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DISCHARGE SUMMARY

Name	Baby Of LOLAKPURI TRISHALINI	**UHID**	HNH-00016156
Father/Guardian	Mr RAHUL VARMA RUERAO	**Age/Gender**	0 Y 0 M 0 D 2 H/ Female
Address	4-11-3-4-716, Nimboliadda, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006642	**Admission Date**	25-06-2026
Ref Doctor	SELF		
Discharge Date	27.06.2026		

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

DIAGNOSIS	ICD CODE
TERM (37 weeks + 5 days)/AGA/BABY GIRL/TTNB -DRCPAP	

History: Baby Of LOLAKPURI TRISHALINI is a term (37 weeks + 5 days) baby girl, delivered to a G2P1L1 mother by elective LSCS on 25.06.2026 at 07:59 am with birth weight of 3.16 kgs in Rainbow Children's Hospital, Himayathnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 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.In view of Tachypnoea ,

Name	Baby Of LOLAKPURI TRISHALINI	UHID	HNH-00016156
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retractions and Grunting DR CPAP was given for 10 mins. . Baby was shifted to NICU for further management.

Maternal History: Mrs. LOLAKPURI TRISHALINI is a 29 years old G2P1L1 mother.
1 - Dec 2024 - EmFTLSCS (ind - GDM OHA+Insulin - IOL at 38 weeks, MSL and cord round neck), boy, 2.66Kg, A&H
2 - PP , spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Examination: Baby was euthermic (36.5*F), euvolemic and was maintaining saturations at room air. On examination tachypnea , mild chest retractions were present . 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 : 3.16 kgs.
Weight at discharge : 2.92 kgs.
Head Circumference : 35 cms.
Length : 46 cms.

Investigations: Enclosed reports.

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Management:
Course during hospital:

TTNB /DR CPAP :
Baby shifted to NICU in view of mild respiratory distress for observation . As baby's distress settling and maintaining saturations on room air started on formula feeds . After 2 hours distress was settled and shifted to mother side .

Serum bilirubin at 48 hours of life was 8.1 mg/dl with indirect fraction of 8.0 mg/dl.

Feeding: Breast feeding was initiated , but in view of insufficient mother milk / excessive weight loss, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	26.06.2026
OPV	Given	26.06.2026
HEPATITIS B	Given	26.06.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Parents not willing.

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

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Thyroid function test done on 27.06.2026 report awaited.

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

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

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

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

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Review consultation with **Dr. S TEJASWI REDDY** on Monday (29.06.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

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

CONSENT FOR FORMULA FEEDS

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Patient Name : ..... Age : ..... Gender : ☐ Male ☐ Female

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Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY
O. : ..... Department : ..... Date : .....

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

Patient Attendant :

Signature : L. Trishali

Name : L. Trishalini

Relationship with Patient: Mother

Date & Time : 26/6/2026 10:30 PM

Witness :

Signature : Mother

Name : Mother

Date & Time : 26/6/26 10pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. VARUN.

Date & Time : 26/6/26 10PM

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె / కుమారుడు రెయినోబో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006642 **Admit Date** : 25-Jun-2026 **Admit Time** : 09:46 AM **UHID** : HNH-00016156

Patient Details :

Patient Name	: Baby Of LOLAKPURI TRISHALINI	**Age**	: 0 Y 0 M 2 D
Guardian	: Mr RAHUL VARMA RUERAO	**DOB**	: 25-06-2026 07:59 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-11-3-4-716 Nimboliadda Hyderabad Telangana INDIA 500027	**Phone No**	: 8309731700/ 9500010611
		E-mail	: trishalinidakpuri@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNSPVT-314-1 **Ward Name** : 3F -SEMI PRIVATE

Room No : CRDL-HNSPVT-314-1 **Admission Type** : First Visit

Contact Details :

Name : Mr RAHUL VARMA RUERAO **Relationship** : Father

Contact Address : 4-11-3-4-716 Nimboliadda Hyderabad Telangana INDIA 500027 **Phone No** : 8309731700

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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of LOLAKPURI TRISHALINI**	**Age :**	**0 Y 0 M 2 D**
IP No:	**IP26-00006642**	**Sex:**	**Female**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**3F -SEMI PRIVATE/CRDL-HNSPVT-314-1**

