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ACTIVITY RECORD FOR BILLING

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0Y0M0D2H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

UHID N ---------- Consultant : ---------- Dept : labour ward

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

Room / Bed No : (3) ---------- Ward : (lw ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	@ 1AM	MLU	(2nd)	

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
11/6/26	GRBS :- 5:45pm 58 mg/dl (OT)	V1 26020090	
11/6/26	ABG (OT)	V1 26020091	
11/6/26	GR·B·S. (52) mg/dl 9pm (NEW)	V1 26020092	Pooja
12/6/26	Blood grouping	V1 26020053	
12/6/26	GRBS 3:Am - 59 mg/dl	26020098	
12/6/26	GRBS @ 9:45Am - 74 mg/dl	26020199	
12/6/26	GRBS at 5pm - 464 mg/dl	26020200	
12/6/26	GRBS at 6pm - 56 mg/dl	26020201	
13/6/26	GRBS @ 12AM - 64 mg/dl	26020219	
13/6/26	GRBS @ 6Am - 65 mg/dl	26020220	
	SBR, RBS/AM)	26020253	

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	TFOAF	1	3089687	

ANY OTHER INFORMATION

Date : 13/6/26 Time : 9 AM Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	13/6/26 9 AM.		

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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-00060320 **Admit Date** : 11-Jun-2026 **Admit Time** : 05:35 PM **UHID** : VIH-00205820

Patient Details :

Patient Name	: Baby B/O KONDLE HARIKA	**Age**	: 0 D
Guardian	: Mr P MANI TEJA	**DOB**	: 11-06-2026 04:00 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: uma nilayam Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9030970074
		E-mail	: na@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-LW-221-2 **Ward Name** : N 2F-LABOUR WARD

Room No : CRDL-LW-221-2 **Admission Type** : First Visit

Contact Details :

Name	: Mr P MANI TEJA	**Relationship**	: Father
Contact Address	: uma nilayam Boduppal Hyderabad Telangana INDIA 500092	**Phone No**	: 9030970074

Signature

Doctor Details :

Doctor Name	: Dr. KODICHERLA VISHNU VARDHAN REDDY	**Specialisation**	: NEONATOLOGY
Referral Doctor	: DR.BHAVANA K	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 3 H (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O- Harika Mother's Name: Mrs Harika

Date of Birth: 11/6/26 Time of Birth: 4:00:10sec PM Gender: ☐ Male ☐ Female

Birth Weight: 2.454kg 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: B+ve Baby: B+ve

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: 5:40PM

VIH-00199834 IP-00060299
Mrs KONDLE HARIKA
17-07-1994 31 Y 10 M 26 D (F)
Dr. BHAVANA K

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

Indication: Emergency LSCS

Physical Assessment of New Born:

Temp: 98.1F °C HR: 160b/mt /Min RR: 45b/mt /Min BP: — SpO_2: 99%

Pain Score: — (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 IM 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: Vanaja Signature: Vanaja Date &Time: 11/6/26 @7PM

PATIENT TRANSFER FORM

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Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
	11/6/26 @ 5:35pm	11/6/26 @ 11:~~AM~~
	Transfer Ordered by: Dr shikar	Reason for Transfer: for Observation
From Unit: mICU	To Unit: (204)	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 15	Number of Imaging Films: -Nil-	Personal belongings including clinical documents. If any handed over to attendant: Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby kaches	(1)
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis pooja	Dr. shikar

Patient & Clinical Records Received by : Roja

Date & Time of Patient Received : (12/6/26 @ 11:~~AM~~

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

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

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : HARIKA Age : 31yr. Father's Name : ..... Age : .....

Date of Birth : 7/7/94 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Vishnu V. Referring Consultant : Dr. Bhavana

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

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

BIRTH INFORMATION

Name : B/o Harika

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 11/06/26 Time of Birth : 4:00:10 PM

Place of Birth : RCH - VKP.

