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

ACTIVITY RECORD FOR BILLING

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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

UHID N ---------- Consultant : Dr. surender Rao Dept : ----------

Date of Admission : Time : 9:15pm Date of Discharge : ---------- Time: ----------

Room / Bed No : CRDL NICU-226-2 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/7/26	at 6pm	MICU	CICU	

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
7/7/26	Blood grouping	VI2602265 4	
7/7/26	GRBS 78mg/dL 8:35am	VI2602268 8	
7/7/26	GRBS 2:35pm 60mg/dL		
	cross checked by Sulusini 3pm 7/7/26		
7/7/26	GRBs at 9pm - 69mg/dl	26022758	Sahaja
8/7/26	GRBS @ 3Am - 61 mg/dl.	26022759	
8/7/26	GRBS @ 9AM - 61 mg/dl	26022862	
	GRBS @ 5pm - 82 mg/dl	26022863	
	Cross checked by Loalpaw 8/7/26 @ 2AM		
9/7/26	GRBS 6Am - 110 mg/dl	26022976	
9/7/26	GRBS - 2:15pm - 120 mg/dl	26022977	
9/7/10.	TCB - 15.2 mg/dl	26022899	
	Cross checked by Loalpaw 9/7 @ 4PM		
10/7	SBR	26023013	
	Cross Checked by 10/7/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	DSPT	11 AM	10/7 @9AM.	3099508.	
				Attender sign –	M. Reddy
				Date –	9/7/26
				time –	11:00 am
	Cross Checked by	[signature]	10/7/26		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
8/7	CMC	1	3099838	
	Gross checked by Gadpay 9/7 @ 2450			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	10/7/26 @10am.		

Name	Baby B/O REDDI RAMANI --TWIN-2	**UHID**	VIH-00206663
Father/Guardian	Mr MR. KARTHIK KUMAR L	**Age/Gender**	0 Y 0 M 3 D/Male
Address	Kharkhana Main Road, Kharkhana Main Road, Hyderabad, Telangana, INDIA, 500015		
IP No	IP-00060601	**Admission Date**	07-07-2026
Ref Doctor	DR. MAMATA DEENADAYAL	**Discharge Date**	10-07-2026

DISCHARGE SUMMARY

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

Diagnosis: Late preterm/Appropriate for gestational age/Baby Boy/DCDA Twin-2
Neonatal hyperbilirubinemia

Mode of Delivery: Elective Lower Segment Cesarean Section (Indication: DCDA twins with Twin-1 SGA baby & increased resistance in umbilical artery and Twin 2 in transverse lie)

Anthropometry:

Weight at birth	: 2.30 kg
Weight at discharge	: 2.20 kg
Head circumference	: 33 cms
Length	: 46 cms

History: Baby of REDDI RAMANI TWIN -2 is a late preterm (36+4 weeks) baby boy, delivered to a Multigravida mother by elective Lower Segment Cesarean Section (Indication: DCDA twins with Twin 1 SGA baby & increased resistance in

Name	Baby B/O REDDI RAMANI --TWIN-2	UHID	VIH-00206663

umbilical artery and Twin 2 in transverse lie) on 07.07.2026 at 8:11 am with birth weight of 2.30 kgs in Rainbow Children's Hospital, Karkhana. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 9/10 at 5 min. Inj. Vitamin-K 1mg IM was given after delivery.

Maternal History: Mrs. REDDI RAMANI is a 40 years old Multigravida (G4A3) mother.

G4 - Present pregnancy, IVF conception, had regular ANC's. Antenatal scans were normal. History of PGDM, hypothyroidism, UTI, increased umbilical artery resistance. No history of Pregnancy-Induced Hypertension / Antepartum Hemorrhage / Oligohydramnios / Polyhydramnios / Fever. Mother's blood group is "O" Positive. Baby's blood group is "B" Positive.

Examination: Baby was euthermic, euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. AF was at level.

Management: Course during hospital: Hospital stay was uneventful. In view of gestational diabetes mellitus mother, baby's blood sugars were regularly monitored which were normal.

Transcutaneous bilirubin done on 09.07.2026 was 15.2 mg/dl for which double surface phototherapy was started. Repeat serum bilirubin before discharge was 6.6 mg/dl with indirect fraction of 6.4 mg/dl, it does not come under phototherapy range, hence phototherapy was stopped.

Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 08.07.2026

Hearing test (TEOAE): Done on 09.07.2026 was normal.

Name	Baby B/O REDDI RAMANI --TWIN-2	UHID	VIH-00206663

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

Saturation: Right upper limb and left lower limb 100% at room air.

Red Reflex: Present and Symmetrical.

Feeding: Breast feeding was initiated and baby tolerated the feeds well. In view of insufficient mother feed, baby was started on top-up formula feeds.

