INSURANCE COPY

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name	Baby B/O MBSG LALITHA	**UHID**	VIH-00206032
Father/Guardian	Mr HARSHA	**Age/Gender**	0 Y 0 M 1 D/Male
Address	plot no 127-2-4-974, samata puri colony road no 4,, New Nagole, Hyderabad, Telangana, INDIA, 500035		
IP No	IP-00060396	**Admission Date**	18-06-2026
Ref Doctor	DR.BHAVANA K	**Discharge Date**	21-06-2026

DISCHARGE SUMMARY

Consultant: Dr. ATLURI KUNDANA PRIYA
MBBS, MD Pediatrics, Fellowship in Neonatology (IAP)
CONSULTANT PEDIATRICIAN & NEONATOLOGIST

Diagnosis: Term/Appropriate for gestational age/Baby Boy
Rh Negative Pregnancy
Neonatal Hyperbilirubinemia

Mode of Delivery: Emergency Lower Segment Cesarean Section (Indication: Non progression of labour)

Anthropometry:

Weight at birth	: 2.815 kgs
Weight at discharge	: 2.57 kgs
Head circumference	: 35 cms
Length	: 45 cms

History: Baby of Baby B/O MBSG LALITHA is a term (38+2 weeks) baby boy, delivered to a Primi gravida mother by Emergency Lower Segment Cesarean Section (Indication: Non progression of labour) on 18.06.2026 at 11:43 am with birth weight of 2.815 kgs in Rainbow Children's Hospital, Karkhana. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 9/10 at 5 min. Inj. Vitamin-K 1mg IM was given after delivery.

Name	Baby B/O MBSG LALITHA	**UHID**	VIH-00206032

Maternal History: Mrs. MBSG LALITHA is a 28 years old Primi gravida mother.

G1 - Present pregnancy, spontaneous conception, had regular ANC's. Antenatal scans were normal. History of GDM at 29+4 weeks, on Tab. Metformin 500 mg in the morning & 250 mg at night. She was diagnosed with asthma at 24+3 weeks, pulmonologist review done & managed with inhaler. Injection Anti-D taken at 27+5 weeks. No history of Pregnancy-Induced Hypertension / Urinary Tract Infection / Antepartum Hemorrhage / Oligohydramnios / Polyhydramnios / Fever. Mother's blood group is "B" Negative. Baby's blood group is "B" Positive.

Examination: Baby was euthermic, 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. AF was at level.

Management: Course during hospital: Hospital stay was uneventful. In view of gestational diabetes mellitus mother, baby's blood sugars were regularly monitored which were normal.

In view of Rh negative pregnancy, hemogram, Direct coombs test and reticulocyte count were done. Hemogram showed Hemoglobin of 15.9 gm%, White blood cells count of 17,040 cells/cumm and platelet count of 2.79 lakhs/cumm. Direct coombs test was negative. Reticulocyte count 5.0 %. Serum bilirubin was 2.5 mg/dl with indirect fraction of 2.4 mg/dl.

Transcutaneous bilirubin done on 19.06.2026 was 12.1 mg/dl, for which double surface phototherapy was started. Repeat serum bilirubin before discharge was 5.6 mg/dl with indirect fraction of 5.5 mg/dl, it does not come under phototherapy range, hence phototherapy was stopped.

Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 19.06.2026

Hearing test (TEOAE): Done on 19.06.2026 was normal.

Newborn screening (Advanced): Done on 21.06.2026 - report awaited.
Saturation: Right upper limb and left lower limb 100% at room air.
Red Reflex: Present and Symmetrical.

Feeding: Breast feeding was initiated and baby tolerated the feeds well.

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

Advice:

1. Keep the baby clean and warm.
2. Continue demand breastfeeding as advised.
3. Burping after each feed.
4. Immunization as per schedule.
5. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till one year of age.
6. Nasoclear nasal drops, 1 drop in each nostril (if needed) for nose block.
7. New Born Screening (Advanced) / Thyroid Function Test, Serum bilirubin & Hearing test (OAE) to be done on follow up.
8. "Appointment for vaccinations to be taken during the 1st hour of the OPD slots of your respective consultant to avoid rush and minimum waiting period".
9. Kindly consult Dr. Atluri Kundana Priya, Consultant Pediatrician& Neonatologist, on Wednesday (24.06.2026) in OPD with prior appointment (This consultation will be charged).
10. Kindly consult Ms. Ramya Ashwin, Lactation Consultant, within 3 days of discharge or in any kind of feeding difficulty, in OPD with prior appointment (This consultation will be charged).

Name	Baby B/O MBSG LALITHA	UHID	VIH-00206032

Review back to hospital:

1. If baby is not feeding continuously for > 6 hours.
2. If breathing fast.
3. High grade fever.
4. Poor activity or lethargy.
5. Bluish discoloration of lips.
6. Increase in jaundice.
7. Abnormal movements.

In case of emergency contact 040-42462200 Extn: 2010 (or) 7337357870.

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
Now booking appointments is much easy, download Rainbow Application for Free from Google play store.
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. Vishwaja
DEO :Kalyan

Registrar/Resident/C.M.O

Dr. ATLURI KUNDANA PRIYA
MBBS, MD Pediatrics, Fellowship in Neonatology (IAP)
CONSULTANT PEDIATRICIAN & NEONATOLOGIST
TSMC/FMR/27182

Rainbow Children's Hospital - Secunderabad

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040-42462200, Ext 2000,2001,2002,

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PatientName	: Baby B/O MBSG LALITHA	**Inpatient No.**	: IP-00060396
Age/Gender	: 0 Y 0 M 0 D 6 H/ Male	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-MICU/ CRDL-MICU-229-1	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 17:06
TOTAL BILIRUBIN (Azobilirubin)	2.5	mg/dl	
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	2.4	mg/dl	

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
BLOOD GROUPING (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 17:06
BLOOD GROUP	B		
RH (D) TYPE	POSITIVE		

NOTE :- BLOOD GROUPING TO BE REPEATED AFTER FOUR MONTHS.

