

RADIOLOGY / SCANS

| Date | Service | Signature | Date | Service | Signature |
|------|---------|-----------|------|---------|-----------|
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SUPPORT SERVICES

| Date | Physiotherapy | Signature | Date | Others Services | Signature |
|------|---------------|-----------|------|-----------------|-----------|
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BLOOD BANK

| Date | | | | | | | | | |
|---------|--|--|--|--|--|--|--|--|--|
| Units | | | | | | | | | |
| Remarks | | | | | | | | | |

ANY OTHER INFORMATION

Vaccination done

Date : *11.50 Am* Time : *25/8/25*

Prepared By : *Rufa*

| | | | |
|-------------------------------------|---------------------------------------|-------------------|--------------------|
| Staff Nurse / Floor Co-ordinator | Nursing Supervisor <i>Rufa</i> | Billing Assistant | Billing Supervisor |
|-------------------------------------|---------------------------------------|-------------------|--------------------|

SPB-00025030 IP27-00006734
Baby B/O MANJUSHREE V
23-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. NICU TEAM

219

Ref No. : F/HW/NBS/184



PARENTAL CONSENT FOR NEW BORN SCREENING TEST

Newborn screening is a program that identifies babies at risk for having rare medical condition that can affect normal growth and development.

WHY IS SCREENING IMPORTANT?

Most affected babies at birth appear normal & screening early identification and helps in effective management plus parental counselling. Newborn screening is quick & safe.

WHEN IS IT DONE?

Usually done typically between 48-72 hours after birth, but can be done after discharge from hospital.

A blood sample is collected onto a screening card from baby's heel, by a nurse and sent to lab. The lab tests for various chemicals or metabolites. Abnormal level indicate baby has problems with

Further testing will be requested for a written consent for Newborn screening. Sometimes a repeat

parents can talk to their pediatrician or ask for parent information brochure about newborn

screening.

I have received & understood the information regarding newborn screening. I give consent to my baby for blood collection for newborn screening.

YES

NO

Name of Parent / Legal Guardian:

S. Sudkarnani

Signature of Parent / Legal Guardian:

S. Sudkarnani

Date:

SPB-00025030 IP27-00006734
Baby B/O MANJUSHREE V
23-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. NICU TEAM



Rainbow Children's Hospital - Sarjapur

3/2, 2nd floor, Sarjapur - Marathahalli Rd, opp. to 3m car care, Bellandur, Bengaluru, Karnataka 560102 Hsr Layout ,Bangalore ,Karnataka, INDIA ,560102.

WEB : <https://rainbowhospitals.in>

ADMISSION SHEET

Registration Details :



Admission No : IP27-00006734 Admit Date : 23-May-2026 Admit Time : 09:23 PM UHID : SPB-00025030

Patient Details :

| | | | |
|--------------|---------------------------------------------|----------------|------------------------|
| Patient Name | Baby B/O MANJUSHREE V | Age | : 0 D |
| Admission | SHARATH | DOB | : 23-05-2026 08:16 PM |
| Gender | Female | Religion | : |
| Admission | | Martial Status | : |
| Address (H) | Carmelaram Bangalore Karnataka INDIA 560035 | Phone No | : 9620348860/ |
| | | E-mail | : 9620348860@gmail.com |

Admission Details :

Admission Type : BASINET Bed No : CRDL-PVT-212-1 Ward Name : 2F - PVT
Admission No : CRDL-PVT-212-1 Admission Type : First Visit

Contact Details :

Contact Name : SHARATH Relationship : D/O
Contact Address : Carmelaram Bangalore Karnataka INDIA 560035 Phone No :


Signature

Physician Details :

Physician Name : Dr. NICU TEAM Specialisation : GENERAL PEDIATRICS
Referring Doctor : SELF Phone No :
Consultant

Payment Details :

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

SPB-00025630 IP27-00006734
Baby B/O MANJUSHREE V
23-05-2026 0Y0M0D1H (F)
Dr. NICU TEAM

ORM

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| Date & Time of Admission 23/5/26 at 10:30 AM | | Date & Time of Transfer Order 23/5/26 at 11:00 AM | |
| Treating Consultant Name DR. Deepthi | | Transfer Ordered by DR. Deepthi | |
| Reason for Transfer Newborn Care | | Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| From Unit LDR | | To Unit CCU | |
| Number of Sheets in Clinical File 14 | | Number of Imaging Films — | |
| Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what? | | | |

Medications / Consumables / Surgicals / Hand over

| Sl.No. | Item Name | Quantity |
|--------|-----------|----------|
| 1. | Baby file | 1 |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes No

| | |
|-----------------------------------------------------------|-------------------------------------------------|
| Name & Signature of Person who is Transferring Deepthi | Name of Person Ordered Transfer DR. Sasidhar |
|-----------------------------------------------------------|-------------------------------------------------|

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

SPB-00025030 IP27-00006734
 Baby B/O MANJUSHREE V
 23-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. NICU TEAM



HOSPITAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name: Manjushree Age: 28y Father's Name: _____ Age: _____
 Date of Birth: 12/02/1998 Date of Admission: 23/05/26 UHID No.: _____
 ICU Consultant: Dr Deepmi Referring Consultant: _____
 Admitting Unit: OT Labour Room ER Ward
 Transported? Yes No - If yes: Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name: B/O Manjushree Mother's Blood Group: B +ve
 Gender: M F Blood Group: _____ Birth Weight (gms): 2860gm Length (cms): _____
 Date of Birth: 23/05/26 Time of Birth: 8:16:20PM OFC (cms): _____
 Place of Birth: RCH, Salapure Estimated Gesth Age: 39w +1d

Current Obstetric History: (Booked / Unbooked Case)
 Maternal Age: 28y Ht: 161cm Wt: 71.2kg BMI: _____ Married Life: 28y LMP: 22/8/25 EDD: 29/1/26
 Conception: Spontaneous or with Rx: _____
 Booked at what GA: (N) AN Steroids Drugs / Doses: _____
 Ultrasound Scans Details: _____
 TT Immunization and Iron / Folic Acid: _____

MATERNAL RISK FACTORS

Age: <18 yrs > 35yrs
 Consanguinity: Yes No
 If yes, degree of consanguinity: 1 2 3
 H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long: _____
 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: (1)
 H/o Hypothyroidism: when diagnosed? Medication?
 Any other Chronic Medical Problems, when detected drugs?
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection: H/O, Fever
 (Malaria UTI TORCH TB HIV HBV)
 UTI: when: _____ Any culture: _____

PPROM: Duration: _____ Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results: _____
 Medication during Pregnancy: _____ Duration: _____



Pt

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 160/m RR : 50cp NIBP : CFT : 4

Color of the extremities : Accrocyanosis

Jaundice : - Pallor : - SpO2 : 96%

Anthropometry : Birth Weight : 2.860kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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ORIFICES

SPINE :

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HEAD TO TOE EXAMINATION

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

Facial features (Facial morphology) : (N)

NECK and LYMPHATIC NODES :
Range of Motion :
Asymmetry : (N)
Masses :

HEENT (Eyes, Ears, Nose, Throat) :
Symmetry :
Red Reflex : (N)
Discharge :

HEAD, NOSE, THROAT and ENT :
Ear set / Shape :
Periauricular Pits / Tags : (N)
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :

AXILLAR and AXILLARY LYMPHATIC NODES :
Shape of Thorax :
Position of Nipples and Number : (N)

ABDOMEN and ABDOMINAL LYMPHATIC NODES :
Shape :
Organomegaly : (N)
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITALIA :
Labia / Hymen :
Testicles/penis : *Female genitalia*
Anus :

ORAL ORIFICES : *intact*

HEAD AND SPINE : (N)

EXAMINATIONS : (N)

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

SPB-00025030 IP27-00006734
Baby B/O MANJUSHREE V
23-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. NICU TEAM

AT THE TIME OF TRANSFER TO THE WARD

PB-00025030
Baby B/O MA
-05-2026
NICU TEA

Final Diagnosis :

Present Issues :

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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's Name

of Birth

Weight:

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CH/F

SPB-00022892 P27-00006732
 Baby Mrs. MANJUSHREE V
 12-02-1998 28 Y 3 M 11 D (F)
 Dr. SHEFALI TYAGI



NURSING DEPARTMENT
...NBORN - NURSING ASSESSMENT FORM

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

Baby's Name: BIO manjushree Mother's Name: Mrs. manjushree
 Date of Birth: 23/02/26 Time of Birth: 8:16:20 AM Gender: Male Female
 Birth Weight: 2.86 Kgs HC: cm Length: cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term: Term
 Resuscitated: Yes No Blood Group: Mother: B+ve Baby:
 Feeding: Breast Feeding Formula Both First Feed Time:

SPB-00022892 P27-00006732
 Mrs. MANJUSHREE V
 12-02-1998 28 Y 3 M 11 D (F)
 Dr. SHEFALI TYAGI

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVU

Physical Assessment of New Born:

Temp: 36.5 °C HR: 160 /Min RR: 50 /Min BP: SpO₂: 98
 Apgar Score: (Follow N Pass)

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

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

Current Status on admission: Sleeping Crying Calm Drowsy

General Appearance: Pink Meconium Stain Others, Specify:
 Posture: Well-Flexed Asymmetry

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

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

Care Provided: Yes / No

Blood Glucose Monitoring Done: Yes / No

Screening Done: Yes / No

Neonatal Screening: Feeding Problem Yes / No

Neonatal Screening: Musculoskeletal Congenital Abnormality Yes / No

History: Siblings Yes / No

Information obtained from Mother Father Other Family Member

Screening Discussed: Yes / No

Name: Neenu

Signature: [Signature]

Date & Time: 23/02/26 at 8:30 AM

SPB-00025030 IP27-00006734
 Baby B/O MANJUSHREE V
 23-05-2026 0Y0M0D1H (F)
 Dr. NICU TEAM



LESS NOTES AND DOCTOR'S ORDER

| Time | Progress Notes | Doctor's Order |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 05/26 9pm | <p>C/S/B - Dr. AKUL / Dr. Sandhar</p> <p>single / TERM / 39+1 / AGA (2.56kg) female / NVD / MSL</p> | |
| | <p>vitals are stable.</p> <p>taking feeds well.</p> <p>systemic : CVS - S₁, S₂ ⊕</p> <p>MI - B/L AET ⊕</p> <p>PIA - soft</p> <p>cut in, activity</p> <p>tone - good</p> | <p>Advice</p> <ul style="list-style-type: none"> - warm + tender care - Breastfeeding every 2nd hrly - monitor for distress. |
| | | Handwritten signature |
| 24/05/26 8am | <p>C/S/B - Dr. AKUL / Dr. Deepthi</p> <p>single / TERM / 39+1 / AGA / 2.56 kg / female / NVD / MSL</p> | |
| | <p>vitals are stable</p> <p>taking feeds well</p> <p>systemic - CVS - S₁, S₂ ⊕</p> <p>MI - B/L AET ⊕</p> <p>PIA - soft</p> <p>cut - in, activity</p> <p>tone - good.</p> | <p>Advice</p> <ul style="list-style-type: none"> - warm + tender care. - Breastfeeding every 2nd hrly - monitor for distress - vaccination today. |
| | | Handwritten signature |

SPB-00025030 IP27-00006734
 Baby B/O MANJUSHREE V
 23-05-2026 OYOMODIH (F)
 Dr. NICU TEAM

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 24/5/26 8pm | <p>CLSB Dr Sasidhar</p> <p>Term/39+1 / NVD / 2.56kg (Female) / NVD/MSL</p> <p>o/e vital stable cry & activity good</p> <p>Advice - warm care - DBF & hly hb keep - TM some</p> | <p>Dr</p> |
| 25/5/26 8pm | <p>CLSB Dr Deepthi</p> <p>Term/39+1 / AFD / 2.56kg / Female / NVD / MSL</p> <p>o/e HR: 130/min RR: 46cpm AF @ level CRT - B & C</p> <p>S/EI CVS: S12 (+) DSIBLc ME (+) CMC cl/AT end Flt - soft</p> <p>Advice) - warm care - DBF & hly hb keep - Trac inv.</p> | <p>Dr</p> <p>Dr</p> |

SPB-00025030 IP27-00006734
 Baby B/O MANJUSHREE V
 23-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. NICU TEAM



No. RCH/FRM/CLINICAL/124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

| Time | 6am | 8am | 10am | 2pm | 6pm |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|----------|----------|
| Doctor/Nurse/Family Concern? | | | | | |
| Temperature (F) | 97.8 | 97.7 | 97.8 | 97.7 | 97.8 |
| Heart Rate (bpm) | 146 | 144 | 142 | 144 | 142 |
| Blood Pressure (mmHg) * | | | | | |
| SpO2 (Percentage) | 98.1 | 97.7 | 99.1 | 98.1 | 99.1 |
| Respiratory Rate (Number) | 48 | 46 | 47 | 48 | 42 |
| Conscious Level | N | N | N | N | N |
| TOTAL SCORE | | | | | |
| Number of shaded boxes | | | | | |
| Observer's Initials | Mudal | Mudal | Havaldar | Havaldar | Havaldar |
| 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 incharge and PICU/NICU fellow or PICU/NICU consultant to be informed | | | | |

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.

IP37-0000734
 B/D MANUSHREEV
 0028 0Y0M0D1H (P)
 OUTBAM

Doc. No. RCH/FRM/CLINICAL/124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

| Time | 10pm | 2AM | 6AM |
|--------------------------------|------|------|------|
| For Nurse Family Concern? | | | |
| Temperature | 98.1 | 98.1 | 98.1 |
| Heart Rate (bpm) | 142 | 138 | 139 |
| Blood Pressure (mmHg) * | | | |
| Respiratory Rate (Number) | | | |
| SpO2 (Percentage) | 100 | 100 | 100 |
| Consciousness (Normal/Altered) | A | A | A |
| Overall Score | 0 | 0 | 0 |
| Nurse's Initials | P | B | B |

- WIS**
- 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 (H&P) or On call night duty consultant to see
 - Score 5 & 6: Shift in charge and PCU/NICU follow or PCU/NICU consultant to be informed
- Notes 3 should be left overnight
- * If below 72 or the Oxygen requirement is >3 L/L/min then irrespective of rest of the score, the Nurse MUST inform the PCU team.

NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23/5/20 | 8:14pm | An alive female baby born through normal delivery. under Dr. Ketali on 23/5/2020 at 8:16:20 pm, Baby cried at birth immediately baby received to pre-warmed baby wiped well. cord clamped and cut. vitals checked and recorded. All Routine New born care given to the baby. Eng. vit. K 0.5ml given. |
| 23/5/20 | 9:00am | Routine care given, Foot print taken, DBF given, Baby is stable. |
| | 11pm | Baby feeding gm, baby CRIAS recorded. Amical to baby honey baby feeding well. |
| 24/5/20 | 12:15 Am | Along I mother baby started feed on gas to avoid flat |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

(USE BALL POINT PEN ONLY)



No Known Drug Allergies

Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24/7/25 | 8:00pm | Receiving notes. Handover received from RBE, while receiving the baby as planned. - <u>M. Ghoras</u> Feeding given every 2nd hourly - <u>M. Ghoras</u> Baby passed wind & motion - <u>M. Ghoras</u> No other complaints - <u>M. Ghoras</u> |
| 24/7/25 | 9:15pm | Handover given to M/D staff - <u>M. Ghoras</u> Morning duty staff |
| 24/7/25 | 2pm | Handover taken from RBE night duty staff - <u>A. Venkati</u> |
| | 9am | vitals checked and recorded HARTLEY BARS checked and recorded <u>A. Venkati</u> |
| | 12pm | DBE given 2nd hourly <u>A. Venkati</u> |
| 24/7/25 | 2pm | Handover given to RBE next duty staff Evening duty staff |
| 24/7/25 | 2pm | Handover taken from RBE morning duty staff - <u>A. Venkati</u> |
| | 3pm | vitals checked and recorded <u>A. Venkati</u> |
| | 4pm | GRBS checked and recorded <u>A. Venkati</u> |
| | 8pm | DBE given 2nd hourly - <u>A. Venkati</u> |
| | 8pm | Handover given to RBE next duty staff |

#37-0000734
 Baby, B/D MANUFACTURE V
 03-08 2008
 01 1001 1000
 01 1001 1000



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|------|----------------------------------------------------------------|
| | | Night duty @ on |
| 2/15/16 | 8pm | → Stand over taken from Evening duty staff — End |
| | 10pm | → Baby Conscious |
| | 11pm | → Baby stable on Gavage |
| | 12AM | → Baby taking energy and hourly DR |
| | 1AM | → Baby passed urine & motion |
| | 4AM | → Baby slept well |
| | 6AM | → Baby weight checked |
| | | → No other fresh complaints |
| 2/15/16 | 8AM | → Stand over given to morning duty staff — End |
| | | morning duty staff |
| 2/15/16 | 8AM | → Handover taken from the night duty staff |
| | 9AM | → DR given and hourly A - Waraka |
| | 10AM | → Vitals checked and recorded A - Waraka |
| | 11 | → urine & motion passed A - Waraka |
| | 1 | → Handover given to the billing room — Waraka |

SPB-00025030 IP27-00006734
 Baby B/O MANJUSHREE V
 23-05-2026 0Y0M0D1H (F)
 Dr. NICU TEAM



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 Thrombo-phlebitis Score | Sign. Nurse | |
|----------------------|----------|-----------------|--------|-----|-----|---------------------------|-----------|-------|------------|-------|---------------------------------|------------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 4/5 | 08:00 am | DBF | | | | | | | | | | Harku 0209/21 | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | DBF | | | | | | | ✓ | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | DBF | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | | |
| Total Intake : DBF | | | | | | Total Output : Diaper wet | | | | | | | |
| 1/5 | 02:00 pm | DBF | | | | | | | | | | Harku 0209 | |
| | 03:00 pm | | | | | | | | | | | | |
| | 04:00 pm | DBF | | | | | | | ✓ | | | | |
| | 05:00 pm | | | | | | | | | | | | |
| | 06:00 pm | DBF | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | | |
| Total Intake : DBF | | | | | | Total Output : Diaper wet | | | | | | | |
| | 08:00 pm | | | | | | | | | | | Harku 0209 | |
| | 09:00 pm | DBF | | | | | | | ✓ | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | DBF | | | | | | | ✓ | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | DBF | | | | | | | | | | | |
| Total Intake : DBF | | | | | | Total Output : Diaper wet | | | | | | | |
| | 02:00 am | | | | | | | | | | | Harku 0209 | |
| | 03:00 am | DBF | | | | | | | ✓ | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | DBF | | | | | | | ✓ | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | DBF | | | | | | | | | | | |
| Total Intake : DBF | | | | | | Total Output : Diaper wet | | | | | | | |
| Total 24 hrs. Intake | | | DBF | | | Total 24 hrs. Output | | | Diaper wet | | | | |

SPB-0008030 IPST-0008734
 Baby B/D MANJUSHREE V
 13-08-2028 070M001H (P)
 IN: ICU TEAM



FLUID CHART

Sheet No

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------------|----------|-----------------|--------|-----|-----|-----------------------------|-----------|-------|----------|-------|--------------------------------|---------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 25/5 | 08:00 am | DBF | | | | | | | | | | Thak ology |
| | 09:00 am | | | | | | | | | | | |
| | 10:00 am | DRF | | | | | | | ✓ | | | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | DBF | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | |
| Total Intake : | | | DBF | | | Total Output : | | | | | Diaper used | |
| | 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 | | | | | | |

| Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|------------------|-----------------------------------------------|------|------------------------|-------------------|---------------|----------------------------|
| Morning 8pm | monitored vitals | | monitored vitals | Baby is stable | Done | <u>Theresa</u> 02/07/17 |
| Afternoon 9pm | monitored vitals | | monitored vitals | Baby is stable | Done | <u>Theresa</u> 02/07/17 |
| Night | at Breast feeding to be done | | Breast feeding Done | Baby is stable | Done | <u>Brid</u> 02/07/17 |

NURSING CARE RECORD

SPECIALTY: _____
 Day 80 (MAXIMUM) 01000010 (P)
 21-01-2008
 DR. MICHAEL YEAM



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

| Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|----------------|-------------------------|------|------------------------|-------------------|---------------|------------------------|
| Morning 8AM | Monitor vitals vital | | monitored for vital | Baby is stable | DONE | Healy 02/01/08 |
| Afternoon | | | | | | |
| Night | | | | | | |

SPB-11025020 IP27-00006734
 Smt B/D MANJUSHREE V
 23-05-2026
 Dr. NICU TEAM
 9 Y 0 M 9 D 1 H (F)

NURSING SHIFT HAND OVER FORM

| | | | | | | | |
|------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-------------|
| SITUATION | Diagnosis: N/B | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | | |
| | Surgery / Procedure: | Post OP Day: | | | | | |
| BACKGROUND | Date | 23/5 | 24/5 | 24/5 | 24/5 | 25/5 | |
| | Shift | N | M | E | N | M | |
| ASSESSMENT | Medical Condition (Any special condition to be noted): | | | | Stable | Stable | |
| | Diet: | DBF | DBF | DBF | DBF | DBF | |
| | 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): | RA | RA | RA | RA | RA | |
| | 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: | 36.5 | 36.8 | 36.8 | 36.2 | 36.8 |
| | | Res: | 52 | 42 | 49 | 40 | 42 |
| | | SpO ₂ : | 99 | 99 | 98 | 98 | 98 |
| | | Pulse: | 138 | 142 | 148 | 140 | 142 |
| | | BP: | - | - | - | - | - |
| LOC: | | - | - | - | Comatose | Comatose | |
| Fall Risk Score: | 0 | 0 | 0 | 0/10 | 0/10 | | |
| Pain Score: | 0 | 0 | 0 | 0/10 | 0/10 | | |
| Skin Integrity | Intact | Intact | Intact | Intact | Intact | | |
| RECOMMENDATIONS | Safety Needs: | <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 | |
| | 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: | DBF | DBF | DBF | DBF | DBF | |
| | Critical Lab Test / Values: | | | | | | |
| RECOMMENDATIONS | 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 | |
| | PU Prophylaxis: | <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 | |
| | DVT Prophylaxis: | <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): | Dependent | | | Dependent | Dependent | |
| Post Operative Procedure Special Orders: | | | | | | | |
| Handed Over By Name : | | Deepthi | Harsh | Harsh | Rishi | Harsh | |
| Signature / ID : | | 020522 | 010471 | 0620911 | 01674 | 02028 | |
| Date: | | 23/05/26 | 24/5/26 | 24/5/26 | 25/5/26 | 25/5/26 | |
| Time: | | 11 PM | 2 PM | 8 PM | 8 AM | 12 AM | |
| Taken Over By Name : | | Harsh | Harsh | Rishi | Harsh | | |
| Signature / ID : | | 010471 | 010471 | 01674 | 010471 | | |
| Date: | | 24/5/26 | 24/5/26 | 24/5/26 | 25/5/26 | | |
| Time: | | 8 AM | 8 PM | 8 PM | 8 PM | | |

- Maintain Fluid Balance
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

