Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006582 **Admit Date** : 14-Jun-2026 **Admit Time** : 06:00 PM **UHID** : HNH-00015915

Patient Details :

Patient Name	: Baby Of SRIPRIYA KAMARAJUGADDA	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr VIKRAM VARANASI	**DOB**	: 10-06-2026 03:55 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Himayat Nagar East Himayat Nagar East Hyderabad Telangana INDIA 500029	**Phone No**	: 7981148120/ 9845242421
		E-mail	: 7981148120@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr VIKRAM VARANASI **Relationship** : Father

Contact Address : Himayat Nagar East Himayat Nagar East Hyderabad Telangana INDIA 500029 **Phone No** : 7981148120

Signature

Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 25000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	2			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment	1			
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				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
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	1			
30	Intake and Out take chart (fluid chart)	1			
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 Extras	1			
		6			
	Total No. of Pages	26			

Signature and Date: 15/06/2026

(P.T.O)

Name	Mrs MANYA SHAH	**UHID**	HNH-00001525
IP No	IP26-00006508	**Admission Date**	05-06-2026

Obstetric History:
G1- 2022 - 5 weeks - TOP by MERPC
G2- 2024/ Oct - FT/LSCS (Maternal Request) ,Male, 2.82 kg, A & H, Uneventful.
G3 - PP, Spontaneous Conception

Medical History: Nil
Surgical History: LSCS 2024
Allergies : Nil
Family History : Father HTN

Antenatal Details:
Mrs MANYA SHAH was booked to Rainbow hospital at 6^{+2} weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan was normal. FTS was low risk. TIFFA was normal. Growth scan done at 30^{+4} weeks SLF, Cephalic, EFW 1505 gm (23 % / AC 5 %), Pl Anterior High, Liquor Adequate, AFI 12.8 cm, UAD normal. Fetal monitoring was done by serial growth scan. Scan done at 36^{+1} weeks showed SLF, Cephalic, EFW 2660 gm (31 % / AC 6 %) , Pl Anterior High, Liquor Adequate, AFI 15.6 cm, UAD normal. She was admitted at 38^{+1} weeks with previous LSCS for EL.LSCS.

Investigations: Enclosed.
Blood group: "O" positive

Management: Course in hospital:
At admission on clinical examination the vitals were stable, uterus was relaxed. Fetal well being was confirmed by an admission NST which was found

DISCHARGE SUMMARY

Name	Baby Of SRIPRIYA KAMARAJUGADDA	**UHID**	HNH-00015915
Father/Guardian	Mr VIKRAM VARANASI	**Age/Gender**	0 Y 0 M 5 D/ Female
Address	Himayat Nagar East, Himayat Nagar East, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006582	**Admission Date**	14-06-2026
Ref Doctor	SELF		
Discharge Date	15.06.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of SRIPRIYA KAMARAJUGADDA is a 0 Y 0 M 5 D old baby girl presented with history of yellowish discolouration of skin and eyes since 2 days prior to admission. For the above complaints, she was investigated on OPD basis (Transcutaneous bilirubin was 16.6 mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Himayatnagar for further management.

Name	Baby Of SRIPRIYA KAMARAJUGADDA	**UHID**	HNH-00015915
IP No	IP26-00006582	**Admission Date**	14-06-2026

Birth history: Baby Of SRIPRIYA KAMARAJUGADDA is a term (39 weeks + 2 days) baby girl, delivered to a primi mother by emergency LSCS on 10.06.2026 at 03:55 pm with birth weight of 3.78 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 6/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Examination: She was euthermic, euvolemic & maintaining saturations at room air. Heart Rate- 142/min and Respiratory Rate - 34/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 3.5 kilo grams.
Weight at discharge : 3.5 kilo grams.

Investigations: Enclosed.

Management: She was admitted in ward. Her transcutaneous bilirubin was 16.6 mg/dl on admission done on OP basis. She was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. Repeat serum bilirubin levels sent. Report awaited.

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

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Bilateral normal outer hair cells functioning.

Name	Baby Of SRIPRIYA KAMARAJUGADDA	**UHID**	HNH-00015915
IP No	IP26-00006582	**Admission Date**	14-06-2026

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

Advice:
Keep the baby clean & warm
Exclusive 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.
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. Repeat serum bilirubin report to be collected on follow up.
2. Serum bilirubin to be done / decided on followup.

Review consultation with Dr. DILNAAZ FAROOQUI on Wednesday (17.06.2026) in OPD 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.

Name	Baby Of SRIPRIYA KAMARAJUGADDA	**UHID**	HNH-00015915
IP No	IP26-00006582	**Admission Date**	14-06-2026

Parent/ Attender

In case of emergency contact number 9154865030 emergency pediatrician on duty.

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

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

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

ACTIVITY

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

Name: ----------

UHID No : ---------- Consultant : ---------- Dept : pediatric

Date of Admission : 10/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	6:30pm	ER	ward	

Cross Consultation Visit

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

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
15/6/26	SBR	9838	
	~~Cross~~ checked done by Symuja		
15/6/26.	O AE	6801.	

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/6/26	DSPT	14/6/26 7:20pm	15/6/26 1pm	6678.	[signature]

Cross checked done by Supriya

INH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
0-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref.No. F/IN/PR/10

Rainbow®
Children's
Hospital

PEDIATRIC IN-PATIENT MEDICAL RECORD

INH-00015915 IP26-00006582
aby Of SRIPRIYA KAMARAJUGADDA
0-06-2026 0 Y 0 M 4 D (F)
r. DILNAAZ FAROOQUI

Patient Name : B/O SRIPRIYA

Patient ID# :

Consultant : Dr. DILNAAZ

Final Diagnosis : TERM / AGA / NNH

Pediatric Multiorgan History & Physical Examina

Name : B/o SRIPRIYA Age/Sex

Informant mother / Father Reliability Good

Chief Presenting Complaints & Duration (Chronologically):

Came for Routine New born follow up.

History of present illness :

A 4 day old baby came for routine new born visit

↓

has yellowish discoloration of skin

feeding → attachment Good acc to the mother.
suck Good

passing urine → 4 to 5 times (lemon yellowish)

stool 4 to 5 times (Green to yellowish)

Pediatric Multiorgan History & Physical Examination

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

Antenatal → diabetic mother, TT given ✓

Birth & Neonatal History : Term (39+2) / But - 3.7 & 8 kgs
CIAB, NNJ, No NICU admission.

Birth & Socio Economic History :

About Father :

About Mother :

Any additional Information :

Developmental History : Sucks - Good.

Immunization History : Birth vaccination given

Pediatric Multiorgan History & Physical Examination

Anthropometry

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

Weight (kgs) 3·5 kg (Centile _____)

On Examination :

Temperature : Afebrile Pulse Rate: 142/min Description Regular.

B.P. CFT < 3sec SPO2 98% at RA

Resp. rate and type of breathing : 34/min, rhythmic

Rash N/O

Lymphadenopathy No

Oedema : No

Yellowish discoloration of skin upto Palms & Soles

Respiratory system :

Inspection (any s/o distress) : (N) Shape.

Air entry & breath sounds : NVBS + B/L AE L

Any addes sounds : No added sounds

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

Cardiovasclular System :

Inspection of procordium : (N) Shape.

Heart Sounds : S1S2 +

Any murmur : No murmur

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

Per Abdomen :

Inspection (N) Shape, Non distended

Palpation : Soft, nontender, no hsm.

Ausculation : BS +

Spine: N External Genitelia : N

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

Central Nervous System :

Level of Consciousness : AVPU/GCS Score :

Cranial Nerves :

Motor System :

Nutrition :

Tone : Power

Co-ordinator : BIND Score = 0

Posture :

Involuntary Movements : Cry, Tone, Activity - Good.

Reflexes :

DTR **Superficials :**

Plantars

Sensory System :

Bladder / Bowel :

TCB < 16.6 / 16.3

Bwt - 3780 gm
Twt - 3500 gm
Δ - 7.14 % wt loss

Clinical Summary & Diagnostic :

TERM (39+2) / AGA / Neonatal hyperbilirubinemia
DOL - 4

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment :

Desired goals of the treatment :

Planned Labs :

- SBR ~~tom~~ 12:30 pm.. tomorrow
- OAE
- NBS ~~tom~~ on report on follow up.

Planned Management :

- Double Surface PHOTOTY
- DBF @ 2H+ Warm care
- ℞ ULTRA D3 DROPS (800 IU/1ml) 0.5ml

Please fill up the following details

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

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

Doctor's Signature Name _____ Date 14/6/26 Time _____

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	- C/S/B. D. Prashanti / D. Nayanya.	
8pm	Δ - Term (39+2 Weeks) / AGA / Neonatal Hyperbilirubinemia	
	DOL - 4	
	Bwt 3780gm / w - 3500	Δ ↓ 7% / wt loss 280gm / 4 days
	O/E	PLAN
	- Yellowish discoloration upto palms & Soles	→ Cont DSPT
	- AF at level	→ SBR tomorrow afternoon
	- Suck Good	→ DBF @ 2H → Warm care → OAE Tomorrow → NBS reports - Trace → monitor vitals
	Cry / Tone / Activity] Good	noted by D. Swetha

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 8:45 AM	C/S/B - Dr. Prashanti / Dr. Nayomya	
	A - Term (34+2) / AGA /	Neonatal Hyperbilirubinemia
	DOL - 5	No Wt gain/loss ↓. = 7.4%
	Bwt - 3780 Lwt - 3500	Twt - 3500
	O/E	Plan
	Skin clr - better	- Cont DSPT
	Vitals Stable	- SBR today at 1:30 PM
	AF at level	
	Suck good	- DBF Q2H / Warm Care
	Cry, Tone, Activity } Good	
	- OAE Today	
	S/E WNL	- Trace NBS reported

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

-00015915 IP26-00006582
Of SRIPRIYA KAMARAJUGADDA
5-2026 0 Y 0 M 4 D (F)
ILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10AM	c/s/o Dr. Dilnaaz Term/AGA/NNH. ↓ DSPT. Clinically icterus ↓. Passed stool/Urine. O/E - vitals stable. Cry Tone Activity Normal. O/E - NVL.	Plan - Cont. DS PT - Repeat SBR at 12:30pm. - DAE today. Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476 N/B Supraja 10:14AM @ 15/6/26

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	C/S/O Dr. Varun	
1:30PM.		
	Plan	
	- cont. DSPT with STAT report.	
	- D/s today.	

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

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-08-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

15/6/26
today's weight:—3.500kgs

RCH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6/26 Time:	7:00pm	10pm	2AM	6AM
Doctor/Nurse/Family Concern?				
Temperature (°F)	98.5°F	98°F	97°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *				
Note: BP does not score in early warning scoring				
Heart Rate (Number)	138bpm	132bpm	138bpm	142bpm
Resp. Rate (bpm) (Over 1 Minute) *				
Resp Rate (Number)	38/min	39br/m	38br/m	40br/m
Resp Distress: Mod/ Severe / None / Mild				
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	99%
Conscious Level: Normal / Altered				
GCS *				
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials				

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

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA (F)
10-06-2026 0 Y 0 M 4 D
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am					NA						
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm					NA						
	04:00 pm											
	05:00 pm											
14/6/26	06:00 pm											
	07:00 pm		DBF+AF				✓			✓	0	
Total Intake :		Taken				**Total Output :**				U-1 M-0		
	08:00 pm											
	09:00 pm		PBF+T									
	10:00 pm											
15/6	11:00 pm		DBF									
	12:00 am		T+			NA						
	01:00 am		DBF									
Total Intake :		Taken	T+			**Total Output :**				U-2 M-2		
	02:00 am											
	03:00 am		DBF									
	04:00 am		T+				✓					
15/6	05:00 am											
	06:00 am		DBF									
	07:00 am		T+									
Total Intake :		Taken				**Total Output :**				U-2 M-1		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-08-2025 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-08-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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: 14/8/26

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				N/A			
Afternoon	2pm to 8pm	⇒ Assess the baby condition ⇒ monitor vitals & record ⇒ Maintain Flowchart ⇒ DBF+ff 2nd hrly	2pm to 8pm	⇒ assessed the baby condition ⇒ Monitored vitals & recorded ⇒ maintained Flowchart ⇒ DBF+ff 2nd hrly	⇒ Baby is stable	⇒ Rechecked vitals	
Night	8pm	- Assess the Baby Condition - Monitor vitals & Record - DBF+ff 2nd hourly give		- Assessed the Baby Condition - Monitored vitals Record - DBF+ff 2nd hourly given	⇒ Baby is stable	Rechecked vitals	

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-08-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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: .....

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		⇒ Assess the Baby condition. ⇒ Maintain Ilochart ⇒ check the vitals ⇒		⇒ Assess the .Pt condition. ⇒ Maintain Ilochart			
Afternoon							
Night							

Patient ID

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 :	14/6	14/6		
				Time :	2	2		
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		
"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.	4	1		
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		
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		
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		
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.	3	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	3		
				TOTAL SCORE	23	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-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: DSPT						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	14/6 E2	14/6/24 N1				
	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:	98.5°F	99°F				
	Res:	38bb/m	34bb/m				
	SpO_2:	100%	100%				
	Pulse:	140b/m	140b/m				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
Recommendations	Safety Needs:	—	Yes				
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	DSPT	DSPT				
	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 :		Swathi	Divya				
Signature :							
Date:		14/6/24	15/6/24				
Time:		8 PM	8AM				
Taken Over By Name :		Divya					
Signature :							
Date:		14/6/24					
Time:		8pm					

Docu. No. : RCH/FRM / CLINICAL / 097

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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:							

I-00015915 IP26-00006582
y Of SRIPRIYA KAMARAJUGADDA
6-2026 0 Y 0 M 4 D (F)
KILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 14/6/26 Drug Allergies: NIL ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature

VERIFIED BY : Name

00015915 IP26-00006582
Of SRIPRIYA KAMARAJUGADDA
-2026 0 Y 0 M 4 D (F)
ILNAAZ FAROOQUI

REGULAR PRESCRIPTIONS Weight. 3.50 kg Ward. ....

