	22/2/26 7pm
Total Intake :		50mL				**Total Output :**	✓			35mL		
	02:00 pm										-	
	03:00 pm	Aptamil			25ml					15 ml		
	04:00 pm										-	Sig
	05:00 pm	Aptamil			20ml						-	22/2/26 @8pm
	06:00 pm						✓			20 ml	-	
	07:00 pm	Aptamil			25ml						-	
Total Intake :		70ml				**Total Output :**						
	08:00 pm										-	
	09:00 pm	Aptamil			30 ml					20 ml	-	
	10:00 pm											
	11:00 pm	-										
	12:00 am	Aptamil			30ml		✓					Af
	01:00 am									15ml		23/2/26 fan
Total Intake :		60 ml				**Total Output :**						
	02:00 am											
	03:00 am	Aptamil			30ml		✓					
	04:00 am	@								20ml		
	05:00 am											
	06:00 am	Aptamil			30ml							
	07:00 am											
Total Intake :		60 ml			225ml	**Total Output :**				125ml		

Total 24 hrs. Intake	190.7 ml/kg/day	Total 24 hrs. Output	2.5 ml/kg/hr

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 2 23/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G						0	
	08:00 am										0	
	09:00 am	APlamin	25ml				✓			15ml	0	
	10:00 am										0	
	11:00 am	. .									0	Akhil 9 23/7/26 2pm
	12:00 pm	APlamin	25ml				✓			20ml	0	
	01:00 pm										0	
Total Intake :						**Total Output :**						
23/7/26	02:00 pm	APlamin	25 mL								0	
	03:00 pm						✓			✓	1	
	04:00 pm		ff 25ml								1	23/7
	05:00 pm										0	swaya
	06:00 pm		ff 25ml							✓	1	
	07:00 pm										1	Sup
Total Intake :						**Total Output :**						
23/7	08:00 pm		DBF ff 20 ml				✓			✓	1	Subha 23/7 @ 1 Am
	09:00 pm											
	10:00 pm											
	11:00 pm		ff 25ml								0	
	12:00 am											
	01:00 am									✓	1	
Total Intake :						**Total Output :**						
24/7	02:00 am		FF 30ml				✓			✓	1	Subha 24/7 @ 8am
	03:00 am											
	04:00 am											
	05:00 am										0	
	06:00 am		FF				✓			✓	1	
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00207198 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0Y0M0D2H (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 3

24/7

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

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
24/7/26												
	08:00 am		DBF+FF									
	09:00 am											
	10:00 am		DBF+FF				✓					
	11:00 am						✓			✓		
	12:00 pm											
	01:00 pm		DBF+FF									
Total Intake :						**Total Output :**						
24/7/26	02:00 pm											
	03:00 pm		DBF+FF									
	04:00 pm						✓			✓		
	05:00 pm		DBF+FF									
	06:00 pm											
	07:00 pm									✓		
Total Intake :						**Total Output :**						
24/7	08:00 pm		DBF									
	09:00 pm											
	10:00 pm											
	11:00 pm		DBF				✓			✓		
	12:00 am											
	01:00 am		DBF+FF									
Total Intake :						**Total Output :**						
25/7	02:00 am											
	03:00 am		DBF+							✓		
	04:00 am		FF									
	05:00 am											
	06:00 am		FF									
	07:00 am									✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	6 times

Docu. No. : RCH /FRM / CLINICAL / 092

VIH-00207196 IP-00080793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0Y0M0D2H (F)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 4

25/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
25/7/26	08:00 am											
	09:00 am		DBF+FF							✓		ROS Bi 25/7/26 @4PM
	10:00 am											
	11:00 am											
	12:00 pm		DBF+FF									
	01:00 pm											
Total Intake :						**Total Output :**						
25/7	02:00 pm						✓					
	03:00 pm		DBF+FF							noted by Roja 25/7 @2PM		
	04:00 pm											
	05:00 pm		DBF+FF				✓			✓		Boudhika 25/7 @7PM
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
25/7	08:00 pm		DBF+FF									
	09:00 pm											
	10:00 pm											
	11:00 pm		DBF+FF									Subha 25/7
	12:00 am									✓		
	01:00 am		FF									
Total Intake :						**Total Output :**						
26/7	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											noted by Subha 26/7 @ 5AM
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00207196 IP-00060793
Baby S/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Surendra.

Date & Time : 23/7/26 3:35pm

Nurse Name & Signature: Soorni

Date & Time : 23/7/26 3:35pm

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
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STAT / ONCE ONLY DRUGS

Name: B/o Pratiksha Bhagat

Weight: 2.12 kgs

Sheet No: .....

22/7/26
Verified
Dr. Rishika
Clinical Pharmacologist
9:15 AM

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/7/26	8:10am	INJ. VITAMIN K.	1mg	IM			

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

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

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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

Baby S/O PRATIKSHA BHAGAT
22-07-2026 0Y0M0D2H (F)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. ..... 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

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

VIH-00207196 IP-00060793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 2 D (F)
Dr. SURENDER RAO DUSA

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature
: Name
VERIFIE

Baby B/O PRATIKSHA ...
VIH-00207196 IP-00080793
Baby B/O PRATIKSHA BHAGAT
22-07-2026 0 Y 0 M 0 D 2 H (F)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

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

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

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

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

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