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

DISCHARGE SUMMARY

Name	Baby Of TABASSUM JABEEN	**UHID**	HNH-00015855
Father/Guardian	Mr WASIM AHMED	**Age/Gender**	0 Y 0 M 3 D/ Male
Address	1-9-642/2T06,ADIKMET, Vidyanagar, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006527	**Admission Date**	07-06-2026
Ref Doctor	SELF		
Discharge Date	09.06.2026		

Consultant:
Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
NEONATAL HYPERBILIRUBINEMIA	
SUSPECTED SEPSIS	

History: Baby Of TABASSUM JABEEN is a 0 Y 0 M 3 D old baby boy presented with history of fever since 1 day and yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, he was investigated on OPD basis (Transcutaneous bilirubin was 14.8 mg/dl). In view of hyperbilirubinemia and suspected sepsis, he was admitted to Rainbow

Name	Baby Of TABASSUM JABEEN	UHID	HNH-00015855
IP No	IP26-00006527	Admission Date	07-06-2026

Children's Hospital, Himayatnagar for further management.

Birth history: LATE PRETERM (35 weeks + 2 days) /Male / CIAB

Examination: Baby was afebrile, euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 138/min and Respiratory Rate - 28/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 2.16 kilo grams.
Weight at discharge : 2.260 kilo grams.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 18.7 gm%, White Blood Cell count of 11380 cells/cumm, platelet count of 2.00 lakhs/cumm and C-Reactive Protein of 6 mg/l
Blood culture and sensitivity shows no growth after 24 hours of incubation.

Management: He was admitted in ward. His transcutaneous bilirubin on admission (done on OP basis) was 14.8 mg/dl. He was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. Phototherapy continued for 36 hours and baby clinically improved so phototherapy was stopped .

Suspected Sepsis: In view of complaints of fever, baby was evaluated
Baby was screened for sepsis and started on IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal and blood culture report 24 hours

Name	Baby Of TABASSUM JABEEN	UHID	HNH-00015855
IP No	IP26-00006527	Admission Date	07-06-2026

showed no growth .

He remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:
Warmth care.
Exclusive breast feeding.
Continue direct breast feeds + measured feeds as advised.
Burping after each feed.
Monitor urine output.
Immunization to be given as per schedule.
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Medication during hospital stay:
Inj. Ampicillin
Inj. Gentamycin
Syp. Calcimax-P

Plan:
1. **Newborn screening advanced / Newborn screening-4 test to do on followup.**
2. **Review with final blood culture and CRP report .**

Review consultation with Dr. S TEJASWI REDDY on Thursday (11.06.2026) in OPD at Himayatnagar with prior appointment **(Review consultation will be**

Name	Baby Of TABASSUM JABEEN	UHID	HNH-00015855
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charged).

Review back to Hospital:
If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor Dr. ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Dr. Anusha

Registrar/Resident/C.M.O

Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006527 **Admit Date** : 07-Jun-2026 **Admit Time** : 06:09 PM **UHID** : HNH-00015855

Patient Details :

Patient Name	: Baby Of TABASSUM JABEEN	**Age**	: 0 Y 0 M 2 D
Guardian	: Mr WASIM AHMED	**DOB**	: 05-06-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-9-642/2T06,ADIKMET Vidyanagar Hyderabad Telangana INDIA 500044	**Phone No**	: 9700542644
		E-mail	: WASIM.607@GMAIL.COM

Admission Details :

Bed Type DAY CARE **Bed No** : ER02 **Ward Name** : GF -EMERGENCY

Room No : ER02 **Admission Type** : First Visit

Contact Details :

Name : Mr WASIM AHMED **Relationship** : Father

Contact Address : 1-9-642/2T06,ADIKMET Vidyanagar Hyderabad Telangana INDIA 500044 **Phone No** : 9700542644

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

HNH-00015855 IP26-00006527
Name: --------Baby Of TABASSUM JABEEN ----------
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY
UHID No : ----

------ Consultant : ---------- Dept : ----------

Date of Admis---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
7/6/26	8 PM	E12	2-10	