DRUG : ULTRA D3 Drops				Date ▸ / Time ▾	1/1/26
Dose	Route	Frequency	Start Date		
0.5 ml	PO	OD	1/1/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Prashanth					6AM [signature]
Additional Instructions: (800 IU/ml)					
Daily Doctor's Endorsement by a Sign					[signature]

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

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

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

Verified by Dr. Dhakshayani

LNAAZ FAROOQUI (F)

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

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

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

Signature .....

VERIFIED BY . Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

I.V. FLUIDS CHART

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

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

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

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

wt - 3.50kg

(POCT) forehead - 16.6 mg/dl
chest - 16.3 mg/dl

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EMERGENCY ROOM TRIAGE FORM

Patient's Name : b/o. Sripriya . Kamarajugadda Age : 4 Days Gender: ☐ Male ☑ Female

Date : 14/6/26 Time of Arrival : 5:40pm

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

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

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 97°F PR: 155bpm BP: ..... RR: ..... SpO_2: 98%

Chief Complaints: c/o. yellowish discolaration of skin

INITIAL PHYSIOLOGICAL CATEGORIZATION				INITIAL PHYSIOLOGICAL STATUS
Appearance	Circulation / Colour	Work of Breathing		☑ Stable
☐ Normal	▲	☑ Normal	☐ Increased	☐ Unstable :
☐ Sick Looking	☐ Normal ☐ Abnormal ☐ Bleeding	☐ Decreased	☐ Gasping / Apnea	☐ Not – Life - Threatening
				☐ Life – Threatening

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : Bhargavi Apurba Signature of Triage Nurse : B

Date & Time : 14/6/26 @

Docu. No. : RCH /FRM / CLINICAL / 085

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 1ul6/26 Time of arrival : .....

Chief Complaints: c/o yellowish discolaration of the skin RBS: .....

Height : ..... Weight : 3.50kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

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

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

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With family

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

Time of Initial assessment completed by ER Nurse : .....

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

Time	Nursing Notes
14/6/26	Assess the pt condition monetore the vitals

Samples collected by: Time:

Samples sent by : Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 95bpm BP: ..... CFT:	Shift - out from ER to: ward
RR: ..... SPO_2: 98%	Time of Shift - out: 6:30 pm
GCS: ..... Temperature : 97°F	Handover given to: ..... (Nurse's Name)
Pain Score:	
Repeat RBS (if applicable):	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

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

.....

Name of the Nurse : Bhargavi Signature of the Nurse : B

Date & Time : 14/6/26 @

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

	Date & Time of Admission: 1ul 6/26 @ 6 pm.	Date & Time of Transfer Order: 1ul 6/26 @ 6:30 pm
Treating Consultant Name	Transfer Ordered by: Dr. prashanthi	Reason for Transfer: Admission
From Unit: ER	To Unit	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 25	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
Bhargavi	Dr. prashanthi.

Patient & Clinical Records Received by : Swathi @ 6:30pm

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-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

Drug Allergies: NPIL ☑ Not known any Drug Allergies

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

Shifting From: ER Shifted to: ward

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. prashanthi

Date & Time : 14/6/26 @ 6pm

Nurse Name & Signature: Bhargavi

Date & Time : 14/6/26 @ 6:50pm

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

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA
10-06-2026 0 Y 0 M 4 D (F)
Dr. DILNAAZ FAROOQUI

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SRIPRIYA KAMARAJUGADDA**	**Age :**	**0 Y 0 M 4 D**
IP No:	**IP26-00006582**	**Sex:**	**Female**
Consultant:	**Dr. DILNAAZ FAROOQUI**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

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:.....N.N.)

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.

N.N.
Signature of Patient/Relative:

Name: VIKRAM
Relationship: FATHER
Date: 14/6/26 Time: 6 pm
Witness Name:
Witness Signature:

Patient Address:

Himayat Nagar East Himayat Nagar
East Hyderabad Telangana INDIA
500029

HNH-00015915 IP26-00006582
Baby Of SRIPRIYA KAMARAJUGADDA (F)
10-06-2026 0 Y 0 M 4 D
Dr. DILNAAZ FAROOQUI

Rainbow® Children's Hospital | BirthRight™ BY RAINBOW HOSPITALS Your Right to a Safe Delivery | 25 years

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 / Demand draft or online payment.
- In 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 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 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

INTERIM BILLING

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 enquire 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.5,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 |KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | HIMAYATNAGAR - 40 488 73000 | MARATHAHALLI, BENGALURU - T: +91 807111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345

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