

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020109

Admit Date : 27-Apr-2026

Admit Time : 09:57 AM UHID : FDH-00045182

Patient Details :

Patient Name : Baby B/O MONA NIKHIL KUMAR TULSANI

Age : 0 D

Guardian : Mr V. NIKHIL KUMAR TULSANI

DOB : 27-04-2026 09:21 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : h no. 106, munjeera diamond tower,
gopanpally Hyderabad Hyderabad Telangana
INDIA 500001

Phone No : 9881252955/

E-mail :

Admission Details :

Bed Type : NICU

Bed No : NICU-07

Ward Name : 4F -NICU

Room No : NICU-07

Admission Type : First Visit


Contact Details :

Name : Mr V. NIKHIL KUMAR TULSANI

Relationship : Father

Contact Address :

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. KONDAM PRADEEP REDDY

Specialisation : NEONATOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

2



ACTIVITY RECORD FOR BILLING

Name : _____ DH-00045182 IP25-00020109
 UHID No. : _____ Baby B/O MONA NIKHIL KUMAR (M)
 17-04-2026 0 Y 0 M 5 D
 Dr. KONDAM PRADEEP REDDY
 Date of Admissi _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/5/26	RBS - 125 mg/L (6am)	15780 ✓	DSNA
3/5/26	RD (3)	4418 ✓	uHay
3/5/26	RD 113 6 PM	5833 ✓	romyaxi!
4/5/26	RBS 109 mg/dl GAM	5874	DSNA
4/5/26	GRBS (110 mg/dl) @ 6pm	15963 ✓	Cyflif.
05/05/26	GRBS (89 mg/dl) @ 6am	5995 ✓	Dalan.
5/5/26	GRBS (91 mg/dl) @ 6pm	16099 ✓	Cyflif.
6/5/25	GRBS 96 mg/dl @ GAM	6145 ✓	Q.
7/5/25	GRBS 87 mg/dl @ GAM	6262 ✓	Q.
8/5/26	GRBS 97 mg/dl GAM	16392 ✓	A
8/5/26	CRP, CRP, SBR, fove T4	16381 ✓	Audany
	TSH		
9/5/26	RBS (83 mg/dl) 6am	6550 ✓	Q
10/5/26	RBS (80 mg/dl) 6am	6713 ✓	Q
11/5	RBS (85 mg/dl) 6am	16821 ✓	Q
12/5	RBS (88 mg/dl) 6am	16953 ✓	Q
13/5	RBS (82 mg/dl) 6am	70601 ✓	Q
14/5	GRBS @ 6AM (86 mg/dl)	7173 ✓	Q
15/5	GRBS 6AM (87 mg/dl)	7275 ✓	Q
16/5	GRBS 6AM 85 mg/dl	7379	Audany.
19/5/26	GRBS 6AM 88 mg/dl	7885	Audany

cross checked by DSNA with

ACTIVITY RECORD FOR BILLING

Name : _____

UHID N° _____ Consultant: _____ Dept : _____

Date of Admission : _____ Time : _____ Date of Discharge : _____ Time: _____

Room / Bed : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/4/26	10 AM	O.T.	NICU	[Signature]

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/4/26	GBS 82mg/dl 10 AM	(4918) ✓	A
27/4/26	Blood culture, blood grouping, CBP,	4919 ✓	A
27/4/26	VBC, ABC	(VBC) (ABC) 4920 ✓	A
27/4/26	x-ray (1)	3695 ✓	Archanj
28/4/26	RBS - VBC	5010 ✓	DS NO
28/4	RBS - 105 mg/dl 8 PM	5010 ✓	DS NO
28/4	RBS 120 mg/dl 1 AM	5070 ✓	(M)
28/4	RBS - 122 mg/dl - 7 AM	5071 ✓	(M)
28/4	MP, CRP, Cat urea (with out CBP) Creative SBR. electroly	5074 ✓	(M)
28/4	VBC	5081 ✓	(M)
28/4	RBS - 94 mg/dl (7 AM)	5101 ✓	DS NO
29/4/26	RBS - 65 mg/dl (7 AM)	5238 ✓	Maline
29/4	NSO ₂	14045 ✓	(M)
29/4	RBS (60 mg/dl) (6 PM)	15320 ✓	(M)
29/4	Chest + Abdomen x-ray (2)	14055 ✓	U Horn
30/4	RBS 76 mg/dl	15369 ✓	mayuri
30/4	RBS 85 mg/dl	15454 ✓	Ans
1/5	RBS 73 mg/dl	15486 ✓	mayuri
1/5	RBS 79 mg/dl	5579 ✓	Ans
2/5	RBS 40 mg/dl	15639 ✓	mayuri
2/5	RBS - 115 mg/dl	5732 ✓	(M)



①

MAINTAINING CPAP / HFNC / NIV

Date: 27/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	yes	yes	yes	
Flow Between 5-7 Litres / Min	yes	yes	yes	
Humidifier Temperature Correct (36.5-37.5°C)	yes	yes	yes	
Humidifier Water Level Correct	yes	yes	yes	
Proper Oxygen Tubing From Blender to Humidifier.	yes	yes	yes	
Tubing Correctly Placed (Position & Leak)	yes	yes	yes	
Excess Fainout (Afferent Tubing) Drained	yes	yes	yes	
Excess Rainout (Efferent Tubing) Drained	yes	yes	yes	
Temperature Probe away from Heat / Cover with Aluminium Foil	yes	yes	yes	
Gas Bubbling Continuously	-	-	-	
Water Level at Desired Level in Bubble Chamber.	-	-	-	
INTERFACE:				
Nasal Prong / Mask Correct Size	yes	yes	yes	
Nasal Prong/ Mask Correctly Placed	yes	yes	yes	
Hat Fits Snugly	yes	yes	yes	
Moustache Suitable and Effective	yes	yes	yes	
Nasal Bridge Intact	yes	yes	yes	
Septum Intact	yes	yes	yes	
POSITION:				
Head Position Correct	yes	yes	yes	
Head Roll - Correct Size and Position	yes	yes	yes	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	yes	yes	yes	
Oro Nasal Suctioning Documentation	yes	yes	yes	
OG Tube in SITU	yes	yes	yes	
Baby Comfortable	yes	yes	yes	
Chest Retractions	no	no	no	
Name of the Nurse:	A	Dr	Arbin	
Signature of the Nurse:	A	Dr	Arbin	
Date & Time:	27/4	27/4	27/4/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 28/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	yes	yes	yes	
Flow Between 5-7 Litres / Min	yes	yes	yes	
Humidifier Temperature Correct (36.5-37.5°C)	yes	yes	yes	
Humidifier Water Level Correct	yes	yes	yes	
Proper Oxygen Tubing From Blender to Humidifier.	yes	yes	yes	
Tubing Correctly Placed (Position & Leak)	yes	yes	yes	
Excess Fainout (Afferent Tubing) Drained	yes	yes	yes	
Excess Rainout (Efferent Tubing) Drained	yes	yes	yes	
Temperature Probe away from Heat / Cover with Aluminium Foil	yes	yes	yes	
Gas Bubbling Continuously	—	—	—	
Water Level at Desired Level in Bubble Chamber.	—	—	—	
INTERFACE:				
Nasal Prong / Mask Correct Size	yes	yes	yes	
Nasal Prong/ Mask Correctly Placed	yes	yes	yes	
Hat Fits Snugly	yes	yes	yes	
Moustache Suitable and Effective	yes	yes	yes	
Nasal Bridge Intact	yes	yes	yes	
Septum Intact	yes	yes	yes	
POSITION:				
Head Position Correct	yes	yes	yes	
Head Roll - Correct Size and Position	yes	yes	yes	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	yes	yes	yes	
Oro Nasal Suctioning Documentation	yes	yes	yes	
OG Tube in SITU	yes	yes	yes	
Baby Comfortable	yes	yes	yes	
Chest Retractions	—	—	—	
Name of the Nurse:	Pradeep	Pradeep	Pradeep	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	28/4/26	28/4/26	28/4/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