Condition at discharge: Baby is pink, warm, active and on direct breast feeds.

Advice:

1. Keep the baby clean and warm.
2. Continue demand breastfeeding + top up formula feed as advised.
3. Burping after each feed.
4. Immunization as per schedule.
5. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till one year of age.
6. Nasoclear nasal drops, 1 drop in each nostril (if needed) for nose block.
7. NewBorn Screening (Advanced) / Thyroid Function Test to be done on follow up.
8. "Appointment for vaccinations to be taken during the 1st hour of the OPD slots of your respective consultant to avoid rush and minimum waiting period".
9. Kindly consult Dr. Surender Rao Dusa, Senior Consultant Pediatrics, on 13.07.2026 (Monday) in OPD with prior appointment (This consultation will be charged).
10. Kindly consult Ms. Ramya Ashwin, Lactation Consultant, within 3 days of discharge or in any kind of feeding difficulty, in OPD with prior appointment (This consultation will be charged).

Name	Baby B/O REDDI RAMANI --TWIN-2	UHID	VIH-00206663

Review back to hospital:

1. If baby is not feeding continuously for > 6 hours.
2. If breathing fast.
3. High grade fever.
4. Poor activity or lethargy.
5. Bluish discoloration of lips.
6. Increase in jaundice.
7. Abnormal movements.

In case of emergency contact 040-42462200 Extn: 2010 (or) 7337357870.

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

Now booking appointments is much easy, download Rainbow Application for Free from Google play store.

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

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by : Dr. Shivam
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

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

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

PatientName	: Baby B/O REDDI RAMANI --TWIN-2	Inpatient No.	: IP-00060601
Age/Gender	: 0 Y 0 M 0 D 4 H/ Male	Admit Date	: 07-07-2026
Ward/Bed	: N 2F-MICU/ CRDL-MICU-226-2	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :07-07-2026 09:56
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 :07-07-2026 15:12
RANDOM BLOOD GLUCOSE (GOD/POD)	80	mg/dl	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :08-07-2026 07:45
RANDOM BLOOD GLUCOSE (GOD/POD)	**69**	**mg/dl**	L 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :08-07-2026 07:45
RANDOM BLOOD GLUCOSE (GOD/POD)	**61**	**mg/dl**	L 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :09-07-2026 02:12
RANDOM BLOOD GLUCOSE (GOD/POD)	**61**	**mg/dl**	L 70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :09-07-2026 02:14
RANDOM BLOOD GLUCOSE (GOD/POD)	82	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
TRANSCUATEOUS BILIRUBIN			TEST RESULT STATUS : REPORT ENTERED Order Date :09-07-2026 09:07
TRANSUTANEOUS BILIRUBIN	15.2	mg/dl	

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :09-07-2026 21:17
RANDOM BLOOD GLUCOSE (GOD/POD)	110	mg/dl	70 - 140

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O REDDI RAMANI --TWIN-2	**Inpatient No.**	: IP-00060601
Age/Gender	: 0 Y 0 M 2 D/ Male	**Admit Date**	: 07-07-2026
Ward/Bed	: N 2F-MICU/ CRDL-MICU-226-2	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :09-07-2026 21:17
RANDOM BLOOD GLUCOSE (GOD/POD)	120	mg/dl	70 - 140

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :10-07-2026 07:16
TOTAL BILIRUBIN (Azobilirubin)	6.6	mg/dl	<8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	6.4	mg/dl	0.6 - 7.6

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	—	—	
2	Discharge Summary	2	—	—	
3	Nursing Initial assessment form	01	—	—	
4	Patient Trasfer Forms	1	—	—	
5	In-patient Medical Record	4	—	—	
6	Doctors Progress Sheets	2	—	—	
7	Nurses Progress notes	3	—	—	
8	Consultation Sheets				
9	General Consent for Treatment	1	—	—	
	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	4	—	—	
	Intake and Output chart (fluid Chart)	2	—	—	
27	Drug Chart (Regular prescription)	1	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	—	—	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty - dumpty	2	—	—	
	others	5	—	—	
	Total No. of Pages	30			

Noted by Beroma 10/7 @10 am

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

NEW BORN DETAILS

B/O Reddy ramani Twin-2

DOB: 7/7/26 Sex: M Maternal Blood Group: O+ve

Time: 8:11AM Birth Weight: 2.3kg Baby Blood Group: 'B' positive.

