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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00205896 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

ACTIVITY RECORD FOR BILLING

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

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : pediatrics

Date of Admission : 22/6 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : 206 Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6	@ 7:25pm	ER	206	nee

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
23/06/26	SBR	26021302	[signature]
—	Cross Checked done by [signature] — 23/06/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	DSPT	22/6/26 7:56pm	23/6/26 @ 5:30pm	3093368	
		NAME :-	ASHWANI KUMAR JHA		
		SIGN :-			
		DATE :-	22/06/2026		
		TIME :-	07:56 PM		
		Relationship :-	Father		
	Cross Checked done by Rep - 23/6/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 23/06/26 Time : 17:06 pm Prepared By : 23/06/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sig.	Sig.		

Name	Baby B/O NEHA	**UHID**	VIH-00205996
Father/Guardian	Mr ASHWANI KUMAR JHA	**Age/Gender**	0 Y 0 M 6 D/Male
Address	FLAT NO 104 SKYPYX OAKS APARTMENT,MACHA BOLLARUM, Bolaram, Hyderabad, Telangana, INDIA, 500010		
IP No	IP-00060442	**Admission Date**	22-06-2026
Ref Doctor	DR.MADHUMITA ANIRUDDHA GITAY	**Discharge Date**	23-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KUNDANA PRIYA ATLURI
MBBS, MD Pediatrics,
Fellowship in Neonatology (IAP)
Consultant Pediatrician & Neonatologist
TSMC-27182

Diagnosis: Neonatal Hyperbilirubinemia

History: Baby of NEHA is a 6 days old baby boy delivered by elective LSCS on 17.06.2026 at 2:58 pm. Birth weight was 3.420 kgs. Baby cried immediately after birth. On 5th day of life, baby was found to have yellowish discolouration of skin and eyes. For the above complaints, he was investigated on OPD basis. In view of jaundice, he was admitted to Rainbow Children's Hospital for further management.

OPD basis investigations: Serum bilirubin done on 22.06.2026 was 17.5 mg/dl with direct fraction of 0.2 mg/dl and indirect fraction of 17.3 mg/dl.

Examination: He was euthermic, euvolemic & maintaining saturations at room air. HR- 120/min and RR- 22/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Name	Baby B/O NEHA	UHID	VIH-00205996

Weight on Admission : 3.39 kgs.
Weight on Discharge : 3.38 kgs.
Mother blood group : "B" Positive
Baby blood group : "B" Positive

Investigations: Enclosed.

Management: He was admitted in ward. He was started on double phototherapy. Baby was continued on demand breastfeed.

His serum bilirubin gradually decreased and repeat bilirubin at the time of discharge is 8.7 mg/dl with indirect fraction of 8.6 mg/dl, which does not come under phototherapy range, hence phototherapy was stopped. He is being discharged with the following advice.

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

Advice:

1. Warmth care.
2. Exclusive breast feeding.
3. Burping after each feed.
4. Immunization to be given as per schedule.
5. Vitamin D3 drops (1ml=800 IU), 0.5ml once daily till 1 year of age.
6. Kindly consult Dr. Atluri Kundana Priya, Consultant Pediatrician & Neonatologist, on 27.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

Name	Baby B/O NEHA	UHID	VIH-00205996

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In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by :Dr. Shivam
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr. KUNDANA PRIYA ATLURI
MBBS, MD Pediatrics,
Fellowship in Neonatology (IAP)
Consultant Pediatrician & Neonatologist
TSMC-27182

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

INSURANCE COPY

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PatientName	: Baby B/O NEHA	**Inpatient No.**	: IP-00060442
Age/Gender	: 0 Y 0 M 6 D/ Male	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED
			Order Date :23-06-2026 16:19
TOTAL BILIRUBIN (Azobilirubin)	8.7	mg/dl	<11.7
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	8.6	mg/dl	0.6 - 10.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name : VIH-00205998 IP-00060442
Baby B/O NEHA
17-06-2026 0Y0M5D (M)
Dr. ATLURI KUNDANA PRIYA

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	3	✓	✓	
6	Doctors Progress Sheets	1	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Hungh Duply	1	✓	✓	
	Hea[illegible]	1	✓	✓	
	Reader O.	1	✓	✓	
	other	8	✓	✓	
	Total No. of Pages	31 pages			

Signature and Date : [signature] 23/6/26

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060442 **Admit Date** : 22-Jun-2026 **Admit Time** : 06:19 PM **UHID** : VIH-00205996

Patient Details :

Patient Name	: Baby B/O NEHA	**Age**	: 0 Y 0 M 5 D
Guardian	: Mr ASHWANI KUMAR JHA	**DOB**	: 17-06-2026 02:58 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 104 SKYPYX OAKS APARTMENT, MACHA BOLLARUM Bolaram Hyderabad Telangana INDIA 500010	**Phone No**	: 9963251136/
		E-mail	: na123@gmail.com

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr ASHWANI KUMAR JHA **Relationship** : Father

Contact Address : FLAT NO 104 SKYPYX OAKS APARTMENT,MACHA BOLLARUM Bolaram Hyderabad Telangana INDIA 500010 **Phone No** : 9963251136 / 7717212007

Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MDINDIA HEALTH INSURANCE TPA PVT LTD

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205996 IP-00060442 Baby B/O NEHA 17-06-2026 0 Y 0 M 5 D (M) Dr. ATLURI KUNDANA PRIYA	22/6/26 @ 6:19PM	22/6/26 @ 7:25 PM
	Transfer Ordered by Dr. Prashanti	Reason for Transfer Admission
From Unit ER	To Unit 206	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 21	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
Nagasue	Dr. Prashanti

Patient & Clinical Records Received by : Padma

Date & Time of Patient Received : 22/6/26 @ 7:30pm

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

Patie VIH-00205996 IPD : 00060442 Gender : Male Age : 0 Y 0 M 5 D

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/26 Time of arrival : 6:5 PM

Chief Complaints: C/O yellowish discoloration of skin and eye RBS: —

Height : — Weight : 3.29 kg BMI : — Head Circumference (<2 years) 34 cm

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes , identify .....

Pain Screening: ☐ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

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

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☐ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

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

Social History: Lives With Family

Siblings in household ☐ Yes ☐ No (If yes How Many?) —

Time of Initial assessment completed by ER Nurse : 22/6/26 @ 6:10 PM

Patient Name : B/O. NEHA UHID : VIH-00205996 IPD : 00060442 Gender : Male Age : 0 Y 0 M 5 D

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

Time	Nursing Notes
6:00 PM	* patient came to ER
6:5pm	* vitals checked and Recorded
6:10pm	* Dr. prashanthi Seen the case & advised admission
	* SBR done in OPD Basis. 17.1 mg/dl.
	* patient Shifted to the ward.

Samples collected by: — Time: —

Samples sent by : — Time: —

Medication given in ER:

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

Condition of patient at time of shift - out :	Details of Shift - out
HR: 145bl/m BP: Crying CFT: <3sec	Shift - out from ER to: 102
RR: 24 bl/m SPO : 100%	Time of Shift - out: 22/6/26 @ 7:25PM
GCS: 15/15 Temperature : 98.1°F	Handover given to: Sr (Nurse's Name)
Pain Score: 01	by Sr Architha
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): —

Name of the Nurse : Architha Signature of the Nurse : Architha

Date & Time : 22/6/26 @ 7:25PM

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PEDIATRIC IN-PATIENT MEDICAL RECORD

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Name : B/o Neha. Age/Sex 5D/male.

Information given by: mother Relationship Good.

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discoloration of eyes & skin.

History of present illness :

c/o yellowish discoloration of eyes & skin.
↓
upto the lower legs.

BBG - B+
MBG B+

No h/o passing pale coloured stools & dark coloured urine.

SBR → 17.5 — CB → 0.2mg/dL
UCB - 17.3mg/dL.

No c/o lethargy & seizures.

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

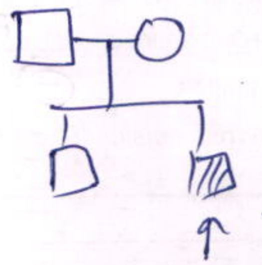
Pediatric Multiorgan History & Physical Examination

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

Not significant.

Birth & Neonatal History:

Term | 3.42kg | CL.ms.
(39+2)wks
CIAB. NO NICU Admission.



Birth & Socio Economic History:

About Father : }
About Mother : } dail III
Any additional Information : }

Developmental History :

(N)

Immunization History :

BCG, OPV, HepB taken.

VIH-00205896 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 3.39 kgs (Centile _____)

On Examination :

Temperature : 98.06°F Pulse Rate : 120 b/m B.P. _____ SPO2 98% on RA

Resp.rate and type of breathing : 22 B/m

Rash (-)

Lymphadenopathy (-)

Oedema : Icterus upto

Allergies (if any): upto the lower umbilicus.

Respiratory System :

Inspection (any s/o distress) : (-)

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur : (-)

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) :

Per Abdomen :

Inspection (N)

Palpation : P/A: soft

Ausculation :

Spine : (N) External Genitelia : (N)

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

VIH-00205896 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : N

Motor System:

Nutriton :

Tone: Power R 3/5 L 3/5

Co-ordinator :

Posture :

Involuntary Movements : ~~N~~ -

Reflexes :

DTR tnt **Superficials:** tnt

Plantars Extensors.

Sensory System :

N

Bladder / Bowel : N

Clinical Summary & Diagnostic:

NNHB

(P.T.O.)

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent kernicterus.

Desired goals of the treatment : To treat Jaundice.

Planned Labs:

Repeat SBR T/m.

Planned Management

- Trace NBS report
- Start DSPT
- Warmth care
- DBF +/- burping 2ndhely
- monitor vitals
- Inform (o/s)

Noted by NCG 22/6

Signature of the Doctor: [signature]

Name of the Doctor: Dr. prashanthi

Date & Time: 22/6/26

Signature of the Consultant: [signature]

Name of the Consultant: Dr. Kundana

Date & Time: 22/6/26 9pm

Dr. Kundana Priya Reg.No.APMC/FMR/73354

VIH-00205986 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S by Dr. Kundana.
	SBR 4pm T/m.	
	Dr. Kundana 23/6/26 4pm	

Dr. Kundana Priya
REG NO.APMC/FMR/97354

VIH-00205996 IP-00060442
Baby B/O NEHA (M)
17-06-2026 0 Y 0 M 5 D
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26, 8:45AM	CW/B Resident	
	NNHB	
	on DSPT started at 8pm yesterday	
		Ad
	O/E C/I/U/P/C/O/O CRT<3sec CVS S1S2 (N) RS - B/L AE (N) PA - soft Vy stable	- Contin DSPT - DBF/lb burping - Warm care - Repeat SBR at 4 pm
	Dr. [illegible] Dr. Kundana [illegible] Reg. No. [illegible] 23/6/26 9AM	Ashwa
	Noted by Sr. Jhansi 23/6/26	

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O NEHA**	**Age :**	**0 Y 0 M 5 D**
IP No:	**IP-00060442**	**Sex:**	**Male**
Consultant:	**Dr. ATLURI KUNDANA PRIYA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 urance 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 arance. In case of failing the submission, I will pay 200/- Rs.
ceivers 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: Ashwini Kumar Jha

Relationship: Father

Date: 22/06/2026 Time:

Wittness Name:

Wittness Signature:

Patient Address:

FLAT NO 104 SKYPYX OAKS APARTMENT,MACHA BOLLARUM Bolaram Hyderabad Telangana INDIA 500010

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NNHB

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: —

Surgery / Procedure: Nil

Post OP Day:

BACKGROUND

Date / Shift	22/6 ER	22/6 E	24/6 N	23/6 M	23/6 E	
Medical Condition (Any special condition to be noted):	Nil	Nill	Nil	Nil	Nil	
Diet:	Breastfeeding	DBF	DBF	DBF	DBF	

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.4°F	98.6 F	97.2°F	98.6°F	98.6°F	
Res:	35 b/m	40 b/m	38 b/m	40 b/m	40 b/m	
SpO_2:	99%	99%	98%	98%	99%	
Pulse:	139 b/m	140 b/m	130 b/m	140 b/m	140 b/m	
BP:	Crying	—	—	—	—	
LOC:	conscious	conscious	Active	conscious	Conscious	
Fall Risk Score:	'0'	10	10	10	'0'	
Pain Score:	'0'	0	0	0	'0'	
Skin Integrity	Intact	Intact	Intact	Intact	Intact	

Recommendations

Safety Needs:	☐ Yes ☑ No	☑ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	Nil	Nill	Nil	Nil	Nil	
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:		DBF	DBF	DBF	DBF	
Critical Lab Test / Values:	Nil	Nill	Nil	Nil	Nil	
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent	dependent	
Post Operative Procedure Special Orders:	Nil	SBR T/M	SBR T/M	SBR @4pm	SBR @4PM Done	
Handed Over By Name :	Sr. Ashalatha	padma	Jyoti	Jhansi	Deepika	
Signature / ID :	16/020612	606329	016452	017742	607469	
Date:	22/6/26	22/6/26	23/6/26	23/6/26	23/6/26	
Time:	@7:25pm	@8pm	@8pm	@2pm	@8PM	
Taken Over By Name :	padma	Jyoti	Jhansi	Deepika		
Signature / ID :	606329	016452	017742	607469		
Date:	22/6/26	22/6/26	23/6/26	23/6/26		
Time:	@8pm	@8pm	@8pm	@2pm		

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD

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

Date: 22/6/26

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							
Afternoon	7pm	* maintain fluid Balance.	7pm	* maintained the personal hygiene.	* prevent to the Infection	* Re-Assessment Done every 2nd hourly vitals.	Padma 22/6/26 @8pm
Night	9pm	prevent Infection Ensure safety	9:30pm	provided hand rub. provided side rails.	prevented for Infection. prevented for fall risk to the pt.	Re assessment Done every 4hr hrly vital checked baby is stable	[illegible] 23/6/26 @8am

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NURSING CARE RECORD

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

Date: 23/6/26

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	8 am 12 pm	Assess the baby condition. Encourage breast feeding.	8 am 12 pm	Assessed the baby condition Encourage breast feeding.	Baby is stable and active	Baby is Haemodynamically stable.	Shami 23/6/26 @ 2pm
Afternoon	2pm 6pm	Ensure Safety Maintain Good Nutritional Status	5pm 8pm	To provide Safety To give feed & Burp 2nd hrly.	To prevent risk of falls To prevent dehydration.	Re-Assessment was done. Baby is Safe	Deepika 23/6/26 @8pm
Night		Send file		Discharge note Doctor Came for rounds Pt is stable d/c process			

Docu. No: RCH /FRM / CLINICAL / 148

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 02/6 Time: 7 11 3 7

Doctor/Nurse/Family Concern? PM PM PM PM

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

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): 150 145 140 135

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

Resp Rate (Number): 39 38 40 37

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)	99	98	98%	98%
Conscious Level	Normal / Altered	N	N	N	N
GCS *	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	S	A	A	A

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.

Baby B/O NEHA
17-08-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

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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)

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Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

Doc. No. : RCH/ FRM / CLINICAL / 124

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 23/6/..... Time:	11	3	6
Doctor/Nurse/Family Concern?	am	pm	PM

Temperature (°F) — 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
- 11 am: 98.6°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	140

Resp. Rate (bpm) (Over 1 Minute) * — 70, 60, 50, 40, 30, 20, 10
- 11 am: 40

Resp Rate (Number)	45
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level: Normal / Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	0
Pain Score	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.

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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.
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- 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.
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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!
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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)

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		DBF				✓			✓		
Total Intake :						**Total Output :**						
22/6	08:00 pm											
	09:00 pm		DBF									
	10:00 pm						✓			✓		
	11:00 pm		DBF									
	12:00 am											
	01:00 am		DBF									
Total Intake :						**Total Output :**						
23/6	02:00 am											
	03:00 am		DBF									
	04:00 am						✓					
	05:00 am		DBF							✓		
	06:00 am											
	07:00 am		DBF									
Total Intake :						**Total Output :**						

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

Padma 22/6/26 @9pm

Padma 23/6/26 @8pm

Padma 23/6/26 @8pm

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Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
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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							
	08:00 am	DBF								✓	–	
	09:00 am	"									–	
	10:00 am	DBF									–	
	11:00 am									✓	–	
	12:00 pm	DBF					✓		✓	✓	–	
	01:00 pm										–	
Total Intake :						Total Output :						
23/6/26	02:00 pm	DBF									–	
	03:00 pm	"										
	04:00 pm	DBF										
	05:00 pm											
	06:00 pm	DBF										
	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 :						

23/6/26 @2pm Dupika 23/6/26 @8pm

Total 24 hrs. Intake		Total 24 hrs. Output	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

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

Shifting From: ER Shifted to: 206

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Prashanthi/R

Date & Time : 22/6/26 @6:PM

Nurse Name & Signature: NOG Sue/Ne

Date & Time : 22/6/26 @6.PM

VIH-00205986 IP-00060442
Baby B/O NEHA
17-06-2026 0 Y 0 M 5 D (M)
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DRUG CHART

Date of Admission: 22/6 Drug Allergies: — ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

[redacted]
17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

REGULAR PRESCRIPTIONS

Weight. 3.39 kg Ward. 206

DRUG : Date Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : Date Time

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VIH-00205996 IP-00060442
Baby B/O NEHA
17-06-2026 0Y0M5D (M)
Dr. ATLURI KUNDANA PRIYA

Weight. 3.39kg Ward. 206

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED BY : Name .....

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17-06-2026 0 Y 0 M 5 D (M)
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I.V. FLUIDS CHART

Weight. 3.39 kg Ward. 206

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

Signature .....

VERIFIED BY : Name .....

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17-06-2026 0 Y 0 M 5 D (M)
Dr. ATLURI KUNDANA PRIYA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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