Rainbow® Children's Hospital
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Your Right to a Safe Delivery.

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

ACT LING

Name. ----------

UHID No : ---------- IP No : ---------- Consultant : Dr. Kondana Dept : Labour ward

Date of Admission : 16/6 Time : 4:32 pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 220-1 Ward : Labour Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	12:10Am	MICU	(206)	

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
16/6/26	Blood grouping	V12602056	Rani
	Cross checked by Rani 16/6/26 @ 7.30p-		
16/6/26	ABG - (1)	V12602058	Puja
Cross	checked by Puja 16/6/26 at 11.20pm		
	— FCB	26020839	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
18/6/25	TEGAE	(1)	3091651	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

VIH-00205965 IP-00060383
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

Patient Name :

IP.No:

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	–	–	–
2	Discharge Summary	3	–	–	–
3	Nursing Initial assessment form	1	–	–	–
4	Patient Trasfer Forms	1	–	–	–
5	In-patient Medical Record	4	–	–	–
6	Doctors Progress Sheets	3	–	–	–
7	Nurses Progress notes	3	–	–	–
	Consultation Sheets				
	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	4	–	–	–
26	Intake and Output chart (fluid Chart)	3	–	–	–
27	Drug Chart (Regular prescription) start oral drugs	1	–	–	–
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 Educatlon Form				
	Others	19	–	–	–
	Total No. of Pages	45			

Signature and Date: Sony 19/6/26 @ 12pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060363 **Admit Date** : 16-Jun-2026 **Admit Time** : 04:32 PM **UHID** : VIH-00205965

Patient Details :

Patient Name	: Baby B/O WAJHIYA NAAZ	**Age**	: 0 D
Guardian	: Mr KHAJA MUNTAJABUDDIN AHMED	**DOB**	: 16-06-2026 03:29 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: h no-1-8-503/5, viquar nagar,prakash nagar Begumpet Hyderabad Telangana INDIA 500016	**Phone No**	: 8008451809/ 9246180472
		E-mail	: na@gmail.com

mission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-220-1 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-220-1 **Admission Type** : First Visit

Contact Details :

Name : Mr KHAJA MUNTAJABUDDIN AHMED **Relationship** : Father

Contact Address : h no-1-8-503/5, viquar nagar,prakash nagar Begumpet Hyderabad Telangana INDIA 500016 **Phone No** : 8008451809 / 8297477020

Signature

octor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA **Specialisation** : NEONATOLOGY

Referral Doctor : Dr.. Dr. SRILATA PATNAIK **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00205965 IP-00060363 Baby B/O WAJHIYA NAAZ 16-06-2026 0Y0M0D2H (M) Dr. ATLURI KUNDANA PRIYA	16/6/26 @ 4:32 pm	17/6/26 @ 12:10 Am
	Transfer Ordered by DR. Srikar.	Reason for Transfer observation.
From Unit MICU	To Unit Room (206)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (75)	Number of Imaging Films NIL	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.	Baby kuches	(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
SP Pooja	DR. Srikar.

Patient & Clinical Records Received by : Akanksha

Date & Time of Patient Received : 17/06/26 @12:15 Am.

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

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Wajihyanaaz Mother's Name: Wajihya Naaz

Date of Birth: 16/6/26 Time of Birth: 3:29pm 06seconds Gender: ☐ Male ☐ Female

Birth Weight: 2.980 Kgs HC: 36 cm Lenght: 47 cm

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

Term / Pre-term / Post-term: TERm

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: "B" positive Baby: .....

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

VIH-00201251 IP-00060360
Mrs WAJHIYA NAAZ
08-10-1994 31 Y 8 M 8 D (F)
Dr. SRILATA PATNAIK

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

Indication: Emergency - LSCS

Physical Assessment of New Born:

Temp: 36.5°C °C HR: 145 /Min RR: 39bpm /Min BP: — SpO_2: 100

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☑ No **Score:** 11 (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: ..... Signature: ..... Date &Time: 16/6/26 4pm

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0Y0M0D2H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : WAJHIYA NAAZ Age : 31yr Father's Name : ..... Age : .....

Date of Birth : 8-10-94 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Kundana Priya Referring Consultant : Dr. Srilatha.

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

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

BIRTH INFORMATION

Name : B/o WAJHIYA

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 16/6/26 Time of Birth : 3:29:06 PM

Place of Birth : RCH . VKP

Mother's Blood Group : 'B' Positive

Birth Weight (gms) : 2.980kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+3 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yr. Ht : 143 Wt : 70.9 BMI : ..... Married Life : 7yr. LMP : 28/9/25 EDD : 5/7/26.

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

Booked at what GA. : ?: Conception AN Steroids Drugs / Doses : Caused [illegible] Inj Betamet once

Last Scans Details : 10/6/26 - SIUF | 36+3 wks | Cephalic | Pl. post 3 grade | Liq adq - 15.4cm | AC 9/1. EFW. 2423 kg Doppler (N).

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs —

Consanguinity : ☐ Yes ☐ No —

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

H/o PIH (after 20 weeks) / PE

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

—

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

—

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : (N).

AFI : .....

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

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

Compliance with Rx : (SCA).

Scans : LGA, TIFFA , Fetal Echo : (N)

H/o Hypothyriodism : when diagnosed ? Medication?

T. Thyronorm 37.5 mcg.

Any other Chronic Medical Problems, when detected drugs ? → Telcen IV fem

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☑ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : 12wk Any culture : —

PPROM : Duration : — ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : —

Medication during Pregnancy : ..... Duration : .....

VIH-00205965 IP-00060363
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16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

PAST OBSTETRIC HISTORY

G: 3 P: 2 A: 0 L: 2

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	female (5 y)	/ ft LSCS			A&H	
2-	Male (2 y)	/ ft LSCS			A&H	
3.	P/D + spontaneous					

PERINATAL HISTORY

Treating Obstetrician : Dr. Srikantha Hospital : RCH . VKP ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : 2 Previous LSCS SGA in poems.

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	7/10	9/10	

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

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : CiAB.

Equipment check done
↓
B/o wajhiya delivered via
Em. LSCS
↓
Mch; CIAB
↓
Dee done for Gosee
↓
Recieved into preheated cradle
↓
Dried, stimulated,
Secretions cleared Mouth → Nose
↓
Inj. vit K 1mg/im
↓
Cord clamp cut 2A+1N
↓
Baby weighed, shift to mother side

target spo2 reached at 3' of life

Investigation details in previous Hospital :

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

—

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

GENERAL EXAMINATION ON ADMISSION

Cry - vigrous
Tone (N)
Activity - good flexion of UL, LL (B)

VITALS : Temperature : 36.5°C HR : 145/min RR : 39/min NIBP : ..... CFT : <3 sec

Color of the extremities : Acrocyanosis

Jaundice : — Pallor : — SpO2 : 96 RA

Anthropometry : Birth Weight : 2980 g Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : Af @ level
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies : (Any Facial Dysmorphism) —

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses : (N)

EYES :
Symmetry :
Red Reflex :
Discharge : Not checked

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue : (N)

VIH-00205865 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
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Thorax :

BREASTS : Position of Nipples and Number : 2in NO at position

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 2A+1V (+)
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : B/L Testes Descended into scrotum
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : —

EXTREMETIES :
Fingers / Toes :
Deformities : 10f+10T (+).
Arms / Legs :
Mobility :
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 40/min 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 : .....

SpO_2 : 96 1RA Auscultation : BAE (+) Breath Sounds : NVBS (+) Added Sounds : —

Cardiovascular System :

HR : 140/min BP : .....
Femoral Pulses : (+)
Other Peripheral Pulses : (+)
Precordial Activity : (N)
Murmurs : —
Signs of Cardiac Failure : —

Abdomen :

Shape : .....
Palpation : Soft
Palpable masses : .....
Abdominal girth : .....
Hernia orifice : .....
Anal Patency : (+)
Umbilical Cord : 2A+1V (+)
First urine passed : Passed.
Meconium passed : .....

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

al functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : Bl Moros equivocal DTR : .....

ATNR : + Skull and Spine : (N)

Any Congenital Anomalies : .....

No gross Anomalies on visual Examination

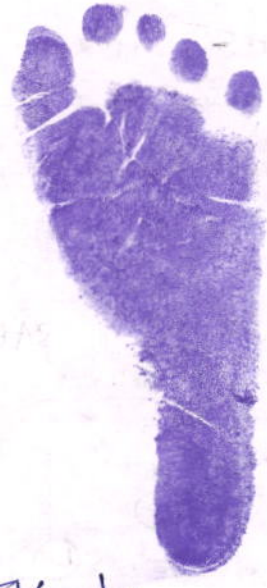
Diagnosis : TERM | Hypothyroid (mother) | Em.LSCS | 2.980 kg | AGA | C;AB |

.....

FOOT PRINTS

Left Side :

Right Side :



Taken by Br. Arif @ 3:35 Pm

NO

Resident Doctor :

Signature : .....

Name : Dr. Shrikar

Date & Time : 16/06/26 3:67 Pm

Consultant : Dr. Kundana Priya

Reg. No APMC/FMR/97354

Signature : .....

Name : Dr Kundana

Date & Time : 16/6/26

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

clusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening

program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details: .....

Final Diagnosis: .....

- DBF 2nd bly
- DAE, SBR, NBS B/F D/C
- Immunization
- cord care, warmth care

Advised
by
Pediatrician
16/6/26

Doctor Signature: .....

Doctor Name: Dr. Shruthi

Date & Time: 16/06/26 15:48

VIH-00205965 IP-00060363
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 9:15am	C/S/B Resident	TOB - 16/6/26 3:29pm
	Term / 37+3 wks / LSCS / CIAB / Boy / 2.980 kg / AGA / Hypothyroid mother	
	M. BG - B positive B. BG - B positive	Adv
	T. wt - 2.90 kg (↓80 gm)	- DBF / Feeds burping 2 hrly
		- Warm care & cord care
	O/E CIT / A good CRT < 3 sec CVS - S1 S2 (N) RS - B/L AE (N) PA - soft V/G stable	- OAE/SBR/NBS b/f discharge
	Vaccination done	
	TCB T/M	Ashna
	OAE: TODAY After 4pm.	
	Dr. Kundana Priya Reg.No.APMC/FMR/97354 Lpl Dr. KUNDANA. 17/6/26. 10 Am	Note by Roja

VIH-00205965 IP-00060363
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	lactation notes (Mr. Rajyalaxmi)	
•	Experienced Mother	
•	Normal breast Condition	
•	Drops of milk seen	
•	Assisted Mother in feeding	
•	Baby latching & sucking well	
•	Advised to feed every 2 hrs	
•	More skin to skin	
•	[illegible]	
10:20am		
17/6/26 3PM	CMB Resident	
	O/E CIT/A good	Ad
	CVS - S1S2 (N)	
	RS - BLAE (N)	← BDF 1/B bumping
	P/A Soft	
	CNS ✓	← Continue same
	Vitals stable	
	OAE 1/m.	
	TCB Before d/s.	
	If <12 - plan for d/s.	[illegible]
[illegible] Dr Kundana [illegible] 17/6/26 8pm		Noted by [illegible] 17/6/26 8pm

VIH-00205965 IP-00060363
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18-06-2026 0Y0M0D8H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 9:25Am	37+3 / ♂ / 2.980 / ↓ / ↓(170gs) / 2.82.	JOHM / G3. P1 L2 / Em. LSCS.
	C/T/A - Good	
	CRT < 3 sec	
	AF - (N)	
	moro - Equal	
M) B +ve / B)		
	CVS / CNS / RS / PA (N)	
u/passing.		Plan
		- DBF + burping Q2H
		- warmth & cord care
		- TCB & OAE T/D *
		- vitals Q6H.
		- Inform SOS.
		[signature]
[signature] Dr. Kundana 18/6/26 10AM.		

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0Y0M0D8H (M)
Dr. ATLURI KUNDANA PRIYA

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

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	lactation notes (Mrs. Ramyashree)	
	• c/o low milk supply	
	• TF introduced on pediatricians advice	
	• strategies to improve supply discussed.	
	• Rx Plan: KMC + DBF + TF	
	• f/u in OPD	
Dr 11:30am		

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

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
18/6/26 3pm 47 HRS.	Term / 37+3wk / Em LSCS / G2A1 / Boy / 2.950kg / AGA hypothyroid mother	
M } B } B+ve	Baby warm	
	CFT/A good	
	CRT <3sec	
	CVS-S1S2 (+)	
TW: 2.90kg	RS-BAE (+)	
(↓80g)	P/A - soft	
		Adv
		1) DBF f/by Burping Q2H
		2) Warmth, cord care
		3) OAE done
		4) TCB b/f discharge → T/m 6AM
		5) Vitals Q6H
		6) Immunisation done
		<12 (F/U)
Dr. Vishwaja	Dr KUNDANA 18/6/26 5pm	Noted by Varsha

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

(P.T.O)

VIH-00205965 IP-00060383
Baby B/O WAJHIYA NAAZ
16-05-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/6/26 Time: 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

Doctor/Nurse/Family Concern?

16/6/26

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)

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_2 Saturations (%)		
Conscious Level	Normal	
	Altered	
GCS *		
TOTAL SCORE		
Number of shaded boxes		
Pain Score		
Observer's Initials		

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* 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.

VIH-00205865 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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

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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-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

). : RCH/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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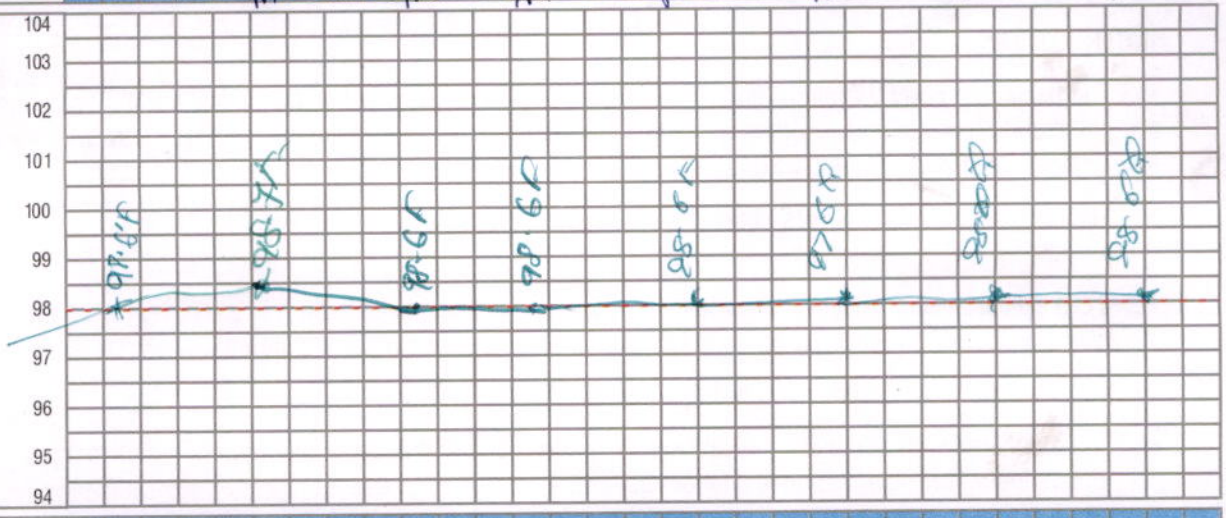
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/6/26 Time: 0 1 4 7 10 1 3 7

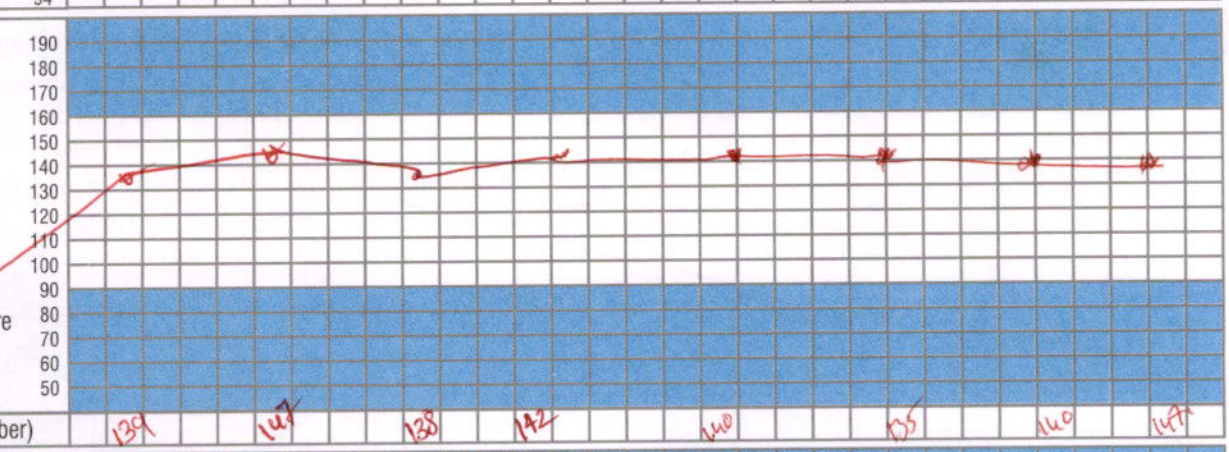
Doctor/Nurse/Family Concern? Rm Rm Rm Rm pm Am Am Am

Temperature (°F)



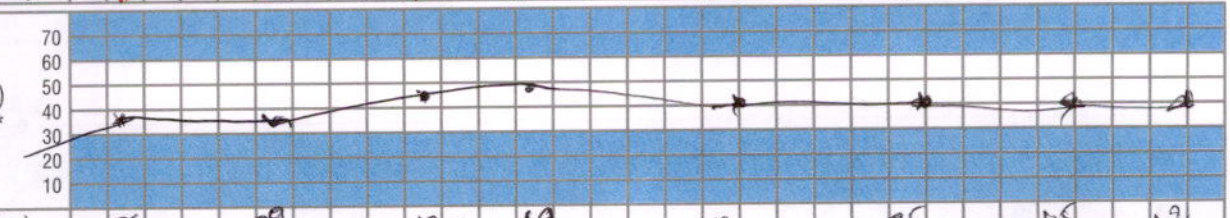
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	139	147	138	142	140	135	140	147

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



Resp Rate (Number)	35	39	42	49	40	35	45	47
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min) O_2 Saturations (%)	98%	99	96	99	99	99	98	98
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N
GCS *	6		15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	R	AR	S	Ch	Sindhu	Sindhu	Sindhu	Sindhu

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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* 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.

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
18-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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

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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-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 21 H (M)
Dr. ATLURI KUNDANA PRIYA

No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/6/26 ..... Time:	10	12	2	5	7	12	4	7
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	AM	AM	AM
Temperature (°F)	98.6	98.8	98.8	98.6	98.4	98.2	98.3	98.4
Heart Rate (bpm) and Blood Pressure (mmHg) *								
Heart Rate (Number)	142	148	144	142	145	141	139	131
Resp. Rate (bpm) (Over 1 Minute) *								
Resp Rate (Number)	46	45	43	42	43	41	38	35
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min) O_2 Saturations (%)	99	99	99	99	99	99	99	99
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N
GCS *	15	15	15	15	15	15	15	15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials								

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

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

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

ACTIONS	
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* 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

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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

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VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-05-2026 0 Y 0 M 2 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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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

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

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_2 Saturations (%)

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS NB: Scores 3 should be recorded overleaf	
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RVATION and EARLY WARNING SCORING TOOL

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VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. ATLURI KUNDANA PRIYA

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FLUID CHART

Sheet No. : .....

16/6/26.

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
16/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
16/6	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm	Breast feeding given.										
	06:00 pm	〃										
	07:00 pm	DBF					F:3.6					Jyothi.
Total Intake :						**Total Output :** passed motion						
17/6/26	08:00 pm	〃					1.					
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm		DBM									
	12:00 am											
	01:00 am		DBM				✓			✓		
Total Intake :						**Total Output :**						
17/6/26	02:00 am											
	03:00 am		DBM									
	04:00 am						✓			✓		
	05:00 am		DBM									
	06:00 am											
	07:00 am									✓		
Total Intake :						**Total Output :**						

Laxmi 17/6/26 @2am

Lakshmi 17/6/26 @8am.

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 0 D 2 H (M)
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FLUID CHART

Sheet No. : .....

17/6/26

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		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							
17/6/26	08:00 am	DBM	✓									
	09:00 am											
	10:00 am	DBM	✓				✓			✓		
	11:00 am											
	12:00 pm	DBM	—									
	01:00 pm											
Total Intake :						**Total Output :**						
17/6/26	02:00 pm											
	03:00 pm		DBF									
	04:00 pm									Lo		
	05:00 pm		DBF							✓		
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
17/6/26	08:00 pm										1	
	09:00 pm		DBF									
	10:00 pm										0	
	11:00 pm		DBF				✓			✓		
	12:00 am										1	
	01:00 am		DBF									
Total Intake :						**Total Output :**						
18/6/26	02:00 am						✓			✓		
	03:00 am		DBF								1	
	04:00 am											
	05:00 am		DBF								0	
	06:00 am											
	07:00 am		DBF				✓			✓	1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby B/O WAJHIYA NAAZ
18-06-2026 0 Y 0 M 0 D 2 H (M)
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18/6/26	08:00 am	DBF					✓					Varsha 18/6/26 @2pm
	09:00 am											
	10:00 am											
	11:00 am	DBF								✓		
	12:00 pm											
	01:00 pm	DBF								✓		
Total Intake :						**Total Output :**						
18/6/26	02:00 pm											Varsha 18/6/26 @8pm
	03:00 pm											
	04:00 pm	DBF								✓		
	05:00 pm											
	06:00 pm											
	07:00 pm	DBF					✓			✓		
Total Intake :						**Total Output :**						
18/6/26	08:00 pm											Sony 19/6/26 @8am
	09:00 pm	DBF										
	10:00 pm						✓			✓		
	11:00 pm	DBF									0	
	12:00 am											
	01:00 am	DBF					✓				1	
Total Intake :						**Total Output :**						
19/6/26	02:00 am											Sony 19/6/26 @8am
	03:00 am	DBF								✓	1	
	04:00 am						✓					
	05:00 am	DBF									0	
	06:00 am									✓		
	07:00 am	DBF									1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00205965 IP-00060363
Baby B/O WAJHIYA NAAZ
16-06-2026 0 Y 0 M 2 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

FLUID CHART

Bed No. : .....

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

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

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