Mother's Blood Group : .....

Birth Weight (gms) : 2454g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37wk.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yr. Ht : 162 Wt : 88 BMI : ..... Married Life : 2½yr. LMP : 21/9/25 EDD : 1/7/26.

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : 11+5wk. AN Steroids Drugs / Doses : .....

Last Scans Details : 8/6/26. 36+5wk/SHUF/Cephalic/AFI - 10.5cm/Doppler (N)/Pt. Anti thigh.

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

T. Nicardia : conception 20mg.

T. Ecosprin 150mg OD : conception

H/o value of recent BP recording, proteinuria, edema, @ 36wk.

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : -

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin FTS - 10 wk GDM

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

Insulin + Metformin 500mg BD 12-14-6 unit

Compliance with Rx : ✓ Present in USG.

Scans : LGA, TIFFA , Fetal Echo : WNL in Both. Mentioned

H/o Hypothyriodism : when diagnosed ? Medication? (N) since birth.

(+) 137.5 mcg.

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 : 12wks Any culture : —

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

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

VIH-00205820 IP-00060320
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11-06-2026 0Y0M0D2H (F)
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PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Bhavana ..... Hospital : RCH VKP. ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) occipito Posterior

Second stage (> 2 hours after dilation) Position

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	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	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

CiAB.

Equipment check done
↓
B/o Harika delived via Emlscs
↓
CIAB
↓
Cord clamp cut immediately (loop + op position)
↓
Received into pre heated warmer
↓
Dried and stimulated
↓
Secretions cleared
↓
Cord clamp cut 2A+1V ⊕
↓
Inj. vit K given

target SpO2 reached at 2' of life

Investigation details in previous Hospital :

at 5' of life ⊖ SCR ⊕ / Tachypnea ⊕
SpO_2 > 95 HR > 100
↓
DR- CPAP given for 3 min
PEEP-6
FiO_2-21.

Feeding History :

at 10' of life SCR ⊖; SpO_2 > 95
HR > 100
↓
Baby vigorous
Kept to mother side.

Past History :

Family History :

Socio Economic History :

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 2 H (F)
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GENERAL EXAMINATION ON ADMISSION

General Disposition :

Cry - vigorous
Tone (N)
activity - active flexion of UL, LL (+)

VITALS : Temperature : 36.5°C HR : 160/min RR : 45/min NIBP : ..... CFT : < 3sec

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : > 95 / RA

Anthropometry : Birth Weight : 2454g Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) —

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

EYES :
Symmetry : ? (L) Temporal
Red Reflex : Subconjunctival thong
Discharge :

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

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 2 H (F)
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THORAX and . of Thorax :
BREASTS : Position of Nipples and Number : 2 in (N) ant position

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

GENITILIA :
Labia / Hymen : ✓
Testicles/penis :
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : —

EXTREMETIES :
Fingers / Toes : 10F+10T (P).
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 (P) Breath Sounds : NVBS (P) Added Sounds : —

Cardiovascular System :

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

Abdomen :

Shape : .....
Palpation : Soft
Palpable masses : .....
Abdominal girth : .....
Hernia orifice : free.
Anal Patency : (P)
Umbilical Cord : 2A+1V (P)
First urine passed : Not passed
Meconium passed : Not passed

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 2 H (F)
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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 : B/L equal. DTR : ....

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

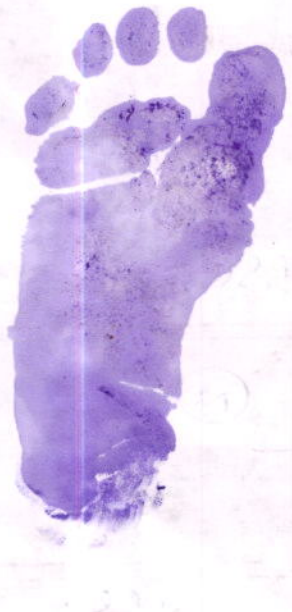
Any Congenital Anomalies : ....

....

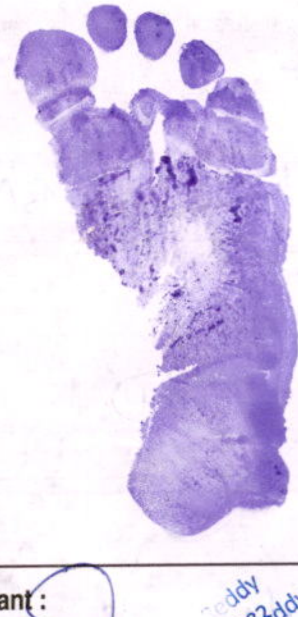
Diagnosis : Term / Em LSCS / Hypothyroid / GDM / Preimembrous / CIAB / FCH / (L) Temporal molter subconjunctival bleed / YSO / LBW / 2.454 kg

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : ....

Name : Dr. Shriker

Date & Time : ....

Consultant :

Signature : ....

Name : Dr. ... Vardhan Reddy, Reg. No. APMC/FMR/79982

Date & Time : 12/6 @ 11:00 am

DISCHARGE PLAN

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-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 2 H (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

Details: .....

Final Diagnosis: .....

- 2D Echo after 48 HOL B/f D/c i/v/o fetal 2DEcho finding
- GBRS 6thly pre feed till 48 Hol
- Ophthalmic evaluation i/v/o ① temporal Subconjunctival Hr
- Immunization
- DRF 2nd hly
- Cord care, Kangaroo care.

Noted by Dr. Vanitha

Doctor Signature: .....

Doctor Name: Dr Sruthi

Date & Time: 11/6/26 / 5:40pm.

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 5 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026 9:00 AM	37 / ♀	2.45 kg ↓ (Some ...) / GDM primi Em-LSCS; Echogenic focii, VSD in fetal chd JOHM.
		CA/A Good
		CRT <3sec
		AF-(N)
		moro · Elicited
M, B } D+ve.		
		CVS, CNS, RS, PA (N)
		P/on
Birth vacc ☑		– SBR & NBS T/M 4:00pm
B/L red reflex ☑		– GRBS (Prefeed) Q6H
		– OAE T/M
	{No need of ophtha evaluation}	– warmth & cord care
		– feeding
		– Inform SOS.
		– 2D Echo (SOS).
	Dr. Vishnu Vardhan Reddy Reg.No. APMC/FMR/79982	on follow up
		noted by [signature] 12/6/26 @12pm

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11-06-2026 0 Y 0 M 0 D 3 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	lactation notes (Mrs. Ramyasharmi)	
	• Ist time Mother	
	• Normal breast condition	
	• Drops of milk seen	
	• Strategies to improve supply discussed	
	• to feed every 2hrs	
	• More skin to skin	
	• [signature]	
12:40PM	37/♀ | 2.45 kg (same wt) |	GDM Primi Em. LSCS JOHM
12/6/26 3:00pm		
	- Baby got no concerns	Plan
	- Baby feeding (N) latching/sucking (N)	- OAE - TD after 4PM - Today - SBR + NBS - (T/M 4:00pm) - Continue same - GRBS (prefeed) Q6H or before d/c if package runs out.
	CVS CNS RS PA (N).	
	noted by sushila 12/6/26 at 6pm	

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 10 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 8.45 AM	C/S/B Resident	TOB 11/6/26 4pm
	LatePTerm/36+5wks/LSCS/C/I/AB/2.45Kg/ Hypothyroid mother with GDM	
	M.BG - B positive	
	B.BG - B positive	Adv
	Y.wt - 2.45Kg	- DBF f/b burp well
	T.wt - 2.36Kg (↓90gm) (↓3.6%)	- Send SBR, NBS NBO
	OAE (N)	- Warm care & cord care
	Red reflex (N)	
	Vaccination done	- V
	O/E CT/A good	
	Baby warm	
	CVS - S1S2 (N)	
	RS - B/L AE (N)	
	PA - soft	
	Vit stable	
Dr. [signature]		Noted by Sashida 13/6/26 at 10 Am

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 10 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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 KONDLE HARIKA**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP-00060320**	**Sex:**	**Female**
Consultant:	**Dr. KODICHERLA VISHNU VARDHAN REDDY**	**Ward/Bed No:**	**N 2F-LABOUR WARD/CRDL-LW-221-2**

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 to consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for surance 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.
have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill arance. 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: MANI TEJA
Relationship: Father
Date: 10/06/26 Time: 05-35 P.M
Wittness Name:
Wittness Signature:

Patient Address:
uma nilayam Boduppal Hyderabad
Telangana INDIA 500092

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

.: RCH/ FRM / CLINICAL / 1241 (1)

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

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

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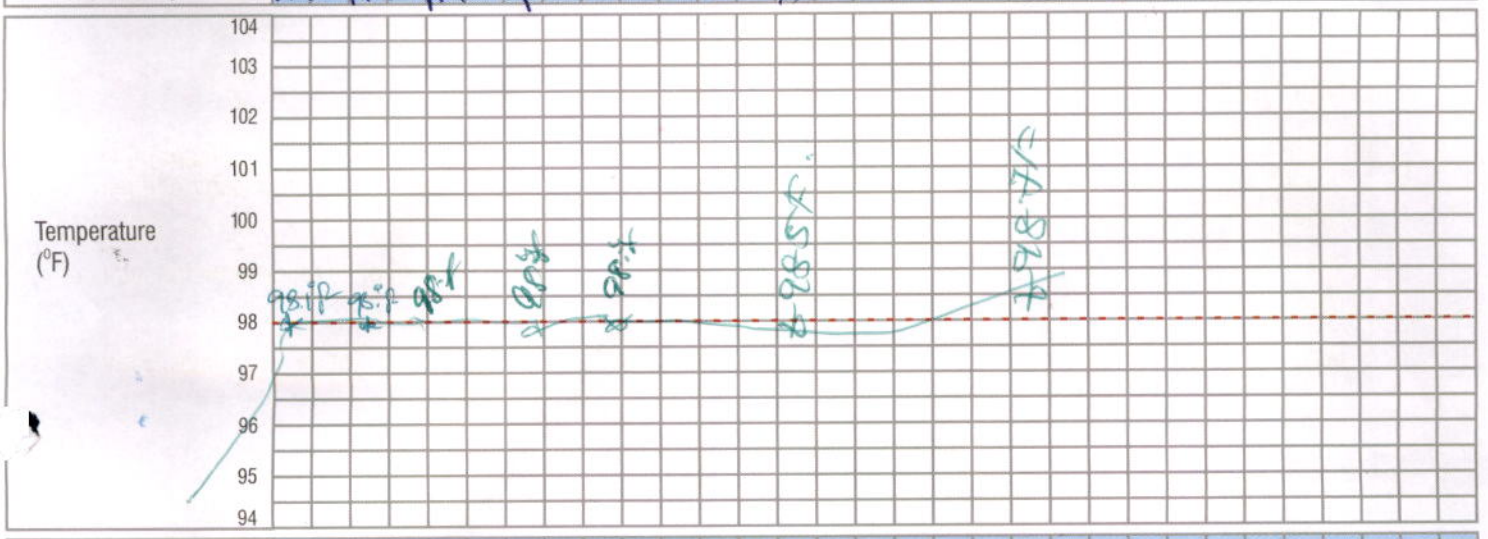
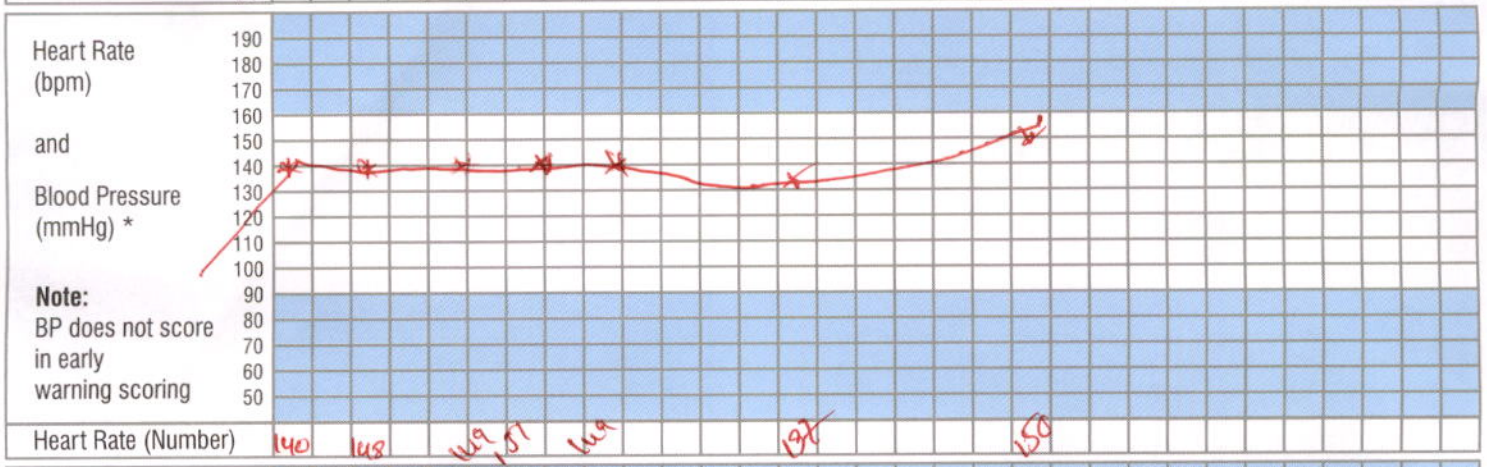
EARLY WARNING SCORE: CHILDREN'S UNIT

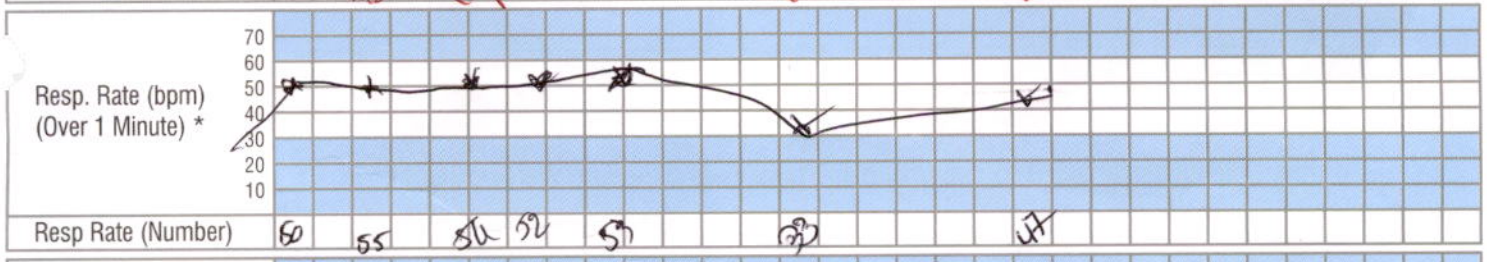
Date: 10/6/26 Time: 5 7 9 11 1 4 7

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





Heart Rate (Number) 140 148 149 157 149 197 150



Resp Rate (Number) 60 55 52 52 57 33 44

Resp Distress	Mod/ Severe / None / Mild	NO	NO				
Receiving O_2 (l/min)							
O_2 Saturations (%)		99	99	97	98	97	99	98
Conscious Level	Normal / Altered	✓	✓	N	N	N	N	N
GCS *		✓	✓	✓	✓	✓		
TOTAL SCORE Number of shaded boxes		0	0	0	1	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials								

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

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

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. KODICHERLA VISHNU VARDHAN

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It takes a lot to treat the little.

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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-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. KODICHERLA VISHNU VARDHAN

No. : RCH/ FRM / CLINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... 12/6/26 Time:	10		2		5	8		11		3		7	
Doctor/Nurse/Family Concern?	AM		PM		PM	PM		PM		PM		AM	
Temperature (°F)	98.0°F		97.3°F		98.6°F	98.6°F		98.4°F		98.5°F		98.8°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	153		151		146	147		134		150		131	
Resp. Rate (bpm) (Over 1 Minute) *	40		41		46	52		33		47		37	
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2 (l/min) O_2 Saturations (%)	nil		nil		96	97		99		97		96	
Conscious Level: Normal / Altered	C		C		A	A		A		A		A	
GCS *					15	15							
TOTAL SCORE Number of shaded boxes	0		1		0	0		0		0		0	
Pain Score	0		1		0	0		0		0		0	
Observer's Initials	AR		AR		AR	AR		AR		AR		AR	

Note: BP does not score in early warning scoring

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0Y0M0D3H (F)
Dr. KODICHERLA VISHNU VARDHAN

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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.
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-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. KODICHERLA VISHNU VARDHAN

RM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: 13/5/26 Time: 9

Doctor/Nurse/Family Concern? Amy

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

99 98.8

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

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 138

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

70 60 50 40 30 20 10

Resp Rate (Number) 34

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

Noted by Sushi @ 10 Am

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-05-2026 0 Y 0 M 1 D (F)
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VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 5 H (F)
Dr. KODICHERLA VISHNU VARDHAN

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FLUID CHART

Sheet No. : 1 (1)

11/6/26

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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am					Nil						
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
11/6	05:00 pm	DBF								✓	0	11/6/26 @8PM
	06:00 pm										0	
	07:00 pm	DBF								✓	0	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	DBF	✓								0	POO 1 11/6/26 @8PM
	10:00 pm									✓	0	
	11:00 pm	DBF	✓								0	
	12:00 am											
	01:00 am	DBF	✓							✓		
Total Intake :						**Total Output :**						
12/6/26	02:00 am											
	03:00 am	DBF	~				✓					POO 1 @ 12/6/26 @8AM
	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	

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0Y0M0D3H (F)
Dr. KODICHERLA VISHNU VARDHAN

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

FLUID CHART

Sheet No. : .....

12/6/26

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					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
12/6/26	08:00 am											
	09:00 am		DBM							✓		
	10:00 am						✓					
	11:00 am		DBM									
	12:00 pm									✓		
	01:00 pm		DBM									
Total Intake :						**Total Output :**						
12/6/26	02:00 pm											
	03:00 pm		DBF							✓		
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
13/6/26	08:00 pm											
	09:00 pm		DBF									
	10:00 pm									✓		
	11:00 pm		DBF				✓			✓		
	12:00 am											
	01:00 am		DBF									
Total Intake :						**Total Output :**						
13/6/26	02:00 am											
	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	

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 10 H (F)
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FLUID CHART

Sheet No. : .....

13/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
13/6/26 @ 9AM	08:00 am	DBF					—			—	1	
	09:00 am									—	1	
	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 :**						

Noted by Sister 13/6/26 @ 11 AM

Total 24 hrs. Intake		Total 24 hrs. Output	

VIH-00205820 IP-00060320
Baby B/O KONDLE HARIKA
11-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. KODICHERLA VISHNU VARDHAN

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Your Right to a Safe Delivery

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 2.454 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/6/26.	4:10 PM	INJ. VITAMIN K	0.5cc	P/M			