



# 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 subha nandini

Gender :  M  F Blood Group : .....

Date of Birth : 16/5/20 Time of Birth : .....

Place of Birth : RR - B

Mother's Blood Group : .....

Birth Weight (gms) : 2.149 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36w 6d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : .....

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

## MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs

Consanguinity :  Yes  No

If yes, degree of consanguinity :  1  2  3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long :

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) :

IUGR - when detected :

Doppler ( Increased Resistance / ADEF / REDF /

Redistribution in MCA ) / Ductus Venosus :

AFI : .....

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

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

Compliance with Rx : .....

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

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: ..... A: ..... L: .....

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

**PERINATAL HISTORY**

Treating Obstetrician : ..... Hospital : .....  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**

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

**APGAR SCORE**

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

|  | 1 Minute | 5 Minutes | 10 Minutes |
|--|----------|-----------|------------|
|  |          |           |            |
|  |          |           |            |
|  |          |           |            |
|  |          |           |            |
|  |          |           |            |
|  |          |           |            |
|  |          |           |            |
|  |          |           |            |

**TOTAL**

| Snapee II Score          | 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 (16)               |
| Apgar Score              | > = 7 (0) < 7 (18)                             |
| Brith Weight             | > = 1kg (0) 750 - 999 (10) < 750 (17)          |
| SGA                      | > 3rd percentile (0) < 3rd (12)                |
| <b>Total</b>             |  |

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

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :



**HEAD TO TOE EXAMINATION**

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

**FACIES :**  
 (Any Facial Dysmorphism) - NO dysmorphism

**NECK and CLAVICLES :** Range of Motion : }  
 Asymmetry : } @  
 Masses :

**EYES :** Symmetry :  
 Red Reflex : -  
 Discharge :

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

**THORAX and BREASTS :** Shape of Thorax : }  
 Position of Nipples and Number : } AgA @ sep in situ  
 chest open - chest (cardiac) plain px

**ABDOMEN and UMBILICUS :** Shape :  
 Organomegaly :  
 Bowel Sounds : PD - catheter in situ  
 Umbilical Stump :  
 Discharge :

**GENITILIA :** Labia / Hymen :  
 Testicles/penis :  
 Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes : }  
 Deformities : } anomalies Arms / Legs :  
 Hip Joint Examination : } Mobility :



**SYSTEMIC EXAMINATION**

**RESPIRATORY SYSTEM:**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

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 : .....

SpO<sub>2</sub>: ..... Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

*HR 150 - MAP - 12  
freq - 14 SP - 30*

**CARDIOVASCULAR SYSTEM :**

HR : ..... 150 bpm BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

**ABDOMEN:**

Shape : ..... Hernia orifice : ..... *Intact*

Palpation : ..... *anorectal* ..... Anal Patency : ..... *Patent*

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....  
Meconium passed : .....

**NERVOUS SYSTEM:**

Higher intellectual functions (Sensorium) : .....

State of wakefulness : ..... *sedated*

Prechtle Score : ..... *muscle paralysis present*

Nerves : .....

**MOTOR SYSTEM:**

Passive Tone : ..... *sedated*

Active Tone : .....

Neonatal Reflexes : .....

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

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

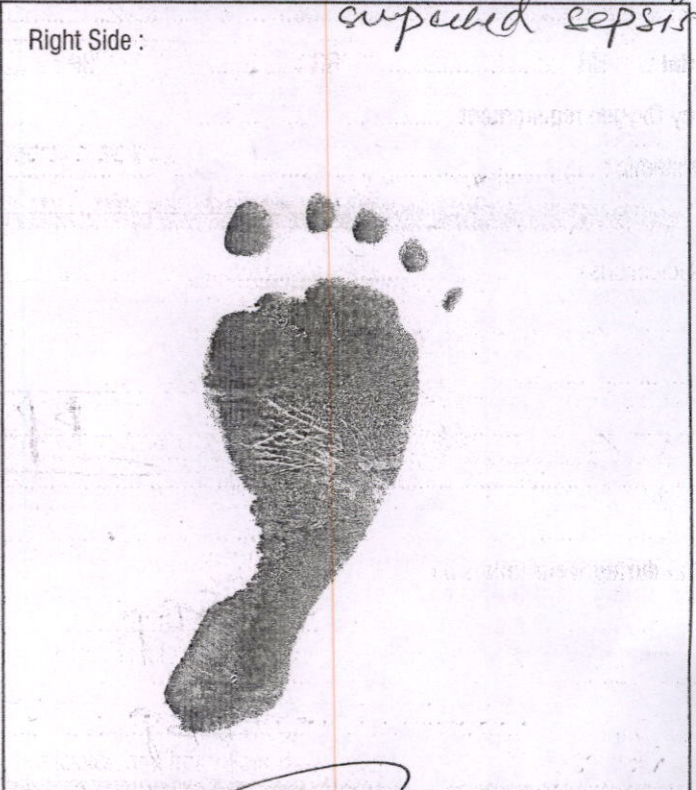
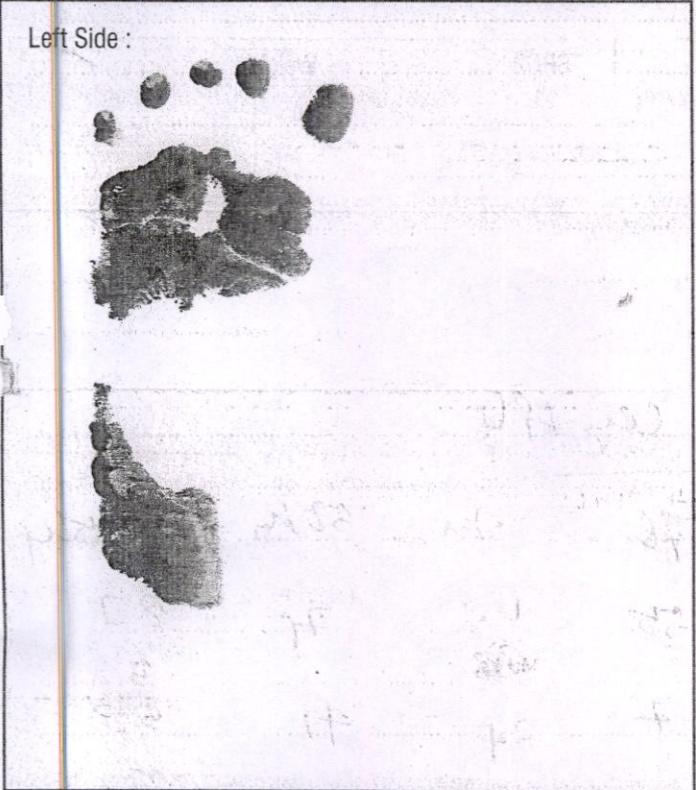
ATNR : ..... Skull and Spine : .....



Any Congenital Anomalies: NO

Diagnosis: late - preterm / 2.1kg / operated case TAPVC <sup>supracardiac / obstruct</sup>  
PRO P-6 / severe PAM / AKI / esophagopathy / Hemoth  
Cytopen<sup>ia</sup> / leucocytosis / anasarca → CRT → PD

**FOOT PRINTS**



Resident Doctor :  
Signature : [Signature]  
Name : Dr. Naullie  
Date & Time : 22/5/26 @ 7PM

Consultant :  
Signature : [Signature]  
Name : DR. DINESH KUMAR CHIRLA  
Date & Time : 22/5/26 7PM

**PLEASE FILL UP THE FOLLOWING DETAILS**

- Name of the referring Doctor : .....
- Name of the referring Hospital : .....  
Address : .....  
Contact Numbers : .....
- Contact Details of the referring Doctor : .....  
Mobile No. : ..... E-mail ID : .....
- Name of the Doctor in Rainbow Team : .....

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



**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

BP centile

| Plan during ward follow up : | 50th | 25th | 50th | 95th |
|------------------------------|------|------|------|------|
| SBP                          | 55   | 62   | 77   | 87   |
| DBP                          | 27   | 34   | 41   | 58   |
| MBP                          | 36   | 44   | 51   | 68   |

Feeding Plan at the time of shifting : .....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Mawatha Doctor Signature (Handover Taken): Sub  
 Doctor Name: Mawatha Doctor Name: Sub  
 Date & Time: 22/5/26 Date & Time: 22/5/26



unfortunately detected TAPVE / horn at PBN-A  
 shifted to KEEI - for TAPVC - repair.

R/S / WS baby under vent TAPVC repair - at Day 4  
 ECMO - started → continued post op +  
 POD 1 → IVO started ILV10 - saves PALL.  
 POD 4 → changed to HFVU  
 POD 5 → ECMO - stopped

CO hypotension → on inotropes since Day 3  
 currently on  $\text{ade} - 0.15 \text{ mcg/kg}$

currently on → HFVU - MAP 12, AP 25, freq 14, PNO - 15  
 PALL

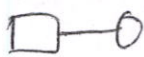
19/5 sepsis → thrombocytopenia → ④ spp give  $\text{plt} - 5 \text{ t}$   
 22/5  
 19/5  $\text{crp} \rightarrow 10 \rightarrow 37 \rightarrow 31$   
 29/5  $\text{leucopenia} \rightarrow \text{leucocytosis}$   
 Blood ch  $\text{coagulopathy}$   
 17/5  $\text{inezolid}$   
 19/5  $\text{mexopenam}$   
 29/5  $\text{H} \rightarrow \text{creat} \rightarrow 0.6 \rightarrow 0.5 \rightarrow 0.3 \rightarrow 0.9$   
 POD 4 →  $\text{Hecoplanin}$   
 $\text{Colistin}$   
 $\text{ampho-B}$

Investigation details in previous Hospital :  
 POD 1 → CRRT started ILV10 - generalis  
 to anasarea /  
 POD 4  $\text{crust} + \text{clotted} + \text{discontinued}$   
 PD →  $\text{PO} \uparrow$  started  $\text{c/o} \rightarrow 0.2 \text{ ml/kg/hr}$   
 $\downarrow$   
 $0.8 \text{ ml/kg/hr}$   
 Left side - grade II -  $\text{FOH} \uparrow$

Feeding History :  
 involving LV / occipital region  
 - ml



*[Faint handwritten notes]*

Family History :  


Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

VITALS : Temperature : 36.5 HR : ..... RR : ..... NIBP : 81/57 (65) CFT : .....  
Color of the extremities : ..... pink .....  
Jaundice : ..... -w/1 ..... Pallor : ..... SpO2 : 92% .....

ANTHROPOMETRY: Birth Weight : 2.1 kg Length : ..... HC : ..... Present Weight : .....  
Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

APG  
COLC  
HEAR  
REFLEX  
MUSCL  
RESPIR  
inute  
cygen  
V/N  
T  
st  
npress  
nephr

52

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes   | Doctor's Order  |
|-------------|--|---|
|             |  | <ul style="list-style-type: none"> <li>- Target SpO<sub>2</sub> - 92 to 94%</li> <li>- target MBP - 45 to 50 mmHg<br/>if MBP &gt; 50 mmHg wear adrenaline.</li> <li>- Target RBS - 60 to 150 ug/dl.</li> <li>- Monitor for DCOs.</li> </ul> |
|             | <p>Noted By<br/>           ABM<br/>           1530 P<br/>           27/5/26 @ 1 PM</p> | <p>Dr. Anesh</p>  |
| 27/5/26     |  | <p>Seen by Dr. Dinesh</p>   |
| 3:00 PM     |  | <p>Plan:</p> <ul style="list-style-type: none"> <li>- change to conventional ventilation.</li> <li>- <del>→</del></li> <li>- ↓ to INO - 5 PPM in the night.</li> <li>- Start 37. Nacl and keipil.</li> </ul>                                |
|             | <p>Noted By<br/>           ABM<br/>           27/5/26 @ 3 PM</p>                       | <p>Monitor to keep</p>  |



53

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes   | Doctor's Order                   |
|-------------|--|----------------------------------|
| 27/5/26     | Night Round  |                                  |
| 8:45pm      | Resp - on PTV mode.<br>PIP-19, PEEP-6.<br>Rate-40, FiO <sub>2</sub> - 55%.<br>iNO - 5ppm.<br>No desaturations. | Seen by Dr. Sarat<br><u>Plan</u> |
|             | Last ABG:  |                                  |
|             | pH-7.36, pCO <sub>2</sub> -35.7;   | → Continue PTV mode              |
|             | PO <sub>2</sub> -103, Lac-1.9, BE-2-4.5  | iNO - 5ppm                       |
|             | OI - 5.3.  |                                  |
|             | SpO <sub>2</sub> -97%.   | → TV-120ml/kg/day                |
|             | Cardiac:   | 1ml/2nd hely feed                |
|             | HR-139/min.  | ↑ 3ml/6th hely                   |
|             | BP - 63/33(43)   | + Rest 10% TPN                   |
|             | (5-25 <sup>th</sup> centile)   | [TF - 21ml]                      |
|             | on Adrenaline - 0.3ml/kg.  |                                  |
|             | on Nifedipine - 0.3ml/kg.  | → Continue PD cycles             |
|             | on Lasix - 0.1ml/kg.   | each 45min.                      |
|             | ECHO - Mod. PAH.   |                                  |
|             | Dilated RA/RV.   | → Continue infusions             |
|             | mild RV dysfunction.   |                                  |
|             | edema @  | → 3% dext till 5pm               |
|             | Abd - on 1ml/2nd hely  | tomorrow.                        |
|             | tolerating feed.   |                                  |
|             |  | → Trace cultures                 |
|             |  | RV antibiotics.                  |
|             |  |                                  |
|             |  | → Monitor H/C daily              |
|             |  |                                  |
|             |  | → Cardiac assessment             |
|             |  | tomorrow.                        |
|             |  |                                  |
|             |  |                                  |

54

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes  | Doctor's Order  |
|-------------|---|---|
|             | - 16 PD cycles completed<br>output - negative<br>input = 400ml. 160ml.<br>U/O - 0.7cc/kg/hr | → Send AP2 ?<br>PCT (normal) 6am  |
|             | CNS - <del>HR</del> -<br>LT - LVH + perilesional<br>edema + midline                         | → Gas ?<br>RBS 6 <sup>th</sup> hely<br>Next at 10pm   |
|             | Started shift<br>on 3% NaCl<br>correction<br>0.5ml/kg/hr.<br>Started Levipill               | → R/v chest x-Ray 11m   |
|             | R+ - 25<br>on KCl correction<br>Albumin correction given                                    | → Target spo <sub>2</sub> 92-97%<br>Target MBP 45 to 50<br>if MBP > 50 mmHg<br>wear Adrenaline. |
|             | ⊕<br>Poojeltra  | → Monitor vitals<br>→ Pacing - set<br>HR < 100/min  |
|             | Valid by<br>Bharathi<br>02/09/26<br>27/05/26 8:45 PM  |   |



## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 12 PMA: 37+5 wks

Term  Preterm  Gestation : 36 wks Corrected Gestational Age: .....

| Problems : |                             |               |
|------------|-----------------------------|---------------|
| S.No.      | Current                     | Past Problems |
| 1.         | Late preterm                |               |
| 2.         | SP supracardiac obstructive |               |
| 3.         | TAPRC repair (POD-12)       |               |
| 4.         | Ppxn                        |               |
| 5.         | Suspected sepsis            |               |
| 6.         | AKI / Anasarca              |               |

Today's Weight : 1C bleed / Grade IV IVH / with cerebral edema / with sleep

**OVERVIEW**

**RESPIRATORY SYSTEM**

Ventilatory Support :  Yes  No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  INO  PPM

Ventilator Settings : PIP 20 PEEP 6 VG ..... Rate 40 FiO<sub>2</sub> 55 Oxygen : INO-5ppm min

Last CXR : ..... Spo<sub>2</sub> : .....

ET Secretions : Clear  Thick  Yellow  Last ABG: pH-7.28, pCO<sub>2</sub>-43.6, Lac-16, BE--5.9

Change over the Last 24 Hours: changed from HFOV → PTV mode -  
INO 15 → 10 → 5ppm  
Started 3% NaCl infusion Kt-2.5 → 1mg/kg correction  
Alb-2.9 → transfused. Added Levofloxacin.

**CARDIO VASCULAR SYSTEM**

Plan of Care : RR-14/1min UO-1.1cc/kg/hr  
 RR-70/min cumulative : -147ml  
 SpO<sub>2</sub>-94% HC-  
 BP-74/39(54)

**CNS**

Neurological Examination : .....

Sedation: Pentanyl

Last Neurosonogram : Intracranial hemorrhage Any Seizures: -  
Grade IV IVH.

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: .....

Input: ..... / (+/-) ..... Output: ..... ml/k/d Urine Output: 100ml/kg/day ml/kg/hr Stools: .....

IV Fluids - Type of IVF: ..... @ ..... ml/hr

Feeding: EBM  Formula  Donor BM  Volume: 17ml Frequency: 2 hourly

TPN:  Yes  No - If yes, details: 10% TPN - 1.4ml/hr Calories: .....

Abdominal Examination: NO obvious distension

PD - catheter pushy

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

PD - Input: Output

PD - 970ml 685ml

IV I/O: 190ml 42ml

Cummulative - 147ml

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen: .....

Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF : .....

**INFECTION**

| Antibiotic | Sl.No. | Drugs                             | Days |   |
|------------|--------|-----------------------------------|------|---|
|            | 1.     | Inj. Ceftazidime + Avibactam      | D4   | Lanix - 0.1mg/kg/hr<br>Mikronim - 0.15mg/kg |
|            | 2.     | Inj. Aztreonam                    |      |   |
|            | 3.     | Inj. Colistin<br>Inj. Teicoplanin | D6   | 3% NaCl - 0.5ml/kg/hr<br>Inj. Levofloxacin  |

central line - D4

**Plan of Treatment:** Lipoamphob D6

- Continue current ventilation  
R/v to to iNO
- TV - 120cc/kg/day → 10% TPN  
14ml/2nd hly feed. [ETF - 2ml]
- Trace RP2, PCT reports
- Blood gasy 6 hourly.  
RBS
- Continue peritoneal dialysis
- R/v to add bidenapt after stopping iNO

femoral ar - D6  
canula - D6

Doctor's Name (Handover given) : Dr. Pospite

Signature : [Signature]

Date & Time: 28/5/20 7am

Doctor's Name (Handover taken) : Dr. Maulhe

Signature : [Signature]

Date & Time: 28/5/20

56

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time  | Progress Notes  | Doctor's Order   |
|--------------|---|--|
| 28/5<br>9 AM |   | plan   |
|              | thick ET secretion  | → Plu - tapper 100<br>↓<br>and add Stilling                    |
|              | PD - negative balance<br>- 345ml<br>U/O - 5ml 1ml/kg<br>+ 172 | → Plu - send<br>ET culture / sensi<br>ting                     |
|              | cumulative → -173ml   | → urine culture  |
|              | <u>HC-34</u>  | → Plu - TFT - vitil<br>or psck<br>NRS.                         |
|              |   | → Plu - urine → 30% NAAC<br>→ alternate day - HC to<br>monitor |
|              | Noted by<br>Abin<br>1539<br>28/5/26                           | Dr. Manu   |



**PROGRESS NOTES AND DOCTOR'S ORDER**

57

| Date & Time     | Progress Notes | Doctor's Order           |
|-----------------|----------------|--------------------------|
| 28/5<br>@ 10 AM |                | seen by Dr. Pratyush sir |
|                 |                |                          |
|                 |                | continue pty-mode.       |
|                 |                | PIA- 18 to 17            |
|                 |                | Psep- 5/45 rate- 46      |
|                 |                | send et celbure          |
|                 |                | use INO- by 1 PM         |
|                 |                | every 6 hourly           |
|                 |                | stop- INO- by tomorrow   |
|                 |                | PD- 1 hour up            |
|                 |                | 5' - in time             |
|                 |                | 40 - dwell               |
|                 |                | 15 - out time            |
|                 |                | stop- dilator            |
|                 |                | start sildenafil 1       |
|                 |                | TV- 130 ul/kg/day.       |
|                 |                | Review antibiotic        |
|                 |                | tomorrow                 |
|                 |                | TFT } tomorrow           |
|                 |                | NBS }                    |

Noted by  
 15/5/26  
 Dr. Dinesh Kumar Chirala

Dr. Pratyush  
 (P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

58

| Date & Time | Progress Notes                                    | Doctor's Order   |
|-------------|---|--|
| 28/5        | evening rounds                                    |  |
| 2:24 PM     | D12 / 36wks - 37+5wks                             | Plan   |
|             | V → baby on PTU-mode<br>17L6<br>rate - 40.        | → continue PTU-mode<br>17L6 rate - 40                  |
|             | fio2 - 45.<br>UTE - 9.4ml (5ml/hr)                | ↑ fivel spO2 - 90-95%<br>↑ Tappes INO - by 1PPM slowly |
|             | MAP - 9<br>INO - 4PPM                             | ↑ IV - 130ml/kg/day<br>10/10 TPN                       |
|             | gas - 7.28 / 42.1 / - 6.2 / 19<br>C → HR - 144bpm | feed - 17ml/2hours<br>↑ 3ml 12 hourly                  |
|             | Bp - 69 / 35 (40)<br>On adx - 0.1mg/kg/d          | → check bladder →                                      |
|             | Vlo - 0.4ul/kg/hr<br>Cath - 0.2ml/kg/hr           | → check continue                                       |
|             | On - stidenafil - (1.5mg/kg/d)                    | personal dialysis<br>→ send ET culture                 |
|             | P/A - no obvious distension<br>tolerating feeds   | → daily HC - monitoring                                |
|             | ENS - AF - full<br>Subst - separate               | → monitor vitals                                       |
|             | 3% - NAL - 0.5ml/kg/hr                            |  |
|             | PD - ③ cycles 4.18L<br>shows cycle                | noted by<br>Abin<br>15305<br>28/5/26<br>@ 2:26 pm      |
|             | - ssal  |  |



59

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time     | Progress Notes   | Doctor's Order                                   |
|-----------------|--|--|
| 28/5<br>3:40 PM |  | seen by dr. pratyush                             |
|                 |  | keep fio <sub>2</sub> - 50%                      |
|                 |  | ↓<br>tapper ino - by ppm<br>slowly               |
|                 |  | ↓<br>draw for urine output                       |
|                 |  | if persistent oligo/anuria<br>epi req/ventilator |
|                 |  | ↓<br>discuss with satya prasad<br>sg             |
|                 |  | ↓<br>Dr. Nandha                                  |
|                 | noted by<br>Abim<br>18/30/26<br>Dr. B. H. P. N.<br>28/5/26 | ↓<br>NSG - Tomorrow                              |

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 11 D (M)  
 Dr. DINESH KUMAR CHIRLA



60

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                  | Doctor's Order                        |
|-------------|---------------------------------|---------------------------------------|
| 28/5/26     | Night sounds                    |                                       |
|             | - on PTV mode, + INO            | plans                                 |
|             | FiO <sub>2</sub> - 50%, (3PPM)  | - continue current ventilation        |
|             | I7 l6,                          | - Target spo <sub>2</sub> - 92 to 97% |
|             | RR - 40,                        | - plan to wean off INO 1 ppm          |
|             | Ti - 0.36                       | every 6th hourly                      |
|             | SPO <sub>2</sub> - 98%          | - TV - 130ml/kg/day                   |
|             | PR - 137leuc                    | ↓                                     |
|             | BP - 76/40(5L)                  | 17ml 2nd hely                         |
|             | CVP - 8                         | ↑ 3ml feed 12th hourly                |
|             | RR - 50/min                     | [TF = 23ml]                           |
|             | last blood gas - 7.28   42   70 | + Rest 10% TPN                        |
|             | pH - 7.29, la - 1.9             | - Blood Gas                           |
|             | OI - 5.7                        | PBS } 6th hourly                      |
|             | - 10 PD cycles [12ml/kg]        | - continue 3% Nacl infusion.          |
|             | done - (-100ml)                 | - continue PD cycles.                 |
|             | - Urine output - 0.4ml/kg/hr    | 1 hour cycle - 5 in-time              |
|             | [+105ml]                        | 40 - dwell time                       |
|             | - Sildenafil (1.6mg/kg/day)     | 15 min - out time                     |
|             | - Carix (0.2mg/kg/hr)           |                                       |
|             | - Adrenaline (0.1mg/kg)         |                                       |



61

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes   | Doctor's Order   |
|-------------|--|--|
|             | - 3% Nacl (0.5ml/kg)   | - Review about<br>- total volume.  |
|             | Feed - <sup>115</sup> 97ml/kg feed<br>Intravenous - 23ml/kg<br>Medication - 13ml/kg<br><u>150ml/kg</u> | - Review about<br>increase in 3% Nacl<br>& potassium supplement  |
|             | ole  | - NSG,<br>treatment of tomorrow,<br>TFT, NBS, CBP<br>RP2 Albumin<br>Trace etc  |
|             | AF - pull,   | - Monitor HC daily.<br>- 70% chitong 6th hourly<br>- w/f electrolyte<br>in blood gas.<br>- R/W to give<br>5% Albumin<br>- check for IVC. |
|             | Noted by<br>Bhavathi<br>020/9-27<br>28/15/26   |  |

Dr. Ajeed



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 13 PMA: 37+6 weeks

Term  Preterm  Gestation : 36 weeks Corrected Gestational Age: .....

| Problems : |                               |                            |
|------------|-------------------------------|----------------------------|
| S.No.      | Current                       | Past Problems              |
| 1.         | <u>late preterm</u>           | <u>Hypokalemia</u>         |
| 2.         | <u>slp supracardiac TAPVC</u> | <u>hypoalbuminemia</u>     |
| 3.         | <u>repair (POD-13)</u>        | <u>left Grade IV bleed</u> |
| 4.         | <u>PPHN</u>                   |                            |
| 5.         | <u>Suspected Sepsis</u>       |                            |
| 6.         | <u>AKI / Anasarca</u>         |                            |

Today's Weight : .....

**Ventilatory Support :**  Yes  No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  iNO  PPM

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO<sub>2</sub>.....Oxygen : .....L/min

Last CXR : ..... SpO<sub>2</sub>.....

ET Secretions : Clear  Thick  Yellow  Last ABG: 7.21 / 48 / 93, lac - 1.9,  
- on PTV mode, Base - -7.5 / 17.6  
fiO<sub>2</sub> - 55%, PIP - 17,  
PEEP - 6, RR - 40,  
Ti - 0.36, iNO  $\phi$  - 1PPM

**Plan of Care :**

SpO<sub>2</sub> - 96%  
PR - 40/min  
BP - 68/34 (45)  
CVP - 9  
RR - 60/min

**Neurological Examination :** .....

..... Sedation.....

Last Neurosonogram : left side grade IV bleed Any Seizures.....

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: .....  
 Input: ..... / (+/-) ..... Output: ..... ml/k/d Urine Output: 0.95 ml/kg/hr Stools: <sup>not</sup> <sub>passed;</sub>  
 IV Fluids - Type of IVF: ..... @ ..... ml / hr  
 Feeding: EBM  Formula  Donor BM  Volume: ..... Frequency: .....  
 TPN:  Yes  No - If yes, details: ..... Calories: .....  
 Abdominal Examination: .....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS  
 PD - 22 cycles done → - 275ul  
 IV fluid ~~output~~ - 250ul  
 cumulative - 25ul

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....  
 Sepsis screen: .....  
 Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF : .....

**INFECTION**

| Antibiotic | Sl.No. | Drugs   | Days |
|------------|--------|---|------|
|            | 1.     | Ceft + Amikacin                                     | D5   |
|            | 2.     | Aztreonam   |      |
|            | 3.     | X Fcy Collostru<br>X Fcy Telcoplanu<br>X Lipo-aerob | D7   |

Galaxin - 0.2ug/kg/hr  
 si. Nael - 1.6ug/kg/day  
 Adrenaline - 0.2ug/kg/hr  
 si. Nael - 0.5ul/kg/hr  
 PD - D3

**Plan of Treatment:**

- continue PTV mode, <sup>flavored like → 7</sup>
- wear off and taper INO by 10:00 AM. <sup>cebra</sup>
- ~~PTV~~ TV - 150ul/kg/day
  - 115ul/kg feeds  
[20ul feed 2nd hely  
OG feeds
  - Medication 13ul/kg
  - Tubercas 23ul/kg
- Blood gas } 6th hourly  
RBS } ~~PTV~~ continue PD cycle
- Rlv Blood gas } 8th hourly  
RBS } - Ilo. charty 6th hourly
- Monitor Head circumference daily - NSG today.
- Trace TFT, NBS, CBP, Albumen, RP2.
- Trace ET Cls.

Doctor's Name (Handover given) : Dr. Anub  
 Signature : Dr. Anub  
 Date & Time: 29/5/21, 8:00AM

Doctor's Name (Handover taken) : Dr. Manu  
 Signature : Dr. Manu  
 Date & Time: 29/5/21, 8:30AM

62

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes | Doctor's Order   |
|-------------------|----------------|--|
| 29/5<br>@ 9:30 AM |                | seen by Dr. Dinesh sir                                 |
|                   |                | PTU - made - 17.5 sec<br>↑ 45                          |
|                   |                | → surgeon review of charging AD dressing               |
|                   |                | → give glycerine BD 0.5ml to 0.5ml                     |
|                   |                | → discuss with sabya pasad sir                         |
|                   |                | → tomorrow oral sildenafil                             |
|                   |                | → Pireline today                                       |
|                   |                | → remove central line                                  |
|                   |                | → stop - colistin<br>teicoplanin<br>lipid amphotericin |
|                   |                | → 3% NaCl - 0.8ml/kg                                   |

noted by  
 Abin  
 1530 #  
 @ 9:30 AM  
 29/5/26

Dr. Dinesh



63

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes            | Doctor's Order            |
|-------------|---------------------------|---------------------------|
| 29/5        |                           |                           |
| @ 12:30pm   |                           | Adu                       |
|             | Baby had bradycardia      |                           |
|             | ↓                         | → start abxial painig     |
|             | ECG → skipped beats       | B- HR-150,                |
|             | Heart fluctuating         | → Continue DTN-mock       |
|             | b/w - 80-140bpm           | ↑ PIP-13, rate ↑ 50       |
|             | ↓                         | → give Kcl correction     |
|             | Successfully done         |                           |
|             | Still heart rate          | → send serum              |
|             | fluctuating               | electrolyte               |
|             | 70-140bpm                 | calcium                   |
|             |                           | magnesium                 |
|             | Morning K-3+              |                           |
|             | ABG → 7.18 / 57.0 / - 8.3 | → echo - by cardio expert |
|             | 16.8                      |                           |
|             | K-2.5                     |                           |
|             | Echo - T2 jet - 35mm/s    | K - normal                |
|             | noted BCG                 |                           |
|             | 1530H                     |                           |

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 11 D (M)  
 Dr. DINESH KUMAR CHIRLA



69

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes   | Doctor's Order   |
|-------------|--|--|
| 29/5<br>②   | <p>Opening sounds</p> <p>D13) 36 weeks → 37 + 6 weeks</p>  |  |
|             | <p>V → baby on PTV-mode<br/>           18/6<br/>           rate - 50,<br/>           f<sub>IO2</sub> 60-1.</p>   | <p>plan</p> <p>continue PTV-mode<br/>           18/6<br/>           target SpO<sub>2</sub> 90-95%</p>  |
|             | <p>gas - 7.18   51.6   8.3  <br/>           16.8</p>   | <p>→ 70-130 cal/kg/day<br/>           feed - 20ml/kg</p>   |
|             | <p>C → HR - 157 → 120 bpm<br/>           BP - 74 (38 (48))<br/>           U<sub>IO</sub> - 0.4 meq/kg/hr<br/>           on a<sub>IO</sub> - 0.5 meq/kg<br/>           on a<sub>IO</sub> dena<sub>IO</sub><br/>           p1A - mild distension</p> | <p>→ PBC<br/>           PBC ) slowly<br/>           → continue KCl correction<br/>           for 6 hours</p>                                     |
|             | <p>K - 2.9<br/>           Ca<sub>IO</sub> - 9.7<br/>           Mg - 2</p>  | <p>→ slowly giving blood<br/>           → if still urine output<br/>           ↓<br/>           Discuss with satya<br/>           prasad sir</p> |
|             |  | <p>→ Echo by cardiologist<br/>           → monitor vitals<br/>           ↓<br/>           Dr. Manu Chellu</p>                                    |

Noted By  
 1530  
 28/5/26

63

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time               | Progress Notes   | Doctor's Order  |
|---------------------------|--|---|
| 29/5<br>@ 4:49 PM         |  | <p>care by Dr. Dinesh sir</p> <p>✓ HFOV to start</p>  |
|                           |  | <p>✓ iNO - Tse to 20ppm</p>   |
|                           |  | <p>✓ usg abdomen - today</p>  |
|                           |  | <p>✓ sept gas ayes shows</p>  |
|                           |  | <p>✓ TV - 130 cc/kg/day</p>   |
|                           |  | <p>1/2 feed      1/2 fluid</p>  |
| <p>29/5/26<br/>@ 10pm</p> | <p><u>Night Rounds</u></p> <p>① Respiratorz<br/>                 HFO + iNO<br/>                 iNO = 20ppm<br/>                 freq - 13, MAP - 12<br/>                 ΔP = 25<br/>                 FiO<sub>2</sub> = 65%<br/>                 VT = 2-7 (1.4 ml/kg)<br/>                 pCO<sub>2</sub> = 120.</p> | <p>1) Continue HFO at Current Settings<br/>                 Continue iNO at 20ppm</p> <p>2) 11pm → ABG<br/>                 Now → GIRBS<br/>                 Do not wear iNO wear FiO<sub>2</sub> till 60%.</p> |

referred by Dr. Dinesh sir  
 130 cc/kg/day  
 @ 10pm  
 29/5/26

Tamanna



68

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes  | Doctor's Order  |
|-------------|---|---|
|             | <p>ABG1: <math>7.33/33/106/7.4/18</math><br/> <del>ORP</del></p> <p>Vitals - HR = 204<br/>                     Tachycardia (+)<br/>                     without P waves.<br/>                     SpO<sub>2</sub> - 96%<br/>                     BP = 61/42 (u8)</p> <p>TI/O = 150.5mb<br/>                     - 11mb } + 139.5<br/>                     U/O = 0.55 cc/kg/hr</p> <p>PD = 4.1% → 45 min<br/>                     Cycle<br/>                     last cycle: 40mb - out<br/>                     25mb - In</p> <p>Total Input = 400mb<br/>                     Total Output = 55</p> <p>Total Input = 325mb<br/>                     output = 526ml<br/>                     Net Balance = +1mb</p> <p>fentanyl Sedation = 0.5mcg/kg<br/>                     off Tonotropes<br/>                     ongoing Lasix = 0.1mg/kg<br/>                     → Sildenafil @ 0.2mg/kg<br/>                     → 3% NaCl = 0.5mb/kg/hr</p> | <p>3) TV = 130mb/kg/day<br/>                     ↓<br/>                     1/2 feeds                      1/2 fluid.</p> <p>11mb 2nd bdy 10% TPN.<br/>                     CBM.<br/>                     ↑ 2mb 6th hrly feeds.</p> <p>4) Target MBP 44-51mmHg</p> <p>5) <math>\left[ \begin{matrix} RP_2 \\ CBP \end{matrix} \right]</math> Tomorrow<br/>                     Great tree.</p> <p>6) Restart Tonotropes<br/>                     if MBP &lt; 38.<br/>                     ↓<br/>                     If Needed - Start<br/>                     Noradrenaline<br/>                     (donot start adrenaline)</p> <p>7) Keep - Adenosine<br/>                     Bedside</p> <p>8) Cardiac assessment<br/>                     Tomorrow</p> <p>9) Continue Propranolol</p> <p>10) Strict TI/O monitor</p> <p>11) if further PSVT<br/>                     Plan to Start<br/>                     Amiodarone infusion</p> |

69

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes   | Doctor's Order  |
|----------------|--|---|
|                |  | Target Potassium > 3.5  |
|                |  | if Gas Potassium < 3.5 meq<br>Start maintenance 1 meq/kg Kcl over 24hrs   |
|                |  | if K <sup>+</sup> in gas < 3.0 meq<br>Send Sr. electrolytes and adjust accordingly  |
|                |  | Sreeta  |
| 30/5/26 @ 12am | <p>Noted by<br/>           Bharathi<br/>           30/5/26<br/>           10:55</p> <p>on Giving Propranolol<br/>           ↓<br/>           after half-hour<br/>           drop in Heart Rate from 200 → 150 → 100<br/>           ↓<br/>           Pacemaker Backup<br/>           Rate = 130<br/>           Voltage = 8<br/>           ↓<br/>           Arterial plethysmography<br/>           HR = 161/min<br/>           ECG - Rate - fluctuating<br/>           Between 80 - 180/min</p> | <p>Discussed with<br/>           Cardiologist<br/>           ↓<br/>           ① To give half the dose of Propranolol tomorrow morning<br/>           ② To Monitor Heart rate plethysmography<br/>           ie. Arterial waveform<br/>           ↓<br/>           as how give accurate heart rate</p> |



70 **PROGRESS NOTES AND DOCTOR'S ORDER** 14

| Date & Time | Progress Notes  | Doctor's Order                             |
|-------------|---|--|
|             | Increased Pacemaker rate 130 → 150/min<br>Voltage Atrial 8 → 10                 | To rely on arterial plethysmography        |
|             |   | <u>Sneha</u>                               |
|             | @ 11:30 AM  |  |
|             | Baby on HFO + iNO   |  |
|             | on Pacemaker<br>Rate - 150, Voltage - 10<br>on arterial tracing<br>HR = 150/min | 11/05/2026<br>Bhargava<br>11/05/2026 12:47 |
|             | RR = 30, SpO <sub>2</sub> = 96%<br>BP = 66/44 (50)                              |  |
|             | U/O = last 6 hrs<br>0.5cc/kg/hr   |  |
|             | PD + IV fluid   |  |
|             | Total Input : 943ml   |  |
|             | Total OU = 900<br>↓<br>+43ml  |  |
|             | PD = In = 725ml   |  |
|             | out = 877ml   |  |
|             | Neg Balance = -24ml   |  |





## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 14 PMA: 38w1g

Term  Preterm  Gestation : 36wks Corrected Gestational Age: .....

| Problems : |                              |                     |
|------------|------------------------------|---------------------|
| S.No.      | Current                      | Past Problems       |
| 1.         | Late Preterm                 | Hypoalbuminemia     |
| 2.         | S/P Supracardiac TAPV        | left Grade IV Bleed |
| 3.         | Repair (POD-14)              |                     |
| 4.         | PPHN   SVT   Atrial Ectopic  |                     |
| 5.         | Suspected Sepsis             |                     |
| 6.         | AKI   Anasarca   Hypokalemia |                     |

Today's Weight : .....

**Ventilatory Support :**  Yes  No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  iNO  PPM

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO<sub>2</sub>.....Oxygen : .....L/min

Last CXR : ..... Spo<sub>2</sub> : .....

ET Secretions : Clear  Thick  Yellow  Last ABG: .....

Change over the Last 24 Hours.....

Baby on PT mode > HF mode  
 + iNO - 20ppm  
 MAP = 13 > 12, Req. = 12 > 13,  
 Amplitude 30 > 25

**Plan of Care :** FiO<sub>2</sub> 75 > 60%,  
 RR = 160/min ⊙ SVT → 3 doses of Adenosine reverted  
 (arterial tracing) ⊙ Post propranolol - Bradycardia  
 HR dropped to 100  
 SpO<sub>2</sub> = 97% ↑ Pacemaker rate = 150, voltage ↑ 10.  
 BP = 73/49 (57) CVP = 6

**Neurological Examination :** .....

Sedation..... Pentanyl

Last Neurosonogram : left side Grade IV Any Seizures.....

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: .....

Input : ..... / (+/-) ..... Output : ..... ml/k/d Urine Output : ..... ml/kg/hr Stools : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM  Formula  Donor BM  Volume: ..... Frequency: .....

TPN :  Yes  No - If yes, details : ..... Calories: .....

Abdominal Examination: ..... **U/O -**

**Pln - soft** **Cumulative Input**

**tolerating feeds** **Output**

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

**Cumulative Balance = 19ml**

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen: .....

Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF : .....

**INFECTION**

| Antibiotic | Sl.No. | Drugs                      | Days |
|------------|--------|----------------------------|------|
|            | 1.     | Ceftazidime<br>- Avibactam | D6   |
|            | 2.     | Astreonom                  | D6   |
|            | 3.     |                            |      |

Lasix - 0.1mg/hr  
Sildenafil = 0.2mg/hr (1.6mg/kg)

3% Nacl - 0.5ml/kg/hr

PD = 4.1% - 45min cycle

**Plan of Treatment :**

- 1) Continue HFO + INO - donot wear INO  
Target SPO<sub>2</sub> 90-95%
- 2) TV = 130ml/kg/day  
  - 1/2 feeds - 11mls
  - 2nd hrly
  - OG
  - fluids - 10% TPN
- 3) Trace - CBP, RP<sub>2</sub>
- 4) Cardiac assessment today.
- 5) Target MBP 44-51mmHg  
if < 38 -> plan to restart Nosadrenaline
- 6) keep - Adenosine, Amiodarone - Bedside
- 7) Strict I/O charting
- 8) Continue PD cycles of 45min
- 9) if Next PSUT Review on Amiodarone infusion

5min 20  
30min - dr  
10min - ou

Doctor's Name (Handover given) : **Y. Sneha**

Signature : **Sneha**

Date & Time : **30/5/2026**

Doctor's Name (Handover taken) : **Dr. Manisha**

Signature : **Manisha**

Date & Time : **30/5/26**



73

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time      | Progress Notes   | Doctor's Order |
|------------------|--|----------------|
| 30/5/26<br>10 AM | S/B Dr. K. Nagaraj Rao<br>Dr. Ganapathi; Dr. Shrinidhi |                |
|                  | <u>ISSUES</u> :-                                       |                |
|                  | INO & HFO requirement                                  |                |
|                  | PAC  |                |
|                  | SVT  |                |
|                  | Atrial tachycardia.                                    |                |
|                  | B.P - 54/37 mmHg.                                      |                |
|                  | <u>Adv</u>   |                |
|                  | 1. K + around 4.                                       |                |
|                  | 2. IV milrinone 0.2 mcg/kg/min.                        |                |
|                  | while weaning INO.                                     |                |
|                  | 3. Lioprost inhalation                                 |                |
|                  | 2.5mg orally.  |                |
|                  | 4. IV sildenafil to continue.                          |                |
|                  | <u>echocardiography</u> :-                             |                |
|                  | left pulmonary veins                                   |                |
|                  | smaller than right                                     |                |
|                  | LPA small than RPA                                     |                |
|                  | RA IRV is better                                       |                |
|                  | TRgd 28 mmHg   |                |

*[Handwritten signature]*



79

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes  | Doctor's Order   |
|-------------------|---|--|
|                   | AV function (+)<br>IVC - collapsing<br>Intact IAS<br>NO ASD |  |
|                   | <del>Shruti</del><br>Dr. Shruti                             |  |
| 30/5/26<br>10 AM. | Seen by <u>Dr. Pratyush</u>                                 | <u>Plan</u><br>① HPOU to cont<br>MAP 12<br>DP 22<br>Eq - 15.<br>② $SO_2$ - 60%.<br>③ start milrinone<br>at 0.2mg/kg/min<br>④ consider ilioprost<br>inhalation<br>⑤ re-insert umbilical<br>catheter<br>⑥ Monitor electrolytes w/gen<br>⑦ $RR_2$ 17m<br>⑧ PCC line today.<br>⑧ tapering, sppm 96H. |

75

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time      | Progress Notes   | Doctor's Order   |
|------------------|--|--|
|                  | →  |  |
| 30/5/26<br>10 AM | <p>Infusion = 79 ml = 38 cc<br/>           meds = 15 ml = 7.5 cc</p>   | <p>(9) NSG.<br/>           (10) FU = 150 ml/kg/day</p>   |
|                  |  | <p>↓ ↓<br/>           meds: Feeds<br/>           + infusion 10 cc<br/>           ↓ 13 ml Q 2H<br/> <del>45.5</del> FF = 19 ml<br/>           45.5 ↑ 2 ml alternate feeds</p> |
|                  |  | <p>(11) taper hydrocort &amp; stop by 7m</p>   |
|                  |  | <p>(12) trace fluid ET/CS</p>  |
|                  | <p><del>Dr. Abhinav</del></p>  | <p><del>Neelajee</del><br/> <del>Digestion</del><br/> <del>09090</del><br/> <del>10 AM</del></p>   |
| 30/5             |  | evening rounds   |
| 2:23 PM          |  |  |
|                  | <p>D14 / term / operated case of TAPVC<br/>           now with PPHN plus dysfunction / SVT →<br/>           cerebral atropia (benign) Acute Anasarca /<br/>           leftside grade 4 bleed</p> |  |
|                  |  | plan   |
|                  | <p>v → baby on HFOV<br/>           MAP-12-11 (fluctuating) →<br/>           freq-15<br/>           Δp-22 → 20<br/>           FiO<sub>2</sub>-50%<br/>           NTE-7.1 ΔCO<sub>2</sub> 49.5</p> | <p>continue HFOV<br/>           MAP-12 Δp-20<br/>           freq-15<br/>           Target SpO<sub>2</sub>-90-95</p>  |



PROGRESS NOTES AND DOCTOR'S ORDER

76

| Date & Time | Progress Notes   | Doctor's Order   |
|-------------|--|--|
|             | <p>HR - 138 bpm<br/>                     BP - 66/43 C5U<br/>                     Wp - 16 ml<br/>                     C. 2ml/kg</p> | <p>Tapper 1 no by 5 PPM<br/>                     6 hourly</p>  |
|             | <p>off 900 drops<br/>                     on sidemagil<br/>                     0.8mg/kg/day</p>                                   | <p>stop mist/shove to<br/>                     stick while i no<br/>                     becomes 5 PPM</p>   |
|             | <p>I NO - 20 → 15 PPM</p>  | <p>TN - 150ml/kg/day</p>   |
|             | <p>edema better</p>  | <p>20ml/kg medical<br/>                     20ml/kg feed<br/>                     180pt 15ml/shov<br/>                     145kg ↑ 2ml<br/>                     alternate feed.</p>    |
|             | <p>P/A - mild diarrhoea<br/>                     soft</p>  |  |
|             | <p>AKI - PD → 8 cycles<br/>                     completed<br/>                     45 min</p>                                      | <p>PP2 - TLM</p>   |
|             | <p>- 80ml<br/>                     antpil</p>  | <p>evening SE. along<br/>                     with - ABG</p>   |
|             | <p><u>PBS - 105</u></p>  | <p>ABG 7 chouch<br/>                     PBS</p>   |
|             |  | <p>→ consider iloprost<br/>                     → continue peritoneal<br/>                     dialysis<br/>                     → stop hydrocort by<br/>                     14th</p> |

Noted by  
 Deepshwan  
 09/06/2026  
 2:35 PM

73

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes                       | Doctor's Order           |
|-------------|--------------------------------------|--------------------------|
| 30/5        | <u>Procedure notes</u>               |                          |
| (w) 2:46pm  |                                      |                          |
|             | under all aseptic precaution         |                          |
|             | PTuline placed on right leg          |                          |
|             | and fixed at 23cm and                |                          |
|             | <del>position</del> was confirmed by |                          |
|             | position                             | X-ray                    |
|             |                                      | <u>Ads</u>               |
|             |                                      | - Strict Asepsis         |
|             |                                      | - Hsp-NS to start        |
|             |                                      | - remove subclavian line |
|             |                                      | for                      |
|             |                                      | Dr. Anandak              |

BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 13 D (M)  
 Dr. DINESH KUMAR CHIRLA



78

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time     | Progress Notes | Doctor's Order  |
|-----------------|----------------|---|
| 50/5<br>03:29PM |                | seen by Dr. Pratyush sir                                      |
|                 |                | → continue HFOU - MAP-12<br>DP-20 freq-15                     |
|                 |                | → Tappes INO - \$0ppm @ 8PM                                   |
|                 |                | ↓<br>further tapping to decide based on ileoanal availability |
|                 |                | → PP2-T/M   |
|                 |                | → electrolyte to now in ABG.                                  |
|                 |                | Dr. Manjula   |
|                 |                | Noted by<br>Dijeshwar<br>09990<br>3:30PM                      |

79

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes                    | Doctor's Order                   |
|-----------------|-----------------------------------|----------------------------------|
| 20/5<br>2:36 PM | <u>Night rounds</u>               |                                  |
|                 | V → baby on HFVU-<br>MAP-11       | plan                             |
|                 | freq - 15                         | → continue HFVU-MAP11            |
|                 | AP - 20, FiO <sub>2</sub> - 60%   | target SpO <sub>2</sub> - 90-95% |
|                 | VTE - 3.5ml                       | → wear IDO by 5PM clear          |
|                 | iNO - 15PPaCO <sub>2</sub> - 154, | → TV - 150ml/kg/day              |
|                 | gas - 7.25/38.1/-8.7f<br>17.3/    | 20ml/kg                          |
|                 | C → HR - 155bpm                   | 101 fsp feed medication          |
|                 | Bp - 61/40 (45)                   | N <sub>2</sub> 10ml/shunt        |
|                 | V/O - 0.5ml/kg/hr                 | → tepid sponge before next feed  |
|                 | off ionotropes                    | → RR2 - 7hr                      |
|                 | sildenafil - 0.8mg/kg/dg          |                                  |
|                 | Lactin - 0.1mg/kg/hr              | → continue PEEP/CPAP             |
|                 |                                   | nebulisation                     |
|                 | P/A - mild distension             | → target MAP - 40-50             |
|                 | edema ⊕                           | if < 40 hypox                    |
|                 | AD - 15cycles - 150ml             | → W/E abdominal distension       |
|                 | cumulative - 32ml                 | decompression /                  |
|                 |                                   | bradycardia /                    |
|                 |                                   | pulmonary bleed                  |
|                 |                                   | → monitor vitals                 |



80

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time      | Progress Notes  | Doctor's Order  |
|------------------|---|---|
| 30/5<br>10:35 PM |   | discussed with Dr. Dinesh sir   |
|                  |   | → opt ABG - at 12 AM<br>→ do <sup>w/</sup> wean - PNO   |
|                  |   |   |
|                  |   |   |
|                  |   |   |
|                  |   |   |
|                  |   |   |
| 30/5<br>11:40 PM | <p>on MFOU - MAP - 12,<br/>                     ↓ free - K,<br/>                     Sp - T25</p> <p>soft - abdomen<br/>                     cephalo normal</p> <p>on ade - 0.1 mg/kg<br/>                     PD → 1 cycle completed<br/>                     - 205 ml</p> | <p>pl as</p> <p>→ do wean - PNO<br/>                     → opt ABG - 12 AM</p> <p>→ start half if tolerate<br/>                     increase - 2ml each feed</p> <p>→ P2 - T.M.</p> |

Noted by  
 Bhavathi  
 020197  
 30/5/26  
 10:35

Dr. Manish

Noted by  
 Bhavathi  
 020197  
 30/5/26  
 11:50 PM

Dr. Manish

BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 13 D (M)  
 Dr. DINESH KUMAR CHIRLA



**PROGRESS NOTES AND DOCTOR'S ORDER**

51

| Date & Time    | Progress Notes            | Doctor's Order                          |
|----------------|---------------------------|---|
| 3/5<br>7:34 AM |                           | seen by Dr. Pratyush sir                |
|                |                           | →                                       |
|                | - 45ml cumulative balance | → win gas send albumin + R-P2           |
|                |                           | → check hemoglobin                      |
|                |                           | - start adenaline (1.5mg/kg/day)        |
|                |                           | (0.05mg/kg) if needed                   |
|                |                           | → Ask regarding propofol administration |
|                |                           | → continue feed                         |
|                |                           | → peritoneal dialysis to continue       |
|                |                           | → chest u-say - now                     |
|                |                           | - tapper 100 ppm cough                  |
|                |                           | → Discuss with satyaprasad sir          |



## DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : ..... 15      PMA: 38 + 1w 4d

Term  Preterm  Gestation : ..... 36      Corrected Gestational Age: .....

| Problems : |                                 |                     |
|------------|---------------------------------|---------------------|
| S.No.      | Current                         | Past Problems       |
| 1.         | late preterm /                  | hypalbuminemia      |
| 2.         | s/p - supraaortic TAAC          | left grade IV bleed |
| 3.         | repair (POD-14)                 |                     |
| 4.         | PPHN / s/p Atrial septal defect |                     |
| 5.         | suspected sepsis /              |                     |
| 6.         | AKI Anasarca / Hypokalemia      |                     |

Today's Weight : .....

