

JH-00016143 IP26-00006632
 by Of KEERTHI MAYI BHANURI
 -06-2026 0 Y 0 M 1 D (F)
 S TEJASWI REDDY



DEFICIENCY CHECK LIST OF CASE SHEET

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	Total No. of Pages	56			

DISCHARGE SUMMARY

Name	Baby Of KEERTHI MAYI BHANURI	UHID	HNH-00016143
Father/Guardian	Mr VINOD KUMAR	Age/Gender	0 Y 0 M 0 D 1 H/ Female
Address	Uppal, Hyderabad, Telangana, INDIA, 500039		
IP No	IP26-00006632	Admission Date	24-06-2026
Ref Doctor	Self.		
Discharge Date	25.06.2026		

Consultant:

Dr. S TEJASWI REDDY

MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DIAGNOSIS	ICD CODE
LATE PRETERM (36 weeks + 4 days)/AGA/BABY GIRL/IDM/NVD	

History: Baby Of KEERTHI MAYI BHANURI is a late preterm (36 weeks + 4 days) baby girl, delivered to a primi mother by spontaneous vaginal delivery on 24.06.2026 at 10:14 am with birth weight of 2.54 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 KEERTHI MAYI BHANURI	UHID	HNH-00016143
IP No	IP26-00006632	Admission Date	24-06-2025

Maternal History: Mrs. KEERTHI MAYI BHANURI is a 30 years old primi mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal. History of Gestational Diabetes Mellitus/ Hypothyroidism. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O positive. Baby's blood group is O 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 : 2.54 kgs.
Weight at discharge : 2.46 kgs.
Head Circumference : 34 cms.
Length : 45 cms.

Investigations: Enclosed reports.

Management:

Course during hospital:

Name	Baby Of KEERTHI MAYI BHANURI	UHID	HNH-00016143
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In view of maternal history of gestational diabetes mellitus, baby's blood sugar levels were serially monitored which remained stable.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes). Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	24.06.2026
OPV	Given	24.06.2026
HEPATITIS B	Given	24.06.2026

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

Newborn screening advanced / Newborn screening-4: To be done on follow up.

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

Name	Baby Of KEERTHI MAYI BHANURI	UHID	HNH-00016143
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feeds + measured feeds.

Advice:

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

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 on follow up.**

Review consultation with Dr. S TEJASWI REDDY on Saturday(27.06.2026) 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

Name	Baby Of KEERTHI MAYI BHANURI	UHID	HNH-00016143
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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.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / 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**

Phanav
Registrar/Resident/C.M.O

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

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006632 Admit Date : 24-Jun-2026 Admit Time : 10:58 AM UHID : HNH-00016143

Patient Details :

Patient Name : Baby Of KEERTHI MAYI BHANURI Age : 0 D
Guardian : Mr VINOD KUMAR DOB : 24-06-2026 10:14 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Uppal Hyderabad Telangana INDIA 500039 Phone No : 9014488571/ 9618773940
E-mail : vinod050393@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 VINOD KUMAR Relationship : Father
Contact Address : Uppal Hyderabad Telangana INDIA 500039 Phone No : 9014488571

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY Specialisation : NEONATOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Deposit Amount : 15000.00
Payment Mode : DC/CC Card Payor Name : SELFPAY

CONSENT FOR FORMULA FEEDS



Patient Name : HNH-00016143 IP26-00006632 Age : Gender : Male Female

UHID No : 24-06-2026 0 Y 0 M 0 D 13 H (F) Department : Date :
Dr. S TEJASWI REDDY



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 : K. Vinod

Name : K. Vinod Kumar

Relationship with Patient: Father

Date & Time : 25/6/26

Witness :

Signature : Madhu

Name : Madhu

Date & Time : 25/6/26 @ 1:26 Am.

Doctor (who is taking the consent) :

Signature : AP

Name : Anuabe

Date & Time : 25/6/26



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 రేయినోబ్ 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)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Keerthi Mayi Age : 30y 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. Keerthi Mayi Mother's Blood Group : O positive
Gender : M F Blood Group :
Date of Birth : 24/8/26 Time of Birth : 12:14 AM Birth Weight (gms) : 2540gm Length (cms) :
Place of Birth : REC, HMR OFC (cms) :
Estimated Gesth Age : 36wk + 5d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : Wt : BMI : Married Life : LMP : 10/10/23 EDD : 19/8/26
Conception : Spontaneous or with Rx :
Booked at what GA : AN Steroids Drugs / Doses :

19/8 Last Scans Details : GDM on / Pacine Hypothy SLIUF - Few 25/2y
36wk PPROM 12w UAD TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
Consanguinity : Yes No
If yes, degree of consanguinity : 1 2 3
H/o PIH (after 20 weeks) / PE
How many Drugs / Doses / Since how long :
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
IUGR - when detected :
Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :
AFI : 9cm
H/o GDM/ pre GDM/ on diet or insulin
Controlled or not, recent values, HbA1 values :
on diet
Compliance with Rx :
Scans : LGA, TIFFA , Fetal Echo :
H/o Hypothyroidism : when diagnosed ? Medication?
Hypothyroidism
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 :

Patient Sticker

PAST OBSTETRIC HISTORY

G: P: A: L:

Primi

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Prasad Hospital : PCH HMT Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
1	2	
2	2	
2	2	
1	1	
2	2	
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 :

late preterm (36w 45d) (AGA / MVU) female
CIAB

History of Present Illness:

Baby cried Immediately after birth



↳. Oral reflex Suction done lips are clean

HR > 100/min

Auscultatory

Grinne reflex ⊕



Cord clamped at < 24
in

No obvious external

Congenital Anomalies

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Handwritten notes in the Past History section, including "No fever" and "No cough".

Family History :

Handwritten notes in the Family History section, including "No consanguinity" and "No chronic diseases".

Socio Economic History :

Handwritten notes in the Socio Economic History section, including "Family income" and "Education".

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Handwritten notes in the General Disposition section: "Baby Anorectic", "HR -> 120/min", and "Tone in b/w".

VITALS : Temperature : HR : 120/min RR : 30/min NIBP : CFT : 3sec

Color of the extremities :

Jaundice : Pallor : SpO2 : 96% on RA

Anthropometry : Birth Weight : 2540gm Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : <i>— 12 of level</i> Sutures Shape / Moulding : <i>(N)</i> Edema / Bruising : Size - (H.C.) :
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Facies : (Any Facial Dymorphism)	<i>NR</i>
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NECK and CLAVICLES :	Range of Motion : Asymmetry : <i>(N)</i> Masses :
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EYES :	Symmetry : Red Reflex : <i>→ to be checked</i> Discharge :
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EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : <i>(N)</i> Lips : Tongue :
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THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : <i>(N)</i>
-----------------------------	--

ABDOMEN and UMBILICUS :	Shape : Organomegaly : <i>(N)</i> Bowel Sounds : Umbilical Stump : Discharge :
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GENITILIA :	Labia / Hymen : <i>— find external genitalia</i> Testicles/penis : Anus :
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HERNIAL ORIFICES

TRUNK and SPINE :	<i>(N)</i>
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SKIN LESIONS :

EXTREMETIES :	Fingers / Toes : Arms / Legs : <i>(N)</i> Deformities : Mobility : Hip Joint Examination :
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 38/min SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2: 96% on RA Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 138/min BP : Precordial Activity :

Femoral Pulses : felt Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia ~~office~~ : free

Palpation : Anal Patency : patent

Palpable masses : Umbilical Cord : 2 or 1 v

Abdominal girth : First urine passed : passed

Meconium passed : Not yet passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

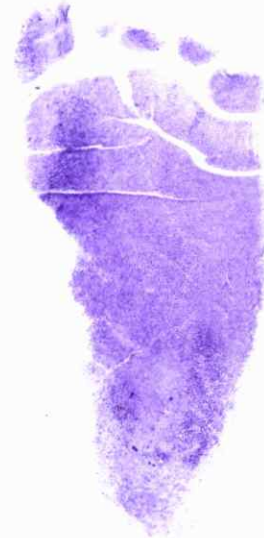
Diagnosis : *Del. p. flex (3.5x6.8d) / AUA / NVD / 2.54x4.5 / Female*
CITAB / Maternal hypothyroidism / GDM on diet

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *B. Sastry*

Date & Time : *24/6/16 10:50 AM*

Consultant :

Dr. S. TEJASWI REDDY
Registration No: 94069

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :

..... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Handwritten notes in the Final Diagnosis section, including "C.I. mal...".