SVD / LSCS: _____

Indication: _____

Diagnosis: _____

Any Maternal Complications: _____

Spo2 Pre ductal Right Upper Limb: 97%

Spo2 Post ductal Left Lower Limb: 98%

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

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

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

Head Circumference: 33 cms Length: 47 cms

Vaccination: OPV, BCG, Hep-B given on 8/7/26.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
8/7/26	1st day	2.226	3.2%	✓	✓	DBM+ff	
9/7/26	2nd day	2.173		✓	✓	DBF+FF	9:10am TCB - 15.2mg/dl
10/7/26	3rd Day	↓53gms. 2.206	4.0%.	✓	✓	DBF+FF	SBR -

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WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060601 **Admit Date** : 07-Jul-2026 **Admit Time** : 09:15 AM **UHID** : VIH-00206663

Patient Details :

Patient Name	: Baby B/O REDDI RAMANI --TWIN-2	**Age**	: 0 D
Guardian	: Mr MR. KARTHIK KUMAR L	**DOB**	: 07-07-2026 08:11 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kharkhana Main Road Kharkhana Main Road Hyderabad Telangana INDIA 500015	**Phone No**	: 9030808707/
		E-mail	: NA@GMAIL.COM

Admission Details :

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

Room No : CRDL-MICU-226-2 **Admission Type** : First Visit

Contact Details :

Name : Mr MR. KARTHIK KUMAR L **Relationship** : Father

Contact Address : **Phone No** : 9030808707

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : NEONATOLOGY

Referral Doctor : **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STATE BANK OF INDIA

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Ramani Mother's Name: MRS. Ramani

Date of Birth: 7/7/26 Time of Birth: 8:11:22 AM Gender: ☑ Male ☐ Female

Birth Weight: 2.3 kg Kgs HC: 32 cm Lenght: 45 cm

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

Term / Pre-term / Post-term: pre-term

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: 'O' positive Baby:

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

BCH-00039544 IP-00060596
Mrs REDDI RAMANI .
03-05-1986 40 Y 2 M 4 D (F)
Dr. SRILATA PATNAIK

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

Indication: Electric LSCS

Physical Assessment of New Born:

Temp: 36.5 °C HR: 160bt /Min RR: 40bt /Min BP: — SpO_2: 96%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 16 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

Vitamin K 1 mg IM Administered: ~~Yes~~ / No

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Hathija Signature: Date &Time: 7/7/26 @ 9AM

PATIENT TRANSFER FORM

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VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

	Date & Time of Admission	Date & Time of Transfer Order
	7/7/26 9:15AM	7/7/26 at 6pm
Treating Consultant Name	Transfer Ordered by: Dr. Shikar	Reason for Transfer: For observation
From Unit: MICU	To Unit: (108)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 15	Number of Imaging Films: Nil	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.	(1) Baby kulhes (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
Sis- Sulochana	Dr. Shikar

Patient & Clinical Records Received by : Manisha

Date & Time of Patient Received : 7/7/26 @6pm

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-00206663 IP-0006066
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0Y0M0D2H (M)
Dr. SURENDER RAO DUSA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Reddi Ramani Age : 40yr. Father's Name : ..... Age : .....

Date of Birth : 3/5/86 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. S. Rao Referring Consultant : Dr. Srilatha

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

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

BIRTH INFORMATION

Name : B/o Reddi Ramani T-2

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 7/7/26 Time of Birth : 8:11:22 am

Place of Birth : Mat. VKP.

Mother's Blood Group : 'O' Positive

Birth Weight (gms) : 2-3kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+4 wk

Current Obstetric History : (Booked / Unbooked Case) ET Transfer - 12.11.25

Maternal Age : 40yr. Ht : . Wt : ..... BMI : ..... Married Life : 3yr. LMP : 27/10/25 EDD : 3/8/26.

Conception : Spontaneous or with Rx. : IVF conception - Donor Egg.

Booked at what GA. : ~~23~~ 23+4 wk AN Steroids Drugs / Doses : .....

Last Scans Details : 6/7/26 T-T = Transverse | PH | AFI - 3.2cm | AC 5% | EFW. 2457 gl Doppler (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 : GHTN (+)

on 36 wk - T. Labetalol 100mg BD

T Ecosprin 150mg

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 NIPT - low risk

Controlled or not, recent values, HbA1 values : .....

PGDM - tegumet - 14 U TID

Trusiba - 26 U HS.

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : (N)

H/o Hypothyriodism : when diagnosed ? Medication?

125 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 : @ 12+5 wk, 18 wk Any culture : -

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

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

Patient Sticker

IV – P/P- IVF / Donor eggs

PAST OBSTETRIC HISTORY

G : 4 P : 0 A : 3 L : 0

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	missed Abortion	7wk			MERC 2023	
II	missed Abortion	8wk			MERC 2023	
III	missed Abortion	9wk			DMC 2024	

PERINATAL HISTORY

Treating Obstetrician : Dr Shilatha Hospital : RUH - VKP. ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : .....

