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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

A[illegible] BILLING

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

N ----------

U ---------- Consultant : ---------- Dept : ----------

Date of Admission : 22/06/26 Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : 112 Ward : TSH Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	1:35pm	E-R.	112	

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
22/6/26	Serum Electrolytes	26021183	
22/6	electrolytes	26021226	Gqf
23/6	SBR · electrolytes	26021279	Gqf
	was checked by Gqf 23/6/26 @ 1pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6	~~TSPT~~	2pm.	23/6. 1pm	3093246	Gg
		parent Signature		V. Sruthi.	
			Date :	22/6/26	
			Time :	2pm	
	vitals checked	by	Gg	23/6/26	@ 1pm.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
23/6/26.	IV placement	1	3093305	Gp

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Gayatri 23/6/26.		

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Name	Baby B/O UDUTHA SRUTHI	**UHID**	VIH-00206045
Father/Guardian	Mr METTU SANJAY YADAV	**Age/Gender**	0 Y 0 M 5 D/Female
Address	3-55/5/7A, Keesara, Hyderabad, Telangana, INDIA, 501301		
IP No	IP-00060441	**Admission Date**	22-06-2026
Ref Doctor	DR.MADHUMITA ANIRUDDHA GITAY	**Discharge Date**	23-06-2026

DISCHARGE SUMMARY

Consultant: Dr. KUNDANA PRIYA ATLURI
MBBS, MD Pediatrics,
Fellowship in Neonatology (IAP)
Consultant Pediatrician & Neonatologist
TSMC-27182

Diagnosis: Neonatal hyperbilirubinemia with hypernatremic dehydration

History: Baby of UDUTHA SRUTHI is a 5 days old term, baby girl delivered by NVD on 18.06.2026 at 5:59 pm. Birth weight was 3.801 kgs. Baby cried immediately after birth. On day-4 of life, baby was found to have yellowish discolouration of skin and eyes. For the above complaints, she was investigated on OPD basis. In view of jaundice, she was admitted to Rainbow Children's Hospital for further management.

OPD basis investigations: Serum bilirubin was 23.4 mg/dl with direct fraction of 0.4mg/dl and indirect fraction of 23.0 mg/dl.

Examination: She was euthermic, euvolemic & maintaining saturations at room air. HR- 130/min, and RR- 40/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Name	Baby B/O UDUTHA SRUTHI	UHID	VIH-00206045

Weight on Admission : 3.37 kgs.
Weight on Discharge : 3.60 kgs.
Mother blood group : "B" Positive
Baby blood group : "B" Positive

Investigations: Enclosed.

Management: She was admitted in ward. She was started on triple surface phototherapy and IV fluids. Baby was continued on demand breastfeed + top up formula feed. Serum electrolytes showed Na 160 mmol/L, K 5.2 mmol/L, Cl 118 mmol/L.

Her repeat serum electrolytes after 9 hours showed Na 154 mmol/L, K 4.4 mmol/L, Cl 116 mmol/L. Serum bilirubin gradually decreased and her repeat bilirubin before discharge was 7.4mg/dl with indirect fraction of 7.3 mg/dl, hence phototherapy stopped. Repeat serum electrolytes before discharge showed Na 147 mmol/L, K 4.9 mmol/L, Cl 113 mmol/L. She remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:

1. Warmth care.
2. Breastfeeding + top up formula feed as advised.
3. Burping after each feed.
4. Immunization to be given as per schedule.
5. Vitamin D3 drops (1ml=800 IU), 0.5 ml once daily till 1 year of age.
6. Kindly consult Dr. Atluri Kundana Priya, Consultant Pediatrician & Neonatologist, on 27.06.2026 (Saturday) in OPD with prior appointment (This consultation will be charged).

Name	Baby B/O UDUTHA SRUTHI	UHID	VIH-00206045

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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

In Case of Emergency Contact 040-42462200 Extn: 2010 (or) 7337357870 for lethargy, respiratory distress, refusal of feeds, decreased activity, seizures, jaundice, feeding difficulty.