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- Inj. Vitamin K 1mg IM stat
- DBF + Bumping 2nd by ✓
- A/Bs monitoring at 1, 3, 5, 12, 18, 24, 48 hrc ✓
- Inform if A/Bs < 5mg/dl ✓
- Vaccination today (Hep B-0, DTU-0 day BCG)
- Warm can

Feeding Plan at the time of shifting :

- Send Blood group.

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26	S/B Dr. Sreehan	
2:30 PM	D late preterm (36wks) / AUA / female / NVD / CIA B ADM mother / Hypothyroid mother Baby Euthemic Euglycemic	Play - DBF + Breeding 2ndly - Warm can
	MERS-S, S, S R-BU-ALB	- Vaccination now
	PLASQU CIA good.	Hep-B, OPV-0 dose BCC.
	Urine passed stool not passed.	- Monitor vitals
	15 days	- Check 4 limb sensation
24/6/26	BCG OPV Hep B given site	15 days - (RAB) monitoring as per chart
		noted by Sr. Sandhya 24/6/26 2:30 PM

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 Baby Of KEERTHI MAYI BHANURI
 24-06-2026 0 Y 0 M 0 D 2 H (F)
 Dr. S TEJASWI REDDY



...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Dr. Spandana	
24/6/26	5:19 pm	
	Late preterm (36wks + 5d) - Play	
	/AGA / Female / CTAB	
	Baby full term	DBF + Bupiv 2nd try
	WS - S, S, S	
	RS - BL - ACEG	WRBS monitoring of status advised
	PLA 100	
	CTA 100	Warm care care
	Urine } passed	Red reflex to be checked
	Stool } passed	
	P. S.	
		NB Supriya
		5:24 pm @ 24/6/26

Dr. Spandana Pasupuleti
 Consultant Neonatologist and Pediatrician
 Reg. No: 30925



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 8 AM	<p>ds/hy ds Anuhe.</p> <p>LPT / AGA / femal. / CIAB.</p>	
	<p>Baly Euthic / Euglycemic</p>	
	<p>vital stable.</p>	<p>Plan</p>
	<p>T.Wt - 2.660.</p>	<p>DBF Only jlb + FF</p>
	<p>wt low - seg ↓</p>	<p>buug.</p>
	<p>paig urin & stools</p>	
	<p><u>s/e</u></p>	<p>GRBS monitor</p>
	<p>(RB) BL AG (+)</p>	<p>warm Can.</p>
	<p>NVRS (+)</p>	<p>Reflex - Pending.</p>
	<p>P/A soft</p>	<p>Inform sos.</p>
	<p>not detend.</p>	<p>sample e uS HOL</p>
	<p><i>[Signature]</i></p>	<p>26/6/26 Noted by Madhu</p>

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 24-06-2026 0 Y 0 M 0 D 2 H (F)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6 10am	CK/B Dr Tejaswi	
	<p>Latex PT / NVD / CIAS / Gm / 25g</p> <p>WT loss - 80g (34% loss)</p> <p>Baby Enteral</p> <p>Cry } Tone } Good Activity }</p> <p>Vital All</p>	<p>Plan</p> <p>1) D/C Today & Flv on Sat Morning</p> <p>2) DBF f/20 bulging A, V & SES - FF</p> <p>3) SBR } NBS } on f/v OPE }</p> <p>4) Monitor Vitals</p>
		<p><i>(Signature)</i> Dr. Tejaswi</p>
		<p>noted by Sr. Sandhya 25/6/26 10:5</p>

Dr. S. TEJASWI REDDY
 Registration No: 94068

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 Dr. S TEJASWI REDDY



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Blood Group - O+ve



RESULT SHEET

Date					
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					
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	24/6/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping	O+ve					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc..) :

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: <u>24/6/26</u> Time: <u>11 AM</u> <u>1 PM</u> <u>6 PM</u> <u>10 PM</u> <u>2 AM</u> <u>6 AM</u>
Doctor/Nurse/Family Concern?
Temperature (°F)
Heart Rate (bpm) and Blood Pressure (mmHg) *
Heart Rate (Number)
Resp. Rate (bpm) (Over 1 Minute) *
Resp Rate (Number)
Resp Mod/ Severe Distress None / Mild
Receiving O ₂ (l/min) O ₂ Saturations (%)
Conscious Level Normal / Altered
GCS *
TOTAL SCORE
Number of shaded boxes
Pain Score
Observer's Initials
ACTIONS
NB: Scores 3 should be recorded overleaf

* 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.

