

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
2/2/22 9/10/22	208000 mt	[Signature]			

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION

Baby came for observation.
Vaccination done.

Date: 30/1/22 Time: 10:55am

Prepared By: [Signature] 2066

Staff Nurse / Floor Co-ordinator [Signature]	Nursing Supervisor	Billing Assistant	Billing Supervisor
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SPB-00025104 IP27-00006773
Baby B/O JYOTISHREE PRUSTY
28-05-2026 0 Y 0 M 2 D (M)
Dr. NICU TEAM



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?

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

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

It may be requested for a written consent for Newborn screening. Sometimes a repeat test can be done. You 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: *Soumen Kumar Sahu*

Signature of Parent / Legal Guardian: *Soumen Kumar Sahu*

Date: *30/05/2026*

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Baby B/O JYOTISHREE PRUSTY
28-05-2026 0 Y 0 M 2 D (M)
Dr. NICU TEAM



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SPB-00025104 IP27-00006773
 Baby B/O JYOTISHREE PRUSTY
 28-05-2026 0 Y 0 M 2 D (M)
 Dr. NICU TEAM

F/HW/IP/NECS/209



NEWBORN EXAMINATION CASE SHEET

ವಿಷಯ
 ಗುರುತಿಸಿ
 ನಿರ್ಣಯ
 ಮಾಡಿ ನೋಡಿ
 ಸಿ. ಕೆ.ಲವಣ
 ತನಾಡಬಹುದು
 ಡಿಕೋಂಡಿಟೋ

Day of life	Day of birth	29/5/21	30/5/21	31	1
Examined by					
Hours of life					
Weight	B wt 2.000kg	1.940	1.860kg		
Weight loss %		60g 3%	80g 7%		
Passed meconium	Y/N	Y/N	Y/N	Y/N	Y/N
Urine no of times					
Maintaining Euthermia	Y/N	Y/N	Y/N	Y/N	
Aatch score					
Activity					
cterus					
allor					
ephalhematoma					
nomaly					
alate					
heart					
emoral pulses					
espiratory system					
mbilical cord					
ps					
ine					
enitalia					
ed reflex					
BS					
G, OPV, Hep B					
ood group					
rum bilirubin					
S					
aring screen					
02 RUL/ RLL					
ecial investigation					
ctor's orders					
ditional Notes					
ctor's signature					

SPB-00025104 IP27-00006773
 Baby B/O JYOTISHREE PRUSTY
 28-05-2026 0Y0M0D2H (M)
 Dr. NICU TEAM



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/5/26	11:30 AM	66 mg/dl	—	(Khanati 02093 mulew)
	5:30 pm	60 mg/dl	—	
29/5/26	12 AM	51 mg/dl	—	Hanatu 02097
29/5/26	2 PM	57 mg/dl	—	Hanatu 02097
29/5/26	8 AM	63 mg/dl	—	Hanatu 02097
		STOP		
		(Hatan)		

ADMISSION SHEET



Registration Details :

Admission No : IP27-00006773 Admit Date : 28-May-2026 Admit Time : 10:44 AM UHID : SPB-00025104

Patient Details :


Patient Name : Baby B/O JYOTISHREE PRUSTY Age : 0 D
Guardian : Mr SOUMEN DOB : 28-05-2026 10:11 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Bellandur Bangalore Karnataka INDIA 560103 Phone No : 7978827815/ 7978827815
E-mail : 7978827815@dummy

Admission Details :

Room No : CRDL-PVT-216-1 Bed No : CRDL-PVT-216-1 Ward Name : 2F - PVT
Admission Type : First Visit

Contact Details :

Name : Mr SOUMEN Relationship : Father
Contact Address : Bellandur Bangalore Karnataka INDIA 560103 Phone No :


Signature

Doctor Details :

Doctor Name : Dr. NICU TEAM Specialisation : NEONATOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

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

SPB-00025104 IP27-00006773
Baby B/O JYOTISHREE PRUSTY
28-05-2026 0 Y 0 M 0 D 3 H (M)
Dr. NICU TEAM



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Jyotishree Age : 28 yrs Father's Name : Age :
Date of Birth : 17-06-1997 Date of Admission : 27/5/26 UHID No. :
NICU Consultant : TEAM NICU (Dr. Suresh) (Dr. Sreemath) Referring Consultant : Dr. Shefali
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Jyotishree Mother's Blood Group : B +ve
Gender : M F Blood Group :
Date of Birth : 28/5/2026 Time of Birth : 10:11:43 AM Birth Weight (gms) : 2000 gm Length (cms) :
Place of Birth : RCH, Saigapur OFC (cms) :
Estimated Gesth Age : 36 + 1

Current Obstetric History : (Booked / Unbooked Case)
Maternal Age : 28 yrs Ht : 152 cm Wt : 62 kg BMI : Married Life : 5 yrs LMP : 16/9/25 EDD : 23/06/26
Conception : Spontaneous or with Rx. :
Booked at what GA : AN Steroids Drugs / Doses :
Last Scans Details : Small muscular vsd with long bones at 2nd centile
TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35 yrs
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 :

↓
Amniocentesis
↓
-ve for Trisomy

H/o GDM pre GDM/ or diet or insulin
Controlled or not, recent values, HbA1 values :
Compliance with Rx :
Scans : LGA, TIFFA , Fetal Echo : small mus vsd a long bone at 2nd cent
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 :

SPB-00025104

IP27-00006773

Baby B/O JYOTISHREE PRUSTY

28-05-2026

OYOMODH (M)

Dr. NICU TEAM



A single live latepreterm (36+1wk) AGA (2kg) Male baby
delivered via LSCS on 28/5/26 at 10:11:43AM

Baby cried at birth

↓

Delayed cord clamped

↓

NRP resuscitation done
as per latest guideline

APGAR (1:8/10
5:9/10.

28/5/26	10:11:43AM
Male.	2kg

Investigation details in previous Hospital :

Medical History :

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcification malformations, clots etc :</p>
--	--

NEONATAL RESCUSTITION DETAILS

Gestational Age : Weeks :

APGAR SCORE

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	8/10	9/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Primi @ 36 + wgt PO9 ↓ CP @ Foetal growth restriction @ GDM on diet of control.

3-00025104
By B/O JYOTISHR
05-2026
NICU TEAM



Patient's Name

Past History :

Family History :

Socio Economic History :

acial
orphism)
and
ICLES :

NOSE
+ and
AT :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

X and
TS :
IEN and
CUS :

IA :

VITALS : Temperature : 36.5°C HR : 160/m RR : 48.cpm NIBP :

L ORIFICE:
and SPINE

Color of the extremities : Acrocyanosis

SIONS :

Jaundice : Pallor : SpO2 : 98%

ETIES :

Anthropometry : Birth Weight : 2000 gm Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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SPB-00025104
Baby B/O JYOTISHREE PRUSTY
28-05-2026 0 Y 0 M 0 D 8 H (M)
Dr. NICU TEAM



HEAD TO TOE EXAMINATION

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

facies : (n)
(any Facial dysmorphism)

EYES and ORBITAL ORIFICES : Range of Motion :
Asymmetry : (n)
Masses :

EYES : Symmetry : (n)
Red Reflex : (n)
Discharge :

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

THORAX and BREASTS : Shape of Thorax : (n)
Position of Nipples and Number :

ABDOMEN and PELVICUS : Shape :
Organomegaly : (n)
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITALIA : Labia / Hymen : External male genitalia.
Testicles/penis :
Anus :

ORBITAL ORIFICES : intact

NECK and SPINE : (n)

SKIN LESIONS :

EXTREMITIES : Fingers / Toes : (n)
Arms / Legs :
Deformities :

CFT : 2.3

9.81

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 46 cpm SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 96% Auscultation : BLUNF ⊕ Breath Sounds : NVBS Added Sounds :

Cardiovascular System :

HR : 150/m BP : Precordial Activity : Ⓣ

Femoral Pulses : ++ Murmurs :

Other Peripheral Pulses : + Signs of Cardiac Failure :

Abdomen :

Shape : Ⓣ Hernia orifice : intact

Palpation : soft Anal Patency : patent

Palpable masses : Umbilical Cord : 20A & 10v

Abdominal girth : First urine passed : at birth.

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : Ⓣ

Prechtle Score :

Nerves : Ⓣ

Motor System : cpm Good.

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's :

ATNR : DTR :

Skull and Spine :

Congenital Anomalies :

Diagnosis : Single / late preterm / AGA / 2kg / Male / VScs / IUGR / DM
ANS: SPO VSD & long bones at 2nd centile.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : Dr. Sridharan

Date & Time : 28/5/26 & 10:30am

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

Name of the referring Doctor :

Name of the referring Hospital :

Address :

Contact Numbers :

Contact Details of the referring Doctor :

Mobile No. : E-mail ID :



Name of the Doctor in Rainbow Team :

..... on whose name the patient is being referred.

SPB-00025104 IP27-00006773
 Baby B/O JYOTISHREE PRUSTY
 28-05-2026 0Y0M0D2H (M)
 Dr. NICU TEAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10:30 AM	C/S/B TERM NICU	
	single late Preterm (36+1) / 9M 2kg / 30cm / 15cm / 20m / ANS s/o small muscular vsn of long bones at 5 th percentile.	
	O/E: HR: 140/min RR: 46cpm AF @ level CFT = 360	S/E: CVS: S12 (+) PC: B/L MEF CNS: C/M/T Good P/M: Soft
	Advice: - warm care - DEF orally - GRS orally - 4 limb BP & Satmahr. - Plmfr 2D Echo. - Initiate KMC. - 4hrly vitals + temp	
28/5/26 6:00 PM	<u>pulse oximetry screening</u> Rt hand - 92% Lt hand - 97% Rt leg - 98% Lt leg - 98%	

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 Baby B/O JYOTISHREE PRUSTY
 28-05-2028 0Y0M0D8H (M)
 Dr. NICU TEAM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order	Date & Time
28/5/20	<p>denial late petrol Acet Antacid scabs to used come for pump o - pu pu pu in Esom spu 9/12</p>		29/5/20 8AM
getty	<p>mod used port ASD</p>	<p>used</p>	
Jf en PRP	<p>the after 2 med</p>		10/5/20
		<p>Goal</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/26 8 AM	<p>U/S of abdomen / chest</p> <p>Single LFT (36⁺) AGA 2 kg EUGR LUS IDM ATMC s/o small muscular visd & long bones at 2nd centile</p>	
	<p><u>OK</u></p> <p>Hx - 1200g RA - 480g SL - 97%. on RA PP - w/f CR - L3ec</p>	<p><u>SL</u></p> <p>Kb CVS FID CR</p> <p>nor</p>
	<p>Plan - CRP1 OK</p> <ul style="list-style-type: none"> - DRP OK Ph - monitor vitals 	<p>burpy</p> <p><i>[Signature]</i></p>
29/05/26	<p>OAE (s/o Audiologist)</p> <p>R/L TONE, obtained throughout speech frequencies s/o normal ear functioning</p> <p><i>[Signature]</i></p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9PM	S/B. R. Shukla Cry, activity, tone - good Latching - well Euthermic - . Neon Care Breastfeeding 2nd hourly Tomorrow morning routine investigations	
30/5/26	S/A. NICU team Single / LPP. 36+1 / LBP / male / 2.00kg / CIAS / VSD. Cry, tone, activity - good Euthermic TB → 8.9 below Phototherapy range BBG → B positive Lot less → T/A Ads: Neon Care Breastfeeding 2nd hourly	

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Baby B/O JYOTISHREE PRUSTY
28-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. NICU TEAM



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Jyoti Mother's Name: Mrs. Jyoti

Date of Birth: 28/5/26 Time of Birth: 10, 11 am Gender: Male Female

Birth Weight: 2.0 Kgs HC: 33.5 cm Length: 48 cm

Meconium in Liquor: Yes No Cried at Birth: Yes No

Term / Pre-term / Post-term: Preterm

Resuscitated: Yes No Blood Group: Mother: B +ve Baby: _____

Feeding: Breast Feeding Formula Both First Feed Time: _____

SPB-00020704 IP27-00006769
Mrs JYOTISHREE PRUSTY
17-06-1997 28 Y 11 M 11 D (F)
Dr. SHEFALI TYAGI



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

Indication: PKR

Physical Assessment of New Born:

Temp: 36.9 °C HR: 142 /Min RR: 50 /Min BP: _____ SpO₂: 96%

Pain Score: 0/10 (Follow N Pass)

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

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify: _____

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Raj...

Signature: _____

Date & Time: 28/5/26



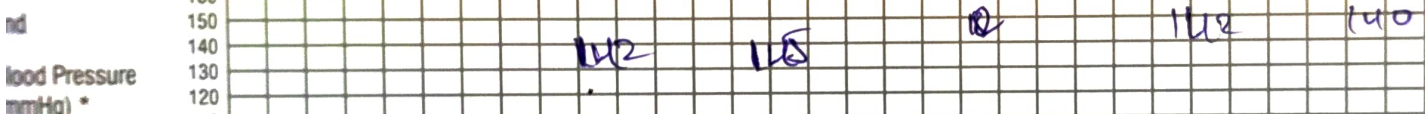
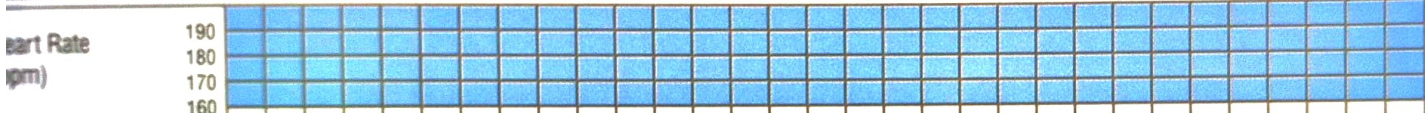
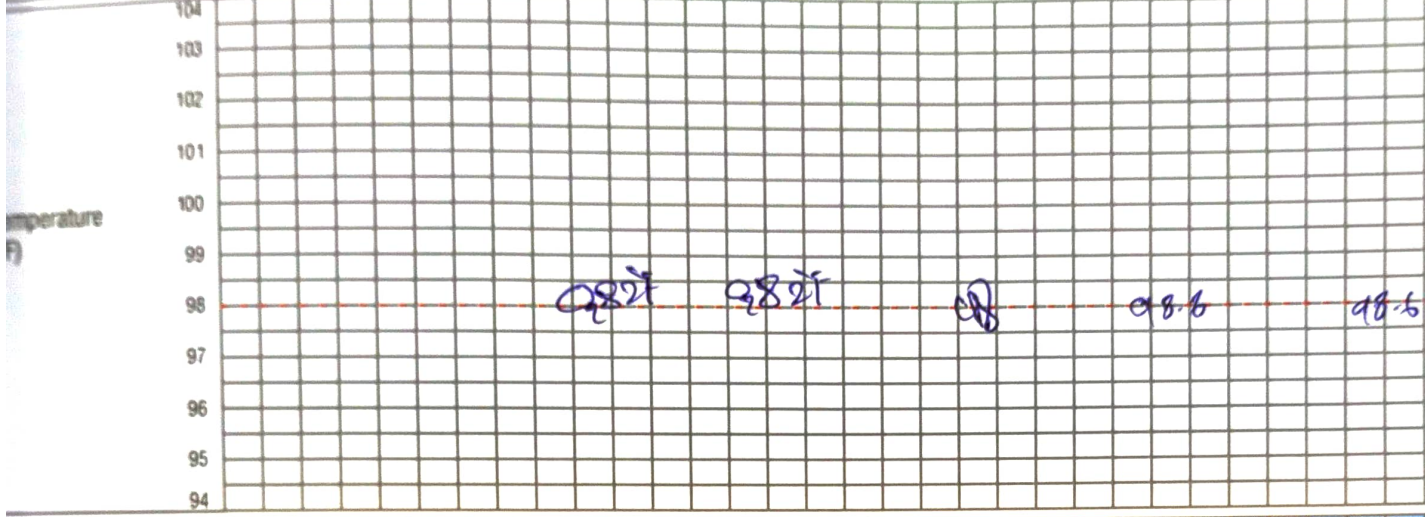
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

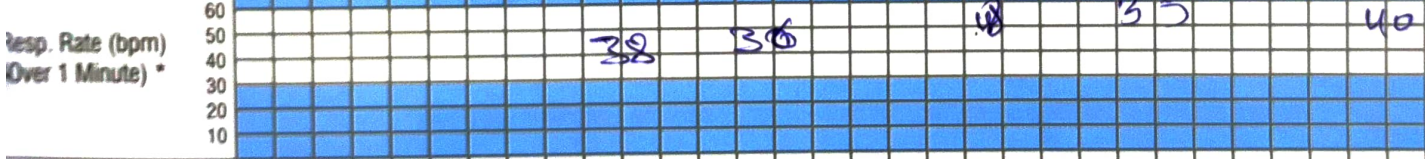
28/9/20 Time 2PM 6PM 10 11AM 7AM

Nurse/Family Concern?



Note: IP does not score in early warning scoring

Heart Rate (Number)



Resp Rate (Number)

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

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

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

86 Jyokshwca

Doc No RCH/FRM/CLINICAL/124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date/Time	20/06/20	10:00 AM
Nurse Family Concern?		
Temperature	104	
	103	
	102	
	101	
	100	
	99	
	98	
	97	
	96	
	95	
	94	
Heart Rate (bpm)	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	
Resp. Rate (bpm)	70	
	60	
	50	
	40	
	30	
	20	
	10	
Resp. Mod/ Severe		
Stress None / Mild	2	
Receiving O ₂ (l/min)		
Saturations (%)	99	
Conscious Level	2	
Normal / Altered		
GCS *		
TOTAL SCORE		
Number of shaded boxes		
Pain Score		
Observer's Initials	Jyokshwca	

- 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

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.



URSES NOTES

(USE BALL POINT PEN ONLY)

No known drug allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	10:00 AM	<p>Pl. Indisera male baby delivered through desc @ 10:11 AM. Baby cried at birth. Cord clamping done. Baby cleaned and kept warm. Routine care provided. Sug. vit. & iron given. weight checked and recorded. Kene given. Lisdex hair feeds given. Baby shown to patient attenders. Dr. Easthar advised to shift to NICU for observation, counselled the parents and shown to patient attenders and shifted to NICU. Handover given to own NICU duty staff to file.</p>
	11:30 AM	<p>Hand over taken from OT staff → Sharati Oiauo's Baby came down observation GBB's 66 mg/dl → Sharati Oiauo's Vital's want to check every 4th hourly → Sharati Oiauo's Shifting baby to mother's side → Sharati Oiauo's</p>
	12:30 PM	<p>Handover taken at 12:30 PM. Baby is well. Handover given to E/V duty staff - Sharati Oiauo's</p>

NOTE: DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

Morning Notes.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	8pm	Handover taken from NID staff - <u>medal</u> <u>60310</u>
	9am	Baby is well and active - <u>medal</u> <u>60310</u>
	10am	Feeding given every 2nd hourly - <u>medal</u> <u>60310</u>
	11am	Sponge bath given - <u>medal</u> <u>60310</u>
	12pm	Baby is sleeping well - <u>medal</u> <u>60310</u>
	1pm	No fresh complaints - <u>medal</u>
	2:10p	handover given to 2nd staff - <u>medal</u> <u>60310</u>

Evening duty (S) on

29/5/26	2pm	-> Hand over taken from morning duty staff - <u>medal</u> <u>60310</u>
		-> Baby Conscious
	4pm	-> Baby stable on Cradle - <u>medal</u> <u>60310</u>
		-> Baby taking every 2nd hourly DBF - <u>medal</u> <u>60310</u>
	6pm	-> Baby passed urine & motion - <u>medal</u> <u>60310</u>
		-> No other fresh complaints
29/5/26	8pm	-> Hand over given to night duty staff - <u>medal</u> <u>60310</u>

Night duty notes.

29/5/26	8pm	Handover taken from 2nd staff. while taking handover pt was stable - <u>Parvathi</u> <u>607023</u>
	10pm	checked & recorded vitals - <u>Parvathi</u> <u>607023</u>
	12 Am	No other fresh complaints - <u>Parvathi</u> <u>607023</u>
29/5/26	1 Am	DBF given every 2nd hourly - <u>Parvathi</u> <u>607023</u>
	3 Am	weight checked & recorded - <u>Parvathi</u> <u>607023</u>
	5 Am	Handover given to mid staff - <u>Parvathi</u> <u>607023</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

SPB-00025104 IP27-00006773
 Baby B/O JYOTISHREE PRUSTY
 28-05-2026 0 Y 0 M 0 D 2 H (M)
 Dr. NICU TEAM



FLUID CHART

Sheet No. ①

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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
28/5/26	08:00 am											
	09:00 am											
	10:00 am	DBF							✓			Row Arin
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
28/5/26	02:00 pm	DBP										Maha
	03:00 pm											
	04:00 pm	DBP										
	05:00 pm											
	06:00 pm	DBP										
07:00 pm												
Total Intake : DBP					Total Output : Diaper wet							
28/5/26	08:00 pm											Maha Elena
	09:00 pm	DB										
	10:00 pm											
	11:00 pm	DBP										
	12:00 am											
	01:00 am	DBP										
Total Intake : DBP					Total Output :							
29/5/26	02:00 am											Maha Elena
	03:00 am	DBP										
	04:00 am								✓			
	05:00 am	DBP										
	06:00 am											
	07:00 am	DBP										
Total Intake : DBP					Total Output : Diaper wet							
Total 24 hrs. Intake		DBP			Total 24 hrs. Output							



FLUID CHART

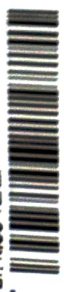
All measurements in ml

Fill up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					N/Site Temperature/Spontaneous Stools	Sign Nurse		
		Volume of Fluid	Route		NG	Diarrhea	Vomit	Drainage	Urine				
			Wound	IV	N/G								
	0800 am												
	0800 am	DBF										} packed 600/100	
	1100 am												
	1100 am	DBF											
	2000 pm												
	1100 pm	DBF											
Total Intake		DBF											Total Output: Diaper wet
	0200 pm												
	0200 pm	DBF										} 3rd 200/100	
	0400 pm												
	0500 pm	DBF											
	0600 pm												
	0700 pm	DBF											
Total Intake		DBF											Total Output: Diaper wet
	0800 pm												
	0800 pm	DBF										} packed	
	1100 pm												
	1100 pm	DBF											
	2000 pm												
	0800 am	DBF											
Total Intake		DBF											Total Output: diaper wet
	0200 am												
	0200 am	DBF										} packed 100/100	
	0400 am												
	0400 am	DBF											
	0600 am												
	0700 am	DBF											
Total Intake		DBF											Total Output: diaper wet
Total 24 hrs. Intake		DBF											Total 24 hrs. Output: diaper wet

NURSING CARE RECORD

SPB-00025104 IP27-00008773
 Baby BIO JYOTISHREE PRUSTY
 28-05-2026 0 Y 0 M 0 D 0 H (M)
 Dr. NICU TEAM



Date: 28/5/26

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

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning						
Afternoon	3pm Assess the general condition.	3pm	Assess the general condition	Baby is stable	Done	Mudal
Night	8pm Assess the general condition		- Maintain baby's temp - Rupture baby's warm	Baby is stable	Re check done	Madal Madal

SPB-00025104 IP27-00006773
 Baby B/O JYOTISHREE PRUSTY
 28-05-2026 0 Y 0 M 0 D 2 H (M)
 Dr. NICU TEAM



MORNING SHIFT HAND OVER FORM

SITUATION		Diagnosis: newborn						Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND		Surgery / Procedure:						Post OP Day:						
BACKGROUND	Date	28/5/26	28/5/26	29/5	29/5	29/5/26	30/5/26							
	Shift	M	E	N	M	E	N							
ASSESSMENT	Medical Condition (Any special condition to be noted):	Stable	Stable	Stable	Stable	Stable	Stable							
	Diet:	DBF	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	Ventilation (RA, NP, NIV, VENTI):	RA	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	Vital Signs:	Temp:	36.9	36.4	36.4	38.1	38.2	37.8						
		Res:	50	50	50	50	25bpm	40bpm						
		SpO ₂ :	96.1	96.1	96	97.1	98.1	99.1						
		Pulse:	142	142	142	142	140bpm	140bpm						
		BP:	-	-	-	-	-	-						
LOC:		Active	Active	Active	Active	Active	Active							
Fall Risk Score:		0/10	0/10	0/10	0/10	0/10	0/10							
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10								
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact								
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	Physiotherapy:	-	-	-	-	-	-							
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	Special Diet:	DBF	DBF	DBF	DBF	DBF	DBF							
	Critical Lab Test / Values:	-	-	-	-	-	-							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
ADL (Dependent / Non Dependent):	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	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
	ADL (Dependent / Non Dependent):	-	-	-	-	Dependent	Dependent							
	Post Operative Procedure Special Orders:	-	-	-	-	-	-							
Handed Over By Name :	Rofa	sladiga	sladiga	Nidal	Rofa	Pavisha								
	Signature / ID :	021675	021675	60260	021675	60260								
Date:	28/5/26	28/5/26	29/5	29/5	29/5/26	30/5								
	Time:	2pm	2pm	2pm	2pm	2pm	8Am							
Taken Over By Name :	sladiga	sladiga	Nidal	Rofa	Pavisha	sladiga								
	Signature / ID :	021675	021675	60260	021675	60260	021675							
Date:	28/5/26	28/5/26	29/5	29/5/26	29/5/26	30/5								
	Time:	12:30pm	2pm	2pm	2pm	2pm	8Am							

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Prevent Infection
- Relieve Pain & Discomfort
- Prevent Infection
- Meet Elimination Needs
- Improve Activity Tolerance
- Maintain Fluid Balance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

Blo Ophthalmology



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Surgery / Procedure:	If Yes Specify: Post OP Day:					
BACKGROUND	Date	20/6/26					
	Shift	M					
	Medical Condition (Any special condition to be noted):	Stable					
	Diet:	DBF					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	36.3				
		Res:	52b/m				
		SpO ₂ :	98%				
		Pulse:	100b/m				
		BP:	-				
		LOC:	Alert				
	Fall Risk Score:	-					
Pain Score:	-						
Skin Integrity	Intact						
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	DBF					
	Critical Lab Test / Values:	-					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	Dependent						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							