ACTIV ... NG

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

Name: ---

UHID N ------------- Consultant : ------------------------- Dept : -----------------

Date of Admission : 9/6/26 Time : 8:25AM Date of Discharge : ---------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	10:50Am	L/W	207	[signature]

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
9/6/26	Blood grouping	V12601978З	[signature]
	cross checked by Suhasini 9/6/26 10AM		

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/06/26	TEOAE	1	3088702	[signature]

ANY OTHER INFORMATION

Date : 10/06/2026 Time : 11:19 Am Prepared By : [signature] 10/6/2026 11:19 Am

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. [signature]	Sis. [signature]		

Name	Baby B/O PRIYANKA ATHREYA	UHID	VIH-00205751
Father/Guardian	Mr ABHISHAK SAWKAR	Age/Gender	0 Y 0 M 1 D/Female
Address	FLAT NO-14-03-I RAHEJA TOWERS, Nacharam, Hyderabad, Telangana, INDIA, 500076		
IP No	IP-00060284	Admission Date	09-06-2026
Ref Doctor	DR.BHAVANA K	Discharge Date	10-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in PICU & CICU (RCPCH BCH UK)
CONSULTANT PEDIATRICIAN AND PEDIATRIC INTENSIVIST

Diagnosis: Early term (37+1 weeks)/Appropriate for gestational age/Baby Girl

Mode of Delivery: Normal vaginal delivery
Presentation: Cephalic
Anthropometry:
Weight at birth : 2.952 kgs
Weight at discharge : 2.86 kgs
Head circumference : 33 cms
Length : 48 cms
Mother Blood Group : "O" Positive
Baby Blood Group :"O" Positive
Risk Factors : Oligohydramnios
Vaccination: Baby was given following vaccination:
BCG / OPV / Hepatitis-B on : 10.06.2026
Hearing test (OAE): Done on 10.05.2026 was normal.
Newborn screening (Advanced) to be done on follow up.
Saturation: Right upper limb 98% and left lower limb 98% at room air.
Red Reflex: Present and Symmetrical.

Name	Baby B/O PRIYANKA ATHREYA	UHID	VIH-00205751

History: Baby of Baby B/O PRIYANKA ATHREYA is a early term (37+6 weeks) baby girl, delivered to a Multi gravida mother by Spontaneous Vaginal Delivery on 09.06.2026 at 07:10 am with birth weight of 2.952 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.

Maternal History: Mrs. PRIYANKA ATHREYA is a 32 years old Multi gravida (G3P1A1L1) mother.

G3 - Present pregnancy, spontaneous conception, had regular ANC's. Antenatal scans were normal. History of oligohydramnios present. No history of Pregnancy-Induced Hypertension / Urinary Tract Infection / Antepartum Hemorrhage Fever. Mother's blood group is "O" Positive. Baby's blood group is "O" 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.

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. NBS (Advanced), SBR 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. K. Vishnu Vardhan Reddy, Consultant Pediatrician & Intensivist Pediatric, Friday (12.06.2026) with 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).

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.

Name	Baby B/O PRIYANKA ATHREYA	UHID	VIH-00205751

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. Sameera
DEO :Kalyan

Registrar/Resident/C.M.O

Dr. KODICHERLA VISHNU VARDHAN REDDY
MBBS, DNB (Pediatrics), DrNB (Pediatric Critical Care)
Fellow in PICU & CICU (RCPCH BCH UK)
CONSULTANT PEDIATRICIAN AND PEDIATRIC INTENSIVIST
APMC/FMR/79982

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0Y0M0D9H (F)
Dr. KODICHERLA VISHNU VARDHAN

Patient Name: IP.No: 60284

Ward: DOA: 9/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	1	✓	✓	
7	Nurses Progress notes	2	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for High Risk				
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	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 Education Form				
35	the Humpty Dumpty Scale	1	✓	✓	
36	pain Assessment	1	✓	✓	
37	New Born Detail	1	✓	✓	
38	other	3	✓	✓	
	Total No. of Pages	25 pages			

Signature and Date : [signature] 10/6/26

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

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-00060284 **Admit Date** : 09-Jun-2026 **Admit Time** : 08:25 AM **UHID** : VIH-00205751

Patient Details :

Patient Name	: Baby B/O PRIYANKA ATHREYA	**Age**	: 0 D
Guardian	: Mr ABHISHAK SAWKAR	**DOB**	: 09-06-2026 07:10 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-14-03-I RAHEJA TOWERS Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 7093330487/ 7093330487
		E-mail	: 7093330487@gmail.com

Admission Details :

Bed Type	: BASINET	**Bed No**	: CRDL-LW-222-1	**Ward Name**	: N 2F-LABOUR WARD
Room No	: CRDL-LW-222-1	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr ABHISHAK SAWKAR	**Relationship**	: Father
Contact Address	: FLAT NO-14-03-I RAHEJA TOWERS Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 7093330487 / 8790199014

Signature

Doctor Details :

Doctor Name	: Dr. AKHEEL SYED RIZWAN	**Specialisation**	: NEONATOLOGY
Referral Doctor	: DR.BHAVANA K	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O. Priyanka   Mother's Name: Mrs. Priyanka.

Date of Birth: 9/6/26   Time of Birth: 7:10 AM.   Gender: ☐ Male ☑ Female

Birth Weight: 2.952 kg Kgs   HC: 34 cm   Lenght: 42 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No   Blood Group: Mother: O' positive   Baby: ....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both ✓ First Feed Time: 8 AM

MV-00012838 IP-00060276
rs PRIYANKA ATHREYA
-11-1993 32 Y 6 M 21 D (F)
. BHAVANA K

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

Indication: ....

Physical Assessment of New Born:

Temp: 98.6°F °C   HR: 152 b/m /Min   RR: 45 b/m /Min   BP: – SpO_2: 99 %

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No**   **Score:** 15 .... (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: K. Suhasini   Signature: [signature]   Date &Time: 9/6/26 9 AM

PATIENT TRANSFER FORM

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

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

	Date & Time of Admission	Date & Time of Transfer Order
	9/6/26 at 8:25AM	9/6/26 at 10:50Am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	Dr. Vishal	obse observation
From Unit	**To Unit**	**Information to Attendant**
LW	207	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
25	Nil	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Small Koocheels — (1)	
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/S. K. Suhasini	Dr. Vishal

Patient & Clinical Records Received by : Sr. Nagmani

Date & Time of Patient Received : 9/6/26 @ 11Am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o. Mrs. Priyanka Age : 32 Father's Name : .... Age : ....

Date of Birth : 9/6/26. Date of Admission : 8/6/26. UHID No.: ....

NICU Consultant : Dr Akheel 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 priyanka

Gender : ☐ M ☑ F Blood Group : —

Date of Birth : 9/6/26 Time of Birth : 7.10 Am

Mother's Blood Group : O Positive,

Birth Weight (gms) : 2.952 Kg. Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37+6 wks,

Place of Birth : ....

Current Obstetric History : (Booked / Unbooked Case) Married Life : 10 yrs LMP : 6/9/25 EDD : 23/6/26.

Maternal Age : 32 Ht : 159. Wt : 73.8 BMI : ....

Conception : Spontaneous or with Rx. : Spn. AN Steroids Drugs / Doses : —

Booked at what GA. : 26+4 wks

Last Scans Details : 8/6/26 SLIVF, 37+6 wks / cephalic, PL-F, H).

TT Immunization and Iron / Folic Acid : given.

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

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

IUGR - when detected : ....

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

AFI : Adequate (9.1 cm), Oligo.

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

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

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? *Medication?*

Any other Chronic Medical Problems, when detected drugs ? .... (-)

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

Infection : H/O, Fever

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

UTI : whe...

Any culture : ....

PPROM : Duration : .... ☐ Uterine Tenderness ☐ Foul Smelling Liqor

HVS (if taken) - Results : ....

Duration : ....

Medication during Pregnancy : —

CIN : L85110TG1998PLC029914

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-05-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

PAST OBSTETRIC HISTORY

G: 3 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	- 07	7yr FTNVD	3kg	/	uneventful / mumbai.	
G2	6wks	- MTP / MCR	PC	/ 2019.		
G3	-	PP -	7pm conception.			

Treating Obstetrician: Dr. Bhavana K

PERINATAL HISTORY

Duration of Labour Hospital: RCH, VRP ☑ Inborn ☐ Outborn

First stage (> 18 hours sig) cephalic

Second stage (> 2 hours after dilation) NVD.

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

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
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	7/10	9/10	9/10

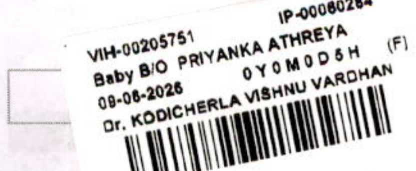
Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

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

Complaints :



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o. Mrs. Priyanka Age : 32 Father's Name : .... Age : ....

Date of Birth : 9/6/26. Date of Admission : 8/6/26. UHID No.: ....

NICU Consultant : Dr Akheel 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 priyanka

Gender : ☐ M ☑ F Blood Group : —

Date of Birth : 9/6/26 Time of Birth : 7:10 Am

Place of Birth : ....

Mother's Blood Group : O Positive.

Birth Weight (gms) : 2.95 Kg. Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : 37+6wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32 Ht : 159. Wt : 73.8 BMI : .... Married Life : 10 yrs. LMP : 6/9/25 EDD : 23/6/26.

Conception : Spontaneous or with Rx. : Spn.

Booked at what GA. : 26+4wks. AN Steroids Drugs / Doses : —

Last Scans Details : 8/6/26 SLIVP, 37+6wks / cephalic, PL-P,H,

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

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

IUGR - when detected : ....

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

AFI : Adequate (9.1 cm), Oligo.

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

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

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected drugs ? (-)

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

Infection : H/O, Fever

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

UTI : when : — Any culture : —

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

Medication during Pregnancy : — Duration : —

CIN : L85110TG1998PLC029914

..00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

PAST OBSTETRIC HISTORY

3 P: 1 A: 1 L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	– 07	Ayr)	FTNVD	/3Kg /	unsuccessful / mumbai.	
G2	6wks –	MTP	/MER	PC /	2019. .	
G3	– PP-	Spn	conception.			

PERINATAL HISTORY

Treating Obstetrician : Dr Bhavana K Hospital : PCH, VKP ☑ Inborn ☐ Outborn

Duration of Labour cephalic

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) NVD.

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

Specify the reason : —

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : —

Resuscitaion : ☐ Yes ☑ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	7/10	9/10	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 : —

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

Histor

Baby was delivered via NVD in vertex presentation.

FT/37+6wks/ 2.952kg / AnA/AM/ Female / NVD / CCAD.

DCC done for 1 min

Dried - oro nasal stimulation done

Child Active, shifted to warmer.

Under aseptic conditions umbilical cord clamped & cut.

Investigation details in previous Hospital :

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-05-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

GENERAL EXAMINATION ON ADMISSION

General Disposition :

C/T/A (N)

VITALS : Temperature : Euthermic HR : 160/min RR : 48/min NIBP : — CFT : —

Color of the extremities : Pink

Jaundice : — Pallor : — SpO2 : 96% RA

Anthropometry : Birth Weight : 2.95kg Length : — HC : — Present Weight : 2.95kg

Ponderal Index : — AGA : ✓ SGA : — LGA : —

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) (N)

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

EYES :
Symmetry :
Red Reflex :
Discharge :
+ ; not done

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

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

THO... BREASTS :	Position of Nipples and Number : (N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : — 3A, 1V
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : — Female
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	
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 : 48/m SCR / ICR / See - Saw breating : —

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

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

Settings : —

SpO₂ : 96×RA Auscultation : BAE (N), Breath Sounds : Chest clear Added Sounds :

Cardiovascular System :

HR : 160/m BP : —

Femoral Pulses : well felt

Other Peripheral Pulses :

Precordial Activity :

Murmurs : (−)

Signs of Cardiac Failure :

Abdomen :

Shape :

Palpation :

Palpable masses : NAD

Abdominal girth :

Hernia orifice : — (−)

Anal Patency : — (P)

Umbilical Cord : — 2A, 1V

First urine passed : (+)

Meconium passed :

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Baby B/O PRIYANKA ATHREYA
09-06-2026 0 Y 0 M 0 D 5 H (F)
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... System : Higher intellectual functions (Sensorium) : ...

State of wakefulness : ...

Prechtle Score : ...

Nerves : ...

C/T/A ⓝ

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 visible congenital anomalies.

Diagnosis : FT/37+6wks/ 2.95kg/ AGA/ 1m/ Female/ NVD/ UAD.

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : ...

Name : D Vishal

Date & Time : 9/6/26

Consultant :

Signature : ...

Name : ...

Date & Time : ...

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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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....

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....

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-08-2026 0Y0M0D5H (F)
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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

- DBF 1/6 bp × 3rd hrly.

Details: ....

Final Diagnosis: ....

- GPBS - SOS,
- Warm Care, Cord Care
- Immunization as per schedule.
- OAE, NBI, SDR before d/s.
- Monitor vitals.
- Inform SOS.

Doctor Signature: ....

Doctor Name: ....

Date & Time: ....

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
09-06-2026 0Y0M0D5H (F)
Dr. KODICHERLA VISHNU VARDHAN

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 1pm	CS/B Resident	
	FTB 37+6 WB/NVD/CIAB/AGA/2.95 kg	
	G3P1A1L1	
	M.BG - O positive	
	O/E	Plan
	Child Active	
	CFT/A good	- DBF / Ab burping ...
	CVS - S1S2 (N)	
	RS - BLAE (N)	- Vaccination as per schedule
	PA - Soft	
		- OAE/SBR/NBS b/f discharge
	Vitals stable	
		- Lactation consultation
	As per mother latching NOT proper	
	Noted by [signature] @ 4pm 09/6/26	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10.6.26 9.00am	S/B Registrar	
	Early Term (37+6 wk) / AGA / baby girl / NVD /	
	HOL-24	
	O/E baby warm	
	resp. tone activity } (N)	
	H/L - NAD	
	P/A - soft	Plan
	Spine - (N)	→ DBM
	B/L femorals - well felt	→ Warm care
	Urine ✓	→ OAE today
	Motion ✓	→ TCB before discharge
	B/L red reflex	→ Discharge today
	: present & symmetrical	→ R/w Friday
	B.wt: 2.95 kg	
	T.wt: 2.86 kg (↓92gm)	
	MBG BBG } O+ve	
	Vaccination ✓	VV
	(Dr. Sameera)	
	Noted by Akanksha 10/6/26 @11AM	

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Baby B/O PRIYANKA ATHREYA
09-06-2026 0Y0M1D (F)
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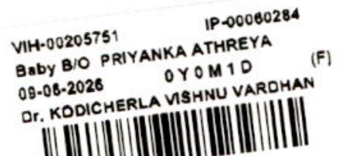
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10.6.26	lactation notes (Ms. Rangachari)	
	• Experienced Mother	
	• flat nipples both sides	
	• drops of milk seen	
	• Mother is using Nipple shield & feeding the baby.	
	• Advised to feed every 2 hrs	
	• More Skin to Skin	
	• To track the feeding in the sheet given.	
	• [illegible] OPD to try dhf c̄ out NS.	
	[signature]	
	Noted by – Akanksha 10/6/26 @11:30 AM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00205751 IP-00060284
Baby B/O PRIYANKA ATHREYA
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RCH/ FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/6/26 Time:	8 AM	10 AM	12 PM	2 PM	4 PM	6 PM	8 PM	11 PM	4 AM	8 AM
Doctor/Nurse/Family Concern?										
Temperature (°F) (104–94)	98.8	98.6	98.2F	98.6F	98.6F	98.6F	98.2F	98.6F	98.4F	98.2F
Heart Rate (bpm) and Blood Pressure (mmHg) * (190–50)										
Heart Rate (Number)	150	153	148	145	142	148	140	142	150	145
Resp. Rate (bpm) (Over 1 Minute) * (70–10)										
Resp Rate (Number)	45	45	42	46	49	50	46	42	45	49
Resp Distress: Mod/ Severe										
Resp Distress: None / Mild										
Receiving O_2 (l/min)										
O_2 Saturations (%)	99	99	98	98	99	96	99%	98%	99%	99%
Conscious Level: Normal			N	N	N	N	N	N	N	N
Conscious Level: Altered										
GCS *			15	15	15	15				
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	S	S	Gr	G	S	G	R	R	R	R

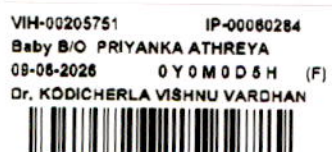
Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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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.

EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter	Scale	Entry
Date: 10/6/26 Time:		10
Doctor/Nurse/Family Concern?		AM
Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94	97.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50	140 (plotted)
Note: BP does not score in early warning scoring		
Heart Rate (Number)		140
Resp. Rate (bpm) (Over 1 Minute) *	70, 60, 50, 40, 30, 20, 10	39 (plotted)
Resp Rate (Number)		39
Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O_2 (l/min)		
O_2 Saturations (%)		99%
Conscious Level	Normal	C
	Altered	
GCS *		
TOTAL SCORE Number of shaded boxes		0
Pain Score		0
Observer's Initials		A

ACTIONS		
NB: Scores 3 should be recorded overleaf	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
9/6/26	08:00 am	DBF									0	9/6/26 10AM
	09:00 am										0	
	10:00 am	DBF									0	
	11:00 am											
	12:00 pm		DBF				✓			✓	0	9/6/26
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm		DBF				✓			·		9/6/26 @8pm
	03:00 pm											
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm						✓			✓		
	07:00 pm		DBF									
Total Intake :						Total Output :						
10/6/26	08:00 pm											10/6/26 2AM
	09:00 pm		DBF									
	10:00 pm						✓					
	11:00 pm		DBF									
	12:00 am									✓		
	01:00 am		DBF									
Total Intake :						Total Output :						
10/6/26	02:00 am											10/6/26 8AM
	03:00 am		DBF									
	04:00 am									✓		
	05:00 am		DBF									
	06:00 am									✓		
	07:00 am		DBF									
Total Intake :						Total Output :						

Total 24 hrs. Intake	

Total 24 hrs. Output	

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FLUID CHART

Sheet No. : 10/6/26

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

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am		DBM									
	09:00 am									✓		
	10:00 am										0	
	11:00 am		DBM									
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

10/6/26 @ 2pm

Total 24 hrs. Intake	

Total 24 hrs. Output	

STAT / ONCE ONLY DRUGS

Name: ....

Weight: 2.952 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
9/6/26 -	7:15 Am	Inj Vit K	0.5ml	IM	[signature]	[signature]	[signature]

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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.,) : ....