

ACTIVE

VIH-00206227 IP-00060475
Baby B/O B.LAVANYA
25-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR

NG

Name: _____

UHID No _____ Consultant : _____ Dept : _____

Date of Admission: 25/6/26 Time : _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : UW Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>25/6/26</u>	<u>3:50 pm</u>	<u>MICU</u>	<u>Room(208)</u>	<u>[Signature]</u>

Cross Consultation Visit

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

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET



Registration Details :

Admission No : IP-00060475 **Admit Date** : 25-Jun-2026 **Admit Time** : 08:58 AM **UHID** : VIH-00206227

Patient Details :

Patient Name : Baby B/O B.LAVANYA	Age : 0 D
Guardian : Mr M.RAJESH	DOB : 25-06-2026 07:08 AM
Gender : Male	Religion :
Occupation :	Martial Status :
Address (H) : PLOT NO 4-2-205/60 \T\61SAMALA LAKSHMI NAGAR COLONY KOWKOOR Agarwal Estate Hyderabad Telangana INDIA 400068	Phone No : 7670862340
	E-mail : na123@rainbowhospitals.in

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-228-1 **Ward Name** : N 2F-MICU
Room No : CRDL-MICU-228-1 **Admission Type** : First Visit

Contact Details :

Name : Mr M.RAJESH **Relationship** : Father
Contact Address : PLOT NO 4-2-205/60 \T\61SAMALA LAKSHMI NAGAR COLONY KOWKOOR Agarwal Estate Hyderabad Telangana INDIA 400068 **Phone No** : 7670862340 / 9100687946

Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : **Phone No** :
Co-Consultant :

Payment Details :

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

MEDICAL RECORD COPY

Name	Baby B/O B.LAVANYA	UHID	VIH-00206227
Father/Guardian	Mr M.RAJESH	Age/Gender	0 Y 0 M 1 D/Male
Address	PLOT NO 4-2-205/60 T\61SAMALA LAKSHMI NAGAR COLONY KOWKOOR, Agarwal Estate, Hyderabad, Telangana, INDIA, 400068		
IP No	IP-00060475	Admission Date	25-06-2026
Ref Doctor		Discharge Date	27-06-2026

DISCHARGE SUMMARY

Consultant:

Dr. PREETHAM KUMAR

MBBS,DNB(PEDS),DCH,FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS

Diagnosis: Term/Appropriate for gestational age/Baby Boy

Mode of Delivery: Emergency Lower Segment Cesarean Section (Indication: Previous LSCS in latent labour)

Anthropometry:

Weight at birth : 3.003 kgs
Weight at discharge : 2.83 kgs
Head circumference : 34 cms
Length : 49 cms

History: Baby of Baby B/O B.LAVANYA is a term (38+1 weeks) baby boy, delivered to a Multi gravida mother by Emergency Lower Segment Cesarean Section (Indication: Previous LSCS in latent labour) on 25.06.2026 at 07:08 am with birth weight of 3.003 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. B.LAVANYA is a 28 years old Multi gravida (G2P1L1)

Name

Baby B/O B.LAVANYA UHID

VIH-00206227

mother.

G2 - Present pregnancy, spontaneous conception, had regular ANC's. Antenatal scans were normal. History of anemia at 28 weeks managed with IV iron, 2 doses. No history of Pregnancy-Induced Hypertension / Urinary Tract Infection / Antepartum Hemorrhage / Oligohydramnios / Polyhydramnios / 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. Baby's arterial blood gas / venous blood gas showed pH 7.30, pCO₂ 48.8 mmHg, pO₂ 44 mmHg, HCO₃ 22.0 mmol/L, BE - 2.4 mmol/L. Baby's blood sugars were regularly monitored which were normal.

Transcutaneous bilirubin before discharge was 8.5 mg/dl, it does not come under phototherapy range.

Vaccination: Baby was given following vaccination:

BCG / OPV / Hepatitis-B on : 26.06.2026

Hearing test (TEOAE): Done on 27.06.2026 was normal.

Newborn screening (Advanced): To be done on follow up.

Saturation: Right upper limb and left lower limb 100% at room air.

Red Reflex: Present and Symmetrical.

Name

Baby B/O B.LAVANYA

UHID

Feeding: Breast feeding was initiated and baby tolerated the feeds well. In view of weight loss, baby was started on top-up formula feeds.

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

Advice:

1. Keep the baby clean and warm.
2. Continue demand breastfeeding as advised.
3. Burping after each feed.
4. Immunization as per schedule.
5. Vitamin-D3 drops (1ml=800IU) 0.5ml once daily till one year of age.
6. Nasoclear nasal drops, 1 drop in each nostril (if needed) for nose block.
7. New Born Screening (Advanced) / Thyroid Function Test, Serum bilirubin to be done on follow up.
8. "Appointment for vaccinations to be taken during the 1st hour of the OPD slots of your respective consultant to avoid rush and minimum waiting period".
9. Kindly consult Dr. Atluri Kundana Priya, Consultant Pediatrician & Neonatologist, on Tuesday (30.06.2026) in OPD with prior appointment (This consultation will be charged).
10. Kindly consult Ms. Ramya Ashwin, Lactation Consultant, within 3 days of discharge or in any kind of feeding difficulty, in OPD with prior appointment (This consultation will be charged).

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.

Name

Baby B/O B.LAVANYA UHID

VIH-00206227

6. Increase in jaundice.
7. Abnormal movements.


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

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

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

The discharge advice and details on how to obtain emergency care has been explained to me in the language that I understand.

Name : M. RAJESH

Signature : 

Relationship with patient : *Partner*

This summary has been explained by :

Summary prepared by : Dr. Shivam
DEO : Kalyan

for Dr

Registrar/Resident/C.M.O

Dr. PREETHAM KUMAR
MBBS, DNB(PEDS), DCH, FELLOW NEONATOLOGY
SENIOR CONSULTANT PEDIATRICS
39859



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o - Lavanya Mother's Name: Mrs. Lavanya
Date of Birth: 25/6/26 Time of Birth: 7:08 AM Gender: Male Female
Birth Weight: 3.603 Kg Kgs HC: 40 cm Length: 35 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: _____

KUH-00154519 IP-00060471
Mrs B.LAVANYA
14-02-1998 28 Y 4 M 13 D (F)
Dr. SRILATA PATNAIK

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVD
Indication: Pre-eclampsia

Physical Assessment of New Born:

Temp: 98.6 °C HR: 145 /Min RR: 45 /Min BP: _____ SpO₂: 99%

Pain Score: _____ (Follow N Pass)

Fall Risk Assessment: Yes No Score: 16 (Fill the Humpty Dumpty Sheet)

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify: _____

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Rani

Signature: Rani

Date & Time: 25/6/26 @ 9:30 AM

PATIENT TRANSFER FORM

VIH-00206227 IP-00060475

Baby B/O B.LAVANYA
25-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. PREETHAM KUMAR



Date & Time of Admission 25/6/26 @ 8:58 AM		Date & Time of Transfer Order 25/6/26
Treating Consultant Name	Transfer Ordered by Dr - Vishal	Reason for Transfer Observation
From Unit MICU	To Unit Room (203)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 15	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	↳ Baby laches	①
2.	-	
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr - Vishal		
Name & Signature of Person who is Transferring Sis. pooja		Name of Person Ordered Transfer Dr. Vishal
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		

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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 Baby B/O B.LAVANYA
 25-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. PREETHAM KUMAR



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : LAVANYA Age : 28 Yrs Father's Name : Age :

Date of Birth : 14/2/1998 Date of Admission : UHID No. :

NICU Consultant : Dr. Preetham KV 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 B LAVANYA Mother's Blood Group : O+VC

Gender : M F Blood Group : F+O5-57A Birth Weight (gms) : 3003g Length (cms) :

Date of Birth : 25/6/26 Time of Birth : 7:05:57 AM OFC (cms) :

Place of Birth : V-PCN Estimated Gesth Age : 36+1w⁴

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28 Yrs Ht : 157 Wt : 63 BMI : Married Life : 3yrs LMP : 22/9/25 EDD : 8/7/26

Conception : Spontaneous or with Rx : Spontaneous

Booked at what GA : Since conception AN Steroids Drugs / Doses : NO

Last Scans Details : Growth scan - 6/6/26 - SLTUF, 35+3wks cephalic PL-A14, AFS - 10 200
AC-97, GA - 2.289g, Doppler - (N) TT Immunization and Iron / Folic Acid : YCS

MATERNAL RISK FACTORS

Age : <18 yrs >35yrs Dx with Anaemia at 28wks managed with iron 2 doses
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : NO

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

IUGR - when detected : NO

Doppler (Increased Resistance / ADEF / REDF /

Redistribution in MCA) / Ductus Venosus : (N)

AFI : (0.2cm)

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

Controlled or not, recent values, HbA1 values : NO

Compliance with Rx : NO

Scans : LGA, TIFFA, Fetal Echo :

H/o Hypothyroidism : when diagnosed ? Medication?

