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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

ACTIVITY RECORD FOR BILLING

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

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

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Mohd. Abdul Khalid	8/6/26	3088017	
2.	Dr. Murtaza Kamal	8/6/26	3088022	
3.	Dr. murtaza Kamal	11/06/26	3089075	
4.	Dr. Nageswara Rao Konati	12/6/26	3089486	
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
8/6/26	CBP CRP S.E urea		
"	creatine Ca+ Lft		UMA
"	Reticount		UMA
"	Blood culture	26019620	UMA
"	ABG (1) RBS		UMA
"	X-ray (1)	26019625	UMA
"	RBS	009127	UMA
8/6/26	phosphorus	26019636	UMA
	PT/APTT	26019631	Suny
	DCT	26019638	Suny
	ABG (2)	26019643	Suny
	Hemoglobin	26019644	Suny
	NSG, USG	26019647	Suny
	ABG (3)	26009161	Suny
	RBS	26019680	Suny
8/6	2D Echo	26019682	Suny
8/6	ABG (4), RBS	26009162	Suny
8/6	RBS	26019736	
8/6	RBS	26019738	
9/6	CBP, CRP, S.E, urea, creatinine, calcium, SBR	26019752	
	ABG (5), RBS	26019768	
	X Ray (2)	26019769	
		26009208	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
					uma
8/6/26	monitor			3082904	uma
"	Infusion pump				uma
"	syringe pump	3am	12/6/26 @ 10pm		
	Ventillator	3am		3087926	[illegible]
	Oxygen		4:30pm 8/6/26	3088018	[illegible]
8/6/26	Syringe Pump (Blood)	12.30pm	9/6/26 @ 11pm	3088149	C8 M
	Syringe pump (hep-NS)	7pm			
	Cross checked done by sis uma 4/6/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
7/6/26	I.V placement	1	3087905	Cme
8/6/26	Blood transfusion	1	3088019	Cmy
8/6/26	Arterial line	1	3088150	R
11/6/26	IV placement	1	3089167	B
12/6/26	IV placement	1	3089816	S

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Ref. No. : F / HW / INVS / INPR / 02

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DAILY INVESTIGATION SHEET

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)

Patient Name : Dr. SURENDER RAO DUSA

Age : .....

O. : .....

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature
9/6	RBS	NICU			26019803
09/6	ABG (6)	NICU			26019806
9/6	RBS	NICU			26019832
9/6	ABG (7), RBS	NICU			26019839
10/6	ABG (8), RBS	NICU			26019859
10/6	X-ray (3)	NICU			26009252
10/6	ABG (9)	NICU			26019879
10/6	RBS	NICU			26019901
10/6	RBS, ABG	NICU			26019938
11/6/26	CBP, CRP, S|E, Cal, Urea, Creat, LFT	NICU			26019953
11/6/26	CXR (4)	NICU			26009333
	ABG (10), RBS	NICU			26019952
11/6	2D Echo	NICU			~~30890~~ 26009352
11/6	VBG (11)	NICU			26026010
11/6	X-ray (5)	NICU			26-009389
11/6	ET Culture	NICU			26019937
11/6	ABG (12) RBS	NICU			26020071
	Cross checked done by SS UMA 11/6/26				
12/6	ABG (13), RBS	NICU			26020090
	CXR				26009403
12/6	2D Echo	NICU			26009409

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(2)

DAILY INVESTIGATION SHEET

Patient Name : .....
VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 9 D (M)
Dr. SURENDER RAO DUSA

Age : .....

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature
12/6	ABG (14), RBS	NICU	[signature]	26020173	
13/6	ABG, RBS	NICU	[signature]	26020245	
	CXR	NICU	[signature]	26009470	

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(1)

VIH-00205713 IP-00060263 2
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

Patient Name : _____

RBS

Registration No.: _____

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents SIgnature
8/6	00.00	3am RBS 192 mg/dl	Uma	26019625
8/6	1.00	8am RBS 97 mg/dl	Uma	26019636
8/6	2.00	2pm RBS 122 mg/dl	Suny	26019682
8/6	3.00	6pm RBS- 55 mg/dl	[illegible]	26019736
	4.00	7pm RBS - 60 mg/dl	[illegible]	26019731
	5.00	8pm RBS- 137 mg/dl	[illegible]	26019743
8/6	6.00	10pm RBS- mg/dl	[illegible]	26019752
9/6	7.00	4Am RBS-113 mg/dl	[illegible]	26019769
9/6	8.00	10am -RBS - 92 mg/dl	[illegible]	26019803
9/6	9.00	4pm - RBS - 116 mg/dl	[illegible]	26019832
	10.00	10pm RBS 78 mg/dl	Suny	26019839
10/6	11.00	4pm - RBS - 104 mg/dl	[illegible]	26019905
10/6	12.00	10pm RBS - 98 mg/dl	[illegible]	26020072
	13.00	Cross checked done by SIS Uma 12/6/26		
12/6	14.00	6am RBS - 70 mg/dl	[illegible]	26020120
	15.00	2pm RBS - 78 mg/dl	Uma	26020173
13/6	16.00	6Am RBS - 152 mg/dl	[illegible]	26020245
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Rainbow Children's Hospital