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 17:06
HEMOGLOBIN (Colorimetry)	15.9	g/dL		14.25 - 22.5
RBC COUNT (DC detection method)	4.45	10^12/L		4 - 6.6
PCV/HCT (Calculated)	**44.1**	**VOL%**	L	45 - 67
MCV (Calculated)	99.1	fL		95 - 121
MCH (Calculated)	35.6	pg/cells		31 - 37
MCHC (Calculated)	36.0	g/dL		29 - 37
RDW-CV (Calculated)	13.9	%		13 - 18
PLATELET COUNT (DC Detection Method)	279	10^9/L		150 - 450
MPV (Calculated)	8.1	fL		6.5 - 10
WBC COUNT (DC Detection Method)	17.04	10^9/L		9 - 35
Differential Count				
NEUTROPHILS (Microscopy, Leishman stain)	50	%		32 - 62
LYMPHOCYTES (Microscopy, Leishman stain)	**43**	%	H	19 - 29

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040-42462200, Ext 2000,2001,2002,

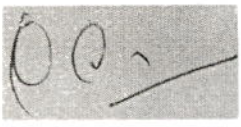
PatientName	: Baby B/O MBSG LALITHA	**Inpatient No.**	: IP-00060396
Age/Gender	: 0 Y 0 M 0 D 5 H/ Male	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-MICU/ CRDL-MICU-229-1	**Discharge Date**	:

Investigation	Result	Unit		Biological Reference Interval
MONOCYTES (Microscopy, Leishman stain)	**05**	%	L	6 - 18
EOSINOPHILS (Microscopy, Leishman stain)	02	%		1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	**RBC - NORMOCYTIC / NORMOCHROMIC , 4 - 6nRBC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE**			

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
DIRECT COOMBS TEST (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 17:06
DIRECT COOMBS TEST	NEGATIVE		



Dr. SUREKHA DEVI ALLANKI, SENIOR CONSULTANT, TRANSFUSION CONSULTANT,

Investigation	Result	Unit	Biological Reference Interval
RETICULOCYTE COUNT (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :18-06-2026 17:06
RETICULOCYTE COUNT (Microscopy, New methylene blue stain)	5.0	%	2 - 6

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ARTERIAL BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 17:31
PH (Reagent Strip/Double PH Indicator)	**7.24**	**unit**	L	7.35 - 7.45
pCO2	53.4			
pO2	**14**	**mm Hg**	L	83 - 108
HCO3	23.1			
BE	-4.2	mmol/L		
O2 Sat	11.9	mmol/L		
HCT (Pulse Height Detection)	50	%		10 - 75

PatientName	: Baby B/O MBSG LALITHA	**Inpatient No.**	: IP-00060396
Age/Gender	: 0 Y 0 M 0 D 8 H/ Male	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-MICU/ CRDL-MICU-229-1	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval
ctHb	16.3	gm/dL	

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 17:31
RANDOM BLOOD GLUCOSE (GOD/POD)	91	mg/dl	70 - 140

Investigation	Result	Unit		Biological Reference Interval
VENOUS BLOOD GAS (POCT) (Specimen : BLOOD)				TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 17:31
PH (Reagent Strip/Double PH Indicator)	**7.24**	**unit**	L	7.35 - 7.45
pCO2	45.1	mm Hg		35 - 48
pO2	**19.1**	**mm Hg**	L	83 - 108
HCO3	-8.3	mmol/L		
BE	46.8	mmol/L		

Investigation	Result	Unit		Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :18-06-2026 20:05
RANDOM BLOOD GLUCOSE (GOD/POD)	**61**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 00:25
RANDOM BLOOD GLUCOSE (GOD/POD)	**65**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 00:25
RANDOM BLOOD GLUCOSE (GOD/POD)	**66**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 19:47
RANDOM BLOOD GLUCOSE (GOD/POD)	**61**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :19-06-2026 19:47
RANDOM BLOOD GLUCOSE (GOD/POD)	**63**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :20-06-2026 01:07
RANDOM BLOOD GLUCOSE (GOD/POD)	**56**	**mg/dl**	L	70 - 140
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)				TEST RESULT STATUS : REPORT ENTERED Order Date :20-06-2026 01:08
RANDOM BLOOD GLUCOSE (GOD/POD)	**59**	**mg/dl**	L	70 - 140

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040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O MBSG LALITHA	**Inpatient No.**	: IP-00060396
Age/Gender	: 0 Y 0 M 2 D/ Male	**Admit Date**	: 18-06-2026
Ward/Bed	: N 2F-MICU/ CRDL-MICU-229-1	**Discharge Date**	:

investigation	Result	Unit	Biological Reference Interval

Investigation	Result	Unit	Biological Reference Interval
TRANSCUATEOUS BILIRUBIN			TEST RESULT STATUS : REPORT AUTHORISED Order Date :20-06-2026 07:31
TRANSUTANEOUS BILIRUBIN	12.1	mg/dl	

Ms YANAMALA RAJESWARI

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :21-06-2026 07:01
TOTAL BILIRUBIN (Azobilirubin)	5.6	mg/dl	<8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	5.5	mg/dl	0.6 - 7.6

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Bebefairs

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ACTIVIT VIH-00206032 IP-00060396 **G**
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 5 H (M)
Dr. ATLURI KUNDANA PRIYA

Name: ---

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

Date of Admission : 18/6/26 Time : 1:46pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 229-1 Ward : MICU Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	7pm	MICU	Room (207)	

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
18/6/26	Blood grouping	V12602077 5	
18/6/26	GRBG @ 12pm - 91mg/dl	V12602078 0	
18/6/26	ABG	V12602078 0	
18/6/26	VBG		
18/6/26	CBP, DCT, Bilirubin (I/D)	V12602077 5	
18/6/26	Reticulocyte count		
	Cross checked by manga 18/6/26 @ 5:32pm		
18/6/26	GRBS. 6pm 61mg/dL	V12602079 1	
19/6/26	GRBS - 12Am 65mg/dl	26020803	
19/6/26	GRBS - 6Am - 66mg/dl	26020804	
19/6/26	GRBS - 12:35 Pm - 61mg/dl	26020925	
19/6/26	GRBS 6:00pm - 63mg/dl	26020926	
20/6/26	GRBS @ 1:00Am - 56mg/dl	26020948	
	GRBS @ 6Am - 59 mg/dl	26020949	
	— Pen	26020970	
21/6/26	SBR	26021052	
	NBS (Adv)	26021064	
—	Cross Checked done by Dr — 21/06/26		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6/26	Cardiac monitor		19/06/26 @ 10Am	3091843	
20/6/26	DEPT.	20/06/26 @ 11:16Am	~~20/6/26 @ 11:16Am~~ 21/6/26 @ 9Am	3092627	Dept.
	Date:	20/6/26			
	Time:	11:16 Am			
	Signature:	M. Banerjee			
—	Cross Checked done by Dept. 21/06/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
19/06/26	TEDAE	1	3092084	Raj
	Cross Checked done by Raj.			21/06/26

ANY OTHER INFORMATION

Date : 21/06/26 Time : 10:06 Am Prepared By : Raj. 21/06/26 @ 10:06 Am

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

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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Patient Name : VIH-00206032 IP-00060398
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 1 D (M)
Dr. ATLURI KUNDANA PRIYA

IP.No: 60898

Ward:

DOA: 18/6/26

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	—	—	—
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	3	—	—	—
26	Intake and Output chart (fluid Chart)	3	—	—	—
	Drug Chart (~~Regular prescription~~ Stat & once)	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	13	—	—	—
	Total No. of Pages	38			

Signature and Date : Sonu 20/6/26 @12:30pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060396 **Admit Date** : 18-Jun-2026 **Admit Time** : 01:46 PM **UHID** : VIH-00206032

Patient Details :

Patient Name	: Baby B/O MBSG LALITHA	**Age**	: 0 D
Guardian	: Mr HARSHA	**DOB**	: 18-06-2026 11:43 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: plot no 127-2-4-974, samata puri colony road no 4, New Nagole Hyderabad Telangana INDIA 500035	**Phone No**	: 9494858736
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-229-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-229-1 **Admission Type** : First Visit

Contact Details :

Name : Mr HARSHA **Relationship** : Father

Contact Address : plot no 127-2-4-974, samata puri colony road no 4, New Nagole Hyderabad Telangana INDIA 500035 **Phone No** : 9494858736

Signature

Doctor Details :

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

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

	Date & Time of Admission	Date & Time of Transfer Order
	18/6/26 at 1:45pm	18/6/26 at 7pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Harish	observation
From Unit	**To Unit**	**Information to Attendant**
MICU	207	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
32	Nil	Yes ☐ No ☐ NO. If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small kooclees -(1)	
2.		
3.		
4.		
5.		

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

Dr. Harish.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. K. Sulochini	Dr. Harish

Patient & Clinical Records Received by :

Date & Time of Patient Received : 18/6/26 @ 7:30 PM

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

IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0Y0M0D7H (M)
Dr. ATLURI KUNDANA PRIYA

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Your Right to a Safe Delivery

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. MBSG lalitha Mother's Name: Mrs. MBSG lalitha

Date of Birth: 18/6/26 Time of Birth: 11:43:20 sec Am Gender: ☑ Male ☐ Female

Birth Weight: 2.815 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 Negative Baby: .....

Feeding: ☑ Breast Feeding ☑ Formula ☐ Both First Feed Time: 1pm

FDH-00038034 IP-00060382
Mrs MBSG LALITHA
13-11-1999 26 Y 7 M 5 D (F)
Dr. BHAVANA K

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

Indication: Maternal Request / NPOL

Physical Assessment of New Born:

Temp: 36.5 °C HR: 142 bt/Min RR: 42 brt /Min BP: - SpO_2: 99%

Pain Score: - (Follow N Pass)

Fall Risk Assessment: ☑ **Yes** ☐ **No** **Score:** 16 (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: Meghana Signature: Ms Date &Time: 18/6/26 @ 2pm

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0Y0M0D7H (M)
Dr. ATLURI KUNDANA PRIYA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Lalitha Age : 26Y7M Father's Name : ..... Age : .....

Date of Birth : 13/11/1999. Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Kiyeeb sir 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 Lalitha

Gender : ☒ M ☐ F Blood Group : 11:43:20 AM

Date of Birth : 18/6/26 Time of Birth : .....

Place of Birth : V-RC4

Mother's Blood Group : B Neg O LVC.

Birth Weight (gms) : ~~2-530~~ 2-815kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+2 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28Y7M Ht : 160 Wt : 72Y BMI : ..... Married Life : 1 yr LMP : 17/9/25 EDD : 29/6/26

Conception : Spontaneous or with Rx. : Ogon Loncor

Booked at what GA. : 29+4wks to RC4 AN Steroids Drugs / Doses : .....

Last Scans Details : 2.16.26 - Growth scan, 36+1wk, SLIUP, Cephdc, EFW - 2565g, AC - 9?
AFI - 16.3cm, PL - Post high, Dopplers TT Immunization and Iron / Folic Acid : YES

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 : NO

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : NO

IUGR - when detected : NO

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

AFI : 16.3cm.

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

Controlled or not, recent values, HbA1 values : (GDM @ 29+4wk
Tab Metformin - 250mg.

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? Asthma @ 2~~4~~+3wks on. Inhaler

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

Infection : H/O, Fever

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

UTI : when : NO Any culture : NO

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

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

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PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : Dr Bhavana Hospital : NRC4 ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication : Malcrmy

Specify the reason : reduced, NPD2

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☒ Normal ☐ Suspicious ☐ Pathological

MSL : NO

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 :

CIAD

baby delivered via LSCS in
view presentation
↓
HR > 100/min, CRAB
↓
oro nasal suction done
↓
Delayed cord clamping was done by
60 sec
↓
cord was clamped & cut under
aseptic condition CRA + IV
↓

GRBS
91 mg/dl

Investigation details in previous Hospital :

Inj' Vit-K given.
↓
Tachypnea - 62/min, Grunt -⊕
↓

Feeding History :

Kept on CPAP, ⊕ & and observe
for 6@ 30 min
↓
Grunt not settled
↓

Past History :

Shift to NICU
↳ ABG & CXRG done

Family History :

Socio Economic History :

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GENERAL EXAMINATION ON ADMISSION

Gt

VITALS : Temperature : 36.5°C HR : 136/m RR : 62/m NIBP : ..... CFT : <3sec

Color of the extremities : Acrocyanosis

Jaundice : No Pallor : - SpO2 : 96% on RA

Anthropometry : Birth Weight : 2.539kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : / Sutures / Shape / Moulding : / Edema / Bruising : / Size - (H.C.) : — WNL

Facies : (Any Facial Dysmorphism) - No facial dysmorphism

NECK and CLAVICLES : Range of Motion : / Asymmetry : / Masses : — WNL

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 : — WNL

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BREASTS : Shape of Thorax : Position of Nipples and Number : } (N)

ABDOMEN and UMBILICUS : Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : } (N)

GENITILIA : Labia / Hymen : Testicles/penis : Anus : } (N)

HERNIAL ORIFICES Free

TRUNK and SPINE : (N)

SKIN LESIONS : None

EXTREMETIES : Fingers / Toes : Deformities : Hip Joint Examination : } (N) Arms / Legs : Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 62/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@ LPOL Auscultation : BILATERAL Breath Sounds : NORMAL Added Sounds : Ground

Cardiovascular System :

HR : 150/min BP : .....

Femoral Pulses : } Felt

Other Peripheral Pulses : }

Precordial Activity : .....

Murmurs : } NO

Signs of Cardiac Failure : }

Abdomen :

Shape : (N)

Palpation : SOFT

Palpable masses : NOR

Abdominal girth : .....

Hernia orifice : Free

Anal Patency : (+)ve

Umbilical Cord : 2 A + W

First urine passed : } NO

Meconium passed : }

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Nervous System : Higher intellectual functions (Sensorium) : ....

State of wakefulness : .... C/T/A - AGA

Prechtle Score : ....

Nerves : ....

....

Motor System :

Passive Tone : .... (N)

Active Tone : ....

Neonatal Reflexes : ....

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

Moro's : B/L symmetrical .... DTR : .... (N)

ATNR : .... Skull and Spine : .... (N)

Any Congenital Anomalies : ....

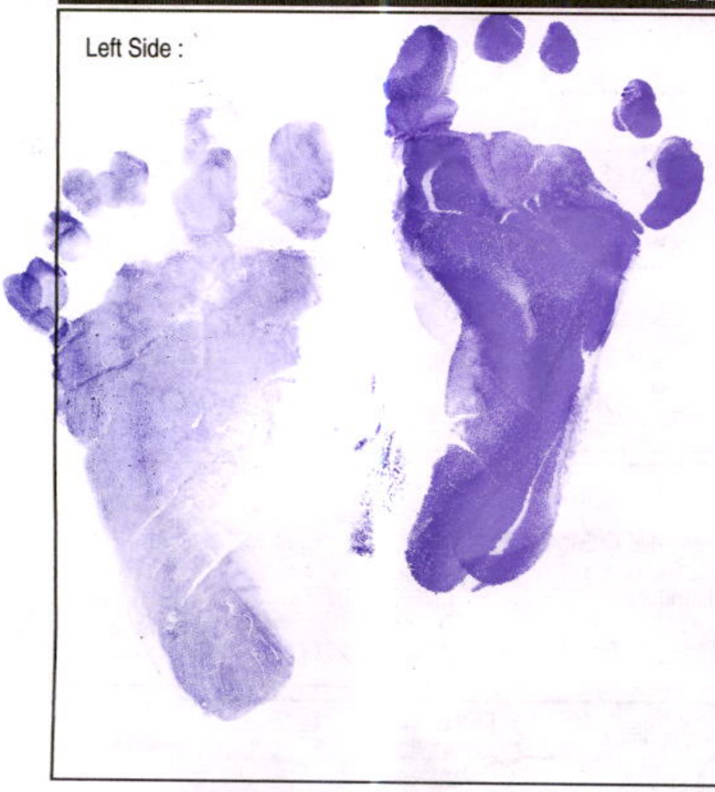
.... C/T/A - AGA

Diagnosis : ....

....

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : ....

Name : Dr. Harsh.

Date & Time : 18/6/26

Consultant :

Signature : ....

Name : Dr. KUNDANA

Date & Time : 18/6/26 6pm

Dr. Kundana Priya
Reg. No. APMC/FMR/57354

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DISCH

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:

.....

.....

.....

.....

.....

.....

.....

.....

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Feeding: ☐ Breastfeeding Exclusively ☐ 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: ~~RFR - 6th hrly~~
- CBP, BG, PCT, Retic, SBR
- Vaccination as per schedule
- SBR, OAE, NBS B/f discharge
- Vaccination as per schedule
- GRBS - 6th hrly (prefeed) till 48 hrs

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 6pm	C/S/by Dr. Kundana	
		Term/ 38+1?/ TTNB.
	Baby on DBC.	
	Mild tachypnea.	
	Maintain SpO₂ @ RA.	
Imp:		O/E:
RBS: (N)		Chest: mild SCR (+).
ABG: @ 1pm		RR: 40-60/min
7.24 / 45 / 30 PCO₂ PO₂.		S1 S2 (+)
Xray: mild		P/A soft.
(R) haziness (+)		Cord: intact.
		f/w in 2 hours.
		Contin RBS monitoring
If RD↑:		
Xray / repeat ABG		Dr. Kundana
		18/6/26.
=> continue monitoring		6pm.
		Dr. Kundana Priya Reg.No.APMC/FMR/97354
		Note by [illegible] 18/6/26 @ 6pm

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

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18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/06/26 11:40PM	=> Baby reviewed	
	=> No Tachypnea	
	=> Taking & tolerating feeds well	
	=> PV - good	
	=> CRT - <3sec	
	=> SPO_2 - 96% on RA	
	=> CPA / FV - good	
	=> RR - 50/min	
	=> colour - pink	AP
		- CST
	S/E	- B/F f/b BM x 2hrly &
	CVS - S_1S_2 (+)	on demand
	RS - B/L AE (+), chest clear	- If EBM is not sufficient
	P/A - soft	give formula feed
[signature]		- GRBS - 6th hrly (prefeed)
(Manoj)		
		Noted [signature] Roja 18/6/26 @11:45

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

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Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B NICU fellow.	
12:15PM	Baby received in NICU	
	RD (+)	
	Tachypnea (+)	
	SCR (+)	
	Adv -	
	observe for RD	
	If improved, shift to mother side	
		[signature]
20/6/26	Lactation note (Mrs. Ramyalakshmi)	
	• Baby is undergoing phototherapy	
	• Mother is DBF & expressing the	
	Milk and top feeding.	
	• To track the feeding	
	• f/u in OPP	
[signature]	6:40PM	

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Baby B/O MBSG LALITHA
16-05-2026 0 Y 0 M 3 D (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby B/O MBSG LALITHA
18-06-2026 0Y0M0D7H (M)
Dr. ATLURI KUNDANA PRIYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9AM	C/o LB Resident	TOB - 18/6/26 11:43AM
	FT/38+2 wk/LSCS/C/AB/Male/2.815kg	
	M.BG - B Negative B.BG - B Positive	Adv
	T.Wt - 2.73kg (↓85gm)	- DBF f/b burping routinely
	O/E CR/Agood CRT <3sec CVS-S1S2 ⊕ RS - BLAE ⊕ PA - soft Vity stable	- OAE Today - TCB b/f discharge - Cord care & warm care
	Vaccination done	
	Dr. KUNDANA 19/6/26 10AM	Ashwin
		Note by RMO @ 19/6/26 9AM

Dr. Kundana Priya
Reg.No.APMC/FMR/97354

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	Lactation notes (Mrs. Ramyaeswari)	
	• 1st time Mother	
	• Normal breast condition	
	• Drops of milk seen	
	• Advised to feed every 2hrs	
	• More skin to skin	
	• To track the feeding in the sheet given	
	• f/u -	
11:18am		
19/6/26 16:00	C/S/B Resident	
	C/7/1	Pla
	CVS / B / PA — NAD	- DBF/lb burping early
	Very stable	- TCB 7/M
	OR7 C3rd	
Dr. Kundana 19/6/26 5pm		Athira

Dr. Kundana Priya
Reg.No.APMC/FMR/97354

Noted by Padma 19/6/26

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

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Baby B/O MSSG LALITHA
18-06-2026 0Y0M1D (M)
Dr. ATLURI KUNDANA PRIYA

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6		
3am	called for ? fast Breathing / Noisy Breathing	
	O/E	
	- Baby euthimic	
	- CRT <3sec	
	- Nose Blocked	
	- CVS S1S2 ⊕	
	WOB (N)	
	Plan	
	- Nasoclear Drops + ↑ to (90)	
	- continous monitoring	
	Dr Shriker	Noted by Sony 20/6/26 @ 8 AM

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 9:30Am	C/s/B Dr Kundana	
	FT/38+2wks/LSCS/CIAB/male/(2-8/5?)	
	M.BG - B Negative	
	B.BG - B Positive	
	T.Wt - 2.65kg (↓80gm)	
		Adv
	DSPT NOW	- DBF 1/6 hourly
	SBR 7AM T/W	
	NBS (Adv).	- DSPT
Dr. KUNDANA 20/6/26 9AM	C/T A/Good	- SBR T/M at 7am
	CVS S1S2 (N)	NBS (Adv)
	B B/L AE (N)	
	PA - soft	
	Vy Stable	
	Icterus (P)	
	TCB - 12.1	
		D. Shravan

Dr. Kundana ... Reg.No.APMC/FMR/97354

Note by RGT 9(?) 20/6/26 @ 9:30am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 14:30	Cl/B Review	
	Clt/A good CR<3sec CVS-S1S2 ✓ RS-B/L AE ✓ PA - Sf ~	Adv - DBF /PB burp 2 hrly - DSPT contin - SBR at 7am T/m NBS Adv.
	Noted by Dr Lavanya 20/6/26 @ 5pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
21/6/26	FT / LSCS / CSAB / Male / 2 days	
	Baby warm	
	C/R / A good	
	CRT < 3sec	
	CVS - S1S2 (+)	
	R/S - BAE (+)	
	P/A soft	
	SBR - 5.6	Plan
f/w 3 days.		1) D/S Today
	Trace NBS	2) Review - wednesday
Dr. Kundana 21/6/26 9AM		
	Dr. Vishnu	
Dr. Kundana ... Reg.No.APMC/FMR/97354		
	Note by Roja Dr. 21/6/26 09:00	

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term / 38+7 days / LTNB

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	18/6/26 E	18/6/26 N	19/6/26 M	19/6/26 E	19/6/26 N	20/6/26 M
Medical Condition (Any special condition to be noted):		Nil	Nill	Nill	Nill	Nil
Diet:	DBF	DBF	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	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	97°F	98.6F	98.6 F	98.0F	98.1°F	98.6°F
Res:	46b/m	48b/m	39b/m	38b/m	40b/m	40 b/m
SpO_2:	98%	98b/m	99 %	99 %	99%	99%.
Pulse:	140bpm	150b/m	149b/m	150b/m	148b/m	145 b/m
BP:	—	—	—	—	—	—
LOC:	Conscious	Conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	16'	15	15	15	'15'	'15'
Pain Score:	'0'	0	0	0	0	'0'
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	Nil	Nill	Nill	Nill	Nil
Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
Critical Lab Test / Values:		Nil	Nill	Nill	Nill	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	Dependent

Post Operative Procedure Special Orders:	DBF Breastfeeding support with care	GRBS 6th hrly.	GRBS 6th hourly	GRBS 6th hourly	GRBS 6th hourly	GRBS 6th hourly
Handed Over By Name :	K Sahithi	Nagma	Padma	Padma	Sony	Akanksha
Signature / ID :	020727	020114	606329	606329	905143	606609
Date:	18/6/26	19/6/26	19/6/26	19/6/26	20/6/26	20/6/26
Time:	7pm	8Am	@2pm	@8pm	8Am	@2pm
Taken Over By Name :	Nagma	Padma.	Padma	Sony	Akanksha	Akanksha
Signature / ID :	020114	606329	606329	905143	606609	606609
Date:	18/6/26	19/6/26	19/6/26	19/6/26	20/6/26	20/6/26
Time:	8pm	@8Am	@2pm	@8pm	@8am	@2pm

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Term / 38+2 W / LSCS / TTNB	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —
	Surgery / Procedure:	Post OP Day: —

	Date / Shift	20/6/26 E	20/6/26 N	21/6/26 M			
BACKGROUND	Medical Condition (Any special condition to be noted):	Nil	Nil	Nil			
	Diet:	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			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.0f	98.1°f	98.7F			
	Res:	19 b/m	19 b/m	33 b/m			
	SpO_2:	99%	99%	98%			
	Pulse:	145 b/m	140 b/m	137 b/m			
	BP:	—	—	—			
	LOC:	Conscious	Conscious	Conscious			
	Fall Risk Score:	'15'	'15'	15			
	Pain Score:	'0'	0	0			
	Skin Integrity	Intact	Intact	Intact			
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	Nil	Nil	Nil			
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	DBF			
	Critical Lab Test / Values:	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			
Post Operative Procedure Special Orders:		GRBS 6th hourly	—		Discharge needs send Bill for billing process		
Handed Over By Name :		Akanksha	Sony	Roja			
Signature / ID :		606607	9050443	Ch...			
Date:		20/6/26	20/6/26	21/6/26			
Time:		@8pm	@8am	@10am			
Taken Over By Name :		Sony	Roja		Note by		
Signature / ID :		9050443	Ch...		Roja Ch...		
Date:		20/6/26	21/6/26		21/6/26		
Time:		@8pm	@8pm		@10am		

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0Y0M0D7H (M)
Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD

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

Date: ....18/6/26.....

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	2pm	DBF given	2pm	DBF 2nd hourly provided breast milk	DBF 2nd hourly	Baby is good	& 18/6/26 2pm
	6 pm	ensure safety	6 pm	Provid cribe care	prevent fall	Baby good	
Night	9pm	Ensure safety	9pm	Baby kept in crib	Prevent from fall.	Baby is active and Stable.	18/6/26 Nag @ 8Am
	11pm	DBF	11pm	DBF every second hourly given & burping	maintain fluid balance.		

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

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

NURSING CARE RECORD

Date: 19/6/26

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	10am	* maintain personal hygiene.	1pm	* maintained the personal hygiene.	* prevent to the infection.	* Re-Assessment Done. - every ~~and~~ hourly feeding.	Dadmg 19/6/26 @2pm
Afternoon	4pm	* maintain fluid Balance.	7pm	* maintained the fluid Balanced. Nutritional Status.	* Prevent to the dehydration	* Re-Assessment Done - every and hourly Vitals.	Dadmg 19/6/26 @8pm
Night	9pm 11pm	* Ensure Safety * Maintain fluid balance.	9:15 pm 12am	* Provided cribe care & warm care * DBF every and hourly.	* TO prevent falls from Risk * prevent dehydration.	* Re-Assessment was done every and hourly vitals	Sony 20/6/26 @8am

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD

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

Date: 20/6/26

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	9 AM	* Ensure Safety		* provide side rails	* prevent fall risks	* Re-Assessment done baby is safe.	Akash. 20/6/26 @2pm
Afternoon	3pm 5pm	* Maintain fluid Balance * Ensure Safety	3:15 pm 5:30 pm	~~DBF~~ Feeding & Burping given every 2nd hourly Baby is on crib	To prevent dehydration Baby is safe	Reassessment done. baby is safe	Akash 20/6/26 @8pm
Night	9pm	* Maintain fluid balance.	9pm	* Every 2nd feeding & Burping is given	* Prevent dehydration	* Baby is safe & comfortable	Sony 21/6/26 @8am

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 3 D (M)
Dr. ATLURI KUNDANA PRIYA

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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Date: 21/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify: Assess the baby condition
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☑ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ 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	10 AM	• ensure safety	11 AM	Discharge Note Dr- came for rounds & baby stable Dr- advice to send Fill billing progress			Raja [illegible] 21/6/26 @10AM
Afternoon							
Night							

Docu. No: RCH /FRM / CLINICAL / 148

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O MBSG LALITHA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP-00060396**	**Sex:**	**Male**
Consultant:	**Dr. ATLURI KUNDANA PRIYA**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-229-1**

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: Dr. P. Harsha.
Relationship: Husband
Date: 18/6/26 Time: 1:46 pm.
Witness Name:
Witness Signature:

Patient Address:
plot no 127-2-4-974, samata puri colony road no 4, New Nagole Hyderabad Telangana INDIA 500035

Rainbow Children's Hospital
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CONSENT FOR FORMULA FEEDS

Patient Name : B/O Lalitha Age : DOL-1

Gender : M☑ F☐ - IP No : Reg. No. :

Department : N.I.C.U. Date :

I Mr / Mrs. : S / W / D / o. :

aged ..... years. Hereby declare that I have admitted my son / daughter .....

In the NICU of Rainbow Children's Hospital, Hyderabad on ..... Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : .....

Name : P. V. V. Sesha Kumari

Relationship with Patient: Grand Father

Date & Time : 18/6/26 13:15 hrs

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Harish.

Date & Time : 18/6/26

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డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

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

రిజిస్ట్రేషన్ నం : ..... ఐ.పి. నం : .....

నేను శ్రీ/శ్రీమతి : ..... S/W/D/O: .....

వయస్సు : ..... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : _____

పేరు : _____

తేది మరియు సంతకము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

Patient Sticker

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

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Your Right to a Safe Delivery

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

'AT / ONCE ONLY DRUGS

Name: ..

Weight: 2.815 kgs

Sheet No: (1)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
18/6	11:47AM	INJ Vitamin-K	1MG	I.M			

Dr Yaseen

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

RM / CLINICAL / 124

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/26 Time: 1 3 5 7 9 11 1 3 5 7

Doctor/Nurse/Family Concern? Pm Pm Pm Dr Dr Dr Dr

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) 140 150 130 152 149 148 140 130 138 140 135 135 128 140 142

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

Resp Rate (Number) 40 50 52 54 55 54 54 42 55 56 50 45 50 60 45

Resp Distress	Mod/ Severe / None / Mild	
Receiving O_2 (l/min) O_2 Saturations (%)		99 99 99 99 97 96 96 97 98 99 99 97 98 99 99 98
Conscious Level	Normal / Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		0 0 0 0 0 0 0 0 0 0
Pain Score		0 0 0 0 0 0 0 0 0 0
Observer's Initials		

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

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

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-05-2026 0 Y 0 M 0 D 12 H (M)
Dr. ATLURI KUNDANA PRIYA

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. ATLURI KUNDANA PRIYA

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

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 18/6/26 Time: 8 9 10 2 6 10 2 7

Doctor/Nurse/Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 144 149 150 149 150 149 135 145

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

Resp Rate (Number) 38 39 40 38 36 30 40 41

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	99 98 99 99 99 99 99 99
Conscious Level	Normal / Altered
GCS *	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	P P P P P

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.
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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-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. ATLURI KUNDANA PRIYA

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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!
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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-00206032 IP-00060396
Baby B/O MBSG LALITHA
16-06-2026 0 Y 0 M 1 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
It takes a lot to treat the little.

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ...20/6/26... Time: 8 10 12 2 4 6 8 10 12 4 7

Doctor/Nurse/Family Concern? AM AM PM PM PM PM PM PM AM AM AM

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

98.6°F 99.0°F 98.4°F 99.0°F 98.4°F 98.6°F 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

Note: BP does not score in early warning scoring

Heart Rate (Number) 145 149 165 [illegible] 141 [illegible] 149 142 139

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

Resp Rate (Number) 40 42 45 46 45 44 40 38 35

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

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.

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 1 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)

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-08-2026 0 Y 0 M 3 D (M)
Dr. ATLURI KUNDANA PRIYA

oc. 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: 21/8/26 Time: 10 1

Doctor/Nurse/Family Concern? AM PM

Temperature (°F) 104 103 102 101 100 99 98 97 96 95 94 — 98.6 99.5

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) 137 150

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

Resp Rate (Number) 37 40

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

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.
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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-00206032 IP-00060396
Baby B/O MBSG LALITHA
16-05-2026 0 Y 0 M 3 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.
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Date	Time	Early Warning Score	Date	Time	Name

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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.

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

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 12 H (M)
Dr. ATLURI KUNDANA PRIYA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : .....

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

		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 :**						
18/6/26	02:00 pm	DBF									0	18/6/26.
	03:00 pm										0	
	04:00 pm	DBF									0	
	05:00 pm									✓	0	
	06:00 pm	DBF					✓				0	
	07:00 pm										0	
Total Intake :						**Total Output :**						
18/6/26	08:00 pm											19/6/26 avg CRT
	09:00 pm		DBF				✓			✓	1	
	10:00 pm										0	
	11:00 pm		DBF								1	
	12:00 am									✓		
	01:00 am		DBF				✓					
Total Intake :						**Total Output :**						
19/6/26	02:00 am		DBF									19/6/26 avg CRT SA
	03:00 am		DBF							✓	1	
	04:00 am										0	
	05:00 am		DBF								1	
	06:00 am											
	07:00 am		DBF							✓		
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

20/6/26

4pm.

Right leg - 64/34 (45) 100%. 174b/m

Left leg - 70/34 (41) 95%. 173b/m

Right hand :- 83/49 [83) 98%. 199b/m

Reft Hand : 54/45 (49) 98%. 170b/m

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-05-2026 0 Y 0 M 0 D 12 H (M)
Dr. ATLURI KUNDANA PRIYA

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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							
19/6	08:00 am											
	09:00 am		DBF							✓		
	10:00 am						✓					
	11:00 am		DBF								0	
	12:00 pm									✓		Padma 19/6/26 @2pm
	01:00 pm		DBF									
Total Intake :						**Total Output :**						
19/6	02:00 pm											
	03:00 pm		DBF							✓	0	
	04:00 pm						✓					
	05:00 pm		DBF									
	06:00 pm									✓		Padma 19/6/26 @8pm
	07:00 pm		DBF				✓					
Total Intake :						**Total Output :**						
19/6/26	08:00 pm											
	09:00 pm		DBF									
	10:00 pm									✓		
	11:00 pm		DBF				✓				0	
	12:00 am										1	Jony 20/6/26 @8am
	01:00 am		DBF									
Total Intake :						**Total Output :**						
20/6/26	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	

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
16-06-2026 0 Y 0 M 1 D (M)
Dr. ATLURI KUNDANA PRIYA

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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : .....

20/6/26

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.

		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							
20/6/26	08:00 am											
	09:00 am	DBF	DBF							✓		
	10:00 am											
	11:00 am		DBF									
	12:00 pm						✓			✓		
	01:00 pm		DBF									
Total Intake :						Total Output :						
20/6/26	02:00 pm										1	
	03:00 pm		DBF				✓			✓		
	04:00 pm										0	
	05:00 pm		DBF									
	06:00 pm									✓		
	07:00 pm										1	
Total Intake :						Total Output :						
20/6	08:00 pm		DBF								1	
	09:00 pm											
	10:00 pm		DBF							✓		
	11:00 pm						✓				0	
	12:00 am		DBF									
	01:00 am									✓	1	
Total Intake :						Total Output :						
21/6	02:00 am										?	
	03:00 am		DBF									
	04:00 am						✓				0	
	05:00 am		DBF									
	06:00 am									✓	1	
	07:00 am		DBF									
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
16-06-2026 0 Y 0 M 3 D (M)
Dr. ATLURI KUNDANA PRIYA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : .....

21/6/26

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.

		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							
21/6/26	08:00 am											
	09:00 am		DBF							—		
	10:00 am											
	11:00 am		DBF									
	12:00 pm									✓		
	01:00 pm		DBF									
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**	

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0Y0M0D7H (M)
Dr. ATLURI KUNDANA PRIYA

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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.,) : .....

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. ATLURI KUNDANA PRIYA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 18/6/26	DATE 18/6	DATE	DATE	DATE 19/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	–				
	7 to less than 13 years old	2	–				
	13 years old and above	1	–				
Gender	Male	2	2	2	2	2	2
	Female	1	–				
Diagnosis	Neurological Diagnosis	4	–				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	–				
	Psych / Behavioral Disorders	2	–				
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	–				
	Forget Limitations	2	–				
	Oriented to own ability	1	–				
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2	–				
	Outpatient Area	1	–				
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	–				
	Within 48 hours	2	–				
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	–				
	Hypnotics	3	–				
	Barbiturates	3	–				
	Phenothiazines	3	–				
	Antidepressants	3	–				
	Laxatives / Diuretics	3	–				
	Narcotics	3	–				
	One of the Meds listed above	2	–				
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		crib	crib			crib
	Call device within reach		–	✓			
	Wheels Locked		✓	✓			
	Room free of clutter		✓	✓			
	Adequate lighting		✓	✓			
	Wheel chair support		–	–			
	Other Intervention(s) Specify		–	–			
	Nurse's Name:		Meghna	Nagpure			
	Signature:		Me				
	Date:		18/6	19/6	19/6	19/6	19/6
	Time:		2pm	11½	7AM	3pm	11pm

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0Y0M1D (M)
Dr. ATLURI KUNDANA PRIYA

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 20/6	DATE 20/6	DATE 21/6	DATE	DATE
Age	Less than 3 years old	4	4	4	4		
	3 to less than 7 years old	3	—	—	—		
	7 to less than 13 years old	2	—	—	—		
	13 years old and above	1	—	—	—		
Gender	Male	2	2	2	2		
	Female	1	—	—	—		
Diagnosis	Neurological Diagnosis	4	—	—	—		
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	—	—	—		
	Psych / Behavioral Disorders	2	—	—	—		
	Other Diagnosis	1	—	—	—		
Cognitive Impairments	Not aware of Limitations	3	—	—	—		
	Forget Limitations	2	—	—	—		
	Oriented to own ability	1	—	—	—		
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3		
	Patient Placed in Bed	2	—	—	—		
	Outpatient Area	1	—	—	—		
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	—	—	—		
	Within 48 hours	2	—	—	—		
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	—	—	—		
	Hypnotics	3	—	—	—		
	Barbiturates	3	—	—	—		
	Phenothiazines	3	—	—	—		
	Antidepressants	3	—	—	—		
	Laxatives / Diuretics	3	—	—	—		
	Narcotics	3	—	—	—		
	One of the Meds listed above	2	—	—	—		
	Other Medications / None	1	—	—	—		
	Total		16	16	16	20	

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position						
	Call device within reach						
	Wheels Locked						
	Room free of clutter						
	Adequate lighting						
	Wheel chair [illegible]						
	Other Intervention(s) Specify						
	Nurse's Name:						
	Signature:						
	Date:	20/6	20/6	20/6	21/6		
	Time:						

Rainbow Children's Hospital

It takes a lot to beat the title

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Patient Name : VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 7 H (M)
Age..... Gen Dr. ATLURI KUNDANA PRIYA

No.: F/HW/BRD-Q/NSG/04

18/6/26
8PM

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	**1. Significant Problem:** Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	**2. Problem :** Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	**3. Potential Problem :** During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	**4. No Apparent Problem :** Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
Nutrition Usual food intake pattern	**1. Very poor:** NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	**2. Inadequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	**3. Adequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	**4. Excellent :** Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/ kg/day<2kg weight or 20gm/day/ ≥2kg	3
Tissue Perfusion and Oxygenation	**1. Extremely Compromised:** Hypotensive (MAP<50mmHg; <40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	**2. Compromised:** Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be<95%; Hemoglobin may be<10 mg/dl; Capillary refill may be> 2 seconds; serum pH is <7.40, unstable body temperature, oxygen	**3. Adequate :** Normotensive by self or compensated; Oxygen saturation may be<95 % Hemoglobin may be <10 mg/dl; Capillary refill may be>2 seconds; serum pH is normal, stable body temperature, oxygen	**4. Excellent:** Normotensive by self, Oxygen saturation>95%; Normal Hgb; Capillary refill<2 seconds, no oxygen, stable body temperature.	4
				Total: If <20 at Risk for Skin Breakdown	25

Adapted with permission from " The Neonatal Skin Risk Assessment Scale for Predicting Skin Breakdown in Neonates" Huffines, B & Logsdon, M.C., 1997 and " Predicting Pressure Ulcer Risk in Pediatric Patients - The Braden Q Scale" Curley MAQ, Razmus IS, Roberts KE, & Wypij D., 2003

Rainbow Children's Hospital

It takes a lot to treat the little

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Ref. No.: F/HW/BRD-Q/NSG/04

Patient Name : VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 0 D 12 H (M)
Age..... Dr. ATLURI KUNDANA PRIYA

19/6 7 A

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	**1. Significant Problem:** Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	**2. Problem :** Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	**3. Potential Problem :** During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	**4. No Apparent Problem :** Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
Nutrition Usual food intake pattern	**1. Very poor:** NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	**2. Inadequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	**3. Adequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	**4. Excellent :** Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/ kg/day<2kg weight or 20gm/day/ ≥2kg	3
Tissue Perfusion and Oxygenation	**1. Extremely Compromised:** Hypotensive (MAP<50mmHg; <40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	**2. Compromised:** Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be<95%; Hemoglobin may be<10 mg/dl; Capillary refill may be> 2 seconds; serum pH is <7.40, unstable body temperature, oxygen	**3. Adequate :** Normotensive by self or compensated; Oxygen saturation may be<95 % Hemoglobin may be <10 mg/dl; Capillary refill may be>2 seconds; serum pH is normal, stable body temperature, oxygen	**4. Excellent:** Normotensive by self, Oxygen saturation>95%; Normal Hgb; Capillary refill<2 seconds, no oxygen, stable body temperature.	4
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Rainbow Children's Hospital

It takes a lot to beat the little

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... G

Ref. No.: F/HW/BRD-Q/NSG/04

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
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Rainbow Children's Hospital

It takes a lot to treat the kids

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Ref. No.: F/HW/BRD-Q/NSG/04

VIH-00206032 IP-00060396
Baby B/O MSSG LALITHA
18-06-2026 0Y0M1D (M)
Dr. ATLURI KUNDANA PRIYA

Patient Name : .....