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

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr. Sameera
DEO : MD Younus Pasha

Registrar/Resident/C.M.O

Dr Sameera

Dr. KUNDANA PRIYA ATLURI
MBBS, MD Pediatrics,
Fellowship in Neonatology (IAP)
Consultant Pediatrician & Neonatologist
TSMC-27182

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.
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O UDUTHA SRUTHI	Inpatient No.	: IP-00060441
Age/Gender	: 0 Y 0 M 4 D/ Female	Admit Date	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	Discharge Date	:

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 13:13
SODIUM (Direct ISE)	**160**	**mmol/L**	H	133 - 146
POTASSIUM (Direct ISE)	5.2	mmol/L		3.2 - 6
CHLORIDE (Direct ISE)	**118**	**mmol/L**	H	96 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :22-06-2026 22:31
SODIUM (Direct ISE)	**154**	**mmol/L**	H	133 - 146
POTASSIUM (Direct ISE)	4.4	mmol/L		3.2 - 6
CHLORIDE (Direct ISE)	**116**	**mmol/L**	H	96 - 110

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 12:02
TOTAL BILIRUBIN (Azobilirubin)	7.4	mg/dl	<11.7
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	7.3	mg/dl	0.6 - 10.5

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit		Biological Reference Interval
ELECTROLYTES (Specimen : SERUM)				TEST RESULT STATUS : REPORT AUTHORISED Order Date :23-06-2026 12:02
SODIUM (Direct ISE)	**147**	**mmol/L**	H	133 - 146
POTASSIUM (Direct ISE)	4.9	mmol/L		3.2 - 6
CHLORIDE (Direct ISE)	**113**	**mmol/L**	H	96 - 110

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.
040-42462200, Ext 2000,2001,2002,

PatientName	: Baby B/O UDUTHA SRUTHI	**Inpatient No.**	: IP-00060441
Age/Gender	: 0 Y 0 M 5 D/ Female	**Admit Date**	: 22-06-2026
Ward/Bed	: N 0 GF-EMERGENCY/ ER 101	**Discharge Date**	:

Investigation	Result	Unit	Biological Reference Interval

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

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-00060441 **Admit Date** : 22-Jun-2026 **Admit Time** : 12:49 PM **UHID** : VIH-00206045

Patient Details :

Patient Name	: Baby B/O UDUTHA SRUTHI	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr METTU SANJAY YADAV	**DOB**	: 18-06-2026 05:59 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-55/5/7A Keesara Hyderabad Telangana INDIA 501301	**Phone No**	: 8143446508/ 9000889483
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD **Bed No** : ER 101 **Ward Name** : N 0 GF-EMERGENCY

Room No : ER 101 **Admission Type** : First Visit

Contact Details :

Name : Mr METTU SANJAY YADAV **Relationship** : Father

Contact Address : 3-55/5/7A Keesara Hyderabad Telangana INDIA 501301 **Phone No** : 8143446508 / 8790419483

Baby

Signature

Doctor Details :

Doctor Name : Dr. ATLURI KUNDANA PRIYA **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : STAR HEALTH AND ALLIED INSURANCE CO LTD

Patient Name : B/O. B/O UDUTHA SRUTHI UHID : VIH-00206045 IPD : IP-00060441 Gender : Female Age : 0 Y 0 M 4 D

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/o Sruthi Age : 4D Gender: ☐ Male ☑ Female

Date : 22/6/26 Time of Arrival : 12:40PM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98.6°F PR: 156/m BP: - RR: 38/m SpO2: 98.1.

Chief Complaints: Yellowish discoloration of skin & eyes

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☐ Normal
☑ Abnormal (yellowish)
☐ Bleeding

Work of Breathing
☑ Normal
☐ Decreased
☐ Increased
☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

U- Sruthi.
Signature of Parent / Guardian

Triage Completion Time : 12:44pm

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Samuel

Signature of Triage Nurse : Sam

Date & Time : 22/6/26 @ 12:44pm

Patient Name : B/O. B/O UDUTHA SRUTHI UHID : VIH-00206045 IPD : IP-00060441 Gender : Female Age : 0 Y 0 M 4 D

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
16-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 22/6/26 Time of arrival : 12:45pm

Chief Complaints: yellowish discoloration of skin & eyes RBS: Nil

Height : - Weight : 3.37 kg BMI : - Head Circumference (<2 years) -

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

If yes , identify .....

