DISCHARGE SUMMARY

Name	B/O ARKATALA PRASANNA	**UHID**	FDH-00046118
Father/Guardian	Mr B LOKESH KUMAR	**Age/Gender**	0 Y 0 M 3 D/ Female
Address	6-8-61/1A GANDHI NAGAR, TANDUR, Tandur, Ranga Reddy, Telangana, INDIA, 501141		
IP No	IP25-00020560	**Admission Date**	21-05-2026
Ref Doctor	Dr. sowjanya Singham		
Discharge Date	25-05-2026		

Consultant:
Dr. Kondam Pradeep Reddy
MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
Reg.No : 76060

DIAGNOSIS	ICD CODE
LATE PRETERM (35 weeks) / AGA / EMERGENCY LSCS / LBW : 1.953 kgs / RD / PPROM / BABY GIRL / CIAB	

History: B/O ARKATALA PRASANNA, is a late preterm (35 weeks) baby girl, delivered to a PRIMI mother by Emergency LSCS (Ind : In view of PPROM with severe IUGR with Abnormal doppler) on 21.05.2026 at 02:16 pm with birth weight of 1.953 kgs in Rainbow Children's Hospital, Financial District Hyderabad. Baby cried immediately after birth. APGAR scores were 6/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex. Baby had Respiratory

Distress in a form of tachypnea ,retracions , Nasal flaring, connected to DR-CPAP, shifted to NICU for further management.

Maternal History: Mrs. ARKATALA PRASANNA, is a 24 years old PRIMI mother.

G1 - Present pregnancy, OI conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were abnormal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "AB" positive. Baby's blood group is "AB"positive.

Examination: Baby was euthermic. Maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:

Weight at birth : 1.953 kgs.
Weight at discharge : 1.906 kgs.
Head Circumference : 31 cms.
Length : 41 cms.

Investigations: Enclosed reports.

Management:

VBG showed pH of 7.35, pCO2 of 49.6 mmHg, pO2 of 20 mmHg, HCO3 of 23.8 mmol/L and BE of 1.5mmol/L.

RDS/ HMD - Non Invasive Ventilation: Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Initial chest X - ray showed normal and blood gas analysis showed respiratory acidosis. Baby was loaded with Inj. Caffeine . Baby required non invasive ventilation support for 2 hours. Now baby is maintaining saturation at room air without any respiratory distress.

Culture Negative Sepsis: Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Serum electrolytes and renal function tests were within normal limits. Serum calcium was low for which Inj.Calcium gluconate correction was given . Repeat calcium showed improvement. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 3 days.

Feeding: Once baby was hemodynamically stable, she was started on NG feeds, followed by paladay feeds, which she accepted and tolerated well. At present baby is on demand paladay feeds, which she is tolerating well.

NP1: NP1 done on 23.05.2026 showed Hb was 20.9 g/dl, WBC- 16.65 cells/cumm and platelets - 1.72 lakhs/cumm. S. electrolytes showed Na - 140 mmol/L, K- 4.96 mmol/L and Cl - 103 mmol/L. Serum creatinine was 0.91 mg/dl. Blood urea was 45 mg/dl. Serum calcium was 6.7 mg/dl. CRP was 11.13 mg/L. Serum bilirubin was 9.41 mg/dl with indirect fraction of 9.31 mg/dl. Blood culture & sensitivity no growth after 48 hrs of incubation.

Repeat Serum calcium was 8.7 mg/dl. Serum bilirubin was 11.9 mg/dl with indirect fraction of 11.8 mg/dl.

Vaccination: Baby was given following vaccination:

Name	B/O ARKATALA PRASANNA	UHID	FDH-00046118
IP No	IP25-00020560	Admission Date	21-05-2026

Vaccine Name	Status	Date
BCG	Given	25.05.2026
OPV	Given	25.05.2026
HEPATITIS B	Given	25.05.2026

AABR:
Hearing test done on25.05.2026 - Bilateral normal cochlear outer hair cells functioning.
BERA to be done after 3 months.

Advice:
Keep baby clean and warm.
Continue demand paladay feeding as advised.
Immunization as per schedule.
Syp. Calcimax 3.5 ml orally twice daily till 3kg.
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:
BERA to be done after 3 months.
To collect final **TFT** report on follow-up.

Review consultation with Dr. KONDAM PRADEEP REDDY, on Friday (29.05.2026) at Financial District = with prior appointment **(Review consultation will be charged).**

Name	B/O ARKATALA PRASANNA	**UHID**	RAH-00046118
IP No	IP25-00020560	**Admission Date**	21-05-2026

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed, increased icterus and any abnormal movements.

In case of emergency, **8121039503**, emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow Banjara Hills OR Rainbow, Vikrampuri or Clinic at Madhapur, just dial one toll free number **18002122.**

I was explained about feeding techniques, handling, positioning and other aspects of care of premature baby along with the risks related to prematurity like aspiration, hypothermia and infection. All the discharge advice and medications have been explained to me by Dr..... in a language that I can understand and I acknowledge.

Parents/ Attendant Name:.....

Parents/ Attendant signature:.....

Dr. Cmrd.

Registrar/Resident/C.M.O

Consultant:
Dr. Kondam Pradeep Reddy
MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
Reg.No : 76060

Name	B/O ARKATALA PRASANNA	**UHID**	RDH-00046118
IP No	IP25-00020560	**Admission Date**	21-05-2026

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

Details :

: IP25-00020560 **Admit Date** : 21-May-2026 **Admit Time** : 04:04 PM **UHID** : FDH-00046118

tails :

ıe	: Baby B/O ARKATALA PRASANNA	**Age**	: 0 D
	: Mr B LOKESH KUMAR	**DOB**	: 21-05-2026 02:16 PM
	: Female	**Religion**	:
ion	:	**Martial Status**	:
s (H)	: 6-8-61/1A GANDHI NAGAR, TANDUR Tandur Ranga Reddy Telangana INDIA 501141	**Phone No**	: 9703635715
		E-mail	:

nission Details :

d Type	: NICU	**Bed No**	: NICU-05	**Ward Name**	: 4F -NICU
om No	: NICU-05	**Admission Type**	: First Visit		

ontact Details :

ame	: Mr B LOKESH KUMAR	**Relationship**	: Father
ontact Address	: 6-8-61/1A GANDHI NAGAR, TANDUR Tandur Ranga Reddy Telangana INDIA 501141	**Phone No**	:

Signature

tor 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

DH-00046118 IP25-00020560
aby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 3 D (F)
Patr. KONDAM PRADEEP REDDY

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NEWBORN MONITORING FORM

Date of Birth : 21/5/26
Time of Birth : 2:16Pm
Mode of Delivery : E.m. LSCS
Birth Weight : 1.953kgs
Head Circumference : 31cm
Length : 41cm
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : AB+ve
Baby's Blood Group : AB+ve
Anomaly Scan : .....
Vaccination : .....

Date	Weight	Type of Feed	Quantity	Temperature	Signature
24/5/26	1.900kgs	FF.	16 ml	98.6.	[illegible]
25/5/26.	1.906kg	EBF/FF	16 ml	98.6	Lakshmi Sri

Date	Time	Investigation	Result	Order No.	Signature

DH-00046118 IP25-00020560
aby B/O ARKATALA PRASANNA
1-05-2026 0Y0M0D2H (F)
r. KONDAM PRADEEP REDDY

1

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/5/26	2:40pm	OT	NICU	Malina
24/5/26	4pm	NICU	SMF flow	[illegible]
25/5/26	10:30AM	ward	Billing	[illegible]

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/5/26	Invasive Monitor	21/5/26 ~~3pm~~ 4pm	24/5/26 @ 4pm	820[redacted]	
21/5/26	Syringe pump	~~3pm~~ 4:30pm	22/5/26 2:17pm		

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/5/26	Blood grouping, blood c/s	7971	Malina
21/5/26	~~ABG~~, RBS-75 mg/dl @3pm	7972	
21/5	VBG-①	7982	
21/5/26	GRBS (135 mg/dl) 9pm	7987	Cyfli
22/5/26	GRBS (114 mg/dl) 5Am	16008	Cyfli
22/5/26	x-Ray Chest —	16487	malina
22/5	RBS (90 mg/dl) 5pm	8110	Dsne
23/5/26	NP,	18119	Archana
23/5/26	GRBS (126 mg/dl) 6Am	18137	Cyfli.
23/5/26	GRBS (130 mg/dl) 6pm	18235	
24/5/26	GRBS (140 mg/dl) 6am	18261	
24/5/26	GRBS - 112 mg/dl (7pm)	8298	Rajkumari
25/5/26	GRBS - 132 mg/dL (6Am)	8316	Lakshmi Sri
25/5/26	SBR, TFT, Calcium.	8315	Lakshmi
25/5/26	AABR	9739	Subhra

e. cby Subhra 25/5/26

Urgent 24/5/26 @ 10 Am

Prescribed

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/5/26	Iv placement	1	9387	[illegible]

e. Cely Subhan 25/5/26

ANY OTHER INFORMATION

Date : 24/5/21 Time : 4 PM Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Abhijit	3rd floor 323 room		

DH-00046118 IP25-00020560
baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. KONDAM PRADEEP REDDY

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: LPT / LBW / RDS				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	21/5/26 E	21/5/26 N	22/5 M	22/5 E	22/5/26 N	23/5 M
	Medical Condition (Any special condition to be noted):	LPT / RDS	LPT / RDS	LPT RDS	PT / RDS	PT / RDS	PT / RDS
	Diet:	—	FF	F.F	FF	FF	F.F
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36.5°C	36.5°C	36.4°C	36.8	36.5°C	36.4°C
	Res:	48b/m	42b/m	40b/m	40b/m	42b/m	40b/m
	SpO_2:	98%	95%	98%	98%	95%	99%
	Pulse:	143	160b/m	146b/m	140b/m	132b/m	139b/m
	BP:	70/30 (48)	44/32 (37)	63/46 (51)	67/30 (45)	64/41 (52)	56/37 (40)
	LOC:	C	C	C	C	C	C
	Fall Risk Score:	0	0	0	0	0	0
	Pain Score:	0	0	0	0	0	0
	Skin Integrity	normal	normal	Normal	N	normal	normal
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:	—	A-preter	A-predom	FF	A-pret	A. pretem
	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):	Dependent	dependent	Dependent	dependent	dependent	Dependent
Post Operative Procedure Special Orders:			—	—	—	—	—
Handed Over By Name :		[illegible]	[illegible]	Malika	[illegible]	[illegible]	malika
Signature / ID :		[illegible]	[illegible]	01939	[illegible]	[illegible]	01939
Date:		21/5/26	22/5/26	22/5/26	22/5/26	23/5/26	23/5/26
Time:		@8pm	@8AM	2pm	8pm	@8AM	2pm
Taken Over By Name :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Signature / ID :		[illegible]	01939	[illegible]	[illegible]	01939	[illegible]
Date:		21/5	22/5	22/5	22/5/26	23/5/26	23/5/26
Time:		@8PM	8AM	2PM	@8PM	8AM	@8PM

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 1 D (F)
Dr. KONDAM PRADEEP REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: 2PT/RDS/2BW				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	23/5 E	23/5 N	24/5 M	24/5 E	25/5 N	
	Medical Condition (Any special condition to be noted):	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	
	Diet:	IV	FF	FF	FF	FF	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.7°C	36.7°C	36.5°C	36.8°C	36.1°C	
	Res:	44/m	46/m	42/m	44/m	44	
	SpO_2:	97%	98%	98%	97%	100%	
	Pulse:	148/m	146/m	130/m	140/m	140	
	BP:	68/29 (44)	60/40 (47)	66/45 (52)	.	—	
	LOC:	C	C	C	C	C	
	Fall Risk Score:	0	0	0	0	0/10	
	Pain Score:	0	0	0	0	0/10	
	Skin Integrity	Normal	Normal	normal	nm	normal	
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:	FF	FF	FF	FF	FF	
	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):	Dependent	Dependent	Dependent	Dependent		
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :		Abhijit	Anchana	Abhijit	Abhijit	Lakshmi	
Signature / ID :			018926				
Date:		23/5/26	23/5/26	24/5/26	24/5/26	25/5/26	
Time:		@8PM	@8AM	@2PM	@8PM	@8AM	
Taken Over By Name :		Anchana	Abhijit	Abhijit	Lakshmi	Sudhira	
Signature / ID :		018926				25/5/26	
Date:		23/5/26	24/5/26	24/5/26	24/5/26	@8AM	
Time:		@8PM	@8AM	@2PM	@8PM		

DH-00046118 IP25-00020560
laby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 0 D 2 H (F)
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NEONATAL 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 Arkatala Prasanna

Gender : ☐ M ☑ F Blood Group : AB+ve

Date of Birth : 21/9/26 Time of Birth : 2:16pm

Place of Birth : RLH, EP

Mother's Blood Group : AB+ve.

Birth Weight (gms) : 1.953kgs Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 35wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 15/9/25 EDD : 22/6/26

Conception : Spontaneous or with Rx. : OT

Booked at what GA : 34wks AN Steroids Drugs / Doses : .....

Last Scans Details : SLIUF @ 30wks, Cephalic, FHR ⊕, EFW-1.65kgs, Placenta at midfundus

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

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

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

PPROM : Duration : 4 days ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

CIN : U85110TG1998PTC029914

Patient Sticker

Primi

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Vasudha ..... Hospital : RCH GP ..... ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☑ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
6	9	

TOTAL

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 :

Patient Sticker

History of Present Illness:

Baby delivered by Emi LSCS
⇓
CIAS
⇓
CIA - Sed
cord clamped & cut
⇓
Emi-vit k given.
⇓
Baby had RD, SCR, nasal flaring
⇓
connected to PR-CPAP.
⇓
Shift to NICU.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 148 RR : 58 NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 92%

Anthropometry : Birth Weight : 1.9 Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)
(N)

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

EYES :
Symmetry :
Red Reflex : → to be tested.
Discharge :

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

Patient Sticker

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

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

GENITILIA :
Labia / Hymen :
Testicles/penis : Female genitalia
Anus :

HERNIAL ORIFICES

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☒ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 60 SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

SpO_2 : 92 Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : ..... S_1, S_2 (+)

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : Soft

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : Anal Patent

Umbilical Cord : 2A / 1V

First urine passed : Passed

Meconium passed : —

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1-05-2026 0 Y 0 M 0 D 2 H (F)
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Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : ..... CIAB - moderate

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

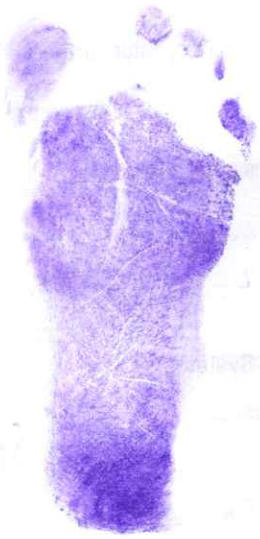
Any Congenital Anomalies : .....

Diagnosis : Late preterm (35wks) / AGA / Emi LSCS / CIAB / FCH / RD / PPROM (12hrs)

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Prasanna

Date & Time : 21/5/26

Consultant :

Signature : .....

Name : Pradeep

Date & Time : 21/5/26 4 pm

Patient Sticker

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 : .....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

Patient Sticker

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: - shift to NICU

Final Diagnosis: - Continue NR-CPAP.

- Warmth & Care.

To send Blds

- start on PIPTAZ (iv to PPROM)

- iv fluids 10% D

- GRBS ~~[illegible]~~ monitoring & hydy

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Usls Article	
21/5 3pm	Interpretes / TTNB / CDH	
	on nasal O2 - PEEP 5 FiO2 21%	
	PR - 156/m SPR 96%.	
	PA soft	
		PL
		(1) cont O2 & nasal try off after 2 hrs
		(2) Inj PIPTAZ to start (Dilute 1:1)
		(3) Blood cls to send
		(4) GCMN - Q 6H.
	Noted by malini	(5) Inf - FOT.D - 60cc/kg

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Pradeep	
21/5/26		
4pm	— off oxygen support	
	— RO tachypnea / desaturation	
	P/A — soft	
	No distension	
		NAV
	—	Half feed (60 cc/kg/day)
		↓
		Full feed.
	—	Monitor for distension
	Noted by Malline 21/5/26	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 5pm	Cls 13 Overlap	
	off O2 - Sat - 94-95%	
	PR - 166	
	SPO2 - 95%	
	BP - 58/29 (45)	
	P/A soft	
	CRT/A good	pl
		(1) TV - 60cc/kg/day
		1/2 feeds - 1/2 fluids
		2 feeds - 1/2 OG feed
		↓
		tolerating well
		↑
		full feeds
	Noted by medicine 21/5/25 @ 5pm	(2) amp. OGH
		(3) cont PIPTAZ
		(4) (1) Blood cls
		(5) w/p Discuss

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Dr. Pradeep	
22/5/26		
8 AM	3500 | 1.953g |	
	on Room air	
	. Had 1 episode of Vomiting	
	O/E	
	P/A - Fullness @	
	SOBE	
		ARV
	Tiffen -	
		- N 80 ml/kg/day
		Half feed
		Half fluid.
	Noted by	
	Maling	- RBS - BD
	22/5/26	
	@ 8	- Monitor for hypoglycemia
		- NP, T/M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CLSIB Dr Meher	
2/5/5	on room air	
UW	on full feeds - tolerating well	
	PR - 97/m	
	RR - 137/m	
	PVA soft	
	CT bilateral	M
		(1) TV - 80 cc/kg/day
		full OG feeds
		(2) GMR - 130
		(3) NPI - 1 m Gen
		(4) W/F Feed tolerance
	Noted by Dr Sowmya NCP	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/25 12:30pm	Chris	Dr. Pradeep Dr. Sajid
	Trial of Rani, cuddle not maintaining sats on RA	
	dr -HR - 120bm SPO2 - 89% on RA CRT - 6sec pulse rate	Plan ~~Call~~ ✓ - send NP, - give Caffeine - call dr Fesh - GRBS - STAT - ABG - Repeat abg

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NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 21/5/26

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☑ Other: OT

Reason for Admission: LPT / LBW

Admission Diagnosis: LPT / LBW

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
Nil	Nil	Nil

Significant History	Family History: Nil

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: 1.953 kgs Head Circumference: 31 cm Length: 41 cm

☐ Term ☐ Pre-Term ☑ Post-Term

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

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both

Maternal Details: Age: ..... years, **PARA:** ..... **Gestation:** 35 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: 98.2°F HR 138 b/m /Min RR 40 /Min BP 69/39(49) SpO²: 96%

Pain Score 0/10 (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: Malina

Nurse Name: 01753

Date & Time: 21/5/26

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: Malina

Nurse Name: Malina

Date & Time: 21/5/26 @ 2:40pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B T/r. forelegs	
23/5/26		
	35wk — 35+2	
	Lethargic / RD / probable Sepsis.	
	on Room air.	
	- No desaturation	
	Tolerating feeds	
		Plan
wt - 1.675 kg 5gm	-	TV 100cc/kg/day
U.C - 2cc/kg/hr		Full ON feeds
RBS - 126 mg/dl		
	-	TN Spoon feed by afternoon.
	-	Continue Antibiotics
Noted by		
maling		
23/5/26		
@9am		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CS/B Baby	
23/5	in room air	
4/5	on full feeds tolerating well	
	PR - 128	
	SpO2 - 98%	
	P/A soft	pt
	CRT < 3 sec	
		① TFV 100cc/kg/day
		full oral feeds
		② Cont Antibiotics
		③ NIF NO feed storage
		④ ZMOI - OD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26		
9AM	CPS/B Dr. Sneha.	
	S: D3 Late Preterm / 3SW / AGA / Emeses / UAB / Fch / RD / PPROM / Probable Sepsis / RD (resolved)	
	GC: stable on room air, maintaining SPO2. on full feeds. tolerated well.	
		TWT: 1.900 (+25g)
Vitals		U/O: 2-5cc/kg/hr
HR: 160/min		GRBS: 140mg/dl.
RR: 40/min		
temp: 36.5°C		Plan
SPO2: 98% RA		TV: 100cc/kg/day
S/E		full feeds (OGT) (→ SPOON feeds)
CR/A/T: Good		
CVS: S1S2 ⊕, No		continue Piptaz.
RS: B/L NVBS ⊕		N/F RD, feed intolerance.
P/A: soft, ND.		GRBS-BD.
		Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB NV · mild ep	
24/5/26		
9 AM	- Stop Antibiotics	
	- Crib care	
	- Full Spoon feed	
	- Shift to Room	
	- vaccination	T/M
	APTBR	T/M
	- SBR	
	TFT	T/M
	Calcium	6AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/8/26 8:45am	CSB Dr. Pradeep / Dr. Aishwarya	
	Δ Dy / Late Preterm / PPROM / RD	
	Baby tolerating feeds S ✓ U ✓ On Room air. On. Spoon feeds.	
	O/E: C, T, A } (N)	
		Plan - Vaccination / HABR today - Teach SBR / TFT / Cal upcoming and decide on discharge. - Needs OZH. - R/A 3 days
	SBR - 11.9 g/dl - D/C - Friday - DW - Thursday	
	Ashwarya	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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① B.B.G → AB+ve

RESULT SHEET

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Date	23/5/26					
Time						
Hb	20.9					
PCV	61.3					
RBC	5.88					
WBC	16.65					
N/L						
Platelets	172					
CRP	11.13					
ESR						
PCT						
RBS						
Na	140					
K	4.96					
Cl	103					
Ca/~~Mg~~	6.7					
Phosphate						
Urea	45					
Creatinine	0.91					
ALP						
SGPT						
SGOT						
T.Bill/Conj	9.41/<0.10 9.31					
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						

23/5/26

Culture and Sensitivities : Blood culture — No growth after 24 hours
Blood Culture — No growth after 48 hrs

Radiology: USG : .....

X-Ray: .....

ECHO: .....

CT: .....

MRI .....

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

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

DRUG :				Date / Time / VERIFIED BY : Name													
Dose	Route	Frequency	Start Date														
Doctor's Signature		Valid Period	Pharm.														
Additional Instructions:																	

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Dr. KONDAM PRADEEP REDDY

REGULAR PRESCRIPTIONS

Weight. 1.950 kg Ward. NICU.

DRUG : INJ PIPTAZ

Dose	Route	Frequency	Start Date
190mg	IV	BD	21/5

Date/Time: 21/5, 22/5, 23/5, 24/5

6 AM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

6PM

Stop

Daily Doctor's Endorsement by a Sign

DRUG : Syp. CALMAX-P

Dose	Route	Frequency	Start Date
3-5ml	PO	BD	24/5

Date/Time: 24/5, 25/5

7AM

Name & Signature of the Doctor Starting the Drugs:

7PM

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : VITAMIN D3 DROPS

Dose	Route	Frequency	Start Date
0-5ml	PO	OD	24/5

Date/Time: 23/5

6PM

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

FDH-00045728 IP25-00020447
Baby B/O ARPITA SHARMA
11-05-2026 0Y0M3D (F)
Dr. CHIGULLAPALLI SHRAVANTHI

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

VERIFIED BY : Name .... Signature ....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

VERIFIED BY : Name .... Signature ....

Docu. No. : RCH /FRM / CLINICAL / 108

Patient Sticker

Weight. ..... Ward. .....

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/1	12:30 AM	Inj Caffine	39 g	IV	[illegible]	[illegible]
23/1	9 Am	Inj Calcium gluconate	3.9 ml + 10 ml D5% over 1hr	IV	[illegible]	[illegible]

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. KONDAM PRADEEP REDDY

I.V. FLUIDS CHART

Weight. ..... Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/5	@3pm	D/W F 10% D 60cc/m/day	DV	4.8ml/hr	[illegible]	[illegible]	22/5 @1pm	[illegible]	[illegible]

VERIFIED BY : Name ..... Signature .....

DH-00046118 IP25-00020560
aby B/O ARKATALA PRASANNA
-05-2026 0 Y 0 M 2 D
. KONDAM PRADEEP REDDY (F)

Doc. No. : RCHBH / FRM / CLINICAL / 124
24/5/26

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

Pratiksha Rainbow Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	7	10	12	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	AM	AM
Temperature (°F)	98.4	36.5°C	Bup care	Bup care	98.6°F	Cribcare	98.6°F	98.6°F	98.5°F
Heart Rate (bpm) and Blood Pressure (mmHg) *	64 / 47 / 38	59 / (49) / 43	Bup care	Bup care	Cribcare	Cribcare	Cribcare	Cribcare	Cribcare
Heart Rate (Number)	145	129	140	134	(142)	138	140	138	140
Resp. Rate (bpm) (Over 1 Minute) *	(42)	48	38	42	(48)	44	(40)	(40)	(42)
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2(l/min) O_2Saturations (%)	96%	95%,	99%,	97%,	98%	98%	100%	98%	100%
Conscious Level: Normal / Altered	C	C	C	C	C	N	N	N	N
GCS *	N	N	N	N	D	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	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)

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. KONDAM PRADEEP REDDY

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FLUID CHART

Sheet No. : 1

21/5/26

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: Mouth	Route: I.V (10% Dex)	Route: N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 am											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm			4.8			~~[illegible]~~	–	–	–	18 ml	
	04:00 pm			4.8								
	05:00 pm	DBM		2.4	5 ml		–		–		5 ml	
	06:00 pm			2.4								
	07:00 pm	Apthy predem		2.4	5 ml		–				5 ml	
Total Intake :				16.8	(10 ml)	Total Output : 28 ml						
	08:00 pm			2.4								
	09:00 pm	A-P		~~2.4~~ stop	10 ml		–	6 ml milky		←	12 ml	
	10:00 pm											
	11:00 pm	A-P		2.4	5 ml					4 ml		
	12:00 am			2.4								
	01:00 am	A-P		2.4	5 ml		–			–		
Total Intake :						Total Output :						
	02:00 am			2.4								
	03:00 am	A-P		2.4	5 ml		–			9 ml		
	04:00 am			2.4								
	05:00 am	A-P		2.4	5 ml		4.Q			7 ml		
	06:00 am			2.4								
	07:00 am	A-P		2.4	5 ml		–			11 ml		
Total Intake : 85.8 ml						Total Output : 71 ml						

2.3 cc/kg/hr

Total 24 hrs. Intake	44 ml/kg/day	Total 24 hrs. Output	2.1 ml/kg/hr

Docu. No. : RCH /FRM / CLINICAL / 092

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0Y0M0D6H (F)
Dr. KONDAM PRADEEP REDDY

22/5/26

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FLUID CHART

TV = 60 ml/kg/day
T.wt = 1.883 kg.

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.

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V (10% Dex)	Intake: Route: NG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
80cc	08:00 am			2.3								
	09:00 am	A-P		3.2	7ml		passed			8 ml	0	
	10:00 am			3.2								
	11:00 am	A-P		3.2	7ml		passed			5ml	0	
	12:00 pm			3.2								
	01:00 pm	AP-		Stop	13ml		—			10ml	0	
Total Intake :				(150ml)	27ml			Total Output :		23ml		
	02:00 pm											
	03:00 pm	AP.FF			13ml					4ml		
	04:00 pm											
	05:00 pm	EBM			13ml					18ml		
	06:00 pm											
	07:00 pm	FF			13ml		passed			8ml		
Total Intake :								Total Output :				
	08:00 pm											
	09:00 pm	A-P			13ml		✓			6ml	0	
	10:00 pm											
	11:00 pm	A-P			13ml		—			11ml	0	
	12:00 am											
	01:00 am	EBM			13ml		—			4ml	0	
Total Intake :								Total Output :				
	02:00 am											
	03:00 am	A-P			13ml		—			9ml	0	
	04:00 am											
	05:00 am	A-P			13ml		—			7ml	0	
	06:00 am											
	07:00 am	A-P			13ml		✓			12ml	0	
Total Intake : 144 ml								Total Output : 94 ml				

10g cc 1kg 6hrs

Total 24 hrs. Intake	76.4 ml/kg/day	Total 24 hrs. Output	2.0 ml/kg/hr

Docu. No. : RCH /FRM / CLINICAL / 092

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 1 D (F)
Dr. KONDAM PRADEEP REDDY

23/5/26

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

TV =
T. kilo =

Sheet No. : 3

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: Mouth	Route: I.V	Route: N.G	NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	A-P			16ml		Passed			10ml	0	
	10:00 am											
	11:00 am	A-P			16ml		–			12ml	0	
	12:00 pm	A										
	01:00 pm	preterm			16ml		–			8ml	0	
Total Intake : 48ml						Total Output : 30ml						
	02:00 pm											
	03:00 pm	Preterm			16ml		–			9ml		
	04:00 pm											
	05:00 pm	preterm			16ml		passed			8ml		
	06:00 pm											
	07:00 pm	preterm			16ml					10ml		
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	Aptamil			16ml		Passed			10ml	0	
	10:00 pm											
	11:00 pm	preterm			16ml		Passed			11ml	0	
	12:00 am											
	01:00 am	Preterm			16ml		Passed			9ml	0	
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	Aptamil			16ml		–			10ml	0	
	04:00 am											
	05:00 am	Aptamil			16ml		–			7ml	0	
	06:00 am											
	07:00 am	Aptamil			16ml		–			8ml	0	
Total Intake : 192ml						Total Output : 112ml						

2.6 cc/kg/hr

suction 0 ml

suction 0 ml

Total 24 hrs. Intake	101 cc/kg/day	Total 24 hrs. Output	2.5 cc/kg/day

OH-00046118 IP25-00020560
aby B/O ARKATALA PRASANNA
-05-2026 0 Y 0 M 2 D (F)
: KONDAM PRADEEP REDDY

24/5/26

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FLUID CHART

TV - 100 ml/kg/day
B.wt - 1.953 kgs
T.wt - 1.900 kgs

Sheet No. : 4

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
							0					
	08:00 am											
	09:00 am	EBM	16ml				Passed	—	—	[illegible]	0	[illegible]
	10:00 am											
	11:00 am	Breast	16ml				—	—	—	8ml	0	[illegible]
	12:00 pm											
	01:00 pm	EBM	16ml				Passed	—	—	13	0	[illegible]
Total Intake :		48 ml				Total Output :						
	02:00 pm											
	03:00 pm	FF	16 m				—			8m	0	[illegible]
	04:00 pm										0	
	05:00 pm	FF	16ml.								0	[illegible]
	06:00 pm						✓			✓	0	
	07:00 pm	EBM	16ml.								0	
Total Intake :		48 ml.				Total Output :				U = 2 , m = 1		
	08:00 pm											
	09:00 pm	FF	16ml	NO	NO	NO						[illegible]
	10:00 pm											
	11:00 pm	EBM	16ml				✓			✓		
	12:00 am											
	01:00 am	FF	16ml	NO	NO	NO						[illegible]
Total Intake :		48 ml				Total Output :						
	02:00 am			NO								
	03:00 am	FF	16ml		NO	NO		NO	NO		0	[illegible]
	04:00 am											
	05:00 am	EBM	16ml							✓	0	
	06:00 am										0	[illegible]
	07:00 am	FF	16ml	NO	NO	NO		NO	NO		0	
Total Intake :		48 ml				Total Output :						

Total 24 hrs. Intake	192ml.	Total 24 hrs. Output	U-7 m-4

Docu. No. : RCH /FRM / CLINICAL / 092

Ref. No. F/ICU/01

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DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
21-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. KONDAM PRADEEP REDDY

Intensive Care Unit
Clinical Presentation Format for Nurses & Doctors

Sheet No. 1

Name :
DOB : 21/5/26
GEST AGE : 35 weeks

Maternal Blood Group : AB+ve
Baby's Blood Group : AB+ve
Birth Weight : 1.953kg

Date : 21/5/26	Date : 22/5/26	Date : 23/5/26
DOL NB Weight 1.953kg	DOL D1 Weight 1.883 kg ↓70gr	DOL D2 Weight 1.875 kg ↓8gr
Problems : LPT / LBW / RDS	Problems : LPT / LBW / RDS	Problems : LPT / RDS / LBW
Rs. 30-60 b/m Exam Done Vent, Setting R/A ABG } Nil CXR } Nil	Rs. 30-60 b/m Exam Done Vent, Setting RA ABG } Nil CXR } Nil	Rs. 30-60 b/m Exam Done Vent, Setting ABG } Nil CXR } Nil
CVS 2sec / normal HR 148 b/m BP 70/30 Map (48) Cap Refil 2sec	CVS normal HR 160 b/m BP 52/38 Map (44) Cap Refil <2 sec	CVS normal HR 120-160 b/m BP 64/41 Map 50 Cap Refil <2 sec
F/E/N 60 cc/kg/day T.Fluids (CC/kg/day) I/O/RBS : 75 mg/dl U Output : (CC/Kg/hr) Exam T Bil/D Na HC03 K BUN Cl Crea Hemat HB : WCC Plants Transfusion	F/E/N 60 cc/kg/day T.Fluids 85.8 ml (CC/kg/day) 44 cc/kg/day I/O/RBS : 114 mg/dl U Output : (CC/Kg/hr) 71 ml ↳ 2.1 cc/kg/hr Exam T Bil/D Na HC03 K BUN Cl Crea Hemat HB : WCC Plants Transfusion	F/E/N 80 cc/kg/day T.Fluids 144 ml (CC/kg/day) 76.4 cc/kg/day I/O/RBS : 126 mg/dl U Output : (CC/Kg/hr) 94 ml ↳ 2.0 cc/kg/hr Exam T Bil/D Na HC03 K BUN Cl Crea Hemat HB : WCC Plants Transfusion
C/s Results CRP Antibiotics inj piptaz	C/s Results CRP Antibiotics Inj Piptaz	C/s Results CRP Antibiotics Inj Piptaz
Meds Neuro :	Meds Neuro :	Meds Neuro :
Assessment Done	Assessment Done	Assessment Done
Plan RBS - 6th H	Plan RBS 6th Hrly	Plan RBS - BD

Ref. No. F/ICU/01

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Your Right to a Safe Delivery

Intensive Care Unit
Clinical Presentation Format for Nurses & Doctors

Sheet No. 2

OH-00046118 IP25-00020560
aby B/O ARKATALA PRASANNA
-05-2026 0 Y 0 M 2 D (F)
r. KONDAM PRADEEP REDDY

Name :
DOB :
GEST AGE :

Maternal Blood Group : AB + ve
Baby's Blood Group : AB + ve
Birth Weight : 1.953 Kg

Date : 24/5/26	Date :	Date :
DOL D3 Weight 1.900 ↑ 25 gms	DOL Weight	DOL Weight
Problems : PT/RDS/CBU	Problems :	Problems :
Rs. 30 to 60 c/m Exam Vent, Setting RA ABG CXR Nil	Rs. Exam Vent, Setting ABG CXR	Rs. Exam Vent, Setting ABG CXR
CVS Normal HR 120 to 160 c/m BP 60/40 Map (4y) Cap Refil <2 sec	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F/E/N 100 cc/kg/day T.Fluids 192 ml (CC/kg/day) 101 cc/kg/day I/O/RBS : 140 mg/dl U Output : (CC/Kg/hr) 112 ml Exam T Bil/D 2.5 cc/kg/day 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	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 Inj Piptaz	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Meds Neuro :	Meds Neuro :	Meds Neuro :
Assessment Done	Assessment	Assessment
Plan RBS 8 D	Plan	Plan

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(1)

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 0 D 2 H (F)
Dr. KONDAM PRADEEP REDDY

Γ/04

NEONATAL WEIGHT CHART

Patient Id #

Name :

Date of Birth : 21/5/26

NICU

Birth : 21/5 Admission Weight

Weight : 1095gm Discharge Weight

Month																																		
Date																																		
Day	21/5/26																																	
4500																																		
4400																																		
4300																																		
4200																																		
4100																																		
4000																																		
3900	1.953 kg																																	
3800																																		
3700																																		
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WEIGHT IN GRAMS

HC - 31 cm LG - 41 cm

22/5/26 - 1.853 kg ↑ 70 gm

23/5/26 - 1.875 kg ↑ 25 gm

24/5/26 - 1.900 ↑ 25 gm

DO NOT WRITE OUTSIDE THE MARGINS

(*) Admission vital

BP:- 69/39 (40)

HR:- 154 bpm

RR:- 48 bpm

SpO2:- 91%

~~GRB~~

Sr. no	Date	Values	Sign
1.	21/5/26 3 pm	75 mg/dl	[illegible]
2.	9pm 21/5/26	135 mg/dl	[illegible]
3.	5AM 22/5	114 mg/dl	[illegible]
4.	9PM 22/5	98 mg/dl	[illegible]
5.	6AM 23/5	126 mg/dl	[illegible]
6.	6pm 23/5	131 mg/dl	[illegible]
7.	6am 24/5	140 mg/dl	[illegible]

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0Y0M0D2H (F)
Dr. KONDAM PRADEEP REDDY

(1)

Doc. No. : RCH / FRM / CLINICAL / 124

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

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

BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

21/5 21/5/26

Date: ..... Time:	3	4	6	8	10	12	2 AM	4	6
Doctor/Nurse/Family Concern?	pm	pm	pm	pm	pm	AM		AM	AM
Temperature (°F)	36.5°C	36.6°C	36.5°C	36.4°C	36.8°C	36.4°C	36.8°C	36.5°C	36.6°C
Heart Rate (bpm)	70	62	67	62	52	60	59	64	62
Blood Pressure (mmHg) *	(40) 40	(43) 33	(51) 43	(47) 41	(44) 38	(47) 41	(45) 32	(43) 35	(42) 29
Heart Rate (Number)	144	154	157	169	161	154	159	162	148
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	40	40	43	38	39	42	37	42	39
Resp Distress: Mod/ Severe / None / Mild					RA	RA	RA	RA	RA
Receiving O_2(l/min) O_2Saturations (%)	97%	96%	94%	95%	96%	98%	93%	95%	95%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C	C	C
GCS *	N	N	N	N	N	N	N	N	N
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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!
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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)

H-00046118 IP25-00020560
by B/O ARKATALA PRASANNA
05-2026 0 Y 0 M 0 D 2 H (F)
KONDAM PRADEEP REDDY

Doc. No. : RCH / FRM / CLINICAL / 124

(2)

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

22/5/26

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (°F)	36.5°F	36.5°F	36.5°F	36.4°F	36.4°F	36.6°F	37°F	36.7°F	36.5°F	36.5°F	36.5°F	36.5°F
Heart Rate (bpm)	58	63	56	56	68	64	63	64	59	61	56	62
Blood Pressure (mmHg) *	(41) / 32	(51) / 46	43 / 37	41 / 34	49 / 42	50 / 43	49 / 43	(40) / 42	(40) / 38	(48) / 41	(44) / 39	(51) / 43
Heart Rate (Number)	147	141	139	139	141	143	145	141	132	125	121	132
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	38	38	40	35	35	40	40	45	35	32	35	
Resp Distress: Mod/ Severe / None / Mild	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
Receiving O_2(l/min) O_2Saturations (%)	97%	97%	97%	96%	98%	98%	97%	97%	97%	97%	97%	97%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C	C	C	C	C	C
GCS *	N	N	N	N	N	N	N	N	N	N	N	N
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0				0	0	0	0	0
Observer's Initials	G	R	R	R				G	G	G	G	G

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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* 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:

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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)

DH-00046118 IP25-00020560
Baby B/O ARKATALA PRASANNA
1-05-2026 0 Y 0 M 1 D (F)
Dr. KONDAM PRADEEP REDDY

3

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

23/5/26

Date: ..... Time:	8	10	12	2	4	6	8		10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM		PM	AM	AM	AM	AM
Temperature (°F)	36.6°C	36.2°C	36.4°C	36.5°C	36.7°C	36.4°C	36.5°C		36.7°C	36.6°C	36.7°C	36.7°C	36.6°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	65 (43) 30	58 (37) 36	51 (40) 34	55 (46) 40	54 (37) 31	62 (46) 42	60 (44) 37		60 (47) 40	66 (52) 45	54 (44) 37	60 (46) 35	63 (48) 40
Heart Rate (Number)	146	135	112	131	140	136	(142)	(151)	(140)	(151)	(150)		(140)
Resp. Rate (bpm) (Over 1 Minute) *	40	35	34	38	(48)	(40)	40	(41)	(42)	(50)	(33)		(48)
Resp Distress: Mod/ Severe / None / Mild	RA	RA	RA		RA	RA	RA	RA	RA	RA	RA		RA
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	97%	96%	98%	99%	98%	98%	97%	98%	100%		98%
Conscious Level: Normal / Altered	C	C	C	C	C	C	C	C	C	C	C		C
GCS *	N	N	N	N	N	N	N	N	N	N	N		N
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0		0
Pain Score	0	0	0	0			0						
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]				[illegible]	[illegible]	[illegible]	[illegible]		[illegible]

Temperature (°F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

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Patient Sticker

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PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
DH-00046118 IP25-00020560 aby B/O ARKATALA PRASANNA 1-05-2026 0 Y 0 M 3 D (F) r. KONDAM PRADEEP REDDY	21/5/26 @ 4:4pm	24/5/26 @ 4:30pm
	Transfer Ordered by	Reason for Transfer
	Dr Pradeep	Baby is stable
From Unit	To Unit	Information to Attendant
NICU	3rd floor (323)	Yes ☑ No ☑
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
50	CXR - 1	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Aptamil Protein -	1
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
Dr. Abhijith	Dr Pradeep Sir

Patient & Clinical Records Received by : Rahma 21/5/26 @ 4:35pm

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

Docu. No. : RCH /FRM / CLINICAL / 102