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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	B/O ARPITA SHARMA	**UHID**	FDH-00045728
Father/Guardian	Mr RAJNEESH GUPTA	**Age/Gender**	0 Y 0 M 4 D/ Female
Address	~, Manikonda, Hyderabad, Telangana, INDIA		
IP No	IP25-00020447	**Admission Date**	14-05-2026
Ref Doctor			
Discharge Date	15-05-2026		

Consultant:
Dr. Shravanthi Chigullapalli
MBBS, MRCPCH CCST (UK) PGDCH
Consultant Pediatrician & Neonatologist
Reg.No: 50553

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	P 59.9

History: B/O ARPITA SHARMA, is a 4 Days, old baby girl presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, she was investigated on OPD basis (Transcutaneous bilirubin was > 20 mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Financial district for further management.

Birth history:

Name	B/O ARPITA SHARMA	UHID	ADH-00045728
IP No	IP25-00020447	Admission Date	14-05-2026

TERM / AGA / SPONTANEOUS VAGINAL DELIVERY / POLYHYDRAMNIOS / BABY GIRL / CIAB
INFANT OF DIABETIC MOTHER
Mother's Blood group is "AB" positive. Baby's blood group is "B" positive.

Examination: She was euthermic. Maintaining saturations at room air (98%). Heart Rate- 146/min, Blood pressure was 65/46mmHg and Respiratory Rate - 46/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 3.147 kilo grams.
Weight at discharge : 3.206 kilo grams.

Investigations: Enclosed.

Management: She was admitted in NICU. Her Transcutaneous bilirubin on admission (done on OP basis) was > 20 mg/dl. She was started on triple surface phototherapy. Baby was continued on demand breast feeds + measured feeds.

Additional investigations were sent to further evaluate jaundice.

Initial hemogram showed Hemoglobin of 21.5 gm%, White Blood Cell count of 12.73 cells/cumm, platelet count of 2.13 lakhs/cumm and C-Reactive Protein of 2.47 mg/l. Total SBR of 15.18 mg/dl with indirect fraction of 15.08 mg/dl.

Her serum bilirubin levels were regularly monitored which showed decreasing trend and phototherapy was adjusted accordingly. Her last serum bilirubin on 4th day of life was 10.39 mg/dl with indirect fraction of 10.29 mg/dl. This does not come under phototherapy range, hence phototherapy stopped.

Name	B/O ARPITA SHARMA	**UHID**	FDH-00045728
IP No	IP25-00020447	**Admission Date**	14-05-2026

No BIND features noticed during hospital stay.
Baby remained hemodynamically stable and is being discharged with the following advice.

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

Advice:
Keep the baby clean & warm
Continue direct breast feeds + measured feeds as advised.
Monitor urine output.
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:
1. **Serum bilirubin to be decided on follow up.**

Review consultation with Dr. CHIGULLAPALLI SHRAVANTHI, on Sunday (17.05.2026) in OPD at Financial District with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Name	B/O ARPITA SHARMA	**UHID**	FDH-00045728
IP No	IP25-00020447	**Admission Date**	14-05-2026

Parent/ Attender

In case of emergency contact number 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District/ Banjara Hills /** Rainbow Clinic **Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122.**

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:
Dr. Shravanthi Chigullapalli
MBBS, MRCPCH CCST (UK) PGDCH
Consultant Pediatrician & Neonatologist
Reg.No: 50553

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020447 **Admit Date** : 14-May-2026 **Admit Time** : 02:23 PM **UHID** : FDH-00045728

Patient Details :

Patient Name : Baby B/O ARPITA SHARMA
Guardian : Mr RAJNEESH GUPTA
Gender : Female
Occupation :
Address (H) : ~ Manikonda Hyderabad Telangana INDIA

Age : 0 Y 0 M 3 D
DOB : 11-05-2026 10:52 AM
Religion :
Martial Status :
Phone No : 9511900708/ 7013553383
E-mail : na123@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU-06 **Ward Name** : 4F -NICU
Room No : NICU-06 **Admission Type** : First Visit

Contact Details :

Name : Mr RAJNEESH GUPTA **Relationship** : Father
Contact Address : ~ Manikonda Hyderabad Telangana INDIA **Phone No** : / 9145381910

Signature

Doctor Details :

Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : **Phone No** :
Co-Consultant :

Payment Details :

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

FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

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Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth	: 11/5/26.	New Born Screening	:
Time of Birth	: 10:52 Am.	TFT	:
Mode of Delivery	: S.V.D	OAE	:
Birth Weight	: 3.24kgs	Mother's Blood Group	: ABtve
Head Circumference	:	Baby's Blood Group	: Btve
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
14/5/26	3.140kgs	EBM	35 ml	98.1°f	Anusha.
15/5/26	3.26kg	EBM	35 ml	98.3°f	Rahaa.

Date	Time	Investigation	Result	Order No.	Signature

FDH-00045728 IP25-00020447
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: High Bilirubin

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

Surgery / Procedure:

Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date	14/5	14/5	15/5			
Shift	E	N	M			
Medical Condition (Any special condition to be noted)	High Bili	High Bilirubin	NNJ			
Diet:	DBF	EBM	EBM			
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36.5°C	36.6°C	37°C			
Res:	24 b/m	25 b/m	30 b/m			
SpO_2:	100%	98-1.	99			
Pulse:	125 b/m	130 b/m	129			
BP:	75/52(68)	82/30(47)	-			
LOC:		C	Conscious			
Fall Risk Score:	13	13	-			
Pain Score:	0/10	0/10	-			
Skin Integrity	N	N	Yellowish			
Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:		—	—			
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	DBF/1	EBM	EBM			
Critical Lab Test / Values:		—				
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	Non dep	Dependent	Dependent			
Post Operative Procedure Special Orders:	Nil	Nil				
Handed Over By Name :		Anvika				
Signature / ID :		01907				
Date:	14/05/26	15/5/26				
Time:	8P	@8Am				
Taken Over By Name :	Anvika	Subha				
Signature / ID :	01907					
Date:	14/5/26	15/5/26				
Time:	8pm	@8AM				

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:					Post OP Day:		
BACKGROUND	Date / Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs: Temp:							
	Res:							
	SpO_2:							
	Pulse:							
	BP:							
	LOC:							
	Fall Risk Score:							
	Pain Score:							
	Skin Integrity							
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Physiotherapy:							
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	ADL (Dependent / Non Dependent):							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

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ACTIVITY RECORD FOR BILLING

DH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

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

UHID No : ---------- IP ant : ---------- Dept : ----------

Date of Admission : ------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/5/26	2:45 pm	ER	NICU	Aryan
14/5/26	10:30 pm	NICU	321	Anu
15/5/26	2:20 pm	ward 'B'	Billing	Subha

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/5/26	CBP, CRP, NBS, DCT, SBR,	17265 •	Anuke.
14/5/26	GRBS - 84 mg/dl.	7288 •	Ayan.
15/5/26	SBR.	7297 •	Subhra

e.cby Subha
15/5/26

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
14/5	Invasive monitor	3:00pm	14/5 10:50pm		[signature]
14/5	SSPT	3 pm	14/5 10:50pm	5427	[signature]
14/5	DSPT	3pm	15/5 12:50PM		[signature]

c/c by Subhara 15/3/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 14/5/26 Time : 2:45pm Prepared By : Aryan

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aryan	~~ward~~		

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 11/5/26 Time of Birth: 10:52 Am Gender: ☐ Male ☑ Female

Birth Weight: 3.2 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☑ Yes ☐ No Blood Group: Mother: ABve Baby: Bve

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.3 °C HR: 130 /Min RR: 40 /Min BP: - SpO_2: 98%

Pain Score: 0 (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: Yellowish discoloucation of skin

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: Rathna Signature: Date &Time: 11/5/26


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FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

Pediatric Multiorgan History & Physical Examination

Name : _____

Information given by: _____

Chief Presenting Complaints

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

A 3 day old FCH came to RK c/o yellowish discoloration of skin
∴ (D) of

History of present illness :

D_3OL TCBr (>20)

Mother BG – AB POS

Baby BG – B POS

NO BIND features

TCBr on D_3OL > 20

B.wt – 3.2 kg

T.wt – 3.1

3% wt loss)

Urine } passing adequate
Stool }

Term	AGA	SVD	Polyhydramnios	FCH	CSAL	TODAY

VSG given – (A)

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
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Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:

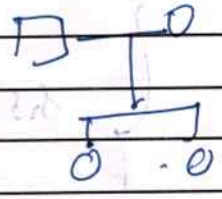
38 wks | 2.245 kg | Vertex | SVD | polyhydramnios | Fem | cries | IDM →

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :



Developmental History :

—

Immunization History :

Birth Vaccines

(P.T.O.)

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11-05-2026 0 Y 0 M 3 D (F)
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Pediatric Multiorgan History & Physical Examination

Anthropometry :

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

Weight (kgs)) 3.1 (Centile _____)

On Examination :

Temperature : 36.5 Pulse Rate : 146 bpm B.P. 4 SPO2 98% @ RA

Resp.rate and type of breathing : 46/min

Rash

Lymphadenopathy } 0

Oedema :

Allergies (if any):

Respiratory System :

Inspection (any s/o distress) :

Air entry & breath sounds : B/L AE+, clear

Any addes sounds :

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

Cardiovascular System :

Inspection of procordium :

Heart Sounds : hs, 0, no

Any murmur :

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

Per Abdomen :

Inspection

Palpation :

Ausculation : BS+

Spine : External Genitelia :

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

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Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR **Superficials:**

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

NNJ

(P.T.O.)

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: clinical

Desired goals of the treatment : H. Stability

Planned Labs:

GRBS - 84 mg/dl

Planned Management

Advice

- Start Spoon feeds 25-30 ml/kg 2 hrly
- Admit in NICU for phototherapy (TSPT)
- (5) Send SBR after 6 hrs
  SBR, DCT, CBP, CRP
  Blood c/s
  (collect 4 kept)
- NBS to do

Signature of the Doctor: .....
Name of the Doctor: Dr. Lahari
Date & Time: 14/05/2026 2.30 pm

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

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5	c/s/b Dr Mohith	
4PM	D= D3/NND	
	-on TSPT	
	- on full Spoon feeds	
	-No features of BIND	
	O/E	Plan
	H. stable	(1) TSPT
	CFA/ Good.	(2) Feeds - 30ml @2H (or) 45ml @3H
		(3) CBP, CRP, SBR, DCT, NBS @ 9PM (stat) Blood c/s - Preserve -
		(4) W/F features of BIND.

Noted By
Dr. Sujatha
14/5/26
@ 4pm

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

EDH-00045728 IP25-00020447
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 10.30 AM	c/sh Dr. Praveen O2/NNT Baby is J, TSBT Reports reviewed => SBR - 15.18 (10.10 / 15.08.) CBP => HB - 21.5 PCV - 61.4 TLC - 12.73 Plt - 2.13 - Nc features of BIND Vitals stable HR - 121 bpm RR - 30 SpO_2 - 96%. NAD - Sclt CFA - scd.	Advice - shift to ward - measured feeds 30 ml 2nd hrly - Cot nursing - DSPT & eyes & genitalia covered. - Trace CRP, PCT

Docu. No. : RCH /FRM / CLINICAL / 088

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11-05-2026 0Y0M3D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26	w/ Dr Shravanthi	
@ 0850	↓ DSPT	
	High serum bil TcSB > 20.	
	shifted from NICU.	
	gained weight	
	Higher HR and RR.	
	O/E	
	② exam	normal
	Plan: Trace CRP and DCT.	
	continue DSPT	
	send SBR now	[signature]
15/5	S/B Dr. Vinodha (LC)(PT)	
	Breastfeeding counselling given	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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B.G :- B +ve

(1)

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RESULT SHEET

Date	14/5/26					
Time	10:30pm					
Hb	21.5					
PCV	61.4					
RBC	6.24					
WBC	12.73					
N/L						
Platelets	213					
CRP	2.47					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	15.18	0.10 / 15.08				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 4 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

VITALS CHART

Date →	15/5/26									
Time ↓	Temp	HP	RR	SPO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am						EBM	30ml			
9.00 am										
10.00 am	98.1F	130	39	99%		EBM	45ml			
11.00 am										
12.00 pm						EBM	40ml			
1.00 pm										
2.00 pm										
3.00 pm										
4.00 pm										
5.00 pm										
6.00 pm										
7.00 pm										
8.00 pm										
9.00 pm										
10.00 pm										
11.00 pm										
12.00 am										
1.00 am										
2.00 am										
3.00 am										
4.00 am										
5.00 am										
6.00 am										
						TOTAL				

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan 2nd hourly feeding..

.....

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Morning Shift

Clinical Diagnosis..... NNJ (DSPT

Nursing Diagnosis.....

.....

Plan of Care ..... Affect the baby condition.
maintain I/O chart

.....

.....

Planned Investigations Procedures .....

.....

Implementation ..... Affected the baby condition.
maintained I/O chart

.....

.....

Subhra 15/5/24 @ 2pm

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis.....

Nursing Diagnosis.....

.....

Plan of Care .....

.....

.....

Planned Investigations Procedures .....

.....

Implementation .....

.....

.....

.....

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis.....

Nursing Diagnosis.....

.....

Plan of Care .....

.....

.....

Planned Investigations Procedures .....

.....

Implementation .....

.....

.....

.....

Handed Over by : Name & Signature

Received by : Name & Signature

FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

(1) 14/5/26
Doc. No. : RCH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:

Doctor/Nurse/Family Concern?

Temperature (°F)

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number)	118	116	120	123	130 b/m				132 b/m
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	30	32	(36)	(42)	45				46.
Resp Distress: Mod/ Severe / None / Mild	RA	RA	RA	RA	RA				RA
Receiving O_2 (l/min) O_2 Saturations (%)	100	100	98 %	100 %	98%				99%
Conscious Level: Normal / Altered			RA	C	N				N
GCS *	15	15		N	C				C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0				0
Pain Score	0	0	0	0	0				0
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

14/5/26 (1)

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FLUID CHART

Sheet No. : 14/05/26

IV - 120 cc/kg/day

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	DBF					passed			10ml		S
	04:00 pm											
	05:00 pm	EBF	30ml				-			5ml		S
	06:00 pm											
	07:00 pm	EBM	35ml				passed			12ml		S
Total Intake :			65ml.			**Total Output :**						
	08:00 pm											
	09:00 pm	EBM	35ml				passed			10ml		Alu.
	10:00 pm											
	11:00 pm	EBM	35ml				passed			7ml		Alu
	12:00 am											
	01:00 am	EBM	35ml									
Total Intake :			105ml.			**Total Output :** U=2						
	02:00 am											
	03:00 am	EBM	40ml.							✓		
	04:00 am											
	05:00 am	EBM	45ml				✓			✓		D Diarrhoea
	06:00 am											
	07:00 am	EBM	45ml.									
Total Intake :			130ml.			**Total Output :** U=2						m=1

Total 24 hrs. Intake	300ml.	Total 24 hrs. Output	

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

15/5/26

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FLUID CHART

IV - 120 cc/kg/day

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

NURSES NOTES

(USE BALL POINT PEN ONLY)

(1)

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
14/05/26		14/5/26
		* Assessed the Baby Condition
	3pm	* Monitored the vital Signs.
	2pm	* Maintained the I/o Chart
		* Administered the medication As per Doctors Advice
	7pm.	

Sujatha
14/5/26
8pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

NURSES NOTES

(USE BALL POINT PEN ONLY)

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Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty Notes
14/5/26	8pm to 8am	* Care Hand over taken from Evening duty staff. * Baby @ Room air * vitals Checked and recorded * I/O chart maintained. * medication given as per doctor's adv. * and hourly feeding given. * provide side rails. * provide comfortable position. * Stool and urine passed. * Send sample CBP; CRP, SBR, N/BS, DCT Send Report collected. * Informed doctors. * Blood C/S Sample Not Send only Bed side. * Care Hand over given to 3rd Floor staff

Arti 10/1902

14/5/26
10:50 pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

NURSES NOTES

(USE BALL POINT PEN ONLY)

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	11.20pm	— Received baby from NICU staff.
		— Assessed baby condition
		— Baby is under DSPT.
		— Taked CRT & informed to duty doctor
		given feeds 2nd baby.
		— Handover given to morning staff.
	8Am	
		Ramana 15/5/26 @8Am.
		Morning Notes
	8AM	Hand over taken from night duty staff
	9AM	Assessed the baby condition.
	10AM	SBR Send
	11AM	Maintained I/O chart
		Monitored vitals and recorded.
	12PM	EBM 2nd hourly.
	2pm	Hand over given to evening duty staff
		Subhra 15/5/26 @2pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

NURSES NOTES

(USE BALL POINT PEN ONLY)

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Ref. No. F/ICU/01

Intensive Care Unit
Clinical Presentation Format for Nurses & Doctors

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

Name :
DOB :
GEST AGE :

Sheet No.

Maternal Blood Group : AB +ve
Baby's Blood Group : B +ve
Birth Weight : 3.24 kg

Date : 14/05/26	Date : 15/5/26	Date :
DOL Weight 3.147 kg	DOL D4 Weight	DOL Weight
Problems : Term NNJ	Problems : Term NNJ	Problems :
Rs. 30 - 60 bf/m Exam Done Vent, Setting — ABG CXR / Nil	Rs. 30 - 60 b/m Exam Done Vent, Setting RA ABG CXR Nil	Rs. Exam Vent, Setting ABG CXR
CVS Normal HR 120 - 160 bf/m BP Map Cap Refil < 2 - 3 sec	CVS N/S/m HR 120 - 160 b/m BP 82/58 Map (60) Cap Refil < 2 sec	CVS HR BP Map Cap Refil
F/E/N TV T.Fluids (CC/kg/day) I/O/RBS : U Output : (CC/Kg/hr) Exam T Bil/D Na HC03 K BUN Cl Crea Hemat HB : WCC Plants Transfusion	F/E/N TV 120 cc/kg/day T.Fluids (CC/kg/day) I/O/RBS : U Output : (CC/Kg/hr) Exam T Bil/D Na HC03 K BUN Cl Crea Hemat HB : WCC Plants Transfusion	F/E/N T.Fluids (CC/kg/day) I/O/RBS : U Output : (CC/Kg/hr) Exam T Bil/D Na HC03 K BUN Cl Crea Hemat HB : WCC Plants Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Nil Antibiotics	C/s Results CRP Antibiotics
Meds Neuro :	Meds Neuro : Nil	Meds Neuro :
Assessment	Assessment Done	Assessment
Plan	Plan GRBS 8D	Plan

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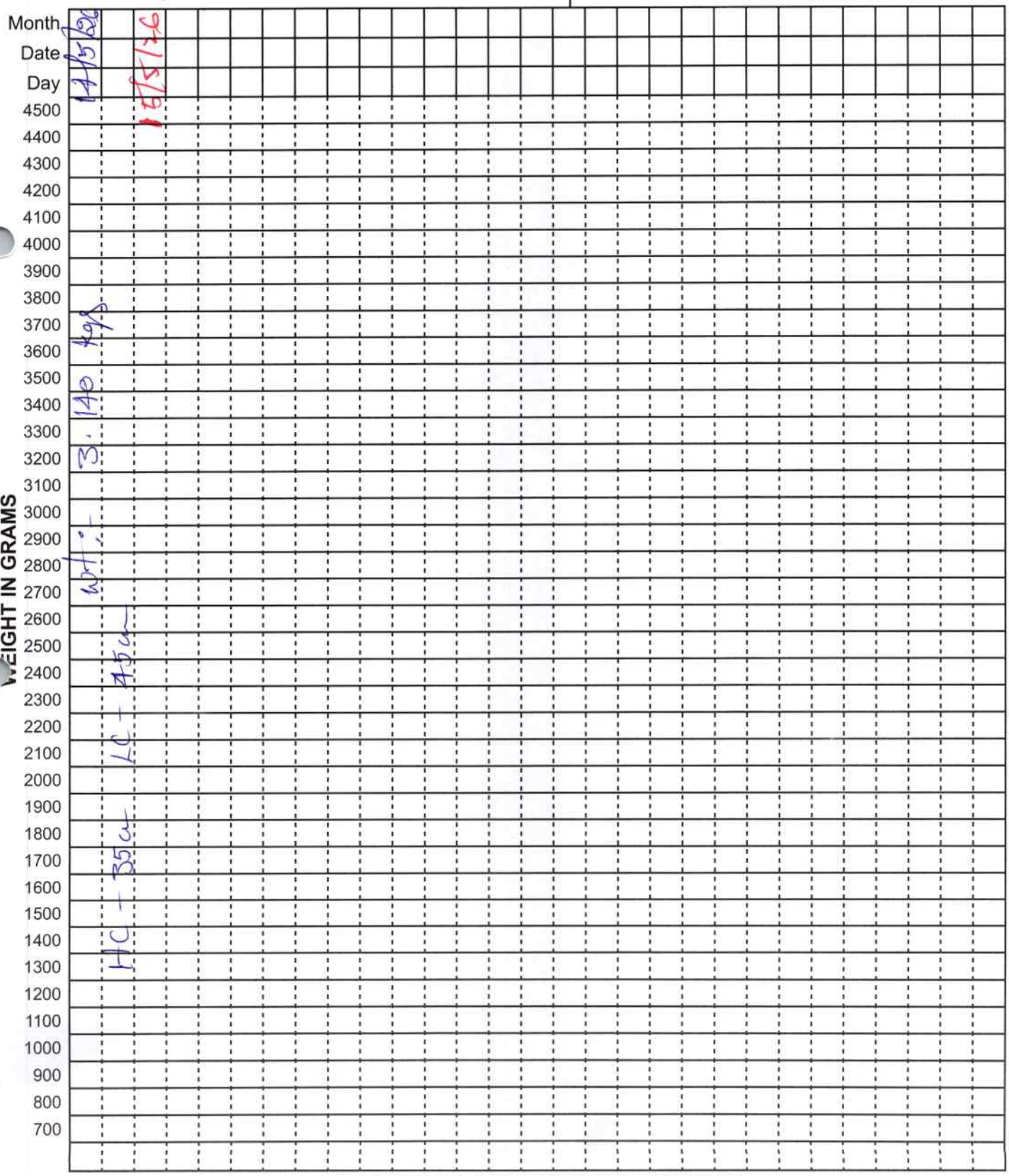
FDH-00045728 IP25-00020447)4
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

Patient Id #
Name :
Date of Birth :
NICU

NEONATAL WEIGHT CHART

Birth :
Weight :

Admission Weight
Discharge Weight



DO NOT WRITE OUTSIDE THE MARGINS

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Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

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NURSING INITIAL ASSESSMENT FOR NICU

3:15 pm

Date of Admission: 14/5/26

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☐ Other: ER

Reason for Admission: Term/ NNT

Admission Diagnosis: Term/ NNT

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☐ Telugu ☑ English ☑ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☐ No

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

If yes , identify

Source of Information : ☐ Family ☐ Others, Specify

Past Medical History	Past Surgical History	Last Hospital Admission

Significant History

Family History:

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list,

Was the child's birth normal? ☐ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☐ No

Current Medications

Taking Medications? ☐ Yes ☐ No
If yes, Fill the reconciliation form
Medicine brought to the hospital? ☐ Yes ☐ No

Observations:

Birth Weight: 3.240 kgs Head Circumference: 35 cm Length: 45 cm

☑ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: AB +ve Baby: B +ve

Feeding: ☑ Breast Feeding ☑ Formula ☐ Both

Maternal Details: Age: ..... years, **PARA:** ..... **Gestation:** ..... Weeks, ... Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes
☐ PH / Pre Eclampsia ☐ Others, Specify:

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

Indication:

Patient Sticker

Newborn Assessment:

Temp: 98.6 HR 140 / Min RR 36 / Min BP 72/45(56) SpO²: 96 %

Pain Score 0 (Follow N Pass and Document)

Fall Risk Intervention Done: ☐ Yes

Risk of Pressure Sore: ☐ Yes ☑ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☑ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☑ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With .....

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

All Information Obtained From ☐ Patient ☐ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☐ Visiting policy explained

Orientation given to: ☐ Family ☐ Others

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: .....

.....

.....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

.....

.....

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

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

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

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

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

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

EDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

GRBS - 84 mg/dl

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Baby B/O Arpita sharma Age : 3 Days **Gender:** ☐ Male ☑ Female

Date : 14/5/26. Time of Arrival : 2:15pm

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

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

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☐ Ambulance

Initial Vital Signs: Temp: 98°F PR: 138b/m BP: 65/48(71) RR: 34b/m SpO_2: 100 %.

Chief Complaints: TCBR > 20 mg/dl, c/o yellowish discolouration of skin & eyes

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal
☐ Abnormal
☐ Bleeding

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

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

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

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

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 2:18pm

Communicable Disease Triage Screening

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

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

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

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

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

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

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

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

Name of Triage Nurse : PRAVEEN

Signature of Triage Nurse : .....

Date & Time : 14/5/26 & 2:18 pm

EDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 14/5/26 Time of arrival : 2:15PM

Chief Complaints: TCBR >20mg/dl (TSPT) RBS: .....

Height : ..... Weight : 3.147kg BMI : ..... Head Circumference (<2 years) .....

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

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character ..... ☐ Location ..... ☐ Frequency ..... ☐ Duration .....

RISK FOR FALL:

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

☐ If Patient is > 6 years
Assess the below parameters

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

Ambulatory Aids:

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

Gait/Transferring:

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

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

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

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

Social History: Lives With Parents

Siblings in household ☑ Yes ☐ No (if yes How Many?) 1

Time of Initial assessment completed by ER Nurse : 2:19pm

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

Time	Nursing Notes
	Assessed patient condition
2:45pm	vitals checked & recorded.

Samples collected by: Time:

Samples sent by : NIL Time:

Medication given in ER:

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

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 139bl/m BP: ~~63/49~~ (89) CFT: <2sec	Shift - out from ER to: NICU
RR: 44bl/m SPO_2 : 100%	Time of Shift - out: 2'45pm
GCS: 15 Temperature : 98°F	Handover given to: ..... (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): —	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): NIL

Name of the Nurse : Aman Signature of the Nurse : Aman

Date & Time : 14/5/2

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PATIENT TRANSFER FORM

FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0 Y 0 M 3 D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

	Date & Time of Admission	Date & Time of Transfer Order
	14/5/26 12:33pm	14/5/26 10:50 PM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Saraswathi	Dr. Praveen.	Admission
From Unit	**To Unit**	**Information to Attendant**
NCW	321	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
20	—	Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Bottel	2
2.	Baby wipes	1
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Andu.	Dr. Praveen.

Patient & Clinical Records Received by : Ramana 11:16 PM 14/5/26

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DH-00045728 IP25-00020447 Baby B/O ARPITA SHARMA 11-05-2026 0 Y 0 M 3 D (F) Dr. CHIGULLAPALLI SHRAVANTHI	14/5/26 @ 2:23pm	14/5/26 @ 2:45pm
	Transfer Ordered by DR. Lahari	Reason for Transfer Admission
From Unit ER	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 14	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ayan	DR. Lahari

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