BirthRight Rainbow

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060263 **Admit Date** : 08-Jun-2026 **Admit Time** : 02:52 AM **UHID** : VIH-00205713

Patient Details :

Patient Name	: Baby Of AMULYA	**Age**	: 0 Y 1 M 4 D
Guardian	: Mr T.VIJAY KUMAR	**DOB**	: 04-05-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO 1-183/1 INDARAM DORGARIPALLY Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 8106143257/ 9492742319
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 247 **Ward Name** : N 2F-NICU I

Room No : NICU 247 **Admission Type** : First Visit

Contact Details :

Name	: Mr T.VIJAY KUMAR	**Relationship**	: Father
Contact Address	: H NO 1-183/1 INDARAM DORGARIPALLY Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 8106143257

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Dr G Srinivas	**Phone No**	: 9440469925
Co-Consultant	:		

Payment Details :

Payment Mode	: DC/CC Card	**Deposit Amount**	: 40000.00
		Payor Name	: SELFPAY

Rainbow Children's Hospital - Secunderabad

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060263 **Admit Date** : 08-Jun-2026 **Admit Time** : 02:52 AM **UHID** : VIH-00205713

Patient Details :

Patient Name	: Baby Of AMULYA	**Age**	: 0 Y 1 M 4 D
Guardian	: Mr T.VIJAY KUMAR	**DOB**	: 04-05-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H NO 1-183/1 INDARAM DORGARIPALLY Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 8106143257/ 9492742319
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 247 **Ward Name** : N 2F-NICU I

Room No : NICU 247 **Admission Type** : First Visit

Contact Details :

Name	: Mr T.VIJAY KUMAR	**Relationship**	: Father
Contact Address	: H NO 1-183/1 INDARAM DORGARIPALLY Jaipur Adilabad Adilabad Telangana INDIA 504216	**Phone No**	: 8106143257

Signature

Doctor Details :

Doctor Name	: Dr. SURENDER RAO DUSA	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: SELFPAY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Anulya Age : 30yrs Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... I.P. No.: .....

NICU Consultant : Dr. Surender Referring Consultant : Dr. Srinivas.

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

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

BIRTH INFORMATION

Name : B/o Anulya.

Gender : ☑ M ☐ F Blood Group : O positive

Date of Birth : 4/5/26 Time of Birth : 1:05 AM.

Place of Birth : Suma Maternity Hospital, Bheemaram

Mother's Blood Group : O Negative

Birth Weight (gms) : 650 grams Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 25 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 7yrs LMP : ..... EDD : 17/8/26

Conception : Spontaneous or with Rx. : O1 conception

Booked at what GA. : ..... AN Steroids Drugs / Doses : Not known

Last Scans Details : DCDA Spontaneously reduced to singleton.

25/4/26 - SLUF AFI - 9-10 cm, Doppler (N).

TT Immunization and Iron / Folic Acid : Taken.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : (-)

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

IUGR - when detected : .....

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

AFI : Oligohydramnios

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

Controlled or not, recent values, HbA1 values : (-)

Compliance with Rx : .....

Scans : LGA TIFFA , Fetal Echo : (N)

H/o Hypothyriodism : when diagnosed ? Medication? (-)

Any other Chronic Medical Problems, when detected drugs ? RBS negative.

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

Infection : H/O, Fever

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

UTI : when : ..... Any culture : .....

PPROM : Duration : 15-20 days from 25/4/26 ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G_1 -	Spontaneous	Abortion				
G_2 -	P.P	twin	- 1	Babies	No heart beat at	8 wks.

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

Normal vaginal delivery

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

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

1 Minute	5 Minutes	10 Minutes
Not	known	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Extremely Preterm (ELT) / Baby Boy / 680 gm / ELBW / NVD

↓

said to be cried immediately after birth

↓

shifted to Mallikarjuna hosp. manchirial on low flow

↓

started on CPAP for RDS for 3 days, later to HFNC for 5 days & then to low flow O_2.

Initially started on cefotaxim & Amikacin - stopped after 5 days.

On 24 day of life baby has apneas & desaturations → Blood cfx positive - Klebsiella.

↓

started on Antibiotics & repeat blood cfx - report awaited.

↓

From day 31 of life baby has repeated apneas & desaturation for which septic screen was done which are within normal limit.

↓

PICC line was removed on Day 33 of life.

↓

Investigation details in previous Hospital : On Day 33 of life baby had apnea followed by desaturations which did not respond to PPV, hence intubated.

milk was seen in oropharynx.

↓

Feeding History : Baby was requiring high pressures & FiO_2 hence referred to Rainbow

↓

Baby is transported

Past History :

7/6/26 - CRP - Hb - 8.3 CRP - 2.02
WBC - 11,400 S/E - 138/5.2/22
PLT - 3,36,000

Blood c/s → 24/5/26 → klebsiella pneumonie

Family History :

↳ 4/6/26 - NO growth after 48 hrs

on meropenem, vancomycin, fluconazole

Socio Economic History :

-

GENERAL EXAMINATION ON ADMISSION

General Disposition :

on ventilator

c/f/a - Dull activity
Hypotonic

GRBS - 198 mg/dl

inj furosemide 0.5 mg/kg stat

VITALS : Temperature : 36.5°C HR : 172/min RR : 40/min NIBP : 41/31(30) CFT : <3sec

Color of the extremities : pink

Jaundice : ⊖ Pallor : ⊕ SpO2 : 99% on MV

Anthropometry : Birth Weight : 680 grams Length : HC : Present Weight : 1.01 kg

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	~~AF~~ - full
Facies : (Any Facial Dysmorphism)		NO facial dysmorphism
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	Not checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : NO clefr Gums : Lips : Tongue :	(N)
THORAX and 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 :	baby boy
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		Nil
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : MV - 25/6, FiO_2 - 50%, Rate 50

Spo2 : 99 % on MV Auscultation : BAE (+) Breath Sounds : NVRs (+) Added Sounds : -

Cardiovascular System :

HR : 172/min BP : 71/30 (45) wide Pulse pressure Precordial Activity : .....

Femoral Pulses : felt Murmurs : continuous murmur (+)

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

Abdomen :

Shape : (N) Hernia orifice : free

Palpation : soft Anal Patency : patent

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed :) passed

Meconium passed : .....

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

State of wakefulness : lethargic

Prechtle Score : .....

Nerves :

.....

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : NO obvious external congenital anomalies

Diagnosis : Extreme PT (25) / Day 34 / 29 + 6 wks PMA / 680 grams / ELBW / RDS - CPAP - HFNC / Apneas / Late onset sepsis - Klebsiella pneumoniae positive / Pneumonia / PDA

FOOT PRINTS

Left Side :	Right Side :

Resident Doctor :

Signature : [signature]

Name : Dr. Prathyush

Date & Time : 8/6/26

Consultant :

Signature : [signature]

Name : Dr. Surender Rao Dusa

Date & Time : 8/6/26 @ 10am

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

1) SIMV + PS → 22/6, rate 40, FiO_2 - 40
2) IV - 150 cc/kg/Day - S.F. 180 - P
3) NP, , Blood C/S, LFT
4) 2D Echo, NSG
5) PICC line
6) GRBS - monitoring - 6th hrly. (prefeed)

Feeding Plan at the time of shifting : 7) NPO.

8) PRBC if needed.

9) inj Meropenem

Screenings done during NICU Stay : 10) LP (T/m)

noted by
uma
8/6/26
3 AM

NSG :

Hearing Screen : 11) ABG - T/D

12) CXR - (T/m)

ROP :

TFT :

NP2 :

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 8AM	Single / ExPT / 25 wks / 34 days / 29+6 wks PMA / 680 g / ELBW / RDS - CPAP - HFNC - MV / apnea of PT / LONS - Klebsiella / Pneumonia / ?PDA / anemia -	
	Issues -	
	- Anemia - PRBC req sent	- tachycardia + murmur (?PDA)
	- RD on	
	Temp - 1.09 hr	Normothermic
	I/O - 25 / 15	SIMV - PS PIP 20 / PEEP 6 / Rate 40 / FiO2 40% → 35%
	U/O -	
	S/O -	Chest - BAE (+), CNS - T/A/R AGA
	GRBS - 192	CVS - ~~S1S2~~ cont. murmur; AF - full
		P/A - soft, BS (+)
Adv -	SIMV - PS -	
	TV - 150 ml/kg/day -	
	CXR - OD, ABG - ~~Q8H~~, GRBS - Q6H	
	OG feeds 1ml Q2H (EBM/DBM) → NPO	
	2D Echo, NSG, USG abdomen (plan. PCM?)	
	ROP on 12/6/26	
	Inj Meropenem, Fluconazole, Linezolid.	
	Trace B/C/S, DCT	
	Send PT, APTT, INR c̄ next ABG	
	~~Nasal~~ Plan - PCM if PDA → based on 2D Echo - [illegible]	
	Arterial line → ABG Now -	
	NPI +/m.	

Noted by Swetha 8/6/26 10:50 Am

Dr. Surender Rao 8/6/26 10:50 AM

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Blood transfusion notes	
8/6 10:10am		Baby BG - O+ve (positive)
	Irradiated LRBC transfusion.	
	Blood Group - O-ve (Negative)	
	Issue Dt - 8/6/26	
	Collection Dt - 23/5/26	
	Exp Dt - 4/7/26.	
	Unit No - BAH 26-01243	
	Plan	
	→ transfusion to be done for 4 hrs	
	→ w/f reactions	
	→ monitor vitals	
Dr. Shanker		Noted by Sr. Swetha 8/6/26 10:10AM
8/6/26	Arterial Line Notes	
4pm.	24 G Intra cath canula is inserted in (L) hand upper limb. under aseptic conditions. Line is checked with flush and back flow, connected to Heplock	

8/6/26.

