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

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Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth	: 31/5/26	New Born Screening	:
Time of Birth	: 9.47 am	TFT	:
Mode of Delivery	: -	OAE	:
Birth Weight	: 3.671 kgs	Mother's Blood Group	: B tve
Head Circumference	: -	Baby's Blood Group	: A B tve
Length	: -	Anomaly Scan	: -
Red Reflex	: -	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
10/6/26	W.W. 3.422 kgs	FF+DBF	-	97.7F	Sangeetha
11/6/26.	~~3.435~~ 3.430 kgs	DBF+FF	-	98.0°F	Durga

Date	Time	Investigation	Result	Order No.	Signature

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174939 **Admit Date** : 09-Jun-2026 **Admit Time** : 08:40 PM **UHID** : BAH-00657707

Patient Details :

Patient Name	: Baby Of VENGALAPATHI KANAKA LAKSHMI	**Age**	: 0 Y 0 M 9 D
Guardian	: Mr D SUJITH KUMAR	**DOB**	: 31-05-2026 09:47 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 8-3-988/39 , Sbh Colony, Srinagar Colony Hyderabad Telangana INDIA 500073	**Phone No**	: 9052237997/ 8143905908
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 272 **Ward Name** : 2F-NICU 3

Room No : NICU 272 **Admission Type** : First Visit

Contact Details :

Name : Mr D SUJITH KUMAR **Relationship** : Father

Contact Address : H NO - 8-3-988/39 , Sbh Colony, Srinagar Colony Hyderabad Telangana INDIA 500073 **Phone No** : 9052237997 / 8143905908

Signature

Doctor Details :

Doctor Name : Dr. MVB Pratyush **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.79

Payor Name : TATA AIG General Insurance Co Ltd

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	9:05 pm	ER	NICU	
6/6/26	6.30pm	~~0~~ NICU	3rd floor	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
~~9/6/26~~	~~SBR~~		
9/6/26	SE, CBR, CRP	26058356	
10/6/26	SBR	26058385	Hafsa
10/6/26	RBS	26058407	
10/6/26	SBR	26058590	
10/6/26	PCV	26058629	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/6/26	DSPT	9/6/26 @9pm	10/6/26 5AM	9650499	Hajera
9/6/26	Inv. monitor	9/6/26 @9pm	10/6/26 @6pm	9650501	
9/6/26	Syringe pump	9/6/26 @9pm	10/6/26 @6pm	9650501	
10/6/26	SSPT	10/6/26 @8AM	8	9551770	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/6/16	IV placement	(1)	9650497	Hafsa

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-08-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

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

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

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

BIRTH INFORMATION

Name : B/O Kanaka Lakshmi

Gender : ☐M ☑F Blood Group : AB +ve

Date of Birth : 31/08/26 Time of Birth : 9:47am

Place of Birth : RCH, BTI

Mother's Blood Group : B+

Birth Weight (gms) : 3.67kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+2 d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : ..... EDD : .....

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

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

Last Scans Details : .....

..... 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 : .....

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

..... Hypothyroidism Rx.

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA (M)
31-05-2026 0 Y 0 M 10 D
Dr. MVB Pratyush

PAST OBSTETRIC HISTORY

..... P: 2 ..... A: ..... L: 2 .....

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1.	2019 -	FT	LSCS.		4.1 kg	
2.	2026					

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 : LSCS .....

Specify the reason : ..... Prev LSCS .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
9/10	9/10	

TOTAL

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

Snapee II Score

					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)			
				Total	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

D9 O life / Term / LGA / maternal hypothyroid

M / B+ve
B / AB+ve

C/O: yellowish discoloration of Skin / eyes
- feeding issues

T. wgt - 3.30 kg
B. wgt - 3.67 kg
wgt loss: 10%

O/E - icterus till legs (+)
SBO O/E → C/I/C/A - (N)
Vitals - stable
hemodynamically - stable

SBR - 19.5

Investigation details in previous Hospital :

Feeding History :

- On DBF - 2nd - 3rd hrly

BAH-0065707
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

Past Hi

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 98°F HR : 150/min RR : ..... NIBP : ..... CFT : <3sec

Color of the extremities : Pink

Jaundice : (+) Pallor : ..... SpO2 : 98% on RA

ANTHROPOMETRY: Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 3.4kg SGA : ..... LGA : .....

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

HEAD TO TOE EXAMINATION

	Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N.
FACIES : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : Clears + Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	N
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	N.
HERNIAL ORIFICES		
TRUNK and SPINE :		N.
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	Arms / Legs : Mobility :

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA (M)
31-05-2026 0 Y 0 M 10 D
Dr. MVB Pratyush

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 50/min SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

SpO_2: 98% Auscultation: Clear Breath Sounds: ..... Added Sounds: .....

