Name	Baby B/O GANDURI LAHARI	**UHID**	VIH-00206652
Father/Guardian	Mr P.V.MURTHY	**Age/Gender**	0 Y 0 M 2 D/Female
Address	PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR,MALKAJGIRI,HYDERABAD., Malkajgiri, Hyderabad, Telangana, INDIA, 500047		
IP No	IP-00060589	**Admission Date**	06-07-2026
Ref Doctor	Dr Padmini Prasad O	**Discharge Date**	08-07-2026

DISCHARGE SUMMARY

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

Diagnosis: Term/Appropriate for gestational age/Baby Girl

Mode of Delivery: Emergency Lower Segment Cesarean Section (Indication: Borderline CPD with Term pregnancy with failed induction)

Anthropometry:

Weight at birth : 3.07 kg
Weight at discharge : 3.00 kg
Head circumference : 33 cms
Length : 45 cms

History: Baby of GANDURI LAHARI is a term (38+6 weeks) baby girl, delivered to a Primigravida mother by emergency Lower Segment Cesarean Section (Indication: Borderline CPD with Term pregnancy with failed induction) on 06.07.2026 at 4:40 pm with birth weight of 3.079 kgs in Rainbow Children's Hospital, Karkhana. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 8/10 at 5 min. Inj. Vitamin-K 1mg IM was given after delivery.

Name	Baby B/O GANDURI LAHARI	UHID	VIH-00206652

Maternal History: Mrs. GANDURI LAHARI is a 31 years old Primigravida mother.

G1 - Present pregnancy, spontaneous conception, had regular ANC's. Antenatal scans were normal. History of gestational hypertension on Tablet Labetalol 100mg. No history of Urinary Tract Infection / Antepartum Hemorrhage / Oligohydramnios / Polyhydramnios / Fever. Mother's blood group is "AB" 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. Baby's cord blood gas showed pH 7.36, pCO2 36.7 mmHg, pO2 30 mmHg, HCO3 19.9 mmol/L, BE -5.6mmol/L.

Transcutaneous bilirubin before discharge was 9.4mg/dl, it does not come under phototherapy range.

Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 07.07.2026

Hearing test (TEOAE): Done on 08.07.2026 was normal.

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 10.07.2026 (Friday) 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).

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.

Name	Baby B/O GANDURI LAHARI	UHID	VIH-00206652

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 : PVB MURTHY Signature : Boppasy

Relationship with patient : FATHER

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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(1)

ACTIV VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 0Y0M0D3H (F)
Dr. SURENDER RAO DUSA
NG

Name: --

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

Date of Admission : 6/7/26 Time : 5.51PM Date of Discharge : ---------- Time: ----------

Room / Bed No : 229-I Ward : NW Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/7/26	10:45PM	NW	Room (102)	

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
6/7/26	Blood group	V126022596	
6/7/26	ABG	V126022610	
	Crossmatch (1 unit) 6/7/26 @ 7.30pm		
7/7/26	GRBS - 1:35pm - 84 mg/dl	260022753	
7/7/26	GRBS - 8pm - 104 mg/dl	260022754	
8/7/26	GRBS - 3AM - 63 mg/dl	260022755	
8/7/26	TCB - 9.4 mg/dl		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 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				
4	Patient Trasfer Forms	01	—	—	
5	In-patient Medical Record	04	—	—	
6	Doctors Progress Sheets	02	—	—	
7	Nurses Progress notes	03	—	—	
8	Consultation Sheets	01	—	—	
9	General Consent for Treatment	01	—	—	
10	Conset for Surgery				
	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	03	—	—	
26	Intake and Output chart (fluid Chart)	02	—	—	
	Drug Chart (Regular prescription)	01	—	—	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)				
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Result sheet	01	—	—	
	Humidity Diarry	01	—	—	
	Others	05	-	-	
	Total No. of Pages	28			

Signature and Date :

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

NEW BORN DETAILS

B/O Lahari

DOB: 6/7/26 Sex: Female Maternal Blood Group: AB+ ve

Time: 4:40pm Birth Weight: 3.079 Baby Blood Group: 'B' +ve

SVD / LSCS: LSCS

Indication: _____

Diagnosis: _____

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: 33 cms Length: 45 cms

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

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
7/7/26	1st day	3.031	1.5%	✓	✓	DBM/FF	
8/7/26	2nd day	3.0	2.5%	✓	✓	DBM/FF	