Age..... Ge.....

19/6 11pm

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
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Nutrition Usual food intake pattern	**1. Very poor:** NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	**2. Inadequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	**3. Adequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	**4. Excellent :** Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/ kg/day<2kg weight or 20gm/day/ ≥2kg	3
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				Total: If <20 at Risk for Skin Breakdown	24

Adapted with permission from " The Neonatal Skin Risk Assessment Scale for Predicting Skin Breakdown in Neonates" Huffines, B & Logsdon, M.C., 1997 and " Predicting Pressure Ulcer Risk in Pediatric Patients - The Braden Q Scale" Curley MAQ, Razmus IS, Roberts KE, & Wypij D., 2003

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

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Ref. No.: F/HW/BRD-Q/NSG/04

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-06-2026 0 Y 0 M 1 D
Dr. ATLURI KUNDANA PRIYA (M)

Patient Name .....

Age..... IP No. : .....

20/6 @ 7AM

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
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Rainbow Children's Hospital
It takes a lot to beat the birth

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... Gender : ☐

VIH-00206032 IP-00060396
Baby B/O MBSG LALITHA
18-08-2026 0 Y 0 M 2 D (M)
Dr. ATLURI KUNDANA PRIYA

W/BRD-Q/NSG/04

.....

.....

20/6/26
8pm

					Score
Intensity and Duration of Pressure					
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
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Tissue Perfusion and Oxygenation	**1. Extremely Compromised:** Hypotensive (MAP<50mmHg; <40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	**2. Compromised:** Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be<95%; Hemoglobin may be<10 mg/dl; Capillary refill may be> 2 seconds; serum pH is <7.40, unstable body temperature, oxygen	**3. Adequate :** Normotensive by self or compensated; Oxygen saturation may be<95 % Hemoglobin may be <10 mg/dl; Capillary refill may be>2 seconds; serum pH is normal, stable body temperature, oxygen	**4. Excellent:** Normotensive by self, Oxygen saturation>95%; Normal Hgb; Capillary refill<2 seconds, no oxygen, stable body temperature.	4
				Total: If <20 at Risk for Skin Breakdown	23

Adapted with permission from " The Neonatal Skin Risk Assessment Scale for Predicting Skin Breakdown in Neonates" Huffines, B & Logsdon, M.C., 1997 and " Predicting Pressure Ulcer Risk in Pediatric Patients - The Braden Q Scale" Curley MAQ, Razmus IS, Roberts KE, & Wypij D., 2003

Rainbow Children's Hospital
It takes a lot to beat the birth

BirthRight by Rainbow

Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

2016 @ 1180

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
Activity: The degree of physical activity	**1. Bedfast :** Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	**2.Very Limited:** Tolerates position changes, may be lifted to reposition but is not out of bed	**3.Slightly Limited:** Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	**4.No Limitations:** Can be repositioned or held freely,OOB to mat, chair, swing, scheduled play times	3
Sensory perception: The ability to respond in a developmentally appropriate way to pressure-related discomfort	**1.Completely Limited:** Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	**2.Very Limited:** Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	**3.Slightly Limited:** Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	**4.No Impairment:** Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
Tolerance of the Skin and Supporting Structure					
Moisture Degree to which skin is exposed to moisture	**1. Constantly Moist:** Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc.Dampness is detected every time patient is moved or turned.	**2. Very Limited :** Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output(diarrhea or urine).	**3. Occasionally Moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely Moist :** Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
Friction - Shear Friction: occurs when skin moves against support surfaces Sliear occurs when skin and adjacent bony surface slide across one another	**1. Significant Problem:** Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	**2. Problem :** Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	**3. Potential Problem :** During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	**4. No Apparent Problem :** Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	4
Nutrition Usual food intake pattern	**1. Very poor:** NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	**2. Inadequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	**3. Adequate :** Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	**4. Excellent :** Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/ kg/day<2kg weight or 20gm/day/ ≥2kg	3
Tissue Perfusion and Oxygenation	**1. Extremely Compromised:** Hypotensive (MAP<50mmHg; <40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	**2. Compromised:** Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be<95%; Hemoglobin may be<10 mg/dl; Capillary refill may be> 2 seconds; serum pH is <7.40, unstable body temperature, oxygen	**3. Adequate :** Normotensive by self or compensated; Oxygen saturation may be<95 % Hemoglobin may be <10 mg/dl; Capillary refill may be>2 seconds; serum pH is normal, stable body temperature, oxygen	**4. Excellent:** Normotensive by self, Oxygen saturation>95%; Normal Hgb; Capillary refill<2 seconds, no oxygen, stable body temperature.	4
				Total: If <20 at Risk for Skin Breakdown	24

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Ref. No.: F/HW/BRD-Q/NSG/04

Neonatal / Infant Braden Q Scale

Patient Name : .....

Age..... Gender : ☐ M ☐ F IP No. : .....

21/6 @ 7am

Intensity and Duration of Pressure					Score
General Physical Condition	**1. Gestational Age ≤ 28 weeks**	**1. Gestational Age > 28 weeks and ≤ 33 weeks**	**1. Gestational Age > 33 weeks and ≤ 38 weeks**	**1. Gestational Age > 38 weeks**	1
Mobility : The ability to change and control body position	**1.Completely immobile:** Does not make even slight changes in body or extremity position due to sedation or paralytic medication	**2.Very Limited:** Makes occasional slight changes in body or extremity position.	**3.Slightly Limited:** Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	**4.No Limitations:** Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
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				Total: If <20 at Risk for Skin Breakdown	24

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Rainbow® Children's Hospital

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Date & Time: 18/6/26, 1:46 pm.

ATTENDANT INFORMATION SHEET

I, Mr/Mrs Harsha. s/o _____ hereby state that my child/Wife B/O. Lalitha UHID No: 206032 has been admitted in MICU Crdl. . I understand that hospital is taking utmost precautions by standards set by Ministry of health, India.

The Treating Team has requested us to follow the following instructions.

We are requested to follow below instructions strictly.

1. **Always wear MASK**
2. **Follow strict hand hygiene with Alcohol hand rub frequently**
3. **Avoid any movement in the hospital (Once admitted will move out only after discharge).**
4. **Only one attendant is allowed per patient and no visitors are allowed in the hospital.**

Name & signature of Legal Guardian and relationship with patient:

Dr. P. Harsha. HUSBAND.

Name and signature of Executive taking the consent

Shirisha.

Name and signature of Witness: