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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of SAPAVAT DIVYA TEJA	UHID	HNH-00015874
Father/Guardian	Mr KETHAVATH HARIKISHAN	Age/Gender	0 Y 0 M 0 D 1 H/ Male
Address	4-16, CHARAKONDA (M) KAMALPUR (V) PO: JUPALLY, Kalwa Kurthy, Nagar Kurnool, Telangana, INDIA, 509324		
IP No	IP26-00006540	Admission Date	08-06-2026
Ref Doctor	self		
Discharge Date	09.06.2026		

Consultant:
Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

DIAGNOSIS	ICD CODE
TERM (37 weeks + 1 day)/AGA/BABY BOY/NVD/ MATERNAL HYPOTHYROIDISM	

History: Baby Of SAPAVAT DIVYA TEJA is a term (37 weeks + 1 day) baby boy, delivered to a G3P2L1D1 mother by spontaneous vaginal delivery on 08.06.2026 at 03:09 pm with birth weight of 2.520 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. SAPAVAT DIVYA TEJA is a 30 years old G3P2L1D1 mother.
G1 - 2020 - FT-IUFD - at 37weeks, Male, wt ??, Unexplained IUFD
G2 - 2021 - FT NVD, Female, 3.1kg, A&H
G3 - Present pregnancy, Spontaneous Conception.
had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. Maternal Hypothyroidism. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

Anthropometry:
Weight at birth : 2.520 kgs.
Weight at discharge : 2.440 kgs.
Head Circumference : 34 cms.
Length : 43 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

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

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	09.06.2026
OPV	Given	09.06.2026
HEPATITIS B	Given	09.06.2026

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

Newborn screening advanced / Newborn sreening-4 : To be done on followup.

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

Baby tolerating feeds well, hemodynamically stable, passed urine and

Name	Baby Of SAPAVAT DIVYA TEJA	UHID	HNH-00015874
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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 followed by burping in head upright position
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.
* Syrup. Domstal(1ml/1mg), 0.5ml SOS, max 6th hourly if vomitings.

Plan:

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

Review consultation with Dr. DILNAAZ FAROOQUI on Thursday(11.06.2026) 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 /**

Name	Baby Of SAPAVAT DIVYA TEJA	UHID	HNH-00015874
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Banjara Hills / Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

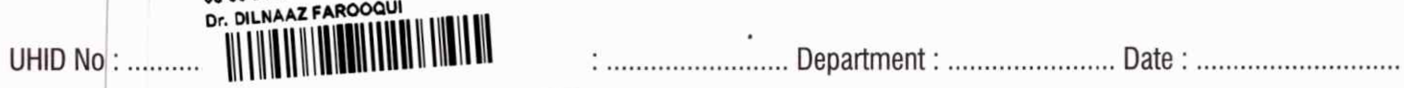
You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Dr. DILNAAZ FAROOQUI
MBBS DNB
56763

CONSENT FOR FORMULA FEEDS

Patient Name : ... HNH-00015874 IP26-00006540 Baby Of SAPAVAT DIVYA TEJA 08-06-2026 0 Y 0 M 0 D 8 H (M) Dr. DILNAAZ FAROOQUI .... Age : .... Gender : ☑ Male ☐ Female



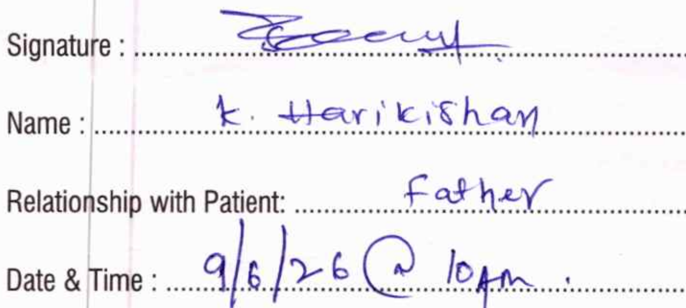
UHID No : .... : .... Department : .... Date : ....

I Mr / Mrs. : .... aged .... years, hereby declare that I have

admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

.... I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.



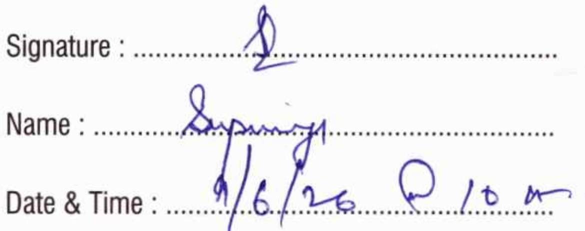
Patient Attendant :

Signature : ....

Name : ....k. Harikishan.....

Relationship with Patient: ....Father....

Date & Time : ....9/6/26 @ 10pm.....

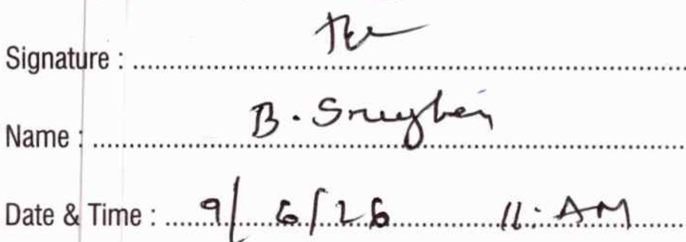


Witness :

Signature : ....

Name : ....

Date & Time : ....9/6/26 @ 10 am.



Doctor (who is taking the consent) :

Signature : ....

Name : ....B. Srujhan.....

Date & Time : ....9/6/26 11:AM.....

Ref. : F/NICU/FD/02

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ ....

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

నా కుమార్తె/కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు ....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము ....

పేరు ....

సాక్షి

సంతకము ....

పేరు ....

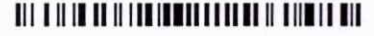
తేదీ మరియు సమయము ....

Rainbow 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 : IP26-00006540 **Admit Date** : 08-Jun-2026 **Admit Time** : 03:43 PM **UHID** : HNH-00015874

Patient Details :

Patient Name	: Baby Of SAPAVAT DIVYA TEJA	**Age**	: 0 D
Guardian	: Mr KETHAVATH HARIKISHAN	**DOB**	: 08-06-2026 03:09 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4-16, CHARAKONDA (M) KAMALPUR (V) PO: JUPALLY Kalwa Kurthy Nagar Kurnool Telangana INDIA 509324	**Phone No**	: 7569731913
		E-mail	: na123@gmail.com

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-HNPDA-415-1	**Ward Name**	: 4F -OT
Room No	: CRDL-HNPDA-415-1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr KETHAVATH HARIKISHAN	**Relationship**	: Father
Contact Address	: 4-16, CHARAKONDA (M) KAMALPUR (V) PO: JUPALLY Kalwa Kurthy Nagar Kurnool Telangana INDIA 509324	**Phone No**	: 7569731913

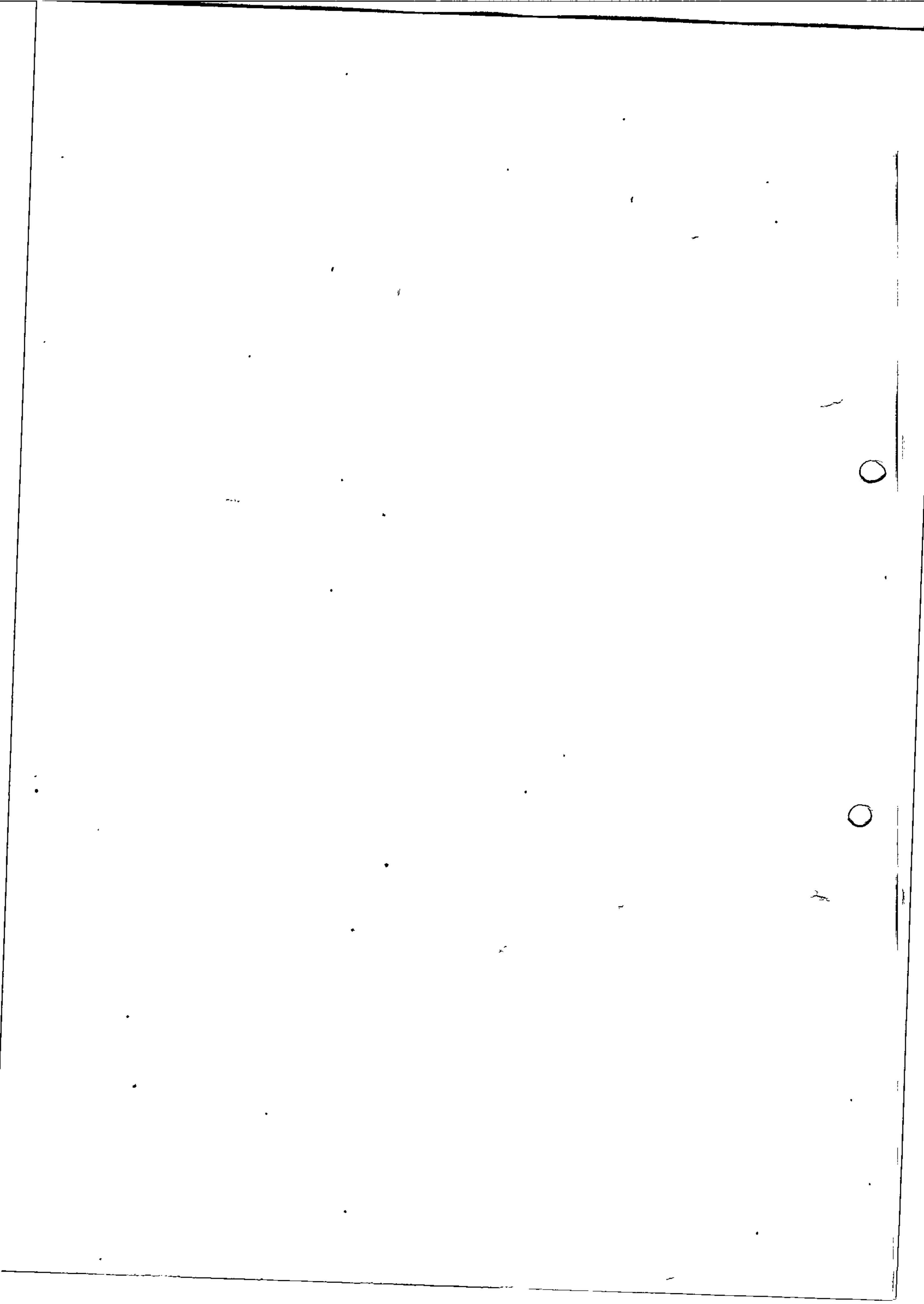
Signature

Doctor Details :

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

Payment Details :

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



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Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

Pat

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NEWBORN MONITORING FORM

Date of Birth : 08/06/2026
Time of Birth : 3:09pm
Mode of Delivery : NVD
Birth Weight : 2.520kgs
Head Circumference : ....
Length : ....
Red Reflex : ....

New Born Screening : ....
TFT : ....
OAE : ....
Mother's Blood Group : O+ve
Baby's Blood Group : O+ve
Anomaly Scan : ....
Vaccination 9/6/26 : BCG, OPV, HEP-B) Given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
8/06/2026	2590	DBF	1	36.5°C	Amla
9/6/26	2.440kg	DBF	(1)	36.5°C	[illegible]

Date	Time	Investigation	Result	Order No.	Signature
08/06/2026	5:50Pm	Blood group		9540	Anusha
08/06/2026	4:23Pm	ABG		9541	

Cross chaked by. Monjushi, @ 1 PM.

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Baby Of SAPAVAT DIVYA TEJA
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sapavat Divya Teja Age : .... Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : .... UHID No.: ....

NICU Consultant : .... Referring Consultant : ....

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

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

BIRTH INFORMATION

Name : B/o SAPAVAT DIVYA

Gender : ☑ M ☐ F Blood Group : ....

Date of Birth : 8/6/26 Time of Birth : 3:09 pm

Place of Birth : RCH - HNH

Mother's Blood Group : O Positive

Birth Weight (gms) : 2520 g Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37+1 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : .... Ht : .... Wt : .... BMI : .... Married Life : .... LMP : 21/9/25 EDD : 28/6/26

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

Booked at what GA. : 28+6 wk AN Steroids Drugs / Doses : ....

Last Scans Details : 25/6 -) 34+1 wk / cephalic / AFI - 17 cm / Doppler - (N) / wt - 2.5 kg

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - (N)

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?
On Thyronorm - 112 mcg

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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PAST OBSTETRIC HISTORY

G: 3 P: 2 A: .... L: 1 D1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2020	FT		Male	IUFD	
2	2021	FT	3.1kg	Fem	NVD / GDM on diet	
3	Present Preg					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD

LSCS : ☐ Elective ☐ Emergency Indication : ....

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
TOTAL	8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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Boy baby delivered by NVD
↓
C/A/B
↓
Routine newborn care given
↓
Delayed cord clamping done
↓
Inj Vit - K given
↓
Baby Vigorous
Shift mother side

Investigation details in previous Hospital :

Feeding History :

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Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
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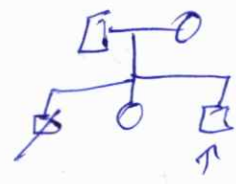
Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink
Vigorous

VITALS : Temperature : 36.5°C HR : 155/min RR : 42/min NIBP : .... CFT : ....

Color of the extremities : Acrocyanosis

Jaundice : .... Pallor : .... SpO2 : ....

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

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

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Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D1H (M)
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HEAD TO TOE EXAMINATION

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

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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : ....

Spo2 : 99% Auscultation : .... Breath Sounds : .... Added Sounds : ....

Cardiovascular System :

HR : 152 b BP : .... Precordial Activity : (N)

Femoral Pulses : Felt Murmurs : ND

Other Peripheral Pulses : .... Signs of Cardiac Failure : ....

Abdomen :

Hernia orifice : ....

Shape : .... Anal Patency : Patent

Palpation : Soft Umbilical Cord : 2A + 1V

Palpable masses : .... First urine passed : X

Abdominal girth : .... Meconium passed : X

Nervous System : Higher intellectual functions (Sensorium) : S

State of wakefulness : T } Good

Prechtle Score : R

Nerves :

(N)

Motor System :

Passive Tone : +

Active Tone : +

Neonatal Reflexes : +

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : ....

Moro's : .... DTR : ....

ATNR : .... Skull and Spine : ....

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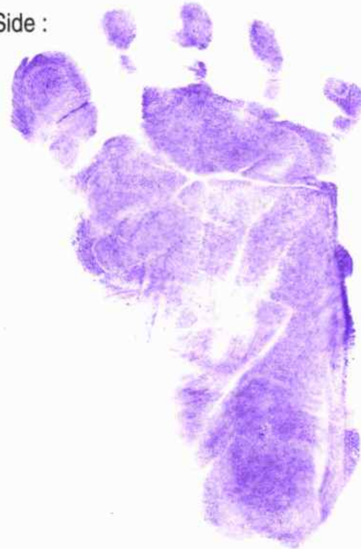
Ar

Diagnosis : G3 P2 L1 A1 / 37+ wk / FT / NVD / CIAB / Boy / 2.52 kg / AGA
Mat : Hypothyroid

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature :

Name : Pravin

Date & Time : 8/6/26 at 3:20 pm

Consultant : Dr. Dilnaaz Farooqui, Consultant Pediatrician, Reg No: 27476

Signature :

Name : Dr Dilnaaz

Date & Time : 8/6/26 8:30 pm

PLEASE FILL UP THE FOLLOWING DETAILS

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

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : ....

Present Issues : ....

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

Any Oxygen requirement : ....

Systemic : ....

Medications : ....

Plan
1) Warm Care
2) D.S.F f/16 burping Q2 H
3) Vaccination today (BCG, OPV, HepB)
Send B/G/T today
4) SBR, NBS, OAE] C48 HOL
5) Monitor Vitals

Plan during ward follow up :

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

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6 3:15pm	C/S/B Dr. DILNAAZ	
	FT / 37+1 wk / NVD / C/AB / Boy / 2.52 kg / AGA	
	Baby Pink	Plan
	Euthermic	1) Warm care
		2) DBF f/b topping O2h
	Examination - (N)	3) Vaccination today
	Cry	(BCG, OPV, Hep B)
	Tone } Good	4) SBR
	Activity	NBS } @ 48 HOL
		OAE
		5) To check 4 limb SpO2
	Yet to pass urine & stool	6) Send Blood grouping
		7) Monitor Vitals
		Noted by Anusha 8/6/26 @ 3:[illegible]

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 8:50pm	c/s/b Dr. Dilnaaz	
	Δ - FT/37+w / NVD / CIAB	
	Baby is pink, active	Plan
	O/E vitals stable	Warm care DBF q 2H SBR, NBS, MS } >24 HOL Vaccination f/m
	S/E - CTA Good	N/B priyanka
	Reflex +	
	V:	
	S:	
	Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476	Dilnaaz

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. DILNAAZ FAROOQUI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 7:00AM	C/S/B Dr. Naipuya	Dr. prashanthi
	FT (37+1) / NVD / CIAB / Male.	
	Euthermic	Plan
	C/T/A - Good	
		- DBF 2nd hourly /for burping
	Vitals - stable.	
	R/S - B/L AE(+)	- SBR, NBS, OAE } 48HOL.
	P/A - soft, NT	
	T. wt - 2.440 kg (3% wt loss)	- vaccination today
		N/B priyanka. [signature]

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D8H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dilnaaz	
9/6 9:00 Am	T / AGA / NVD	
	Euthermic	Plan
	C/T/A - Good	
		- DBF 2nd hourly
	Vitals - stable	f/b burping
	R/S - B/L AE (+)	- SOS formula feed
	P/A - soft, NT	- SBR } 48 HOL
		NBS
	U / passed	OAE
	S / passed	- Vaccination today
		- plan Discharge today if mother is planned for discharge
		- Trace baby blood group
		- check 4 limb saturation
		- Lactation consultation as advised
		Dilnaaz

Dr. Dilnaaz Farooqui
Consultant Pediatrician
Reg. No: 27476

NB - Supriya
9:30 Am @ 9/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 11:25 am	S/B Dr Dilnaaz	
	C/o vomiting after formula feeds vitals - stable No desaturations	
		Adv - NASOCLEAR NASAL DROPS 1 drop every 6hrly - Syp DOMSTAL (SOS) - ~~Burp~~ Feed baby in head upright position - Burp after each feed.
	9/6/26 (BCG, OPV, Hep-B) Given	Dr. Dilnaaz Farooqui Consultant Pediatrician Reg. No: 27476 Dilnaaz
9/6 1pm	C/D/W Dr Dilnaaz	
		If no further Vomiting ↓ D/C Today & F/Up on Thursday [signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D8H (M)
Dr. DILNAAZ FAROOQUI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : NASOCLEAR NASAL DROPS				Date ▸ / Time ▾	9/6
Dose	Route	Frequency	Start Dt.	12AM	X
1 drop	NASAL	Q6hly	9/6/26		
Name & Signature of the Doctor Starting the Drugs: [signature]				6AM	X
Additional Instructions:				12PM	[signature]
				6PM	
Daily Doctor's Endorsement by a Sign					

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

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

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

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Date ▸ Time ▾

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Sapavat Divya teja Mother's Name: ....

Date of Birth: 8/6/2026 Time of Birth: 3:09 PM Gender: ☑ Male ☐ Female

Birth Weight: 2.520 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: O +ve Baby: ....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: ....

Physical Assessment of New Born:

Temp: 36.5 °C HR: 140 /Min RR: 36 /Min BP: .... SpO_2: 98%

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

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

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

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

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

Newborn Screening Discussed: Yes / No

Nurse Name: Annylon k Signature: [signature] Date &Time: 08/06/2026

Docu. No. : RCH /FRM / CLINICAL / 144

PATIENT STICKER B/o Divya

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

DATE : 8/6/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

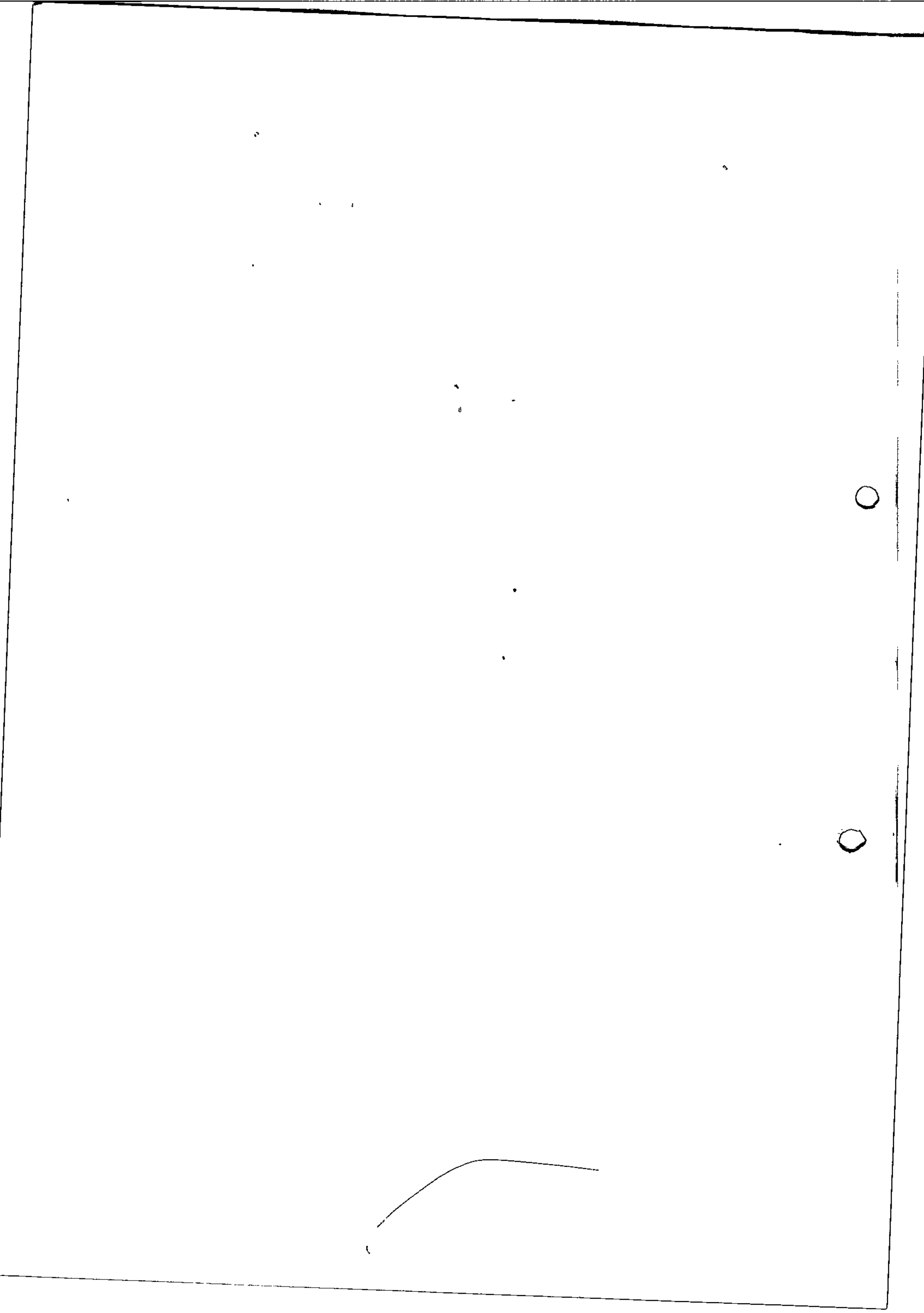
S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1	Palate	No Cleft	No cleft palate	
2	Pre natal teeth	No	Nil	
3	Anal opening	Patent	Patent anal orifice	
4	Genitalia	B/L Testis ↓	B/L Descended Testes	
5	Spine	(N)	Normal	
6	Red reflex	To check	Present B/L	Red reflex seen in both eyes
7	4 limb saturation (before discharge)	To check	Equal in all 4 limbs	

Pram

Ped.Registrar signature

Dilnaaz

Ped.Consultant signature



HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

3b7

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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						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D1H (M)
Dr. DILNAAZ FAROOQUI

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.
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EARLY WARNING SCORE: CHILDREN'S UNIT

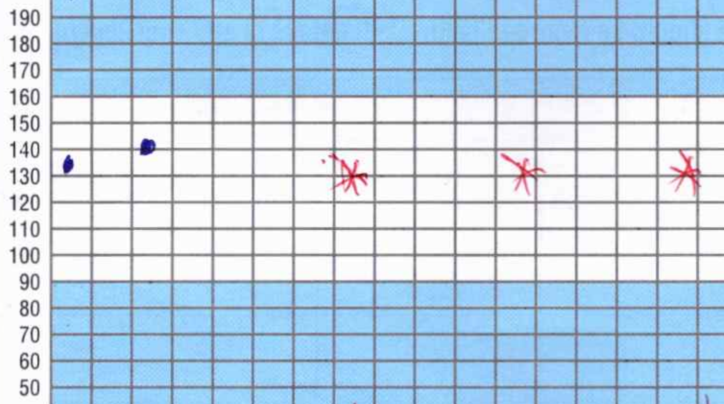
Date: 8/8/26

Time:	2PM	6PM	10pm	2AM	6AM
Doctor/Nurse/Family Concern?					
Temperature (°F)	98.1°F	97.9°F	98.2°F	98°F	98°F
Heart Rate (Number)	136	142	135 b/m	140 b/m	139 b/m
Resp Rate (Number)	48	39	40 b/m	46 b/m	40 b/m
Resp Distress (Mod/ Severe; None / Mild)					
Receiving O_2 (l/min)					
O_2 Saturations (%)	99%	98%	99%	99%	98%
Conscious Level (Normal; Altered)					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

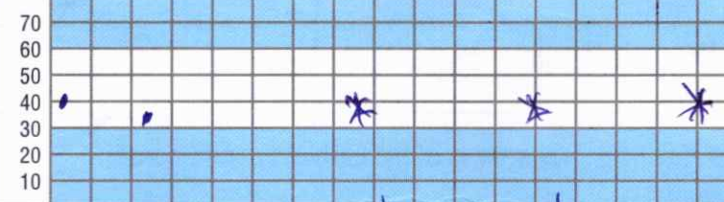
Temperature (°F) scale: 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

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

Note: BP does not score in early warning scoring



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



ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
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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It takes a lot to treat the little.

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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-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. DILNAAZ FAROOQUI

Patient

CLINICAL / 124

INFANT (<1 year)

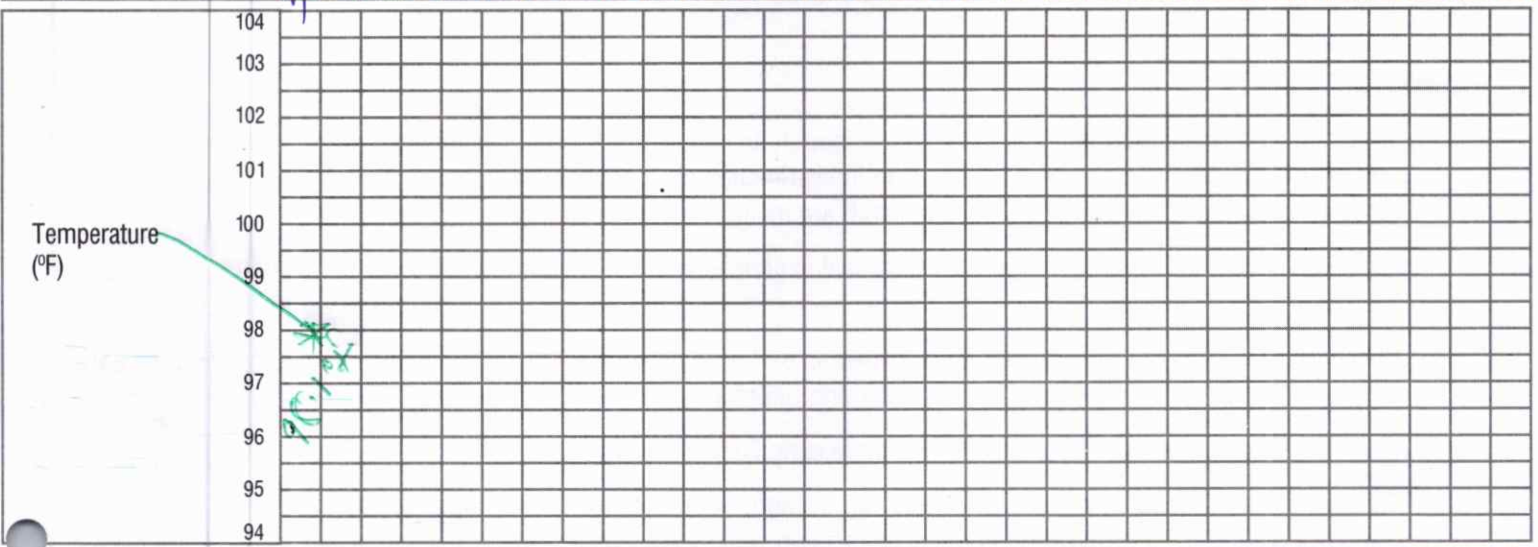
Children's Observation & Early Warning Scoring Chart

WARNING SCORE: CHILDREN'S UNIT

Date: 9/6/26 Time: 10 AM

Doctor/Nurse/Family Concern?

Temperature (ºF)



Parameter	Scale
Heart Rate (bpm) and Blood Pressure (mmHg) *	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Note: BP does not score in early warning scoring	
Heart Rate (Number)	
Resp. Rate (bpm) Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	
Resp Distress	Mod/ Severe
	None / Mild
Receiving O_2(l/min)	
O_2Saturations (%)	
Conscious Level	Normal
	Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS

NB: Scores 3 should be recorded overleaf

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Score 5 & 6	Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

Patient Sticker

Rainbow® Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D1H (M)
Dr. DILNAAZ FAROOQUI

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					IV Site Thrombo-phlebitis Score	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am				NA							
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
8/6/26	02:00 pm											
	03:00 pm	DBF										
	04:00 pm											
	05:00 pm										0	[signature]
	06:00 pm	DBF										
	07:00 pm											
Total Intake : [illegible]						Total Output : Not passed						
8/6/26	08:00 pm											
	09:00 pm	DBL										
	10:00 pm		NA					NA		✓		
	11:00 pm	DBF									0	[signature]
	12:00 am											
	01:00 am	DBL										
Total Intake :						Total Output :						
8/6/26	02:00 am	DBL										
	03:00 am											
	04:00 am	DBL	NA					NA				
	05:00 am										0	[signature]
	06:00 am	DBF					✓			✓		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake			Total 24 hrs. Output	

Docu. No. : RCH /FRM / CLINICAL / 092

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D1H (M)
Dr. DILNAAZ FAROOQUI

FLUID CHART

Sheet No. : ....

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		Intake				Output					IV Site Thrombo-phlebitis Score	
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			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-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

NURSING CARE RECORD

Date: 08/06/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NA			
Afternoon	2pm – 8pm	→ Assess the Baby Condition → Check the vital's → I/O chart Maintain → Plan for DBP	2pm – 8pm	→ Assessed baby condition → Checked vital's → Maintained I/O chart → 2nd hrly DBP	Vital's is normal	Baby is stable	[signature]
Night	8pm – 8Am	– Assess the Baby Condition – Monitor vitals & I/O chart – DBP 2nd hrly hygiene		– Assessed the Baby Condition – monitored vitals & I/O chart – DBP 2nd hrly hygiene	Baby vitals stable	Rechecked vitals	[signature]

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D1H (M)
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
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify..

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. DILNAAZ FAROOQUI

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area / Shift Time	8/06/2026 EZ	9/6/26 ND	9/6/26 MS			
	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:	36.5°C	36.5°C	98.1°F			
	Res:	42	40bL	42b/m			
	SpO₂:	98%	98%	99%			
	Pulse:	138	134bL	142bh			
	BP:	—	—	—			
	Fall Risk Score:		—	—			
	Pain Score:	—	—	'0'			
Recommendations	Safety Needs:	—	—	Yes			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	DBF ☐ 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 :		Anub	priyanka	Supriya			
Signature :		[signature]	[signature]	[signature]			
Date:		08/6/2026	9/6/26	9/6/26			
Time:		8PM	8AM	8pm			
Taken Over By Name :		Priyanka	Supriya				
Signature :		[signature]	[signature]				
Date:		8/6/26	9/6/26				
Time:		8pm	8AM				

Patient Sticker

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:							

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0 Y 0 M 0 D 1 H (M)
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NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date 8/6/26	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time [illegible]	Time	Time	Time	Time	Time	Time	Time	Time
					Procedure ➡									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	—								
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	—								
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	—								
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	—								
Vital Signs HR RR, BP, 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	—								

Forehead
Bulge between brows, vertical furrows
Brows
Lowered, drawn together
Eyes
Tightly closed
Cheeks
Raised
Nose
Broadened Bulging
Nasolabial Fold:
Deepened
Mouth:
Open, Squarish

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

Gestational Age / Corrected Age									
Total Pain / Agitation Score	0								
Intervention	0								
Effectiveness	0								
Signature	[signature]								

Docu.No: RCH' /FRM/CLINICAL/094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00015874 IP26-00006540
Baby Of SAPAVAT DIVYA TEJA
08-06-2026 0Y0M0D1H (M)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

				Date :	08/06			
				Time :	[illegible]			
Mobility	**1. ...ely 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			
"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			
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.	3			
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.	3			
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."	3			
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			
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.	3			
				TOTAL SCORE	24			
				Evaluator's Name	[signature]			

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

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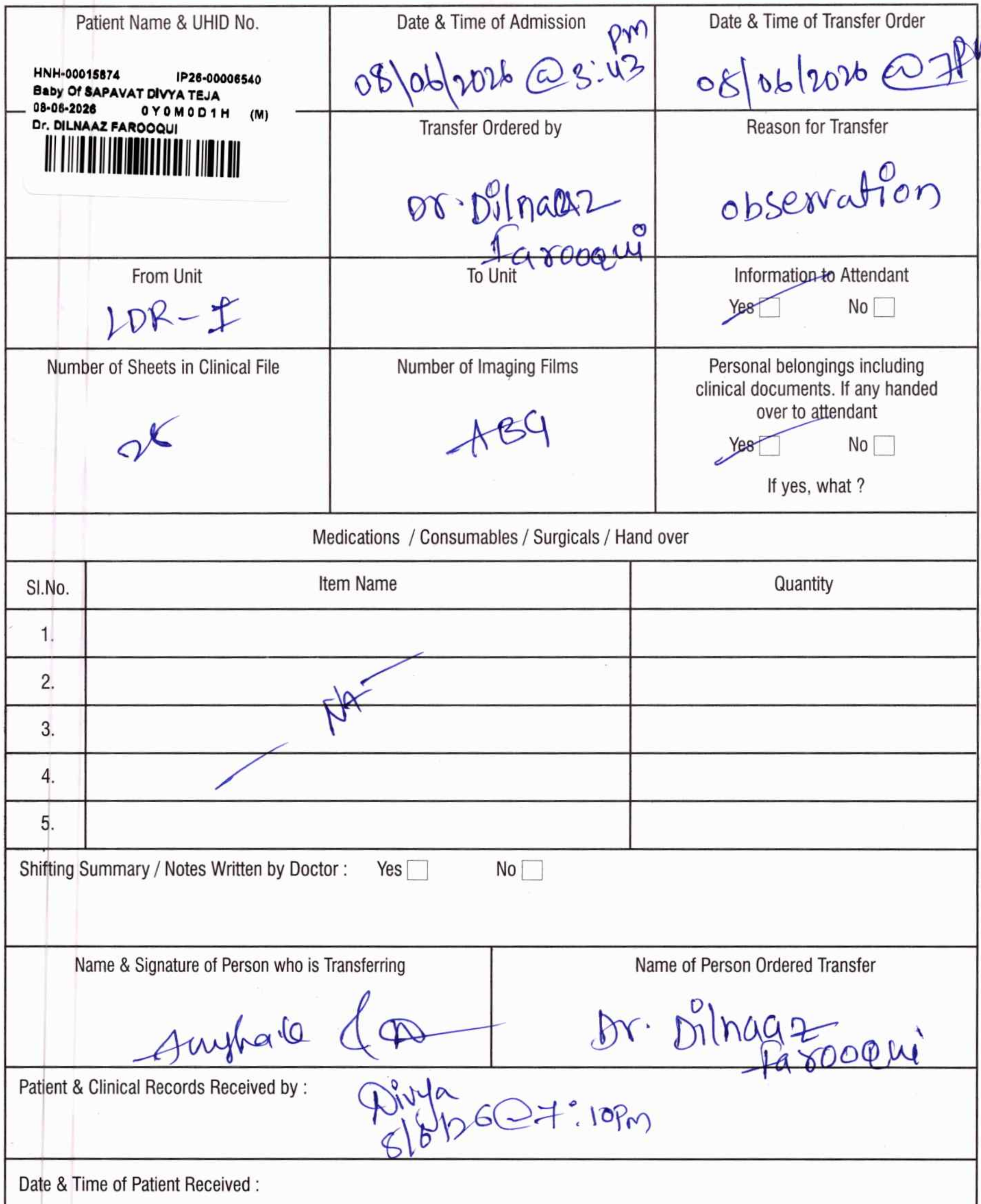
PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015874 IP26-00006540 Baby Of SAPAVAT DIVYA TEJA 08-06-2026 0Y0M0D1H (M) Dr. DILNAAZ FAROOQUI	08/06/2026 @ 3:43 pm	08/06/2026 @ 7PM
	Transfer Ordered by	**Reason for Transfer**
	Dr. Dilnaaz Farooqui	observation
From Unit	**To Unit**	**Information to Attendant**
LDR-I		Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
26	ABG	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Anjhale [signature]	Dr. Dilnaaz Farooqui

Patient & Clinical Records Received by : Divya 8/6/26 @ 7:10pm

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

Docu. No. : RCH /FRM / CLINICAL / 102

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SAPAVAT DIVYA TEJA**	**Age :**	**0 Y 0 M 0 D 0 H**
IP No:	**IP26-00006540**	**Sex:**	**Male**
Consultant:	**Dr. DILNAAZ FAROOQUI**	**Ward/Bed No:**	**4F -OT/CRDL-HNPDA-415-1**

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.

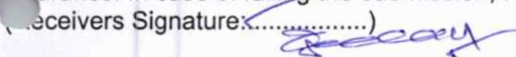
I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality 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.

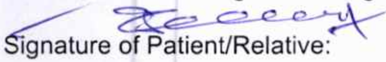
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

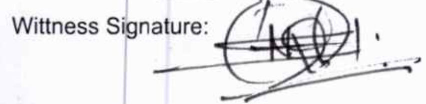
Name: K. Harikishan

Relationship: Father

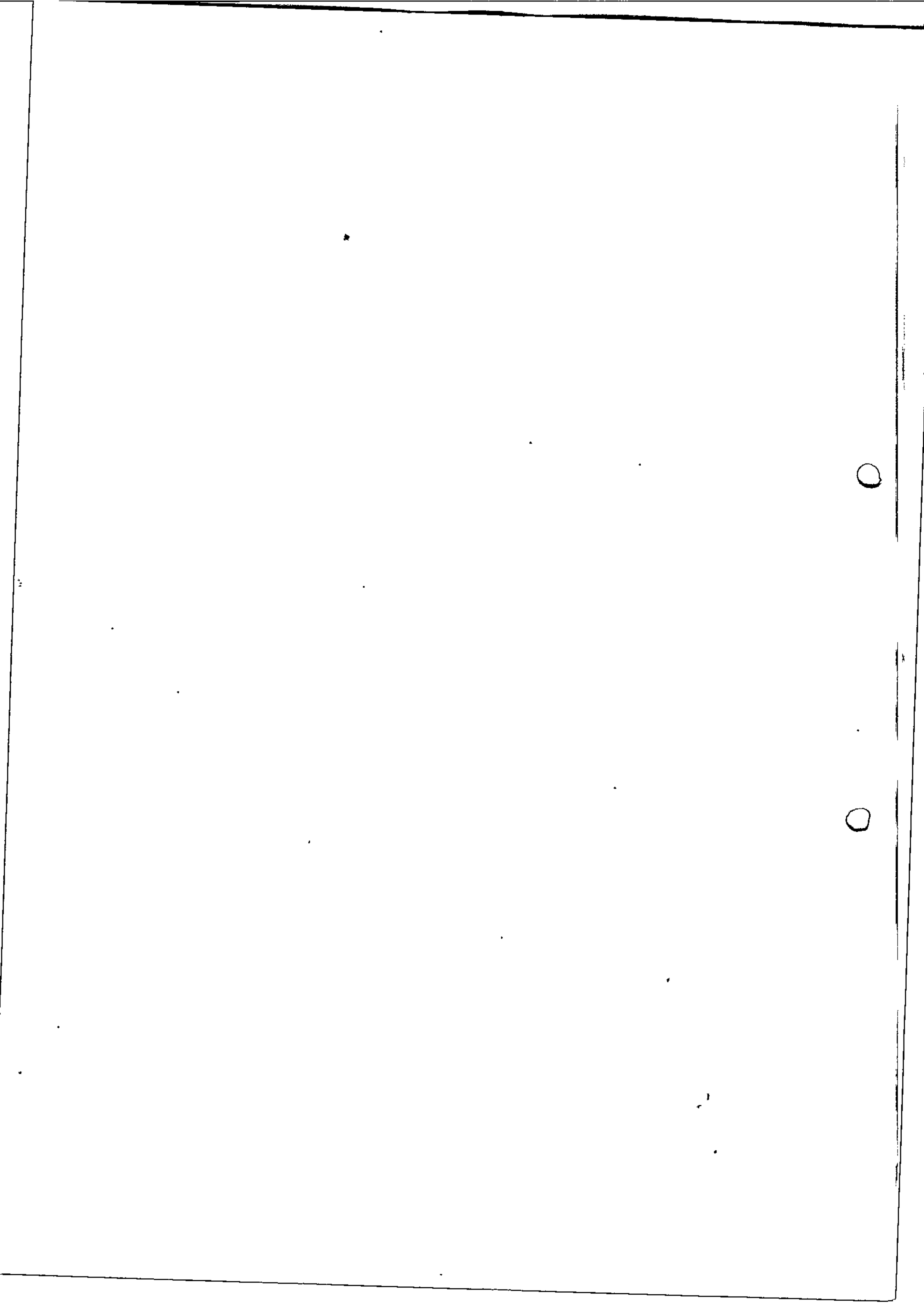
Date: 08.07.2026 Time: 15.50pm.

Wittness Name: Surendra Mawee

Wittness Signature:



Patient Address:
4-16, CHARAKONDA (M) KAMALPUR
(V) PO: JUPALLY Kalwa Kurthy Nagar
Kurnool Telangana INDIA 509324



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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / 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.

K. Harikishan [signature]

Name & signature of Patient/Attendant

[signature]

(Signature of Admission Desk executive)

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