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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/6/26	08:00 am											} Subh
	09:00 am											
	10:00 am											
	11:00 am	-	DBM	-								
	12:00 pm											
	01:00 pm		DBM									
Total Intake :			Taken			Total Output :					passed	
24/6/26	02:00 pm		DBF									} A
	03:00 pm											
	04:00 pm	o	DBF									
	05:00 pm				NA							
	06:00 pm		DBF									
	07:00 pm											
Total Intake :			Taken			Total Output :					U-2 M-1	
24/6/26	08:00 pm		DBF									} Madhvi
	09:00 pm											
	10:00 pm	o	DBF									
	11:00 pm				NA							
	12:00 am		DBF									
	01:00 am											
Total Intake :			Taken			Total Output :					U-2 M-0	
25/6/26	02:00 am		DBF									} Madhvi
	03:00 am											
	04:00 am	o	DBF									
	05:00 am				NA							
	06:00 am		DBF									
	07:00 am											
Total Intake :			Taken			Total Output :					U-2 M-1	

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00016143
 Baby OF KEERTHI MAYI BHANURI
 24-06-2026
 Dr. S TEJASWI REDDY
 IP26-00006632
 O Y O M O D 13 H (F)



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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-00016143

IP26-00006632

Baby Of KEERTHI MAYI BHANURI

24-06-2026 0 Y 0 M 0 D 2 H (F)

Dr. S TEJASWI REDDY



NURSING CARE RECORD



Date: 24/6/26

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 2PM	<ul style="list-style-type: none"> → plan for vitals → plan for meds meds OBS → plan for DBF → plan for warm care 	8AM 2PM	<ul style="list-style-type: none"> → vitals Normal → OBS done → DBF given → warm care given 	Normal	stable	Anusha
Afternoon	2PM 8PM	<ul style="list-style-type: none"> - Assess the Baby Condition - monitor vitals - maintain I/O Chart - DBM every 2nd Hourly 	2PM 8PM	<ul style="list-style-type: none"> - Assessed the Baby Condition - monitored vitals - maintained I/O Chart - DBM every 2nd Hourly 	Baby is stable	<ul style="list-style-type: none"> Re-checked vitals → GRBS monitoring 	Manish
Night	8PM 8AM	<ul style="list-style-type: none"> Assess the Baby Condition - Monitor vitals - Maintain I/O chart → DBM every 2nd hourly 	8PM 8AM	<ul style="list-style-type: none"> → Assessed the Overall Condition. → monitor vitals & relaxed → Monitor I/O chart → DBM every 2nd hourly 	Baby is stable	<ul style="list-style-type: none"> Rechecked vitals → GRBS monitoring 	Madhusri

HNH-00016143 IP26-00006632
 Baby Of KEERTHI MAYI BHANURI
 24-08-2026 0 Y 0 M 0 D 2 H (F)
 Dr. S TEJASWI REDDY



NURSING CARE RECORD



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
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	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00016143 IP26-00006632
 Baby Of KEERTHI MAYI BHANURI
 24-06-2026 0 Y 0 M 0 D 2 H (F)
 Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE



Date: 24/6 24/6 2026
 Time: 12:06 8:2 11

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.	2	2	2
"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.	2	2	2
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
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
FRICION-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
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 of 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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	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

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

Docu. No. : RCH /FRM / CLINICAL / 119

TOTAL SCORE	24	24	24
Evaluator's Name	[Signature]	[Signature]	[Signature]

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

BRADEN 'Q' SCALE

Patient ID

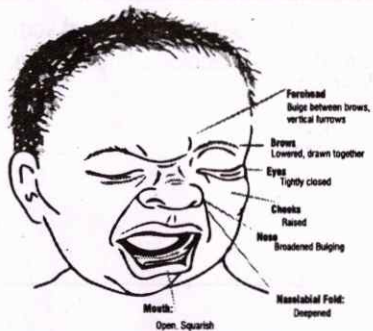
					Date:				
					Time:				
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.					
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					TOTAL SCORE				
					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

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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
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time
						24/6 Mb	27/6 Eg	28/6 Ni					
	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	-	-	-					
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, SaO₂	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	-	-	-					
 <p>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</p> <p>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</p>	Gestational Age / Corrected Age	36 ⁺ 4 - 36 ⁺ 4											
	Total Pain / Agitation Score												
	Intervention												
	Effectiveness												
	Signature												

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Observe the infant for a minute before selecting a score for each behavior. Select only one numeric value per behavior.
Scoring/ Documentation	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Desired levels of sedation vary according to the situation. Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> The premature infant's response to prolonged or persistent pain/stress Neurologic depression, sepsis, or other pathology 	<ul style="list-style-type: none"> Does not provide pain intensity rating. Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> 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.



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: <div style="font-size: 1.5em; font-family: cursive;">new born baby</div>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	24/6/26 M ₆	24/6/26 E ₂	24/6/26 N ₁	/	/
	Medical Condition (Any special condition to be noted):		NA	-	-	/	/
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp:	98.7	98.6 F	98.0 F	
			Res:	40	40 bpm	45 bpm	
			SpO ₂ :	99%	100%	99%	
			Pulse:	140	142 bpm	125 bpm	
			BP:	-	-	-	
			Fall Risk Score:	-	-	-	
		Pain Score:	-	-	-		
Recommendations	Safety Needs:		yes	-	-		
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:		-	-	-		
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Special Orders / Medications:		N/A	-	-		
Post Operative Procedure Special Orders:			-	-	-		
Handed Over By Name :			Anusha		M. Supriya	Madhusri	
Signature :			(Signature)		(Signature)	(Signature)	
Date:			24/6/26		24/6/26	24/6/26	
Time:			8 pm		8 pm	8 pm	
Taken Over By Name :			M. Supriya		Madhusri		
Signature :			(Signature)		(Signature)		
Date:			24/6/26		24/6/26		
Time:			2 pm		8 pm		

HNH-00016143 IP26-00006632
 Baby Of KEERTHI MAYI BHANURI
 24-06-2026 0 Y 0 M 0 D 2 H (F)
 Dr. S TEJASWI REDDY



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
Fall Risk Score:								
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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-00016143 IP26-0006632
Baby Of KEERTHI MAYI BHANURI
24-06-2026 QYOMOD2H (F)
Dr. S TEJASWI REDDY



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: Keerthi
Date of Birth: 24/6/26 Time of Birth: 10:14 AM Gender: Male Female
Birth Weight: 2.540 Kgs HC: cm Length: cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: 36 wks
Resuscitated: Yes No Blood Group: Mother: 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 °C HR: 140 /Min RR: 40 /Min BP: SpO₂: 99%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: (Fill the Humpty Dumpty Sheet)

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

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

Vitamin K 1 mg IM Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Amisha D

Signature: [Signature]

Date & Time: 24/6/26

10
11
12



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INH-00016143 IP26-00006632
Baby Of KEERTHI MAYI BHANURI
14-06-2026 OYOMOD2H (F)
Dr. S TEJASWI REDDY

DATE: 24/8/21



NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft	Normal	
2	Pre natal teeth	No	None	
3	Anal opening	Patent	patent	
4	Genitalia	Female	Genetal	
5	Spine	Normal	(N)	
6	Red reflex	To check	To be checked	
7	4 limb saturation (before discharge)	To check	Normal	

Prasar

Ped.Registrar signature

Ped.Consultant signature

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of KEERTHI MAYI BHANURI **Age :** 0 Y 0 M 0 D 0 H
IP No: IP26-00006632 **Sex:** Female
Consultant: Dr. S TEJASWI REDDY **Ward/Bed No:** 4F -OT/CRDL-HNPDA-412-1

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

Patient, be deemed advisable or necessary.

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

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


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

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

Note:

- 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: 


Name: Vinod Kumar

Relationship: Father

Date: 24/06/2026

Time: 10:55 AM

Witness Name: Yaseen ali Khan

Witness Signature: 

Patient Address:

Uppal Hyderabad Telangana INDIA
500039



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 tpain 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.

Vinod
C. C. D.
Name & signature of Patient/Attendant

Yasir
(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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