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 0 Pain Tool Used: ☑ N Pass ☐ FLACC ☐ Wong Baker

☐ Character - ☐ Location - ☐ Frequency - ☐ Duration -

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: - (Date/Time): -

Social History: Lives With Parents

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

Time of Initial assessment completed by ER Nurse : 12:48pm

Patient Name : B/O. B/O UDUTHA SRUTHI UHID : VIH-00206045 IPD : IP-00060441 Gender : Female Age : 0 Y 0 M 4 D

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
	* vitals checked & recorded * Doctor assesed the pt & Adviseed admission * Admission done. * SBR 23.4 < 0.4 / 23 Done in op basis * Pt shifted to ward

Samples collected by: — Time: —

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		1			
		NIL			
		1			

Condition of patient at time of shift - out :	Details of Shift - out
HR: 140 b/m BP: ..... CFT: <3sec RR: 38 b/m SPO_2 : 98% GCS: — Temperature : 97.7°F Pain Score: 0 Repeat RBS (if applicable): —	Shift - out from ER to: ICU Time of Shift - out: 22/6/26 @ 1:35p- Handover given to: Sr. Anitha (Nurse's Name) By. Br. Nagmani

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): .....

.....

Name of the Nurse : Br. Sanjay Signature of the Nurse : .....

Date & Time : 22/6/26 @ 1:35pm

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 18-06-2026 Time of Birth: 5:59pm Gender: ☐ Male ☑ Female

Birth Weight: 3.8 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: ..... Baby: .....

Feeding: ☑ Breast Feeding ☑ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 140b /Min RR: 40b /Min BP: — SpO_2: 98 %

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: Yellowish

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: Veronika Signature: Brij Date &Time: 22/6 @ 2pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206045 IP-00060441 Baby B/O UDUTHA SRUTHI 18-06-2026 0 Y 0 M 4 D (F) Dr. ATLURI KUNDANA PRIYA	22/06/26 @.	22/06/26 @ 1:35 pm
	Transfer Ordered by Dr. prashanthi	Reason for Transfer Admission
From Unit G-R.	To Unit	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ? O.P file Given to

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
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
Dr. Rajyalaxmi	Dr. Prashanthi

Patient & Clinical Records Received by :
Sr. Aditha

Date & Time of Patient Received : 22/6/26 @ 1:40 pm

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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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Name : B/o Uduttha Sruthi Age/Sex 4D/female.

Information given by: mother Relationship Good

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish discoloration of eyes & skin.

History of present illness :

c/o yellowish discoloration of eyes & skin
↓
Since the lenlg leys.

feeding well
↓
mBG - B+ On EBM.
BBG - B+.

No c/o passage pale coloured stools & dark coloured urine.

SBR - TB (23.4) CB - 0.4 mg/dL
UCB - 23 mg/dL

No c/o lethargy, seizures.

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

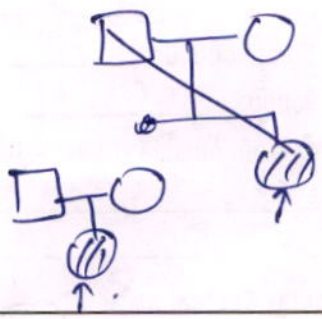
Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Not significant.

Birth & Neonatal History:

Term | 3.8 kg | NVD.
(37+1) wk. CIAB No HIC Admission.



Birth & Socio Economic History:

About Father : Class III
About Mother :
Any additional Information :

Developmental History :

(N).

Immunization History :

Opv, Bcg, HepB taken.

(P.T.O.)

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)_____(Centile _____) Height (cms):_____(Centile)_____)

Weight (kgs)) 3.37 kgs. (Centile _____)

On Examination :

Temperature : 98.06°f Pulse Rate : 138 b/m B.P. _____ SPO2 98%.

Resp.rate and type of breathing : _____

Rash _____

Lymphadenopathy Inter(+nt) ↓ upto the level of lgs.

Oedema : (-)

Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : (-) ~~Af~~ → open.

Air entry & breath sounds : B/L AE (+)

Any addes sounds : (-).

Relevant data from outside (Chest X-Ray, ABG,etc.,) _____

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S_1S_2 (+)

Any murmur : (-).

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection (N)

Palpation : P/A - Soft

Ausculation : (+)

Spine : (N) External Genitelia : (N)

Relevant data from outside (CT, USG etc.,) _____

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert 15/15

Cranial Nerves : N

Motor System:

Nutriton :

Tone: Power R L

Co-ordinator : 3/5 3/5

Posture :

Involuntary Movements : -

Reflexes :

DTR tnt **Superficials:** tnt

Plantars Extensors

Sensory System :

N

Bladder / Bowel : N

Clinical Summary & Diagnostic:

NNHB.

(P.T.O.)

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: TO prevent kernicterus.

Desired goals of the treatment : TO treat the Jaundice.

Planned Labs:

- Serum Electrolytes.
- Repeat SBR 4th.

Planned Management

- Trace NBS report
- Start TSPT.
- Warmth + Cord care.
- DBF + H/b burping 2nd hrly
- monitr vitals
- Inform (SOS).

Advised by Sr. registrar 22/6/26

Signature of the Doctor: .....
Name of the Doctor: Dr. Prashanth
Date & Time: 22/6/26

Signature of the Consultant: .....
Name of the Consultant: .....
Date & Time: .....

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Dr. ATLURI KUNDANA PRIYA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	D/W Dr. Kundana mam.	
22/6/26 2:30pm	NNHB O/E Baby warm CFTLA good CRT <2sec CVS S1S2 (+) R/S - BAE (+)	Informed s/e reports. Plan 1) Start ½ DNS - 150 cc/kg/day Full M 2) Repeat s/e after 8hrs. (~~11pm~~) 10pm. 3) continue DBF, Topup feeds. 4) continue TSPT NBS-(B) DONE.
Dr. Ushasri	SBR Tm 11AM.	
	Dr KUNDANA 22/6/26 6pm.	Noted by Bennika 22/6 @8pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Resident	
23/6/26 9AM	NNHB	
Days of age	O/E	
	Baby warm	
	C/T/A good	
	CRT <2sec	
TWL	RVS - SNC (+)	
	K/S - BAE (+)	
	H/A - soft	
M B B+ve		Plan
		1) Continue TSPT
		2) OG 1/2 DNS - 150cc/kg/day two T
		3) Repeat SBR / S/E } 11 AM
	Dr. Kundana 23/6/26 9AM.	
	D/w Dr. Kundana	
1.00 PM	Repeat reviewed	Plan
		→ Discharge today
		→ R/w Saturday.
	Samara (Dr. Sameera)	

Noted by Subha 23/6/26 @ 1PM

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NNHB

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

Surgery / Procedure: -

Post OP Day: -

BACKGROUND

Date / Shift	22/6/26 M	22/6 M	22/6 Evening	22/6/26 N	23/6 Morning	
Medical Condition (Any special condition to be noted):	Nil	Nil	NIL	Nil	NIL	
Diet:	DBF	DBF	DBM	DBM	DBM+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	
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.6°F	98.6°F	98.6°F	98.5°F	98.6°F	
Res:	38b/m	40b/m	40b/m	39b/m	30b/mt	
SpO_2:	99%	98%	99%	98%	100%	
Pulse:	135b/m	140b/m	135b/m	130b/m	129b/mt	
BP:	-	-	-		-	
LOC:	Consious	Conscious	Conscious	conscious	Consious	
Fall Risk Score:	15	15	15	15	15	
Pain Score:	0	0	0	0	0	
Skin Integrity	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	NIL	
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Special Diet:	DBF	DBF	DBM	DBM	DBM+FF	
Critical Lab Test / Values:	Nil	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	dependit	Dependent	dependT	

Post Operative Procedure Special Orders:	Nil	Nil	NIL	Nil	NIL	
Handed Over By Name :	Nagmani	Anitha	Subham	Manisha	Sudha	
Signature / ID :			017444			
Date:	22/6/26	22/6	22/6	23/6/26	23/6	
Time:	01:35pm	@2pm	@8pm	@8AM	@1PM	
Taken Over By Name :	Anitha	Subham	Manisha	Subham		
Signature / ID :		017444		017444		
Date:	22/6	22/6/26	22/6/26	23/6/26		
Time:	@1.40pm	@2pm	@8pm	@8AM		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
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:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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NURSING CARE RECORD

Date: 22/6/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... NIL
- ✓ 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	1.50pm	→ Feeding		→ feeding given every 2nd hourly DBF	→ Baby Taking well	→ Baby is Stabl	Anitha 22/6 @2pm
Afternoon	4pm	→ maintain fluid balance	4pm	→ Administered IV fluid ½DNS 20ml/hr	→ Maintain Hydration	→ Baby is Stable	Subha 22/6 @
	5pm	→ Provide TSPT light		→ Provided TSPT light	→ to Reduce Hyperbilirubin		
Night	9pm	- Maintain Fluid Balance		- Administered IV Fluid ½ DNS 20ml/hr	- TO maintain Hydration	- Baby is stable	Manisha 23/6/26 @8AM