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:

Relationship:

Date: Time:

Witness Name:

Witness Signature:

Patient Address:

4-11-3-4-716 Nimboliadda Hyderabad
Telangana INDIA 500027

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016156 IP26-00006642 Baby Of LOLAKPURI TRISHALINI 25-06-2026 0 Y 0 M 2 D (F) Dr. S TEJASWI REDDY	25/6/26 @ 9:46 Am	25/6/26 @ 12Pm
	Transfer Ordered by DR. spandana	Reason for Transfer Observation
From Unit Pre-post	To Unit Room	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 28	Number of Imaging Films –	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Sujatha	DR. spandana

Patient & Clinical Records Received by : Sr. Sandhya

Date & Time of Patient Received : 25/6/26 @12.30pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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Dr. S TEJASWI REDDY

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NEWBORN MONITORING FORM

Date of Birth : 25/6/26
Time of Birth : 7:59 AM
Mode of Delivery : ~~EB~~ - LSCS
Birth Weight : 3.160 kg
Head Circumference : .....
Length : .....
Red Reflex : .....

SBR – welling 1. Trishali
New Born Screening – ~~not~~ welling 2. Trishali
TFT –> welling – 1. Trishali
OAE : .....
Mother's Blood Group : O positive
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination 26/6/26 : BCG OPV Hep B 1 given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
25/6/26	3.160kg	DBF	-	36 c	Sij
26/6/26	3.00kg	DBF	—	37 c	Nadu
27/6/26	2.920kg	DBF	—	37 c	Nadu

Date	Time	Investigation	Result	Order No.	Signature
25/6/26	10:30 Am	blood graping		10314	Sri
					cross checked by sujatha 25/6/26 @ 4pm
27/6/26	6.59 Am	SBR, TF-T	0426		

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Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Trishalini. Age : 29 yrs Father's Name : ..... Age : .....

Date of Birth : 12-10-1996 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Tejaswi. Referring Consultant : .....

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

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

BIRTH INFORMATION

Name : B/o Trishalini.

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 25/6/26 Time of Birth : 7:59am

Place of Birth : RCH.

Mother's Blood Group : 'O' positive

Birth Weight (gms) : 3.160kgs Length (cms) : 46

OFC (cms) : 35

Estimated Gesth Age : 37+5 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 4/10/25 EDD : 11/7/26

Conception : Spontaneous or with Rx. : Spontaneous Conception

Booked at what GA. : 21+4 AN Steroids Drugs / Doses : .....

Last Scans Details : Cephalic, PL - Post high / AFI - 18.7 / EFW - 2569g AC - 18% Doppler - N TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

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 : .....

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Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

G : 2 P : 1 A : L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1.					FT LSCS / Male / 2.6 kg / AEH	
2.					present pregnancy	

PERINATAL HISTORY

Treating Obstetrician : Dr. Ramya Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) Safe

LSCS : ☑ Elective ☐ Emergency Indication : Confirmed

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : —

Resuscitaion : ☐ Yes ☐ No

Cord ABG : —

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
1		
2		
1		
1		
2		
2		
9 / 10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby Cried immediately after birth.
↓
Cord clamped & Cut
↓
Inj. Vit-K given.
↓
RDS (+) Tachypnea (+)
RR - 64cpm. SpO_2 - 88%.
↓
DR - CPAP Given for 10min
↓
Cruit (+) SpO_2 - 93%.
↓
Shifted to NICU.

Investigation details in previous Hospital :

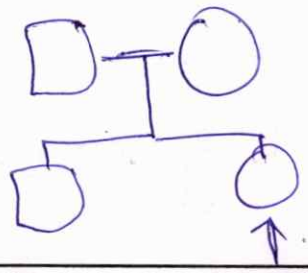
—

Feeding History :

—

Nothing significant.

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

T(37+5) | 3.160kg | AGA | EL LSCS.

VITALS : Temperature : 36°C. HR : 142 RR : ..... NIBP : ..... CFT : < 3sec

Color of the extremities : Acrocyanotic

Jaundice : — Pallor : — SpO2 : 96-1

Anthropometry : Birth Weight : 3.160kg Length : ..... HC : ..... Present Weight : .....

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

Baby Of LOLAKPURI TRISHALINI IP26-00006642
25-06-2026 0 Y 0 M 2 D
Br. S TEJASWI REDDY (F)

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	
EYES :	Symmetry : Red Reflex : yet to be done. Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : No cleft palate. Gums : Lips : Tongue :	(N) (N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+1V. Discharge :	(N)
GENITILIA :	Labia / Hymen : (N) Female genitalia Testicles/penis : Anus : Patent	
HERNIAL ORIFICES	(-)	
TRUNK and SPINE :	(-)	
SKIN LESIONS :	(-)	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

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Baby Of LOLAKPURI TRISHALINI
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Dr. S TEJASWI REDDY

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 64 SCR / ICR / See - Saw breating : Mild SCR

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

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

Settings :

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

Cardiovascular System :

HR : 142 BP : Precordial Activity : N

Femoral Pulses : N F Murmurs : -

Other Peripheral Pulses : Signs of Cardiac Failure : -

Abdomen :

Hernia orifice : Normal

Shape : Anal Patency : Patent

Palpation : Soft, NT Umbilical Cord : 2A + 1V.

Palpable masses : First urine passed : -

Abdominal girth : Meconium passed : -

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score : N

Nerves :

N

Motor System :

Passive Tone : N

Active Tone : N

Neonatal Reflexes :

Grasp : ☐ Palmar ☐ Plantar ☑ Suck ☐ Rooting ☐ Crossed adductor :

Moro's : N DTR : N

ATNR : N Skull and Spine : N

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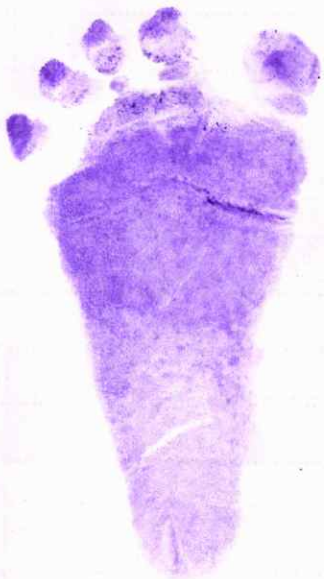
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

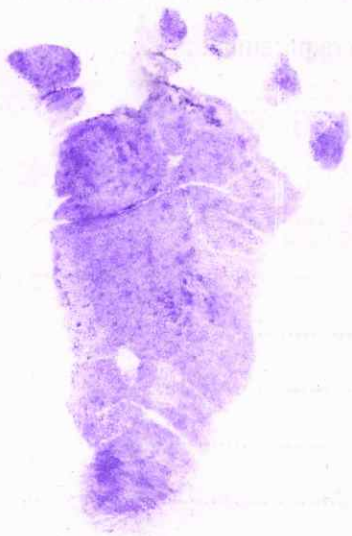
Diagnosis : T(37+5) | 3.160 kg | AGA | Female | EL. LSCS

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Naipunya

Date & Time : 25/6

Consultant :

Signature : .....

Name : Dr Tejasw

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

Plan

.....

- EBF 2nd hourly & burping — At birth vaccination Hep-B, OPV, BCG.

- SBR
  NBS
  OAE
  } 48 HOL.

.....

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

DATE : 25/6/26.

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft palate	No cleft palate	
2	Pre natal teeth	Absent	Absent	
3	Anal opening	Patent	Patent	
4	Genitalia	(N) female genitalia	(N) female genitalia	
5	Spine	(N)	(N)	
6	Red reflex	Yet to be done	Yet to be done	
7	4 limb saturation (before discharge)	Yet to be done	Yet to be done	

Ped.Registrar signature

Ped.Consultant signature

HNH-00016156 IP26-00006642
HNH Baby Of LOLAKPURI TRISHALINI
Baby 25-06-2026 0 Y 0 M 2 D (F)
25-0 Dr. S TEJASWI REDDY
Dr. S

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/2026 1 DOL	13/o Trishalani	Counselling
	Baby is active.	
	Not requiring any resp. support.	
	DR- CPAP	
	↳ lungs Expansion present.	
	↓	
	breathing cont resp. support.	
	Hunger cry	
	↳ feeding	
	Shifting the baby to mother side	
	Start the feed ASAP.	
	If mother not having sufficient milk.	

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr Tejaswi

Docu. No. : RCH/FRM/CLINICAL/088 (P.T.O)

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	c/s/b Dr. Verma :	
2:30PM.	Term (37+5 wks) / EL-LSCS / AGA / female.	
	Pink, euthermic.	
	- passing urine ✓.	Plan
MBG otve	stool ✓	
BBG		1) Warm care.
	- Cry	2) DBF Q2H + PF.
	Tone } Good.	3) Vaccination
	Activity	today.
	O/E - vitals stable.	4) SBR
		NBS } @48hrs.
	S/E - WNL.	OAE
		5) To check 4 Limb SPO_2
		&
		Red reflex.
		[signature]

HNH-00016156
Baby Of LOLAKPURI TRISHALINI IP26-00006642
25-06-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Dr Spandana	
3pm		
	T (37+5 wk) / Em LSCS / AGA / female	
	M / O+ / B	
	Baby pink	
	accepting feed	
	pass u/s	
	No c/o	Adv
	O/E Vitals stable	1) Warm care
	AF OSF	2) DBF Q2H + FF
	PA Soft	3) SBR, OAE, NBS @ 48 HOL
		4) Vaccination today
	Dr. SPANDANA PASUPULETI Reg. No: 3092 (signature)	5) Red reflex T/m

HNH-00016156 IP26-00006642
Bat HNH-00016156 IP26-00006642
25-Baby Of LOLAKPURI TRISHALINI
Dr. 25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 7:40 AM	S/B Dr. Sreyshas ↳ Term / AGA / FT / CIAB	
		Plan
	T. wt: - 3.00 kg (160 gm wt loss - 5%)	DBF + Burping 1st hr
	Baby Euthermic	- Vaccination today (BCG, OPV-0 dose Hep-B)
	CVS - S1 S2 ✓ RS - BLE-ACE ✓	
		- Warm care
	PCA Tab CIA soon	- SBL, NBS @ 8 AM DAE on 27/6/26
		T 98.4
		noted by Sr. Sandhya 26/6/26 8:am

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/06/26	C/O/E. Dr. Tejaswi	
	Team/ AGA/ CSAB	
	Baby Euthermic Cry/Tone/Activity - good Hydration - good	
	S/E: NAD	
		All SOS - formula feeds - OBS + Burping 2nd hourly - Vaccination to be done - HMS Cranial care - SBR, NBS @ 27/06/26
26/6/26	BCG OPV Hep-B } given	noted by SI. Sandhya 26/6/26

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	c/s/by. Dr Spandana	
3 pm	Tcm / AGA / C/AB.	
	Baby Euthermic Active	M/B, +ve
	vital stable	
	s/e	Plan
	(RS) B/L AE (+) NVBS (+)	- DBF Only g/b burping.
	(CVS) S1 S2 No murm.	- Tm 8AM → sample.
		- Monitor vitals
	[signature]	

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

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8 AM	c/s/c Dr. Varun / Dr. Pranav. Δ- Term/AGA/female. - Pink, euthermic. - Cry, Tone, Activity } Good. S/E- vitals stable. S/E- WNL. T.W- 2920gms. Y.W- ~~3kg~~ 3000gms. B.W- 3160gms. %- 7.5%	MBG / O+ve BBG / O+ve. Plan - Warm care. - DBF Q2H + PF. - Trace ~~NBS~~ SBR/TB - D/s today if SBR < 12. noted by Sr. Sandhya 27/6/26 8:00

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/2026	c/c by Dr Tejam	
9am	baby asleep pink Authenic taking DBF + formula	
	SBP = (N) today discharge	Plan (D) RP after CBC report discharge today (D)
		noted by Sr. Scan dtgs 27/6/26 9:-

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

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

314

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

No. : RCH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 25/6 Time: 11Am 2pm 6pm 10 pm 2 am 6 Am

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

36c 98.4°F 97.8°F 98.6°F 98.2°F 98.6°F

Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note:
BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 145 bpm 138bpm 140bpm 140bpm 141bpm 140bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 45bpm 40bpm 40bpm 40bpm 40bpm 40bpm

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	98.1% 99% 100% 100% 100% 100%
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	0 0 0 0 0 0
Pain Score	0 0 0 0 0 0
Observer's Initials	

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

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

Patient Sticker

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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-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

H / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

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

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.3°F 98.2°F 98.6°F 98.6°F 98.8°F 98.4°F

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number) 145/m 140/m 140/m 140/m 142/m 145/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 39/m 42/m 40/m 40/m 40 40/m

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

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
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Date	Time	Early Warning Score	Date	Time	Name

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

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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.

25/6

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										1	
	09:00 am											
	10:00 am		DBF									
	11:00 am											
	12:00 pm		DBF									
	01:00 pm											
Total Intake : taken						**Total Output :**						
25/6/26	02:00 pm	1	DBF									
	03:00 pm											
	04:00 pm	0	DBF									
	05:00 pm	1										
	06:00 pm		DBF		NA			NA				
	07:00 pm											
Total Intake :						**Total Output :**						
25/6/26	08:00 pm	1	DBF									
	09:00 pm											
	10:00 pm	0	DBF									
	11:00 pm											
	12:00 am		DBF		NA			NA				
	01:00 am											
Total Intake :						**Total Output :** U-2 M-2						
25/6/26	02:00 am	1	DBF									
	03:00 am											
	04:00 am	1	DBF									
	05:00 am											
	06:00 am		DBF		NA			NA				
	07:00 am											
Total Intake :						**Total Output :** U-2 M-2						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
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FLUID CHART

Sheet No. : 2

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							
26/6/26	08:00 am										0	
	09:00 am		DBF							✓	0	
	10:00 am	0	DBF		NA		✓		NA		0	
	11:00 am										0	
	12:00 pm									✓	0	
	01:00 pm		DBF								0	
Total Intake : Taken						**Total Output :** U-2 M-1						
26/6/26	02:00 pm										0	
	03:00 pm		DBF				✓			✓	0	
	04:00 pm	0			NA				NA		0	
	05:00 pm		DBF								0	
	06:00 pm						✓			✓	0	
	07:00 pm		DBF								0	
Total Intake : Taken						**Total Output :** U-2 M-2						
26/6/26	08:00 pm	P	DBF									Madhu
	09:00 pm				NA		✓			✓		
	10:00 pm		DBF						NA			
	11:00 pm											
	12:00 am		DBF				✓			✓		
	01:00 am											
Total Intake :						**Total Output :** U-2 M-2						
27/6/26	02:00 am		DBF									Madhu
	03:00 am				NA					✓		
	04:00 am	P	DBF				✓		NA			
	05:00 am											
	06:00 am		DBF							✓		
	07:00 am											
Total Intake :						**Total Output :** U-2 M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00016156 IP26-00006642
[illegible] TRISHALINI
HNH-00016156 IP26-00006642
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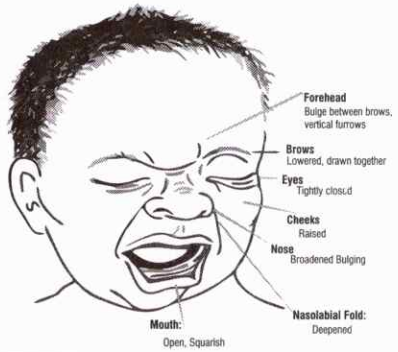
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						25/6	25/6	26/6	26/6					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						8AM	E2	MG	E2					
					Procedure ➡									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	~~ABD~~	NA					
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	~~ABD~~	NA					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	~~ABD~~	NA					
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	~~ABD~~	NA					
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	~~ABD~~	NA					
Gestational Age / Corrected Age							37+5 wks	37+5 wks	-					
Total Pain / Agitation Score							-	-	-					
Intervention								-	-					
Effectiveness							-	-	-					
Signature														



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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 : 25/6	25/6	25/6	26/6
					Time : 8AM	E2	N1	M6
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	26	28	28
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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

BRADEN 'Q' SCALE

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

				Date :	26/6/25	27/6		
				Time :	E2	N1		
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	4		
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		
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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		
				TOTAL SCORE	28	28		
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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HNM-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI IP26-00006642
25-06-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY (F)

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: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM To 2PM	→ Assess the pt condition → plan for vitals → plan for I/o chart → plan for DBF	8AM To 2PM	→ Assessed the pt condition → vital are checked & recorded → 2nd hrly DBF given	I/o chart maintained	patient is stable	Sujatha
Afternoon	2pm | 8pm	- Assess the Baby condition - Monitor vital & record - maintain I/o chart - DBF 2nd hrly - TIm plan vaccination	2pm | 8pm	- Assessed the pt condition - Monitored vital & record - Maintained I/o chart - DBF 2nd hrly	patient is Stable now	Re-checked vitals	
Night	8pm | 8am	-Assess the Baby condition -Monitor vital & recorded -Maintain I/o Chart. -DBF 2nd hrly -TIm Plan vaccination 8AM	8pm to 8AM	⇒ Assess the Bab condition ⇒ Maintained I/o Chart ⇒ DBF + 2nd hrly	pt is stable	Re-checked vitals	

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

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: 26/6/26

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	8pm	- Assess the baby general Condition - Check the vitals - maintain I/O chart - DBF + FF 2nd hourly - Warm Care. - Planned vaccination	8pm	- Assessed the baby general Condition - Checked the vitals - maintain I/O chart - DBF + FF 2nd hourly - plan vaccination done	- monitor vitals - maintain I/O chart	- Baby is stable	Dhu
Afternoon	2pm	- Assess the pt Condition - monitor vitals - maintain I/O chart - DBF every 2nd Hourly	2pm	- Assessed the pt condition - monitored vitals - maintained I/O chart - DBF over 2nd Hourly	Baby is stable	Re-Assessment vitals	Manisha
Night	8pm to 8AM	⇒ Assess the pt condition ⇒ Maintain I/O chart ⇒ DBF + FF 2nd hourly	8pm to 8AM	⇒ Assess the pt condition ⇒ maintain I/O chart ⇒ DBF + FF 2nd hourly	Baby is stable.	Re-Assessed vitals	Nandhini

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0Y0M0D1H (F)
Dr. SPANDANA PASUPULETI

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..URSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: New born

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

BACKGROUND

Area / Shift Time	25/6 8AM	25/6 E2	25/6 N1	26/6 M6	26/6/26 E2	26/6/26 N1
Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98F	97.8F	98	98.2F	98.6F	98F
Res:	40	40bpm	40bpm	40 b/m	40 b/m	40 b/m
SpO_2:	99%	100%	100%	100%	100%	100%
Pulse:	145 b/m	140 bpm	140 bpm	140 b/m	140 b/m	140 b/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	NA	—	—	—	—	—
Physiotherapy	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Others Specify:	NA	—	—	—	—	—
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Other Special Orders / Medications:	NA	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Sista	Priyanka	Nadella	Sandhya	Sreedhar	Nadella
Signature :						
Date:	25/6/26	25/6/26	26/6	26/6	26/6/26	27/6/26
Time:	2pm	8pm	8AM	2pm	8pm	8AM
Taken Over By Name :	Priyanka	Nadella	Sandhya	Sreedhar	Nadella	
Signature :						
Date:	25/6/26	25/6/26	26/6	26/6/26	26/6/26	
Time:	2pm	8pm	8AM	2pm	8pm	

HNH-00016156 IP25-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM - WARD

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

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

HNH-00016156 IP26-00006642
Baby Of LOLAKPURI TRISHALINI
25-06-2026 0 Y 0 M 0 D 1 H (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 25/6/26 Time of Birth: 11:59 Am. Gender: ☐ Male ☐ Female

Birth Weight: 3.160kg Kgs HC: ..... cm Lenght: ..... cm

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

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

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: 98F °C HR: 145 /Min RR: 42 /Min BP: ..... SpO_2: 94%

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

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

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

Neonatal Screening Done: ~~Yes~~ / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Suvitha Signature: Suvi Date &Time: 25/6/26 @ 1PM