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6 4:30pm	S/B Resident.	
	no Acute Events –	2 3/0 fever spikes – 100.4°F.
	On MV – SIMV – PEEP – 6	
	PIP – 20	
	FiO_2 – (30 → 25)	
	no Aspirations	
	CRT < 3 sec	
	GA good	
	plen.	
	– CRT	
	– ABG after Blood transfusion.	
	NPO 4 hrs.	
Dr.	A/F Lasix in Evening.	
	A/F feeds.	
	Noted by 8/6/26 4:30pm	

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 7AM	35 days / Single / Ext PT 25wks → 30wks PMA / 680gms / ELBW / RDS – CPAP – HFNC – MV / Apnoea of PT / LONS – Klebsiella / pneumonia / PDA × 1 Pcm / Anemia × 1 PRBC.	
	Issues :- Anemia.	
	T-wt –	Normothermic.
	I/O – 167.3 / 133 ml	SIMV PS – PIP = 13/6
	U/O – 5.0 ml/1/5h	FiO2 = 30–40
	S/O – 2 times.	Rate – 40.
	GRBS – 113 mg/dl	Chest BAE ⊕, CNS – T/AR AUA
		CVS – S1S2 ⊕, murmur, PA – soft
	Adv :-	
	Target SpO2 90–96%, MAP >29.	
	IV – 150 ml/kg/day, = 10% D10P + MVI + 8 ml/kg Ca	
	CXR – OD, ABG – 8th hly, GRBS 6th hly Prefeed.	
	NPO → Plan to start feeds – ~~1ml × 2 hrly~~ (FBM / DBM), aspirate 6th hly before feed.	
	ROP on 12/6/26.	
	Inj fluconazole, meropenem, Linezolid.	
	Trace Blood CS.	
	A/A lasix.	
	Trace NP1.	
	Plan to wean Ventilator settings.	NP1 + LFT on Thursday
Dr. Vishal	monitor vitals.	
	PCM – D2	
	Feeds 2ml 2nd hrly ↑ 1ml 8th hrly.	Dr. Surender 9/6/26 10:30 AM

CXR (Tm)
inj Lasix – 0.5 mg/kg – lasix

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PTV → 17/6, Rate - 40, ClO_2 30%	
	noted by Sr. Harini 09/06/26 @ 12pm	
9/6/26		
FTM	⇒ Baby received	
	⇒ NO clo fever.	
	⇒ NO pb	
	⇒ O/E	
	- Vitally stable	
	CRT - <3sec	ADV
	SpO_2 - 96% on vent	- PCM - P2
	PR - good.	- 2ml - 2nd hrly (1ml/8hrly)
		- CXR - 7/M
		- NP, + LFT on thursday
	noted by Sr. Harini 9/6/26 @ 6pm	

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 5 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26		
9 AM	D36 / Single / EXPT (25) → 30+1 wk PMA / 680 grams / ELBW / RDS - CPAP - HFNC - MV / Apnea of PT / KONS - Klebsiella /	
	U/ PDA - 1xPCM / Anemia 1xCRBC / G - 29 MA	
	T. wt -	O/E - Normothermic
	I/O - 162 / 103	on DTV - 17/6, Rate - 40
	U/O - 3.9 cc/kg/hr	FiO_2 - 25 %
	S/O - 3 times	C/C/A - Good
	GRBS - 109 mg/dl	CVS - S1 S2 (+) murmur (+)
		R/S - NAC (+)
		P/A - soft
	Plan	
-	Target SpO_2 90-96 %	
-	Target MAP > 29	
-	on DTV - 17/6, Rate - 40, FiO_2 - 25 % → 15/5, 40/m,	
-	ABG - TID, CXR - OD, GRBS - BD.	
-	TV - 150 cc/kg/day = 10 % 180 P + Ca + MV	
	OG feeds - 4 ml Q2H (↑ incr Q6H)	
-	inj fluconazole, meropenem, linezolid	
-	Trach A/C/S	
-	ROP - 12/6/26	
-	inj PCM - D3	
-	2D ECHO - (T/m)	
-	NP, + LFT (T/m)	
-	I/O charting, vitals monitoring	

Dr. Surender Rao 10/6/26 11 AM

Noted by Sr. Harita 10/06 @ 11 AM

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

(P.T.O)

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 6 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP percentile.	
	50th 95th	99th.
SBP	65 80	85
DBP	40 55	60
MAP.	48 65	68.
	→ check 4t BP - If persistently > 85/60 (68) - inform.	
10/6/26 3PM	2D Echo screening done size ↑ 2.2. mm.	
	Adv - A/F ↓ TV @ 120 mcl/kg/day - WLF urine output (inform if UO < 7ml in 6hrs).	
10/6/26 7PM	BP persistently > 99th centile.	
	Adv - Inj Lasix - 0.5 mg/kg/dose - Stat & then after 12 hrs. (total 2 doses).	
	- 2D Echo (T/M) → also look for aorta & circulation - NPT + LFT (T/M) - Nephro consultation (T/M).	