NO

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 : NO Any culture : NO

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

Medication during Pregnancy : Duration :



Nervous System : Higher intellectual functions (Sensorium) : }
 State of wakefulness : } @ C.M.A - AGE
 Prechtle Score :

Nerves :

Motor System :

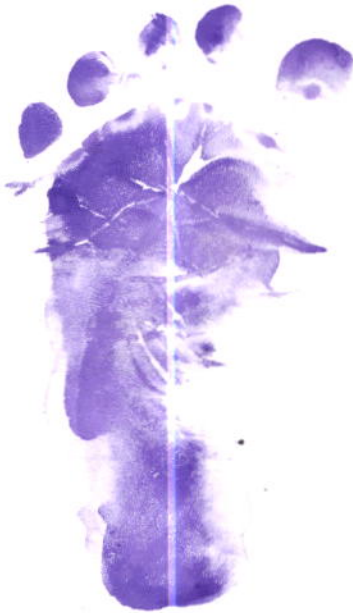
Passive Tone : } @
 Active Tone : } @
 Neonatal Reflexes :
 Grasp : Palmar Plantar Sucking Rooting Crossed adductor :
 Moro's : BL symmetrical DTR :
 ATNR : Skull and Spine : @

Any Congenital Anomalies : None

Diagnosis : FT / 3410K / 3.003kg / AGA / TMI M / LSLs (PVCVC c.)
CTAB

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :
 Signature : [Signature]
 Name : Dr. Anand
 Date & Time :

Consultant :
 Signature : [Signature]
 Name : [Name]
 Date & Time : [Date/Time]

Taken by
Prasanna
25/6/24
 Preetham Kumar Reddy
 25/6/24
 Page: 6/8



- 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 :

- avoid cold, warm bath care
- BIF FIB BIP x 2hrly E on demand
- SDR, OAC, NBS BIF discharge
- Vaccination as JCV schedule
- check GRBS once after 6 hrs

GRBS
25/6/26 @ 9:15 AM
63 mg/dl

Ata

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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Feeding: Breastfeeding exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

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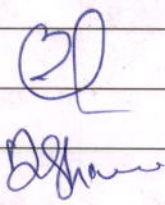
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	<u>CLB Resident</u>	
16:30	F7/38 + 1wk / CLB / LSC / 3.0031g / ACP	
	O/R C17/A good OD 5/12 PD - BLUE PA - 28k vy Sts	<u>Adv</u> - DBF for burry 20g - No catch - Wm care & Cnd care
25/6/26	Lactation notes (Mrs. Ranjitha)	
	<ul style="list-style-type: none"> • Experienced Mother • Normal breast condition • Drops of Milk seen • Assisted Mother in feeding • Advised the mother to feed every 2hrs • Move skin to skin • He breast 	



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 9.00 AM	S/B Registrar Exam / A&A / baby exam /	HDL - 26 / G, P, L,
	o/e baby exam	
	MBG } BBG } 0+40.	
	winc ✓ makin -	Plan
	A/L - NAD P/M - left	→ DBM
	B.wt: 3003kg T.wt: 2920kg (↓ 83 gm)	→ OAE today → Urine exam
	med reflex: present? B/c asymmetrical.	→ TCR before N/C
	Sameer (Dr. Sameer)	
	noted by Sashita 26/6/26 11:00 AM	
	S/B Registrar	
26.6.26 3.00 PM	o/e baby exam	
	MBG } BBG } 0+40.	
	winc ✓ makin -	Plan
	A/L - NAD P/M - left	→ DBM + FE
noted by Sashita 27/6/26 11:00 AM	Sameer (Dr. Sameer)	→ OAE today → Urine exam → TCR before discharge

VIH-00206227 IP-00060475
 Baby B/O B.LAVANYA
 25-06-2026 0 Y 0 M 2 D (M)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26.	Lactation notes (Mrs. Lavanya)	
	<ul style="list-style-type: none"> • c/o low milk supply • AF introduced • Strategies to improve supply discussed 	
	<ul style="list-style-type: none"> • fluc. 	
	<ul style="list-style-type: none"> • for 	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 9 AM	<p>CL/B Resident</p> <p>Term/38w 1w0d/18ed/CLAB/3003kg/Boy</p> <p>M.BG - O+ve B.BG - O+ve</p> <p>Y.WT - 2.92kg Z.WT - 2.83kg (190gpm)</p> <p>O/E Cl/A good CRT 23sec CVS - S1S2 @ Ps - B/LAS @ PA - SQL Uq - stable</p> <p>TCB - 8.8mg/dl</p> <p>fw 2dys 30lb</p>	<p>Plan</p> <p>- DBF jlb burpy 2x/day</p> <p>- Warm care & low care</p>
		<p>AShikam</p>
	<p>M. K. LAVANYA 27/6/23 9 AM</p>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>(FT) 38 H w/ 3-000 / AHA / JMI MI USU N</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<i>25/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	
	Shift	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6°</i>	<i>98.6°F</i>	<i>97.9°</i>	<i>98.6°</i>	<i>98.6°F</i>
		Res:	<i>20 b/m</i>	<i>20 b/m</i>	<i>18 b/m</i>	<i>22 b/m</i>	<i>20 b/m</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>99%</i>	<i>100%</i>
		Pulse:	<i>145 b/m</i>	<i>145 b/m</i>	<i>141 b/m</i>	<i>142 b/m</i>	<i>139 b/m</i>
		BP:	-	-	-	-	-
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
Fall Risk Score:	<i>16</i>	<i>16</i>	<i>16</i>	<i>16</i>	<i>16</i>		
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity:	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	
Post Operative Procedure Special Orders:	<i>GRBS 6th hourly</i>	<i>GRBS 6th hourly</i>	-	<i>GRBS 6th hourly</i>	<i>GRBS 6th hourly</i>		
Handed Over By Name :	<i>Rani</i>	<i>Jini</i>	<i>Bhanu</i>	<i>Sushila</i>	<i>Vaishy</i>	<i>Bhanu</i>	
Signature / ID :	<i>02082</i>	<i>01788</i>	<i>17887</i>	<i>97695</i>	<i>9050148</i>	<i>017887</i>	
Date:	-	<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>	
Time:	-	<i>@ 8pm</i>	<i>8pm</i>	<i>8pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>	
Taken Over By Name :	<i>Jini</i>	<i>Bhanu</i>	<i>Sushila</i>	<i>Vaishy</i>	<i>Bhanu</i>	<i>Sushila</i>	
Signature / ID :	<i>01788</i>	<i>17887</i>	<i>97695</i>	<i>9050148</i>	<i>017887</i>	<i>97695</i>	
Date:	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>	
Time:	<i>@ 8am</i>	<i>8pm</i>	<i>8AM</i>	<i>@ 8pm</i>	<i>@ 8pm</i>	<i>8AM</i>	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT/38+1 week 13.003 kg LAMA/Tml ml/LSCS		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:										
	Surgery / Procedure: <input checked="" type="checkbox"/>		Post OP Day:										
BACKGROUND	Date	Shift	27/6/26 M										
	Medical Condition (Any special condition to be noted):		nil										
	Diet:		DBF										
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ventilation (RA, NP, NIV, VENTI):		RA										
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Vital Signs:		Temp:	98.6F									
			Res:	25/10/7									
			SpO ₂ :	99%									
			Pulse:	145/100									
			BP:	-									
			LOC:	conscious									
	Fall Risk Score:		16										
Pain Score:		0											
Skin Integrity		Intact											
Recommendations	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Physiotherapy:		nil										
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Special Diet:		DBF										
	Critical Lab Test / Values:		nil										
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):		dependent											
Post Operative Procedure Special Orders:		nil											
Handed Over By Name :		Sushila											
Signature / ID :		816008											
Date:		27/6/26											
Time:		10 AM											
Taken Over By Name :		Noted by Sushila 27/6/26 at 10 AM											
Signature / ID :													
Date:													
Time:													

NURSING CARE RECORD

Date: 25/6/26

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: TO give DBF 2nd hourly

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM 2 PM	→ TO give DBF every 2nd hourly Ensure safety	8:15 AM	→ DBF provided every 2nd hourly. provide side cribe	→ Baby taking good feed to prevent tan	→ Re-Assess baby taking good feed Baby is safe	SA 25/6/26
Afternoon	4 PM	* Maintain fluid balance		* provided DBF & burping every 2nd hourly	* Baby is hydrated	* Re-Assessment done baby is stable.	SA 25/6/26 @ 8pm
Night	9 PM	* maintain Personal Hygiene. * ensure safety		- Provided warm and card care.	- DBF 2 nd hourly given. - prevent infection.	- vitals 4 th hourly & checking	SA 26/6/26 8 PM



NURSING CARE RECORD

Date: 26/6/26

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	9am	maintain good nutritional status	9:10 AM	To provided every 2nd hourly breast milk given	oral intake is good	patient is stable	Sushila 26/6/26 @9am
Afternoon	5pm	* Maintain Good nutritional status	5pm	* Every 2nd hourly feeding & Burping given	* To prevent dehydration	* Reassessment done Baby is stable	Varshali 26/6/26 @8pm
Night	8pm	- Ensure safety - Maintain good nutritional support	8pm	- 2nd hourly DBF is given.	- To maintain hydration.	Baby is stable.	Bhavana 27/6/26 @8pm

VIH-00206227 IP-00060475
 Baby B/O B.LAVANYA
 25-06-2026 0 Y 0 M 2 D (M)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD

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				discharge note! - doctor advised for discharge			
Afternoon				noted by Seyliq 27/6/26 at 10 AM			
Night							



NURSING CARE RECORD

Date:

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				<p>1-10:00 AM - 20% SpO2, 100% Sat</p> <p>5-10:00 AM - 100% Sat</p>	<p>2-10:00 AM - 100% Sat</p> <p>3-10:00 AM - 100% Sat</p>	<p>4-10:00 AM - 100% Sat</p>	
Afternoon				<p>5-10:00 AM - 100% Sat</p> <p>6-10:00 AM - 100% Sat</p>	<p>7-10:00 AM - 100% Sat</p> <p>8-10:00 AM - 100% Sat</p>		
Night							

CONSENT FOR FORMULA FEEDS



Patient Name: B. LAVANYA Age: NB Gender: Male
UHID no: 206227 Department / Ward: 2nd floor Date: 26/6/26

I Mr / Mrs. : Lavanya Aged years, hereby declare that I
have admitted my son / daughter in Rainbow Children's Hospital, Hyderabad on

I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives
in the language I best understand.

MRS
Patient Attendant / Guardian:
Signature:
Name: M. RAJESH
Relationship with patient: Husband
Date & Time: 26/6/26 4 2:58 pm

Witness
Signature: Sai
Name: M. Sai Kalpana
Date & Time: 26/6/26 Ee 3:00

Doctor (who is taking consent):
Signature: Sameera
Name: Dr. Sameera
Date & Time: 26.6.26 ; 2:56 PM

ఫారులా ఫీడ్ల కోసం సమ్మతి

పేషెంట్ పేరు: వయస్సు: లింగం: మగ ఆడ
UHID సంఖ్య: విభాగం/వార్డు: తేదీ:

నేను **శ్రీ / శ్రీమతి** : వృద్ధాప్యం
నేను **నా** కొడుకు / కూతురిని **హైదరాబాద్**లోని **రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్**లో
..... **నా బిడ్డ కోసం ఫారులా ఫీడ్ కోసం నేను ఇందుమూలంగా సమ్మతి**
ఇస్తున్నాను. నాకు బాగా అర్థమయ్యే భాషలో ఫారులా ఫీడింగ్ ప్రయోజనాలు, రిస్కులు, ప్రత్యామ్నాయాల
గురించి వైద్యులు నాకు వివరించారు.

పేషెంట్ ఆఫెండెంట్ / గార్డియన్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ (అనుమతి తీసుకుంటున్నవారు):

సంతకం:

పేరు:

తేదీ & సమయం:

VIH-00206227 IP-00060475
 Baby B/O B.LAVANYA
 25-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. PREETHAM KUMAR



Patient Sticker

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	9 AM	10 AM	11 AM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM
Doctor/Nurse/Family Concern?													
Temperature (°F)	104												
	103												
	102												
	101												
	100												
	99	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
	98												
	97												
	96												
	95												
94													
Heart Rate (bpm)	190												
	180												
and Blood Pressure (mmHg) *	150												
	140	140	140	140	140	140	140	140	140	140	140	140	140
Note: BP does not score in early warning scoring	130												
	120												
Heart Rate (Number)	110												
	100	145	142	145	146	140	142	142	145	142	142	142	142
Resp. Rate (bpm) (Over 1 Minute) *	70												
	60												
Resp Rate (Number)	50												
	40	35	30			35	40	42		50		49	
Resp Distress	30												
	20	✓	✓										
Receiving O ₂ (l/min) O ₂ Saturations (%)	10												
		0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Conscious Level													
		✓	✓										
GCS *													
		5	5	5	5	5	5	5	5	5	5	5	5
TOTAL SCORE													
		0	0	0	0	0	0	0	0	0	0	0	0
Pain Score													
		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials													
		P	P	P	P	P	P	P	P	P	P	P	P

ACTIONS	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 in charge 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)



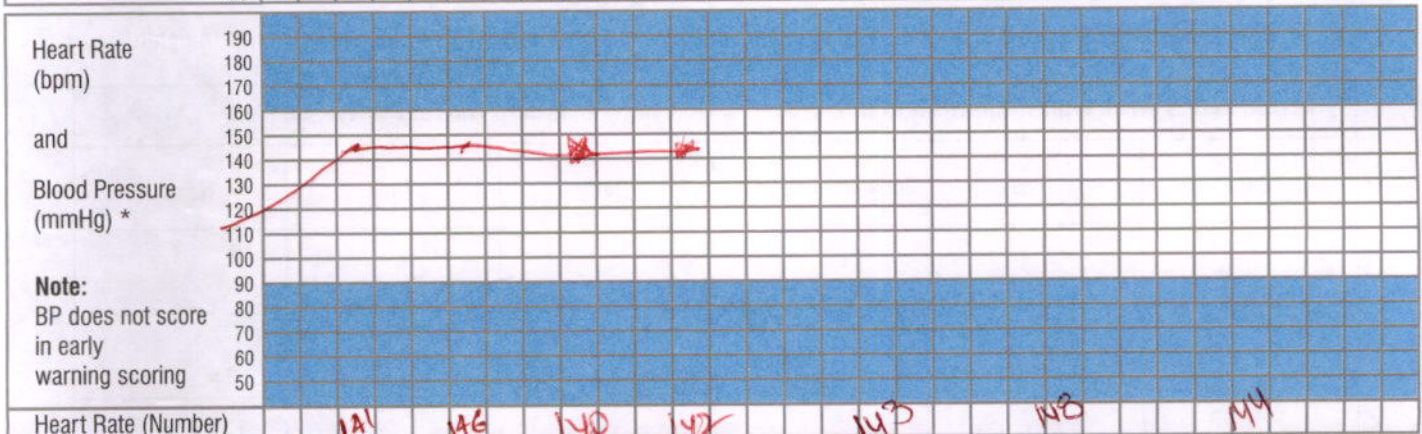
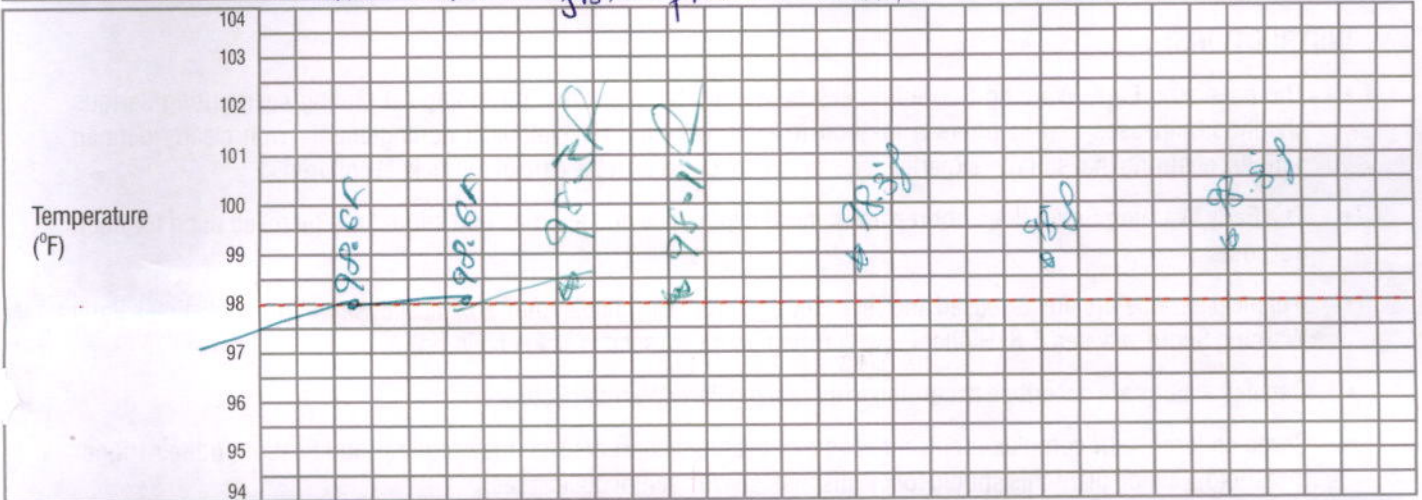
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