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
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
7/10	9/10	

TOTAL

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : c/o AB

Delivery case attended by Dr Vishal,

History :

target spo2 reached at 3' of life

Equipment check done
↓
B/o Reddi Ramani T2 Delivered via LSCS
↓
Mec CIAB; DLE done for 60 sec
↓
Recieved into pre heated warmer
↓
Dried, Stimulated, Secretions cleared
↓
Cord clamp done at 2A+1V ⊕
↓
Inj vit k IM given
↓
Baby vigrous
↓
Shift to mother side

Investigation details in previous Hospital :

Feeding History :

-

Past History :

-

Family History :

-

Socio Economic History :

-

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition : LTA, good

VITALS : Temperature : 36.5°C HR : 160/min RR : ..... NIBP : ..... CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : minute Approach 79% RA

Anthropometry : Birth Weight : 2.3kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... (SGA) : ..... LGA : .....

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) (-)

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

EYES :
Symmetry :
Red Reflex :
Discharge : not checked

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

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Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

THORAX and BREASTS : Shape of Thorax :
Position of Nipples and Number : 2 in (N) @ Post

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2A+1V (P)
Discharge :

GENITILIA : Labia / Hymen :
Testicles/penis : B/L descended
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : -

EXTREMETIES : Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination : 10f +10T (P)

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 : 96 \RA Auscultation : BAE (P) Breath Sounds : NVBS (P) Added Sounds : -

Cardiovascular System :

HR : 170/min BP : ..... Precordial Activity : (N)

Femoral Pulses : (P) Murmurs : -

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

Abdomen :

Shape : ..... Hernia orifice : free

Palpation : Soft Anal Patency : (P)

Palpable masses : ..... Umbilical Cord : 2A+1V (P)

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

Patient Sticker

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

State of wakefulness : ....

Prechtle Score : ....

Nerves : ....

....

Motor System :

Passive Tone : ....

Active Tone : ....

Neonatal Reflexes : ....

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

Moro's : B/L equivocal DTR : ....

ATNR : (P) Skull and Spine : ....

Any Congenital Anomalies : ....

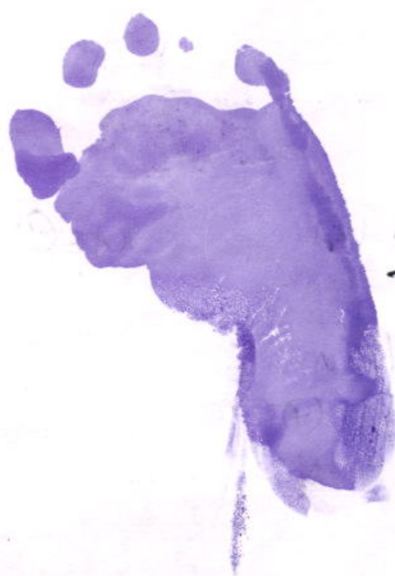
no gross Anomalies

Diagnosis : Term P of DCDA T2 / El. LSCS / IDM / Hypothyroid mother / GHTN / LBW / SGA / GIAB. / 2.3kg.

FOOT PRINTS

Left Side :

Right Side :



Taken by Sr. Ruby P. 7/7/26. 8:30AM

Resident Doctor :

Signature : ....

Name : Dr. [illegible] / Dr. Vishal

Date & Time : ....

Consultant :

Signature : ....

Name : ....

Date & Time : ....

Information given by: ☐ Family ☐ Friend

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

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

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

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

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

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

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

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

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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

GRBS - 78 @ 8:30 AM

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: - DBF + FF 2nd day
- DAE (SBR) NBS B/f D/C
- monitor vitals
- GRBS 6th hrly till 48 HDL (pre feed)
- warmth care

noted by
Ruby. P
7/7/26

Doctor Signature: .....

Doctor Name: Dr Shiny

Date & Time: 7/7/26

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Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9am	CBS/B Resident Late PT/36+4wk/LSCS/DCDA72/Hypothyroid/CAB/2.3kg/male	
	M.B.G - O+ve B.B.G - B+ve	Plan
	T.Wt - 2.226kg	- DBF/fb 2hrly
	O/E CT/AFOF CVS - S1S2 (+) RS - B/L AE (+) PA - soft NVS	- OAB 7hrly - SBF, NBST/M
		Dr. Surender 8/7/26. 11AM
		Noted by Beronika 8/7/26 @ 8pm

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26	lactation notes (Mrs. Ramyalumi)	
	. Precious baby (twins)	
	. Strategies to improve supply discussed	
	. Advised to feed every 2hrs	
	. More skin to skin	
	. f/u -	
[signature] Lingme		
8/7/26 15:30	C/S/B Resident	
	O/E C/T/A good	Plan
	CRT<3sec	
	CVS-S1S2(N)	- DBF/lb burp every 2 hrs
	RS - B/L AE (N)	
	PA Soft	
	C/T/A good	
	Tolerating feed well	
Noted by Beronika 8/7/26 @ 8pm		[signature] Ashwa

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

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 9AM	C/s/B Resident	
	Late PT/36+4wks/LSCS/DCDA T2/Hypothyroid	
	GIAB/2.3Kg/MCH	
	M.BG - O+ve	
	B.BG - B +ve	Plan
	T.wt - 2.173Kg	- DBF f/b burp; every
	T.wt - 2.26Kg	- Start DSPT
	O/E C/T/A pos	- Repeat SBR T/M
	CVS - S1S2 (+)	
	RS - B/L AE A	
	PA SOFT	
	Vry stable	
	TCB - 15.2mg/dl	
		Dr. [signature] 9/7/26 12:20PM
		[signature]
		Noted by Vaishnavi 9/7/26 @10AM

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

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Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26	CS/B Resident	
9AM	Late PT/36+4wks/CSec / DCDA T2/Hypothyroid	
	C/AB/2.3Kg/MCH/NNHB	
	M.BG - O+ve	
	B.BG - B+ve	
	Y.wt - 2.173Kg	Plan
	T.wt - 2.206Kg	
	On DSPT	→ DBF f/b burping every
	O/E C/P/Afebrile	→ Discharge
	CVS S1S2 ⊕	
	B Bl Air ⊕	
	P/A Soft	
	vy Stable	
	SBR - 6.6	
	Noted by Bavanika 10/7/26 @10am	[signature]

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

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Late PTI DCDA T_2 / EL-LSCS / IDM / Hypothyroid (methe) / CMTN / LBW / SGA / CHB / 2-3/40

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

Surgery / Procedure: —

Post OP Day: —

	Date / Shift	7/7/26 M	7/7/26 E	7/7 E	7/7 N	8/7 M	8/7 E
BACKGROUND	Medical Condition (Any special condition to be noted):	—	—	Nil	Nil	Nil	Nil
	Diet:	DBF	DBF+FF	DBF+FF	DBF+FF	DBM+FF	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:	96°F	96.8F	98.6F	98.3 F	98.6°F	98.6°F
	Res:	40b/mt	45 b/mt	38b/m	36 b/m	40b/m	35 b/m
	SpO_2:	96%	96%	98%	97%	99%	98%
	Pulse:	150 bpm	140 bpm	140 b/m	132 b/m	140 b/m	133 b/m
	BP:	—	—	—	—	—	—
	LOC:	Lenscious	Lenscious	conscious	Conscious	conscious	conscious
	Fall Risk Score:	00	00	16	16	16	16
	Pain Score:	00	00	0	0	0	0
	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	Nil	Nil	Nil	Nil
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF+FF	DBF+FF	DBF+FF	DBM+FF	DBF+FF
	Critical Lab Test / Values:	—		Nil	Nil	Nil	Nil
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	depend	Dependent	dependent	depend
Post Operative Procedure Special Orders:		—		Nil	Nil	Nil	Nil
Handed Over By Name :		pooja	K. Sulu	Sindu	manasa	Bevanika	Bevanika
Signature / ID :			020477				
Date:		7/7/26	7/7/26	7/7/26	8/7	8/7/26	8/7/26
Time:		2pm	6pm	2pm	8am	2pm	8pm
Taken Over By Name :		Jeta	Sindu	manasa	Bevanika		Subham
Signature / ID :							
Date:		7/7/26	7/7/26	7/7/26	8/7/26	8/7/26	8/7/26
Time:		2pm	2pm	8pm	8am	2pm	8AM

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: New born

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

Surgery / Procedure: —

Post OP Day: —

		8/7 N	9/7/26 M	9/7/26 E	9/7 Night	10/7 M	
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil	Nil	Nil	
	Diet:	DBM+FF	DBM+FF	DBM+FF	DBF+FF	DBM+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	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.3°F	98.1°F	98.4°F	98.4°F	98.6°F	
	Res:	28b/m	30b/m	30b/m	42b/m	40b/m	
	SpO_2:	98%	99%	99%	98%	99%	
	Pulse:	128b/m	136b/m	150b/m	128b/m	135b/m	
	BP:	—	—	—	—	—	
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	
	Fall Risk Score:	14	14	14	14	14	
	Pain Score:	0	0	0	0	0	
	Skin Integrity	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	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	DBM+FF	DBM+FF	DBM+FF	DBF+FF	DBM+FF	
	Critical Lab Test / Values:	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	
Post Operative Procedure Special Orders:		Nil	Nil	Nil	Nil	Nil	
Handed Over By Name :		Subham	Vaishnavi	Manisha	Subham	Renuka	
Signature / ID :		Subham	020216	Manisha	Subham	018727	
Date:		9/7/26	9/7/26	9/7/26	10/7	10/7/26	
Time:		@8AM	@2pm	@8pm	@8AM	@10am	
Taken Over By Name :		Vaishnavi	Manisha	Subham	Renuka		
Signature / ID :		020216	Manisha	Subham	018727		
Date:		9/7/26	9/7/26	9/7/26	10/7		
Time:		@8AM	@2pm	@8pm	@8am		