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NURSING CARE RECORD

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Date: 23/6/25

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify..... Nil
- ☐ 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	1pm	→ Discharge Note		→ Doctor come for round and advised to discharge			Subhan 23/6 @1PM
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 UDUTHA SRUTHI**	**Age :**	**0 Y 0 M 4 D**
IP No:	**IP-00060441**	**Sex:**	**Female**
Consultant:	**Dr. ATLURI KUNDANA PRIYA**	**Ward/Bed No:**	**N 0 GF-EMERGENCY/ER 101**

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 ...o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for ...urance 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.
2 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 ...arance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....Baby)

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: Baby

Name: Sanjay yadav
Relationship: Father
Date: 22/6/2026 Time: 12:49pm
Witness Name:
Witness Signature:

Patient Address:
3-55/5/7A Keesara Hyderabad
Telangana INDIA 501301

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. No. : RCH/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/6/26 Time:	2	5	8	9	11	1	3	5	7
Doctor/Nurse/Family Concern?	Am	Pm	Pm	pm	pm	Am	Am	Am	Am
Temperature (°F)	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
Heart Rate (bpm) and Blood Pressure (mmHg) *									
Heart Rate (Number)	133	140	142	130	139	135	140		
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	40	42	38	40	39	42	39		
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2 (l/min) O_2 Saturations (%)	96	99	97	98	97	98	98		
Conscious Level: Normal / Altered	N	N	N	N	N	N	N		
GCS *	15	15	15	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	SK	B	B	M	M	M	M		

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
	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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Patier

CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ...23/6... Time: 9 AM 4 PM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F 98.6°F

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) 131 124

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 (%)		99	96
Conscious Level	Normal / Altered	N	N
GCS *		15	15
TOTAL SCORE Number of shaded boxes		0	0
Pain Score		0	0
Observer's Initials		SR	SR

Noted by Sushma 23/6 @ 1 PM

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

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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)

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FLUID CHART

Sheet No. : (2)

22/6/26

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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
22/6/26	02:00 pm											
	03:00 pm		DBM	½ DNS								
	04:00 pm			20ml			✓					
	05:00 pm		DBM	20ml			✓			✓	0	Benonilca 22/6 @7pm
	06:00 pm			20ml								
	07:00 pm		DBM	20ml			✓					
Total Intake :		80ml				**Total Output :**						
	08:00 pm			20ml								
	09:00 pm		DBM	20ml								
	10:00 pm			20ml						15ml		
	11:00 pm		DBM	20ml							0	Manisha
	12:00 am			20ml								
	01:00 am			20ml						10ml		
Total Intake :		120ml				**Total Output :**						
	02:00 am		DBM+HF	20ml			✓					
	03:00 am			20ml						25ml		
	04:00 am		DBM+ EBM	20ml								
	05:00 am			20ml							0	Manisha 23/6/26 @8pm
	06:00 am			20ml						10ml		
	07:00 am			20ml								
Total Intake :		120				**Total Output :**						

Total 24 hrs. Intake	320ml	Total 24 hrs. Output	57ml

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FLUID CHART

23/6/26

Sheet No. . .....

weight - 3.60 kg

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 (DNS)	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am			20ml						~		
	09:00 am		DBF+	20ml				~				Sudha 23/6 @1pm
	10:00 am		FF	20ml								
	11:00 am		EBM+	20ml				~		~		
	12:00 pm		FF	20ml				.				
	01:00 pm											
Total Intake :		100ml				**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 Subha 23/6/26 @1pm

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
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							
	08:00 am											
	09:00 am											
	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**	

VIH-00206045 IP-00060441
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

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It takes a lot to treat the little.

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DRUG CHART

Date of Admission: 22/06/26 Drug Allergies: NO ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

Patient Sticker

REGULAR PRESCRIPTIONS Weight. 3.37 Ward. 1St flor

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date ▸ Time ▾
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Patient Sticker

Weight. 3.37kg Ward. 1st floor

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VIH-00206045 IP-0000044
Baby B/O UDUTHA SRUTHI
18-06-2026 0 Y 0 M 4 D (F)
Dr. ATLURI KUNDANA PRIYA

I.V. FLUIDS CHART

Weight. 3.37kg Ward. PT Floor

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/6	3:30pm	1/2 DNS (full M).	IV	20ml/hr.		Bavanika / Sadiya	23/6		

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