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

ACTIVITY

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

Name: Bl ----------

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

Date of Admission : 26/6/26 Time : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	3:40pm	MICU.	Room (207)	

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/6/26	ABG	V126021608	
26/6/26	Blood grouping.	V126021553	
26/6/26	GRBS. 61mg/dl 9:45pm	V126021609	
	Cross checked by manga 26/6/26 @ 4:48pm		
26/6/26	GRBS - 62mg/dl @4:0pm	26021644	
26/6/26	GRBS at 10pm — 75 mg/dl	26021645	
27/6/26	GRBS at 6am — 114 mg/dl	26021646	
27/6/26	GRBS at 12:30Pm - 66 mg/dl	26021739	
	GRBS at 7:30Pm - 80mg/dl	26021740	
	~~ICCB~~	~~26~~	
28/06/26	GRBS : 7:00Am - 86mg/dl	26021771	
	ICB	26021772	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	TEOAE	1	3096144	

ANY OTHER INFORMATION

Date : 28/6/26 Time : 9 AM Prepared By : Nishma

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sony	28/6/26 9 AM.		

DEFICIENCY C VIH-00206267 IP-00060489 Baby B/O GANTA SUSHMITHA 26-06-2026 0 Y 0 M 1 D (M) Dr. PREETHAM KUMAR **CASE SHEET**

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

Patient Name :

IP.No: 60459

Ward:

DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	1	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	3	✓	✓	
7	Nurses Progress notes	3	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery				
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for ~~High Risk~~ formula	1	✓	✓	
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	✓	✓	
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)				
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Humpty dumpty	2	✓	✓	
	Braden/01	7	✓	✓	
	pain Assessment	1	✓	✓	
	Others	5	✓	✓	
	Total No. of Pages	36 pages			

Signature and Date : 28/6/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060489 **Admit Date** : 26-Jun-2026 **Admit Time** : 10:45 AM **UHID** : VIH-00206267

Patient Details :

Patient Name	: Baby B/O GANTA SUSHMITHA	**Age**	: 0 D
Guardian	: Mr NIMMALA LAXMAN RAO	**DOB**	: 26-06-2026 09:12 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: OLD ALWAL, KISTAMMA ENCLAVE Secunderabad Hyderabad Telangana INDIA 500003	**Phone No**	: 7702520520/ 6281539639
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-227-1 **Ward Name** : N 2F-MICU

Room No : CRDL-MICU-227-1 **Admission Type** : First Visit

Contact Details :

Name : Mr NIMMALA LAXMAN RAO **Relationship** : Father

Contact Address : OLD ALWAL, KISTAMMA ENCLAVE Secunderabad Hyderabad Telangana INDIA 500003 **Phone No** : 7702520520 / 7032208833

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : NEONATOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

Patient Sticker

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THE HUMPTY DUMPTY SCALE

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

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

	Bed in low position		cribe				
	Call device within reach		"				
	Wheels Locked		"				
	Room free of clutter		—				
	Adequate lighting		"				
	Wheel chair [illegible]		"				
	Other Intervention(s) Specify		—				
	Nurse's Name:		Sakeena				
	Signature:		[signature]				
	Date:		26/6/26				
	Time:		10:30 AM				

Docu. No. : RCH /FRM / CLINICAL / 005

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. PREETHAM KUMAR

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Sushmita Mother's Name: Mrs. Sushmita.

Date of Birth: 26/6/26 Time of Birth: 9:12:00 AM Gender: ☑ Male ☐ Female

Birth Weight: 3.937 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Term

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

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 10:20 AM

VIH-00199072 IP-00060484
Mrs GANTA SUSHMITHA
01-05-1995 31 Y 1 M 25 D (F)
Dr. BHAVANA K

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

Indication: Emergency LSCS

Physical Assessment of New Born:

Temp: 98.6F °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:** 16 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☑ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☑ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / ~~No~~

1. Nutritional Screening: Feeding Problem Yes / ~~No~~
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings Yes / ~~No~~

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: K. Suhasini Signature: Date &Time: 26/6/26 10:30 AM

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D2H (M)
Dr. PREETHAM KUMAR

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Sushmita Age : 31yrs Father's Name : ..... Age : .....