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CHECKLIST FOR TRAINING OF CHAIR PERSON

1. Chair person is present

2. Chair person is on time

3. Chair person is prepared

4. Chair person is professional

5. Chair person is courteous

6. Chair person is knowledgeable

7. Chair person is organized

8. Chair person is confident

9. Chair person is calm

10. Chair person is polite

11. Chair person is friendly

12. Chair person is helpful

13. Chair person is attentive

14. Chair person is respectful

15. Chair person is considerate

16. Chair person is patient

17. Chair person is understanding

18. Chair person is empathetic

19. Chair person is supportive

20. Chair person is encouraging

21. Chair person is motivating

22. Chair person is inspiring

23. Chair person is uplifting

24. Chair person is energizing

25. Chair person is positive

26. Chair person is optimistic

27. Chair person is hopeful

28. Chair person is confident

29. Chair person is self-assured

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31. Chair person is

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3



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 29/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	yes	yes	yes	
Flow Between 5-7 Litres / Min	yes	yes	yes	
Humidifier Temperature Correct (36.5-37.5°C)	yes	yes	yes	
Humidifier Water Level Correct	yes	yes	yes	
Proper Oxygen Tubing From Blender to Humidifier.	yes	yes	yes	
Tubing Correctly Placed (Position & Leak)	yes	yes	yes	
Excess Fainout (Afferent Tubing) Drained	yes	yes	yes	
Excess Rainout (Efferent Tubing) Drained	yes	yes	yes	
Temperature Probe away from Heat / Cover with Aluminium Foil	yes	yes	yes	
Gas Bubbling Continuously	-	-	-	
Water Level at Desired Level in Bubble Chamber.	-	-	-	
INTERFACE:				
Nasal Prong / Mask Correct Size	yes	yes	yes	
Nasal Prong/ Mask Correctly Placed	yes	yes	yes	
Hat Fits Snugly	yes	yes	yes	
Moustache Suitable and Effective	yes	yes	yes	
Nasal Bridge Intact	yes	yes	yes	
Septum Intact	yes	yes	yes	
POSITION:				
Head Position Correct	yes	yes	yes	
Head Roll - Correct Size and Position	yes	yes	yes	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	yes	yes	yes	
Oro Nasal Suctioning Documentation	yes	yes	yes	
OG Tube in SITU	yes	yes	yes	
Baby Comfortable	yes	yes	yes	
Chest Retractions	-	-	-	
Name of the Nurse:	ASIN	uttar	mayuri	
Signature of the Nurse:	29/4/26	uttar	B	
Date & Time:	29/4/26	29/4/26	29/4/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

CHECKLIST FOR

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4



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 30/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	yes	yes	yes	
Flow Between 5-7 Litres / Min	yes	yes	yes	
Humidifier Temperature Correct (36.5-37.5°C)	yes	yes	yes	
Humidifier Water Level Correct	yes	yes	yes	
Proper Oxygen Tubing From Blender to Humidifier.	yes	yes	yes	
Tubing Correctly Placed (Position & Leak)	yes	yes	yes	
Excess Fainout (Afferent Tubing) Drained	yes	yes	yes	
Excess Rainout (Efferent Tubing) Drained	yes	yes	yes	
Temperature Probe away from Heat / Cover with Aluminium Foil	yes	yes	yes	
Gas Bubbling Continuously	-	HFNC	HFNC	
Water Level at Desired Level in Bubble Chamber.	-	-	-	
INTERFACE:				
Nasal Prong / Mask Correct Size	yes	yes	yes	
Nasal Prong/ Mask Correctly Placed	yes	yes	yes	
Hat Fits Snugly	yes	yes	yes	
Moustache Suitable and Effective	yes	yes	yes	
Nasal Bridge Intact	yes	yes	yes	
Septum Intact	yes	yes	yes	
POSITION:				
Head Position Correct	yes	yes	yes	
Head Roll - Correct Size and Position	yes	yes	yes	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	yes	yes	yes	
Oro Nasal Suctioning Documentation	yes	yes	yes	
OG Tube in SITU	yes	yes	yes	
Baby Comfortable	yes	yes	yes	
Chest Retractions	-	-	-	
Name of the Nurse:	Dandan	Anu	mayuri	
Signature of the Nurse:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date & Time:	30/4/26 2:26 PM	30/4/26 3:00 PM	30/4/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



5



MAINTAINING CPAP / HFNC / NIV

Date: 11/5/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	yes	yes	yes	
Flow Between 5-7 Litres / Min	yes	yes	yes	
Humidifier Temperature Correct (36.5-37.5°C)	yes	yes	yes	
Humidifier Water Level Correct	yes	yes	yes	
Proper Oxygen Tubing From Blender to Humidifier.	yes	yes	yes	
Tubing Correctly Placed (Position & Leak)	yes	yes	yes	
Excess Fainout (Afferent Tubing) Drained	yes	yes	yes	
Excess Rainout (Efferent Tubing) Drained	yes	yes	yes	
Temperature Probe away from Heat / Cover with Aluminium Foil	yes	yes		
Gas Bubbling Continuously	yes	HFNC	HFNC	
Water Level at Desired Level in Bubble Chamber.	yes	yes	HFNC	
INTERFACE:				
Nasal Prong / Mask Correct Size	yes	yes	yes	
Nasal Prong/ Mask Correctly Placed	yes	yes	yes	
Hat Fits Snugly	yes	yes	yes	
Moustache Suitable and Effective	yes	yes	yes	
Nasal Bridge Intact	yes	yes	yes	
Septum Intact	yes	yes	yes	
POSITION:				
Head Position Correct	yes	yes	yes	
Head Roll - Correct Size and Position	yes	yes	yes	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	yes	yes	yes	
Oro Nasal Suctioning Documentation	yes	yes	yes	
OG Tube in SITU	yes	yes	yes	
Baby Comfortable	yes	yes	yes	
Chest Retractions	yes	-	-	
Name of the Nurse:	[Signature]	Ann	[Signature]	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	11/5/26	11/5/26	11/5/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

CHECKLIST FOR MAINTAINING CFP ABNC

1. []	2. []	3. []	4. []
5. []	6. []	7. []	8. []
9. []	10. []	11. []	12. []
13. []	14. []	15. []	16. []
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53. []	54. []	55. []	56. []
57. []	58. []	59. []	60. []
61. []	62. []	63. []	64. []
65. []	66. []	67. []	68. []
69. []	70. []	71. []	72. []
73. []	74. []	75. []	76. []
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193. []	194. []	195. []	196. []
197. []	198. []	199. []	200. []



OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS

DATE	DESCRIPTION	AMOUNT	STATUS
1/1/20
2/1/20
3/1/20
4/1/20
5/1/20
6/1/20
7/1/20
8/1/20
9/1/20
10/1/20
11/1/20
12/1/20

DATE	DESCRIPTION	AMOUNT	STATUS
1/1/21
2/1/21
3/1/21
4/1/21
5/1/21
6/1/21
7/1/21
8/1/21
9/1/21
10/1/21
11/1/21
12/1/21

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 7-04-2026 0 Y 0 M 0 D 2 H (M)
 Dr. KONDAM PRADEEP REDDY



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26	Ch 13	Dr. Pradeep
11 AM		Post surgical
	on MV	30% FiO ₂
		PEEP-6
		Flow-1
	ranging	sets well
Str -	HR-165/min	
	SpO ₂ -96%	
	RR-55/24/38	
	CRRP-604	
		- In - Baccalby / ds of
		detected 2nd / 2nd / 2nd +
		low D
		- cant 2nd pphus
		Coffone
	- GRRSI - Ghary	- w/f = RD
		- Red patches

Noted by
 Archana

DH-00045182 IP25-00020109
 Baby BIO MONA NIKHIL KUMAR (M)
 7-04-2026 0 Y 0 M 0 D 3 H
 Dr. KONDAM PRADEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Time	Progress Notes	Doctor's Order
27/04/26 4pm	<p>Close to day 1</p>	<p>on MV CPAP - FiO₂ - 40% PEEP - 6.5 Flow - 5 monitoring sets as</p>
		<p>NPO</p>
	<p>HR - 167/min SpO₂ 98% BP - 94/61 (MAP) CVP - 6.0 cmH₂O</p>	<p>Phn</p> <ul style="list-style-type: none"> - cont NPO - IV - 6oceltyls 8 D% to @ - cont pphs gabapene - GRBI - 6hrs - WIF - RD
	<p>2nd x 2ndarily</p> <p>Moteelby DSNP</p>	

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 7-04-2028 0 Y 0 M 0 D 2 H (M)
 Dr. KONDAM PRADEEP REDDY



NATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Referring Consultant :
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Mona Nikhil Mother's Blood Group : B+ve
 Gender : M F Blood Group : O+ve Birth Weight (gms) : 1.588 kg Length (cms) :
 Date of Birth : 27/4/26 Time of Birth : 9:21 AM OFC (cms) :
 Place of Birth : RCH-FD Estimated Gesth Age : 31w

Current Obstetric History : (Booked / Unbooked Case) Prime
 Maternal Age : Ht : Wt : BMI : Married Life : LMP : 18/9/25 EDD : 30/6/26
 Conception : Spontaneous or with Rx : IVF Conception
 Booked at what GA : AN Steroids Drugs / Doses : 1 dose of steroid given
 Last Scans Details : SLUG ~ 28th wk, cephalic, PI - A/H, AFI - 11.2 cm
1207 gm, Depleted TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs >35yrs ANA (+ve)
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long :
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
 IUGR - when detected :
 Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :
 AFI :

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx :
 Scans : LGA, TIFFA, Fetal Echo :
H/o 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 :

PAST OBSTETRIC HISTORY

G: *P. Am* P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

<p>Duration of Labour <i>Em-LSCS.</i></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 : <i>decourse Abt</i></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>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : *31* Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<i>7/10</i>	<i>9/10</i>	

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

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15) < 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)
Multiple Seizures	No (0)	Yes (19)	
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)
Apgar Score	> = 7 (0)	< 7 (18)	
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)
SGA	> 3rd percentile (0)	< 3rd (12)	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

baby received in a prewarmed incubator

↓
cried after tactile stimulation

↓
poor breathing efforts

↓ HR \approx 120/min

Resuscitated with DR-CPAP

\approx Peep = 5 ; PIP = 15

for \approx 30-40 sec

↓
Routine care given
Inj Vit K₁ given

Investigation details in previous Hospital :

↓
shifted NICU on Ram's canula
1/10 RDS + prematurity.

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No obvious congenital
anomaly seen

VITALS : Temperature : 36.5°C HR : 120/w RR : 40/w NIBP : CFT : 28/4

Color of the extremities : cyanosis

Jaundice : Pallor : SpO2 : 95%

Anthropometry : Birth Weight : 1.588 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism)

NECK and
CLAVICLES :
Range of Motion :
Asymmetry :
Masses :

EYES :
Symmetry :
Red Reflex : 5 to check
Discharge :

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

THORAX and BREASTS :

Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS :

Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

⊕

GENITILIA :

Labia / Hymen :
Testicles/penis :
Anus :

male genitalia

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :
Deformities :
Hip Joint Examination :

Arms / Legs :
Mobility :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

AEBE ⊕

Mention If baby has Respiratory distress : RR : 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 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP :
Femoral Pulses :
Other Peripheral Pulses :

Precordial Activity :
Murmurs :
Signs of Cardiac Failure :

S₁ S₂ ⊕

Abdomen :

Shape :
Palpation :
Palpable masses :
Abdominal girth :

⊕

Hernia orifice :
Anal Patency :
Umbilical Cord :
First urine passed :
Meconium passed :

⊕
2A+1V
not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

C/T/A-C

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Very PT (21w) / MCH / 1.588 kg / LBW / RDS /
Emerging LSCS

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *on* /

Name : *M. Anwar*

Date & Time :

Consultant :

Signature : *on* /

Name : *D.S. Pradeep*

Date & Time :

DISCHARGE PLAN

Information given by: Family Friend
Will patient require transportation arrangements to go home: Yes No NA
Will Physiotherapy require at home: Yes No NA
Is home medical equipment anticipated: Yes No NA
Is home oxygen therapy anticipated: Yes No NA
Breastfeeding Yes No NA
Formula Feed Yes No NA
Are dressing needs at home anticipated: Yes No NA
Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

Plan

① To shift to NICU

② N.I.V. - CPAP
FiO₂ - 30%
PEEP - 6

Screenings done during NICU Stay :

NSG : ③ ⑤ CBP, Blood c/s

Hearing Screen : ④ To start Inj Peptaz ; 4

ROP : Inj Caffeine

TFT :

NP2 :

Discharge Details:

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

Discharge Medications: Yes No

Details:

Final Diagnosis:
.....
.....
.....
.....
.....
.....
.....
.....

Doctor Signature:

Doctor Name:

Date & Time:


DH-00045182
 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 7-04-2026 0 Y 0 M 0 D 2 H (M)
 Dr. KONDAM PRADEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 9:30am	C/S/B Dr. Pradeep/ Dr. Owens	
	31w / very preterm/ 1.588 kg / LBW / MCH / RDS	<u>Plan</u> - NIV-CPAP FiO ₂ = 30% P _{EEP} = 6
	<u>Ventilation</u> on NIV-CPAP	
	FiO ₂ = 30% P _{EEP} = 6	- (S) CRP, Blood C/S
	SpO ₂ = 96%	- To start Dy Proptag / Dy caffeine
	<u>Circulation</u> HR = 158 / mi	
	MBP = 56 / 25 (37) mmHg v/o - not passed	- Plan for surfactant SOS after 2 hours of CPAP
	<u>Nutrition</u> SRBS - stool - not passed.	- Inform SOS.
	Noted By Archana 27/04/26	

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 7-04-2026 0 Y 0 M 0 D 2 H (M)
 Dr. KONDAM PRADEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order																				
27/4/26 10:45 AM	Surfactant (Surfactant)																					
	Surfactant (Surfactant) given to baby (Surfactant (Surfactant)) by INSURE technique under aseptic conditions with Dr. Pradeep sir, procedure was performed																					
	Before surfactant vital - HR - 162/min SpO ₂ - 91% RR - 52/min	After surfactant HR - 160/min SpO ₂ - 98% RR - 44																				
	<table border="1"> <thead> <tr> <th>BP</th> <th>per cent</th> <th>Dist</th> <th>mean</th> </tr> </thead> <tbody> <tr> <td>5-4</td> <td>35</td> <td>22</td> <td>26</td> </tr> <tr> <td>4-4</td> <td>43</td> <td>27</td> <td>31</td> </tr> <tr> <td>5-4</td> <td>50</td> <td>31</td> <td>37</td> </tr> <tr> <td>9-4</td> <td>66</td> <td>39</td> <td>44</td> </tr> </tbody> </table>	BP	per cent	Dist	mean	5-4	35	22	26	4-4	43	27	31	5-4	50	31	37	9-4	66	39	44	
BP	per cent	Dist	mean																			
5-4	35	22	26																			
4-4	43	27	31																			
5-4	50	31	37																			
9-4	66	39	44																			

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 7-04-2026 0 Y 0 M 0 D 3 H (M)
 Dr. KONDAM PRADEEP REDDY

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/1/26 7:30am	CWB Dr. Ashwarya	
	A very Preterm / 31w → 31+1 / 1.58 kg / LBW / RDS / RANOL	
	Currently on NIV CPAP, PEEP - 6.5 FiO ₂ - 25% → Reduced @ 7am → maintaining saturation 94-95%. No apnea.	
	Tolerating 2ml Q2H feeds → No vomiting/distension	
	DIE: HR = 133/min RR = 40/min SpO ₂ = 95% on 25% FiO ₂	Wt = 2.22 kg / 4.9 lbs RBS = 182 mg/dl
	nIBP - 63/43 [50]	
	BLE: PA: Soft, No distension	
	CVS: S1S2 ⊕, no murmurs	
	Res: Bil AEC ⊕	
	CNS: C A	<u>Plan</u> - To continue @ 60ml/kg/day, to increase after rounds
	↑ AET ⊕	- Continue 2ml Q2H feeds - To send NP, without CBP and trace reports
	feed	- Continue medications as charted - CRBC 24 24h
		- w/f Respiratory distress / feed intolerance
Noted by Dr. Ashwarya	Ashwarya	- if Saturation < 94% infuse.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26		
4:15 PM	<p>cls BS</p>	<p>Dr. Sajid</p>
		<p>←</p>
		<p>MV</p>
	<p>on</p>	<p>CPAP - F_{IO2} - 21%</p>
		<p>PEEP - 6</p>
		<p>Flow - 5</p>
		<p>manting sets well</p>
	<p>Abol passed</p>	
	<p>after 10</p>	<p>on Apirates (2.1mg) @ 9 AM</p>
		<p>So, for 2 feeds hold</p>
	<p>after</p>	<p>restart again @ 1 PM</p>
	<p>ok RR - 122/min</p>	<p>2ml/2h x 4</p>
	<p>SpO₂ - 91%</p>	
	<p>BP - 62/35/54</p>	<p>Ph</p>
	<p>Cl₁ - 100</p>	<p>- Cat IV - bivaltyls</p>
	<p>PIA - 100</p>	<p>& 2ml/2h x 4</p>
		<p>+ D₅-10</p>
		<p>- Cat CPAP</p>
		<p>- Cat paps</p>
		<p>Calpos</p>
		<p>- w/f ← RD</p>
		<p>feed cubes</p>
	<p>noted by uttam 28/4/26 8 PM</p>	<p>3</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4	US 13 <u>Arteries</u>	
9am	Δ: 4.8kg / very protein / 3mc → 51+2mc /	
	45-1.58g / low / RDS - S/P suspected	
	on MV CPAP - PEEP-6	No antibiotics
	FiO ₂ - 21%	
	on 2ml O ₂ feed - tolerate well	
	PR 132h	
	SPO ₂ - 96%	
	RR - 38h	<u>ph:</u>
	Plas BT	① MV CPAP - PEEP-6
	BLAC ⊕	- FiO ₂ - 21%
	NPO	② TV - 60cc / ml / day
	6h	10% D +
	1.507kg	← 2ml O ₂ feed Q4h
	amrs - 6mg/d	③ Cont PIPPAZ
	UO - 2.2cc/h	Caffeine
		④ WIF RD

Noted by [Signature]
 29/4

[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/28 4 PM	CLUB DO. signed	
	Tog off cap @ 2:45 PM	
	on RA marking sbs w/	
	Inkmarked tachypnea @	
	c/o HD - 119/60 SpO ₂ - 98% RR - 56 BP - 7/11 (58)	NPO
	NSR @	N/A - NPO to carb
	noted by Uttara 29/4/28 EPD	- IV - 60cc/kg @ 3:50 PM
		- carb pph after
		- w/ RD
		- reassess after 1hr
		Zc

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26 5:20pm	<p>CLIB Dr. Aishwarya</p>	
	<p>Baby on Teical off since 2:30pm → Had intermittent tachypnea but maintaining saturation.</p>	
	<p>Increased work of breathing since 5pm No. bluish discoloration, apnea.</p>	
	<p>OLE: HR - 128/min</p>	
	<p>RR - 71/min</p>	<p>U/O - 2.1ml/kg/hour.</p>
	<p>SpO₂ - 98% on R₁</p>	<p>Scrotal edema ⊕</p>
	<p>CFT < 3 sec.</p>	
	<p>RU: BIL AE ⊕, NUBS, No added sounds.</p>	
	<p>SCR ⊕, ↑ WOB</p>	
		<p><u>Plan</u></p>
		<p>- Connect to CPAP < 5%.</p>
		<p>- Chest + Abdomen Xray now.</p>
		<p>- W/ respiratory distress.</p>
	<p>Noted by Dr. Aishwarya 29/4/26 8pm</p>	<p>Aishwarya</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/04/2026 6:45am	<p>CLINICAL Dr. Aishwarya</p>	
	<p>Δ 32 30 Very Preterm 31 → 31+3 LBW RDS - CRST</p>	
	<p>- Baby on NIV-CPAP < 2i%. → yesterday post trial off Baby had increased WOB/Tachypnea hence connected @ 5:30pm, since then distress reduced Xray chest + Abd → (N) → No desaturation → No apnea / ↑ WOB</p>	
	<p>- Yesterday had 1 GRBS of 160mg/dl i/o 10% Dextrose changed to 150-P (5%) → Post that repeat GRBS 76mg/dl @ 6:30am</p>	
	<p>- Baby NPO still → No greenish aspirate → Passed stools post enema</p>	
	<p>OLE: HR - 130/min RR - 50/min SpO₂ - 100% on CPAP < 2i% CFT < 3mm niBP - 58/30 (32)</p>	<p>RBS - 76 mg/dl TW - 1.474 & 33g U/O -</p>
	<p>SLE: P/A: Soft; No distension C/S: S1S2 ⊕, No murmurs RU: BLA ⊕, NUBS CNS: C T } → (N) A }</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26 8 AM	<p>2wp 2hosp ←</p> <p>80cc Nivelay 5% T80-P</p>	<p><u>Plan</u></p> <ul style="list-style-type: none"> - To continue NPO and decide on feeds after rounds - w/ abdomen distension/aspiration - Continue on NIV-CPAP $\leq 21\%$ - w/ respiratory distress - Continue medication as charted - GRBS BD - Continue GOMLigday, increase after rounds
<p>3:45 PM 8 AM</p>	<p>Stopped CPAP at 8 AM</p> <p>↓</p> <p>To start on NPO</p>	<p>12/1</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/24/26		
9:30 AM		
3/24/26		
1 PM		

~~CLIA - 100~~

~~Baby on auto CPAP Tx~~

CLIA on day 1

on HFNC \rightarrow SL
 \rightarrow 2L

maintain SpO₂ > 94

on oral feed

tolerates feed well

CLIA - HR - 115/min
 SpO₂ - 98%
 BP - 64/37/44
 CLIA - head
 MA - soft

Ph
 - on HFNC \rightarrow SL
 \rightarrow 2L
 - FU - social smile
 8 5% Ix-P
 + 2ml/kg
 on feed

- CRBS - BD

- Cat APAs
 Cultures

- WF - RD
 Add cultures

[Signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/04/26 8 AM	CL by Dr. Pradeep	
	Day (Very preterm, 31 → 31+4) / Low IRRS - S/P Sustained.	
	on HFNC ^{4L} _{12L}	
	No Respiratory distress maintaining saturation. on OR feeds 3ml Tolerating feeds well.	<p>U/O - 2-3 ccl/kg/day WT - 1.464kg (↓ 10gms) GRBS - 73 mg/dl.</p>
	O/E: Exhemitic HR - 118	
	RR - 34 SpO2 - 97%	
	C/T - good PH - soft	<p><u>Advice</u> - HFNC ^{4L} _{12L} - T - 80 ccl/kg/day</p>
	<p>Plan to ↑ to 100 ccl/kg/day.</p>	<p>- 5-150P and 3ml OR feed 2nd hely, continue POTA2, CAFFEINE.</p>
	↑ Inj 8 hourly	<p>- w/P Respiratory distress, subcostal distention. - GRBS BP</p>
		<p>- Plan to ↑ OR feeds to 4ml & taper HFNC flow to 3L.</p>

@ul

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/26 4:30 PM	CHIB	Rx - Sec 1
		on HFNC 3L 21x
		marking sets up
		on OH feed
		telemetry feed as
	do - HR - 120bpm SP - 96F	
	BP - 76/04 (CA) CIT is good	Ph
		- cut HFNC 3L 21x
		- cut Te - telemetry 11
		5 Sm 12h 5x - ISOP
	- HR 121 - SD	↑ 1ml - 8h
	Noted Aways	- cut PpHog Cath WIF - RP Feed at 11

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 7am	C/W/B Dr. Aishwarya	
	Δ DS / Very Preterm [31 → 31+5] LBW ROS - S/P Surfactant	
	Baby on HFNC \leftarrow 3lt 21% \rightarrow maintaining saturation \rightarrow No respiratory distress.	
	Currently on 6ml Q2H feeds \rightarrow tolerating, no vomiting \rightarrow No abdomen distension.	
	O/E: HR - 140/min RR - 46/min SpO ₂ - 98% on 21% FiO ₂ CFT < 3 sec niBP - 62/42 (SI)	TW - 1440 (624g) RB - 90 mg/dl U/O - 2.8 ml/kg/hour
	S/E: MA: Soft, No distension RU: BL AE ⊕, NUBS US: S/S ⊕, No MURMUR CXR: C? T } A } → ⊕	Plan - To give trial off after rounds - ↑ ml - 8 th hourly feeds - EV - 190 ml/kg/d - w/f respiratory distress - continue medications as charted - Next week plan for investigations
	noted by UHara 2/5/26 Bay	Aishwarya

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 Baby B/O MONA NIKHIL KUMAR
 7-04-2026 0 Y 0 M 3 D (M)
 Dr. KONDAM PRADEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5	<u>CLSB Dr Mohith</u>	
3:30 PM		
	- on Room air, Maintaining saturations No desat	
	- on Oxygens, Tolerating well	
	D/E	
	HR-139/min	
	RR-39/min	Plan
	SpO ₂ - 100%	① TV-120cc/kg/day
	BP-70/37(44)	8ml @ 2H O ₂ feeds 1ml @ 6H rest SY. Tro P
	<u>Piptaz D₅</u>	
		② cont: Piptaz / caffeine (stop Abx on D ₇) to decide
		③ GRBS-RD
		④ WIF RD / feed intolerance.
	<p>Mohith 2/5/26</p>	<p>Mohith</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	cls 13 Dr Release	
3/5 9am	Dr. Dr. / very preterm (31 + 31 + 6) / low / POS s/p suspectant	
	on room air - no distress - maintaining sat	
	on oral feeds 10ml - tolerate well - at	
	PR - 132hr SPR - 1001 on 32hr BR - 8/57 (66)	
	PIA soft BILAE ⊕ SIS2 ⊕	pl ① Tr - 100cc / day 10ml oral feed over ↑ 1ml @ 6hr + 250P 5/1
noted by u/hom 3/5/26 10am	wt - 1.405kg (↓ 35gm) GMB - 125 - 110 UO - 2.5cc / hr	② Cont PIPRAZ (for 7 days) + Cefepim
	KMC Tim	③ amon on
		arg 4/5

DH-00045182 IP25-00020109

Baby B/O MONA NIKHIL KUMAR

7-04-2026 0 Y 0 M 3 D (M)

Dr. KONDAM PRADEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26		<p><u>Dr. Pradeep</u></p>
10:30 AM		
		<p>on P/A</p>
		<p>monitoring SGL will</p>
		<p>on ch food</p>
		<p>ch aspirator - 1.5ml / 10ml</p>
		<p>Deposits</p>
		<p>10:15 AM</p>
	<p>ch - 40 - 125 ml</p>	
	<p>SP - 90 ml</p>	
	<p>BP - 70/40/80</p>	
	<p>CTA - good</p>	
	<p>PLA - sek</p>	
		<p>Phy</p>
		<p>- Hold 2 feeds</p>
		<p>- IV - 100ml / 100ml</p>
		<p>i 100ml 5%</p>
		<p>- carb</p>
		<p>pink</p>
		<p>calves</p>
		<p>- CRP - 10</p>
		<p>- Temp - 100</p>
		<p>- w/f - Abx</p>
		<p>done</p>

ch - 40 - 125 ml
 SP - 90 ml
 BP - 70/40/80
 CTA - good
 PLA - sek

~~FEBR - 17.5 mg~~

~~skaf DDPF~~

Noted by
DSM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/21 11:30am	Cl/13 Rt. Gaiter	
	TCSP - 17-5y	
	Noted by DSND	Pln - Start DSND - Rest Cl'
4/5/21 7:30am	Cl/13 Rt. Gaiter	
	D ₇ / veg rabs (31 → 32) / U/SW / RD ₂ / 3p rabs	
	↓ DSND on RA making sels w	
	on gh feed	
	Tolerating feed w	
	Pln	
	cl - HP - 140lbs	
	SpO ₂ - 98%	
	BP - 58/24/92	
	CITIA - 6wch	
	PA 8cm	
	wt - 1.383 ↓ 231	
	Uo - 2cc/2hrs	
	PM - 109g/d	
	Noted	
	- WF - feed children	
	- Cent Spi ↑ 2w 6wch	
	- cut rabs	
	- cut rabs	
	- cut rabs	
	- CRPS - 17D	
	- Kmc - 10dy	
	- Decide on samples after 2wch	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/05/26 8am	<p style="text-align: center;"><u>U/S of Ab. Lahan</u></p>	
	<p>DOB: 31 → 32 H LBW ROS S/P Significant</p>	
	<p>On PA Maintenance @ 2</p>	
	<p>On full OAT feeds 14ml @ 2h</p>	<p>Uo - 3.6 u/l 14/dy</p>
	<p>Tolerating well</p>	<p>CRBS - 89 mg/dl</p>
	<p>② episode of Vomit</p>	<p>T.W - 1.36g (↓ 14g)</p>
	<p>o/c RTA = (1.5 ml green aspirate)</p>	<p><u>Admit</u></p>
	<p>HR - 132bpm</p>	<p>CT TR - 16.0 cc/kg/dy + 5% IsoP</p>
	<p>RR - 46/min</p>	<p>OAT feeds 15ml</p>
	<p>PP - well felt</p>	<p>↑ 1 ml @ 6h</p>
	<p>SpO₂ - 98%</p>	<p>- CT Inj cefepim</p>
	<p>BP - 68/58 (62)</p>	<p>- CRBS BD</p>
	<p>o/c</p>	<p>- CT KMC</p>
	<p>C } good</p>	<p>- CT ISO</p>
	<p>T } good</p>	<p>- W/F feed Intake inc</p>
	<p>A } good</p>	<p>- plan to keep</p>
	<p>CSC - S/S ⊕, MO</p>	<p>ISO</p>
	<p>MS - B/LAG</p>	<p>—</p>
	<p>P/Ant - S/S y distended</p>	<p>—</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26		
3:50 pm		<p><u>Clinical</u> <u>Delayed</u></p>
		<p>on RA</p>
		<p>meeting sch in</p>
		<p>on ch food</p>
		<p>relaxity food as</p>
		<p>ch aspirin - 0.5ml (ch)</p>
		<p>@ 2pm</p>
		<p>ch</p>
		<p>SP - 16cc/kg/d</p>
		<p>(6ml) / 2hrly +</p>
		<p>5% Sep</p>
		<p>- P 1ml/6hrly</p>
		<p>- CRBS - AP</p>
		<p>- cut knee</p>
		<p>Carbon</p>
		<p>- cut - food volume</p>
		<p>Noted by</p>
		<p>office</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>LS/B Diaper</u>
6/5 7am	D9 VPT 31 → 32+2	usw RDS S/P suspect
	on room air - nanda, set	
	on oral feed 19ml - tolerate well	
	PR - 132h	
	SpO2 - 98%	
	ML - 52L	
	Plt soft	<u>pl</u>
	clt - good	① - 160cc/day
	BUAE @	19ml oral feed @ wt
	wt - 6392g (123g)	+ 2ml 5% D50P
	amv - 96 yld	② 7ml @ wt
	UO - 3cc/h	③ amv - xx → on
Noted by Anu 019070	NP2	④ Cost care
	SBR on Friday	Caffin
	TFT	⑤ WLF Feed intolerance



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/24		
4 PM		<p>CLSIB Dr. Sajid</p>
		<p>on PA</p>
		<p>monitoring SOB well</p>
		<p>on ch feed</p>
		<p>releases feeds well</p>
	<p>ch - HR - 137/min</p>	
	<p>SpO2 - 98%</p>	
	<p>BP - 71/38/47</p>	
	<p>CPTA heard</p>	<p>PA</p>
	<p>PTA - ok</p>	<p>- cont TV - 160cc/kg</p>
		<p>8 21ml/kg</p>
		<p>- CRBS - on</p>
		<p>- at knee</p>
		<p>culture</p>
		<p>- MR - / on feeds</p>
		<p>SBR</p>
		<p>TFT</p>
		<p>- Wt - feed well</p>
		<p>←</p>

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 17-04-2026 0 Y 0 M 8 D (M)
 Dr. KONDAM PRADEEP REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/24	c/s/b Dr. Kalyan / m. Owar	
8 PM		
	6ml milky aspirates (+) after 2 feeds -	- Feeds 18 ml @ 2 hrs
	P/A - mpt.	↓ - Reassess after 3 feeds.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5	C/S/B by Mohith	
8 AM	D ₁₀ / 31 → 32+3 / LBW /	FEE ROS - 5/7 surfactant (resolved issue)
	- on Roomair, no RD	
	- on O ₂ fields ⇒ overnight 18 ml @ 2M (Tolerated well)	
	Now increased to 19 ml	
	o/e	
	HR - 146/min	Plans
	RR - 39/min	
	Sp _{o2} - 98%	① TV - 160 cc/kg/day
	BP - 73/31 (44)	(Now - 145 cc/kg/day ⇒ 19 ml @ 2M)
	PA - soft	Increase 1ml @ 2M after rounds
	Mild clonus (⊕)	② GRBS - 0.0
	C/A good.	③ cont. supplements.
		④ NP ₂ / TFT / SBR on Friday.
	Wt - ↓ 12 gm	
	GRBS - 87 mg/dl	
	VO - 2.28 cc/kg/day	⑤ WIF feed intolerance.
		M/S

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR (M)
 17-04-2026 0 Y 0 M 8 D
 Jr. KONDAM PRADEEP REDDY



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	7/12/26 (9am)	
	_____	TR: 18ml/hr
	- H/D stable	→ TR: 18ml @ 2hr
	- PA - mild distension ⊕	→ docu for 5r. Is - P
	↳ but soft	→ Add DANOLIN
	- Bow ⊕	→ Enulphor
	- Mild apnoea ⊕ (Mellow at hr)	↳ rule on car also
	_____	_____
	_____	_____
		→ only add dext & feed intake
		Noted by _____ 7/12/26 @ 2pm

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/2026 4:30 pm	4 of 13 Dr. Snelke	
	S: D10 31 → 32+3 W	LBW EOS w/ p. milk/actant (resolved)
	GC: Aug	
	On room air, maintaining saturation.	
	- on 18ml/hourly oral feed	
	- no further aspirate/vomiting episode.	
	- Passed stool.	
	vitals	Kit
	PR: 140/min	Plan
	RR: 40/min	
	Temp: 36.5°C	- continue feed
	SpO ₂ : 98-100% RA	18ml/hourly
		- 20cc/kg 5% ISO
		- best continue same
		- w/ feed intolerance.

Noted by Nurse 019070

Snelke
- CRP, UA, s/n, ~~PT/PTT~~ ~~PT/PTT~~



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/15/24		
7:30am	<p>Chlor D68g/d</p>	
	<p>Pu 31 → 32 74 usual Reg</p>	<p>slp surface regular dose</p>
	<p>HR - 124/min</p>	
	<p>SpO₂ - 98%</p>	
	<p>BP - 79/41 (DB)</p>	
	<p>CA (CO) Good</p>	
	<p>PLA - soft</p>	<p>Ph</p>
		<p>- cut Tu-tace/bk</p>
		<p>8 18ml/2hr</p>
		<p>+ 2ocally sy. 2hr</p>
	<p>CA - 1.390 Progn</p>	
	<p>U-O - 1.8cc/kg/hr</p>	<p>- Trial repeat</p>
	<p>RR - 97 / min</p>	<p>- cut medch as chart</p>
	<p>- Cyrese - OP</p>	<p>Wf - OP</p>
		<p>feed mb</p>
		<p>→</p>

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR (M)
 17-04-2026 0 Y 0 M 10 D
 Dr. KONDAM PRADEEP REDDY

(A)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/2026 4pm	C/S/B Dr. Srecha	
	. GC: Avg . on room air . tolerated: 19ml/2 hourly feed.	
	- (A) Had episode of vomiting during noon 1pm.	
	o/e A/A: Soft, mild distension (A).	
	<u>Vitals</u> HR: 130/min RR: 44/min SpO2: 95% RA BP: 99/48 (84) mmHg	<u>Plan</u> - continue same as per charting. - w/f feed intolerance - feed: 15ml/2 hourly
	notes by Ashwini 8/5/26 (A) SPON	She x 2 feeds if tolerated 18ml

DH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR (M)
 17-04-2026 0 Y 0 M 10 D
 Dr. KONDAM PRADEEP REDDY



RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 7am	<p>clsig antileu 31 → 32 + 5 LBO NPS slp suspected (restived)</p>	
	on room air - no distress	
	on 15 ml feed (1 episode of vomiting	
		@ 5:30 pm yesterday
		no further episodes of vomiting
	PR 14h SpO2 - 100%	
	AD - 65 (44 (52))	
	PIA soft cltia good BLAE ⊕	<p>ph</p> <ol style="list-style-type: none"> On feed 15ml @ 2h cont caffeine Romitol w/f feed tolerance resp apnea
	T.wt - 1.410 kg (↑ 20g) GMBJ - 83 → 1dl	
	<p>PIA soft - cal - neg - ctia ✓</p>	<p>Nz Lbow hold OR: 15ml @ 2h ↑ Int 130 → Put all cont</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5 8 AM	c/SIB on Mohlich	
	D ₁₃ / 31 → 32+6 / Feldon & Grower	
	Resolved Issues = RDS - S/P 1' surfactant Feed intolerance.	
	- on Room air, No R _g	
	- on 17ml O ₂ feeds, Tolerating well No vomiting e ⁻	
	- No other issues.	
D/E HR-140/min RR- 50/min Sp ₂ - 99% BP- 67/45(53)	Plan ① O ₂ feeds 17ml @ 2 H (TV=160cc/kg/day) (1ml BD)	
	② cont. caffeine/dominso	
PA- 50H	③ GRBS- 00	
C I A / good	④ w/ F feed intolerance	
WT ↑ 20gms	⑤ Add X rays (50s) if vomiting ⊕	
GRBS- 80 mg/LM Uo- 2-7cc/kg/day	⑥ cont. KMC	/s/

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 7 AM	cls by <u>Dr. Prasad</u>	
	P ₁₄ (31) → 33 / Feeder & grower.	
	Resolved issues - RPS s/p surfactant feed intolerance.	
	on recommended No R/P, No desaturations maintaining saturations well.	
	on 18 ml OG feeds Tolerating feeds well. No vomiting.	wt - 1.468 kg (↑ 38gms) GRS - 85 mg/dl U ₁₀ -
	15 ml milk aspirate (+) (pre feed aspirate)	
	HR - 148	
	RR - 40 cpm.	<u>Advice</u>
	SpO ₂ - 99-1.	- OG feeds to 180 180 ml - continue <u>CAFFEINE</u>
	BP - 72 (32/47) mmHg.	Also ROM STAR
	Ab - 5-8, mild distention (+)	- w/ feed intolerance.
	Cl/A - good	- GRS ok.
		- Abd. x-ray (SxS), if
		vomiting (+)
		- continue KMC
	Noted by Anub 019080	- <u>stop</u> <u>but</u>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/2026 3:45pm	C/S/B	Dr. Srinha
	<ul style="list-style-type: none"> - GC: Improving. - CRT 2 sec - on room air, maintaining saturations - tolerating 18ml feeds, WF stopped - No of apnoea/brniting - passing stools. 	
	<p>Vitals</p> <p>HR: 150/min</p> <p>RR: 42/min</p> <p>SpO₂: 100% RA</p> <p>BP: 72/61 (65) mmHg.</p> <p>Temp: 36.5°C.</p>	<p>Plas</p> <p>1) Continue 18ml/2 hourly feeds.</p>
	<p>noted by Abhishek Srinha</p>	<p>2) Continue SYP. Domstat</p> <p>3) GRBS ON</p> <p>4) continue KMC</p> <p>5) w/f feed intolerance</p> <p>Srinha</p>

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 Baby B/O MONA NIKHIL KUMAR
 27-04-2026 0 Y 0 M 13 D (M)
 Dr. KONDAM PRADEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	US/3 Anterior	
12/15 7am	<p>S: D15/31 → 33+mc / Feeder & water</p> <p>Resolved issue - no sp. Suspected feed intolerance</p> <p>on Room air</p> <p>on full feeds - foluatis well</p> <p>Pr-148h</p> <p>lpa-1001.</p> <p>BP-56/37(49)</p> <p>PLA distended soft</p> <p>HTA good</p> <p>T-wt-1.480kg (112gm)</p> <p>GMFI-88-1id</p> <p>UO-2.5cc/hr</p>	<p>ph</p> <p>① O4 feed 18ml O4</p> <p>② GMFI on</p> <p>③ cont do vital</p> <p>paolo</p> <p>④ w/f feed volume</p>
	<p>Noted by Nima 12/15/26</p>	<p>Ⓚ</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/2026		
4pm	4st B Ds - sneezes	
	<ul style="list-style-type: none"> - Gc: improving - On room air - tolerating full feeds (18 ml) - Passed stool - Englycemic. 	PMA: 33+1 wks - maintaining SpO2 (P/A: Mild distension) ^{Soft}
	Vitals	Plan
	HR: 130/min	1) OGT feeds 18ml/2 hourly
	RR: 44/min	2) GRS ON
	SpO2: 98-1-RA	3) cont. Domstal, Dardac
	BP: 96/70 (77) mmHg	1) w/f Feed intolerance
	Temp: 36.5°C	Sweat
	:	
	Noted	
	by meeling	
	12/5/2026	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 7.45 AM	C/S by Dr. Prasad	
	P ₁₆ (31 → 33+2 wks) / Feeder & graver. Resolved issues = RPS s/a surfactant feed intolerance.	
	on room air No desaturations, RR maintaining SpO ₂ well.	wt = 1.494 (7/14 gms) c/o - 3c/ks/hr.
	on full OR feeds Tolerating well.	GRBS - 82 mg/dl.
	calcium stopped on 11/5/26 (w/1 apnea).	
	PR - 127 RR - 32 SpO ₂ - 97% BP - 61/40 (48)	
	CITL - good A/G - soft	<u>Advice</u>
	19 wks	- on feeds 18ml 2nd hln. - GRBS OK. - continue Romustal, Pakolac - w/1 feed intolerance.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 4pm	cls/3 <u>Antibiotics</u>	
	on room air	
	on full OR feed - tolerating well	
	PR-138h	
	SPO2-100%	
	PR-138h	
	PR 50h	
	CLIA good	
		PR
		① OR feed 19ml @ 4h
		② CMT-00
		③ Cont Dousteral
		Droster
		④ WIF Feed into OR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26		
7:30 AM	<p><u>C/S/D Dr. Dwaiss</u></p>	
	<p>DOL-17 / 31 → 33 + 3w / feeds & grows.</p>	
	<p>Resolved RPS s/p surfactant / Feed tolerance.</p>	
	<p>on room air</p>	<p>Twt - 1.5062 (↑ 12g)</p>
	<p>maintain, stable well</p>	<p>GRBS - 86 ml/dl</p>
	<p>on full OGT feeds</p>	<p>V/O - 2.8 cc/kg/hr</p>
	<p>tolerates well.</p>	<p><u>Plan</u></p>
	<p>O/E - Euthemic</p>	<p>- OGT feeds 19ml q2hly</p>
	<p>HR - 136/min</p>	<p>- GRBS OD</p>
	<p>SPO2 - 100%</p>	<p>- continue Domstal +</p>
	<p>BP - 69 / 35 (47) mmHg</p>	<p>Dazole.</p>
	<p>C/T/A - good</p>	<p>- w/o feed intolerance / apnea</p>
	<p>1</p>	<p>- Plan brief Plan</p>
	<p>Noted by Dr. P. Reddy 14/5/26 @ 2 PM</p>	<p>- Review for cause</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5	cls/B in Mohith	
4PM		
	- No new issues	F&G
	- on Room air, No RD	
	- on full OGI T feeds Tolerative well	
	o/r	Plan
	HR-143/min	(1) TV-150cc/kg/day
	SpO ₂ -100%	19ml @ 2H OGI feeds.
	BP-69/39 (50)	(2) GRBS-OD
		(3) cont. Domital + Gardolac + KMC
	C/T good	(4) GRBS-OD
	PA soft.	(5) HMF from K/M.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/1/26	cls by Dr. Prashant	
8 AM	Del - 18 (31 → 33 + 4 wks)	Feeder & grower.
	Resolved issues - RPS s/p subacute feed intolerance	
	on room air maintaining saturations well	
	on full feeds tolerable well.	wt + 1.50 kg (↑ 8 gm) GRBS - 87 mg/dL Ulc - 2.5 cckg/hr
	HR - 139 RR - 42 SpO2 - 99% BP - 65/46 (59)	
	CPTA - good.	<u>Advice</u>
	PLA - s.c.f	- tv - 150 cckg/hr hand or hly of feeds.
	crack 1/2 HMF	GRBS CO.
	at feed - Try operator stimulate NNS	- Continue PAINSCALE for ABREX + Eme ✓
	NP2 - Monday	- GRBS CO.
		- plan to start HMF from today

noted by uttam 15/1/26 2 PM

Prof

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/11	<u>cls 13</u> <u>Arule</u>	
upm	on room air	
	on full feeds - tolerating well	
	pn 138h	
	spu 98l.	
	p/a soft	
	ct/a good	

- ph
- ① 10-150cc/day
19ml O/G feed on
 - ② 1/2 AMF - alt feed
 - ③ amiod
 - ④ cont Domistel
Pavloac
 - ⑤ KMG
 - ⑥ NP2 - Monday
 - ⑦ MNS cont

noted by
 [Signature]
 [Signature]
 @ upm

FDH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 27-04-2026 0 Y 0 M 17 D (M)
 Dr. KONDAM PRADEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 6 AM	<u>C/S/B DR. OWAS</u>	
	DOL-19 / 31 → 33+5w/ feeder & grower	Twt- 1.519 (↑ 11g) v/o - 2.7cc/kg/h GRBS - 85mg/dl.
	Resolved RDS sp surfactant & feed tolerance.	
	on RA	<u>Plan</u>
	maintain saturation on full OGT feeds tolerance well	- TV = 150cc/kg/day 19ml OGT feeds q 2hrs + 1/2 HMF alt feed.
	o/e - extreme HR - 118/min SpO ₂ - 96% BP - 71/50 (56) mmHg	- GRBS OP - CT Domstal / parolac
	C/T/A - good	- CT KMC + NMF
	start 2-3 feeds paleo day	- Np2 - on Monday - CT OMS
NOTED Nina Reg 16/5/26 6 AM	omit	[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	c Lshu Dr. Prashu	
11pm	on room air	
	no desaturation, R _p	
	on full on feeds, 2-3 Palladay feeds	
	Tolerating feeds well.	
	OK! full exam.	given Hummray
	HR-137	
	RR-38	Tolerating well.
	SpO ₂ -97.	No vomits.
	BP-80/49 (58).	
	ste ₂	
	DIA soft	Advise
	no distention.	TV - 100cc/15/day @
	CITIA - 5 cc.	10 ml on feeds 2 cchels
	noted by and 16/5/26	+ 1/2 KM F alternate feeds - C, RB & OP. - Continue DOMSTAL/PARDAC - Continue KMCPNNI - NP ₂ on manday - Continue arc motor stimulation

FDH-00045182 IP25-00020109
 Baby B/O MONA NIKHIL KUMAR
 27-04-2026 0 Y 0 M 18 D (M)
 Dr. KONDAM PRADEEP REDDY



GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/2026 8:30 AM		
		Color <u>OK</u>
	Wt - 20 37 → 33 ⁷⁶ feeds & good	
		on RA
		maintaining self wt
		on full ch ket
		recovery from
	Hb - 13.9 gm	
	SpO ₂ - 98%	
	BSP - 67 mmHg (136)	
	CVP - 12 cmH ₂ O	
	P/A - 120/80	Mn
	Wt - 1.535 ↑ 1.6 gm	- IV - Isocelebrin 1
	RA - 85% ↓	19 ml / 2hr
	U.O - 3.2 cc / 4hr.	+ 1/2 half alt Pns
	Day palmaray	- GROSS - OP
	meds by medicine 17/5/26	- cut Dantrol
		Kone furo
		- NP2 on mudy
		- at do make shoulders

Sheet No: ...2...

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : 546 domistar				Date Time	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5
Dose	Route	Frequency	Start Dt.	6	am	X	Q	Q	Q	Q	Q	Q	Q	Q
0.4g	PO	TID	8/5											
Name & Signature of the Doctor Starting the Drugs: Dr. LK				2pm X Q Q Q Q Q Q Q Q Q Q Q Q Q Q										
Additional Instructions: (imelium)				10 PM imelium imelium Q Q imelium Q Q Q Q Q Q Q Q Q										
Daily Doctor's Endorsement by a Sign														

DRUG : Ins CAFFEINE				Date Time	11/5									
Dose	Route	Frequency	Start Dt.	6	am	Q								
2mg	IV	OP	10/5											
Name & Signature of the Doctor Starting the Drugs: P				CANN										
Additional Instructions: 5mg/kg/day				11/5/24										
Daily Doctor's Endorsement by a Sign														

DRUG : AMP sacchar				Date Time	15/5	16/5	17/5							
Dose	Route	Frequency	Start Dt.	3AM	X	Q	Q	Q	Q	Q	Q	Q	Q	Q
12	PO	Q4H	15/5											
Name & Signature of the Doctor Starting the Drugs: Meeba				3AM X Q Q Q Q Q Q Q Q Q Q Q Q Q Q										
Additional Instructions:				11AM Q Q Q Q Q Q Q Q Q Q Q Q Q Q										
Daily Doctor's Endorsement by a Sign														

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

VERIFIED

VERIFIED

Signature
Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

AEBIBDD

Signature

Name

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

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

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

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

REGULAR PRESCRIPTIONS

Weight: 1.58 kg Ward:



VERIFIED

VERIFIED

DRUG : <u>PIPTAZ</u>				Date	Time
Dose	Route	Frequency	Start Date	27/4	28/4
160mg	IV	BD	27/4		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>INT COFFEEINE</u>				Date	Time
Dose	Route	Frequency	Start Date	27/4	28/4
6mg	IV	ON	27/4		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>DOMSAC</u>				Date	Time
Dose	Route	Frequency	Start Date	6/5	7/5
0.3ml	OC	ORL	6/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>DAROLAC SACHET</u>				Date	Time
Dose	Route	Frequency	Start Date	7/5	8/5
1/2	PO	OD	7/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/4	11 AM	Surfactant (20mg/ml) 20mg/ml	7ml	BT	[Signature]	[Signature]
27/4	11 AM	IV Caffeine (20mg/ml)	32mg (1.6ml)	IV	[Signature]	[Signature]
28/4	11 AM	Glycerin Syrup	0.3ml + 0.3ml NS	PR	[Signature]	[Signature]
29/4	10 PM	Glycerin	0.3ml + 0.3ml NS	PR	Dr. Pradeep	Mayuri

CERTIFIED BY: Name

I.V. FLUIDS CHART

Weight. 1.5886 Ward.



Signature

VERIFIED BY : Name

Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/4	6a IV D _x 10 80cc/kg/day	IV	5.7ml 5.7ml	S	[Signature]	27/4 6a	MH	[Signature]
27/4	22a IV D _x 10 60cc/kg/h	IV	3.9ml	S	[Signature]	28/4 4pm	MH	[Signature]
28/4	4pm IV D _x 10 60cc/kg/h	IV	2.9ml	S	[Signature]	29/4 10a	MH	[Signature]
29/4	10a IV 10% IsoP 60cc/kg/day	IV	3.9ml	S	[Signature]	29/4/26 6:40pm	MH	[Signature]
29/4/26	6:40 am IV 5% ISO-P (60ml/kg/d) ↓ 80cc/kg/day 5% Iso P	IV	3.9ml	[Signature]	metam	30/4/26 7pm	MH	[Signature]
30/4	10am 80cc/kg/day 5% Iso P	IV	4.6	MH	[Signature]	1/5/26 9am	[Signature]	[Signature]
31/5/26	9am IV 100cc/kg/day 5% ISO P	IV	4.6	S	[Signature]	2/5/26 10a	S	[Signature]
2/5/26	10am IV 120cc/kg/day 5% ISO P	IV	3ml	S	[Signature]		[Signature]	[Signature]
3/5/26	5% Iso P	IV	3.0ml	MH	[Signature]		MH	[Signature]
4/5/26	5% Iso P	IV	3.0ml	MH	[Signature]		MH	[Signature]