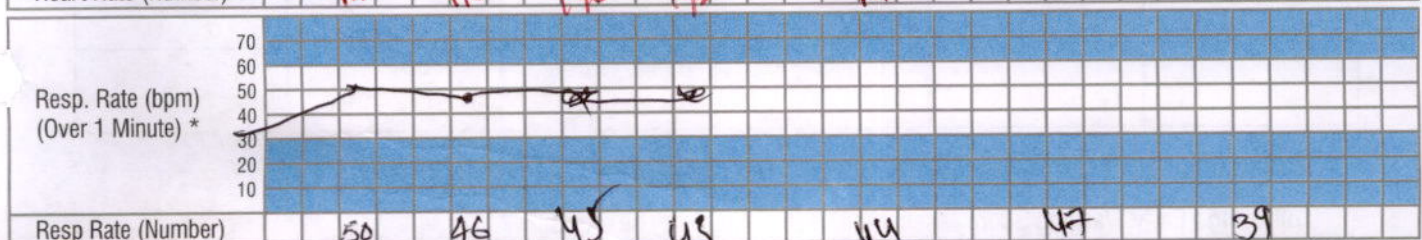
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/6/26 Time: 10 1 4 7 11 2 7

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



Note:
 BP does not score
 in early
 warning scoring



Heart Rate (Number)	141	146	140	142	143	143	144
Resp Rate (Number)	50	46	45	45	44	47	39
Resp Mod/ Severe Distress							
Receiving O ₂ (l/min)							
O ₂ Saturations (%)	94	99	99	99	99	99	99
Conscious Level	R	R	N	N			
GCS *	15	15	15	14			

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	R	S	S	S	S	S	S

ACTIONS	Score 1	: Continue normal observation by staff nurse
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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-00206227 IP-00060475
 Baby B/O B.LAVANYA
 25-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. PREETHAM KUMAR

Patient



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
25/6	08:00 am	DBF	✓										
	09:00 am												
	10:00 am	DBF	✓										
	11:00 am												
	12:00 pm	DBF	✓										
	01:00 pm												
Total Intake :						Total Output :							
25/6	02:00 pm	DBF					✓				✓		
	03:00 pm												
	04:00 pm	DBF									✓		
	05:00 pm												
	06:00 pm												
	07:00 pm	DBF					✓						
Total Intake :						Total Output :							
	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 :							
	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



FLUID CHART

Sheet No. :

- All measurements in ml.
- 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							
26/6/26	08:00 am											Sgaur 26/6 26/6
	09:00 am	DBF				✓			✓			
	10:00 am											
	11:00 am	DBF										
	12:00 pm									✓		
	01:00 pm	DBF										
Total Intake :					Total Output :							
26/6/26	02:00 pm											26/6/26 26/6/26
	03:00 pm	DBF							✓			
	04:00 pm											
	05:00 pm	DBF								✓		
	06:00 pm											
	07:00 pm	DBF								✓		
Total Intake :					Total Output :							
	08:00 pm											Blair 27/6/26 27/6/26
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF										
Total Intake :					Total Output :							
	02:00 am											Blair 27/6/26 27/6/26
	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

227 IP-00060475
 B.LAVANYA
 28 0Y0M0D2H (M)
 KETHAM KUMAR




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						
Blood trapping						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :