Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023403 **Admit Date** : 27-Jun-2026 **Admit Time** : 12:41 AM **UHID** : HCV-00041106

Patient Details :

Patient Name	: Baby Of SRAVANI	**Age**	: 0 D
Guardian	: Mr D. SRINIVAS RAO	**DOB**	: 25-06-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: UDDAVOLU VILLAGE, THERLAM , VIZIANAGARAM Vunukuru Srikakulam Andhra Pradesh INDIA 532122	**Phone No**	: 8985173436/ 7095821504
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : NICU **Bed No** : NICU 115 **Ward Name** : 1F-FIRST FLOOR-NICU

Room No : NICU 115 **Admission Type** : First Visit

Contact Details :

Name : Mr D. SRINIVAS RAO **Relationship** : S/O

Contact Address : UDDAVOLU VILLAGE, THERLAM , VIZIANAGARAM Vunukuru Srikakulam Andhra Pradesh INDIA 532122 **Phone No** :

L.D. Srinivasa Rao.
Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH **Specialisation** : NEONATOLOGY

Referral Doctor : VENKATESWAR RAO M **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Hepatitis- B } give 1/7/26
BCG } @ 3:15 PM

OPV - due

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ACTIVITY RECORD FOR BILLING

HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

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

UHID No :.....

Date of Admissi

...Consultant :.....Dept.:.....

.....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	12:30 Am	Venkata Padma VZM	NICU	Mounika / Dhana

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	warmer				
	cardiac monitor				
	syringe Pump-1	@12:20 pm	1pm	691550	
	syringe Pump-2		28/6/26		
	ventilator				
	oxygen				
28/6/26	warmer				
	Cardiac monitor		29/6/26		
	Syringepump-(2)	1pm	11:50 AM	691934	
	oxygen				
	C-PAP				
	SSPT				
29/6/26	warmer	11:50 AM	30/6 10:20 AM	692191	
	Cardiac Monitor				
	syringe pump-(2)				
30/6	warmer	10:20 AM		692432	
	cardiac monitor		@12PM.		
	syringe Pump (2)	10:20 AM		692475	
1/7	warmer	12 Pm	@12PM	642724	
	cardiac monitor				
		Cross checked by		meera	

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6/26	VBG c̄ lactate	26013703	Smitha
27/6/26	CBP, LFT, Electrolytes, Creatinine, Blood c/s	26013702	
27/6	GRBS 78mg/dl 1AM	13706	Dhanya
	BGT	13705	
27/6	X-ray	7130	
27/6	VBG c̄ lactate, PT, APTT	6013724 / 6013725	meena
	GRBS - 116mg/dl 8:00AM	13734	
27/6	VBG	26013766	[illegible]
27/6	GRBS - 100mg/dl @ 3pm	26013767	[illegible]
27/6	2D Echo	7164	[illegible]
27/6	GRBS 10pm 54mg/dl	13782	[illegible]
27/6	VBG 10pm	13783	[illegible]
28/6	GRBS 5AM 112mg/dl	13798	[illegible]
28/6	GRBS 81mg/dl 10pm	03812	meen
28/6	GRBS 126mg/dl 5pm	13836	Sakunthala
29/6	GRBS 88mg/dl 12AM	26013837	[illegible]
29/6/26	GRBS 86 mg/dl 7AM	26013838	
29/6/26	GRB'S - 94mg/dl 3Pm	26013946	Smitha
29/6/26	GRBS - 64 mg/dl - 11Pm	26013947	Aparna
30/6/26	GRBS - 82 mg/dl - 7AM	26013955	Aparna
30/6/26	CRP, Platelates, Creatinine, PT/APTT	26013953	Aparna
28/6	GRBS · 96mg/dl	3818	Sakunthala
	Cross checked by meena		[illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	IV placement	(1)	691549	
27/6/26	Intubation.	(1)		
27/6/26	catheterization	(1)	691695	
27/6/26	Blood Transfusion (HPL)	(1)	691749	
28/6/26	NEBulisation	(1)	1865	
28/6/26	Nebulisation	(1)	692124	
29/6/26	NEB	(1)	692127	
28/6/26	Nebulization	(2)	691961	
	crosschecked by meena			

ANY OTHER INFORMATION

Date: 2/7/26 Time: 10 Am Prepared By: meena

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
meena 01/07/26	NICU		

Rainbow Children's Hospital BirthRight

GRBS MONITORING CHART

Name of the patient: B/O Sravani
Age/Gender: D1
UHID/IP NO: 41106 / 23403
Diagnosis: TERM / AGA / PPHN /

Date:	Time	Value	Informed to	Advice	Remarks
27/6	1 Am	78 mg/dl	Dr. Hariharan	IV Fluid Dex 10%	
27/6	8 Am	116 mg/dl	Dr. Hariharan	10% Dex IV fluid [illegible]	
27/6	3 pm	100 mg/dl	Dr. Hariharan	"	
27/6	10 pm	58 mg/dl	DR. Hari	10% DEX	
28/6	5 AM	112 mg/dl	DR. Hari	10% DEX	
28/6	11 Am	81 mg/dl	Dr. Hariharan	"	
28/6	5 pm	126 mg/dl	Dr.	"	
29/6	12 AM	88 mg/dl	DR. Ram	"	
29/6	7 AM	86 mg/dl	DR. Ram	"	
29/6	3 Pm	94 mg/dl	Dr. Hariharan	"	
29/6	11 pm	64 mg/dl		10% Dex + Feeds	
30/6	7 Am	82 mg/dl		Feeds	
~~30/6~~	~~4 pm~~	~~[illegible]~~		stop fee[illegible]	

STOP

Rainbow Children's Hospital BirthRight

GRBS MONITORING CHART

Name of the patient: Age/Gender:

UHID/IP NO: Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks

HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

Rainbow Children's Hospital | BirthRight

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mr Sravan .... Age : .... Father's Name : .... Age : ....

Date of Birth : .... Date of Admission : .... UHID No.: ....

NICU Consultant : Dr. Paramesh .... 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 Sravani

Gender : ☑ M ☐ F Blood Group : ....

Date of Birth : 25/06/26 Time of Birth : 2.00pm

Place of Birth : Outside hospital

Mother's Blood Group : O positive

Birth Weight (gms) : 3.4 Kg Length (cms) : ....

OFC (cms) : ....

Estimated Gesth Age : Term

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : .... Ht : .... Wt : .... BMI : .... Married Life : .... LMP : .... EDD : ....

Conception : Spontaneous or with Rx. : ....

Booked at what GA. : .... AN Steroids Drugs / Doses : ....

Last Scans Details : ....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No —

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

H/o PIH (after 20 weeks) / PE

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

....

H/o value of recent BP recording, proteinuria, edema, —

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

....

IUGR - when detected? ....

Doppler (Increased Resistance / ADEF / REDF / —

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

AFI : ....

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

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

....

Compliance with Rx : ....

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

H/o Hypothyriodism : when diagnosed ? Medication?

....

Any other Chronic Medical Problems, when detected —

Drugs? ....

(when ? SLE Jaundice, CHD, Heart Disease /

Infection, H/O Fever —

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

UTI : when : .... Any culture : ....

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

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

HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) Em. LSCS.

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : + (Thick MSL)

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

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

NEONATAL RESUSCITATION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes

TOTAL

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

Snapee II Score

					S
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)		0
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)		0
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)		0
Multiple Seizures	No (0)	Yes (19)			0
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (16)		5
Apgar Score	> = 7 (0)	< 7 (18)			0
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		0
SGA	> 3rd percentile (0)	< 3rd (12)			0
				Total	5

Chief Complaints : Baby delivered by Emergency LSCS on 25/6/26 at 2pm at outside hospital

HOPI :

Cesd immediately after birth, had respiratory distress., hence shifted to venkata Padma hospital vizianagaram

↓

started on HFNC O_2 support in view of MAS

Then gradually FiO_2 requirement was increas

↓

started on mechanical ventilation

c Rams cannula

Max : FiO_2 = 76%. PEEP . 5cm H_2O

RR - 35 , P_c above PEEP - 11

↓

In view of worsening distress and high FiO_2 requirement

baby was refered to RCH, Vizag

Investigation details in previous Hospital :

VBG → 7.36 / 34.1 / 79 / 20.1

Hb : 16.9

WBC - 24210

Plt - 2.31

Sr. Ca : 11.4

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Description :

Pale looking, Sedated

VITALS : Temperature : 36.6°C HR : 128/m RR : 68/m NIBP : ..... CFT : .....

Colour of the extremities : Pink

Jaundice : ..... Pallor : — SpO2 : 94%

Anthropometry : Birth Weight : 3.4kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES :
Symmetry :
Red Reflex : - e To be checked
Discharge :

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

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : (N)
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : Male external genital, B/L congenital Hydrocele (testis not palpable)
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES :
Fingers / Toes :
Arms / Legs : (N)
Deformities :
Mobility :
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

↓ SIMV

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

Scoring of respiratory distress if present (Silverman or Downe's) : PIP 20

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

PEEP, 6 cm H2O
FiO2 60%

Settings : .....

Spo2 : 94% ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

S1 S2 (N)

CRT ~ 3 secs

HR : 128/m ..... BP : ..... Precordial Activity : .....

Femoral Pulses : Felt ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .. ..

Abdomen :

Soft no distension

Shape : ..... Hernial orifice : .....

Palpation : ..... Anal Patency : ..... Patent

Palpable masses : ..... Umbilical Cord : ... .

Abdominal girth : ..... First urine passed : ..... Passed

Meconium passed : ..... Passed

Nervous System : Higher intellectual functions (Sensorium) : Sedated

State of wakefulness : .....

Prechtle Score : ↓ IV FENTANYL

Cranial Nerves :

↓

.....

.....

.....

.....

Motor System :

↓

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

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

Any Congenital Anomalies : .....

Diagnosis : Singl | Term | Emer LSCS | MAS | PPHN
Congenital hydrocele

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : D JAYAKRISHNA

Date & Time : 26/06/26

Consultant :

Signature : Paramal

Name : T. Paramal

Date & Time : 27/6/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patients is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

Plan

① To do CBC, Blood culture, LFT, Sr. electrolytes, VBG & lactate, Sr. Creatinine

② IVF 10% Dex & TF → 60ml/kg/day (50ml/kg)

③ Continue IV MILRINONE @ 0.3mcg/kg/min

④ Cont SIMV & PIP: 20, PEEP: 6 cm H2O FiO2 60%, Ti: 0.40

⑤ Inj. PIPTAZ
Inj. AMIKACIN

⑥ start IV FENTANYL INFUSION

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : .....

New Born Screening : .....

Ref. No. : F / HW / PGN / INPR / 15

HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	27/6/26	c/s/b Dr. Harihara / Dr. Jayasurya
	1 pm	↓ SIMV (PIP: 20, PEEP: 6 cm H2O, FiO2: 50%)
		O/E Pale looking
		B/L AE + Advice
Vitals		Pulse - well felt
HR - 132/m		CRT ~ 3 sec → Cont SIMV mode
SpO2 - 94%		c̄ same setting
BP - 59/38 (47)		
POCUS →		Mild PPHN → Cont 10% Dex
		Cardiac output → Start IV DOBUTAMINE
		114 ml/kg/min infusion
		→ Stop MILRINONE infusion
		→ Monitor BP & U/O
		Target BP (MAP > 40)
		→ To do VBG c̄ lactate
		PT, aPTT, INR t/m 8 AM
		Dr. JAYASURYA

Noted by Rhana

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26
8AM

C/S/B Dr. Paramesh / Dr. Hariharan / Dr. Jayasurya / Dr. Suminaa

Adm. Term / AGA / MAS / PPHN / Congenital hydrocele

Day 2 of life

Birth weight - 3.4kgs

Current weight -

Baby on SIMV mode,

PEEP - 6, FiO_2 - 30, PIP - 20, RR - 60, Ti - 0.40

Baby maintaining under mechanical ventilation

CVS

Baby on Infusion Dobutamine - 1ml/hr
- 10mcg/kg/min

On fentanyl infusion - 0.3ml/hr

HR - 150 bpm, BP - 70/37 mm Hg

F&F

NPO

IV fluids - 10% dextrose 60ml/kg

Inj. Calcium gluconate - 6 hrly

Plan

* Right hand no IV line
Tag for PICC line

* To stop Piptaz
add meropenam

* Amikacin renal adjusted
Vancomycin 1 stat dose

* Inj CALCIUM GLUCONATE
Q6H

* Ventilation - SIMV 18/6
Rate - 50
I Time - 0.4.
To do blood Gas at 3pm.

* Continue dobutamine at 10mcg/kg/min

* Continue FENTANYL infusion / NPO

* I.V fluids 60ml/kg 10% dextrose

* Remove UV.

R. Hariharan

Noted by
S/N meena
01/10/28

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041108 Baby Of SRAVANI IP22-00023403
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH
Age :
I.P. I

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		c/s/B Dr Paramesh | Dr Hariharan | Dr Sumana
27/6/26 5PM		D1 - Term | AGA | MAS | PPHN | congenital hydrocele
		Baby reviewed
		Baby on mechanical ventilation
		d SIMV mode PEEP- 6
		FiO_2 - 23
		PIP - 16
		SpO_2 - 95%
		CVS
		colour - extremities pink
		rest all baby body - pale
		urine output - 1.5ml/kg/hr - in last 6 hrs
		On inf Dobutamine - 1ml/hr
		HR - 160 bpm
		CRT - < 3sec CS
		Fluids & Feeds
		On NPO
		IV fluids - 10% dextrose
		- 8.5ml/hr infusion
		GRBS - 100mg/dl @ 3PM
		On inj. calcium gluconate
		P/A
		soft, not distened
		CNS
		On inj. Fentanyl infusion - 0.3ml/hr

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

1. Cont Vancomycin, meropenam
2. Cont ventilation @ SIMV mode, PEEP-6, PIP-16, FiO_2-23%.
3. Cont Dobutamine 1ml/hr
4. ~~Cont. Fentanyl 0.3ml/hr~~
5. Cont IV dextrose 10% - 8.5ml/hr
6. Plan to extubate today
7. GRBS monitoring 6th hly
8. Stop. Fentanyl
9. Decrease rate-5 every hour till 20
10. Blood gas @ 10PM ~~VBG~~ capillary blood gas.
11. Start FFP transfusion over 1hour

Nby - SIN - [signature] 020054 @ 6PM

27/6/26 Extubation Notes
10:30PM Done By Dr Harikaran

- Baby was extubated at 10:00 PM 27/6/26 and shifted to N2C CPAP (PEEP-6 cm, FiO_2 30%) and Adrenaline Nebulization was given.

-

Dr MASU

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041106 IP22-00023403
Baby Of SRAVANI
Age: 25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		S/B. Dr. Praveen / Dr. Yash
27/6/26		
	11Pm	- Baby Reviewed
		- Baby extubated at 10PM
		- Currently on CPAP (6cm PEEP 0.4% FiO2)
		- Tachypnea (+)
		- No Retraction
		- ↓ SSPT
		~~GT/A good~~
		Vitals
		HR - 150 BPM
		SpO2 - 100%
		RR - 74/min
		Adv
		- Cont. Antibiotics
		- Cont. Dobutamine infusion
		- Cont IVF D10%
		- GRBS (M) 6th hrly
		Noted By [illegible] 27/6/26 [illegible] Dr. Yash

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

28/6/26

Q/S/B Dr Harihoran | Dr. Jayasurya

8AM

Δ - Term | AGA | MAS | mild PPHN |
Congental hydrocele | LV dysfunction

Day 3 of life
66 hr of life

CWt → 3.4kg

RS → Extubated yesterday at 10:30pm
↓
Post extubation, continue on CPAP (6 | 30%)
(No desaturation) Tachypnea ⊕ RR → 70-75/min
mild SCR ⊕

Vital

HR → 155/min
SpO2 - 100%
BP → 73/54
(61) mm Hg

CVS → Color & perfusion - good, CRT < 3 sec
Pulse - well felt, U/O → 1.4ml/kg/hr
↓ Inj DOBUTAMINE
0.6ml/hr
(~5 mcg/kg/min)

CNS → Cry | Tone - Good
AF - open
Sucking - good

P/A - soft, no distension
stool passed

On NPO

F & F → IVF (80/8/4/1)
TV → 80ml/kg/day

Plan

* continue CPAP PEEP - 6
* I.V fluids 80/8/4/1
* Dobutamine to reduce 0.2ml/hr every hr & stop by 11.30am
* Continue NPO.
* Evening if ↓ aspirates start 2ml vent feeds
* Continue meropenem, vancomycin
* To continue adr neb & SH
* continue SSPT till 5pm

NOTED BY [signature] 28/6/26 8:20 AM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041106 IP22-00023403
Baby Of SRAVANI
Patien 25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH
Age :
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CLS/B Dr. Aishwarya / Dr. Suminas
28/6/26 5PM		Term / AGA / MAS / severe MAS / PPHN / Cong hydrocele
		Baby on venti CPAP support
		PEEP-6, PIP-16, FiO_2-22
		Tachypnea (+)
		NO retractions
		CVS
		colour & perfusion - good
		CRT < 3 sec
		S1S2 (+)
		CNS
		Cry / tone / activity - good
		F&F
		IVF - 10.6ml / hr - 80/8/41
		NPO
		Urine / passed
		Stool
		P/A - soft, not distended
		vitals
		RR - 65/min
		SpO_2 - 94%
		HR - 162 bpm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Plan

1. Cont CPAP support PEEP PIP 6|16|22-1.
2. Cont IV fluids 10.6 ml | hr - 80|8|4||
3. Cont meropenem, vancomycin
4. Cont adrenaline nebulisation q 8 hrly
5.

Amina

NOTED
34

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Age: Dr. TIRUMALASETTY PARAMESH
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26		C/S/B Dr. Paramesh / Dr. Hariharan / Dr. Jaya Surya / Dr. Sumitra
9AM		A/s - Term / AGA / Severe MAS / PPHN / Congenital hydrocele
		Day 4 of life — Birth weight - 3.4kgs
		current weight - 3.350 kgs
		Baby is self ventilating under room air — ↓ 50 gms
		NO grunting
		Tachypnea (+) RR - 60-65/min
		Hemodynamically stable
		colour & perfusion - good
		S1S2 (+), HR - 140 bpm
		On IV fluids - 10% dextrose
		- 80/8/4/1 @ 10.6 ml/hr
		P/A - soft, not distended
		urine } passed
		stool }
		urine output - 1.8 ml/kg/hr
		CNS
		cry / tone / activity - good
		GRBS monitoring -
		86 mg/dl @ 7AM
		On
		Inj. Meropenam
		Inj. Vancomycin
		Inj. Amikacin

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

1. Plan to start feeds 5ml Q4 —2 feeds→ 10ml —2 feeds→ 15 ml —2 feeds→ 20ml —2 feeds→ 25ml

   ↓ IV fluids - 8.1ml/hr ↓ 5.6ml/hr ↓ 3.1ml/hr ↓ 1ml/hr] Stop

2. CRP, platelet, PT, APTT, Sr-creatinine - Hm
3. Cont. IV antibiotics - Meropenam, Vancomycin
4. Adrenaline nebulisation SOS
5. GRBS monitoring 8th hly

Noted by
G. Kowsalya
021097 -

21/6/26 S/B Dr. Paramesh/Dr Narhanan/Dr Yesh

SPM

- Baby Reviewed
- On Room air, ~~No Distress~~
- Mild Tachypnea (+), No SCR

L/T/A - good

vitals HR - 134 BPM
SPO$_2$ - 98%
RR - 62/min

Plan

- Cont. feeds 20ml —x2→ 25ml
  ↓ IV Fluid stop
- CRP, Platlet, PT, APTT, Creatinine - T/M
- Cont. Abx
- GRBS 8th hly

DrMAM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041106 IP22-00023403
Baby Of SRAVANI .....
25-06-2026 0 Y 0 M 2 D (M) ☐ F
Dr. TIRUMALASETTY PARAMESH .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	10pm	c/s/o Dr. Vinay / Dr. Balaji
		Dx/s: TERM / AGA / Severe MAS / PPHN / Congenital hydrocele
		• Baby self ventilatory on room air • mild tachypnea ↓ • cry / tone / activity → good • hemodynamically stable • color & perfusion - good
		Vitals: • HR → 133/min • RR → 47/min • SpO2 → 95%
		GRBS → 94 mg/dl
		Advice: • cont OG 20ml/2hrly ↓ feed OG 25ml/2hrly Stop I.V.F. • CRP, platelet, PT APTT, S. creatinine ↳ 7am @ 6AM • Cont. I.V antibiotics • GRBS @ 8th hrly

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26

c/s/o Dr. Paramesh / Dr. Hariharan / Dr. Jayasree / Dr. Srinivas

8 AM

Day 5 of life

wt → 3.436 kg

Δ - Team / MAS / PPHN / LV Dysfunction
Congenital hydrocele

RS → Self ventilating on room air
Mild distress (+), no retraction
No stridor RR → 65 - 70/min

Vital
HR → 140/min
SpO_2 → 96%

CVS → Color & perfusion - good, V/o → 1.3 ml/kg/hr
Pulse - well felt, CRT < 3 sec

CNS → Cry / Tone / Activity - Good
AF open

P/A → Soft, no distension
Stool passed

F & F → ↓ 25ml 2nd hourly OG feed
No vomiting / aspiration

Inf → Blood c/s → sterile
↓ Tab MEROPENEM (D4)
AMIKACIN
VANCOMYCIN

BT → No bleeding manifestations
To repeated PT, aPTT, INR

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Advice
		→ Start ~~spoon feed~~
		Adv
	1.	Start spoon feeds 30-40 ml 2nd hrly
	2.	Follow up CRP & Sr. creatinine
	3.	Stop GRBS monitring
	4.	Stop antibiotics if CRP is negative
	5.	
		N.By 010443 30/6/2026 9am.
		T. Paramesh
30/6/26 5pm		CIS/B Dr. Paramesh/Dr. Hariharan/Dr. Suminaa
		A-Term/MAS/PPHN/LV dysfunction/congenital hydrocele
		Baby is self ventilating in room air
		~~mild~~ distress mild tachypnea ✓
		RR - 60-65/min
		colour & perfusion - good
		pulse - felt
		cry/tone/activity - good
		soft, no distension
		urine, stool - passed
		Blood sterile
		culture

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

1. Start spoon feeds 30-40ml 2nd hrly
2. Stop antibiotics
3. Plan d/c discharge Hm
4. Himaja mam consultation Hm i/v/o hydrocele

Sunday

Noted by S/w Gayathri 01641C 30/6/26 @5pm.

30/6/26 10pm

C/S/B Dr paramesh / Dr HR / Dr SV

Cans reviewed,

Currently on Room air
No distress

O/E

C/T/A - good
HR - 136/min
SpO_2 - 98% @RA
P/A - Soft
Urine output - good

Plan

1). ~~start~~ On spoon feeds 30ml - 40ml 2nd

2) To plan D/C Hm

3) Dr Himaja consultation Hm/v/o Hydrocele

NB S/w Satabdi 07258 30/6

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

F / LIW / PGN / INPR / 15
HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 6 D (M)
Dr. TIRUMALASETTY PARAMESH

Pat...
Age... F
I.P. No. ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
1/7/26 8AM		C/S/B Dr. Hariharan / Dr. Jayasurya / Dr. Suminaa
		Dx - Term / Severe MAS / mild PPHN / LV dysfunction
		Day 6 of life — Birth weight - 3.4kg; current weight - 3480 gm
		Baby is self ventilating in room air
		No tachypnea, grunting
		No retractions
		Stridor (+)
		RR - 60/min, SpO₂ - 98% in RA
		CVS
		Hemodynamically stable
		colour & perfusion - good
		S1S2 (+) HR - 152 bpm — urine / stool passed
		U/O - 1.9ml/kg/hr
		F&F
		On spoon feeds 30-40ml feeds — Adv
		Tolerating well — 1. Plan d/c today
		No vomitings, aspirations — 2. Dr. Himaja mam consultation i/v/o hydrocele
		CNS — 3. Red reflex & birth
		cry / tone / activity - good — vaccination to be given
		4. NNB NIPE before d/c
		R. Hariharan
		NBY [signature] 01[illegible] 1/7/26 9am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

1/7/26
5PM

S/B Dr. Harikaran / Dr. Harsh

→ Baby Reviewed
→ Baby on Room air
→ No signs of Distress
→ Tolerating feeds

C/T/A - good
Vitals HR - 150BPM
SPO_2 - 95%
BP - 91/83 mmHg
RR - 56/min

Adv

- 30-40 ml spoon feeds and Nipple feeds
- Plan D/C T/M
- NTPC before D/C

Dr. MAR

Noted by
Aparna (020706)
1/7/26
@ 5pm

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : ....

Age : .... Gender ☐ M ☐ F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
1/7/26		SIB Dr Praveen / Dr Yash
	11PM	
		→ Baby Reviewed
		→ Baby on R.A
		→ ~~QAD~~ → No Distress.
		- Tolerating feeds
		Vitals HR - 155 BPM
		SPO_2 - 100%
		RR - 48 / min.
		Adv
		- 30-40 ml spoon
		feeds + Nipple feeds
		- Plan D/C T/M
		Dr YASH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2/7/26

Adv

1. Plan d/c today

2. Dr. Himaja mam consultation
   i/v/o hydrocele

3. cmt 30-40ml spoon feeds
   + try DBF

Paramul

Noted by S/N
meena
014988
2/7/26

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : .... HCV-00041106 IP22-00023403 ..... Age : .....
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Gender ☐ M ☐ Dr. TIRUMALASETTY PARAMESH .....
Consultant : ....
Date of Admission : .....

DRUG ALLERGIES NILL

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all the 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 *I* 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 in 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 Hospital's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctos's Signature		Valid Period	Pharm	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctos's Signature		Valid Period	Pharm	
Additional Instructions				

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctos's Signature		Valid Period	Pharm	
Additional Instructions				

Patient Name : B/O SRAVANI	IP No. 23403	Sheet No. (1)	Wards NICU	Weight (kg) 3.4 kg

REGULAR PRESCRIPTIONS

DRUG : Inj PIPERACILLIN TAZOBACT

Dose	Route	Frequency	Start Dt.
350mg	IV	Q12H	27/06

Name & Signature of the Doctor starting the Drugs: Dr JAYASURYA

Additional Instructions: Dilution in 10ml (NS) AND TAKE 3.5ml.

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
8 Am	[illegible]
8 Pm	

Stop Hon 27/6

DRUG : Inj AMIKACIN

Dose	Route	Frequency	Start Dt.
50mg	IV	Q24H	27/06

Name & Signature of the Doctor starting the Drugs: Dr JAYASURYA

Additional Instructions

Daily Doctor's Endorsement by a Sign

Date / Time	27/6
8 Am	Bhava [illegible]

Stop 27/6

DRUG : Inj CALCIUM GLUCONATE

Dose	Route	Frequency	Start Dt.
(7ml) 7mg	IV	Q6H	27/6

Name & Signature of the Doctor starting the Drugs: R. Harihara

Additional Instructions: SLOW IV INFUSION

Daily Doctor's Endorsement by a Sign

Date / Time	27/6	28/6
3Am	Bhava [illegible]	[illegible]
9 Am	[illegible]	
3 Pm	[illegible]	
9 Pm	[illegible]	

Stop Hon 28/6/2026 8AM

DRUG : Inj VANCOMYCIN

Dose	Route	Frequency	Start Dt.
50mg	IV	Q12H	27/6

Name & Signature of the Doctor starting the Drugs: R. Harihara

Additional Instructions: for x days

Daily Doctor's Endorsement by a Sign

Date / Time	27/6	28/6	29/6	30/6
12 Pm	[illegible]	[illegible]	[illegible]	[illegible]
12 Am	X	[illegible]	[illegible]	[illegible]

Hon Stop

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HCV-00041106 IP22-00023403
Baby Of SRAVANI
25-06-2026 0 Y 0 M 2 D (M)
Dr. TIRUMALASETTY PARAMESH

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

ULAR PRESCRIPTIONS

DRUG : Inj MEROPENAM

Dose	Route	Frequency	Start Dt.
135 mg	IV	Q12H	27/6

Name & Signature of the Doctor starting the Drugs: R. Hariharan.

Additional Instructions: IV infusion

Daily Doctor's Endorsement by a Sign.

Date / Time	27/6	28/6	29/6	30/6
11 Am				
11 Pm				

Stop

DRUG : Inj. AMIKACIN

Dose	Route	Frequency	Start Dt.
50 mg	IV	Q48H	29/6

Name & Signature of the Doctor starting the Drugs: R. Hariharan

Additional Instructions: renal adjusted dose

Daily Doctor's Endorsement by a Sign.

Date / Time	29/6	1/7
2 Am		

Stop

DRUG : Adrenaline Nebulisation

Dose	Route	Frequency	Start Dt.
1 ml	neb.	Q8H	28/6

Name & Signature of the Doctor starting the Drugs: R. Hariharan.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	28/6	29/6
12 Am		
8 Am		
4 Pm		

STOP @ 29/6/2026 @ 8 Am.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date ➤ / Time ▼
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a 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.	

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.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
27/6/26	3.30pm	Inj-Vit-K	1mg	IV	Suminaa	
~~27/6/26~~		FFP	~~35ml over 30 mins~~	IV	Suminaa	
27/6/26	5.45pm	FFP	40ml over 60 mins	IV	Suminaa	
27/6/26	10PM	Neb. Adrenaline	1ml + 3ml NS	Neb		

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
B/O SRAVANI	23403	(1)	NICU	3.4

I.V. FLUIDS CHART

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.
27/6/26	1Am	10% Dextrose	IV	7ml/hr	[signature]	Dhana Sunitha	28/6/26 @ 8A	[signature]	mees mub
28/6/26	8 Am	10% Dex 235ml + 50% DAE - 7.4ml + 3% Nacl - 27.2ml + Kcl - 1.7ml sterill wat - 0.7ml	IV	8.5ml/hr	[signature]	meen manika	30/6/26 2Am	[signature]	Aparna Ap

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RESTRICTED ANTIICROBIAL USE JUSTIFICATION FORM

Patient Name	B/O SRAVANI	I.P.No		Dept.		DOA	

Diagnosis: Term/AGA/MAS/ PPHN/ Congenital hydrocele

Brief Clinical History: Baby has aspirated meconium, and needs ventilatory support

Clinical Features & Relevant Investigations suggestive of Infection

DATE/DOA	27/06/26	27/6/26			
Fever					
Other C/F					
HB		17.1			
TLC		16.51			
N,L,E		53/29			
PLT		114			
CRP					
PCT/ESR					
WIDAL					
MP Optimal					
WEIL-FELIX					
CUE					
BODY FLUID CYTOLOGY					
LATEX					

Restricted Antimicrobial Used

Antimicrobial	DATE	DOA	Justification	Antimicrobial	DATE	DOA	Justification
1. MEROPENAM	27/6/26	27/6/26	? Sepsis	5.			
2. VANCOMYCIN	27/6/26	27/6/26	? Sepsis	6.			
3.			needing ventilator support	7.			
4.				8.			

Any Other comment :

Culture Tracker			1			2			3		
			DATE	DOA	RESULT	DATE	DOA	RESULT	DATE	DOA	RESULT
A	Blood										
B	Urine										
C	CSF										
D	ET	Secretion									
E	ET	BAL									
F	ET	Mini BAL									
G	Body Fluids										
H	PCR										

Elaboration:

At 72 hours, based on culture report de-escalation done : YES/NO

If no please justify

At Day 7 De-escalation done : YES/NO

If not please justify

Justification

I	Risk factor for ESBL	I	Risk factor for MDR Infection
11	Prior antibiotic use (within 90 days)	11	Prior antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within90d)	12	Recent hospitalization(>2d, within 90d)
13	durrent hospitalization of (>5days)	13	Current hospitalization of (>5days)
14	Immunosuppression	14	Chronic/Nursing home care
15	Prolonged mechanical ventilation(>3 days)	15	Dialysis
16	Suspected septic shock-hit first hit hard policy	16	Immunosuppression
17	Other	18	Suspected septic shock-hit first hit hard policy
		19	Others
K	**Risk factors for invasive candidacies/candidemia:**	L	**Risk factors for MRSA**
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged hospitalization(>5 days)	L3	Exposure to MRSA
K4	Previous Broad spectrum antibiotic Use	L4	Central lines, ICD, PD, Cathter, ET tubes
K5	CVP/HD Catheter / PA catheter	L5	Chronic/Nursing home care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida coloniation
K7	Others	L7	Suspected septic shock hit first hit hard policy
		L8	Others

Signature of Consultant

Signature of infection control nurse

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CONSENT FOR BLOOD TRANSFUSION

Patient Name: B/O. Sravani Age: 03

Gender : ☑ M ☐ F - IP No. : 23403

Ward / Bed NO. : NICU Date : 24/6/26

Type of Blood Product:

I D. Srinivasa Rao hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that FFP Transfusion

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature : D. Srinivasa Rao

Name : D. Srinivasa Rao

Date & Time : 27/6/26 @ 5:40pm.

Witness:

Signature : Suruchi

Name : B. Suruchi

Address :

Contact No. :

Date & Time :

Doctor(Who is taking the consent):

Signature : R. Hariharan

Name : R. Hariharan

Date & Time : 27/6/26 @ 5:45pm

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BirthRigh
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు ..... వయస్సు.....పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....

రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

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డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే బాషలో వివరించినారు, దానికి నేను అంగీకరిస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెసిపిటేట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు.....

తేది మరియు సమయము .....

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RAINBOW HOSPITAL BLOOD BANK

Road No. 2, Banjara Hills, Hyderabad
LIC No.: 46/HD/TS/2018/BB/G

BLOOD TRANSFUSION FEEDBACK FORM

Patient Name: B/o Sravani Age / Gender : D3/mCH IP No: 28403 Blood Group: O the
Date & Time of Issue: 27/6/26 @ 5:30pm Bag No. 2425 Qty: 40ml
Clinical Diagnosis: TTPPH.H/MAS Doctor: Dr. Paramesh Hospital: RCH (Vizag)
Product being transfused: FFP issued by: Chatrapati Shivaji

Temperature in the 24 hrs prior to transfusion:(please Tick)	☐ Febrile	☑ Afebrile(<38°C)
Details	Checked by Dr. Paramesh	Counter Checked by Dr. Hari Haran
Patient ID Correct	~~Yes~~/No	~~Yes~~/No
Blood bag correct	~~Yes~~/No	~~Yes~~/No
Blood transfusion (FFP)	~~Yes~~/No	~~Yes~~/No

Bag No. 2425 Expiry date: 20/6/2027 Volume Transfusion: 40 ml
Time Commenced: 5:45pm Time completed: 6:45pm
Mention Reason, In case
Transfusion is delayed / Prolonged: —
Unused blood bag is returned to blood bank: —

Vital Signs

Parameters	Pre Transfusion	15 Min	30 Min	1 hour	2 hours	3 hours	4 hours	Post Transfusion
Time	5.45pm	6.pm	6.15pm	6.30pm				
Temperature	36.6°C	36.6°C	36.6°C	36.6°C				
BP	-	74/44(54)	74/42(64)	68/32(43)				
Pluse	168	158	164	168				
Respiratory rate	80/wt	78/wt	76	78				

Signs & Symptoms – Post transfusion (Please Tick)Pluse

Fever	-				
Chills	-				
Nausea/Vomiting/	-				
Hives/Itching	-				
Others					

Please document any blood products given in previous 24 hrs:

Donor Unit No.	Blood Products type	Date	Time Unit		Volume given	Reaction - Yes/No
			Started	Stopped		

I confirm that the above patient received this blood component.

Transfused by (Nurse): S/N. Suretcha

Name B. Suretcha (020054)

Signature

Date / Time: 27/6/26 @ 6:30pm.

Reviewed by (Doctor):

Name Dr. Balaji

Signature

Date / Time: 27/6/26 @ 6:30 pm

- This form should be returned to Hospital blood bank after completion of transfusion.
- One should be filled for every blood bag.

NOTE:

1. Reason for transfusion should be documented in medical records by prescribing clinician.
2. Inform consent should be taken for every transfusion.
3. Blood bag should be checked before every transfusion. Check should include verification of information on the label, color of the product, Presence of gas bubbles in the blood bag.
4. Compatibility Label of blood bag should be pasted in medical record of the patient.
5. Vital parameters of patient should be monitored and documented in Patient record during and after transfusion.
6. Blood group of patient and blood unit as to be checked for compatibility if any discrepancy found in blood group inform blood bank immediately.
7. Empty bag/Unused bag has to be returned along with transfusion feed back form.
8. In case of suspected transfusion reaction please send following to blood bank.

Ph : 9647223344 / 9647667788

Chhatrapati Shivaji Voluntary Blood Centre

(A Unit of Grameena Vidyabivruddi Sangam)
Plot No.-5C, C/o Unique Hospital Building, 3rd Floor,
Health City, Arilova, Visakhapatnam-530040, A.P.
Licence No.:06/VSP/AP/2022/BC/G

24/7 Emergency Services

Baby Of Sravani

O Rh(D) Pos | 2 Days, Male

Request ID : CSVB26-R02881
Hospital : Rainbow Children's Hospital
Doctor : Dr. PARAMESH GARU
Issue Date / Time : June 27, 2026, 5:23 p.m.

It is certified that all below units are tested and found non-reactive for Anti-HIV 1 & 2, Anti-HCV, HBsAg, Syphilis & negative for Malaria Parasite -

S.No	Product Name & Donor ID	Donor Blood Group	Collection Date	Expiry Date	Crossmatch Result
1	**Fresh Frozen Plasma B.P** 2425 (200ml)	O	June 21, 2026	June 20, 2027 11:59 PM	Compatible **AHG Minor: 0**

Crossmatched By:
Chhatrapati Shivaji Voluntary Blood Centre

Cross Checked / Issued By:
Chhatrapati Shivaji Voluntary Blood Centre

Instructions & Consent

1. Check patient's name: **Baby OF SRAVANI** and ADM/CR No. which should be same as mentioned in this compatibility report.
2. Donor ID and blood group should be same as on compatibility report & on the compatibility label attached to the unit.
3. Check for any clot, leakage, hemolysis, discoloration and turbidity before transfusing the blood.
4. Transfuse blood component immediately after verification.
5. Transfusion of packed red blood cells shall not take longer than 4 hours and should begin within 30 minutes of taking out of the refrigerator.
6. Transfusion must be given by disposable state set with filter.

Adverse Transfusion Reaction Form

In case of adverse transfusion reaction, Remaining blood in the bag and administration set should be sent immediately to the blood bank along with this part of the form and the fresh blood sample of Baby Of Sravani in two separate labelled tubes: (i) 2 mL in EDTA (ii) 5 mL in Plain test tube.

Request ID: CSVB26-R02881
Patient: Baby Of Sravani
Hospital: Rainbow Children's Hospital
Product Name & Donor ID:
Condition of Patient Pre-transfusion:

Start Time:	**BP:**	**Respiratory Rate:**	**SPO2(%):**	**Rate of transfusion:**
Stop Time:	**BP:**	**Respiratory Rate:**	**SPO2(%):**	**Amount Transfused:**

Signs & Symptoms :

[ ] Fever	[ ] Chills	[ ] Rigors	[ ] Itching	[ ] Edema	[ ] Nausea
[ ] Vomiting	[ ] Flushing	[ ] Urticaria	[ ] Anxiety	[ ] Restlessness	[ ] Jaundice
[ ] Chest Pain	[ ] Abdominal	[ ] Back/Flank Pain	[ ] Infusion Site Pain	[ ] Dyspnoea	[ ] Wheeze
[ ] Cough	[ ] Hypoxemia	[ ] Haematuria	[ ] Haemoglobinuria	[ ] Oliguria	[ ] Bilateral Infiltrates
[ ] Tachycardia	[ ] Hypertension	[ ] Hypotension	[ ] Raised JVP	[ ] Arrhythmias	[ ] Oliguria

Other:

Signature of Doctor