Noted by Renuka 10/7 @10am

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Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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

Date: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	6AM	Ensure safety	9am	provided baby cns	To prevent from fall	Baby is safe	9/7/26 @12pm
	12pm	DBF given	12pm	provided breast feeding	Toget energy retention	Baby is safe	
Afternoon	4pm	Ensure safety	2pm	provided feeding	Toget enough behaviour	Baby is safe.	9/7/26 @ 2pm
Night	9pm	→ Maintain Good Nutritional Status		→ Every 2nd hourly DBF + FF given	→ Baby taking well	→ Baby is stable	Manasa @8am

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Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 11 H (M)
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: 8/7/26

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	11am 1am	→ Maintain good Nutritional status → Ensure Safety		→ To Provided DBM + FF given every 2nd hrly → Provided cuib	→ Feeding well → Prevent fall Risk	Baby is stable	Bennika S/N @2pm
Afternoon	3:00 7:00	- maintain aseptic technique - prone Comfortable position	3:30 7:30	maintained aseptic technique proned Comfortable position	- prevent from Infection - to reduce discomfort	- patient is stable	Bennika @8pm S/N
Night	10 PM	→ Feeding	10:30 pm	→ Direct breast milk and formula feed is given for every 2nd hourly	→ To maintain oral intake	→ baby is stable	@ Manasa

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. SURENDER RAO DUSA

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NURSING CARE RECORD

Date: 9/7/26

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	9 AM	Maintain Good Nutritional status -Ensure Safety	10 AM	-Every 2nd hourly Feeding & Burping given -provided side rails	-To prevent Nutrition -To prevent Falls	-patient is stable	Vaishnavi 9/7/26 @2pm
Afternoon	3pm	-feeding		-Direct breast milk & formula feed is given for every 2nd Hourly	-TO maintain oral intake	-Baby is stable	Manisha 9/7/26 @8pm
Night	9pm 10pm	→ DSPT light → feeding	9pm 10pm	→ Provided by DSPT light → DBF +ff given every 2nd hrly	→ To Reduce billerubin → Baby is taking well	→ Baby is stable	→ Bulb off @8AM

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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

Date: 10/7/26

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				Discharge Note Doctor Came for rounds and advice for discharge.			
Afternoon					Noted by Bramika 10/7 @10am		
Night							

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/7	DATE 8/7	DATE	DATE	DATE 8/7
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	2	2	2	2	2
	Female	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	-				
	Forget Limitations	2	-				
	Oriented to own ability	1	-				
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2	-				
	Outpatient Area	1	-				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-				
	Within 48 hours	2	-				
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	-				
	Hypnotics	3	-				
	Barbiturates	3	-				
	Phenothiazines	3	-				
	Antidepressants	3	-				
	Laxatives / Diuretics	3	-				
	Narcotics	3	-				
	One of the Meds listed above	2	-				
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	16

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

	Bed in low position			crib	crib	crib	crib
	Call device within reach			-	-	-	-
	Wheels Locked		yes	-	-	-	-
	Room free of clutter			-	-	-	-
	Adequate lighting		yes	-	-	-	-
	Wheel chair [illegible]			-	-	-	-
	Other Intervention(s) Specify			-	-	-	-
	Nurse's Name:		[illegible]	Anette	Bennika	Bennika	Leonard
	Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
	Date:		8/7/20	8/7	8/7	8/7	8/7
	Time:		@ 9AM	@ 2PM	2pm	8pm	11PM

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. SURENDER RAO DUSA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/7	DATE 9/7/26	DATE 9/7	DATE 10/7	DATE
Age	Less than 3 years old	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	2	2	2	2	
	Female	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	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	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					
	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	
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	
	Total		16	16	16	16	

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

	Bed in low position		Cribe	Cribe	Crib	Crib
	Call device within reach		—	—	—	—
	Wheels Locked		—	—	—	—
	Room free of clutter		—	—	—	—
	Adequate lighting		—	—	—	—
	Wheel chair support		—	—		—
	Other Intervention(s) Specify		—	—	—	—
	Nurse's Name:		Vaishu	manisha	subha	Bevarika
	Signature:		Vaishu	MJ	S	Bevarika
	Date:		9/7	9/7	9/7	10/7
	Time:		11 AM	3pm	11PM	10am

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

Verified by Bevarika 10/7/26 @10am

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 REDDI RAMANI --TWIN-2**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060601**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-226-2**

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 ...urance 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 ...rance. In case of failing the submission, I will pay 200/- Rs.
(...ceivers 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: Karthik Kumar
Relationship: Father
Date: 7/7/26 Time: 9:15 AM
Wittness Name:
Wittness Signature:

Patient Address:
Kharkhana Main Road Kharkhana Main Road Hyderabad Telangana INDIA 500015

APTAMIL PEPTI

Ref. No. : F / NICU / FD / 02

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CONSENT FOR FORMULA FEEDS

Patient Name : B/O Reddi Ramani - Twin - 2 Age : .....

Gender : M ☑ F ☐ - IP No : 00060601 Reg. No. : 206663

Department : 1st Floor Date : 7/7/26

I Mr / Mrs. : ..... S / W / D / o. : .....

aged ..... years. Hereby declare that I have admitted my son / daughter .....

In the NICU of Rainbow Children's Hospital, Hyderabad on ..... Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : .....

Name : KARTHIK KUMAR LINGA

Relationship with Patient: FATHER

Date & Time : 07/07/2026

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Shriram

Date & Time : 7/7/26

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డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

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

రిజిస్ట్రేషన్ నం : ..... ఐ.పి. నం : .....

నేను శ్రీ/శ్రీమతి : ..... S/W/D/O: .....

వయస్సు : ..... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : _____

పేరు : _____

తేది మరియు సంతకము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

lo. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/7/26

Time:		9	11	1	3	5	7	9	11	1	3	5	7
Doctor/Nurse/Family Concern?							pm	pm	pm	AM	AM	AM	AM
Temperature (°F) (scale 94–104)		96F	96.6F	96F	96F		98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)		*	*	*	*		•						
Heart Rate (Number)		150	145	150	140		145	139	141	142	143	144	139
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)		*	*	*	*								
Resp Rate (Number)		40	42	50	40		38	40	41	43	43	39	44
Resp Distress — Mod/ Severe													
Resp Distress — None / Mild	NA												
Receiving O_2 (l/min)													
O_2 Saturations (%)	99						98	99	100	98	99	98	99
Conscious Level — Normal	✓						P	N	N	N	N	N	N
Conscious Level — Altered													
GCS *							16	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							[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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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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-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 11 H (M)
Dr. SURENDER RAO DUSA

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	9	11	1	3	5	7	9	11	1	4	7	
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	
Temperature (°F)	98.3F	98.3F	98.6F	98.6°F	98.6°F	98.6°F	98.3°F	98.6°F	98.6°F	98.6°F	98.6°F	
Heart Rate (Number)	140	138	140	142	135	141	134	134	128	140	132	120
Resp. Rate (Number)	30	28	30	40	42	35	34	32	30	41		48
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min)												
O_2 Saturations (%)	98	98	98	99	100	98	98	97	98	96	97	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	B	B	B	MA	MA	MA	SK	SK	SK

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

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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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!
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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-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. SURENDER RAO DUSA

No. : RCH/ FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/7/26. Time:	9	11	1	3	5	7	9	11	2	5	7
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM
Temperature (°F)	98.1°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (Number)	131	136	140	132	120	132	112	130	124	112	142
Resp. Rate (Number)	30	41	36	30	32	34	40	33	40		39
Resp Distress (Mod/ Severe / None / Mild)											
Receiving O_2 (l/min)											
O_2 Saturations (%)	99	98	99	99	98	99	98	97	99	100	95
Conscious Level (Normal / Altered)	N	N	N	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	✓	✓	✓	M	M	M	✓	SK	SK	SK	SK

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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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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-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... 10/7 Time:	9																							
Doctor/Nurse/Family Concern?	AM																							
Temperature (°F) 104																								
103																								
102																								
101																								
100																								
99																								
98	98.6 o/o																							
97																								
96																								
95																								
94																								
Heart Rate (bpm) and Blood Pressure (mmHg) * 190																								
180																								
170																								
160																								
150																								
140																								
130																								
120																								
110																								
100																								
Note: BP does not score in early warning scoring 90																								
80																								
70																								
60																								
50																								
Heart Rate (Number)	120																							
Resp. Rate (bpm) (Over 1 Minute) * 70																								
60																								
50																								
40																								
30																								
20																								
10																								
Resp Rate (Number)	32																							
Resp Distress: Mod/ Severe / None / Mild	N																							
Receiving O_2 (l/min)																								
O_2 Saturations (%)	98																							
Conscious Level: Normal / Altered	N																							
GCS *	15																							
TOTAL SCORE Number of shaded boxes	0																							
Pain Score	0																							
Observer's Initials	B																							

Noted by Beauty 10/7/26 @1040hrs

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-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 3

7/7/26

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
7/5/26	08:00 am											
	09:00 am											
	10:00 am	DBF									0	
	11:00 am									✓	0	
	12:00 pm	DBF					✓				0	7/7/26 1pm
	01:00 pm										0	
Total Intake :						**Total Output :** passed.						
7/7/26	02:00 pm	DBF+FF								✓	0	
	03:00 pm										0	
	04:00 pm	DBF+FF									0	
	05:00 pm										0	7/7/26 6pm
	06:00 pm									✓	0	
	07:00 pm											
Total Intake :						**Total Output :**						
7/7	08:00 pm		FF								1	
	09:00 pm											
	10:00 pm		DBF							✓		
	11:00 pm										0	
	12:00 am		FF				✓				1	
	01:00 am											
Total Intake :						**Total Output :**						
8/7	02:00 am		FF								1	
	03:00 am											
	04:00 am		DBF+FF									
	05:00 am										0	
	06:00 am		DBF+FF							✓		
	07:00 am						✓				1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 9 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/7/26	08:00 am		DBF							✓	1	
	09:00 am		FF(125ml)								0	Indw
	10:00 am											@2pm
	11:00 am		FF								1	
	12:00 pm		DBF (115ml)				—			✓		8/7/26
	01:00 pm											
Total Intake :						**Total Output :**						
8/7	02:00 pm		FF(125ml)								1	
	03:00 pm		DBF									
	04:00 pm										2	Bandage
	05:00 pm		+									8/7
	06:00 pm		FF									@8pm
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 2

8/7/26

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
8/7/26												
	08:00 am											
	09:00 am	DBM+FF(25ml)								✓		
	10:00 am											Beuonika 8/7 @7pm
	11:00 am										0	
	12:00 pm	DBM+FF (15ml)					✓			✓	1	
	01:00 pm											
Total Intake :						Total Output :						
8/7/26	02:00 pm											
	03:00 pm	DBM+FF(20ml)					✓			✓		
	04:00 pm											
	05:00 pm											Beuonika 8/7 @7pm
	06:00 pm	DBM+FF(20ml)					✓			✓	0	
	07:00 pm										1	
Total Intake :						Total Output :						
8/7	08:00 pm											
	09:00 pm	DBM+FF (15ml)								✓		
	10:00 pm											Subham 8/7/26
	11:00 pm	DBM+FF 25ml									0	
	12:00 am									✓		
	01:00 am										1	
Total Intake :						Total Output :						
9/7	02:00 am		DBF+									
	03:00 am		FF							✓		
	04:00 am											Subham 9/7/26 @7Am
	05:00 am		FF								0	
	06:00 am											
	07:00 am									✓	1	
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	8times

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0Y0M0D9H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : 3

9/7/26

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
9/7/26	08:00 am											Vaishna 9/7/26 @2pm
	09:00 am		DBM + FF (30ml)				✓			✓		
	10:00 am											
	11:00 am						✓			✓		
	12:00 pm		DBM + FF (30ml)									
	01:00 pm											
Total Intake :						**Total Output :**						
9/7/26	02:00 pm											Manida 9/7/26 @8pm
	03:00 pm		DBM FF (30ml)								1	
	04:00 pm											
	05:00 pm						✓			✓	0	
	06:00 pm		DBM + FF (30ml)								1	
	07:00 pm											
Total Intake :						**Total Output :**						
9/7	08:00 pm											Subha 9/7 @ 11pm
	09:00 pm		DBM FF (30ml)							✓		
	10:00 pm						✓					
	11:00 pm						✓				0	
	12:00 am		DBM + FF (30ml)							✓		
	01:00 am						✓			✓	1	
Total Intake :						**Total Output :**						
10/7	02:00 am											Sw PO/02 @ 5am
	03:00 am		DBM + FF (25ml)				✓			✓		
	04:00 am						✓					
	05:00 am											
	06:00 am		FF (30ml)				✓			✓		
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 10 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : .....

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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
10/7/26												
	08:00 am		DBM + fr								1	
	09:00 am						–			–		
	10:00 am										0	Beenika
	11:00 am											
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						Noted by Beenika 10/7/26 @ 10 Pm
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

VIH-00206663 IP-00060601
Baby B/O REDDI RAMANI --TWIN-2
07-07-2026 0 Y 0 M 0 D 2 H (M)
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STAT / ONCE ONLY DRUGS

Name: B/o. Reddi Ramani (Twin-II)

Weight: 2.3 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/7/26	8:14AM	Inj Vit K	0.5 ml	IM			

VIH-00206663 IP-00060601
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07-07-2026 0 Y 0 M 0 D 2 H (M)
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RESULT SHEET

Date	10/7					
Time	7AM					
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	6.6 < 0.2 / 6.4					
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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