Date of Birth : 1/5/95 Date of Admission : 25/6/26. UHID No.: .....

NICU Consultant : Dr. Preetham Sir Referring Consultant : Dr. Bhavana K

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

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

BIRTH INFORMATION

Name : B/O Sushmita

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 26/6/26. Time of Birth : 9:12:02 AM

Place of Birth : RUH, VKP.

Mother's Blood Group : 'A' Positive

Birth Weight (gms) : 2.937kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+6 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yrs Ht : ..... Wt : 70.6 BMI : ..... Married Life : 14m. LMP : 26/9/25 EDD : 3/7/26.

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : 7+4 weeks. AN Steroids Drugs / Doses : —

Last Scans Details : 18/6/26 - SLIUF 37+6w, Cephalic PL - Post, High,

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 : 16.7cm

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 : —

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : D Bhavana K Hospital : PHM VIZAG ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : NPOL.

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
8/10	10/10	

TOTAL

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 :

History of Present Illness:

Equipment check done
↓
Delivered via ~~forceps~~
↓
MCH → CIAB ; Single loop around neck
↓
DCC done for Baby
↓
Dried and stimulated
↓
cord clamped 2A+1V (+)
↓
Inj. vit K 1ml given
↓
Baby vigorous
↓
Kept to mother side

Target spo2 reached at 2' of life

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

VIP-[redacted]
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

GENERAL EXAMINATION ON ADMISSION

General Disposition :

CTA Soud

VITALS : Temperature : 36.5°C HR : 140/min RR : 39/min NIBP : CFT :

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 94/RA

Anthropometry : Birth Weight : 3.937kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex :
Discharge : Not checked

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

VIH-00206267 IP-
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

THORAX and BREASTS : Shape of Thorax :
Position of Nipples and Number : 2 in (N) at Position

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

GENITILIA : Labia / Hymen :
Testicles/penis : B/L Testes palpable in scrotum
Anus : (+)

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : —

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

SpO_2 : 96 / RA Auscultation : BAE (N) Breath Sounds : NVBS (N) Added Sounds : .....

Cardiovascular System :

HR : 160/min BP : .....
Femoral Pulses : +
Other Peripheral Pulses : +
Precordial Activity : N
Murmurs : —
Signs of Cardiac Failure : .....

Abdomen :

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

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : Sl moro exvient DTR : .....

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

Any Congenital Anomalies : .....

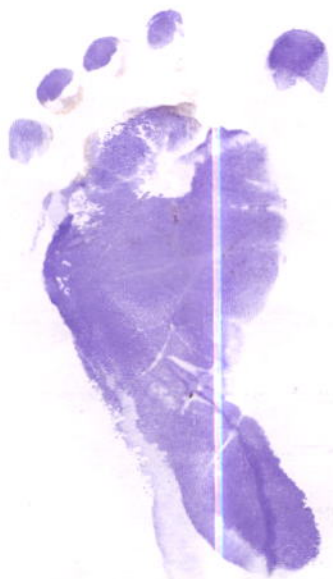
.....

Diagnosis : Term | Emlscs | mchl CIAB | Nuchal around neck | 3.937kg | USA.

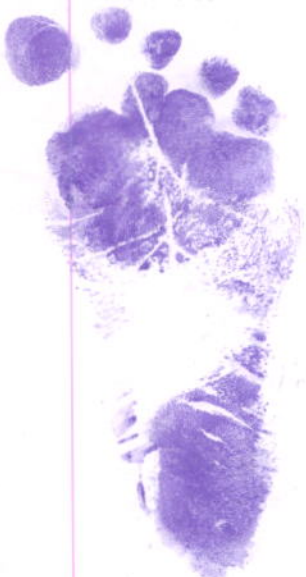
.....

FOOT PRINTS

Left Side :



Right Side :



taken by Jyothi
26/6/26 10am

Resident Doctor :

Signature : .....

Name : Dr Chaitanya / Dr Vikhat

Date & Time : 26/6/26. / 9:14 Am

Consultant :

Signature : .....

Name : Dr Preetham

Date & Time : 26/6/26 10am

Information given by: ☐ Family ☐ Friend

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

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

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

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

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

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

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

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

VIH-00206267 IP-00060489
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28-06-2026 0 Y 0 M 0 D 2 H (M)
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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

9:48am GRB's 61 mg/dl

Discharge Medications: ☐Yes ☐No

Details: .....

Final Diagnosis: - DBF 2nd hrly
- NBS/ IBR/ OAE BIF D/C
- GRBS 6th hrly till 48 Hrs (Prefeed)
- Immunization
- monitor & inform (SOE)

Doctor Signature: .....

Doctor Name: Dr Chaitra (Dr Vishal

Date & Time: 26/6/26

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

MH-0020627 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

	Date & Time of Admission	Date & Time of Transfer Order
	26/6/26 at 10:45am	26/6/26 at 3:40pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
	Dr. preetham	observation
From Unit	To Unit	Information to Attendant
MICU	Room (207)	Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
3 Pages	No. 1	Yes ☐ No ☐
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Dr. SHRKAR

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIS. Subalakshmi	Dr. D SHRKAR

Patient & Clinical Records Received by : ROJA

Date & Time of Patient Received : 26/6/26 @ 4:1pm

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

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

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 3.30 PM	s/b Registrar / Dr. Preetham	
	Term (38+6 wk) / LGA / baby boy / HOL-6 / Primi / loop round the neck	
	O/E baby warm	
	cry, tone, activity } (N)	
	CVS - S1S2 (+)	Plan
	RS - BAE (+), clear	→ DBM.
urine ✓	P/A - soft	→ OAE T/m
meconium ✓	skull & spine: (N)	→ Warm care
B.wt: 3.937 kg		→ RBS 6th hrly (pre-feed)
MBG → A+ve		
BBG }		
	Sameera (Dr. Sameera)	
		Note by Rajani 26/6/26 @ 3:30pm

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

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
27/6/26 9Am	Cls/B Resident	DOB- 26/6/26 9:12 Am
	Term/38+6WK/LSCS/4AB/Boy / 3.937kg	
	M.BG - A+ve	
	B.BG - A+ve	
		Plan
	T.wt - 3.84kg (97gm)	
		- DBF/lb hourly 2nd
	O/E C/P/A/C/O/C	
	CVS - S1S2 (N)	- Warm care & Cord care
	RS - B/L AE (N)	
	PA - soft	
	V/A Stable	- OAE Today
OAE: Today		
	TCB T/m	
	Dr. [signature] 27/6/26 9AM.	[signature] Dishi
	noted by sushila 27/6/26 at 10Am	

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D8H (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 3pm	C/s/B Resident	
	Newborn	
	C/I/A good	Plan
	CVS S1S2 (N)	
	RS - B/L AE (N)	- DBF/lb burp 2nd y
	PA - Soft	
	v.y stable	
27/6/26 4pm	Dr Preetham	No ted by Sushila 27/6/26 at 7pm

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M1D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	lactation notes (Mrs. Ramyasuveera)	
	• 1st time Mother	
	• flat nipples both sides, drops of milk seen	
	• TF introduced, to feed every 2-3hrs.	
	• Advised to track the feeding in the sheet given	
	• Advised to hand express and feed the baby with spoon & then TF	
	• To invest in pump	
	• flu in OPD.	
	4:00pm	

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

(P.T.O)

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M1D (M)
Dr. PREETHAM KUMAR

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ROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/2026 9:00AM	38+6 / ♂	3.93 ↓ (1879) | Primi El. LSCS.
		C/T/A - Good CRT < 3secs AF Ⓝ Moro - Good
	M } B } Active U } M } passing	CVS - S1S2 CNS } RS } PA } Ⓝ
		Plan - Can be D/C - Continue Same - follow up after Tuesday c (Dr. Kundana) d. [illegible]
	TCB - 11.3 Cut off - 13.8	
	d/s Tomey [signature] FNB Dr. Kundana Priya Reg.No.AP/MC/[illegible]354 28/6/26 9AM	Noted by Sony 28/6/26 @ 9AM

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-05-2026 0 Y 0 M 1 D (M)
Dr. PREETHAM KUMAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206287 IP-00060489
Baby B/O GANTA SUSHMITHA
28-06-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: ~~Term~~ / ~~Emlscs~~ / ~~Cyclt~~ / ~~LMP~~ / Moon coral Neck / 3.937kg / 2gm

Any Infection: ☐ Yes ☐ ~~No~~ ☐ Not Known

If Yes Specify: .....—.....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	26/6/26 M	26/6/26 E	26/6/26 N	26/6/26 M	27/6/26 E
Medical Condition (Any special condition to be noted):	—	—	NIL	Nil	Nil
Diet:	DBF	DBF	DBF	DBF	DBF+ff

ASSESSMENT

Allergy:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
Vital Signs: Temp:	98.6°F	98°F	98F	98.6°F	98.6°F	98.6F
Res:	45b/m	48b/m	33b/m	38b/m	39b/m	42b/mt
SpO_2:	99%	99%	98%	99%	99%	100%
Pulse:	152b/m	160bpm	137b/m	142b/m	140b/m	142b/mt
BP:	—	—	—	—	—	—
LOC:	conscious	Consciencious	conscious	Conscious	Conscious	conscious
Fall Risk Score:	16	16	16	'16'	'16'	16
Pain Score:	0	0	0	'0'	'0'	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	NIL	Nil	Nil	Nil
Others Specify:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF
Critical Lab Test / Values:	—	—	NIL	Nil	Nil	Nil
Other Special Orders / Medications:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
PU Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
DVT Prophylaxis:	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~	☐ Yes ☐ ~~No~~
ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		—	GTRBS 6thhrly	GRBS 6th hourly	GRBS 6th hourly	GRBS 6th hourly
Handed Over By Name :	K Sulai	K Sulai	Raja	Bhanu	Sushila	Sushila
Signature / ID :	020477	020477	Pidugu	017887	Sreeja	016993
Date:	26/6/26	26/6/26	26/6/26	27/6/26	27/6/26	27/6/26
Time:	@2pm	@2pm	@8pm	@8AM	2PM	8PM
Taken Over By Name :	K Sulai	Raja	Bhanu	Sushila	Sushila	A Kanaka
Signature / ID :	020477	Pidugu	017887	Sreeja	16993	606607
Date:	26/6/26	26/6/26	26/6/26	27/6/26	27/6/26	28/6/26
Time:	@2pm	@2pm	@8pm	8AM	2PM	@2pm

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Term LSCS 1MCH / GAB loop cord around Neck / 3.937 / LGA

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

Surgery / Procedure:

Post OP Day:

		27/6/26 N	28/6/26 M				
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):	Nil	Nil				
	Diet:	DBF+FF	DBF+FF				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.5°F	98.6°F				
	Res:	40b/m	41b/m				
	SpO_2:	99%	99%				
	Pulse:	145b/m	146b/m				
	BP:	-	-				
	LOC:	Conscious	conscious				
	Fall Risk Score:	16	'16'				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	-	-				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF+FF	DBF+FF				
	Critical Lab Test / Values:	-	-				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent				
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		Aparna	Sony				
Signature / ID :		60607	905043				
Date:		28/6/26	28/6/26				
Time:		@9am	@				
Taken Over By Name :		Sony					
Signature / ID :		905043					
Date:		28/6/26					
Time:		@ 9AM					

Noted by Sony 28/6/26 @ 9AM

Patient Sticker

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 26/6/26

Goals

- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education
- ☑ Any Others. Specify..... DBF

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11am	DBF given	11am	Provided breast feeding	DBF 2nd hourly	Baby is good	Sudheer 26/6/26 @ 4pm
	1pm	Ensure safety	1pm	provided baby crib	To prevent from fall	Baby is safe.	
Afternoon	2pm	DBF given	2pm	provided breast feeding	DBF 2nd hourly	Baby is good + Reassessed done every 4th hrly vital	Sudheer 26/6/26 @ 8PM
	5pm	prevent infection	6pm	+ every 2nd hrly Diaper changed	+ prevent infection		Reg. No 26/6/26 @ 8PM
Night	8pm - 8am	- Ensure safety - feeding DBF 2nd hrly.		- Maintaing good ~~fluid~~ fluid management - kepted up side rails	- Vitals are normal.	- patient is stable.	Bhanu 27/6/26 @ 8Am

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
25-05-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

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

Date: 27/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☑ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am	Provide DBF & burping.	10 Am	* provided DBF & burping every 2nd hourly.	* prevent dehydration provide Enutrients	* Re-Assesment done baby is hydrated	Sushila 27/6/26 @ 10 Am
Afternoon	4 Pm	Ensure Safety	4:10 pm	To provided side rails	To prevent fall RISK	patient is Stable	Sushila 27/6 @ 8 Pm
Night	8 pm	Asses the baby condition.	8 pm	Assessed the Baby condition	Baby is Stable & active	Baby is Haemodynamically Stable.	28/6/26 @ 8 am
	6 Am	Give feeds 8 2 n	6 am	Given feeds 8 & n			

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M1D (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

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

Date: 28/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	* Maintain fluid balance	9:15 Am	* Every 2nd hourly feeding & Burping is given.	* To prevented dehydration	* Baby is Safe & Active	Sony 28/6/26 @9Am
Afternoon			*	Discharge Note Doctor come for rounds To advice the Discharge.			Sony 28/6/26 @9Am.
Night							

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
25-05-2026 0 Y 0 M 1 D (M)
Dr. PREETHAM KUMAR

NURSING CARE RECORD

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Your Right to a Safe Delivery

Date: .....

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Relieve Pain & Discomfort
- ☐ Maintain Fluid Balance
- ☐ Improve Activity Tolerance
- ☐ Maintain Good Nutritional Status
- ☐ Maintain Skin Integrity
- ☐ Maintain Personal Hygiene
- ☐ Prevent Infection
- ☐ Meet Elimination Needs
- ☐ Ensure Safety
- ☐ Early Ambulation Reduce Anxiety
- ☐ Patient & Family Education
- ☐ Identify Potential Complications
- ☐ Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O GANTA SUSHMITHA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060489**	**Sex:**	**Male**
Consultant:	**Dr. PREETHAM KUMAR**	**Ward/Bed No:**	**N 2F-MICU/CRDL-MICU-227-1**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: LAXMAN RAO
Relationship: father
Date: 26/06/26 Time: 10.45 AM
Witness Name:
Witness Signature:

Patient Address:
OLD ALWAL, KISTAMMA ENCLAVE
Secunderabad Hyderabad Telangana
INDIA 500003

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Your Right to a Safe Delivery

Date & Time: 26/06/24

ATTENDANT INFORMATION SHEET

I, Mr/Mrs Vamshi d s/o _____ hereby state that my child/Wife Mother of baby d UHID No: 206267 has been admitted in UHRDC. I understand that hospital is taking utmost precautions by standards set by Ministry of health, India.

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

We are requested to follow below instructions strictly.

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

Name & signature of Legal Guardian and relationship with patient:

Name and signature of Executive taking the consent

Name and signature of Witness:

CONSENT FOR FORMULA FEEDS

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Patient Name: B/O. Ganta Sushmitha Age: NB Gender: ☑ Male ☐ Female

UHID no: 206267 Department / Ward: II floor Date: 26/6/26

I Mr / Mrs. : Ganta Sushmitha Aged 31 years, hereby declare that I have admitted my ☑ son / ☐ daughter in Rainbow Children's Hospital, Hyderabad on 25/6/26

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 / Guardian:

Signature: G. Sushmitha

Name: G. Sushmitha

Relationship with patient: Mother

Date & Time: 26/6/26; 10:00 PM

Witness

Signature: G. Jyothi Rani

Name: G. Jyothi Rani

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

Doctor (who is taking consent):

Signature:

Name: Dr Shivam

Date & Time: 26/6/26 10 pm

ఫార్ములా ఫీడ్‌ల కోసం సమ్మతి

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పేషెంట్ పేరు: ..... వయస్సు : ..... లింగం : □ మగ □ ఆడ

UHID సంఖ్య: ..... విభాగం / వార్డు : ..... తేదీ:.....

నేను శ్రీ / శ్రీమతి : ....., వృద్ధాప్యం .....

నేను నా □ కొడుకు / □ కూతురిని హైదరాబాద్‌లోని రెయిన్‌బో చిల్డ్రన్స్ హాస్పిటల్‌లో ..... . నా బిడ్డ కోసం ఫార్ములా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫార్ములా ఫీడింగ్ ప్రయోజనాలు, రిస్క్‌లు, ప్రత్యామ్నాయాల గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ అటెండెంట్ / గార్డియన్:

సంతకం: .....

పేరు: .....

రోగితో సంబంధం: .....

తేదీ & సమయం: .....

సాక్షి:

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం: .....

పేరు: .....

తేదీ & సమయం: .....

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 6 H (M)
Dr. PREETHAM KUMAR

Ho. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/6/26 Time:	10	1	3	4	7	11	2	7
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	PM	AM	AM
Temperature (°F)	98.4	98.6	98.6	98.6	98.6	97.3	98.3	98.1
Heart Rate (Number)	140	145	141	135	150	143	141	143
Resp Rate (Number)	52	52	40	33	47	47	40	43
Resp Distress: Mod/ Severe / None / Mild								
Receiving O_2 (l/min)								
O_2 Saturations (%)	99	99	99	98	acy-	99%		99%
Conscious Level: Normal / Altered	N	N		N	N			
GCS *								
TOTAL SCORE Number of shaded boxes	0	0		0	0	0	0	0
Pain Score	0	0		0	0	0	0	0
Observer's Initials								

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

Note: BP does not score in early warning scoring

Resp. Rate (bpm) Over 1 Minute) *

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

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
25-05-2026 0Y0M0D6H (M)
Dr. PREETHAM KUMAR

RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 27/6/26 Time: 10 1 4 7 11 8 7

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

Temperature (°F): 98.6°F | 98.6°F | 98.6°F | 98.6°F | 98.0°F | 97.5°F | 98.1°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	140	142	142	138	141	145	141
Resp. Rate (bpm) (Over 1 Minute) *	39	45	42	50	50	49	45
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2 (l/min) O_2 Saturations (%)	99	100	99	97	RA	RA	RA
Conscious Level: Normal / Altered	N	N	N	N	C	C	C
GCS *	15	15	15	15			
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	SA	SA	SA	SA	A	A	A

ACTIONS NB: Scores 3 should be recorded overleaf	
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VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
25-06-2026 0 Y 0 M 1 D (M)
Dr. PREETHAM KUMAR

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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.
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VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 1 D (M)
Dr. PREETHAM KUMAR

No. : RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

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

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)

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

70 60 50 40 30 20 10

Resp Rate (Number)

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

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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VIH-00206287 IP-00060489
Baby B/O GANTA SUSHMITHA
25-06-2026 0Y0M0D8H (M)
Dr. PREETHAM KUMAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

26/6/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
26/6/26	08:00 am											
	09:00 am											
	10:00 am	DBF	✓									Subadra 26/6/26 ESM
	11:00 am						✓					
	12:00 pm	DBF	✓									
	01:00 pm											
Total Intake :						**Total Output :**						
26/6/26	02:00 pm	DBF	✓									Roja
	03:00 pm											
	04:00 pm											
	05:00 pm	DBF	✓				✓			✓		Roja 26/6/26
	06:00 pm											
	07:00 pm	DBF	✓									
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	DBF										Bhanu 26/6/26
	10:00 pm											
	11:00 pm	DBF										
	12:00 am									✓		
	01:00 am	DBF										
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBF										
	04:00 am											
	05:00 am											
	06:00 am	DBF					✓			✓		Bhanu 27/6/26
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0 Y 0 M 0 D 13 H (M)
Dr. PREETHAM KUMAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
27/6/26	08:00 am	DBF					✓			✓	0	Sushmitha 9ft/6lbs @ 1pm
	09:00 am											
	10:00 am	DBF								✓		
	11:00 am	FF					✓					
	12:00 pm	DBF								✓		
	01:00 pm											
Total Intake :						**Total Output :**						
27/6/26	02:00 pm										1	
	03:00 pm		DBF									
	04:00 pm						✓			✓	0	Sushmitha 27/6/26 after feed
	05:00 pm		DBF									
	06:00 pm		FF									
	07:00 pm		DBF								1	
Total Intake :						**Total Output :**						
27/6	08:00 pm										1	
	09:00 pm		DBFF									
	10:00 pm		F				✓			✓	0	Dhusha 28/6/26 @ 8am
	11:00 pm										1	
	12:00 am		DBFF									
	01:00 am		F							✓		
Total Intake :						**Total Output :**						
28/6	02:00 am										1	
	03:00 am		DBFF							✓		
	04:00 am		F								0	Dhusha 28/6/26 @ 8am
	05:00 am											
	06:00 am						✓			✓	1	
	07:00 am		DBFF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
25-06-2026 0 Y 0 M 1 D (M)
Dr. PREETHAM KUMAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/6/26												
	08:00 am											
	09:00 am	DBF+FF										
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
25-05-2026 0Y0M0D8H (M)
Dr. PREETHAM KUMAR

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B/O Susm... mother.

STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/6.	9:30 am	Inj VIT K	0.5ml	IM			

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
28-06-2026 0Y0M0D2H (M)
Dr. PREETHAM KUMAR

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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00206267 IP-00060489
Baby B/O GANTA SUSHMITHA
26-06-2026 0Y0M0D8H (M)
Dr. PREETHAM KUMAR

NEW BORN DETAILS

B/O GANTA Sushmitha

DOB: 26/6/26 Sex: male Maternal Blood Group: "A" positive

Time: 9:12:02 AM Birth Weight: 3.937 kg Baby Blood Group: "A" positive

SVD / LSCS: elective

Indication: NPOL

Diagnosis: Term / EmLSCS / mch / C/AB / loop cord neck / 3.937 kg / e/SA

Any Maternal Complications: ____________________

Spo2 Pre ductal Right Upper Limb: 99%

Spo2 Post ductal Left Lower Limb: 99%

Inference : if the value <92 or difference between preductal and post ductal is >3 esclate the situation

Any Specific Remarks: ____________ Thyroid Screening: ____________ : NBS: ____________

Hearing Test (OAE): ____________ Red Reflex: ____________.

Head Circumference: 36 cms Length: 47 cms

Vaccination: OPV, BCG, Hep-B given on 27/6/26 @ 9 am.

Date	Day of life	Weight	Weight Loss (> 10% Escalate)	Urine	Stool	DBM/FF	TCB/SBR
27/6		3.84 ↓ 97gm		✓	✓	DBM+FF	
28/06/26		3.75 ↓ 90gms		✓	✓	DBM+FF	TCB @7:43 am 11.3mg/dl.