CARDIOVASCULAR SYSTEM :

HR : 144/min BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : NAD

Signs of Cardiac Failure : .....

ABDOMEN:

Shape : Normal

Palpation : Soft

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : —

First urine passed : ✓

Meconium passed : .....

NERVOUS SYSTEM:

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

State of wakefulness : CIHA - good.

Prechtle Score : .....

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : .....

Active Tone : ✓

Neonatal Reflexes : .....

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

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

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

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

An

Diagnosis : Term / LGA / MCH / Metabolic hypothyroidism
NNJ

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : Pavan

Name : Pavani V

Date & Time : 9/6/26

Consultant :

Signature : Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369

Name : DR. MVB Prathyush

Date & Time : 9/6/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

T THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Neonatal condition at the time of Transfer: .....

.....

.....

Vital : HR : ..... RR : ..... BP : ..... SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

.....

.....

.....

.....

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

.....

.....

Plan

Start TSPT - E
eyes & genitalia covered

TV - 150cc/kg/day

75/kg/day
10% ISOP

75 cc/kg/day
22 cal/20 cal
EBM/RA
15 ml/3rd hrly
TF: 45 ml

- Send CBP/CRP/S. electrolytes
- Send. repeat SBR after 6 hrs
- I/O - charting 6th hrly

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Pavani V
Doctor Name: Pavani V
Date & Time: 9/6/26

Doctor Signature (Handover Taken): .....
Doctor Name: .....
Date & Time: .....

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		C/D/W Dr. Pratyush
	aPM	
		→ Start TSPT with eyes & genitals covered.
		→ TV - 150 cc/kg/day
	SBR - 19.5.	
		75cc/kg/day 75cc/kg/day
		10% esoP 22 ml/2nd hrly feed (EBM/FF)
		↑ 5ml/3rd hrly.
		→ Send CBP, CRP, S/E now.
		→ Send repeat SBR after 6hrs → 4am
		→ I/O charting 6th hrly.
	Pooplitia	Noted by Hajera 9/6/26 @9:30pm

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 6:10am		
		Plan
	SBR → 14.1	✓ Change to DSP/
		T eyes & genitalia cleared.
		✓ R/V - SBR - after 6hrs
		✓ TV : 150 cal/kg/day
		Noted by Hajera 10/6/26 @ 6:10am Paver

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

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D
Dr. MVB Pratyush (M)

DAILY PROGRESS NOTES AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: D1 Day of Life: D11 PMA: 39+6 wks

Term ☑ Preterm ☐ Gestation: .... Corrected Gestational Age: .... Today's Weight: 3.407 kg (↑79)

	Problems		
	S.No.	Current	Past Problems
Overview	1.	Term / LGA / Male Baby	
	2.	Maternal hypothyroidism	
	3.	NNJ	
	4.		
	5.		
	6.		
Clinical Assessment		M/ B+ve B/ AB+ve. Baby ↓ DSPT room air hemodynamically - stable - 1 episode of vomiting - ~~on oa feeds~~ 33 P/A - soft. TV - 150 cc/kg/day - 33 ml / 2nd hrly Nai pro / OG ↑ 75 ml / 3rd hrly Target :- 45 ml / feed 2nd hrly - remain IV - 10% ISOP	
Medications Used			

Plan of Care:
→ continue DSPT c eyes & genitalia covered
→ TV - 150 cc/kg/day - 37 ml / 2nd hrly c Formula paladai feeds
→ ↑ 5 ml / 12th hrly - TF - 45 ml / 2nd hrly
R/V SBR @ 12pm
- I/O charting 6th hrly, - GRBS - OD

Doctor's Name (Hand over given): Pavani Doctor's Name (Hand over taken): Dr. [illegible]

Signature: Pavani Signature: [signature]

Date & Time: 10/6/26 Date & Time: 10/6/26

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA (M)
31-05-2026 0 Y 0 M 9 D
Dr. MVB Pratyush

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(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 @ 10:13 AM		Seen by Dr. Pratyush sir
		→ TF - 160ml/kg/day 50ml/2hourly
		→ Trace peripheral smear venous PCV
		→ send SBR at 9pm ↓ if normal review shift to room.
		D Dr. Mallika
		noted by aswathy 10/6/26 @10.15AM

BAH-00653234 IP5-00172257
Baby Of GUDEPU SREEVANI
07-04-2026 0 Y 2 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	10/6/26	
	3:30pm	
	- on SSPT,	Plan:
	- stable on room air,	- Continue SSPT c eyes & genitalia covered.
	SpO2 - 96% PR - 145/min	- TV - 160ml/kg/day ↓ 50ml 2nd hrly full paladai feeds
	- Peripheral smear - (N)	- Trace SBR & Venous PCV.
		~~SCBU~~ To shift to room.
		Anil

BAH-00653234 IP5-00172257
Baby Of GUDEPU SREEVANI
07-04-2026 0 Y 2 M 1 D (F)
Dr. NALINIKANTA PANIGRAHY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 @ 4:40pm	shifting notes	
		plan
	baby hemodynamically stable on room air	- shift to room with SSPT
	tolerating feeds	→ TV - 160ml/kg/day 50ml / 2hourly full palladafeed
		→ Continue SSPT
		- save venous PIV
		- monitor temperature, vitals - 4hourly
		k bmarathe
		noted by [signature] 10/6/26 @ 6.30pm

I-00657707 IP5-00174939
y Of VENGALAPATHI KANAKA
5-2026 0 Y 0 M 10 D (M)
MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

I-00657707 IP5-00174939
y Of VENGALAPATHI KANAKA
5-2026 0 Y 0 M 10 D (M)
WB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	Morning Rounds	
10:00 AM		
	Term / Day 12 / LGA / NNJ	
	— On SSPT	Plan:
	SpO_2 - 96%	— TV - 160 ml/kg/day ↓ 50 ml 2nd hrly feed paladai feeds.
	PR - 135/min	
	RR - 45/min.	
	SBR - 9.9 mg/dl	— Trace SBR ↓ GRV discharge today
		— Discharge today
		Asst

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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RESULT SHEET

Date	8/6/26	9/6/26	10/6/26	10/6/26		
Time		2 pm	4 noon	@2pm		
Hb		20.5				
PCV		61.5		Venous PCV - 62		
RBC		5.77				
WBC		9.85				
N/L		26.1/60.4				
Platelets		333				
CRP		5.0				
ESR						
PCT						
RBS						
Na		137				
K		6.0				
Cl		105				
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	19.5 g/dl		14.1/0.4	11.5 < 11.4		
T.Protein				< 13.2		
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.,) : .....

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
9/6/26	10pm	84 mg/dl	10% ISOP	Hajera
10/6/26	6am	124 mg/dl	10% ISOP + feeds	Hajera

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Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA (M)
31-05-2026 0 Y 0 M 10 D
Dr. MVB Pratyush

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

REGULAR PRESCRIPTIONS

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

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

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

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
[redacted]itional Instructions:				
Daily Doctor's Endorsement by a Sign				

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

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

I.V. FLUIDS CHART

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

		osition of I.V. Fluid ention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

Io. : RCHBH / FRM / CLINICAL / 124 9/6/26

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

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

Date: ..... Time:	10 pm	12 am	4 am	6 am	10pm	2am	6am
Doctor/Nurse/Family Concern?							
Temperature (F)	36.5°C	36.4°C	36.4°C	36.6°C	98.0°F	97.7°F	97.8°F
Heart Rate (bpm) and Blood Pressure (mmHg) *							
Heart Rate (Number)	147	136	139	148	R H 125bpm L H 131bpm	R H 131bpm L H 128bpm	R H 135bpm L H 125bpm
Resp. Rate (bpm) (Over 1 Minute) *							
Resp Rate (Number)					40 b/m	40 b/m	38 b/m
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	97%	98%	96%	95%	R H 98% L H 97%	R H 98% L H 100%	R H 98% L H 98%
Conscious Level: Normal / Altered	N	N	N	A			
GCS *	15	15	15	15	(15/15)	(15/15)	(15/15)
TOTAL SCORE Number of shaded boxes	1	1	1	1	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

NB: Scores 3 should be recorded overleaf

ACTIONS

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)

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

Doc. No. : RCHBH / FRM / CLINICAL / 124
10/6/26

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10 AM	12 PM	2 PM	4 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?								
Temperature (F)	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	98.0°F	97.9°F	98.0°F
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Note: BP does not score in early warning scoring								
Heart Rate (Number)	141	146	138	149	139	136	R.H 132 bpm L.L 130 bpm	R.H 139 bpm L.L 125 bpm	R.H 131 bpm L.L 125 bpm
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)							38 bpm	38 bpm	40 bpm
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	96%	97%	95%	95%	R.H 98% L.L 97%	R.H 99% L.L 98%	R.H 97% L.L 98%
Conscious Level: Normal / Altered	N	N	N	N	N	N			
GCS *	C	C	C	C	C	C	(6/15)	(6/15)	(6/15)
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials									

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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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)

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

IBH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:		
Doctor/Nurse/Family Concern?		
Temperature (F)	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Heart Rate (Number)		
Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp Rate (Number)		
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min)		
O_2Saturations (%)		
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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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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FLUID CHART

IV = 150cc/kg/day
Bwt = 3·407
TF = 45ml

Sheet No. : .....

9/6/26

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											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm			10% ISOP								
	09:00 pm	FF	22ml	10·6ml						15ml	0	
	10:00 pm			10·6ml							0	
	11:00 pm	FF+EBM	22ml	10·2ml						10ml	0	
	12:00 am			10·2ml							0	
	01:00 am	FF	27ml	10·2ml			passed			10ml	0	
Total Intake :						**Total Output :**						
	02:00 am			10·2ml							0	
	03:00 am	FF	27ml	10·2ml						10ml	0	
	04:00 am			4·7ml							0	
	05:00 am	FF	33ml	4·7ml				small vomit milky		10ml	0	
	06:00 am			4·7ml							0	
	07:00 am	FF	33ml	4·7ml							0	
Total Intake :	198ml					**Total Output :**	47ml					

Total 24 hrs. Intake	58cc/kg/day	Total 24 hrs. Output	1·1cc/kg/day

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA (M)
31-05-2026 0 Y 0 M 9 D
Dr. MVB Pratyush

FLUID CHART

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Your Right to a Safe Delivery

Sheet no. : (2) (1) 10/6/26

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V (10% Dextrose)	N.G							
10/6	08:00 am			4.7ml								
	09:00 am	Nanpro	35ml	2.2ml			passed			93ml		
	10:00 am			2.2ml								
	11:00 am	Nanpro	50ml	~~2.2ml~~ Stopped							0	
	12:00 pm						-			11ml		
	01:00 pm	Nanpro	50ml									
Total Intake :						**Total Output :** U – 24ml U – 1						
10/6	02:00 pm											
	03:00 pm	Nanpro	50ml							10ml		
	04:00 pm										0	
	05:00 pm	Nanpro	50ml				NP			8ml		
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :** U – 18ml M – 0						
	08:00 pm		50ml									Durga
	09:00 pm											Durga
	10:00 pm						✓				NOIV cannula	Durga
	11:00 pm		50ml							✓		Durga
	12:00 am						✓					Durga
	01:00 am											Durga
Total Intake :						**Total Output :** U – 1 M – 2						
	02:00 am											Durga
	03:00 am											Durga
	04:00 am						NP				NOIV cannula	Durga
	05:00 am											Durga
	06:00 am									✓		Durga
	07:00 am											Durga
Total Intake :						**Total Output :** U – 1 M – 0						

Total 24 hrs. Intake		Total 24 hrs. Output	U – 6 M – 3

I-00657707 IP5-00174939
y Of VENGALAPATHI KANAKA
5-2026 0 Y 0 M 10 D (M)
MVB Pratyush

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3

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**	

Patient Sticker

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		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**	

BAH-00657707 IP5-00174939
Baby Of VENGALAPATHI KANAKA
31-05-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☐ Respiratory Distress
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: .....

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DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

BAH-00657707 IP5-00174939
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31-05-2026 0 Y 0 M 9 D (M)
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SSION
SIVE CARE UNIT

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Name: KANAKA LAKSHMI Age: 9 Days Gender: Male ☑ Female ☐

UHID.No : 657707 Date: 9/6/2026

I SURESH KUMAR S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o KANAKA LAKSHMI who is related to me as SON is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 09/06/2026

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

.....

.....

.....

The doctors have clearly explained to me that my patient B/o . KANAKA LAKSHMI during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o :KANAKA LAKSHMI ..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : SURESH KUMAR

Relationship with Patient: FATHER

Date & Time : 9/6/26

Witness :

Signature : .....

Name : HMS

Date & Time : 9/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 9/6

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CONSENT FOR FORMULA FEEDS

Patient Name : B/O KANAKA LAKSHMI Age : 9 Days Gender : ☑ Male ☐ Female

UHID No : 657707 Reg. No. : 174939 Department : NICU Date : 9/6/2026

I Mr / Mrs. : D. SUSITH KUMAR aged ..... years, hereby declare that I have admitted my ☑ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 09/06/2026 I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : .....

Name : D. SUSITH KUMAR

Relationship with Patient: FATHER

Date & Time : 9/6/2026

Witness :

Signature : Hafeza

Name : Hafeza

Date & Time : 9/6/26

Doctor (who is taking the consent) :

Signature : Power

Name : 9/6/26

Date & Time : .....

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....