Cross Consultation Visit

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

HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

Date	Investigations	Order No.	Sign
	CBP, CRP	9490	
	Blood C/S	9491	
7/6/26	VBG	9489	
	RBS	✓	
	Cross	Checked	done by [illegible]

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Baby Of TABASSUM JABEEN
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Dr. S TEJASWI REDDY

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
7/6	DSPT	8pm	9/6/26 10am	5068	Sw

Cross checked done by Sw

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/6/26	Iv placement	(1)	205062	

Cross checked done by Sm

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

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Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : Blo TABASSUM / 3days / male

Patient ID# : HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)

Consultant : Dr. S TEJASWI REDDY

Final Diagnosis :

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Informant _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o ↓ fever since morning

↓ Yellowish discolouration of skin & sclera since yesterday

History of present illness:

Late preterm (35wk+2d) / AGA / 2.38kg / NVD

M-CSAB / Referred to hospital

Mother Blood group: A+ve

Baby Blood group: A positive

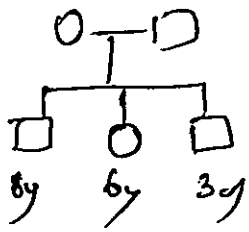
TCB - 14.8

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History :

$G_3 P_3 L_3$



Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History :

Immunization History :

BCG
OPV - 0 dose
Hep B - 0 dose
} given

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms)_____(Centile _____) Height (cm) : _____ (Centile_____)

Weight (kgs) 2.66 kg (Centile _____)

On Examination :

Temperature : _____ Pulse Rate: _____ Description _____

B.P. _____ SPO2 96% at RA

Resp. rate and type of breathing : Icteric (+)

Rash_____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BLE- AE (+)

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S1, S2 (+)

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : P/A - soft

Ausculation : _____

Spine: _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____ (3)

_____

_____

Motor System :

Nutrition : _____ (2)

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

CTA good

DTR (1) **Superficials :**

Plantars _____

Sensory System :

_____

_____

_____

Bladder / Bowel : _____

Clinical Summary & Diagnostic :

_____ D Neonatal Jaundice

_____ ? Sepsis.

_____

_____

Preventive aspects of the treatment :

Phototherapy

Desired goals of the treatment :

Jaundice

Planned Labs :

CBC

CRP

VBG

Blood C/S

Noted By Brabin

Planned Management :

- Double surface Phototherapy
- Eye & genitalia covered

Noted By Brabin

Please fill up the following details

1. Name of the Referring Doctor : _____
2. Name of the Referring Hospital : _____
   (Including the name of City)
3. Contact number of the Referring Doctor : _____
   (Preferring Mobile #)
4. Name of the doctor in Rainbow Team _____ on whose name the patient is being referred

Doctor's Signature Name _____ Date _____ Time _____

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05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 7:15 AM	S/B Dr. Sneha	
	D Late preterm (35wk-FGA) / M (CIAB/	
	CVS - S1S2 ⊕	PG
	RS - B/L AE ⊕	
		- c/f DSPT
	P/A soft	
	C/T Afood	- Trace Blood C/S
		- c/f AMPICILLIN GENTAMICIN
	(Dr. ...)	
8/6/26 10AM	c/s/b Dr. Tejaswi	
	LPT / M / CIAB / NNJ / ? sep	
		20g ↑
	vital stab	- ⓣ Bl c/s
		- c/t DSPT
	S/E B/L AE ⓣ	- c/t Antibiotic
	NMS ⓣ	
		- Monitor vitals
		- Syp CALCIMAX-P
		Dr Tejaswi

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

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Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
08/06/26 3PM	C/B/C. Dr. Suhrutha / Dr. Anusha	
	D. Late preterm (35wk 2d) / Male / CIATF	
	Baby Euthermic. Accepting DBF + FF on DBPT	
	Cry / Tone / Activity - good	
	vitals: stable	
	passed stools / urine	
		Adv
		- Trace Blood C/S
		- Wait DBPT
		- Inj Ampicillin Gentamycin
		- DBF + FF 2nd hourly f/b burping
		- NTB warm care
		Suhrutha

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Baby Of TABASSUM JABEEN
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s by Dr Tejam
	8/6/26	
	6pm Baby	is stable
		taking feeds well
		Rp
		→ Trace blood c/s
		→ plan (D) tomorrow
		NBS
		Dr Tejam

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 12Am	c/s/B - Dr. Prashanth	
	Δ - late PT / ♂ / NNJ / c/AB (35+2) / DSPT	
	DoL - 3 days	
	Bwt - 2380g · Twt 2180g. ↓ 200g.	
	One fever spike at 10 pm	
	O/E	Plan
	vitals stable	Iv/a blood c/s.
	S/E	cont DSPT.
	cry Tone Activity - Good	Ampicillin
		Gentamycin
		DBF @ 24
		warmcare
		NBS F/up
		N/B of parents

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

(P.T.O)

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Baby Of TABASSUM JABEEN
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Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	c/s/B- Dr. Prashanti / Dr. Naipanga.	
7AM	D-date PT / ♂ / NNJ / CIAB. (35+2) / DSPT /	
	DOL-4	
	BWt 2380g. TWt 2260	TWt 2180 ↑ 80g gain 5%.
	GA 35+2 CGA 35+6w	
	No further fever spikes after 10pm	
		Plan
	O/E baby pink/euthermic	Trace blood c/s
	vitals stable	Cont DSPT
		Ampicillin
		Genta.
	S/E	DBF @ 2H (c/f 15cc OP + 30 ml H_2O).
	Cry, Tone, Activity-Good	warm care
	RS-clear	NBS ffup
	CVS- S1S2+	
	P/A- soft	
		NB ofound.

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Dr. S TEJASWI REDDY

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 10 AM	c/s/by Dr Tejas	
	wt ↑	
	B/Ls NG (2uh)	
		– collect (CRP) sample
	vital stable	– d/s today
	S/E	– ct DBF only ℓ/b bags ct DSPT till d/s
	B/L AE (+)	
	℞ NVBS (+)	– d/s to
		Review Thursday ē CRP report.
	Activ good	
		Dr Tejas

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

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05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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RESULT SHEET

Date	7/6/26					
Time						
Hb	18.7.					
PCV	49.7					
RBC	5.14					
WBC	11.38					
N/L	52.4					
Platelets	200					
CRP	6.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY / CLINICAL / 124

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

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NARNING SCORE: CHILDREN'S UNIT

Date: 7/6/26 Time: 10pm 2AM 6AM 10 AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.8F 98.4F 98F 98.9F

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) 138bm 140bm 138bm 135bm

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

70 60 50 40 30 20 10

Resp Rate (Number) 28bm 30bm 30bm 30bm

Resp Distress	Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)		99%	100%	99%	100%
Conscious Level	Normal / Altered				
GCS *		–	–	–	
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		gv	gv	gv	(K)

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)

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Baby Of TABASSUM JABEEN
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Dr. S TEJASWI REDDY

Patient St

INICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/6/26 Time: 10 am | 2 pm | 6 pm | 10pm | 11pm | 2am | 6Am

Doctor/Nurse/Family Concern?

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

Plotted: 98.5F | 98.6°F | 98.1°F | 100.7°F | 97.4°F | 98.0F | 98.7°F

Crash dose 83mg

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

	10 am	2 pm	6 pm	10pm/11pm/2am	6Am
Heart Rate (Number)	134b/m	138b/m	147b/m	138b/m	132b/m
Resp Rate (Number)	43b/m	40bpm	40b/m	42b/m	40b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min)					
O_2Saturations (%)	99%	99%	99%	99%	99%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	K	[illegible]	[illegible]	[illegible]

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

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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)

Pati

HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am						NA					
	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 :**						
7/6/26	08:00 pm											
	09:00 pm	1	DBF									
	10:00 pm		FF									
	11:00 pm						—	NA	—			
	12:00 am	0										
	01:00 am	1	DBF + FF		NA							
Total Intake :						**Total Output :**						
8/6/26	02:00 am	1										
	03:00 am		DBF									
	04:00 am		+									
	05:00 am	0	FF		NA			NA		—		
	06:00 am	1										
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
8/6/26	08:00 am											
	09:00 am		DBF									
	10:00 am	0			NA			NA			0	
	11:00 am		DBF									
	12:00 pm											
	01:00 pm											
Total Intake :		Taken				**Total Output :**				U-2 M-2		
8/6/26	02:00 pm		DBF+ff								0	
	03:00 pm										0	
	04:00 pm	0	DBF+ff		NA			NA			0	
	05:00 pm										0	
	06:00 pm		DBF+ff								0	
	07:00 pm										0	
Total Intake :		Taken				**Total Output :**				U-2 M-2		
	08:00 pm		DBF+ff									
	09:00 pm											
	10:00 pm	DBF	DBF+ff	Aruba							0	
	11:00 am			Aruba	NA			NA				
	12:00 am		DBF+ff									
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		DBF+ff									
	03:00 am											
	04:00 am	DBF	DBF+ff								0	
	05:00 am				NA			NA				
	06:00 am		DBF+ff									
	07:00 am											
Total Intake :						**Total Output :** U-3 M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

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NURSING CARE RECORD

Date: 7/6/26

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				NA			
Afternoon							
Night	8pm 8Am	- Asses the Baby condition - Monitor vitals & records - Maintain I/o chart - Cont. DSPT - ~~EO~~ DBF + ff 2nd hrly	8pm 8Am	- Assessed the baby condition - Monitored vitals & records - Maintained I/o chart - DBF + ff 2nd hrly - cont. Antibiotics	Baby is Stable now - Cont. DSPT	Re-checked vitals	

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Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
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Patient St

NURSING CARE RECORD

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Date: 8/6/26

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	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart	8am to 2pm	- Assess the pt condition - Monitor the v/s - Maintain the I/O - Drug as per chart.	- Now baby is stable	- Rechecked the v/s	[signature]
Afternoon	2Pm to 8Pm	Assess the Pt condition. Monitor vitals spread Maintain I/O chart. Provide the comfortable position. medication give as per as doctor order	2Pm to 8Pm	Assessed the Pt condition. Monitored vitals spread maintained I/O chart. provided the comfortable position. medication given as per as doctor order.	→ pt is stable. → vitals normal	→ monitor vitals. → maintain I/O chart	Sneh [signature]
Night	8:00 to 8:00	Assess the baby Monitor the v/s administer Meds Maintain I/O chart	8:00 to 8:00	Assessed the baby Monitored v/s administered Meds Maintained I/O chart	administer Meds	Reassess the pt	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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05-06-2026 0Y0M2D (M)
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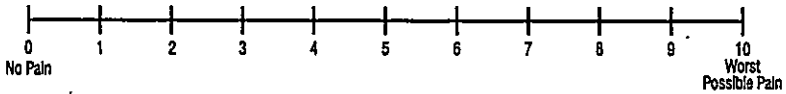
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
7/6/26	10pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
8/6/26	2Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
8/6/26	6Am	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[illegible]
8/6/26	10am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
8/6	2Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
8/6	8Pm	0	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[illegible]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NNJ			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	7/6/26 N	8/6/26 MG	8/6/26 E2	9/6 8am		
	Medical Condition (Any special condition to be noted):	—	—	—	NNJ		
	Diet:	—	—	—	—		
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—		
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.8F	98.5F	98.2F	100.7F		
	Res:	30b/m	32b/m	30b/m	49b/m		
	SpO_2:	99%	99%	98%	100%		
	Pulse:	140b/m	142b/m	138b/m	152b/m		
	BP:	—	—	—	—		
	LOC:	—	—	—	—		
	Fall Risk Score:	—	"0"	0	—		
	Pain Score:	—	"0"	0	—		
	Skin Integrity	—	Good	Good	—		
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—		
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—		
	Critical Lab Test / Values:	—	—	—	—		
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—		
Post Operative Procedure Special Orders:		—	—	—	CT Dept		
Handed Over By Name :		Priyanka	Sunanda	[illegible]	[illegible]		
Signature / ID :		[illegible]	[illegible]	10605	[illegible]		
Date:		8/6/26	8/6/26	8/6/26	9/6		
Time:		8 AM	8pm	8pm	8am		
Taken Over By Name :		Sunanda	[illegible]	[illegible]			
Signature / ID :		[illegible]	10605	[illegible]			
Date:		8/6/26	8/6/26	8/6			
Time:		8am	8pm	8pm			

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: ER Shifted to: Ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Sreeghan

Date & Time : 7/6/26 @ 6:40 PM

Nurse Name & Signature: Prah.

Date & Time : 7/6/26 @ 6:40 PM

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DRUG CHART

Date of Admission: 7/6/26 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 : Crocin drops				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	8/6 10 [illegible]
0.3ml	PO	SOS	8/6.	
Doctor's Signature		Valid Period	Pharm.	
[signature]		>100°F		
Additional Instructions: 100mg = 1ml				

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 ....

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REGULAR PRESCRIPTIONS

Weight. 2.16 kg Ward. .....

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : Inj. AMPICILLIN

Dose	Route	Frequency	Start Date
110mg	IV	BD	7/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
Add 4.4ml D water to 500mg of vial - 5ml of this solution + 5ml NS → from this take 1.1 + 4ml NS over 30 mins

Daily Doctor's Endorsement by a Sign

Date / Time 7/6 8/6 9/6

10AM ✓ ✓ ✓

10PM 9pm ✓ ✓

DRUG : Inj. GENTAMICIN

Dose	Route	Frequency	Start Date
10mg	IV	OD	7/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
+5mg/kg/dose 24h. [Take 0.3ml + 5ml NS over 30 min].

Daily Doctor's Endorsement by a Sign

Date / Time 7/6 8/6

10PM 10pm ✓ ✓

DRUG : SYP CALCIMAX-P

Dose	Route	Frequency	Start Date
2.5ml	PO	BD	8/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
(10ml/300mg)

Daily Doctor's Endorsement by a Sign

Date / Time 8/6 9/6

10AM ✓ ✓

10PM ✓

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

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Dr. S TEJASWI REDDY

Weight. 2.16kg 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
7/6/26	6:40pm	Inj. CALCIUM GLUCONATE	3ml+3ml 5% Dextrose	IV		

Signature

VERIFIED BY : Name

HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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Baby Of TABASSUM JABEEN
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wt - 2.16 kg

wt - 2.16 kg

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Tabassum Age : 2days **Gender:** ☑ Male ☐ Female

Date : 7/6/26 Time of Arrival : 5:30pm

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 101.5°F PR: 125b/m BP: ..... RR: ..... SpO_2: 96%

Chief Complaints: c/o Fever since morning, yellowish discoloration,

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☐ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 5:32pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Prabir

Signature of Triage Nurse : .....

Date & Time : 7/6/26 @ 5:32pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 7/6/26 Time of arrival : 5:30 PM

Chief Complaints: c/o

Height : ..... Weight : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 / Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

If patient is < 6 years ☑ Yes ☐ No

If **'Yes'** tick below fall risk intervention directly

If Patient is > 6 years

If **'Yes'** Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- ☐ Escort while ambulating
- ☐ Assist Patient
- ☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☐ No Abnormalities Detected

- ☐ Mobility Problem
- ☐ Walking Problem
- ☐ Developmental Delay
- ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: ☐ No Abnormalities Detected

- ☐ Underweight
- ☐ Overweight
- ☐ Feeding Problem
- ☐ Special diet
- ☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☐ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With Family

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

Time of Initial assessment completed by ER Nurse : 5:32 PM

Nursing Care Plan (Including Labs / Medications / Other Care):

Time	Nursing Notes
	→ Assessed the pt condition
	→ checked the pt vitals
	→ medication given to the pt

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 131 b/m BP: ..... CFT: 2sec	Shift - out from ER to: ward
RR: ..... SPO2 at FiO2: 96%	Time of Shift - out: 8 PM
GCS: 15/15 Temperature : 100.5°F	Handover given to: Sn
Pain Score: 8	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Bibin Signature of the Nurse : .....

Date & Time : 7/6/26 @ 5:32 pm

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PATIENT TRANSFER FORM

HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

	Date & Time of Admission	Date & Time of Transfer Order
	7/6/26 @ 6:09pm	7/6/26 @ 8pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Sreeghan	Admission
From Unit	**To Unit**	**Information to Attendant**
ER	Ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20		Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Babin	Dr. Sreeghan

Patient & Clinical Records Received by : Sneha @ 7/6/26

Date & Time of Patient Received : @ 8pm

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

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Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of TABASSUM JABEEN**	**Age :**	**0 Y 0 M 2 D**
IP No:	**IP26-00006527**	**Sex:**	**Male**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**GF -EMERGENCY/ER02**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: Wasim Father

Name: Wasim Ahmed
Relationship: Father
Date: 07/06/2026 Time: 6:09 PM.
Witness Name: Yaseen ali khan
Witness Signature:

Patient Address:
1-9-642/2T06,ADIKMET Vidyanagar
Hyderabad Telangana INDIA 500044

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05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN
05-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

DECLARATION BY PATIENT OR PATIENT ATTENDANT (TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)

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Date: 07/06/2026

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate /Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: B/o Tabassum Jabeen Wasim Ahmed ..... Date & Time of Admission: 07/06/2026 @ 18 hrs

Name of the Parent / Guardian: Wasim Ahmed Mobile Number: 9700542664

Parent Aadhaar Card Number: .....

Signature & Relation

Docu. No. : RCHBH /FRM / GENERAL / 476

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Baby Of TABASSUM JABEEN
05-06-2026 0Y0M2D (M)
Dr. S TEJASWI REDDY

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UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To

The Management,

Rainbow Children's Hospital, Himayat Nagar,

Hyderabad - 500029.

Sub:- **Undertaking of Insurance Patient for Advance Payment.**

I Mr./Mrs./Ms. Wasim Ahmed. (Father/ Mother/ Other_____) of Master/ Baby/ Baby of/ Mrs. / Ms. B/o Tabassum Jabe was bought to your hospital on Emergency basis on 07/06/2026 at 18:09. approximate charges deposit details were explained by the front office executive on duty.

As I have cashless insurance so I have to pay 10k as a caution deposit at the time of admission. If there will be any difference amount after getting the approval I'll pay that amount at the time discharge.

Thanking You

Signature

Name:- Wasim Ahmed

Ph. No.:- 9700542644

6PM - 12PM (1) -> 12PM - 12PM (2) ...

COUNSELLING SHEET Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar, Hyderabad- 500029				Rainbow Children's Hospital — It takes a lot to treat the little. / BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery	
	TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIF	12 TO 12 NOON BILLING POLICY
BED CHARGES				PHARMACY INVESTIGATION	
DOCTORS CHARGES		p/d 16,250		CROSS CONSULTATION CONSUMABLES BLOOD PRODUCTS OXYGEN	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED) VISITING HOURS 04:00pm TO 05:00pm.
NURSING CHARGES				HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP EQUIPMENT	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
DIET CHARGES				PROCEDURE NEBULISATION	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
TOTAL	12,000	14,000		MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	
PATIENT NAME			AGE/SEX		
UHID			INSURANCE NAME		

HNH-00015855 IP26-00006527
Baby Of TABASSUM JABEEN (M)
0 Y 0 M 2 D
05-06-2026
Dr. S TEJASWI REDDY

	CAUTION DEPOSIT	10 k	2000	
ATTENDENT SIGNATURE				COUNSELLING PERSON SIGNATURE

Refundable 4p - 5 w.d

DSPI - 5000 P/C

35K ⇒ 30 APP .