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060589 **Admit Date** : 06-Jul-2026 **Admit Time** : 05:51 PM **UHID** : VIH-00206652

Patient Details :

Patient Name	: Baby B/O GANDURI LAHARI	**Age**	: 0 D
Guardian	: Mr P.V.MURTHY	**DOB**	: 06-07-2026 04:40 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Idress (H)	: PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR, MALKAJGIRI,HYDERABAD. Malkajgiri Hyderabad Telangana INDIA 500047	**Phone No**	: 9177993737/ 8801709023
		E-mail	: boopeshmurthy@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-229-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-229-1 **Admission Type** : First Visit

Contact Details :

Name : Mr P.V.MURTHY **Relationship** : Father

Contact Address : PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR,MALKAJGIRI,HYDERABAD. Malkajgiri Hyderabad Telangana INDIA 500047 **Phone No** : 9177993737

Signature

Doctor Details :

Doctor Name : Dr. SIVA NARAYANA REDDY VENNAPUSA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 0 Y 0 M 0 D 3 H (F)
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 Lahari Mother's Name: Mrs Lahari

Date of Birth: 6/7/26 Time of Birth: 4.40pm Gender: ☐ Male ☑ Female

Birth Weight: 3.079 Kgs HC: 36 cm Lenght: 37 cm

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

Term / Pre-term / Post-term: Term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 5pm.

VIH-0020662 IP-00060583
Mrs GANDUR LAHARI
23-09-1994 31 Y 9 M 13 D (F)
Dr. PADMINI PRASAD ORIGANTI

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

Indication: Non Progress of labour

Physical Assessment of New Born:

Temp: 98 °C HR: 144 /Min RR: 32 /Min BP: — SpO_2: 100%

Pain Score: — (Follow N Pass)

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

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

Neonatal Screening Done: Yes / ~~No~~

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

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

Newborn Screening Discussed: Yes / ~~No~~

Nurse Name: Rhadelemi Signature: Date &Time: 6/7/26 at 8pm

PATIENT TRANSFER FORM

(1)

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206652 IP-00060589 Baby B/O GANDURI LAHARI 06-07-2026 0Y0M0D3H (F) Dr. SURENDER RAO DUSA	6/7/26 at 5.51pm	06/7/26 at 10.45pm
	Transfer Ordered by Dr. vishal	Reason for Transfer observation Room ( )
From Unit Nuo	To Unit Room (102)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (14)	Number of Imaging Films ABG (1)	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.	Koochess Small	(1)
2.		
3.		
4.		
5.		

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

Dr. vishal.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Meghna	Dr. vishal.

Patient & Clinical Records Received by : manasa

Date & Time of Patient Received : 6/7/26 @ 10:15pm

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-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0Y0M0D3H (F)
Dr. BURENDER RAO DUSA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Ganduri lahari Age : 31yr Father's Name : .... Age : ....

Date of Birth : 6/0/26 Date of Admission : 6/6/26 UHID No.: ....

NICU Consultant : Dr Surendra Sir Referring Consultant : ....

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

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

BIRTH INFORMATION

Name : B/o Ganduri lahari
Mother's Blood Group : AB+ve

Gender : ☐ M ☑ F Blood Group : ....
Birth Weight (gms) : 3.079 Length (cms) : ....

Date of Birth : 6/0/26 Time of Birth : 4:40pm
OFC (cms) : ....

Place of Birth : Vikrampuri
Estimated Gesth Age : 38+6 days

Current Obstetric History : (Booked / Unbooked Case) UnBooked Case

Maternal Age : 31yrs Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 1/10/25 EDD : 8/7/26

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

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

Last Scans Details : SLIUF 38+2 weeks AC - 29? AFI 7.3 cm Doppler ⓝ Cephalic EFW 3437 TT Immunization and Iron / Folic Acid : taken.

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 : Gestational HTN :- Conception.

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : On labetalol 100mg B.D.

IUGR - when detected : ....

Doppler (Increased Resistence / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : ....

AFI : ....

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

Controlled or not, recent values, HbA1 values : /

Compliance with Rx : ....

Scans : LGA, TIFFA , Fetal Echo : ....

H/o Hypothyriodism : when diagnosed ? Medication? /

Any other Chronic Medical Problems, when detected drugs ? /

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

Infection : H/O, Fever

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

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

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

Medication during Pregnancy : On Tab Ecosprin. Duration : ....

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ 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
1	2	2
2	2	2
2	2	2
1	1	2
2	2	2
TOTAL 7/10	8/10	10/10

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 :

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

, received by emergency usis
. Child Immediately after delivery

Term/38 wks AGA F/ 3.075/44/CIAD.

HR >160/min
RCC done for 1 min
Inj Vit-K given

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

Socio Economic History :

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

GENERAL EXAMINATION ON ADMISSION

General Disposition : Acrocyanosis

VITALS : Temperature : 36.5 HR : 140 RR : 40 NIBP : - CFT : <3s

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 93%

Anthropometry : Birth Weight : 3.079kg Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge :
WNL

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

BREASTS : Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : ⊕
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Deformities : X
Hip Joint Examination :
Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 40 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% Auscultation : S1, S2 ⊕ Breath Sounds B/L ⊕ Added Sounds : –

Cardiovascular System :

HR : 150 BP :
Femoral Pulses : well felt
Other Peripheral Pulses : well felt
Precordial Activity :
Murmurs : –
Signs of Cardiac Failure : –

Abdomen :

Shape : ⊕
Palpation : SOFT
Palpable masses : –
Abdominal girth : –
Hernia orifice :
Anal Patency : ⊕
Umbilical Cord : Arl,
First urine passed : passed
Meconium passed : –

VIH-00206652
Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

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 : Complete DTR : .....

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

Any Congenital Anomalies : .....

.....

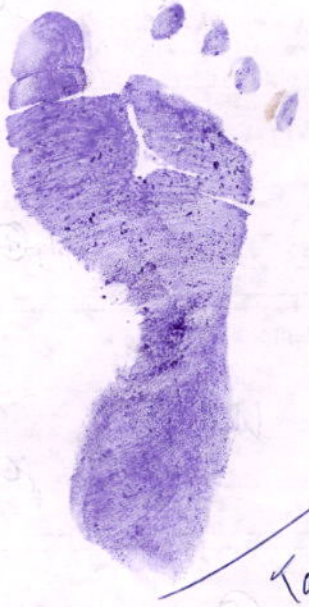
Diagnosis : F/38+6wk/LSCS/CBDS kgs/3-029/leg

.....

FOOT PRINTS

Left Side :

Right Side :



Taken by : Sri Vanitha

Resident Doctor :

Signature : .....

Name : Dr SIVA

Date & Time : 6/6/20 : 4.40pm

Consultant :

Signature : .....

Name : Dr. Surender Rao

Date & Time : .....

Patient Sticker

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

DISCHARGE PLAN

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 : .....

- Warm Care
- Cord Care
- BF on demand
- NSG
- BSA } on discharge
- OAE
- Vaccination as per schedule

Noted by : Sr. Vanitha

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

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Baby B/O GANDURI LAHARI
08-07-2026 0 Y 0 M 0 D 3 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: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

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Baby B/O GANDURI LAHARI
06-07-2026 0Y0M1D (F)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10:00 am	SIB Resident	
	GT / 38+6 wk / LSCS / LGA(?) / 3.019 kg /	
	17 HOL	
	O/E	
	Baby euthermic	
	CRT < 3 sec	Bwt = 3.079
M = AB +ve	CFA - good	Cwt = 3.031
B = B +ve	CVS - S1 S2 (+)	↓ 1.5% Bwt
	RS BAE (+)	
	PA soft	
	AF @ level	
	plan	
	- DBF	
	Immunization done ✓	
	other TLM	
	NBS / SBR / TcB at D/C	
Dr. [signature]	GRBS monitoring Q6H till 48 hrs.	
		Dr. Surender Rao [signature] 12:05 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/B Resident :	
7/7/26: 2:00pm.	FT/ LSCS/ CIAB/ (38+6W)	3.019 kgs.
	O/E Baby alert, euthermic, Vitals stable CVS RS P/A	Adv: - CNT - CIRRS monitoring Q6H till 48hrs.
7/7/26	lactation notes (Ms. Ranganayaki)	(Continued)
	• 1st time mother • Drops of milk seen • Short nipple both sides • Top feed introduced on advise of pediatrician • Advised to feed every 2hrs • Mores sheet to sheet • Plan (To observe feeding tomorrow)	Noted by Manjula 7/7/26 8pm

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Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 9AM	C/S/B Resident	POn 6/7/26 4PM
	FT/38+6wk/LSCS/CIAB/3.019kg	
	M.BG - AB +ve	
	B.BG - B +ve	
		Plan
	Y, wt - 3.031kg	
	T, wt - 3kg	- DBF f/b burp q2h
	O/E C/T/A good	- OA Today
	CRT < 3sec	
	CVS = S1S2 (+)	- TCB Today
	RS - B/L AE (+)	- F/up on Friday
	PA - Soft	
	Vry Stable	Dr Surender Rao 8/7/26 11AM
	Noted by Bouanika 8/7/26 @ 2pm	

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Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0Y0M0D3H (F)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Newborn / Term / 38weeks / AGA

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

Surgery / Procedure: —

Post OP Day: —

BACKGROUND

Date / Shift	6/7/26 E	6/7/26 N	6/7 N	7/7/26 M	7/7/26	7/7 N
Medical Condition (Any special condition to be noted):	—	—		Nil	Nil	Nil
Diet:	DBF	DBF	DBM	DBM+FF	DBM+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	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	36.4C	98.2°F	98.6°F	98.6°F	98.5°G	98.6°F
Res:	normal	42b/mt	38b/M	40b/m	42 b/m	38b/M
SpO_2:	99%	99%	98%	99%	99%	98%
Pulse:	normal	138 b/mt	136 b/M	140 b/m	142 b/m	136 b/M
BP:	—	—	—	—	—	—
LOC:	conscious	Conscious	Conscious	Conscious	conscious	Conscious
Fall Risk Score:	'0'	15	15	15	15	15
Pain Score:	'0'	'0'	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	Nil	Nil	Nil	Nil
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	DBM	DBM	DBM	DBM+FF
Critical Lab Test / Values:		—	—	Nil	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	dependant	Dependent	dependent	Dependent	Dependent
Post Operative Procedure Special Orders:	—	DBF 2nd bf	DBF 2nd hourly	OAE.	Nil	Nil
Handed Over By Name :	Puja	Meghna	Manasa	Veronika	Manisha	Manasa
Signature / ID :		M020232	Q019507	Q018727	M020232	Q019507
Date:	6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	8/7/26
Time:	@ 8Pm	@10pm	8AM	@ 2pm	@8pm	8AM
Taken Over By Name :	Meghana	Manasa	Veronika	manisha	Manasa	Veronika
Signature / ID :	M020232	Q019507	Q018727	M020232	Q019507	Q018727
Date:	6/7/26	6/7/26	7/7/26	7/7/26	7/7/26	8/7/26
Time:	@8pm	10PM	@ 8am	@2pm	8PM	@8am

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI (F)
06-07-2026 0 Y 0 M 1 D
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT/38+6Wks) LSCS/CIAB/girl 3.029 kg				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: Nil		
	Surgery / Procedure: Nil				Post OP Day: 1st		
BACKGROUND	Date / Shift	8/7/26 M					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	EBM+FF					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F					
	Res:	25b/m					
	SpO_2:	99%					
	Pulse:	135b/m					
	BP:	—					
	LOC:	Conscious					
	Fall Risk Score:	16					
	Pain Score:	0					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	Nil					
	Critical Lab Test / Values:	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					
Post Operative Procedure Special Orders:		Nil					
Handed Over By Name :		Bennika					
Signature / ID :		018727					
Date:		8/7/26					
Time:		@2pm					
Taken Over By Name :				noted by Bennika 8/7 @2pm			
Signature / ID :							
Date:							
Time:							

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 0Y0M0D3H (F)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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Date: 6/7/16

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	6 Pm 6.40 pm 7pm	Ensure Safty Prevent infectn Maintain fluid balance	6:40 Pm 6.50 pm 7.30 pm	Provide side rails Hand hygiene DBM 2nd hourly	To Prevent infect. To Prevent infect. given 2nd hrly	Baby is active & well hydrated	
Night	8pm 1 AM	Maintain personal hygiene → Ensure safety	4:30 AM	personal hygiene given → side rails kept up	TO prevent infection → Prevent from fall risk	→ baby is stable	

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Baby B/O GANDURI LAHARI
08-07-2026 0 Y 0 M 0 D 3 H (F)
) DUSA

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
08-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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Date: 7/7/26

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	9:00 1:00	maintain aseptic technique - Ensure safety	9:30 1:30	maintained aseptic technique - side rails kept up	- prevent from Infection - prevent from falls risk	- patient is stable - no fresh Complaint	Indu @2pm 7/7/26
Afternoon	3 PM.	- maintain aseptic technique		- maintained aseptic technique	- prevent from infection	- Baby is stable	manisha 7/7/26 @8pm
Night	10 PM	→ Ensure safety	10:30 AM	→ side rails kept up	→ prevent from Fall risk	→ patient Baby is stable	manasa

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Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 1 D (F)
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NURSING CARE RECORD

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		Nan→ Maintain good Nutritional status		→To Provided DBM +FF every 3rd hrly	→ Feeding well	Baby is stable	Benarika 8/7 @2pm
Afternoon				Discharge Note Doctor came for rounds and advice for discharge.			
Night					Noted by Benarika 8/7 @2pm		

Docu. No: RCH /FRM / CLINICAL / 148

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Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

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							

Patient Sticker

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Baby B/O GANDURI LAHARI
06-07-2026 0Y0M0D3H (F)
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THE HUMPTY DUMPTY SCALE

SPM.

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			6/7/25	8/7	7/7	7/7	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					
	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	3	3	3
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	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		14	14	14	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
	Call device within reach		-	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		-	-	X	X	X
	Other Intervention(s) Specify		-		✓	✓	✓
	Nurse's Name:				Manisha	Praveena	Bindu
	Signature:						
	Date:		6/7/25	8/7	7/7	7/7	8/7
	Time:		8PM	1PM	3PM	11PM	2PM

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

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 GANDURI LAHARI**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060589**	**Sex:**	**Female**
Consultant:	**Dr. SIVA NARAYANA REDDY VENNAPUSA**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-229-1**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

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

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

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

Note:
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:.....) G Bapaiah

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: L Bapaiah

Name: MURTHY
Relationship: Father.
Date: 06/07/26 Time: 05:51 P.M
Witness Name:
Witness Signature:

Patient Address:
PLOT NO:124,FLAT NO:201,SRI VENKATESWARA NILAYAM,VANI NAGAR,MALKAJGIRI,HYDERABAD. Malkajgiri Hyderabad Telangana INDIA 500047

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CONSENT FOR FORMULA FEEDS

Patient Name : ..... VIH-00206652 IP-00060589 Baby B/O GANDURI LAHARI 06-07-2026 0 Y 0 M 0 D 14 H (F) Dr. SURENDER RAO DUSA ..... Age : .....

Gender : M☐ F☐ - IP No : .... eg. No. : .....

Department : ..... 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 : Lahari

Name : G. Lahari

Relationship with Patient: mother

Date & Time : 7/7/26 @ 3:00AM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vichwaja

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-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

/ CLINICAL / 124

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

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

Date: 6/7/26 Time:		3 pm	5 pm	7 pm	9 pm	11 pm	1 AM	4 AM	7 AM
Doctor/Nurse/Family Concern?									
Temperature (°F)	104								
	103								
	102								
	101								
	100								
	99								
	98	98.4°F	98.4°F	98.6°F	98.8°F	98.8°F	99.3°F	98.6°F	98.6°F
	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	142	112	143					
	80								
	70								
	60								
	50								
Heart Rate (Number)		142	113	142	138	140	135	130	128
Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
Resp Rate (Number)		48	48	48	42	38	30	32	34
Resp Distress: Mod/ Severe / None / Mild		✓	✓	✓	✓				
Receiving O_2 (l/min)									
O_2 Saturations (%)		98%	98%	98%	99%	98	97	98	98
Conscious Level: Normal / Altered		✓	✓	✓	✓	✓	✓	✓	✓
GCS *		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		P	P	P	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. SURENDER RAO DUSA

Doc. 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: ..... Time:

Doctor/Nurse/Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number)

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

Resp Rate (Number)

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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VIH-00206652 IP-00060589
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08-07-2026 0 Y 0 M 1 D (F)
Dr. SURENDER RAO DUSA

CLINICAL / 124

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

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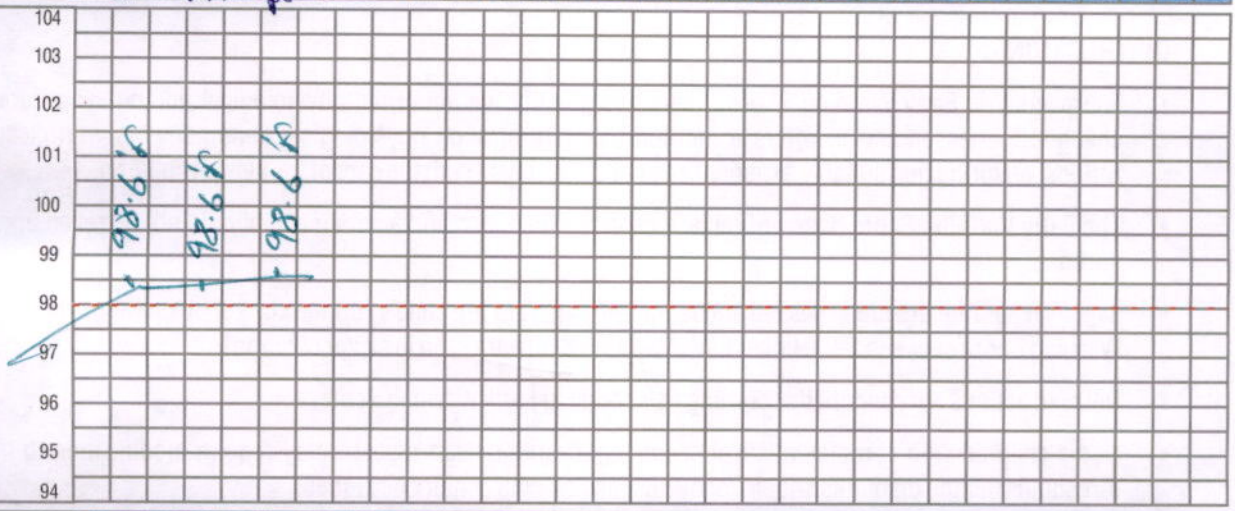
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7/25 Time: 9 11 1

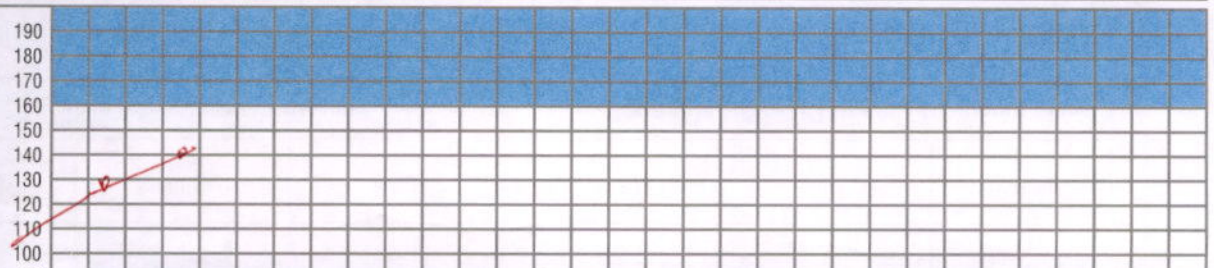
Doctor/Nurse/Family Concern? am am pm

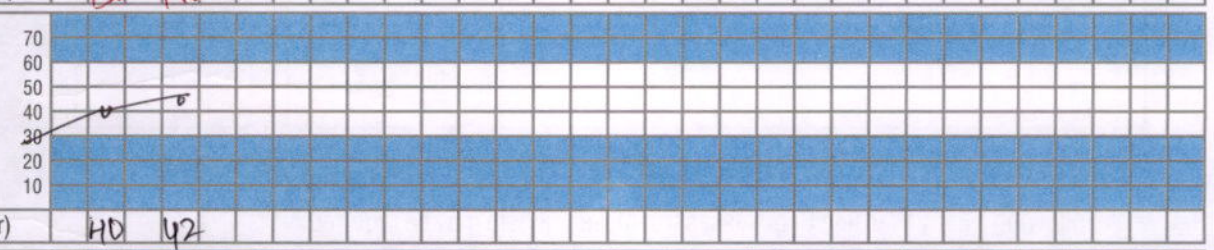
Temperature (°F)



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

Note: BP does not score in early warning scoring



Heart Rate (Number)	130	140
Resp. Rate (bpm) (Over 1 Minute) *		
Resp Rate (Number)	40	42
Resp Distress: Mod/ Severe / None / Mild	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	99	100
Conscious Level: Normal / Altered	N	N
GCS *	15	15
TOTAL SCORE Number of shaded boxes	0	0
Pain Score	0	0
Observer's Initials	B	B

Noted by Bavanitha 8/7 @ 2pm

ACTIONS NB: Scores 3 should be recorded overleaf	
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00206652 IP-00060589
Baby B/O GANDURI LAHARI
06-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. SURENDER RAO DUSA

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

FLUID CHART

Sheet No. : 6/7/26

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							
	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											
6/7	05:00 pm	DBF										Kande 6/7/26 @8pm
	06:00 pm											
	07:00 pm	DBF										
Total Intake :		Coed				**Total Output :**				Not Pass		
	08:00 pm	DBF										
	09:00 pm											Meghna 6/7/26 @10pm
6/7	10:00 pm	DBF					✓			✓		
	11:00 pm											
	12:00 am											
	01:00 am	DBM					✓					
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	FF										
7/7	04:00 am	DBM					✓			✓		Meenaso 7/7/26 @7am
	05:00 am											
	06:00 am	FF										
	07:00 am	DBM										
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206652 IP-00060589
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06-07-2026 0 Y 0 M 0 D 17 H (F)
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FLUID CHART

Sheet No. : .....

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.

		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							
7/7	08:00 am											
	09:00 am		DBM							✓	0	Belladona 7/7
	10:00 am											
	11:00 am		DBM +FF									
	12:00 pm						✓			✓		@ 1pm
	01:00 pm		DBM +FF									
Total Intake :						**Total Output :**						
2hrs	02:00 pm											
	03:00 pm		DBM									
	04:00 pm		+FF							✓		
	05:00 pm										0	
	06:00 pm		DBM									Mannitol 7 1hr @ 8pm
	07:00 pm									✓		
Total Intake :						**Total Output :**						
7/7	08:00 pm		DBM									
	09:00 pm											
	10:00 pm		FF									
	11:00 pm											
	12:00 am		DBM							✓		
	01:00 am		FF				✓					Mannitol @ 8pm
Total Intake :						**Total Output :**						
8/7	02:00 am											
	03:00 am		DBF+FF							✓		
	04:00 am											
	05:00 am		DBF+FF									
	06:00 am						✓			✓		
	07:00 am		DBM+FF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	7 times

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06-07-2026 0 Y 0 M 0 D 17 H (F)
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FLUID CHART

Sheet No. : .....

8/7/26

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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
8/7												
	08:00 am											
	09:00 am		DBM				–			–		Beeruka 8/7 @2pm
	10:00 am		+FD									
	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 :**						

Noted by Beeruka 8/7 @2pm

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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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**	

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STAT / ONCE ONLY DRUGS

Name: B/o Lahari

Weight: 3.079 kgs

Sheet No: 17

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
6/7/26	8/8/26	INJ VIT-K IM	1 IM	I/M			

Verified
Dr. Rishika
Clinical Pharmacologist