DISCHARGE SUMMARY

Name	Baby Of CHITRALEKHA VEDULA	**UHID**	HNH-00015919
Father/Guardian	Mr S S V KARTHIK	**Age/Gender**	0 Y 0 M 0 D 1 H/ Male
Address	Plot no.37, P, Secunderabad R S, Hyderabad, Telangana, INDIA, 500025		
IP No	IP26-00006558	**Admission Date**	11-06-2026
Ref Doctor	Self.		
Discharge Date	13.06.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
TERM (37 weeks + 1 days)/AGA/BABY BOY	

History: Baby Of CHITRALEKHA VEDULA is a term (37 weeks + 1 days) baby boy, delivered to a G2P1L1 mother by elective lscs on 11.06.2026 at 09:04 am with birth weight of 2.660 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done . Fetal presentation was Vertex.

Name	Baby Of CHITRALEKHA VEDULA	**UHID**	HNH-00015919
IP No	IP26-00006558	**Admission Date**	11-06-2026

Maternal History: Mrs. CHITRALEKHA VEDULA is a 36 years old G2P1L1 mother.
G1 - 2021, FTLSCS(Ind. - Breech), Male, B.Wt.: 2.75kgs, Alive and Healthy, @Kirloskar, IUI Conception, H/O Bleeding PV and subchorionic hemorrhage post conception, resolved at 5 MOA, H/O Hypothyroidism.
G2 - Present pregnancy Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. TIFFA showed single umbilical artery in Umbilical cord. Fetal 2D Echo showed small muscular VSD. NIPS - low risk. Fetal surveillance done by serial growth scans. Scan done on (30.05.2026) at 35^{+4} weeks showed single live intrauterine fetus with cephalic presentation, AFI: 11.8cm EFW: 2214 (8%) AC: <1% placenta: posterior amd right lateral high with Doppler normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O positive. Baby's blood group is B positive.

Examination: Baby was euthermic (36.5 *F), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.66 kgs.

Name	Baby Of CHITRALEKHA VEDULA	**UHID**	HNH-00015919
IP No	IP26-00006558	**Admission Date**	11-06-2026

Weight at discharge : 2.50 kgs.
Head Circumference : 34 cms.
Length : 48 cms.

Investigations: Enclosed reports.

2D Echo Shows
Situs solitus levocardia
PFO with left to right shunt
No e/o VSD
Good biventricular function
Left arch, No COA

Ultrasound abdomen shows
* Mild left sided renal pelvic fullness.

Management:
Course during hospital:

In view of single umbilical artery in antenatal scans, 2D Echo and USG Abdomen was done. USG abdomen shows mild left sided renal pelvic fullness and 2D Echo shows PFO with left to right shunt. In view of clinical icterus on DOL 2, baby was started on double surface phototherapy (DSPT). Serum bilirubin at 48 hours of life was 9.3 mg/dl with indirect fraction of 9.2 mg/dl.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk / excessive weight loss, measured feeds were started. Baby tolerated the feeds well.

Name	Baby Of CHITRALEKHA VEDULA	**UHID**	HNH-00015919
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Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	12.06.2026
OPV	Given	12.06.2026
HEPATITIS B	Given	12.06.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: To be done on follow up.

Newborn screening advanced / Newborn sreening-4 : Parents not willing.

SPO2 : 98 % at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

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

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output

Name	Baby Of CHITRALEKHA VEDULA	**UHID**	HNH-00015919
IP No	IP26-00006558	**Admission Date**	11-06-2026

Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done / decided on followup.**

Review consultation with Dr. DILNAAZ FAROOQUI on Tuesday(16.06.2026) at Himayatnagar with prior appointment **(Review consultation will be 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 ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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Name	Baby Of CHITRALEKHA VEDULA	**UHID**	HNH-00015919
IP No	IP26-00006558	**Admission Date**	11-06-2026

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**

Registrar/Resident/C.M.O

Rainbow Children's Medicare Ltd. Himayathnagar 500029 Hyderabad

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Echos	6			
	Total No. of Pages	18			

Signature and Date : 13/6/2026

Doc. No. : RCH/ FRM / GENERAL / 126

(P.T.O)

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

PEDIATRIC ECHOCARDIOGRAM REPORT

UHID : **DATE /TIME** 12/6/26

Situs & Cardiac Looping	Situs, solitus. Levocardia
Systemic Veins	RA
Pulmonary Veins	LA
Atrio ventricular connection	concordance
Ventricular arterial connection	concordance
Great artery relationship	NRGA
Right atrium	Normal
Left atrium	Normal
Inter atrial septum	PFO L-R shunt
Mitral Valve	Normal
Tricuspid Valve	Normal
Right ventricle	Normal
Left ventricle	Normal
Inter ventricular septum	Intact NO E/O VSD
Aorta and aortic arch	Lt Arch, no COA
Pulmonary artery and branch PA	Normal
Aortic Valve	Normal
Pulmonary valve	Normal
Coronaries	Normal
PDA	NO PDA
Pericardium	Nil
Others	Nil

PATIENT NAME **UHID :** **DATE / TIME** 12/6/26

Echo Done by :

DOPPLER / TISSUE VARIABLES	Gradients	Regurgitation
Mitral flow		
Tricuspid flow		
Aortic flow		
Pulmonary flow		

Mitral	E'	A'	S'
Medial LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time intervals	IVRT	IVCT	DT
Others			

MEASUREMENTS:

PARAMETER	ABSOLUTE cm)	Z score	PARAMETER	ABSOLUTE cm)	Z score
AO	0.3		Tricuspid Annulus		
LA	0.5		Mitral Annulus		
IVSd	0.3		Aortic Annulus		
LVIDd	1.4		PA Annulus		
LVPWd	0.2		RPA		
IVSs	0.4		LPA		
IVIDS	0.9		MPA		
LVPWs	0.3		AO Isthmus		
EF	69 %		LV Mass		
FS	35 %		Others		

IMPRESSION:

- situs. solitus. Levocardic
- PFO L→R shunt
- NO C/O VSD
- good B/V function
- It Arch. no con

DR.NAGESWARA RAO KONETI
(CONSULTANT PEDIATRIC CARDIOLOGIST)

4pm

Review after 4 weeks at RCHI

CONSENT FOR FORMULA FEEDS

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Patient Name : HNH-00015919 IP26-00006558 Baby Of CHITRALEKHA VEDULA 11-06-2026 0 Y 0 M 0 D 2 H (M) Dr. DILNAAZ FAROOQUI ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No : .... Department : ..... Date : .....

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

Patient Attendant :

Signature : V. Chitra

Name : V. Chitralekha

Relationship with Patient: Mother

Date & Time : 11/6/26 @ 3pm

Witness :

Signature : [signature]

Name : Suvetha

Date & Time : 11/6/26 @ 3pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Anusha

Date & Time : 11/6/26, 3pm

Ref. : F/NICU/FD/02

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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 .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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 : IP26-00006558 **Admit Date** : 11-Jun-2026 **Admit Time** : 09:48 AM **UHID** : HNH-00015919

Patient Details :

Patient Name	: Baby Of CHITRALEKHA VEDULA	**Age**	: 0 D
Guardian	: Mr S S V KARTHIK	**DOB**	: 11-06-2026 09:04 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Plot no.37, P Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 9949096232/ 9985136724
		E-mail	: chitralekhavedula@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name	: Mr S S V KARTHIK	**Relationship**	: Father
Contact Address	: Plot no.37, P Secunderabad R S Hyderabad Telangana INDIA 500025	**Phone No**	: 9949096232

Signature

ctor Details :

Doctor Name	: Dr. DILNAAZ FAROOQUI	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self.	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 10000.00
		Payor Name	: SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015919 IP26-00006558 Baby Of CHITRALEKHA VEDULA 11-06-2026 0 Y 0 M 0 D 1 H (M) Dr. DILNAAZ FAROOQUI	11/6/26 @ 9:48Am	11/6/26 @ 9pm
	Transfer Ordered by DR. Dilnaaz	Reason for Transfer observation
From Unit PDE - post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Jyotha	DR. Dilnaaz

Patient & Clinical Records Received by : @ 9pm

Date & Time of Patient Received :

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

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0Y0M0D1H (M)
Dr. DILNAAZ FAROOQUI

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NEWBORN MONITORING FORM

Date of Birth	: 11/6/26	New Born Screening	: ~~Not~~ willing
Time of Birth	: 9:4AM	TFT	: willing
Mode of Delivery	: EL - LSCS	OAE	: willing
Birth Weight	: 2.660kgs	Mother's Blood Group	: 'O' Positive
Head Circumference	: 34cm	Baby's Blood Group	: B +ve
Length	: 48 cm	Anomaly Scan	:
Red Reflex	:	Vaccination 12/6/26	: BCG, OPV, Hep B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
11/6/26	2.660kg	DBF	—	36 c	Sij
12/6/26	2.560kg	DBF	—	36°C	
13/6/26	2.500kg	DBF+FF	—	36°C	

Date	Time	Investigation	Result	Order No.	Signature
11/6/26	10:30Am	blood grouping		9643	Sri
11/6/26	10:30AM	ABG		MN2600	Sri
12/6/26	12:00pm	USG abdomen & Pelvis		7063	
12/6/26	3pm	2D echo.		7079	
13/6/26	12:30 pm	DSPT →	Discontinued time 4:00pm	6475	sandhya
13/6/26	10:30 a	SBR, NBS		9347, 9747	sandhya.
			Cross checked done		

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Chitralekha Vedula Age : 36 yrs 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 CHITRALEKHA

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 11/6/26 Time of Birth : 9:04 AM

Place of Birth : RCH - HNH

Mother's Blood Group : O Positive

Birth Weight (gms) : 2660 g Length (cms) : 48 cm

OFC (cms) : 34 cm

Estimated Gesth Age : 37 + 2 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 13/9/25 EDD : 30/6/26

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

Booked at what GA. : 7 wks AN Steroids Drugs / Doses : .....

Last Scans Details : 30/5 - SLVF / 35+4 wks / AFI - 11.8 cm / Wt - 2.21 kg / VAD (+) Single Umbilical Artery FGR

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA – Single Umb Art

Consanguinity : ☐ Yes ☐ No Fetal echo – Small muscular VSD

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 NIPS – low risk

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?

.....

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 : .....

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

PAST OBSTETRIC HISTORY

: 2 P : 1 A : L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2021	FT	2.75	Boy	LSCS - Breech	IVI
2	Present		Boy			

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 : Prev LSCS

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Boy Baby delivered by El-LSCS

↓

CIAB

↓

Routine newborn care gi

↓

DCC done

↓

Inj Vit-K given

↓

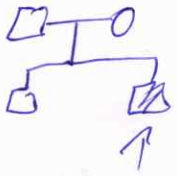
Baby Vigilant

Shift mother side

Investigation details in previous Hospital :

Feeding History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink
Vigor

VITALS : Temperature : 36.5°C HR : 162/min RR : ..... NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 97 %

Anthropometry : Birth Weight : 2644 g Length : ..... HC : ..... Present Weight : .....

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

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. DILNAAZ FAROOQUI

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	AF ↑↑
Facies : (Any Facial Dysmorphism)		Hemangioma over B/L eyelid
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	WNL
EYES :	Symmetry : Red Reflex : Discharge :	To check
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	No cleft WNL
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	WNL
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	WNL Sigl U.A + 1U.V
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	B/L Testes descend
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	WNL

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. DILNAAZ FAROOQUI

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

Spo2 : 97% Auscultation : B/L AE Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 162 bpm BP : .....

Precordial Activity : ~

Femoral Pulses : Felt

Murmurs : .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

Abdomen :

Hernia orifice : .....

Shape : .....

Anal Patency : Patent

Palpation : soft

Umbilical Cord : 1A + 1V

Palpable masses : .....

First urine passed : Passed

Abdominal girth : .....

Meconium passed : ✓

Nervous System : Higher intellectual functions (Sensorium) : }

State of wakefulness : } 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 : .....

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. DILNAAZ FAROOQUI

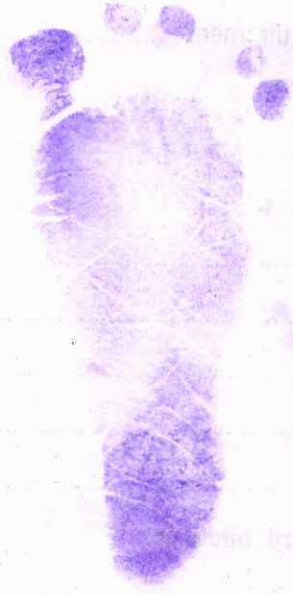
Single Umbilical artery + ARC – Small muscular VSD
Capillary hemangioma over B/L eyelid

Diagnosis : G2P1L1 / FT / 37^{+2} wk / El. LSCS (Prev LSCS) / FGR / CIHD / Boy /
2.66 kg / AGA /

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : [signature]

Name : [illegible]

Date & Time : 11/6/26

Consultant :

Signature : Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

Name : Dr Dilnaaz

Date & Time : 11/6/26, 9:30 pm

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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.

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. DILNAAZ FAROOQUI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : ~~Plan~~

1) VSG Abdomen, 2D echo] T/m
2) Warm Care
3) DBF f/b burping Q2P
4) Vaccination (BCG, OPV, Hep B) Today

Plan during ward follow up :

5) SBR, NBS, OAE] @ 48 HOL
6) Send B/S/T
7) Monitor Vitals
W/L, bluish discoloration / feeding issues / refusal to feed.

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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

Date & Time	Progress Notes	Doctor's Order
11/6/26 8pm	c/s/by Dr Anuradha	
	Baby active.	
	passed stools	Lactation Consultation.
	urine - ?	USG Abd 2D Echo @ 48HOL/Tm.
	ostal status	✓ EBF Only g/b bwy (FF SOS)
	s/e NAD	✓ Sampl. @ 48HOL
		✓ Vaccinate 4 limb spoL] to Belding.
		✓ Monitor v/t
		NB Surandle

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0Y0M0D1H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 4 HOPM	c/s/by Dr Dilnaaz	
	T/w/AGA/2.66 kg/CIAB.	
	Baby active	
	vital stable.	
		✓ sample @ 48 HOL
	Red reflex Bl present	✓ vaccinate Im mrg
		✓ 2DEcho / USG Ab @ 48 HOL Saturday
		✓ 2BF + FF(SW) ffh by Dilig
		✓ 4 limb spo2
		NB Sunanda
		Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No. 27476

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/26	C/S/S: Dr. Sarbani/ Dr. Venny	
9AM	Term/AGA/ B.wt. 2.66kg/ CEMB.	
	Baby Euthermic	T.wt: 2560 gm
	Cry/Tone/Activity - good	wt loss: 3.7% loss.
	passed urine/meconium	
	Vitals - stable	
	S/E: NAD	
		Adv
12/6/26		- Vaccination to be done
		- SBR, NBS, OAE @ 48 Hrs
	BCG	2D Echo
	OPV	USG Abdomen / at 48 Hrs
	Hep-B } given	- OBF + EF f/b Supply 2nd hourly
	sd	
		- NBS warm care
		N/B priyanka. Sambal

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CLS/13 Dr. Dilnaaz	
12/6 9:00Am	Euthemic Vitals - Stable C/T/A - Good R/S / P/A | NAD 3.7% wt loss	Plan - SBR, NBS, OAE } 13/6 9:00Am - USG Abdomen & pelvis today - 2D echo today - monitor vitals Dr. Dilnaaz Consultant Pediatrician Reg. No. 21410
12/6 2:00pm	CLS/13 Dr-Naipunya Euthemic Vitals - Stable. C/T/A - Good. R/S / P/A | NAD	Dilnaaz Plan SBR, NBS, OAE } 13/6 9:00AM - DBF 2nd hourly/fhn bumping - Monitor vitals Noted by mother

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 9:10 AM	S/B Dr. Dilnaaz	
	D Term / AGA / Male / CIAB	PG
	Baby Euthermic	– SBR, NBS, OAE } @ 13/6 9AM
	CVS – S1S2 ⊕	
	RS – BL – AEE ⊕	
		– DBF 2nd h + Burping
	P/A – Soft	
	CT good	– Monitoring
		– Repeat USG Abdomen & pelvis (KUB) after 3 months
		Dilnaaz
		Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26. 8 AM.	c/B. Dr. Prabhath / Dr. Anusha.	
	T / AGA / Mch / CIAB / 2.66 kg	
	Baby euthermic. accepting feed	Adv
	T-wt - 2.500. Pau. 4/5 No c/o	- SBR, OAE, NBS } 13/6 9 am
	6/7	
	o/e Vitals stable + AF OCF	- DBF @ 2H ☆ burping
	PA oft.	- Rpt USG at 3 Months.
	Af.	N/B priyanka.

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Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	S/B Dr. Dilnaaz	
9Am	T/AGA/MCh/CIAB/2-66kg	
	Baby euthermic, Icteric	
	accepting feed	
	T. Wt 2-500kg 6-1'lost ō Pass u/s No Clo	Adv Fer
		Send SBR
	V/ocb stable Icterus upto ankles(+)	OAG NBS
		Start DSRT
	MBG: O +ve BBG: B +ve (OB Setting)	DBFQ2H ō good beeps
		Plan to Rpt USG after 3 Months
		Dilnaaz
		Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476
		noted by Sr. Saranya 13/6/26 9am

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-08-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CVBG. Dr. Sushanth/D. Nageswar	
13/08/26 2PM	Term/ AGA/ Male/ CIAFS/ 2.66kg	
	T Baby Euthermic / on DSPT Accepting feeds passing urine/stools Cry Tone/ Activity good Vitals stable S/E: NAD	
		Adv - Trace STBR - Cont. DSPT - DBF 2nd hourly f/b Expressing - Rpt USG Abd after 3 months - Can be discharged Sambath
		Noted by 2pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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RESULT SHEET

Date	13/6/26					
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	9.5 / 9.2					
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						
blood grouping						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

No. : RCH / FRM / CLINICAL / 124

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

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

Doctor/Nurse/Family Concern?

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

36°C | 98.2°F | 97.8°F | 98.4°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 148 bpm | 148 bpm | 142 bpm | 138 bpm | 140 bpm | 138 bpm

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

Resp Rate (Number) 44 bpm | 40 bpm | 48 bpm | 40 bpm | 38 bpm | 40 bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 98% | 98% | 99% | 100% | 99% | 100%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE Number of shaded boxes 0 | 0 | 0 | 0 | 0 | 0

Pain Score 0 | 2 | 0 | 1 | 2 | 2

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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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)

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. DILNAAZ FAROOQUI

H / FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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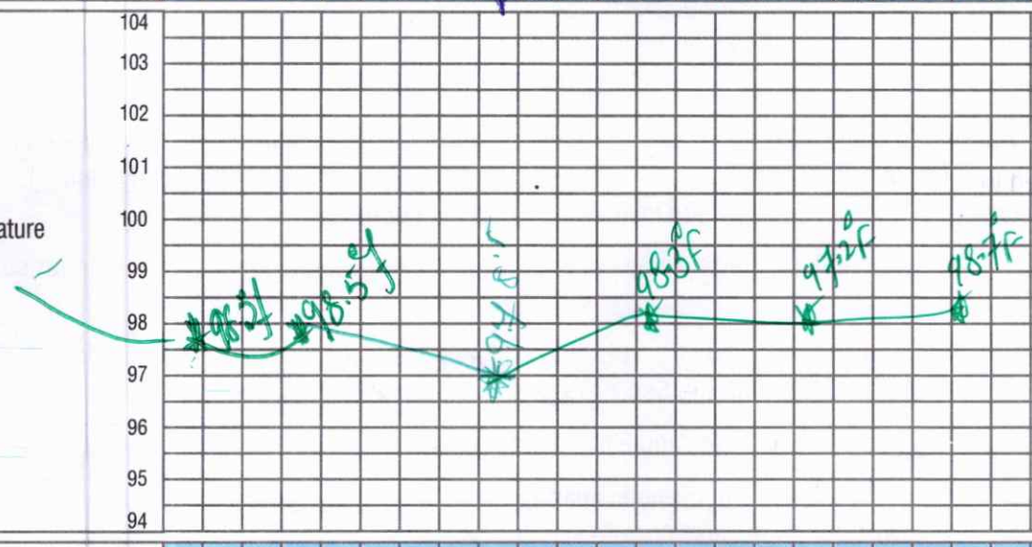
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/26 Time: 10AM 2PM 6 PM 10PM 2AM 6AM

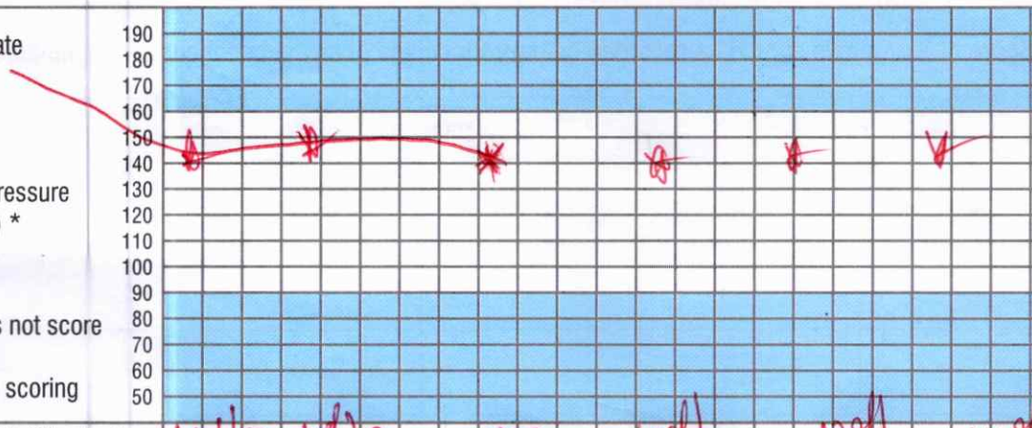
Doctor/Nurse/Family Concern?

Temperature (°F)



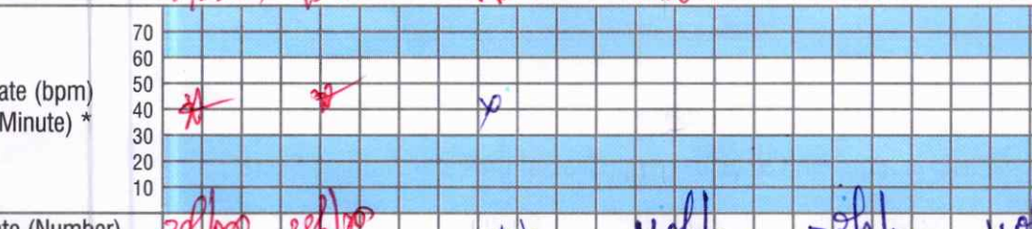
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number) 140/m 130/m 120/m 120/m 138/m 110/m

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



Resp Rate (Number) 38/m 38/m 40/m 40/m 38/m 40/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2(l/min) O_2Saturations (%)		99% 100% 100% 100% 99% 100%
Conscious Level	Normal	
	Altered	
GCS *		15/15 15/15 15/15			
TOTAL SCORE Number of shaded boxes		0 0 0 0 0 0
Pain Score		0 0 0 0 0 0
Observer's Initials		SN SN SN SN SN SN

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.
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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:

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Date	Time	Early Warning Score	Date	Time	Name

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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)

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/26 Time: 10am 2pm 6pm

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.3°F 97.2°F

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) 140b/m 145b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 42b/m 38b/m

Resp Distress	Mod/ Severe
	None / Mild

Receiving O_2(l/min)
O_2Saturations (%) 99% 99%

Conscious Level	Normal
	Altered

GCS *

TOTAL SCORE Number of shaded boxes

Pain Score 0 0

Observer's Initials

ACTIONS NB: Scores 3 should be recorded overleaf		
	Score 1	: Continue normal observation by staff nurse
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	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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BirthRight
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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)

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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FLUID CHART

Sheet No. : .....

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

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
11/6/26												
	08:00 am											
	09:00 am		DBF									
	10:00 am											
	11:00 am		DBF		NA							
	12:00 pm											
	01:00 pm		DBF									
Total Intake : taken						Total Output :						
11/6/26	02:00 pm		DBF									
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF + FF		NA							
	06:00 pm											
	07:00 pm		DBF + FF									
Total Intake : Taken						Total Output :						
11/6/26	08:00 pm											
	09:00 pm											
	10:00 pm		DBF + FF		NA							
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
12/6/26	02:00 am		DBF + FF									
	03:00 am											
	04:00 am											
	05:00 am		DBF + FF		NA							
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/6/26	08:00 am		DBF+FF				✓			✓		
	09:00 am								✓			
	10:00 am		FF		NA			NA			0	
	11:00 am						✓			✓		
	12:00 pm		DBF+FF									
	01:00 pm						✓	✓		✓		
Total Intake : Taken						**Total Output :** U-3 M-3						
12/6/26	02:00 pm		DBF									
	03:00 pm		FF				✓			✓	1	
	04:00 pm				NA			NA				
	05:00 pm	0										
	06:00 pm		DBF				✓			✓		
	07:00 pm		FF								1	
Total Intake :						**Total Output :** U-2 M-2						
	08:00 pm		DBF+FF									
	09:00 pm						✓			✓		
	10:00 pm		DBF+FF		NA			NA			0	
	11:00 pm	0										
	12:00 am		DBF+FF							✓		
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		DBF+FF									
	03:00 am											
	04:00 am		DBF+FF		NA			NA			0	
	05:00 am	0										
	06:00 am		DBF+FF									
	07:00 am										1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/6/26.	08:00 am		DBF ff									
	09:00 am	0								✓	0	
	10:00 am		DBF ff				✓					
	11:00 am							NA				
	12:00 pm		DBF ff		NA					✓		
	01:00 pm											
Total Intake :						**Total Output :** U- 2. M- V						
13/6/26	02:00 pm		DBF ff									
	03:00 pm											
	04:00 pm				NA							
	05:00 pm	0	DBF ff					NA			0	
	06:00 pm											
	07:00 pm											
Total Intake Water						**Total Output :** U-					M-	
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

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

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

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

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

Date: 11/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM To 2PM	→ Assess the pt condition → plan for vitals → plan for Ilo chart → plan for DBF	8AM To 2PM	→ Assessed the pt condition → vital are checked & recorded → 2nd hourly DBF given	Ilo chart maintained	patient is stable	Sri Sujatha
Afternoon	2pm to 8pm	→ Assess the pt condition → monitor vitals & record → Maintain Ilo chart → DBF + ff 2nd hrly	2pm to 8pm	→ Assessed the pt condition → monitored vital & recorded → maintained Ilo chart → DBF + ff 2nd hrly	→ Baby is stable	→ Rechecked vitals → USG Abdomen & 2D echo done	
Night	8pm 8AM	- Assess the pt. condition - Monitor vitals & records - Maintain Ilo chart - DBF every 2nd hrly - plan vaccination T/m	8pm 8AM	- Assessed the pt. condition - Monitored vitals & record - Maintained Ilo chart - DBF every 2nd hrly	- Baby is stable	- Re-checked vitals →	

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Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 2 H (M)
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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 12/6/26

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 baby condition ⇒ monitor vitals & record ⇒ maintain I/o chart ⇒ DBF + ff 2nd hrly. ⇒ Provide warm cad	8am to 2pm	⇒ Assessed the baby condition ⇒ Monitored vitals & recorded ⇒ maintained I/o chart ⇒ DBF + ff 2nd hrly ⇒ Provided ward care	⇒ Baby is stable	⇒ Rechecked vitals	
Afternoon	2pm to 8pm	→ Assess the baby General Condition → Monitoring vitals checked and Recorded.	2pm to 8pm	→ Assess the baby General condition. → Administration medication as for drug Chart	→ Baby is stable.	→ vital Checked and recorded.	Deepa
Night	8pm | 8am	- Assess the Baby condition - Monitor vitals & records - Maintain I/o chart - DBF + ff 2nd hrly	8pm | 8am	- Assessed the baby condition - Monitor vitals & records - Maintained I/o chart - DBF + ff 2nd hrly	Baby is stable now	Re-checked now	

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Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: 13/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ Assess the patient general Condition → Monitor vitals → DBF tff and hrly → SBR, NBS, OAE Today 9 am.	8am	→ Assessed the patient condition → monitored vitals → DBF, tff and hrly	Baby is stable	Rechecked vitals	
Afternoon	2pm to 8pm	→ Assess the baby condition → monitor vitals & record → maintain I/o chart → DBF + ff and hrly → warm care provided		→ Assessed the baby condition → monitored vitals & recorded → maintained I/o chart → DBF + ff and hrly → warm care provided	→ Baby is stable	→ Rechecked vitals	
Night							

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis: New born

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

BACKGROUND

Area / Shift Time	11/6 8AM	11/6 2pm	12/6/26 E2	12/6/26 N1	13/6/26 morng	13/6/26 E
Medical Condition (Any special condition to be noted):	NA	NA	—	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36C	98.5°F	98.6°F	98.6°F	98.3°F	98.5°F
Res:	44b/m	40b/m	30 b/m	40 b/m	42b/m	40b/m
SpO_2:	98%	42b/m	96 b/m	97 %	99%	99%
Pulse:	148 b/m	150b/m	—	142b/m	145/m	140b/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	—	—	—	yes	yes	yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA	NA	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA	NA	NA	NA	NA	NA
Post Operative Procedure Special Orders:	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Sujatha	Swetha	Madhuri	Suman	Sandhya	Swetha
Signature :						
Date:	11/6/26	11/6/26	12/6/26	13/6/26	13/6/26	13/6/26
Time:	8PM	8pm	8 pm	8 AM	8pm	8pm
Taken Over By Name :	Swetha	Madhuri	Suman	Sandhya	Swetha	
Signature :						
Date:	11/6/26	12/6/26	12/6/26	13/6/26	13/6/26	
Time:	2pm	2pm	8pm	8pm	2pm	

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0Y0M0D1H (M)
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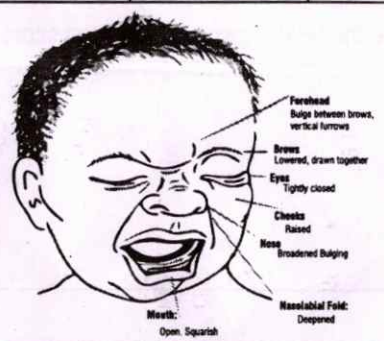
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						8AM	2pm	N1	N1	N2	N1	E2		
					Procedure ➡									
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	NA	NA	NA	NA	NA	NA	NA		
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)	NA	NA	NA	NA	NA	NA	NA		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA		
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	NA	NA	NA	NA	NA	NA	NA		
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	NA	NA	NA	NA	NA	NA	NA		
					Gestational Age / Corrected Age		1	1	1	1	1	1		
					Total Pain / Agitation Score		1	1		1	1	1		
					Intervention		1	1	1	1	1	1		
					Effectiveness		1	1	1	P	1	1		
					Signature									



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

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Baby Of CHITRALEKHA VEDULA
11-06-2026 0Y0M0D1H (M)
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BRADEN 'Q' SCALE

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					Date : 11/6	11/6	11/6	11/6
					Time : 8AM	2pm	N1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	26	26	28	24
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 11 H (M)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 12/6/26	12/6/26	13/6/26	
					Time : 6a	N	12	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
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Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
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				TOTAL SCORE	28	28	28	
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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HNH-00015919 IP26-00006558
Baby Of CHITRALEKHA VEDULA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: baby of chitralekha Mother's Name: mrs. chitralekha

Date of Birth: 11/6/26 Time of Birth: 9:14 AM Gender: ☑ Male ☐ Female

Birth Weight: 2.660 Kgs HC: 34 cm cm Lenght: 48 cm cm

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

Term / Pre-term / Post-term: .....

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.2 °C HR: 148 b/m /Min RR: 44 b/m /Min BP: ..... SpO_2: 98%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 0 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

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

Neonatal Screening Done: ~~Yes~~ / No

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

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Sujatha Signature: Sj Date &Time: 11/6/26 @ 10AM