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 6 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 6 D (M)
Dr. SURENDER RAO DUSA

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	D37 / single / ExPT / 25 → 30+2 wk PMA / 680 g / ELBW / RDS - CPAP -	
	HFNC - MV / Apnea of PT / LONS - Klebsiella / HsPDA - IPCM / Anemia -	
	IURBC / Grade ? GMH. / Asymp hypoCa.	
	Issues -	
	Cut -	Normothermic
	I/O - 141/140	16/5, 35/m, 25% → 15/5
	U/O - 5.3	Chest - BAE (+)
	S/O - 2	CVS - S1S2 (+) wide PP.
	GRBS - 101	murmur (+)
		CNS - T/A/R AGA, AF at level
		P/A - soft, BS (+).
Adv -	Target SpO2 - 90 - 96%, MAP > 30	
	on MV -	
	ABG - TID, GRBS - BD, CxR - OD.	
	TV - 120 ml/kg/day.	
	OG feeds - 7ml Q2H (↑ 1 ml Q8H) -	T/F - 10ml Q2H.
	Inj Fluconazole, Meropenem	, Linezolid
	M/C/S trace. → 48hrs NO growth.	
	ROP - (T/M)	
	PCM - D4 (from 2PM).	
	2D echo today	
	NPL + LFT trace	
	TFT after hemodynamic stability	
	Nephro consultation if BP persistently (>2 reading above - 85/60 (68)	
	Trace ET C/S.	

Dr. Surender Rao
11/6/26
12:15 PM

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

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 7 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- CXR - Evening	
	- Lift up.	
	- Lesions to evening	
		noted by Sr. Harrifley 11/6/26 @ 11 a.m.
11/6/26 5pm	Child Active	
	tolerating feeds well	PSAP PTV
	HR = 160/min	FiO2 - 21
	RR - 40-50/min.	PIP - 15/5
	Vitally stable	Rate - 35
	Noted by Sr. [illegible] 11/6/26 @ 8pm	

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 8 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 9AM	D38 / Single / EXPT (C/S) → 30+3 wks DMA / 680 gm / ELBW / RDS - CPAP - HFNC - MV / Apnea of PT / LONS - Klebsiella / HSPDA - XIPCM / Anemia / XIKAC / Grade-I GMH / Asymp. hypoca	
	T. wt -	Off - Normothermic
	I/O - 133.3 / 128ml	PTV - 16/5, Rate - 35, FiO2 - 28%
	U/O - 4.8 cc/kg/hr	C/T/A - Good
	S/O -	CVS - S1S2 (+), murmur (+)
	GIR - 7.0 mg/dl.	Bounding pulse (+)
		R/S - BAE (+)
		P/A Soft
	Plan	
	- Target SpO2 90 - 96%	
	- Target MAP >30	ABG - TID, GRBS - BD
	if >2 reading high MAP (58)	
	- TV - 120 cc/kg/day.	
	- NPO as PDA device closure is planned.	
	- inj meropenem, fluconazole, linezolid	
	- ROP (19/6/26)	
	- PCM - D5 -	
	- planned PDA Device closure in RCH	
	- Trace ET c/s	

Dr. Surender Rao 12/6/26 10AM

Noted by Uma 12/6/26 10am

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 8 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0Y1M8D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 6AM	D?? / single / EXPT (28) → 30+4 wks PMA / 680g / ELBW	
	RDS - CPAP - HFNC - MV / Apnea of PT / CONS - Klebsiella	
	HSPDA - x1 PCM / Anaemia - 1x LRBC / Grade - I GMH / Asymp hypona	
	Issues:	
		O/E Normothermic
	T. wt -	SIMV -
	I/O - 134/120.	Rate - 35
	U/O - 4.5 ml/kg/h	FiO2 - 30%. PIP = 15/5
	S/O - 3 times.	CVS - S1S2 (+), Murmur (+)
	GRBS - 153 mg/dl	Bounding pulse (+)
		- wide pulse pressure
		R/S - BAE (+)
		P/A - soft.
	Plan	
	- Target SpO2 - 90-96%	
	- Target MAP > 30	
	- ABG - BD, CXR - SOD, GRBS - BD	
	- TV - 120 cc/kg/day.	
	- Full OG feeds - 10ml Q2H (NPO from 6AM if device	
	closure is planned today)	
	- Inj Meropenem, Fluconazole, Linezolid	
	- Trace CT C/S	
(sign)	- PCN - D6 (AIP)	
Chandini	- I/O charting, vitals monitoring	
	- ROP (19/6/26).	
	- plan PDA device closure in RCH?	

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 9 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 8/6/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 1.09 kg Ward. NICU

DRUG	Dose	Route	Frequency	Start Date	Additional Instructions	Dates
INJ. MEROPENEM	40 MG	IV	8 TH HOURLY	8/6	40 MG/KG/DOSE	8/6, 9/6, 10/6, 11/6, 12/6, 13/6 (6am, 2pm, 10pm)
INJ CAFFEINE	6 MG.	IV	ONCE DAILY	8/6	5 MG/KG/DOSE	9/6, 10/6, 11/6, 12/6, 13/6 (6am)
RESOUNATE SACHET	1 SACHET.	OG.	TWICE DAILY	8/6	PROBIOTIC	8/6, 9/6, 10/6, 11/6, 12/6, 13/6 (6AM, 6PM)
INJ LINEZOLID.	11 MG	IV.	THRICE DAILY	8/6.	10 MG/KG/DOSE	8/6, 9/6, 10/6, 11/6, 12/6, 13/6 (2AM, 10AM, 6PM)

Name & Signature of the Doctor Starting the Drugs: Dr. Prathyusha (Meropenem); [signatures] (others)

Daily Doctor's Endorsement by a Sign

Margin: Dr [illegible] S. Maal Gopal 8/6/26; Dr [illegible]

Rainbow Children's Hospital

Ref. No. : F / HW / DC / RP / INPR / 05.a

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
		(2)	NIW	1.09kg

REGULAR PRESCRIPTIONS

DRUG : INJ FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
6.5MG	IV.	ONCE DAILY	8/6

Name & Signature of the Doctor starting the Drugs: TWICE WEEKLY

Additional Instructions: 6mg/kg/dose monday & thursday

Daily Doctor's Endorsement by a Sign.

Date / Time	8/6	9/6	10/6	11/6	12/6	13/6	14/6
6pm	✓	X	X		X	X	

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
16mg	IV	6th hrly	8/6

Name & Signature of the Doctor starting the Drugs: Dr

Additional Instructions: 10-15mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date / Time	8/6	9/6	10/6	11/6	12/6	13/6
2AM	X	✓	✓	✓	✓	✓
8AM	X	✓	✓	✓	✓	✓
2pm	✓	✓	✓	✓	✓	
8PM	✓	✓	✓	✓	✓	

As per Dr Surendra sir, Paediatrician 8/6/26

DRUG : INJ FUROSEMIDE

Dose	Route	Frequency	Start Dt.
0.6mg	IV	TWICE DAILY	10/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: 0.5 mg/kg/dose x 2 doses & then stop

Daily Doctor's Endorsement by a Sign.

Date / Time	10/6	11/6
7AM	X	✓
7pm	✓	

STOP

10/6/26

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time														

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

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Na	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date ➤ / Time

WM-002057.13 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

Weight. 1.9k Ward. NICU

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26	12.30 pm	LRBC TRANSFUSION	20 ml/kg	IV OVER 4 HRS		Swetha Sushanthi
9/6/26	11 AM	INJ. FUROSEMIDE	0.5mg/kg	IV		Hari Uma Prasad
11/6/26	5pm	INJ FUROSEMIDE	0.5mg/kg	IV		
12/6/26		TROPICAMIDE EYE DROP	0.5 ML + 0.5 ML NS	BOTH EYES		
12/6/26		TROPICAMIDE EYE DROP	0.5 ML + 0.5 ML NS	BOTH EYES		
12/6/26		TROPICAMIDE EYE DROP	0.5 ML + 0.5 ML NS	BOTH EYES		

11/6/26

VERIFIED ..... Name ..... Signature .....

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 1.09 kg Ward. NICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
8/6	3am	IV - 150 ml/kg/DAY 5% 150 P+MVI.	IV	6.3 ml	[signature]	Uma / Prasad	8/6	[signature]	[signature]
8/6	3am	INJ. AMINOVEN 2.5 Gm/kg/ DAY	IV	1.[illegible]	[signature]	Uma / Prasad	12/6		Tharus / [signature]
8/6	8pm	Inj Hep NS 25 UNITS IN 50ML NS	IV	0.3 ml	[signature]	[signature]	9/6		[signature]
8/6.	8pm	INJ 150ML/KG/DAY 10% 280P +MVI +8ml/kg Ca	IV	6.3	[signature]	[signature]	10/6	[signature]	[signature]
10/6	9pm	INF 120 ml/kg/day 10% 180P + MVI + Ca	IV	1.8 ml	[signature]	Pravalika / [signature]			

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

DBM.

CONSENT FOR FORMULA FEEDS

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : B/o Anuleya Age : 36D Gender : ☑ Male ☐ Female

UHID No : 205713 Reg. No. : 60263 Department : NICU Date : 9/6/26

I Mr / Mrs. : T. Vijay Kumar aged 31 years, hereby declare that I have

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

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

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

Patient Attendant :

Signature : T. Vijay

Name : T. Vijay Kumar

Relationship with Patient: Father

Date & Time : 09/06/26 @ 4pm

Witness :

Signature : Jhansi

Name : Jhansi

Date & Time : 9/6/26 @ 4pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. for attempt

Date & Time : 10/6/26 @ 4pm

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాల

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

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR SPECIAL PROCEDURES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : B/o Amulya Gender: ☐ Male ☐ Female

UHID No : 205713 Department : NICU Date : 8/06/26

I T. Vijaykumar S / D / W / O Venkanna.

Here by give consent for procedure of : Arterial Line

For my patient, Named : b/o Hanva

The doctors have clearly explained to me that the procedure has following possible complications:

Thrombosis, gangrene, compartment syndrome

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Avoid Repeated Pricks, Easy access to arterial line

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr Vishal

Patient Attendant :

Signature : T. Vijay

Name : T. Vijaykumar

Relationship with Patient: Father

Date & Time : 8/6/26 6pm

Witness :

Signature : Mahi

Name : A

Date & Time : 8/6/26 6pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Vishal

Date & Time : 8/6/26 6pm

ప్రత్యేక విధానాలకు సమ్మతి

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I T. Vijay Kumar S/o Mr./ Ms Venkanna.
hereby declare that our patient Mr. / Ms B/o Amulya. who is related to me as Son is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's Hospital on 8/6/26 with UHID No. : 205713

The doctors have explained to me in a language understood by me that my child has following health related issues : Prematurity
Sepsis

The doctors have clearly explained to me that my patient Mr./ Ms. B/o Amulya during his / her stay in the NICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, UAC, UVC (Umblical Vein and Arterial Lines) PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in NICU has life threatening medical conditions.

I understand that when a child is sick in the NICU with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms : B/o Amulya ..... in the NICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : T. Vijay
Name : T. Vijay Kumar.
Relationship with Patient: ~~HUSBAND~~ FATHER.
Date & Time : 08/06/26 - 04:16

Witness :

Signature : Uma
Name : Uma
Date & Time : 8/6/26 9am.

Doctor (who is taking the consent) :

Signature :
Name : Dr. Prathyusha
Date & Time : 8/6/26 12am

Ref. No. : F / NICU / CON / ADM / 16

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్. ఐ. సి. యు) సమ్మతి పత్రం

రోగి పేరు ..... వయస్సు .....లింగం పు□ / స్త్రీ □

యు.హెచ్. ఐ.డి .....

నేను ..... చి .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్‌లో తేది ..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్‌కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ఆర్టీలియర్ లైన్, సింట్రల్ లైన్ క్రెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంనర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు ఆర్థమగు భాషలో(సవివరంగా) వివరించారు.

పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడ / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగినన విధంగా చికిత్స చేయడానికి వైద్యునికి నా పూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

CONSENT FOR BLOOD TRANSFUSION

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Bo Amulya Age: 34 Gender: Male ☐ Female ☐

UHID.No : 265713 Date: 8/6/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☑ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I Padma hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: S. Padma

Name: Padma

Date & Time 8/6/26 6am

Doctor (Who is talking the consent)

Signature: Mary

Name: Dr Harish

Date & Time 8/6/26 @10am

Witness

Signature: Uma

Name: Uma

Date & Time 8/6/26 6am

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

LRBC

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : Blo Amulya UHID : 205713 I.P. No. : 60263

Age : 1M/4D Gender : M Department : NICU Ward : NICU

Blood group of the patient : O+ve Blood group on the Blood bag : O-ve

Blood bank issue no : BAH 26-0123 Date of collection : 23/5/26 Date of expiry : 4/7/26

Date & Time of starting transfusion : 8/6/26 @ 12.30 pm Planned duration of transfusion : 4hrs

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12.30 pm	174	36.5°C	91/32(52)	89	–	–	–	–
1pm	181	36.5°C	77/34(49)	93	–	–	–	–
1.30 pm	198	36.5°C	85/44(58)	97	–	–	–	–
2pm	189	36.5°C	88/44(58)	95	–	–	–	–
2:30pm	189	36.5°C	86/51(62)	96	–	–	–	–
3:00pm	185	36.5°C	75/36(49)	98	–	–	–	–
3:30pm	179	36.5°C	77/39(52)	98	–	–	–	–

Comments : No Reactions

Nurse Name : M Nurse Signature : [signature]

BIACH&RI OPERATOR SF DATE: 8/06/26
BLOOD BANK

25 Gy INDICATOR [redacted] IRRADIATED

Qty. 30 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O
Rh Negative

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: BAH26-01243
Blood Group: O Rh Negative
Collection Date: 23/May/2026
Expiry Date: 04/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any M... Group and ... With Filter ... There is A... Appropriat... Antibodies ...

Issue Label / CrossMatching Report

Patient : B/o. Amulya -
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr surender rao
UHID No.: VIH-00205713 Wd-Bed No.:
Product : LR-PRBC Pedia-1
Blood Group : O Rh Negative
Unit No.: BAH26-01243
XMatching Report:Compatible
X-matched by: Premalatha
Issue Dt : 08/Jun/2026
Colln. Dt :23/May/2026
Exp. Dt :04/Jul/2026
Issued By : Premalatha

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 7 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Ref. No. : F / HW/CONS.F/INPR / 01

CONSULTATION FORM

Doctor Name : ....

Date : .... Hour : ....

Hospital : ....

....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : .... Time : .... By : ....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: [signature] M.D.

Report of Findings and Recommendations :

preterm 25wks → Day 38

BW : 700 → 1.0 kg

RDS → ventilation

→ retrieved & transported from Manchiryala

pulse : Boundy ae : S1S2 Continuous murmur.

CXR : CTR 0.55 Pulmonary

Echo : 3.3 mm PDA ē L→R

Dilated left heart

(N) LV fx

Consultant :

Name : NAGESWARA RAO KONETI Signature : .... Date & Time : ....

NOTE : If more space is required use another consultation sheet as continuation

CIN: L85110TG1998PLC029914 www.rainbowhospitals.in

plan: PDA device closure

12.06.2026

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 8/6/26

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☑ Other: ....

Reason for Admission: PT – 25 wks Sepsis ?

Admission Diagnosis: PT – 25 W/S

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: –

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify –

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes, identify –

Source of Information : ☑ Family ☐ Others, Specify –

Past Medical History	Past Surgical History	Last Hospital Admission
–	–	–

Significant History	Family History: –

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☑ No

If yes please list, –

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems: –

Are the child's immunization up to date? ☑ Yes ☐ No

Current Medications	Taking Medications? ☐ Yes ☑ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☐ Yes ☑ No

Observations:

Birth Weight: 68 grms kgs Head Circumference: – cm Length: – cm

☐ Term ☑ Pre-Term ☐ Post-Term

Blood Group: Mother: O –ve Baby: O +ve

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both

Maternal Details: Age: .... years, **PARA:** .... **Gestation:** .... Weeks, ... Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify: ....

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

Indication: ....

Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

Newborn Assessment:

Temp: 98.6°F HR 120 b/m/ Min RR 28 b/m/ Min BP 81/38(52) SpO²: 98%

Pain Score 0 (Follow N Pass and Document)

Fall Risk Intervention Done: ☑ Yes

Risk of Pressure Sore: ☐ Yes ☑ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☐ Well-Fixed ☑ Asymmetry

Behavioural Status on Admission :

☐ Sleeping Crying ☑ Calm ☐ Drowsy

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

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☑ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With ..... family .....

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☑ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: ..... Mother (Amulya) .....

Orientation not given Reason: ..... — .....

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☑ No

Is home medical equipment anticipated: ☐ Yes ☑ No

Is home oxygen therapy anticipated: ☐ Yes ☑ No

Breastfeeding ☑ Yes ☐ No

Formula Feed ☐ Yes ☑ No

Are dressing needs at home anticipated: ☐ Yes ☑ No

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

VIH-00205713 IP-00060263
Baby Of AMULYA
04-05-2026 0 Y 1 M 4 D (M)
Dr. SURENDER RAO DUSA

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ANTIBIOTIC JUSTIFICATION FORM

Date of Admission: ....

Antibiotic Name	Date & Time	Reason	48 Hours Culture	Antibiotic Reviewed at 72 Hours (If No Please Justify)
INJ MEROPENEM	8/6/26.	culture positive sepsis	outside culture tve for klebsiella.	

A. Reasons for Starting Empirical Antibiotics:

1. Preterm's with risk factors:
   a. PPROM
   b. Positive Maternal Culture (HVS/Urine C/S
   c. Maternal Pyrexia / Chorioamnionitis
2. Term Babies
   a. PROM > 18 hours
   b. Sepsis Screen Positive at 12 hours
      i. High TLC/ High CRP / High PCT / Thrombocytopenia / Leukopenia
      ii. Shift to left / Bank forms / Neutrophilia on PS
3. Out born with suspected sepsis
4. Culture negative Sepsis
5. Clinical Sepsis
   a. Frequent Apnoea's attributed to suspected sepsis
   b. Hemodynamic instability
   c. Temperature instability
   d. Suspected NEC
   e. Lethargy
6. VAP
7. Congenital Pneumonia
8. Meningitis
9. Aspiration Pneumonia
10. Any sick newborn

B. Prophylactic Antifungals

B1 – Extreme PT (<28 Weeks) or ELBW (<1000 grams)
B2 – Central line in situ (PICC / UVC) in < 28 weeks & or < 1kg.
B3 – Septic Shock

C. Culture Positive Sepsis

Consultant Name & Signature : for surender sir Dr. Harish [signature]

Date & Time : 08/06/26.

Name & Signature of Infection Control Nurse : [signature]

Date & Time : 08/06/26.

Docu.No. : RCH /FRM / CLINICAL / 076