**VENTILATORY SUPPORT :**     Yes     No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  iNO  PPM

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO<sub>2</sub>..... Oxygen : ..... L/min

Last CXR : ..... Spo<sub>2</sub>.....

ET Secretions : Clear  Thick  Yellow  Last ABG: 7.28 / 35.6 / -9.0 / 17.3

Change over the Last 24 Hours: HFOV MAP 12, PEEP 14, Δ 23-22  
iNO → 15 → 10 PPM  
FiO<sub>2</sub> 60%  
Tracheal suction

**Plan of Care :**    continued HFOV + iNO

**Neurological Examination :** .....

Sedation: fentanyl

Last Neurosonogram : left side grade IV parieto-occipital bleed      Any Seizures: .....

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: .....  
 Input: ..... / (+/-) ..... Output: ..... ml/k/d Urine Output: 0.8 u/kg/hr ml/kg/hr Stools: .....  
 IV Fluids - Type of IVF: ..... @ ..... ml/hr  
 Feeding: EBM  Formula  Donor BM  Volume: 18ml Frequency: 2 hourly  
 TPN:  Yes  No - If yes, details: ..... Calories: .....  
 Abdominal Examination: soft mild distension

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

(32 cycles) PD - 325ml (negative balance)  
cumulative - -83ml

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....  
 Sepsis screen: .....  
 Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF : .....

**INFECTION**

| Antibiotic | Sl.No. | Drugs                     | Days |
|------------|--------|---------------------------|------|
|            | 1.     | cefazidime +<br>disbactin | D7   |
|            | 2.     |                           |      |
|            | 3.     | Aztreonam                 | D7   |

laetn - 0.1mg/kg/hr  
 sildenafil - 0.8mg/kg/dg  
 STENACU - 0  
 PD - 40ml. 45ml cycle

**Plan of Treatment:**

- ① continue HFOV + MAP-12, ΔP-20.  
 INO to target by 5ppm 6 hourly till 5ppm  
 freq-14
- ② continue iloprost nebulisation
- ③ give stat 1mg propranolol.
- ④ cardiac assessment - by cardiac team
- ⑤ discuss with cath lab and sir, trayals
- ⑥ pull out peline by 0.5cm, SpO<sub>2</sub> - 90-95%  
 MBP - 40-45  
 U/O - 1-4ul/kg  
 Pao<sub>2</sub> - 40-50ml
- ⑦ continue laetn  
 EIV - albumin

Doctor's Name (Handover given) : Dr. Manjha  
 Signature : .....  
 Date & Time: 2/1/20

Doctor's Name (Handover taken) : Dr. Sowmya  
 Signature : .....  
 Date & Time: 3/1/20



PROGRESS NOTES AND DOCTOR'S ORDER

82

59

| Date & Time        | Progress Notes  | Doctor's Order  |
|--------------------|---|---|
| 31/5/26<br>12:15pm |   | S/B Dr. Sowmya  |
|                    | On HFOV + iNO (15 → 10)   | Plan  |
|                    | ↓<br>MAP - 12<br>ΔP = 20 (23 → 20)<br>V - 14<br>FiO <sub>2</sub> - ~60%   | ① Continue HFO + iNO<br>Tape iNO <sup>to</sup> 5ppm<br>every after 6 hours<br>if FiO <sub>2</sub> is 60%. |
|                    | last ABG → PH: 7.285<br>↓<br>Electrolyte<br>Na - 130<br>K - 4.3<br>Ca - 1.38<br>Hb: 14.8                                | Gas ABH<br>Vent gas @ 2pm   |
|                    | ↓<br>PwO <sub>2</sub> : 35.6<br>PO <sub>2</sub> - 85.4<br>O <sub>2</sub> I - 8.4<br>BE: -9.0<br>HCO <sub>3</sub> - 17.3 | ② Continue Sildenafil   |
|                    | [ ↓ ΔP ⇒ 23 → 20 ]<br>wiggle +n till umbilicus<br>Et culture :  | ③   |
|                    | started Adrenaline<br>yesterday @ 10pm in<br>v/o hypotension<br>↓   | Noted by<br>Dr. S. Sowmya<br>12:20pm  |
|                    | Tachycardia : 7AM<br>Sinus tachycardia<br>stopped Adrenaline @ 8AM  |   |
|                    | Tachycardia persisted<br>propranolol given @ 11:15pm<br>↓ HR in ECG - 160-180<br>Arterial W/O - 130-1.60                |   |

**PROGRESS NOTES AND DOCTOR'S ORDER**

83

| Date & Time | Progress Notes  | Doctor's Order |
|-------------|---|----------------|
|             | - On Sildenafil - 0.5mg/1day<br>(1.6 - 0.8 yesterday)   |                |
|             | - Anecdotal to non yesterday<br>9pm   |                |
|             | 3 doses given as per<br>(2.5mg/1 dose was)  |                |
|             | - On Lanin - 2.5mg/1day<br>last K <sup>+</sup> - 4.8<br>On 2mg/1day K <sup>+</sup> in fluid   |                |
|             | - PD: 45min cycles<br>5min - in (4.2) Fluid<br>30min - dwell<br>10min - out   |                |
|             | PO negative by 325ml  |                |
|             | V/O: 0.5mg/1day over<br>over all 5ml negat  |                |
|             | Today: 5cycles: 35ml negat<br>Urea: 133 → 114<br>Creatin: 1.6 → 1.3 → 1.2<br>Na/K/1 H <sub>2</sub> O: 130/4.2/12<br>Albumin: 25<br>V/O: 0.3mg/1day<br>(last show) |                |



**PROGRESS NOTES AND DOCTOR'S ORDER**

59

| Date & Time       | Progress Notes   | Doctor's Order   |
|-------------------|--|--|
| 31/5/26<br>4:00PM |  |  |
|                   | <p>- on HFO + iNO (10PPM)<br/>           FiO<sub>2</sub> - 60%<br/>           MAP - 12<br/>           freq - 14<br/>           Ap - 20 &gt; 23,<br/>           DCO<sub>2</sub> - 342<br/>           Leak - 0%.</p> | <p><u>Plans</u><br/>           - continue<br/>           HFO + iNO<br/>           - Target SpO<sub>2</sub> - 90 to 95%.</p>  |
|                   | <p>last ABG - 7.23/40/112   Na - 130/3.8/190<br/>           SpO<sub>2</sub> - 95%<br/>           PR - 180/min<br/>           BP - 44/29 (41)</p>   | <p>Blood gas }<br/>           RBS } 6th hourly</p>   |
|                   | <p>Plt - distended<br/>           Soft to firm</p>   | <p>- TV - 150ml/kg/day<br/>           ↓<br/>           Feed 190ml<br/>           2nd hourly<br/>           [110ml/kg]<br/>           Medication 25ml/kg<br/>           10% Isopt<br/>           Na 5K2</p> |
|                   | <p>11 cycles of<br/>           PD done (- 65ml)<br/>           urine -</p>   |  |
|                   | <p>on sildenafil<br/>           laser tubercu.</p>   | <p>- Plan to ↓ iNO<br/>           5PPM every 6th hourly<br/>           - continue PD cycles</p>  |



**PROGRESS NOTES AND DOCTOR'S ORDER**

85

| Date & Time    | Progress Notes                                    | Doctor's Order   |
|----------------|---|--|
|                |   | - No. chattering 6th hourly  |
|                |   | - Review antibiotics tomorrow  |
|                |   | - To change Foley's.   |
|                |   | - R/v to send screen RP2 T/m.  |
|                |   | <i>Noted by</i><br><i>Deveshwar</i><br><i>09/05/2026</i>                   |
|                | Piece line pulled out by 0.5cm and fixed at 22.5. | <i>Aneef</i>   |
| <u>3/1/26</u>  |   | <u>elplw Dr Dinesh</u>   |
| <u>5:30 PM</u> |   | ① To do a CXR now  |
|                |   | ② Smiley NS bolus if hypotension and see response                          |
|                |   | ③ Discuss E cardiology team if we can stop bidensafol and continue stopper |
|                |   | ④ r/r to 20ppm if needed <i>Dr Resanna</i>                                 |

*Noted by*  
*Deveshwar*  
*09/05/2026*

BAH-00656412 IP5-00174461  
 Baby D/G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 15 D (M)  
 Dr. DINESH KUMAR CHIRLA

86



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                  | Doctor's Order  |
|--------------------|---------------------------------|---|
| 31/5/26<br>7:30 pm |                                 | c/d/w Dr. Bhargavi nam  |
|                    |                                 | <u>plan</u>   |
|                    |                                 | ① Stop sildenafil<br>and increase flow                                |
|                    |                                 |   |
|                    | NB<br>A big                     |   |
|                    |                                 | ② try to stop adenalin<br>if BP improves after<br>stopping sildenafil |
|                    |                                 |   |
|                    |                                 | ③ if tachycardia persists<br>to give propranolol<br>mg by 9pm         |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 | <u>stop</u><br>Debrunpa   |
|                    |                                 |   |
| 31/5/26<br>9:30 pm | stopped sildenafil<br>@ 7:30 pm |   |
|                    | stopped Adr @ 8:30 pm           | <u>plan</u>   |
|                    | ↓                               | ① do give propranolol<br>now mg                                       |
|                    | IBP: 98/38 (nb)                 |   |
|                    | HR: 198/min                     |   |
|                    |                                 |   |
|                    |                                 |   |
|                    |                                 |   |

BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 15 D (M)  
 Dr. DINESH KUMAR CHIRLA



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                          | Progress Notes                       | Doctor's Order                        |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <u>18/05/2026</u><br><u>12:00 PM</u> | HR: 181/min<br>after paracetamol 1mg | clolo Dr Bhayaw nan                   |
|                                      | VC - congested                       | plan                                  |
|                                      |                                      | ① To give another 1mg paracetamol now |
|                                      |                                      | Dr. Dinesh Kumar Chirala              |
|                                      |                                      |                                       |
|                                      |                                      |                                       |
|                                      |                                      |                                       |
|                                      |                                      |                                       |
|                                      |                                      |                                       |
|                                      |                                      |                                       |

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2028 0 Y 0 M 11 D (M)  
 Dr. DINESH KUMAR CHIRLA



3



**ACTIVITY RECORD FOR BILLING**

Name : BIO G. Subha Nandini

UHID No. : 656412 IP No. : 00174197 Consultant: Dr. D. Dixit Dept : NICU

Date of Admission: 22/5/26 Time : \_\_\_\_\_ 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  | <u>Dr. Harish</u>    | <u>29/5/26</u> | <u>9633690</u> |           |
| 2  | <u>Dr. Sreekanth</u> | <u>29/5/26</u> |                |           |
| 3  |                      |                |                |           |
| 4  |                      |                |                |           |
| 5  |                      |                |                |           |
| 6  |                      |                |                |           |
| 7  |                      |                |                |           |
| 8  |                      |                |                |           |
| 9  |                      |                |                |           |
| 10 |                      |                |                |           |



**MEDICAL EQUIPMENT (WARD & ICU)**

| Date         | Name of Equipment | Connecting Time   | Disconnecting Time | Order No. | Signature |
|--------------|-------------------|-------------------|--------------------|-----------|-----------|
| 28/5/26      | Inj. monitor      | 22/5/26<br>7:14pm |                    | 9621715   | }         |
|              | Nitric oxide      |                   |                    |           |           |
|              | sys. Pump - (1)   |                   |                    |           |           |
|              | sys. Pump - (2)   |                   |                    |           |           |
|              | sys. Pump - (3)   |                   |                    |           |           |
| 28/5/26      | sys. Pump - (4)   | 22/5/26           |                    | 962298    | }         |
|              | sys. Pump - (5)   |                   |                    |           |           |
|              | Inj. monitor      |                   |                    |           |           |
| 29/5/26      | Inj. monitor      | 27/5/26<br>3pm    |                    | 9630644   | }         |
|              | Inj. monitor      |                   |                    |           |           |
|              | sys. Pump - (1)   |                   |                    |           |           |
|              | sys. Pump - (2)   |                   |                    |           |           |
|              | sys. Pump - (3)   |                   |                    |           |           |
|              | sys. Pump - (4)   |                   |                    |           |           |
|              | sys. Pump - (5)   |                   |                    |           |           |
|              | sys. Pump - (6)   |                   |                    |           |           |
| nitric oxide |                   |                   |                    |           |           |
| 28/5/26      | Inj. monitor      | 28/5/26<br>4:50pm |                    | 9631573   | }         |
|              | sys. Pump - (1)   |                   |                    |           |           |
|              | sys. Pump - (2)   |                   |                    |           |           |
|              | sys. Pump - (3)   |                   |                    |           |           |
|              | sys. Pump - (4)   |                   |                    |           |           |
|              | sys. Pump - (5)   |                   |                    |           |           |
| 30/5/26      | Inj. monitor      | 28/5/26           |                    | 9631580   | }         |
|              | sys. Pump - (1)   |                   |                    |           |           |
|              | sys. Pump - (2)   |                   |                    |           |           |
|              | sys. Pump - (3)   |                   |                    |           |           |
|              | sys. Pump - (4)   |                   |                    |           |           |
|              | sys. Pump - (5)   |                   |                    |           |           |
| 30/5/26      | sys. Pump - (6)   | 28/5/26           |                    | 9631573   | }         |
|              | sys. Pump - (6)   |                   |                    |           |           |





Sheet No: ①

REGULAR PRESCRIPTIONS

Weight 2.1 kg Ward 102

**DRUG: INT. MEROPENAM** Date/Time 22/5 23/5 24/5

| Dose | Route | Frequency | Start Dt. |
|------|-------|-----------|-----------|
| 42mg | IV    | BD        | 22/5      |

Name & Signature of the Doctor Starting the Drugs: *Dr. M. Maulu*

Additional Instructions: 20mg/kg/dose

Daily Doctor's Endorsement by a Sign: *Dr. M. Maulu*

*Stop 24/5/26*

**DRUG: INT. COLISTIN** Date/Time 22/5 23/5 24/5

| Dose  | Route | Frequency | Start Dt. |
|-------|-------|-----------|-----------|
| 42000 | IV    | BD        | 22/5      |

Name & Signature of the Doctor Starting the Drugs: *Dr. M. Maulu*

Additional Instructions: 20,000 IU/kg (dose) (renal safe dose)

Daily Doctor's Endorsement by a Sign: *Dr. M. Maulu*

*Stop 24/5/26*

**DRUG: INT. TEICoplanen** Date/Time 22/5 23/5 24/5 25/5 26/5 28/5 29/5

| Dose   | Route | Frequency     | Start Dt. |
|--------|-------|---------------|-----------|
| 16.8mg | IV    | Alternate day | 23/5      |

Name & Signature of the Doctor Starting the Drugs: *Dr. M. Maulu*

Additional Instructions: 8mg/kg/dose  
 200mg vial + 10ml D<sub>5</sub>W (take 0.2ml of it + 2ml D<sub>5</sub>) do infusion over 1 hour

Daily Doctor's Endorsement by a Sign: *Dr. M. Maulu*

*Stop 28/5*

**DRUG: Inj. CEFTAZIDIME + AVIBACTAM** Date/Time 25/5 26/5 27/5 28/5 29/5

| Dose | Route | Frequency | Start Dt. |
|------|-------|-----------|-----------|
| 40mg | IV    | OD        | 25/5      |

Name & Signature of the Doctor Starting the Drugs: *Popathe [e4PR-9.7]*

Additional Instructions: 19mg/kg/dose

Daily Doctor's Endorsement by a Sign: *Dr. M. Maulu*

*1 vial = 2.5g → dilute 10ml D<sub>5</sub> water → 1ml = 200mg (Ceft.)  
 1ml + 2ml D<sub>5</sub> → 1ml = 40mg Cefazidime → take 1ml + 2ml D<sub>5</sub> over 30 min*

VERIFIED BY: [Signature]

VERIFIED



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 2.1 kg

Ward .....

| DRUG : Inj. AZITREONAM  |       |           |           | Date   |      |      |      |      |
|---|-------|-----------|-----------|--|------|------|------|------|
| Dose  | Route | Frequency | Start Dt. | Time   |      |      |      |      |
| 31.5mg  | IV    | Q8H       | 25/5/26   | 6am  | 25/5 | 26/5 | 27/5 | 28/5 |
| Name & Signature of the Doctor Starting the Drugs:<br>Poopthi |       |           |           | <del>25/5</del><br><del>26/5</del><br><del>27/5</del><br><del>28/5</del><br><del>29/5</del>  |      |      |      |      |
| Additional Instructions:<br>15mg/kg/dose                      |       |           |           | <del>10pm</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del><br><del>9am</del><br><del>10am</del><br><del>11am</del><br><del>12pm</del><br><del>1pm</del><br><del>2pm</del><br><del>3pm</del><br><del>4pm</del><br><del>5pm</del><br><del>6pm</del><br><del>7pm</del><br><del>8pm</del><br><del>9pm</del><br><del>10pm</del><br><del>11pm</del><br><del>12am</del><br><del>1am</del><br><del>2am</del><br><del>3am</del><br><del>4am</del><br><del>5am</del><br><del>6am</del><br><del>7am</del><br><del>8am</del> < |      |      |      |      |



**STAT / ONCE ONLY DRUGS**

Name: .....

Weight: 2.1 kgs

Sheet No: .....

| DATE | TIME    | MEDICATION                            | DOSAGE & OTHER INSTRUCTIONS | ROUTE          | SIGNATURE |         |         |
|------|---------|---------------------------------------|-----------------------------|----------------|-----------|---------|---------|
|      |         |                                       |                             |                | Doctor    | Nurse-1 | Nurse-2 |
| 25/5 | 1:15am  | SOP                                   | 15ml/kg                     | IV             | ☐         | B       | Abin    |
| 25/5 | 1am     | IVIG                                  | 1g/kg                       | IV             | ☐         | B       | Abin    |
|      |         | 0.5 ml/kg/hr → for 1 hour.            |                             |                |           |         |         |
|      |         | ↓                                     |                             |                |           |         |         |
|      |         | 1 ml/kg/hr → for 1 hour.              |                             |                |           |         |         |
|      |         | ↓                                     |                             |                |           |         |         |
|      |         | 2 ml/kg/hr → for 1 hour.              |                             |                |           |         |         |
|      |         | ↓                                     |                             |                |           |         |         |
|      |         | 4 ml/kg/hr → Rest.                    |                             |                |           |         |         |
| 25/5 | 3:30am  | IV AZTREONAM                          | 30mg/kg                     | W              | ☐         | B       | Abin    |
| 26/5 | 10:00am | INT. ALBUMIN (5%)                     | 10ml/kg                     | IV over 1 hour | ☐         | B       | Abin    |
| 27/5 | 8pm     | IV ALBUMIN 5%                         | 10ml/kg over 1 hr           | IV             | ☐         | B       | Abin    |
| 27/5 | 8:10pm  | IV KCL                                | 1mg/kg                      | IV             | ☐         | B       | Abin    |
|      |         | Dilute 10ml KCL with 90ml 0.9% NS     |                             |                |           |         |         |
|      |         | Take 10.5ml of it & give over 6 hours |                             |                |           |         |         |



|                                |            | Date<br>Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|--------------------------------|------------|--------------|------------|------------|------------|------------|
| DRUG :                         |            | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Route                          | Start Date | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Name & Signature of the Doctor |            | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Additional Instructions:       |            | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |

| VARIABLE DOSE                  |            | Date<br>Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|--------------------------------|------------|--------------|------------|------------|------------|------------|
| UG :                           |            | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Route                          | Start Date | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Name & Signature of the Doctor |            | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Additional Instructions:       |            | Dose         |            | Dose       |            | Dose       |
|                                |            | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |

STAT / ONCE ONLY DRUGS

| Date            | Time           | Medication                | Dosage & Other Instructions | Route         | Signature    | Nurses                     |
|-----------------|----------------|---------------------------|-----------------------------|---------------|--------------|----------------------------|
| 22/5            | 2AM            | FNT ALBUMIN (5ml/kg)      | (20%)                       | ILV           | R            | Phanish<br>Kumar<br>Sharma |
| 22/5            | 11PM           | RDP                       | 15ml/kg                     | DV            | R            | Sharma                     |
| 23/5            | 2AM            | INO FRUSEMIDE             | 1mg/kg                      | ILV           | R            | Sharma                     |
| 23/5            | 11:00AM        | GLYCERINE                 | 0.5ml to 0.5ml/kg           | PR            | Aash         | Sharma                     |
| 23/5            | 5PM            | Hydrocortisone            | 1mg/kg/dose                 | IV            | Aash         | Held                       |
| <del>24/5</del> | <del>5PM</del> | <del>Hydrocortisone</del> | <del>1mg/kg</del>           | <del>IV</del> | <del>R</del> | <del>Sharma</del>          |
| 24/5            | 5PM            | ALBUMIN                   | 5ml/kg 20%                  | Wave 6hrs     | R            | Aash 5PM                   |
| 24/5            | 5:30AM         | Hydrocortisone            | 1mg/kg                      | DV            | R            | Sharma                     |

Signature  
VERIFIED BY Name



I.V. FLUIDS CHART

Weight. 21 ..... Ward. P2

| Date | Time | Composition of I.V. Fluid<br>(If infusion, mention ml/hr = Mcg/kg/min. etc) | Route           | Flow Rate<br>ml/hr | Doctor<br>Sign | Nurse<br>Sign             | Date of<br>Stopping | Doctor<br>Sign | Nurse<br>Sign             |
|------|------|---|-----------------|--------------------|----------------|---------------------------|---------------------|----------------|---------------------------|
| 22/5 | 8am  | 70 - 100cc/kg/day<br>1/2 DNS + 1mg/kg<br>KCL +                              | central<br>line | 45ml               | R              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |
| 22/5 | 8am  | Amivon 2g/kg<br>INT HEP-NS<br>1.5ml + 47.5ml<br>1/2 NS                      | central<br>line | 0.2                | R              | <del>Shorath</del><br>now | 23/5                | L              | <del>Shorath</del><br>now |
| 22/5 | 8am  | INT HEP-NS +<br>1.5ml + 47.5ml<br>1/2 NS                                    | central<br>line | 0.2ml              | R              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |
| 22/5 | 8am  | INT. ADRENALINE<br>1mg + 4cc  |                 | 0.5ml              | d              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |
| 22/5 | 8am  | INT NORADRENALINE<br>1mg + 4cc  |                 | 0.2ml              | d              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |
| 22/5 | 8am  | INT FENTANYL<br>2ml + 3ml<br>NS   |                 | 0.5ml              | d              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |
| 22/5 | 8am  | PD fluid<br>1.7% Peritoneal<br>fluid +<br>40ml 25% DEXTRO<br>HEP-NS - 0.5ml |                 |                    | R              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |
| 22/5 | 9am  | INT FROSEMPA<br>0.1mg/kg (6hr<br>0.5ml + 1.9ml NS)                          |                 | 0.5ml              | R              | <del>Shorath</del><br>now | 23/5                | R              | <del>Shorath</del><br>now |

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



**I.V. FLUID CHART**

| DATE | TIME  | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.)                                   | ROUTE        | Flow Rate<br>(ml/hr) | Doctor Sign.      | Nurse Sign.       | Date of Stopping | Doctor Sign. | Nurse Sign.       |
|------|-------|--|--------------|----------------------|-------------------|-------------------|------------------|--------------|-------------------|
| 27/5 | 9am   | 4.1% PD fluid<br>100ml of 25%<br>dextrose +  | PR           | 12ml/hr              | [Signature]       | <del>ADIN</del>   | 28/5             | [Signature]  | <del>Mou</del>    |
|      | 9am   | 0.5ml heparin<br>(500IU) +<br>cefazolin-125mg  |              |                      |                   | <del>Mou</del>    |                  |              | <del>Bhanti</del> |
| 27/5 | 9am   | TN-120ml/kg<br>10% TPN   | central line | 12ml/hr              | [Signature]       | <del>ADIN</del>   | 28/5             | [Signature]  | <del>Mou</del>    |
|      |       |  |              |                      | <del>Mou</del>    | <del>Bhanti</del> |                  |              |                   |
| 27/5 | 9am   | Fuj. PENTANYL<br>2ml + 2ml NS  | central line | 0.2ml/hr             | [Signature]       | <del>ADIN</del>   | 28/5             | [Signature]  | <del>Mou</del>    |
|      |       |  |              |                      | <del>Mou</del>    | <del>Bhanti</del> |                  |              |                   |
| 27/5 | 9am   | Fuj. MIRBINONE<br>1.5mg/kg in<br>50ml 5% D   | central line | 0.3ml/hr             | [Signature]       | <del>ADIN</del>   | 28/5             | [Signature]  | <del>Mou</del>    |
|      |       |  |              |                      | <del>Mou</del>    | <del>Bhanti</del> |                  |              |                   |
| 27/5 | 9am   | Fuj. NORADRENALINE<br>0.3mg/kg in 50ml 5% D  | central line | 0.1ml/hr             | [Signature]       | <del>ADIN</del>   | 28/5             | [Signature]  | <del>Mou</del>    |
|      |       |  |              |                      | <del>Mou</del>    | <del>Bhanti</del> |                  |              |                   |
| 27/5 | 9am   | Fuj. FURSEMIDE<br>0.5ml + 1.9ml<br>NS  | central line | 0.1ml/hr             | [Signature]       | <del>ADIN</del>   | 28/5             | [Signature]  | <del>Mou</del>    |
|      |       |  |              |                      | <del>Mou</del>    | <del>Bhanti</del> |                  |              |                   |
| 27/5 | 9pm   | 0.2ml/kg/hr<br>Fuj. 3% Nacl<br>0.5ml/kg/hr   |              | 0.2ml/hr             | [Signature]       | <del>Mou</del>    | 28/5             | [Signature]  | <del>Mou</del>    |
|      |       |  |              |                      | <del>Bhanti</del> | <del>Bhanti</del> |                  |              |                   |
| 28/5 | 11 AM | INT. SILDENAFIL<br>dilute. 12.5ml (10mg)<br>+ 7.5ml 0.5%<br>DEXTROSE (0.5mg/ml)<br>take 6.7ml + 3.3ml<br>5% DEXTROSE |              | 0.4ml/hr             | [Signature]       | <del>ADIN</del>   |                  |              |                   |

SAH-00856412  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



# DRUG CHART

Date of Admission: ..... Drug Allergies:   NG    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)

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight: 2.1kg Ward: PCJ



DRUG: INJ. MEROPENAM Date/Time 22/5

Dose: 200mg Route: IV Frequency: TID Start Date: 22/5

Name & Signature of the Doctor: Dr. Maulik

Additional Instructions: 40mg/kg/dose

Daily Doctor's Endorsement by a Sign

DRUG: INJ. COLISTIN Date/Time 22/5

Dose: 34000mg Route: IV Frequency: TID Start Date: 22/5

Name & Signature of the Doctor: Dr. Maulik

Additional Instructions: 40,000 IU/kg/dose

Daily Doctor's Endorsement by a Sign

DRUG: INJ. TETRACYCLINE Date/Time 22/5

Dose: 16.8mg Route: IV Frequency: OD Start Date: 22/5

Name & Signature of the Doctor: Dr. Maulik

Additional Instructions: 200mg vial + 1ml DSW

Daily Doctor's Endorsement by a Sign

DRUG: INJ. LIPIDSONAL AMPHOTERICIN-B Date/Time 22/5, 23/5, 24/5, 25/5, 26/5, 27/5, 28/5, 29/5, 30/5

Dose: 10.5mg Route: IV Frequency: OD Start Date: 22/5

Name & Signature of the Doctor: Dr. Maulik

Additional Instructions: 50mg vial + 10ml D5 (1ml=5mg)

Daily Doctor's Endorsement by a Sign

Handwritten note: (take 0.2ml of 9+ + 2ml D5 IV injection over 1 hour)

Handwritten note: (1ml=5mg) take 2ml + 1ml D5 IV injection over 1 hour

Vertical text on the left margin: VERIFIED

11/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 16 PMA: 38+2  
 Term  Preterm  Gestation : 36 Corrected Gestational Age: .....

| Problems : |                              |                     |
|------------|------------------------------|---------------------|
| S.No.      | Current                      | Past Problems       |
| 1.         | Late preterm / CBW           | hypocalcaemia       |
| 2.         | Sp - Supracardiac TAPVC      | left grade IV bleed |
| 3.         | repair (POD-15)              |                     |
| 4.         | PPHN / SVT / atrial ectopics |                     |
| 5.         | Suspected sepsis             |                     |
| 6.         | AKI, hypocalcaemia           |                     |

Today's Weight : .....

**OVERVIEW**

**Respiratory Support :**  Yes  No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  iNO  PPM

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO<sub>2</sub>..... Oxygen : ..... L/min

Last CXR : 8/1/26 Spo<sub>2</sub>.....

ET Secretions : Clear  Thick  Yellow  Last ABG: 7.19/45/117/1 -ve - 1.5,  
 Change over the Last 24 Hours: on HFOV + iNO (15 > 20) Bic - 15.8,  
 FiO<sub>2</sub> - 60%, Base excess - -10.0  
 MAP - 12, NR - 126, OI - 6.1  
 frequency - 14, Δp - 20 > 23 > 20 > 25

**RESPIRATORY SYSTEM**

**Plan of Care :**  
 SpO<sub>2</sub> - 96% - on Adrenaline infusion  
 PR - 186 beats - on lax (0.1 mg/kg/hr)  
 BP - 51/34 (34-40) - PICC line filled by oxygen  
 - sildenafil - stopped. Issues: Tachycardia, oliguria

**CARDIO VASCULAR SYSTEM**

**Neurological Examination :** .....

Sedation: fentanyl

**CNS**  
 Last Neurosonogram : left grade IV bleed Any Seizures: .....

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: 33.5 cm

Input: ..... / (+/-) ..... Output: ..... ml/kg/d Urine Output: ..... ml/kg/hr Stools: passed

IV Fluids - Type of IVF: ..... @ ..... ml/hr

Feeding: EBM  Formula  Donor BM  Volume: 150ml/kg/day Frequency: .....

TPN:  Yes  No - If yes, details: ..... Calories: .....

Abdominal Examination: ..... PIA - distended, soft

Urine output - 0.2ml/kg/hr

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

PD cycles - 30 cycles - (-250ml)

cumulative - (+17ml)

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : ..... 14ml

Sepsis screen: .....

Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF : .....

**INFECTION**

| Antibiotic | Sl.No. | Drugs             | Days | Notes  |
|------------|--------|-------------------|------|--|
|            | 1.     | Cefta + Aribactam | D8   | Fuj. levipil<br>Tab. propranolol - stat<br>Glycerine |
|            | 2.     | Aztreonam         |      | Fuj. Hydrocort                                       |
|            | 3.     |                   |      | Nes. ilidprost                                       |
|            |        |                   |      | - ongoing PD - 4% dextrose (45min)                   |

**Plan of Treatment :**

- continue HFOV + iNO (20ppm), FiO2 60%
- TV - 150ml/kg/day
  - 19ml 2nd hely [110ml/kg]
  - medication [15ml/kg]
  - Rest [25ml/kg]
- Blood gas } RBS } 6th hourly
- ongoing cardiac & nephro review
- Target SpO2 - 90 to 95%
- MBP - 40 to 45
- Urine output - 1 to 4ml/kg/hr
- pH - 7.25 to 7.35 [pH > 7.25]
- continue PD cycles [45min]
- I/O charting 6th hourly
- Trace Rf2 reports

Jul 26 - D8

general PD

live PD

pulling PD

PD check

urinary cath

10% Isopt + BNa + K2

D2

D6

D2

Doctor's Name (Handover given) : Dr. Anurag

Signature : Dr. Anurag

Date & Time: 16/06, 6:00 AM

Doctor's Name (Handover taken) : Dr. Maulik

Signature : Dr. Maulik

Date & Time: 17/6/26

BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI (M)  
 18-05-2026 0 Y 0 M 15 D  
 Dr. DINESH KUMAR CHIRLA

88



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes        | Doctor's Order              |
|----------------|-----------------------|-----------------------------|
| 1/6<br>9:30 AM |                       | flu - by doctor             |
|                | FVC - full            | → change to not a demaline  |
|                | bladder - not visible | → discuss with nephrologist |
|                |                       | Hold Kel                    |
|                |                       |                             |
|                |                       |                             |
|                |                       | Noted by<br>Swetha          |
|                |                       | 012824                      |
|                |                       | 1/06/26.                    |
|                |                       | @                           |
|                |                       | 9.30 Am.                    |
|                |                       |                             |
|                |                       |                             |
|                |                       |                             |
|                |                       |                             |

BAH-00656412 IPS-00174461  
 Baby Of G SUBHA NANDINI  
 16-05-2026 0 Y 0 M 16 D (M)  
 Dr. DINESH KUMAR CHIRLA



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time              | Progress Notes                        | Doctor's Order                                       |
|--------------------------|---------------------------------------|--|
| <p>16/5<br/>10:44 AM</p> |                                       | <p>seen by Dr. Dinesh sir</p>                        |
|                          |                                       |  |
|                          |                                       | <p>→ continue - MAP - 12</p>                         |
|                          |                                       | <p>Δp - 25 freq - 12</p>                             |
|                          |                                       | <p>→ add 2mg/kg<br/>NATHEO3</p>                      |
|                          |                                       | <p>→ change - PD catheters</p>                       |
|                          |                                       | <p>send PD fluid<br/>for microscopy<br/>cultures</p> |
|                          | <p>Noted by<br/>Swetha<br/>012824</p> | <p>→ send CRP<br/>CRP / low</p>                      |
|                          | <p>106 @</p>                          | <p>→ ABG at 2 PM</p>                                 |
|                          | <p>10:45 AM</p>                       | <p>→ avoid isotopes</p>                              |
|                          |                                       | <p>→ review antibiotic -<br/>after CRP</p>           |
|                          |                                       | <p>→<br/>Amantadine</p>                              |

90

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time       | Progress Notes       | Doctor's Order                                |
|-------------------|----------------------|---|
| 1/6<br>@ 11:34 AM |                      | Discussed with<br>Dr. Satya Prasad<br>sir     |
|                   |                      |   |
|                   |                      |   |
|                   |                      | → Make PD-cycle<br>slowly                     |
|                   |                      | → give albumin<br>↓<br>mid transition<br>12hr |
|                   |                      |   |
|                   |                      |   |
|                   |                      |   |
|                   |                      | → Dr. Nandha                                  |
|                   |                      |   |
| 1/6<br>@ 11:55 AM |                      | seen by Dr. Pratyush<br>sir                   |
|                   |                      |   |
|                   | Noted by<br>Sweetha* | → send CBP/CPA                                |
|                   | 012824<br>1106/26    | → give albumin                                |
|                   | @                    |   |
|                   | 11:34 AM             | → Dr. Nandha                                  |



BAH-00656412 IPS-00174461  
 Baby Of G SUBHA NANDINI  
 16-05-2026 0 Y 0 M 16 D (M)  
 Dr. DINESH KUMAR CHIRLA

92

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes  | Doctor's Order  |
|-----------------|---|---|
| 16<br>@ 5 PM    |   | seen by Dr. Dinesh Sir  |
|                 | Noted by Swetha<br>012824<br>1106 @<br>5pm.   | <ul style="list-style-type: none"> <li>→ Flush P &amp; Calves</li> <li>→ NaHCO<sub>3</sub> → over 6 hours</li> <li>→ ↓ freq → 13</li> <li>for Dr. Naullat</li> </ul>                      |
| 16<br>@ 5:26 PM | evening rounds<br>16 day   36 → 39 + 2  | plan  |
|                 | <ul style="list-style-type: none"> <li>v → baby on HFV.</li> <li>MAP-12</li> <li>freq-13 Δp-30</li> <li>fio<sub>2</sub>-60%</li> <li>PNO-15</li> <li>VTf-5.6</li> <li>ΔCO<sub>2</sub>-45</li> </ul> | <ul style="list-style-type: none"> <li>continue HFV</li> <li>MAP-12, freq-13 ↓</li> <li>Δp-30</li> <li>continue PNO-15 PPM</li> <li>Plw - to decrease to 10 PPM agree with ABG</li> </ul> |
|                 | gae - 7.17   42.7   11.5   14.8   | TV → 150 ml/kg/day  |
|                 | C → HR-169 bpm<br>BP- 65/41 (53)  | <ul style="list-style-type: none"> <li>19 ml/kg</li> <li>20 ml med</li> <li>100 cal</li> <li>for</li> </ul>   |

03

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes  | Doctor's Order  |
|-------------|---|---|
|             | <p>On nor ace - 0.05mg<br/>           On caein - 0.1mg/kg</p> | <p>↑ NADPO<sub>2</sub> correction<br/>           Over slow</p>  |
|             | <p>p/A - mild decrease<br/>           soft</p>                | <p>→ send peritoneal<br/>           fluid - cell count<br/>           culture</p>                       |
|             | <p>PD - catheter - re-position<br/>           by done</p>     | <p>→ PCT - to send<br/>           (procalcitonin)</p>   |
|             | <p>given albumin</p>  | <p>→ ↑ caein - 0.2mg/kg</p>   |
|             | <p>PD - cycle - 10 cycles<br/>           completed</p>        | <p>→ CBP ↑ tomorrow<br/>           RT<sub>2</sub></p>   |
|             | <p>v/o - 0.1ml/hr - 50ml<br/>           1.5ml (total)</p>     | <p>↓<br/>           Transillucent</p>   |
|             |   | <p>Noted by<br/>           Swetha<br/>           012824<br/>           1106126 @<br/>           6pm</p> |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes            | Doctor's Order   |
|-------------|---------------------------|--|
| 16/26       | Night Round               |  |
| 10pm        | on HFOV                   | Plan   |
|             | MAP - 12, freq 13         |  |
|             | ΔP - 30                   | → Continue HFOV + iNO                                      |
|             | P <sub>iO2</sub> - 60%    | 15ppm  |
|             | iNO - 15ppm.              | → TV - 150cc/kg/day  |
|             | VTe - 4.7                 |  |
|             | D <sub>CO2</sub> - 33.5   | 19ml/2nd hely  |
|             | Last gas:                 | 20cc/kg 20cc<br>medi ↓<br>10% drop<br>+ NaHCO <sub>3</sub> |
|             |                           | → Continue NaHCO <sub>3</sub>                              |
|             |                           | till blues.  |
|             | Cardiac:                  |  |
|             | HR - 179/min.             | → Trace Procalcitonin                                      |
|             | BP - 58/34(46)            | and PD fluid   |
|             | Ongoing Nadd - 0.05mcg    | analysis   |
|             | Ongoing lasix 0.2mg/kg/hr | → R/r Propanolol   |
|             | P/A - soft                | night dose.  |
|             | w/o - 1cc/kg/hr (14.7ml)  |  |
|             | PD cycles - 3 cycles      | → Send CBP,  |
|             | Albumin given (85ml)      | NP <sub>2</sub> , Albumin                                  |
|             |                           | → w/t tachycardia,   |
|             |                           | hypotension  |
|             | Noted by                  |  |
|             | Abin                      |  |
|             | 15:30 F                   |  |
|             | @ 9pm                     |  |
|             | 11/6/26                   |  |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                  | Progress Notes  | Doctor's Order   |
|------------------------------|---|--|
| 1/6/26<br><del>10:30pm</del> |   | Seen by Dr. Nitesh   |
|                              | on HFV<br>MAP - 12<br>AP - 30<br>F - 13<br>FiO <sub>2</sub> - 80%<br>iNO - 15ppm. | → iNO 15 → 20ppm<br>+ 13 → 12.<br>wean FiO <sub>2</sub> until 60%                  |
|                              | Last gas : 7.17/51/76<br>- 8.5/16-6.  | → ABG }<br>RBS } 6th July  |
|                              | BP - 60/37 (47)<br>on 0.05mg Nor Ad<br>HR →<br>Aft } 180/min                      | → TV - 150cc/kg/day<br>110cc feed    20cc meds    20cc 10% dext                    |
|                              | U/O -<br>Input - 526 ml<br>output - 470 ml<br>+ 56 ml                             | → Next Propofol dose at 6am.<br>after consulting doctor                            |
|                              | bed sore - 30 see back  | → CBP, RP <sub>2</sub> , Albumin tomorrow to gas                                   |
|                              | PCT - 2.56.   | → Trace PD fluid analysis<br>Continue HCO <sub>3</sub> 2mg/kg in maintenance fluid |

Noted  
 Abin  
 15:30 P  
 1/6/26  
 @10:30pm

Dr. Nitesh

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174461      Admit Date : 28-May-2026      Admit Time : 04:42 PM      UHID : BAH-00656412

**Patient Details :**

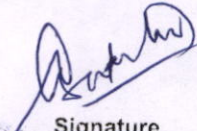
|              |   |                |                           |
|--------------|---|----------------|---------------------------|
| Patient Name | : Baby Of G SUBHA NANDINI   | Age            | : 0 Y 0 M 12 D            |
| Guardian     | : Mr G S V SURYAKANTH   | DOB            | : 16-05-2026 07:32 AM     |
| Gender       | : Male  | Religion       | :                         |
| Occupation   | :   | Marital Status | : Single                  |
| Address (H)  | : H NO 2-2-1136/2/A, NEAR NEW RAMALAYAM<br>Nallakunta Hyderabad Telangana INDIA<br>500044 | Phone No       | : 7093542453/ 7731986591  |
|              |   | E-mail         | : SURYAKANTH030@GMAIL.COM |

**Admission Details :**

|          |                            |                |               |           |                          |
|----------|----------------------------|----------------|---------------|-----------|--------------------------|
| Bed Type | : NICU FAMILY CENTRIC ROOM | Bed No         | : NICU FC 291 | Ward Name | : 2F-NICU FAMILY CENTRIC |
| Room No  | : NICU FC 291              | Admission Type | : First Visit |           |                          |

**Contact Details :**

|                 |  |              |                |
|-----------------|--|--------------|----------------|
| Name            | : Mr G S V SURYAKANTH  | Relationship | : Father       |
| Contact Address | : H NO 2-2-1136/2/A, NEAR NEW RAMALAYAM<br>Nallakunta Hyderabad Telangana INDIA 500044 | Phone No     | : 7093542453 / |

  
Signature

**Doctor Details :**

|                 |                           |                |                           |
|-----------------|---------------------------|----------------|---------------------------|
| Doctor Name     | : Dr. DINESH KUMAR CHIRLA | Specialisation | : NEONATAL INTENSIVE CARE |
| Referral Doctor | : Self                    | Phone No       | :                         |
| Co-Consultant   | :                         |                |                           |

**Payment Details :**

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

*RE - ADM*



# CROSS CONSULTATION FORM

Doctor Name: Dr. Ranjya B. Date: 27/6/26 Time: 11 AM

Diagnosis: .....

Hospital: Rainbow childrens Hospital  
Banara Hill

**Type of Referral :**  
 Emergency  
 Urgent  
 Non Urgent

Referred for:  Opinion  Co-Management  Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

A. of life.

Dr. Ranjya  
Dr. Vinet

Neurological

Systemic

- Rived 100% to  
 Te bleed + ICH (IV).  
 + cerebellar bleed.  
 - Encephalopathy.  
 - Evolving hydrocephalus  
 + significant  
 supratentorial  
 cerebellar edema.

- Anteriorly detected  
 PAOV captured as  
 A of life).  
 - ECHO - SHOV  
 - PAH.  
 - PD, AK I (coligueria)  
 (since du).

**Consultant :**

Name: Dr. Ranjya Signature: [Signature] Date & Time: 27/6/26

O/E:

- Deep stimulation = -> AF full bulging  
-> R flexion movements,  
partial eye opening, some toe  
movements  
pupils equal & reactive

Imp: - Antenatally diagnosed & treated  
TAPAC (operated) with AB 1 (Gp)  
post-op 1d bleed @ 10 bleed  
+ @ cerebellar bleed + grade IV  
IVH

Adv:

- levofloxacin loading & b  
maintenance dose.  
- parents counselled.

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 11 D (M)  
 Dr. DINESH KUMAR CHIRLA



# CROSS CONSULTATION FORM

Doctor Name : Dr. Praveeth K Date : 27/5/2026 Time : 11:40 am

Diagnosis : (L) P/O' ICH

Hospital : RCH, Banjara Hills

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

36 weeks (Antenatally diagnosed supra cardiac TAPVC  
 ↓ Obstruction  
 ↓ Correction done  
 ↓ ECMO / HFO / PD for AKI)

NCCT head :  
 Large (L) P/O' ICH @ ME @ MLS  
 (R) IVH gr 2  
 Ventriculomegaly +ve  
 Eye opening +ve  
 AF - full  
 Sutures separated  
 limbs - flaccid  
 (P. systemic factors)  
 drug induced

Dr. Dinesh / Dr. Ranya

- ① plan to continue medical management
- ② To consider 3r. NS / Levitraetans
- ③ parents counselled

**Consultant :**

Name : Dr. Praveeth Signature : [Signature] Date & Time : 27/5/2026

(4) Omomya may be  
considered ~~to~~ in case  
punctate / Punctuloides  
measurements



# CROSS CONSULTATION FORM

Doctor Name : Dr. Shweta Date : 28/5/20 Time : 8 PM

Diagnosis : .....

Hospital : pest

Type of Referral :  
 Emergency  
 Urgent  
 Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

### Findings and Recommendations :

ECHO : → GPM  
s/p TAPVC, small PAM (+)  
enlarged RV, RV  
RV function slightly better  
than earlier  
IVC paradoxical  
Aortic 0.9 msec  
PA — 0.9 msec  
Good LV fun<sup>n</sup>  
Intact IAS  
IVC congested

Consultant :  
Name : \_\_\_\_\_ Signature : [Signature] Date & Time : \_\_\_\_\_

conference to 2A midobstruktive

Adw :->

ct INO 15ppm.

- sung usg to assess  
renalley blues

- IV nitroprusside  
0.15 ug / 1ug/min.

- consider IV sildunafil  
tomorrow morning.  
If B.P stabilises.

Emt



swetha

# CROSS CONSULTATION FORM

Doctor Name : DR. Bhargava Date : 23/5/26 Time :

Diagnosis :

Hospital : Rainbow Childrens Hospital  
Banara Hills

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

Echocardiography - mild TR gd 25 mtg.  
septal movement & lateral wall RV movement better than yesterday  
B.P - 74/48 mtg 59 mtg.  
LA - 10 mm.  
mild turbulence in pv noted but individual pulmonary veins not seen.  
RV & LV function better

Consultant :

Name : DR. Bhargava Signature : Date & Time : 23/5/26

PFO not seen.

pulmonary velocity - 1 m/sec.

both branch PA flows (7)

no effusion.

Adv: →

TO keep ino. while chest closure

IV Milrinone 0.2 ug/kg/min.

ayth discussing at surgeon.

Ech

Echo -

9.40 pm

23/05/2026.

LA - 8mm (morning 10)

RA, RV more dilated

IVC paradoxical

PAH ++ moderate IR.

IVC same 5mm as

morning

fair iv fun?

RV dysfunction.

EF - 50%.

lungs

(secondary to lung congestion and edema)



# CROSS CONSULTATION FORM

Doctor Name : Dr. K Ganapathy Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

16/05/26

Ht: 750

CvP - 6.7

SpO2 - 93%

RR - 78/50 @ 62

Stable hemodynamics  
plan, drain removal tomorrow  
- chest closure in accordance to team  
inform not

Ganapathy

**Consultant :**

Name : Dr. Ganapathy Signature : ..... Date & Time : .....



# CROSS CONSULTATION FORM

Doctor Name : Dr. Manisha Date : 24/5/26 Time : .....

Diagnosis : FAPIC repair

Hospital : Rainbow Children's Hospital  
Banara Hills

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

Findings and Recommendations :

Echo : 24/5/26

- ① Dilated RA/RV
- ② ⊕ pHTN. (poor TR jet envelope)  
PG = 30 mmHg
- ③ Mild TR
- ④ Der Severe RV dysfs. Mild LV dysfs
- ⑤ IVC dilated & non collapsible  
w/ A-wave reversal in hepatic veins

MANISHA A

Consultant :

Name : Dr. Manisha Signature : \_\_\_\_\_ Date & Time : 24/5/26

BAH-00656412 IP5-00174197  
Baby Of G SUBHA NANDINI  
18-05-2026 0 Y 0 M 10 D (M)  
Dr. DINESH KUMAR CHIRLA



# CROSS CONSULTATION FORM

Doctor Name : Dr. Nabeel Date : 26/5/26 Time : 4pm

Diagnosis : .....

Hospital : Beth

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

## Procedure Notes

↳ In view of blocked PD  
● catheter (by omentum)

↓  
PD catheter changed.

In and outward flow  
of fluid free.

## Plan

→ P.D Catheter changed.

**Consultant :**

Name : Dr. Nabeel Signature : [Signature] Date & Time : 26/5/26



# CROSS CONSULTATION FORM

Doctor Name : Dr. Satya Prasad Date : ..... Time : .....

Diagnosis : .....

Hospital : PEH

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

seen by Dr. satyuprasad  
SIT

- add room 257. D in slit 1.7.1. PD
- check ABS 6 weekly
- if high ABS - use 257. D in PD
- 45 min cycle to cont we  
Input 25ml
- surgeon to review PD - catheter
- RPT AB2 - tomorrow
- cont lactin

add kepozolin - 125mg  
 heparin - 500 IU

**Consultant :**

Name : Satya Prasad Signature : \_\_\_\_\_ Date & Time : .....

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI (M)  
 18-05-2026 0 Y 0 M 10 D  
 Dr. DINESH KUMAR CHIRLA

**PERINATAL NUTRITION**

Patient Name : Blo. Subha Nandini 7.5% TPN Date : 23/5/26  
 UHID. NO: .....

Current (Maximum) Weight : 2.1kg  
 Fluid : 100 ml / kg / day  $\rightarrow$  210ml  $\rightarrow 189$   
 Feed : ..... ml / kg / day  $\frac{145}{100}$   
 Others : Tubercion med ml / kg / day  $\Rightarrow$  44ml  $RV = 109.2$   
           426ml 418 ml  
 TPN Fluid : ..... 166ml

|                                 | Daily Requirement    |               | Amount (ml)   | Calories     |
|---------------------------------|----------------------|---------------|---------------|--------------|
|                                 | Per KG               | Total         |               |              |
|                                 |                      |               | <u>24hrs</u>  | <u>48hrs</u> |
| Intra Lipid (20%) 1g = 5ml      | <u>0.5</u> g/kg      | <u>1g</u>     | <u>5ml</u>    | <u>10ml</u>  |
| Protein / Aminoveni 10, 1g=10ml | <u>2</u> g/kg        | <u>4.2g</u>   | <u>42ml</u>   | <u>84ml</u>  |
| 3% NaCl (1ml = 0.5 mEq)         | <u>1</u> mEq/kg      | <u>2.1mEq</u> | <u>4.2ml</u>  | <u>8.4ml</u> |
| KCL                             | mEq/kg               |               |               |              |
| POTPHOS (0.3 ml = 1.2 mEq K)    | 0.3 ml/kg            |               |               |              |
| Calcium Gluconate               | <u>2</u> ml/kg       | <u>4.2ml</u>  | <u>4.2ml</u>  | <u>8.4ml</u> |
| MVI                             | <u>0.5</u> 1 ml/kg   | <u>1ml</u>    | <u>1ml</u>    | <u>2ml</u>   |
| CELECEL (Trace Elements)        | <u>0.2</u> 1 ml/kg   | <u>0.4ml</u>  | <u>0.4ml</u>  | <u>0.8ml</u> |
| MgSo4                           | ml/kg                |               | <u>56.8ml</u> |              |
| Heplock (0.1 ml = 1 unit)       | 0.5 unit/ml of lipid |               |               |              |
| 5% Dextrose                     | <u>5% D</u>          |               | <u>74ml</u>   | <u>148ml</u> |
| 25% Dextrose                    | <u>25% D</u>         |               | <u>35ml</u>   | <u>70ml</u>  |
| TPN Fluid                       |                      |               |               |              |
| GIR                             |                      |               |               |              |
| NPC / Protein (gm)              |                      |               |               |              |

Total Calories:

Carbohydrates =  $166 \times 7.5 - 5 \times 109.2$   
 Proteins  
 Fats 20  
 $= 1245 - 546$   
20  
 $= 34.95$

Name : Dr. Anurha  
 Signature : Dr. Anurha  
 Date & Time : 23/5/26  
 Docu. No. : RCHB/FRM/CLINICAL / 113



# CROSS CONSULTATION FORM

Doctor Name : Dr. Shweta Date : 3/6/26 Time : 8:30 e

Diagnosis : .....

Hospital : Bell

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

Issues : → Desat  
pneumonia  
on f off rhythm Issues  
hypotension  
on Inotropes  
HFOV  
INO. Abdomen  
distended.  
? NEC.

ECHO → LA size 9mm.  
RA, RV dilated  
RV dysfunction TAPSE -4-5  
same as before.

**Consultant :**

Name : Dr. Shweta Signature : [Signature] Date & Time : 3/6/2026

@  
8:30 e

2-3m

RPA

RPA - 1m per RA - am/ve

RPA > RPA . RPA - 3-8mm RPA

primary research hours

see . RPA position prepared

IRC completed

step -

MODES

RPA dystem

primary dystem

line dystem

Plan : 1. IR

RA dystem

intention

0.2m 1kg 1hr

a.

INO at 30 ppm

3.

Back up pouring

Accept if necessary

at or

4. HPOV

Step



## ADMISSION CRITERIA – NICU

### Admission / Transfer from:

- Emergency     Outpatient (OPD)     Ward     Operation Theater     Others: .....

### Tick (✓) any of the following criteria requiring admission / transfer to NICU

#### Prematurity and Low Birth Weight Babies:

- Respiratory Distress
- Congenital Heart Disease
- Suspected or CONFIRMED SEPTICAEMIA
- Suspected or Diagnosed Meningitis
- UTI
- Septic Arthritis or Osteomyelitis
- Congenital Infections (Varicella, Pneumonia)
- Acquired Viral Illness
- Hyperbilirubinemia
- Severe Dehydration
- Bleeding Manifestations
- Neonatal Seizures
- Birth Asphyxia
- Surgical Problems
- Suspected Metabolic Disorders
- Dysmorphic Features
- Congenital Serious Cutaneous Disorder

#### Major Surgical Problems:

- Congenital Hydrocephalus
- Neural Tube Defects
- Choanal Atresia
- Trachea- Esophageal Fistula
- Esophageal Atresia
- Congenital Diaphragmatic Hernias
- Eventration of Diaphragm
- Congenital Cystic Adenomatoid Malformation
- Intestinal Atresias
- Gastric Volvulus
- Cleft lip or Cleft Palate
- Omphalocele / Gastrochiasis
- Anorectal Malformations
- Gross Hydronephrosis
- Posterior Urethral Valves
- Congenital Tumors
- Cystic Hygromas

#### Criteria for shifting inborn babies from wards to NICU:

- Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- Any Baby with Severe Jaundice Requiring Exchange Transfusion
- Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- Any Baby with Temperature Instability
- Any Baby with Signs of Sepsis
- Any Baby with Seizures
- Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: *[Signature]*

Name of the Doctor: *Dr. Neeraj*

Date & Time: *22/5/26 @ 7pm*

Patient Sticker



### DISCHARGE CRITERIA – NICU

**Discharge to:**

HDU / Step down ICU       Ward       Outside Facility       Others: .....

**Tick (✓) any of the following criteria requiring discharge / transfer from NICU**

- The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- Preterm babies maintaining normal temperatures (36.5-37.5°C) in room temperature.
- All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Subha nandini Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr. Dinesh chirla 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 subha nandini Mother's Blood Group : B+ve  
 Gender :  M  F Blood Group : B+ve Birth Weight (gms) : 2.01 kg Length (cms) : .....  
 Date of Birth : 16/5/26 Time of Birth : ..... OFC (cms) : .....  
 Place of Birth : REH-B Estimated Gesth Age : 36 wks

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....  
 Conception : Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : .....

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

### MATERNAL RISK FACTORS

|   |  |
|---|--|
| <p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs<br/>         Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br/> <b>H/o PIH (after 20 weeks) / PE</b><br/>         How many Drugs / Doses / Since how long : .....<br/>         H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....<br/>         IUGR - when detected : .....<br/>         Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....<br/>         AFI : .....</p> | <p><b>H/o GDM/ pre GDM/ on diet or insulin</b><br/>         Controlled or not, recent values, HbA1 values : .....<br/>         Compliance with Rx : .....<br/>         Scans : LGA, TIFFA , Fetal Echo : .....<br/> <b>H/o Hypothyroidism</b> : when diagnosed ? Medication?<br/>         Any other Chronic Medical Problems, when detected drugs ? .....<br/>         ( Anemia, SLE, Jaundice, CHD, Heart Disease )<br/>         Infection : H/O, Fever<br/>         ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )<br/>         UTI : when : ..... Any culture : .....</p> |
|---|--|

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



**SYSTEMIC EXAMINATION**

**RESPIRATORY SYSTEM:**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

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

HFVU - MAP-12/  
freq - 14, AP-35

Settings : .....

SpO<sub>2</sub>: ..... Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

**CARDIOVASCULAR SYSTEM :**

HR : ..... 150 bpm BP : .....

Precordial Activity : .....

Femoral Pulses : ..... feeble

Murmurs : ..... chest open

Other Peripheral Pulses : ..... feeble

Signs of Cardiac Failure : .....

**ABDOMEN:**

Shape : ..... } anasarca

Hernia orifice : ..... intact

Palpation : .....

Anal Patency : ..... patent

Palpable masses : .....

Umbilical Cord : .....

Abdominal girth : .....

First urine passed : ..... ✓

Meconium passed : ..... ✓

**NERVOUS SYSTEM:**

Higher intellectual functions (Sensorium) : .....

State of wakefulness : ..... sedated

Prechtle Score : ..... muscle paralysis present

Nerves : .....

**MOTOR SYSTEM:**

Passive Tone : ..... sedated

Active Tone : .....

Neonatal Reflexes : .....

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

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

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



NO. 18052026001 TAPUCI

Diagnosis : <sup>obstructive</sup> LPT / 2.1kg / operated case of supracardiac TAPUCI  
POD-6 / severe PAH / AKI / coagulopathy / thrombocytopenia  
penicillin / leucocytosis / Andesca - CRT 1 -> PD

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Dr. Anandha

Date & Time : 22/05/2026

Consultant :

Signature : [Signature]

Name : Dr. Dinesh Kumar Chirala

Date & Time : 22/05/2026

Dr. DINESH KUMAR CHIRLA  
Reg. No: 66227

PLEASE FILL UP THE FOLLOWING DETAILS

- Name of the referring Doctor : .....
- Name of the referring Hospital : .....  
Address : .....  
Contact Numbers : .....
- Contact Details of the referring Doctor : .....  
Mobile No. : ..... E-mail ID : .....
- Name of the Doctor in Rainbow Team : .....  
..... on whose name the patient is being referred.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :  
① continue HFOV - MAP - 12, PEEP - 14,  
AP - 35  
continue INO - (15PPM)

② TV - 100ul/kg/day - TPN - to start

Feeding Plan at the time of shifting :  
③ continue adematine / not adematine  
target MAP - 44 - 55 mmHg  
if BP < 50 mmHg then not adematine

Screenings done during NICU Stay :  
NSG : .....

Hearing Screen : ④ do ABG  
PBC  
NP1  
PT-INR  
check n-sg  
now

ROP : .....

TFT : .....

NP2 : .....

Doctor Signature (Handover Given): Dr. Maniella Doctor Signature (Handover Taken): .....

Doctor Name: Dr. Maniella Doctor Name: .....

Date & Time: 22/5 Date & Time: .....



96

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time          | Progress Notes                                      | Doctor's Order  |
|----------------------|---|---|
| 2/6/26 -<br>12:20 am |   | Seen by Dr. Neelash   |
|                      | IVC collapsing.                                     | → 5% Albumin  |
|                      | BP - 53/35 (40)                                     | Smelly over the   |
|                      |   | <del>Noted by<br/>           ASH<br/>           1530 P<br/>           @ 12:20 am<br/>           2/6/26.</del> |
| 1 am.                |   |   |
|                      | HR - 110/min.                                       | <u>Plan</u>   |
|                      | Blood gas - Nat <sup>+</sup> - 123<br>ongoing NaCl. | → Start atrial pacemaker<br>AAI mode  |
|                      | BP - 59/39 (48)<br>off Na Ad.                       | Set Rate 150 @<br>8 amp.  |
|                      | pCO <sub>2</sub> - 25.3                             | → Next gas at 7 am.   |
|                      |   | → Change ΔP 30 → 25<br>f - 12 → 13 -  |
|                      |   | ↓<br>Dco <sub>2</sub> - 350   |
|                      |   | VT - 5ml  |



2/6/26

Patient Sticker



**DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)**

Day in NICU : ..... Day of Life : 17 PMA: 38+3

Term  Preterm  Gestation : 38 Corrected Gestational Age: .....

| Problems : |                              |                  |
|------------|------------------------------|------------------|
| S.No.      | Current                      | Past Problems    |
| 1.         | late preterm / LBW           | Hypoalbuminemia  |
| 2.         | SP - supracardiac TAPVC      | ② grade IV bleed |
| 3.         | repair (POD-15)              |                  |
| 4.         | PPHM / SVT / Atrial ectopics |                  |
| 5.         | Suspected sepsis             |                  |
| 6.         | AKI, Hypocalcemia            |                  |

OVERVIEW

Today's Weight :

**Ventilatory Support :**  Yes  No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  iNO  PPM

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO<sub>2</sub>.....Oxygen : .....L/min

Last CXR : ..... Spo<sub>2</sub> : .....

ET Secretions : Clear  Thick  Yellow  Last ABG: .....

Change over the Last 24 Hours: on HFV + iNO (15 → 20ppm)  
FiO<sub>2</sub> - 60% ΔP: 25 > 30 > 25, MAP - 12  
Seq: 14 > 13 > 12 > 13  
Resistant bradycardia 110/min → started atrial pacing @ 150/min 8amp.

RESPIRATORY SYSTEM

**Plan of Care :** HR - 150/min (pacing ⊕) on Nor Adrenaline 0.05mcg  
SpO<sub>2</sub> - 93% on Lasix (0.2mg/kg/hr)  
BP - 62/43 (51) 20% Albumin given @ 2.9 albumin  
WBC 5% Albumin @ 5ml/kg given  
4/10 hypotension & collapsed IVC

CARDIO VASCULAR SYSTEM

**Neurological Examination :** .....

Sedation: Fentanyl

Last Neurosonogram : left grade IV bleed Any Seizures: .....

CNS

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: 33.5cm

Input: ..... / (+/-) ..... Output: ..... ml/k/d Urine Output: ..... ml/kg/hr Stools: .....

IV Fluids - Type of IVF: ..... @ ..... ml/hr

Feeding: EBM  Formula  Donor BM  Volume: 150cc/kg/day Frequency: .....

TPN:  Yes  No - If yes, details: ..... Calories: .....

Abdominal Examination: P/A - soft, mildly distended

U/O - 0.2cc/kg/hr

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

PD cycles - 23 cycles → -105ml

Cumulative - +137.9ml

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen: .....

Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF : .....

**INFECTION**

| Antibiotic | Sl.No. | Drugs                      | Days |
|------------|--------|----------------------------|------|
|            | 1.     | Ceftazidime +<br>Aribactam | D9   |
|            | 2.     | Aztreonam                  |      |
|            | 3.     |                            |      |

Inj. Levipil  
T. propranolol (conhold)  
Neb. Soproast  
Ongoing PD - 4.1% Dextrose (1hr)

**Plan of Treatment:**

- Continue HFOP + iNO (20ppm)
- TV - 150 ml/kg/day
  - 110cc/kg [19ml and hely] feed
  - 20cc/kg [infusions + meds]
  - 20cc/kg 10% 280P Na7(HCO3)2
- Blood gas 7 6th hely
- RBS
- Continue PD cycles - 1hr
- Trace CBP, RP2, S. albumin.

Catheter - C16/26  
Tubings - D1  
Femoral line - D11  
Piccline - D3  
PD Cath - D7  
Urinary - D1 cath

Doctor's Name (Handover given) : Dr. Pequette

Signature : [Signature]

Date & Time : 2/6/26 . 6am

Doctor's Name (Handover taken) : Dr. Akul

Signature : [Signature]

Date & Time : 2/6/26, 9:00am

99

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                           | Doctor's Order   |
|-------------|--|--|
| 2/6/26      |  | Seen by Dr. Dinesh   |
|             |  | & Dr. Pratyush   |
| 9:50 AM     |  | Plans:   |
|             |  | ✓ Cardiac assessment today to look for pulmonary vein calibre. |
|             |  | ✓ To Review about Ilioprost nebulisation.                      |
|             |  | ✓ & To review about Bosentan.                                  |
|             |  | ✓ To Review about restarting melatonin;                        |
|             | - ongoing 3% NaCl [7mcg]                 | ✓ USG to look for Bladder.                                     |
|             |  | ✓ Review about PD catheter;                                    |
|             |  | ✓ Review about lax increasing dose later.                      |
|             |  | ✓ CRP ask in sample  |
|             | Noted by Swetha 012824 2/06/26 @ 9.05 AM |  |



99

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes   | Doctor's Order  |
|-------------|--|---|
|             |  | <ul style="list-style-type: none"> <li>↓ TV - 100ml/kg/day</li> </ul>   |
|             |  | <ul style="list-style-type: none"> <li>To give glycerine enema.</li> </ul>  |
|             |  | <ul style="list-style-type: none"> <li>Restart antibiotics<br/>                     liposapho-B<br/>                     Telediplanin.</li> </ul> |
|             |  | <ul style="list-style-type: none"> <li>Trace PD fluid analysis &amp; culture;</li> </ul>  |
|             |  | <ul style="list-style-type: none"> <li>TV - 110ml/kg/day</li> </ul>   |
|             |  | <ul style="list-style-type: none"> <li>60ml/kg feeds</li> </ul>   |
|             |  | <ul style="list-style-type: none"> <li>medication Tubercin (15ml)</li> </ul>  |
|             |  | <ul style="list-style-type: none"> <li>USG abdomen &amp; kidneys to look for renal changes.</li> </ul>  |
|             | <p>Noted by<br/>                     Sweetha*<br/>                     012824<br/>                     @ 10/06/26 @<br/>                     9.30 AM</p> |   |

BAH-10656412 IP5-00174461  
 Baby OF G SUBHA NANDINI  
 16-05-2026 0 Y 0 M 16 D (M)  
 Dr. DINESH KUMAR CHIRLA

100



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes | Doctor's Order                             |
|-----------------|----------------|--|
| 2/6<br>21:18 PM |                | seen by Dr. Dinesh sir                     |
|                 |                | → do not wear IVO                          |
|                 |                | → stop iVopsob.                            |
|                 |                | → pacing should be done <sup>only</sup> if |
|                 |                | <u>HR &lt; 100</u>                         |
|                 |                | → PO <sub>2</sub> - 40-45                  |
|                 |                | pH - 7.25 → 7.45                           |
|                 |                | PO <sub>2</sub> - 60-80 mmHg               |
|                 |                | → if FiO <sub>2</sub> - 60%                |
|                 |                | ↓<br>then only think of wear IVO           |
|                 |                | → add colistin                             |
|                 |                | ↓<br>→ PLV-antibiotics                     |
|                 |                | → febrile holiday                          |
|                 |                | → add sildenafil                           |
|                 |                | for Dr. Manu                               |

Noted by  
 Swetha\*  
 012824  
 2/06/26 @  
 1:20 pm.

101

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes   | Doctor's Order  |
|-------------|--|---|
|             |  | give → albumin  |
|             |  | ↓<br>casiin 1mg/kg stat   |
|             |  | ↓<br>D-mannitose  |
| 2/6         | Afternoon rounds   |   |
| El: 20PM    | Dial 38 → 39 + 3w bef  |   |
|             |  | → <u>Plan</u>   |
|             | V → baby on HFUV<br>MAP-13 → 12<br>freq-13, Δp-25<br>fio <sub>2</sub> -65%<br>iNO-20ppm  | → continue HFUV MAP-13<br>Δp-25, iNO-20ppm<br>do not wean iNO<br>C if fio <sub>2</sub> -60% then<br>only discuss w/wh<br>concealain to wean<br>iNO  |
|             | gas- 7.2 / 46.9 / - 8.2<br>17.2  |   |
|             | C → hr-131bpm<br>Sp-48 / 26 (.35)<br>on adx-0.2mg/kg<br>not adx-0.3mg/kg<br>casiin-0.2mg/kg/day<br>sildenafil-1.6mg/kg<br>P/A - distended<br>soft - firm<br>stool - not passed | ✓ TV - low level day<br>↓<br>30ml/kg salt concalain<br>10% Isop medically feed<br>3% NAD - 7mg/kg<br>w/ano <sub>3</sub> - 2mg/kg /<br>↓<br>give stat capreol<br>↓<br>Plv - slowly regular stool |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes   | Doctor's Order  |
|-------------|--|---|
|             | <p>⑥ AD-cycles completed</p> <p>4.1.1. - 6am negative urine cycle.</p> <p>v/o - 2ml urine morning</p> <p>metabazone-added.</p> <p>vsq-abd - (N) mild Asites</p> <p>PP-catheter changed</p> <p>Echv - RA/RV dilated</p> <p>good PV-flow</p> <p>mild-RV-dysfunction</p> <p>TR - 30mmHg jet</p> | <p>fentanyl 100mcg - 4hr on 4hr off</p> <p>padding should be connected only by NR (100bpm)</p> <p>give albumin</p> <p>lactin - 1mg/kg stat</p> <p>target MAP 40-45 mmHg</p> <p>gal - @ 2PM</p> <p>TR - 30mmHg</p> |
|             | <p>Targets -</p> <p>SPO<sub>2</sub> - 90-95%</p> <p>PO<sub>2</sub> - 60-80mmHg</p> <p>PCO<sub>2</sub> - 40-45 mmHg</p> <p>MAP - 40-45mmHg</p> <p>PH &gt; 7.25-7.45</p>   | <p>Targets - Satyaprasad sir (Dancebati)</p> <p>Noted by Swetha</p> <p>18/05/26 @ 1:30 PM</p>   |



103

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time      | Progress Notes                                     | Doctor's Order  |
|------------------|--|---|
| 2/6<br>@ 9:33 PM |  | Monitor and haemoglobin level<br>and s. electrolyte<br>In ABG.<br>for swab  |
| 2/6/26           |  | Seen by Dr. Prathyush<br>U/O = 0.4 cc/kg/hr<br>✓ ventilation - continue<br>MAP - 12<br>✓ 2) Target MBP - 40 - 45<br>Taper if > 50. - Adrenaline<br>NOxal                                      |
|                  | Noted by<br>Swetha<br>012824<br>2/6/26<br>@ 2:40pm | ✓ 3) w/f - abdominal disten<br>stool (monitor consistency)<br>✓ 4) Calculate volume.<br>TV = 110 ml/kg/day<br>✓ 5) After 8-12 hrs if<br>Consider 2nd dose<br>Hydrocort<br>✓ 6) Send urine c/s |



1084

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time      | Progress Notes   | Doctor's Order   |
|------------------|--|--|
| 2/6/26<br>5:30pm | Baby had asystolic<br>↓<br>Bradycardia<br>(HR upto 7/min)                                    | S/B Dr Sowmya  |
|                  | BP: 60/40 (u)<br>↓<br>hence started pacemaker @ rate of 130<br>(Atrial pacing)<br>fio2 - 90% |  |
|                  |  | Noted by Swetha*<br>@ 12:24<br>2/06/24 @<br>5:41 pm.   |
| 2/6/26<br>9:15pm |  | case discussed with Dr Dinesh<br>sir   |
|                  |  | <ol style="list-style-type: none"> <li>① to do CRP now</li> <li>② to do CRP now</li> <li>③ continue pacing</li> </ol><br>Noted By<br>Dr Dik<br>@ 9:15pm<br>2/6/26<br>Dr Dinesh |



105

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time          | Progress Notes  | Doctor's Order  |
|----------------------|---|---|
| 2/6/26<br>@ 10:30pm  | Chest X-ray<br>Collapse, Consolidation of Right upper Zone & middle Zone.                                     | Case discussed with Dr. Dinesh Sir  |
| ① desaturations ②    | ③ SPO <sub>2</sub> = 93%<br>- HFO + iNO - iNO - 20ppm<br>MAP - 13, freq - 13<br>AP - 30                       | 1) ↑ MAP - 14<br>2) Plan LRBC transfusion<br>3) monitor vitals                    |
| ③ Plan of LRBC trans | on Cardiac Pacing<br>Rate - 130/mc<br>HR = 115/min  | noted BH<br>Abm<br>1530<br>@ 10:30pm<br>2/6/26                                    |
| 3/6/26<br>@ 1:10pm   | Baby had desaturation.<br>SPo <sub>2</sub> = upto 75%<br>on Cardiac Pacing<br>- HR = 135/min<br>BP = MBP = 38 | Incha   |
|                      | Ongoing LRBC transfusion  | ① ↑ MAP = 15<br>↑ iNO - 20 → 25ppm<br>② ↑ Adrenaline<br>Target MBP 40-45mmHg<br>③ |



106

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes  | Doctor's Order   |
|-------------------|---|--|
|                   | $ABG_2 = 7.24 / 41.1 / 60.4$<br>$HCO_3 = 16.9 / -8.9$<br>$lac = 2.5$<br>$met Hb = 1.7$<br>$Hb = 10.2$<br>$elec = 125 / 48 / 103$<br>$ica^{+2} = 1.32$<br>$OST = 23.1$<br><del>on HFO</del> iNO<br>$iNO @ 20 \rightarrow 25 ppm$<br>$HFO freq = 13$<br>$MAP = 14. \Delta P = 30.$<br>$(FIO_2 = 100\%)$<br><del>U/O</del><br>PD cycling ongoing |  |
| 3/5/26 @ 12:50 AM | Desaturations (+)<br>PD last cycle.<br>Balance = 0  | Case discussed with Dr. Dinesh Sir<br>Ventilation<br>(1) (2) $\downarrow$ freq = 12.<br>(3) iNO = $\uparrow$ 30<br>MAP = $\uparrow$ 16.<br>look for VT<br>monitor $\downarrow$ VT. |

*Sreha*

107

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time  | Progress Notes   | Doctor's Order   |   |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|
|  |  | <ul style="list-style-type: none"> <li>① ↓ stat dose of furosemide 1mg/kg</li> <li>② PD to be flushed with Hep NS ↓</li> <li>③ maintain Negative Balance in PD cycles</li> </ul> |   |  |  |  |  |  |
|  |  | <ul style="list-style-type: none"> <li>④ ↓ TV = <del>90</del> 60 mb/kg/day</li> </ul>  |   |  |  |  |  |  |
|  | <p style="text-align: center;">Noted by<br/>Aair<br/>15/5/26</p> <p style="text-align: center;">TV = 90 mb/kg/day</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">↓<br/>Infusions<br/>22 mb/kg</td> <td style="width: 33%; text-align: center;">↓<br/>Medication<br/>15 mb/kg<br/>↓<br/>7.1 mb/kg</td> <td style="width: 33%; text-align: center;">Albumen = 11.6 mb/kg<br/>3% Nacl correct<br/>LRBC = 20 mb/kg</td> </tr> <tr> <td colspan="3" style="text-align: center;"> <p>60.7 mb/kg</p> <p>Rest = 30 mb/kg = Iv fluids</p> </td> </tr> </table> <p style="text-align: center;">GIR = 2 + 0.23<br/>(fluid)</p> | ↓<br>Infusions<br>22 mb/kg   | ↓<br>Medication<br>15 mb/kg<br>↓<br>7.1 mb/kg | Albumen = 11.6 mb/kg<br>3% Nacl correct<br>LRBC = 20 mb/kg | <p>60.7 mb/kg</p> <p>Rest = 30 mb/kg = Iv fluids</p> |  |  |  |
| ↓<br>Infusions<br>22 mb/kg                           | ↓<br>Medication<br>15 mb/kg<br>↓<br>7.1 mb/kg  | Albumen = 11.6 mb/kg<br>3% Nacl correct<br>LRBC = 20 mb/kg   |   |  |  |  |  |  |
| <p>60.7 mb/kg</p> <p>Rest = 30 mb/kg = Iv fluids</p> |  |  |   |  |  |  |  |  |



108

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes  | Doctor's Order                     |
|-------------|---|------------------------------------|
| 2/6/26      |   | C/S/B Dr. Maliha/Dr. Nabeel        |
| 3 PM        | → PD catheter changed to drain (abdominal) 10Fr fashioned as PD catheter. |                                    |
|             | → In & Output - good free flow.   |                                    |
|             |   | Maliha<br>Dr. Maliha<br>2/6/26     |
| 2/6/26      |   | C/S/B Dr. Maliha C/D/W Dr. Lavanya |
| 2:39 AM     | → Called in v/o ? blocked PD.   |                                    |
|             | ↓<br>Xray abd s/o kinked PD catheter                                      |                                    |
|             | ↓<br>PD pulled out.   |                                    |
|             | In & Output established.  |                                    |
|             |   | Maliha<br>2/6/26                   |
|             |   | 2:39 AM                            |





3/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 18 PMA: 37 3

Term  Preterm  Gestation : 36 Corrected Gestational Age: .....

| Problems : |  |                               |
|------------|--|-------------------------------|
| S.No.      | Current                                | Past Problems                 |
| 1.         | late PT/LBW / S/P supraventricular     | SVT                           |
| 2.         | TAPVC 'repair (non-17)                 | hypocalcaemia                 |
| 3.         | PPHN / Atrial ectopic                  | Grade 2 bleed                 |
| 4.         | suspected sepsis / pneumonia           |                               |
| 5.         | 2 pulmonary edema / AKI                |                               |
| 6.         | Anemia / conjugated hyperbilirubinemia | mildly elevated liver enzymes |

Today's Weight : .....

Ventilatory Support :  Yes  No - Day # of Vent : .....

Mode of Ventilation : HFNC  CPAP  Conventional Ventilation : SIMV  A/C  VG  HFOV  INO  PPM

Ventilator Settings : PIP: MAP: 16, V: 12, ΔP: 30, FIO2: 100% 30ppm  
 PEEP: ..... VG: ..... Rate: ..... FiO2: ..... Oxygen: ..... L/min

Last CXR : Right upper lobe / 2 left middle zone pneumonia / pulmonary edema SpO2: 94.1  
 ET Secretions : Clear  Thick  Yellow  Last ABG: PH: 7.23, PCO2: 46, PO2: 91.8  
 BE: -2.6, Lact: 1.9  
 Change over the Last 24 Hours: ~~MAP~~ MAP: 12 > 13 > 14 > 15 > 16  
 V: 13 > 12 > 12  
 PNO: 20 > 25 > 30  
 Restarted clonidine @ 1.6mg/day  
 stopped iloprost  
 on furosemide - 0.2mg/kg/day

Plan of Care : on Atrial pacing @ 130/min ± atrial output rate @ 80  
 ∴ spm yesterday  
 ↳ wanted in vlv air @ 15, ± ↑ for requirements  
 ON Adrenaline @ 0.1mcg/kg/min (went upto 0.3mcg/kg/min)  
 Nox adrenalina @ 0.1mcg/kg/min  
 Given - 1gm/kg Albumin  
 look of hypercoagulable state

Neurological Examination : Pupils - BIL equally reacting  
 Sedation: fentanyl @ 0.25mcg/kg/hr

Last Neurosonogram : ..... Any Seizures: -

**FLUIDS STATUS NUTRITION**

NPO  NG Feeds Wt. Gain: ..... Head Circumference: .....  
 Input: ..... / (+/-) ..... Output: ..... ml/k/d Urine Output: ..... ml/kg/hr Stools: one (yellow like)  
 IV Fluids - Type of IVF: 10% Dext + NaCl + NaHCO<sub>3</sub> ml/hr TV - 110 ml/day  
 Feeding: EBM  Formula  Donor BM  Volume: 63 ml/day Frequency: ↓ 90 ml/day in 4 hrs  
 TPN:  Yes  No - If yes, details: ..... Calories: .....  
 Abdominal Examination: P.D. umbilical changed yesterday to florid drain  
xray abdomen - kidney - pulled out  
discontinued

**Other Systems: Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS**

LRBC 9mm U/O: 0.1 unit/day Bilirubin - 8.9 [unjugated - 5.1]  
Hb: 12-3 → 10.6 PD negative → 205ml 5405 - 134 8.8 trace  
Plt: 1.87 → 1.141 overall - 1 (12ml) @ 5ml/day

**Risk of Sepsis / Suspected Sepsis / Proven Sepsis: .....**

Sepsis screen: CRP 12 → 26 (yesterday)

Blood culture  Urine culture  ET culture  Fungal Culture  LP  CSF: Positive sent

**INFECTION**

| Antibiotic | SI.No. | Drugs                                    | Days           |  |
|------------|--------|--|----------------|--|
|            | 1.     | Colistin                                 | D <sub>2</sub> | Silvanafil - 1.6 mg/day<br>NAC infusion @ 5mg/day<br>Muclozone<br>inj levofl<br>Eucema supporton |
|            | 2.     | Ticoplanin                               |                |  |
|            | 3.     | Amphotericin B<br>celastrol<br>Aztreonam |                |  |
|            |        |  | 10             |  |

**Plan of Treatment:**

- ① Continue Hrov + PNO (30ppm)  
↳ 16 MAP; U: 12; AP: 30; For: 100%  
Nby D<sub>2</sub> femoral line D<sub>12</sub> (allied)
- ② frequent suctioning to be done  
Pneum D<sub>2</sub>
- ③ Continue silvanafil @ 1.6 mg/day  
laxia - 0.2 mg/day  
PD cam - D<sub>1</sub>  
Urinary cath
- ④ Continue indoleptin [Tactin HBP: 40-45]
- ⑤ TV @ 90 ml/day
- ⑥ Continue PD @ 45 min cycle  
Renew regarding PD catheter
- ⑦ FLW R<sub>2</sub>  
Oae ubH
- ⑧ Rev. regarding intubation suctioning

Doctor's Name (Handover given): [Signature]  
 Signature: [Signature]  
 Date & Time: 3/6/26

Doctor's Name (Handover taken): Dr  
 Signature: .....  
 Date & Time: .....

IAH-00656412 IP5-00174461  
 lady Of G SUBHA NANDINI  
 8-05-2026 0 Y 0 M 18 D (M)  
 Dr. DINESH KUMAR CHIRLA

110

Rainbow<sup>®</sup>  
 Children's  
 Hospital  
 It takes a lot to treat the little.

BirthRight<sup>™</sup>  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes            | Doctor's Order          |
|-------------|---------------------------|-------------------------|
| 2/6         | [Faint handwritten notes] | seen by Dr. Dinesh Sir  |
|             |                           |                         |
|             | ←                         | ↓ sc ino                |
|             |                           | → T small blood culture |
|             |                           | → kpt-                  |
|             |                           | → propofol - (aug .805) |
|             |                           | → CPT - same sample     |
|             |                           | for Dr. manila          |
|             |                           | Noted by                |
|             |                           | Sweha                   |
|             |                           | 012824                  |
|             |                           | 3/06/26 @               |
|             |                           | 9.35 Am.                |
|             |                           |                         |



# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes | Doctor's Order                                      |
|-------------------|----------------|---|
| 3/6<br>@ 10:59 AM |                | discussed with<br>Dr. Dinesh sir                    |
|                   |                |   |
|                   |                | send ET culture                                     |
|                   |                | → collect sw  |
|                   |                | review with ramesh<br>konaki sir                    |
|                   |                | Dr. Manoj   |
|                   |                |   |
|                   |                | Noted by<br>Sreetha<br>01227<br>3106166<br>10:54 PM |
|                   |                | discussed with Dr. Pratyak<br>sir                   |
|                   |                |   |
|                   |                | → give 3% NaCl collection                           |
|                   |                | → give 3ml / feed                                   |
|                   |                | → self walk   |
|                   |                | Dr. Manoj   |



**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time     | Progress Notes               | Doctor's Order                     |
|-----------------|------------------------------|------------------------------------|
| 3/8<br>12:30 PM | Afternoon round              |                                    |
|                 | 18 day / 36                  | → 32+3 wks                         |
|                 | N → baby in HFOV             | Plan                               |
|                 | MAP-16                       |                                    |
|                 | ΔP-30 req-12.                | → continue HFOV                    |
|                 | fio <sub>2</sub> -100%       | MAP-16, ΔP-30,                     |
|                 | VT <sub>f</sub> -5.3         | req-12.                            |
|                 | Pao <sub>2</sub> -400        | iNO-30ppm                          |
|                 | iNO-30ppm                    |                                    |
|                 | gas - 7.23 / 46 (-7.6)       | → if fio <sub>2</sub> 60% wear iNO |
|                 | 17.6                         |                                    |
|                 | C → HR-130bpm                | → TV-30ml/kg/day                   |
|                 | Intermittent                 | 10% Isopt NAF. NAF 0.3%            |
|                 | tachycardia till 220         | feed- 3ml/2hr                      |
|                 | BP-63 / 42 (ST)              | → give rectal wash                 |
|                 | on adx-0.2mg/kg              | → continue sildenafil              |
|                 | NO <sub>2</sub> adx-0.2mg/kg | laxative                           |
|                 | ② dose of propofol           | Peritoneal dialysis                |
|                 | U/O- 2ml since               | → neurology review                 |
|                 | noisy                        | → monitor vitals                   |
|                 | D/A- Distended               |                                    |
|                 | firm-soft                    | for<br>to nurse                    |
|                 | stool not passed             |                                    |



BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 10 D (M)  
 Dr. DINESH KUMAR CHIRLA



Blo shusanandini

**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes   | Doctor's Order   |
|-------------|--|--|
| 26/5/20     |  |  |
| 10 AM       | <ul style="list-style-type: none"> <li>- Baby is continue on intubated Nitric oxide</li> </ul>   |  |
|             | <ul style="list-style-type: none"> <li>increased Nitrogen today, continue ventilation</li> </ul> |  |
|             | <ul style="list-style-type: none"> <li>changed to conventional mode of ventilation</li> </ul>    |  |
|             | <ul style="list-style-type: none"> <li>- Total counts are in decreasing trend</li> </ul>         |  |
|             | <ul style="list-style-type: none"> <li>platelets are holding on</li> </ul>                       |  |
|             | <ul style="list-style-type: none"> <li>- Had good drained in 10 catheter clamp</li> </ul>        |  |
|             | <ul style="list-style-type: none"> <li>urgent work needy repairs.</li> </ul>                     |  |
|             | <ul style="list-style-type: none"> <li>Plan to take a respiratory opinion today</li> </ul>       |  |
|             | <ul style="list-style-type: none"> <li>and respiratory picture today</li> </ul>                  |  |
|             | <ul style="list-style-type: none"> <li>- Plan to spin albumin today</li> </ul>                   |  |
|             | <ul style="list-style-type: none"> <li>- If tolerating conventional ventilation</li> </ul>       |  |
|             | <ul style="list-style-type: none"> <li>plan to do CT scan.</li> </ul>                            |  |
|             | <ul style="list-style-type: none"> <li>- Plan to do US abdomen today</li> </ul>                  |  |
|             | <ul style="list-style-type: none"> <li>Father = <i>[Signature]</i></li> </ul>                    | <ul style="list-style-type: none"> <li><i>[Signature]</i></li> </ul> |



BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI (M)  
 18-05-2026 0 Y 0 M 16 D  
 Dr. DINESH KUMAR CHIRLA

9

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

RESULT SHEET

|                     |        |        |  |  |  |
|---------------------|--------|--------|--|--|--|
| Date                | 2/6/26 | 3/6/26 |  |  |  |
| Time                | @ 9 PM | Tam    |  |  |  |
| Hb                  | 10.6   |        |  |  |  |
| PCV                 | 29.8   |        |  |  |  |
| RBC                 | 3.63   |        |  |  |  |
| WBC                 | 31830  |        |  |  |  |
| N/L                 | 71/1.9 |        |  |  |  |
| Platelets           | 141    |        |  |  |  |
| CRP                 |        |        |  |  |  |
| ESR                 |        |        |  |  |  |
| PCT                 |        |        |  |  |  |
| RBS                 |        |        |  |  |  |
| Na                  |        | 127    |  |  |  |
| K                   |        | 4.9    |  |  |  |
| Cl                  |        | 98     |  |  |  |
| Ca/Mg               |        |        |  |  |  |
| Phosphate           |        |        |  |  |  |
| Urea                |        | 105    |  |  |  |
| Creatinine          |        | 1.3    |  |  |  |
| ALP                 |        |        |  |  |  |
| SGPT                |        |        |  |  |  |
| SGOT                |        |        |  |  |  |
| T.Bill/Conj         |        |        |  |  |  |
| 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 - Bicarbonate   |        | 12     |  |  |  |

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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

4

BAH-00656412 IP5-00174461  
Baby Of G SUBHA NANDINI  
18-05-2026 0 Y 0 M 14 D (M)  
Dr. DINESH KUMAR CHIRLA



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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### RESULT SHEET

|                     |          |            |          |          |          |           |
|---------------------|----------|------------|----------|----------|----------|-----------|
| Date                | 31/05/26 | 01/06/2026 | 1/06/26  | 11/6/26  | 21/6/20  | 2/06/10   |
| Time                | 7:58 AM  | 5:08 AM    | 11:40 AM | @ 8 PM   | 8 AM     | 2 PM      |
| Hb                  |          |            | 14.4     |          | 12.3     |           |
| PCV                 |          |            | 41.8     |          | 35.3     |           |
| RBC                 |          |            | 4.97     |          | 4.25     |           |
| WBC                 |          |            | 60.41    |          | 43.23    |           |
| N/L                 |          |            | 73/6     |          | 76.8/1.6 |           |
| Platelets           |          |            | 207      |          | 187      |           |
| CRP                 |          |            | 12       |          | 26       |           |
| ESR                 |          |            |          |          |          |           |
| PCT                 |          |            |          | pct 2.65 |          |           |
| RBS                 |          |            |          |          |          |           |
| Na                  | 130      | 127        |          |          | 125-2    |           |
| K                   | 4.8      | 5.9        |          |          | 4.8      |           |
| Cl                  | 103      | 102        |          |          | 97       |           |
| Ca/Mg               |          |            |          |          |          |           |
| Phosphate           |          |            |          |          |          |           |
| Urea                | 114      | 110        |          |          | 109      |           |
| Creatinine          | 1.2      | 1.3        |          |          | 1.3      |           |
| ALP Bicarb          | 12       | 10         |          |          | 13       | 156 (ALP) |
| SGPT                |          |            |          |          |          | 40        |
| SGOT                |          |            |          |          |          | 134-8.1   |
| T.Bill/Conj         |          |            |          |          |          | 8.9-0.8   |
| T.Protein           |          |            |          |          |          | 4.2       |
| S.Albumin           | 2.5      |            |          |          |          | 2.3       |
| S.Globulin          |          |            |          |          |          | 1.9       |
| A/G Ratio           |          |            |          |          |          | 1.9.      |
| Uric Acid           |          |            |          |          |          |           |
| S.Amylase           |          |            |          |          |          |           |
| Sr.Lipase           |          |            |          |          |          |           |
| Blood Lactate       |          |            |          |          |          |           |
| S.Cholesterol       |          |            |          |          |          |           |
| PT/INR              |          |            |          | 1.2/1.5  | 14/1.0   |           |
| APTT                |          |            |          | 22/22    | 43       |           |
| CSF Protein / Sugar |          |            |          |          |          |           |
| Cells               |          |            |          |          |          |           |
| N/L                 |          |            |          |          |          |           |





3

### RESULT SHEET

| Date                | 28/5/26 | 29/5/26  | 29/5/26 | 29/5/26 | 30/5/26  | 30/5/26 |
|---------------------|---------|----------|---------|---------|----------|---------|
| Time                | 6:30pm  | 6am      | 12pm    | 3pm     | 7:30     | 12:30Am |
| Hb                  |         | 12.2     |         |         | 14.8     |         |
| PCV                 |         | 36.4     |         |         | 42.6     |         |
| RBC                 |         | 4.35     |         |         | 5.03     |         |
| WBC                 |         | 39.34    |         |         | 47.27    |         |
| N/L                 |         | 70.9/3.2 |         |         | 75.2/2.1 |         |
| Platelets           |         | 262      |         |         | 271      |         |
| CRP                 |         |          |         |         |          |         |
| ESR                 |         |          |         |         |          |         |
| PCT                 |         |          |         |         |          |         |
| RBS                 |         |          |         |         |          |         |
| Na                  | 132     | 131      | 131     | 131     | 132      | 131     |
| K                   | 3.2     | 3.0      | 2.9     | H       | 3.4      | 3.6     |
| Cl                  | 97      | 97       | 99      | 104     | 104      | 105     |
| Ca/Mg               |         |          | 9.7/2   |         |          |         |
| Phosphate           |         |          |         |         |          |         |
| Urea                | 15.5    | 14.7     |         |         | 13.3     |         |
| Creatinine          | 1.5     | 1.6      |         |         | 1.3      | 1.1     |
| ALP                 | 16      | 17       |         |         |          | 11      |
| SGPT                | 9.26    |          |         |         |          |         |
| SGOT                |         |          |         |         |          |         |
| T.Bill/Conj         |         |          |         |         |          |         |
| T.Protein           |         |          |         |         |          |         |
| S.Albumin           |         | 3.0      |         |         |          |         |
| S.Globulin          |         |          |         |         |          |         |
| A/G Ratio           |         |          |         |         |          |         |
| Uric Acid           |         |          |         |         |          |         |
| S.Amylase           |         |          |         |         |          |         |
| Sr.Lipase           |         |          |         |         |          |         |
| Blood Lactate       |         |          |         |         |          |         |
| S.Cholesterol       |         |          |         |         |          |         |
| PT/INR              |         |          |         |         |          |         |
| APTT                |         |          |         |         |          |         |
| CSF Protein / Sugar |         |          |         |         |          |         |
| Cells               |         |          |         |         |          |         |
| N/L                 |         |          |         |         |          |         |



RAH-00856412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

RESULT SHEET

| Date                | 25/5/26 | 25/5/26  | 26/5/26  | 26/5/26       | 27/5/26  | 27/5/26 |
|---------------------|---------|----------|----------|---------------|----------|---------|
| Time                | 8am     | 3pm      | 8am      | 7pm           | 6:40am   | 7pm     |
| Hb                  |         | 11.3     | 10.7     |               | 14.8     |         |
| PCV                 |         | 34.0     | 31.1     |               | 43.7     |         |
| RBC                 |         | 3.44     | 3.19     |               | 5.03     |         |
| WBC                 |         | 61.52    | 60.25    |               | 47.96    |         |
| N/L                 |         | 61.0/2.8 | 65.6/2.5 |               | 65.7/4.7 |         |
| Platelets           |         | 291      | 285      |               | 234      |         |
| CRP                 |         |          |          |               |          |         |
| ESR                 |         |          |          |               |          |         |
| PCT                 |         | 11.3     |          |               |          |         |
| RBS                 |         |          |          |               |          |         |
| Na                  | 135     |          | 131      | 136           | 130      | 132     |
| K                   | 3.3     |          | 3        | 3.0           | 3.4      | 2.5     |
| Cl                  | 98      |          | 96       | 108           | 97       | 99      |
| Ca/Mg               |         |          |          |               | 10.4/2.3 |         |
| Phosphate           |         |          |          |               |          |         |
| Urea                | 172     |          | 198      | <del>17</del> | 174      |         |
| Creatinine          | 1.7     |          | 1.8      |               | 1.7      |         |
| ALP                 |         |          |          |               |          |         |
| SGPT                |         |          |          |               |          |         |
| SGOT                |         |          |          |               |          |         |
| T.Bill/Conj         |         |          |          |               |          |         |
| T.Protein           |         |          |          |               |          |         |
| S.Albumin           |         |          | 2.9      |               | 2.9      |         |
| S.Globulin          |         |          |          |               |          |         |
| A/G Ratio           |         |          |          |               |          |         |
| Uric Acid           |         |          |          |               |          |         |
| S.Amylase           |         |          |          |               |          |         |
| Sr.Lipase           |         |          |          |               |          |         |
| Blood Lactate       |         |          |          |               |          |         |
| S.Cholesterol       |         |          |          |               |          |         |
| PT/INR              |         |          | 14/1.0   |               |          |         |
| APTT                |         |          | 33       |               |          |         |
| CSF Protein / Sugar |         |          |          |               |          |         |
| Cells               |         |          |          |               |          |         |
| N/L                 |         |          |          |               |          |         |



BAH-60656412

IP5-00174197

Baby Of G SUBHA NANDINI  
16-05-2026

OYOMGD (M)

Dr. DINESH KUMAR CHIRLA

Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## RESULT SHEET

| Date                | 22/10/26  | 23/10/26  | 23/5/20 | 23/5/26  | 24/5/20   | 24/5/26   |
|---------------------|-----------|-----------|---------|----------|-----------|-----------|
| Time                | 9pm       | 9pm       | @2pm    | 9:23pm   | 7:am      | 10:40pm   |
| Hb                  | 14.7      | 13.8      |         | 15.2     | 15.1      | 14        |
| PCV                 | 42.4      | 42.4      |         | 46.6     | 45.7      | 42.4      |
| RBC                 | 4.45      | 4.20      |         | 4.63     | 4.53      | 4.26      |
| WBC                 | 47.84     | 49.40     |         | 67.34    | 65.23     | 77.47     |
| N/L                 | 79.3/4.5  | 64.5/64.5 |         | 58.2/9.5 | 55.5/17.3 | 58.1/14.8 |
| Platelets           | 23 KEDP   | 99        |         | 91       | 80        | 80/SDP    |
| CRP                 | 29        |           |         |          |           | 19        |
| ESR                 |           |           |         |          |           |           |
| PCT                 |           |           |         |          |           |           |
| RBS                 |           |           |         |          |           |           |
| Na                  | 147       |           |         | 142      |           |           |
| K                   | 3.8       |           |         | 3.7      |           |           |
| Cl                  | 110       |           |         | 111      |           |           |
| Ca/Mg               | 10.3/3.8  |           |         | 13.3     |           |           |
| Phosphate           |           |           |         |          |           |           |
| Urea                | 73        |           | 110     |          | 141       |           |
| Creatinine          | 1.1       |           | 1.3     |          | 1.5       |           |
| ALP                 | 87        |           |         |          |           |           |
| SGPT                | .33       |           |         |          |           |           |
| SGOT                | 13        |           |         |          |           |           |
| T.Bill/Conj         | 7.3 T 5.2 | 2.1       |         |          |           |           |
| T.Protein           |           |           |         |          |           |           |
| S.Albumin           | 2.5       |           | 3.1     |          | 2.4       |           |
| S.Globulin          | Albumin   |           |         |          |           |           |
| A/G Ratio           |           |           |         |          |           |           |
| Uric Acid           |           |           |         |          |           |           |
| S.Amylase           |           |           |         |          |           |           |
| Sr.Lipase           |           |           |         |          |           |           |
| Blood Lactate       |           |           |         |          |           |           |
| S.Cholesterol       |           |           |         |          |           |           |
| PT/INR              | 15/1.1    |           |         |          |           |           |
| APTT                | 34        |           |         |          |           |           |
| CSF Protein / Sugar |           |           |         |          |           |           |
| Cells               |           |           |         |          |           |           |
| ML                  | pet       |           |         |          |           | 9.4       |





(1)

RBS CHART

| Date    | Time     | RBS (mg/dl) | IVF %          | Signature   |
|---------|----------|-------------|----------------|-------------|
| 22/5/26 | 8 pm     | 86 mg/dl    | 42 D IVS       | [Signature] |
| 23/5/26 | 2 Am     | 124 mg/dl   | 42 D IVS       |             |
|         | 8 am     | 70 mg/dl    | 6 D IVS        | [Signature] |
|         | 3 pm     | 86 mg/dl    | 6 D IVS        |             |
| 23/5/26 | 9 pm     | 116 mg/dl   | 7.5% TPN       |             |
| 24/5/26 | 1 am     | 119 mg/dl   | 7.5% TPN       |             |
| 24/5/26 | 7 am     | 102 mg/dl   | 7.5% TPN       | [Signature] |
| 24/5/26 | 1 pm     | 111 mg/dl   | 7.5% TPN       |             |
| 24/5/26 | 9 pm     | 108 mg/dl   | 7.5% TPN       |             |
| 25/5/26 | 4 am     | 106 mg/dl   | 7.5% TPN       |             |
| 25/5/26 | 5 am     | 120 mg/dl   | 7.5% TPN       |             |
| 25/5/26 | 10 pm    | 87 mg/dl    | 7.5% TPN       |             |
| 26/5/26 | 6 am     | 108 mg/dl   | 10% TPN        |             |
| 26/5/26 | 11 am    | 128 mg/dl   | 10% TPN        |             |
| 26/5/26 | 4 pm     | 135 mg/dl   | 10% TPN        |             |
| 26/5/26 | 10 pm    | 125 mg/dl   | 10% TPN        |             |
| 27/5/26 | 6 am     | 162 mg/dl   | 10% TPN + feed | [Signature] |
| 27/5/26 | 10:30 pm | 184 mg/dl   | 10% TPN        |             |
| 27/5/26 | 11:30 pm | 144 mg/dl   | 10% TPN        | [Signature] |
| 27/5/26 | 10 pm    | 127 mg/dl   | 10% TPN + feed |             |
| 28/5/26 | 5 am     | 132 mg/dl   | 10% TPN + feed | [Signature] |
| 28/5/26 | 9 pm     | 111 mg/dl   | 10% TPN + feed |             |
| 29/5/26 | 5 am     | 152 mg/dl   | Full feed      | [Signature] |
| 29/5/26 | 1 pm     | 139 mg/dl   | Full feed      |             |
| 29/5/26 | 6:10 pm  | 97 mg/dl    | 10% TPN        | [Signature] |
| 29/5/26 | 11 pm    | 113 mg/dl   | 10% TPN        |             |
| 30/5/26 | 6 am     | 132         | 10% TPN        | [Signature] |
| 30/5/26 | 10 pm    | 142         | 10% TPN        |             |

BAH-00656412  
 Baby Of G SUBHA  
 18-05-2026  
 Dr. DINESH KUMAR



BAH-00656412 IP5-00174461  
Baby Of G SUBHA NANDINI  
18-05-2026 0 Y 0 M 16 D (M)  
Dr. DINESH KUMAR CHIRLA



### 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 |
|------|------|------|----|--------------------|
|      |      |      |    |                    |
|      |      |      |    |                    |
|      |      |      |    |                    |
|      |      |      |    |                    |
|      |      |      |    |                    |

### Cross Consultation Visit

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







BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 16-05-2026 0 Y 0 M 13 D (M)  
 Dr. DINESH KUMAR CHIRLA

4



**ACTIVITY RECORD FOR BILLING**

Name : B/o G. Subha Nandini

UHID No. : 656412 IP No. : 00134193 Consultant: Dr. D. Kiran Dept : WICO

Date of Admission: 22/5/26 Time : \_\_\_\_\_ 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    |
|---------|---------------------------------|-----------|--------------|
| 29/5/26 | ABG, RBS                        | 26054241  | }            |
| 30/5/26 | RP <sub>2</sub> , CBP           | 26054294  |              |
| 30/5/26 | ABG, RBS                        | 26054293  |              |
| 30/5/26 | ABG, RBS                        | 26055131  |              |
| 31/5/26 | ABG                             | 26055157  |              |
| 31/5/26 | SE                              | 26055159  |              |
| 31/5/26 | RP <sub>2</sub> , Albumine      | 26055245  |              |
| 31/5/26 | ABG, RBS                        | 26055244  |              |
| 30/5/26 | WBS                             | 26055130  |              |
| 30/5/26 | <del>WBS</del> ABG 1 RBS        | 26055048  |              |
| 30/5/26 | CXR                             | 27305     | } Degeshwari |
| 31/5/26 | ABG, RBS                        | 26055370  |              |
| 31/5/26 | CXR                             | 27438     | } Degeshwari |
| 31/5/26 | CXR                             | 27424     |              |
| 1/6/26  | CRP, CBP                        | 26055584  | }            |
| 1/6/26  | peritoneal fluid for cell count | 26055763  |              |
| 1/6/26  | peritoneal fluid for C/S        | 26055763  |              |
| 1/6/26  | PCT                             | 26055777  |              |
| 1/6/26  | ABG, RBS                        | 26055791  |              |
| 2/6/26  | RP <sub>2</sub> , CBP, Albumi   | 26055866  | } Suethe     |
| 2/6/26  | ABG+3, RBS-2                    | 26055865  |              |
|         |                                 |           |              |
|         |                                 |           |              |





BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 13 D (M)  
 Dr. DINESH KUMAR CHIRLA



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 2.1 kg Ward .....

VERIFIED

| DRUG : <u>INS URETIACETAM</u>                      |            |                 |             | Date       |                   |                  |                  |                   |                   |
|--|------------|-----------------|-------------|------------|-------------------|------------------|------------------|-------------------|-------------------|
|  |            |                 |             | Time       | 30/5              | 31/5             | 1/6              | 2/6               | 3/6               |
| Dose   | Route      | Frequency       | Start Dt.   |            |                   |                  |                  |                   |                   |
| <u>2mg</u>   | <u>IV</u>  | <u>Q8H</u>      | <u>29/5</u> | <u>6AM</u> | <u>9AM</u>        | <u>12PM</u>      | <u>3PM</u>       | <u>6PM</u>        | <u>9PM</u>        |
| Name & Signature of the Doctor Starting the Drugs: |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| Additional Instructions:                           |            |                 |             |            | <u>10pm</u>       | <u>11pm</u>      | <u>12am</u>      | <u>1am</u>        | <u>2am</u>        |
| Daily Doctor's Endorsement by a Sign               |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| DRUG : <u>TAB PROPRANOLOL</u>                      |            |                 |             | Date       |                   |                  |                  |                   |                   |
|  |            |                 |             | Time       | 30/5              | 31/5             | 1/6              |                   |                   |
| Dose   | Route      | Frequency       | Start Dt.   |            |                   |                  |                  |                   |                   |
| <u>2mg</u>   | <u>PO</u>  | <u>Q8H</u>      | <u>29/5</u> | <u>6AM</u> | <u>9AM</u>        | <u>12PM</u>      | <u>3PM</u>       | <u>6PM</u>        | <u>9PM</u>        |
| Name & Signature of the Doctor Starting the Drugs: |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| Additional Instructions:                           |            |                 |             |            | <u>10pm</u>       | <u>11pm</u>      | <u>12am</u>      | <u>1am</u>        | <u>2am</u>        |
| Daily Doctor's Endorsement by a Sign               |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| DRUG : <u>INS HYDROCORP</u>                        |            |                 |             | Date       |                   |                  |                  |                   |                   |
|  |            |                 |             | Time       | 30/5              | 31/5             | 1/6              |                   |                   |
| Dose   | Route      | Frequency       | Start Dt.   |            |                   |                  |                  |                   |                   |
| <u>2mg</u>   | <u>IV</u>  | <u>BD</u>       | <u>30/5</u> | <u>6AM</u> | <u>9AM</u>        | <u>12PM</u>      | <u>3PM</u>       | <u>6PM</u>        | <u>9PM</u>        |
| Name & Signature of the Doctor Starting the Drugs: |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| Additional Instructions:                           |            |                 |             |            | <u>10pm</u>       | <u>11pm</u>      | <u>12am</u>      | <u>1am</u>        | <u>2am</u>        |
| Daily Doctor's Endorsement by a Sign               |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| DRUG : <u>INS ILIOPROST</u>                        |            |                 |             | Date       |                   |                  |                  |                   |                   |
|  |            |                 |             | Time       | 30/5              | 31/5             | 1/6              | 2/6               |                   |
| Dose   | Route      | Frequency       | Start Dt.   |            |                   |                  |                  |                   |                   |
| <u>2.5mg</u>                                       | <u>NEB</u> | <u>6 hourly</u> | <u>30/5</u> | <u>9AM</u> | <u>12PM</u>       | <u>3PM</u>       | <u>6PM</u>       | <u>9PM</u>        | <u>12AM</u>       |
| Name & Signature of the Doctor Starting the Drugs: |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |
| Additional Instructions:                           |            |                 |             |            | <u>10pm</u>       | <u>11pm</u>      | <u>12am</u>      | <u>1am</u>        | <u>2am</u>        |
| Daily Doctor's Endorsement by a Sign               |            |                 |             |            | <u>Dr. Swetha</u> | <u>Dr. Anand</u> | <u>Dr. Anand</u> | <u>Dr. Swetha</u> | <u>Dr. Swetha</u> |

Sheet No: ..... REGULAR PRESCRIPTIONS Weight ..... Ward .....

Dr. Anurag

|  |       |                |           |   |             |
|--|-------|----------------|-----------|---|-------------|
| <b>DRUG:</b> Fej. TEICOPLANIN                      |       |                |           | Date/Time   | 2/6 3:30 AM |
| Dose   | Route | Frequency      | Start Dt. |   |             |
| 16.8mg   | IV    | every 72 hours | 2/6       |   |             |
| Name & Signature of the Doctor Starting the Drugs: |       |                |           | 2pm Swetha  |             |
| Additional Instructions:                           |       |                |           | 1 vial = 200ml  |             |
|  |       |                |           | 8mg/kg/dose<br>200mg vial + 10ml DWI (1ml = 20mg) take 0.8ml + 2ml NS Paper |             |
| Daily Doctor's Endorsement by a Sign               |       |                |           | dk  |             |

Dr. Anurag

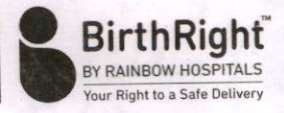
|  |       |           |           |   |     |
|--|-------|-----------|-----------|---|-----|
| <b>DRUG:</b> Fej. UROSOMAL AMPHOTERICIN B          |       |           |           | Date/Time   | 2/6 |
| Dose   | Route | Frequency | Start Dt. |   |     |
| 10.5mg   | IV    | OD        | 2/6/26    |   |     |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | 2pm Swetha  |     |
| Additional Instructions:                           |       |           |           |   |     |
|  |       |           |           | 5mg/kg/dose<br>50mg vial + 10ml DWI (1ml = 5mg) take 2ml + 1ml NS injection over 1 hour |     |
| Daily Doctor's Endorsement by a Sign               |       |           |           | dk  |     |

VERIFIED BY: Name

|  |       |           |           |           |  |
|--|-------|-----------|-----------|-----------|--|
| <b>DRUG:</b> TAB. METAZONE                         |       |           |           | Date/Time |  |
| Dose   | Route | Frequency | Start Dt. |           |  |
|  |       |           |           |           |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |           |  |
| Additional Instructions:                           |       |           |           |           |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |           |  |

|  |       |           |           |   |  |
|--|-------|-----------|-----------|---|--|
| <b>DRUG:</b> TAB. METAZONE                         |       |           |           | Date/Time   |  |
| Dose   | Route | Frequency | Start Dt. |   |  |
| 0.25mg   | P/O   | BD        | 2/6       |   |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           | Dr. Anurag  |  |
| Additional Instructions:                           |       |           |           |   |  |
|  |       |           |           | take 2.5mg tabs + 10ml DWI (1ml = 0.25mg) give 1ml of it. |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |   |  |

BAH-00656412 IPS-00174461  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 16 D (M)  
 Dr. DINESH KUMAR CHIRLA



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

① Mousum

**DRUG :** TAB. METALAZONE Date/Time 2/06

| Dose  | Route | Frequency | Start Dt. |
|-------|-------|-----------|-----------|
| 0.2mg | PO    | BD        | 2/6       |

Name & Signature of the Doctor Starting the Drugs: *Ry Dr. Maulik*

Additional Instructions: *5mg tab 4 times daily (one = 0.5mg) take 0.5ml of P and give orally*

Daily Doctor's Endorsement by a Sign: *R R*

**DRUG :** GLYCERINE SUPPOSITORY Date/Time 2/06

| Dose | Route | Frequency | Start Dt. |
|------|-------|-----------|-----------|
|      | PR    | TID       | 2/6       |

Name & Signature of the Doctor Starting the Drugs: *Ry Dr. Maulik*

Additional Instructions: *1ml + 1ml NS*

Daily Doctor's Endorsement by a Sign: *R R*

**DRUG :** INT. COLISTIN Date/Time

| Dose | Route | Frequency | Start Dt. |
|------|-------|-----------|-----------|
| 80   |       |           |           |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

**DRUG :** INT. COLISTIN Date/Time 2/06

| Dose      | Route | Frequency | Start Dt. |
|-----------|-------|-----------|-----------|
| 40,000 IU | SL    | OD        | 2/6       |

Name & Signature of the Doctor Starting the Drugs: *Ry Dr. Maulik*

Additional Instructions: *20,000 IU/kg/day (renal safe dose)*

Daily Doctor's Endorsement by a Sign: *R R*

Signature

VERIFIED BY : Nam

① Mousum

Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
Name



Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
VERIFIED BY : Name



## 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)

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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



REGULAR PRESCRIPTIONS

Weight. 2.1kg Ward. ....

VERIFIED

**DRUG:** INJ. CEFTAZOLIM + AVIBACTAM

| Dose | Route | Frequency | Start Date | Date Time                       |
|------|-------|-----------|------------|---------------------------------|
| 40mg | IV    | OD        | 25/5       | 29/5, 30/5, 31/5, 1/6, 2/6, 3/6 |

Name & Signature of the Doctor Starting the Drugs:  
 Dr. A. Chawaraya

Additional Instructions:  
 19mg/kg/dose (renal ady waka)  
 1 vial = 2.5gm

Dilute 10ml DW in 1ml = 200mg, take 1ml + 4ml 5% D (1ml = 40mg) → 1ml + 2ml 5% over 30mins

Daily Doctor's Endorsement by a Sign: [Signatures]

**DRUG:** INJ AZTREONAM

| Dose   | Route | Frequency | Start Date | Date Time                       |
|--------|-------|-----------|------------|---------------------------------|
| 31.5mg | IV    | Q8H       | 25/5/26    | 29/5, 30/5, 31/5, 1/6, 2/6, 3/6 |

Name & Signature of the Doctor Starting the Drugs:  
 Dr. A. Chawaraya

Additional Instructions:  
 15mg/kg/dose  
 1 vial = 1gm

Dilute 1 vial in 10ml DW (1ml = 100mg)  
 take 0.3ml + 2.7ml DS over 30mins

Daily Doctor's Endorsement by a Sign: [Signatures]

**DRUG:** INJ. HYDROCORT

| Dose | Route | Frequency | Start Date | Date Time  |
|------|-------|-----------|------------|------------|
| 2mg  | IV    | TID       | 25/5       | 29/5, 30/5 |

Name & Signature of the Doctor Starting the Drugs:  
 Dr. Anandavelu

Additional Instructions:  
 1mg/kg/dose

Daily Doctor's Endorsement by a Sign: [Signatures]

**DRUG:** GLYCEPTINE SUPP

| Dose | Route | Frequency | Start Date | Date Time                  |
|------|-------|-----------|------------|----------------------------|
|      | PR    | BD        | 29/5       | 29/5, 30/5, 31/5, 1/6, 2/6 |

Name & Signature of the Doctor Starting the Drugs:  
 Dr. A. Chawaraya

Additional Instructions:  
 0.5ml + 0.5ml  
 NS

dose changed

Daily Doctor's Endorsement by a Sign: [Signatures]

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

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

STAT / ONCE ONLY DRUGS

| Date | Time    | Medication  | Dosage & Other Instructions | Route            | Signature   | Nurses          |
|------|---------|---|-----------------------------|------------------|-------------|-----------------|
| 28/5 | 11am    | INT KCL<br>10ml + 90ml<br>NS<br>(1ml = 0.2mEq)<br>(1mEq/kg) | 100.5ml                     | IV<br>Over sleep | [Signature] | [Signature]     |
| 28/5 | 3pm     | 1mg Adenosine   | 0.3mg                       | central<br>line  | [Signature] | Sweetha<br>ABin |
| 28/5 | 3pm     | 1mg Adenosine   | 0.4mg                       | central<br>line  | [Signature] | Sweetha<br>ABin |
| 28/5 | 3:15 pm | 1mg Adenosine   | 0.5mg                       | central<br>line  | [Signature] | Sweetha<br>ABin |
| 30/5 | 3pm     | INT VANCOMY<br>100mg  | 10mg/kg                     | central<br>line  | [Signature] | Devesh          |
| 30/5 | 5pm     | Glycine   | 1ml + 1ml                   | P/A              | [Signature] | [Signature]     |

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

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

| Date    | Time | Composition of I.V. Fluid<br>(If infusion, mention ml/hr = Mcg/kg/min. etc)                    | Route            | Flow Rate<br>ml/hr | Doctor<br>Sign | Nurse<br>Sign              | Date of<br>Stopping | Doctor<br>Sign | Nurse<br>Sign              |
|---------|------|--|------------------|--------------------|----------------|----------------------------|---------------------|----------------|----------------------------|
| 29/5/26 | 8pm  | Inj Lasix<br>2ml + 1.5ml   | Central<br>line  | 0.1<br>ml/hr       | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bhandi |
| 29/5/26 | 8pm  | TV=150 ml/kg/day<br>10% TPN  | Central<br>line  | 1.2ml              | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bhandi |
| 29/5/26 | 8pm  | Inj SILDENAFIL<br>0.8mg/kg/day<br>12.5ml = 10mg<br>+ 7.5ml so<br>20ml = 10mg.<br>(0.5mg = 1ml) | Central<br>line  | 0.2ml              | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bha    |
| 29/5/26 | 8pm  | Inj Adrenaline<br>3mg/kg + 5% Dex  | Central<br>line  | 0.1                | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bhandi |
| 29/5/26 | 8pm  | 3% NaCl<br>0.8ml/kg  | Central<br>line  | 1.7                | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bhandi |
| 29/5/26 | 8pm  | INS FENTANYL<br>2ml + 8ml NS   | Central<br>line  | 0.5                | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bhandi |
| 29/5/26 | 8pm  | INS HEP NS<br>1.5ml + 48.5ml<br>1/2 NS   | Central<br>line  | 0.2                | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5                | [Signature]    | <del>Mousa</del><br>Bhandi |
| 29/5/26 | 8pm  | INS Hep NS<br>1.5ml + 48.5ml<br>1/2 NS   | Arterial<br>line | 0.2                | [Signature]    | <del>Mousa</del><br>Bhandi | 30/5/26             | [Signature]    | <del>Mousa</del><br>Bhandi |
| 30/5/26 | 8pm  | INS ACE<br>3mg/kg<br>10ml + 90ml NS (1ml = 0.2mg)<br>10.5ml IV over 2hrs                       | Central<br>line  | 0.4<br>ml<br>0.2mg | [Signature]    | <del>Mousa</del><br>Bhandi | 31/5/26             | [Signature]    | <del>Mousa</del><br>Bhandi |

VERIFIED BY : Name : Signature :



### I.V. FLUID CHART

| DATE | TIME | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.)               | ROUTE                                | Flow Rate<br>(ml/hr) | Doctor Sign. | Nurse Sign.    | Date of Stopping | Doctor Sign. | Nurse Sign.       |
|------|------|--|--------------------------------------|----------------------|--------------|----------------|------------------|--------------|-------------------|
| 30/5 |      | <del>390 NaCl -<br/>6 meq/kg (25ml)<br/>KCl - 2 meq/kg<br/>20ml.</del>                           | <del>1.1ml/hr<br/>Central line</del> |                      | <del>R</del> |                |                  |              |                   |
| 30/5 |      |  |                                      |                      |              |                |                  |              |                   |
| 30/5 | 4pm  | INT EILDENAFIL<br>0.8mg/kg/day<br>(2.5ml = 10mg)<br>+ 7.5ml so<br>(20ml = 10mg)<br>(0.5mg = 1mg) | PIV                                  | 0.2                  | R            | Deggy<br>Mousa | 31/5             | R            | Mousa<br>Bhandari |
| 30/5 | 4pm  | INT HEP-NS<br>1.5ml + 48.5ml<br>NS   | PIV                                  | 0.24                 | R            | Deggy<br>Mousa | 31/5             | R            | Mousa<br>Bhandari |
| 30/5 | 4pm  | INT HEP-NS<br>1.5ml + 48.5ml<br>NS   | PIV                                  | 0.24                 | R            | Deggy<br>Mousa | 31/5             | R            | Mousa<br>Bhandari |
| 30/5 | 4pm  | INT FENTANYL<br>2ml + 8ml NS   | PIV                                  |                      | R            | Deggy<br>Mousa | 31/5             | R            | Mousa<br>Bhandari |
| 30/5 | 4pm  | INT. LASIX<br>(FUROSEMIDE)<br>0.5ml + 2ml  | PIV                                  | 0.1ml/hr             | R            | Deggy<br>Mousa | 31/5             | R            | Mousa<br>Bhandari |
| 30/5 | 4pm  | 20ml/kg/day NS<br>10-1.50 +  | PIV                                  |                      | R            | Deggy<br>Mousa | 31/5             | R            | Mousa<br>Bhandari |
|      |      | 5 meq/kg 390 NaCl<br>2 meq/kg KCl  |                                      |                      |              |                |                  |              |                   |



**I.V. FLUID CHART**

| DATE | TIME | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.) | ROUTE    | Flow Rate<br>(ml/hr) | Doctor Sign. | Nurse Sign.            | Date of Stopping | Doctor Sign. | Nurse Sign.          |
|------|------|--|----------|----------------------|--------------|------------------------|------------------|--------------|----------------------|
| 31/5 | 4pm  | INS HEPNS 1.5ml<br>+ 48.5ml 1/2 NS   | Peripher | 0.2                  | [Signature]  | [Signature]<br>Subrata | 1/06             | R            | [Signature]<br>Munna |
| 31/5 | 4pm  | INS HEPNS 1.5ml<br>+ 48.5ml 1/2 NS   | PICC     | 0.2                  | [Signature]  | [Signature]<br>Subrata | 1/06             | R            | [Signature]<br>Munna |
| 31/5 | 4pm  | TU = 150ml/kg/day<br>10% ISO-P<br>K2 NS  | PICC     | 1.8                  | [Signature]  | [Signature]<br>Subrata | 1/6              | R            | [Signature]<br>Munna |
| 31/5 | 4pm  | INS LASTIX<br>0.5ml + 2ml NS   | PICC     | 0.1                  | [Signature]  | [Signature]<br>Subrata | 1/6              | R            | [Signature]<br>Munna |
| 31/5 | 4pm  | INS FENTANYL<br>2ml + 8ml NS   | PICC     | 0.5                  | [Signature]  | [Signature]<br>Subrata | 1/6              | R            | [Signature]<br>Munna |
| 31/5 | 4pm  | INS SIBENAFIL<br>0.8mg/kg/day<br>(12.5ml = 10mg)                                   | PICC     | 0.2                  | [Signature]  | [Signature]<br>Subrata | 1/6              | R            | [Signature]<br>Munna |
|      |      | Add 7.5ml NS<br>(20ml = 10mg)<br>(1ml = 0.5mg)                                     |          |                      |              |                        |                  |              |                      |
| 1/6  | 8AM  | TU - 150ml/kg/day<br>10% ISO-P +<br>7mcg/kg 3% NAAC                                | PICC     | 1.8ml                | [Signature]  | [Signature]<br>Sneha   | 2/6              | R            | [Signature]<br>Munna |
| 1/6  | 8AM  | INJ. NOR-ADRENALINE<br>1.5mg (kg)<br>PCC 50ml 5% DEXTRO                            | PICC     | 0.2ml                | [Signature]  | [Signature]<br>Sneha   | 2/06             | R            | [Signature]<br>Munna |
| 1/6  | 8AM  | INS FENTANYL <sup>se</sup><br>2ml + 8ml NS   | PICC     | 0.2ml                | [Signature]  | [Signature]<br>Sneha   | 2/06             | R            | [Signature]<br>Munna |

BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 15 D (M)  
 Dr. DINESH KUMAR CHIRLA



**I.V. FLUID CHART**

| DATE | TIME | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.) | ROUTE              | Flow Rate<br>(ml/hr) | Doctor Sign. | Nurse Sign.              | Date of Stopping | Doctor Sign. | Nurse Sign.           |
|------|------|--|--------------------|----------------------|--------------|--------------------------|------------------|--------------|-----------------------|
| 1/6  | 8 AM | IWS HEP-NS<br>1.5ml + 48.5ml<br><del>X</del> NS                                    | Pice               | 0.2ml                | R            | <del>Suetha</del><br>muv | 2/6              | <del>R</del> | <del>muv</del><br>CST |
| 1/6  | 8 AM | IWS HEP-NS<br>1.5ml + 48.5ml<br>NS   | para<br>sal<br>all | 0.2ml                | R            | <del>Suetha</del><br>muv | 2/6              | R            | <del>muv</del><br>CST |
| 1/6  | 8 AM | 20cc/kg/day<br>10% ISO P +<br>NATCO <sub>3</sub> - 2meq/kg +<br>3% NaCl - 7meq/kg  | Pice               | 1.8ml                | R            | <del>Suetha</del><br>muv | 2/6              | R            | <del>muv</del>        |
| 1/6  |      | IWS. LASIX<br><del>0.5ml</del>   |                    |                      |              |                          |                  |              |                       |
| 1/6  | 5 PM | IWS LASIX<br>0.5ml + 2ml<br>NS<br>Co. 2ml/kg/hr                                    | Pice               | 0.2ml/hr             | R            | <del>Suetha</del><br>muv | 2/6              | R            | <del>muv</del>        |
| 2/6  |      | <del>IWS - 3% NaCl.<br/>7meq ⇒ 14ml<br/>over 6 hrs.</del>                          | <del>Pice</del>    | <del>2.3ml</del>     |              |                          |                  |              |                       |
| 2/6  |      | <del>20cc/kg/day<br/>10% ISO P +<br/>7m</del>                                      |                    |                      |              |                          |                  |              |                       |



I.V. FLUID CHART

| DATE | TIME    | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.)                 | ROUTE          | Flow Rate<br>(ml/hr) | Doctor Sign. | Nurse Sign. | Date of Stopping | Doctor Sign. | Nurse Sign. |
|------|---------|--|----------------|----------------------|--------------|-------------|------------------|--------------|-------------|
| 2/6  | 8:00am  | TU-110cel/kg/day<br>10% ISOPT<br>NATHELOZ 2mg/kg<br>+<br>3% NACL - 7mg/kg                          | PICC 3         | 3ml                  | R            | Moush       | 2                | R            | Moush       |
| 2/6  | 8:00am  | INT FENTANYL<br>2ml + 8ml NS   | PICC           | 0.5ml                | R            | Moush       | 2                | R            | Moush       |
| 2/6  | 8:00am  | INT. HEP-NS<br>1.5ml + 48.5ml NS   | PICC           | 0.2                  | R            | Moush       | 2                | R            | Moush       |
| 2/6  | 8:00am  | INT HEP-NS<br>1.5ml + 48.5ml NS  | feardal<br>art | 0.2                  | R            | Moush       | 2                | R            | Moush       |
| 2/6  | 10:00am | INT ADRENALINE<br>(3mg/kg) in<br>50ml 5% DEXTROSE  | PICC 0.3       |                      | R            | Moush       | 2                | R            | Moush       |
| 2/6  | 8:00am  | INT NORADRENALINE<br>(3mg/kg) in<br>50ml 5% DE   | PICC 0.2       |                      | R            | Moush       | 2                | R            | Moush       |
| 2/6  | 3:00pm  | INT SILDENAFIL<br>1.6mg/kg/day<br>(12.5ml = 10mg) +<br>7.5ml so.<br>(20ml = 10mg)<br>(0.5mg = 1ml) |                | 0.3ml                | R            | Moush       | 2                | R            | Moush       |
|      |         |  |                | 0.2ml                |              | Moush       |                  |              | Moush       |
| 2/6  | 8:00am  | INT EASIX (FUROSEMIDE)<br>0.2mg/kg/hr<br>(1ml + 2.4ml)<br>NS                                       |                | 0.1ml<br>hr          | R            | Moush       | 2                | R            | Moush       |

BAH-00656412 IP5-00174461  
 Baby Of G SUBHA NANDINI  
 16-05-2026 0 Y 0 M 16 D (M)  
 Dr. DINESH KUMAR CHIRLA



I.V. FLUID CHART

| DATE | TIME    | Composition of I.V. FLUID<br>(if infusion, mention ml / hr = Mcg / kg / min. etc.) | ROUTE | Flow Rate<br>(ml/hr) | Doctor Sign. | Nurse Sign. | Date of Stopping | Doctor Sign. | Nurse Sign. |
|------|---------|--|-------|----------------------|--------------|-------------|------------------|--------------|-------------|
| 2/6  | 10:15pm | INT N. ACEYL<br>CURTINE<br>1ml = 200mg<br>0.5ml +                                  | PICC  | 0.5<br>ml/hr         | [Signature]  | [Signature] |                  | [Signature]  |             |
|      |         | (1ml + 2.3ml 0.45 NS<br>(1ml = 0.3mg)<br>[5mg/kg/day]                              |       |                      |              |             |                  |              |             |
| 3/6  | 8am     | TV - 90cal/kg/day<br>10% Drop +<br>7meq/kg 3% NaAc<br>NaHCO <sub>3</sub> - 2meq/kg | PICC  | 2.5ml                | [Signature]  | [Signature] |                  | [Signature]  |             |
| 3/6  | 8am     | INT FENTANYL<br>2ul + 8ml NS   | PICC  | 0.2ml                | [Signature]  | [Signature] |                  | [Signature]  |             |
| 3/6  | 8hr     | INT HEP-NS<br>1.5ml + 48.5<br>ml NS  | PICC  | 0.2ml                | [Signature]  | [Signature] |                  |              |             |
| 3/6  | 8hr     | INT HEP-NS<br>1.5ml + 48.5<br>ml NS  | PICC  | 0.2ml                | [Signature]  | [Signature] |                  |              |             |
| 3/6  | 8hr     | INT ADRENALINE<br>(3ug/kg) iv<br>50ml 5% DEXTROSE                                  | PICC  | 0.2ml                | [Signature]  | [Signature] |                  |              |             |
| 3/6  | 8hr     | INT NORADRENALINE<br>(3ug/kg) iv<br>50ml 5% DEXTROSE                               | PICC  | 0.2ml                | [Signature]  | [Signature] |                  |              |             |
| 3/6  | 8hr     | INT SILDENAFIL<br>(12.5ml = 10mg)<br>7.5ml NS (20ml =                              | PICC  | 0.5ml                | [Signature]  | [Signature] |                  |              |             |

## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 11.06.26 Time: 2:30 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: -

Blood Bank Issue No: - Date of Collection: - Date of Expiry: -

Date & Time of Starting Transfusion: 11.06 @ 2:30 pm Planned duration of Transfusion: 1 hr

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Sis. Swetha Nurse 2: Bro. Ajay

Before starting transfusion vitals: Temp: 36.3C HR: 173b/m RR: - BP: 51/32 SpO<sub>2</sub>: 90%  
(39)

**PLEASE MONITOR THE FOLLOWING:**

| Date | Time   | HR     | Temperature | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|------|--------|--------|-------------|----------------|------------------|----------|------------|--------------------|-------------------|
|      | 15 Min | 172b/m | 36.9C       | 50/30<br>(45)  | 92%              | -        | -          | -                  | -                 |
|      | 15 Min | 142b/m | 36.6C       | 49/30<br>(40)  | 94%              | -        | -          | -                  | -                 |
|      | 30 Min | 180b/m | 36.7C       | 53/34<br>(41)  | 92%              | -        | -          | -                  | -                 |
|      | 30 Min | 179b/m | 36.5C       | 48/30<br>(36)  | 94%              | -        | -          | -                  | -                 |
|      | 30 Min | 170b/m | 36.8C       | 44/27<br>(33)  | 94%              | -        | -          | -                  | -                 |
|      | 1 Hr   | 174b/m | 36.5C       | 46/26<br>(33)  | 95%              | -        | -          | -                  | -                 |
|      | 1 Hr   | 119b/m | 36.5C       | 52/30<br>(38)  | 91%              | -        | -          | -                  | -                 |
|      |        |        |             |                |                  |          |            |                    |                   |
|      |        |        |             |                |                  |          |            |                    |                   |

Comments: There is no issues during & after transfusion

Name of the Incharge-Nurse: Silpa  
 Signature of the Incharge-Nurse: [Signature]

Name of the Nurse: Swetha  
 Signature of the Nurse: [Signature]

Date & Time: 11.06.26 @ 2:30pm

Date & Time: 11.06.26 @ 2:30pm



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21.06.26. Time: 9.30pm.

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: —

Blood Bank Issue No: — Date of Collection: — Date of Expiry: —

Date & Time of Starting Transfusion: 21.06 @ 2.40 pm Planned duration of Transfusion: 4 hrs

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Sis. Swetha Nurse 2: Bro. Ajay

Before starting transfusion vitals: Temp: 36.9°C HR: 136b/m RR: — BP: 54/34 SpO<sub>2</sub>: 95%  
(42)

**PLEASE MONITOR THE FOLLOWING:**

| Date | Time   | HR     | Temperature | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|------|--------|--------|-------------|----------------|------------------|----------|------------|--------------------|-------------------|
|      | 15 Min | 136b/m | 36.9°C      | 51/32<br>(42)  | 95%              | —        | —          | —                  | —                 |
|      | 15 Min | 140b/m | 36.6°C      | 46/26<br>(33)  | 91%              | —        | —          | —                  | —                 |
|      | 30 Min | 129b/m | 36.5°C      | 52/30<br>(38)  | 90%              | —        | —          | —                  | —                 |
|      | 30 Min | 134b/m | 36.5°C      | 67/40<br>(51)  | 92%              | —        | —          | —                  | —                 |
|      | 30 Min | 149b/m | 36.8°C      | 52/33<br>(35)  | 93%              | —        | —          | —                  | —                 |
|      | 1 Hr   | 132b/m | 36.5°C      | 58/33<br>(43)  | 94%              | —        | —          | —                  | —                 |
|      | 1 Hr   | 130b/m | 36.5°C      | 53/34<br>(41)  | 92%              | —        | —          | —                  | —                 |
|      |        |        |             |                |                  |          |            |                    |                   |
|      |        |        |             |                |                  |          |            |                    |                   |

Comments: There is no issues during & after albumin transfusion.

Name of the Incharge-Nurse: Srilaxmi  
 Signature of the Incharge-Nurse: [Signature]

Name of the Nurse: Swetha  
 Signature of the Nurse: [Signature]

Date & Time: 21.06.26 @ 3pm

Date & Time: 21.06.26 @ 3pm



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 3/6/26 @ 12:10 pm Time: @ 12:10 am

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH-2601306 Date of Collection: 30/may/26 Date of Expiry: 11/July/26

Date & Time of Starting Transfusion: 3/6/26 @ 12:10 am Planned duration of Transfusion: 4 hrs → 2.6 hrs

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Dr. Sowmya Nurse 2: Abin

Before starting transfusion vitals: Temp: 36.5°C HR 133 RR: - BP: 74/49 (59) SpO2 96

**PLEASE MONITOR THE FOLLOWING:**

| Date   | Time   | HR  | Temperature | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|--------|--------|-----|-------------|----------------|------------------|----------|------------|--------------------|-------------------|
| 3/6/26 | 15 Min | 133 | 36.6°C      | 49/30 (31)     | 90%              | -        | -          | -                  | -                 |
| 3/6/26 | 15 Min | 141 | 36.5°C      | 50/31 (38)     | 93%              | -        | -          | -                  | -                 |
| 3/6/26 | 30 Min | 144 | 36.5°C      | 65/42 (51)     | 91%              | -        | -          | -                  | -                 |
| 3/6/26 | 30 Min | 131 | 36.4°C      | 71/45 (56)     | 95%              | -        | -          | -                  | -                 |
| 3/6/26 | 30 Min | 135 | 36.5°C      | 75/52 (62)     | 93%              | -        | -          | -                  | -                 |
| 3/6/26 | 1 Hr   | 133 | 36.5°C      | 77/51 (62)     | 95%              | -        | -          | -                  | -                 |
| 3/6/26 | 1 Hr   | 141 | 36.5°C      | 87/56 (67)     | 93%              | -        | -          | -                  | -                 |
| 3/6/26 | 1 hr   | 133 | 36.5°C      | 69/46 (55)     | 95%              | -        | -          | -                  | -                 |
| 3/6/26 | 1 hr   | 133 | 36.5°C      |                | 96%              | -        | -          | -                  | -                 |

Comments: no complication during Transfusion as per Dr's order Transfusion Given over 6hrs

Name of the Incharge-Nurse: Shalpi  
 Signature of the Incharge-Nurse: [Signature]

Name of the Nurse: Abin  
 Signature of the Nurse: [Signature]

Date & Time: 3/6/26 @ 12 hr

Date & Time: 3/6/26 @ 12 hr

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital  
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road  
Banjara Hills, Hyderabad, Telangana State  
No.2,  
Lic No. 46/ID/TS/2018/BBG

BIACH&RI  
BLOOD BANK  
OPERATOR  
25 Gy INDICATOR

DATE: 02/06/26

IRRADIATED

Qty. 50 ml  
SAGM Solution

**B**  
Rh Positive

VDRL - Non reactive  
MP - Negative  
NAT(HIV 1 & II/ HBsAG/ HCV)- Non reactive  
Unit No.: BAH26-01306  
Blood Group: B Rh Positive  
Collection Date: 30/May/2026  
Expiry Date: 11/Jul/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Antibodies in

**Issue Label / CrossMatching Report**

Patient : B/o. G. Subha Nandini -  
Patient's Blood Group : B Rh Positive  
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR  
UHID No.: BAH-00656412 Wd-Bed No.:  
Product : LR-PRBC Pedia-1  
Blood Group : B Rh Positive  
Unit No.: BAH26-01306  
XMatching Report: Compatible  
X-matched by: MONOJ

Issue Dt : 02/Jun/2026  
Colln. Dt : 30/May/2026  
Exp. Dt : 11/Jul/2026  
Issued By : MONOJ

Rainbow Hospital Blood Centre, Rainbow Childrens  
Hospital  
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road  
No.2, Banjara Hills, Hyderabad, Telangana State  
Lic No. 46/ID/TS/2018/BBG

# CONSENT FOR BLOOD TRANSFUSION



Name: Blo Subha Nandini Age: 017 Gender: Male  Female   
 UHID.No : 656412 Date: 2/06/26

- Type of Blood Product:**
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate     | <input type="checkbox"/> Single Donor Platelet             | <input type="checkbox"/> Whole Blood            |
| <input checked="" type="checkbox"/> Albumin  | <input type="checkbox"/> Red Blood Cell                    | <input type="checkbox"/> Others .....           |

..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

|  |  |
|--|--|
| <b>Patient (Or Patient Relative / Guardian):</b> | <b>Doctor (Who is talking the consent)</b> |
| Signature: <u>[Signature]</u>                    | Signature: <u>[Signature]</u>              |
| Name: <u>Sujakanti</u>                           | Name: <u>Dr. Soumitra</u>                  |
| Date & Time: <u>2/06/26 @ 11pm</u>               | Date & Time: <u>2/06/26 @ upon</u>         |

**Witness**

Signature: [Signature]

Name: Abin

Date & Time: 2/6/26 @ 12pm

**రక్త మార్పిడి కొరకు అంగీకార పత్రము**

రోగి పేరు: ..... వయస్సు: ..... లింగము  పురుషుడు  స్త్రీ  
UHID. సంఖ్య: ..... తేదీ: .....

- రక్త ఉత్పత్తి రకాలు:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్       | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్           | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> మొత్తం రక్తం             | <input type="checkbox"/> ఎర్ర రక్త కణం                  | <input type="checkbox"/> ఇతరులు.....            |

నేను ..... ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. డాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ బి సర్వైస్ యాంటిజన్, హైపటైటిస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

|                        |                        |
|------------------------|------------------------|
| సహాయకుడు(అటెండెంట్)    | సాక్షి                 |
| సంతకము .....           | సంతకం .....            |
| పేరు .....             | పేరు .....             |
| తేదీ మరియు సమయము ..... | తేదీ మరియు సమయము ..... |

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00656412 IP5-00174461  
Baby Of G SUBHA NANDINI  
16-05-2026 0 Y 0 M 14 D (M)  
Dr. DINESH KUMAR CHIRLA



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Subha Nandini Gender:  Male  Female

UHID No : 656412 Department : NICU Date : 30/05/26

I Subha Nandini S/D/W/O .....

Here by give consent for procedure of : Piccline

For my patient, Named : B/o Subha Nandini

The doctors have clearly explained to me that the procedure has following possible complications:

bleeding, infection

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Inotropic support & high Osmolarity.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Mamathu

**Patient Attendant :**

Signature : [Signature]

Name : G. SUBHA NANDINI

Relationship with Patient : MOTHER

Date & Time : 30/05/26 1pm

**Witness :**

Signature : [Signature]

Name : Digeshwari

Date & Time : 30/05/26 1pm

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr. Mamathu

Date & Time : 30/05/26 1pm

# ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు ..... లింగం  పురుషుడు  స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....



# CONSENT FOR BLOOD TRANSFUSION

Name: blo G. subha Nandhini Age: 6y Gender: Male  Female   
UHID.No : 656412 Date: 23/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
  - Packed Red Blood Cells
  - Random Donor Platelets
  - Cryoprecipitate
  - Single Donor Platelet
  - Whole Blood
  - Albumin
  - Red Blood Cell
  - Others .....

G. Baderineeth hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that N/A

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

**Patient (Or Patient Relative / Guardian):**

Signature: [Signature]  
Name: G. Baderineeth  
Date & Time 22/5/2026 @ 4:30pm

**Doctor (Who is talking the consent)**

Signature: [Signature]  
Name: Dr. Manjula  
Date & Time 23/5/26 @ 4:30pm

**Witness**

Signature: [Signature]  
Name: Bharathi  
Date & Time 23/5/26 @ 4:30pm

**రక్త మార్పిడి కొరకు అంగీకార పత్రము**

రోగి పేరు: ..... వయస్సు: ..... లింగము  పురుషుడు  స్త్రీ  
UHID సంఖ్య: ..... తేదీ: .....

- రక్త ఉత్పత్తి రకాలు:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్        | <input type="checkbox"/> ఒకే ధాత ఫ్లేటిలెట్స్           | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> మొత్తం రక్తం             | <input type="checkbox"/> ఎర్ర రక్త కణం                  | <input type="checkbox"/> ఇతరులు.....            |

నేను ..... ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడీస్, మలేరియా మరియు సిఫిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలిత్రవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ఫ్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్) ..... సాక్షి .....

సంతకము ..... సంతకం .....

పేరు ..... పేరు .....

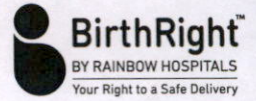
తేదీ మరియు సమయము ..... తేదీ మరియు సమయము .....


వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

**CONSENT FOR ADMISSION  
IN NEONATAL INTENSIVE CARE UNIT**



Name: **BAH-00656412** **IP5-00174197**  
**Baby Of G SUBHA NANDINI** Age: 02 Gender: Male  Female   
**18-05-2026** **0 Y 0 M 8 D** (M)  
 UHID.No : **Dr. DINESH KUMAR CHIRLA** Date: 23/5/26  


I ..... S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o G. Subha NANDINI who is related to me as son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 23/5/26

The doctors have explained to me in a language understood by me that my child has following health related issues :  
operated case of obstructive supraaortic TAPVC  
Renal failure / sepsis / congenital

The doctors have clearly explained to me that my patient B/o G. Subha NANDINI during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o G. Subha NANDINI in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

**Patient Attendant :**  
 Signature : Nandini  
 Name : G. SUBHA NANDINI  
 Relationship with Patient: MOTHER  
 Date & Time : 23/5/26 @ 7pm

**Witness :**  
 Signature : Abin  
 Name : Abin  
 Date & Time : 23/5/26 @ 7pm

**Doctor (who is taking the consent) :**  
 Signature : Dus  
 Name : Dr. Manu  
 Date & Time : 23/5 @ 7pm



# CONSENT FORM FOR RESTRAINT

Patient Name : B/o Subha nandini UHID No : 656412  
Gender:  Male  Female Age : 6D Date of Restraint : 22/5/26 Time of Restraint : @8pm

### Type of Restraint:

Physical : nil

Chemical : Pentanyl

Duration of Restraint : Continuous

Any likely complications:  Hypotension  Bradycardia  Injury to skin

Any alternatives:  Yes  No if 'Yes' Specify: 5mg. Dexamethasone

I have been explained the risk, benefits and alternatives of the same in the language that I know.

### Patient Attendant :

Signature : [Signature]

Name : Suryakant

Relationship with Patient: Father

Date & Time : 22/5/26 @7pm

### Witness :

Signature : [Signature]

Name : Sounya

Address : Near new ramayalam

Nallakunta, Hyderabad.

Contact No: 7093542453

Date & Time: 22/5/26 @7pm

### Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Signature]

Date & Time : 22/5/26 @7pm



# నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు ..... యు.హెచ్.ఐ.డి .....

వయస్సు ..... లింగం పు  స్త్రీ  నియంత్రణ సమయం ..... నియంత్రణ రకం: .....

### నియంత్రణ రకాలు:

భౌతిక .....

రసాయన .....

నియంత్రణ యొక్క వ్యవధి .....

ఏదైనా సమస్యలు సంభవించే ఆస్కారం:  అధిక రక్తపోటు  గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు  అవును  కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

స్టాఫ్

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00656412 IP5-00174197  
Baby Of G SUBHA NANDINI  
18-05-2026 0 Y 0 M 8 D (M)  
Dr. DINESH KUMAR CHIRLA



# CONSENT FOR BLOOD TRANSFUSION

Name: G. Subha Nandini Age: 8 Gender: Male  Female   
UHID.No: 656412 Date: 25/5/26

Type of Blood Product:  Fresh Frozen Plasma  Packed Red Blood Cells  Random Donor Platelets  
 Cryoprecipitate  Single Donor Platelet  Whole Blood  
 Albumin  Red Blood Cell  Others .....

I, G. Subha Nandini hereby give my consent for whole blood transfusion or blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Parent (Or Patient Relative / Guardian): Nandini Signature: [Signature]  
Name: G. SUBHA NANDINI Name: [Signature]  
Date & Time: 25/5/26 @ 1am Date & Time: 25/5/26 @ 1am

Witness  
Signature: [Signature]  
Name: Bharathi  
Date & Time: 25/5/26 @ 1am

**రక్త మార్పిడి కొరకు అంగీకార పత్రము**

రోగి పేరు: ..... వయస్సు: ..... లింగము  పురుషుడు  స్త్రీ  
UHID. సంఖ్య: ..... తేదీ: .....

- రక్త ఉత్పత్తి రకాలు:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్        | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్           | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> మొత్తం రక్తం             | <input type="checkbox"/> ఎర్ర రక్త కణం                  | <input type="checkbox"/> ఇతరులు.....            |

నేను ..... ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడి/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలితవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

|  |                        |
|--|------------------------|
| సహాయకుడు(అటెండెంట్)                      | సాక్షి                 |
| సంతకము .....                             | సంతకం .....            |
| పేరు .....                               | పేరు .....             |
| తేదీ మరియు సమయము .....                   | తేదీ మరియు సమయము ..... |
| వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) |                        |
| సంతకము .....                             |                        |
| పేరు .....                               |                        |

## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 25/05/26 Time: 4:30 Am

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH26-P0108 Date of Collection: 23/5/26 Date of Expiry: 28/5/26

Date & Time of Starting Transfusion: 1:30 Am Planned duration of Transfusion: 30 min

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Sr. Poojitha Nurse 2: Sr. Bharathi

Before starting transfusion vitals: Temp: 36.6 HR 163 RR: BP: 100/60(57) SpO2 99

**PLEASE MONITOR THE FOLLOWING:**

| Date    | Time   | HR  | Temperature | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|---------|--------|-----|-------------|----------------|------------------|----------|------------|--------------------|-------------------|
| 1:30 Am | 15 Min | 163 | 36.6        | 100/60(57)     | 99%              | -        | -          | -                  | -                 |
| 2 Am    | 15 Min | 163 | 36.5        | 100/60(57)     | 96%              | -        | -          | -                  | -                 |
|         | 30 Min |     |             |                |                  |          |            |                    |                   |
|         | 30 Min |     |             |                |                  |          |            |                    |                   |
|         | 30 Min |     |             |                |                  |          |            |                    |                   |
|         | 1 Hr   |     |             |                |                  |          |            |                    |                   |
|         | 1 Hr   |     |             |                |                  |          |            |                    |                   |
|         |        |     |             |                |                  |          |            |                    |                   |
|         |        |     |             |                |                  |          |            |                    |                   |

Comments: During transfusion time no issue

Name of the Incharge-Nurse: Athira

Name of the Nurse: Bharathi

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 25/5/26 @ 3pm

Date & Time: 25/5/26 @ 3pm

BAH26-P0108

Rainbow Hospital Blood Centre  
D.No.8-2-120/103/1,2,3,4 & 5,  
Banjara Hills, 1  
Lic.No. 46/11D/TS/2018/BB/G

rad-sure™  
irradiation indicator

OPERATOR: *A*

DATE: 25/5/26

25 Gy INDICATOR

LOT 038660GX25

IRRADIATED

PLATELET



2027-09-11

Qty. 60 ml. Prepared from Human Whole Blood by Apheresis using CCH separator  
(Qty. 250 ml ± 20 ml.)

**B**

HIV I & II/ HBsAG/ HCV - Non reactive  
VDRL - Non reactive  
MP - Negative

Donor Type: Replacement

Unit No.: BAH26-P0108  
Blood Group: B Rh Positive  
Collection Date: 23/May/2026  
Expiry Date: 28/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

**Issue Label / CrossMatching Report**

Patient : B/o. G. Subha Nandini -  
Patient's Blood Group : B Rh Positive  
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR  
UHID No.: BAH-00656412 Wd-Bed No.:  
Product : SDP-1  
Blood Group : B Rh Positive Issue Dt : 25/May/2026  
Unit No.: BAH26-P0108 Colln. Dt : 23/May/2026  
XMatching Report: ABO Compatible Exp. Dt : 28/May/2026  
X-matched by: MONOJ Issued By : MONOJ

**Rainbow Hospital Blood Centre, Rainbow Childrens Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road  
No.2, Banjara Hills, Hyderabad, Telangana State  
Lic.No. 46/11D/TS/2018/BB/G



Albumin

## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/5/26 Time: 1 AM

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: NA

Blood Bank Issue No: NA Date of Collection: Date of Expiry:

Date & Time of Starting Transfusion: 1 AM Planned duration of Transfusion: 4 hours

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Mousami Nurse 2: Dr. sneha

Before starting transfusion vitals: Temp: 36.6 HR 152 RR: BP: 78/52(62) SpO2 94%

**PLEASE MONITOR THE FOLLOWING:**

| Date    | Time   | HR  | Temperature | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|---------|--------|-----|-------------|----------------|------------------|----------|------------|--------------------|-------------------|
| 1 AM    | 15 Min | 152 | 36.6°C      | 78/52(62)      | 94               |          |            |                    |                   |
| 1:30 AM | 15 Min | 149 | 36.5°C      | 76/51(60)      | 94               |          |            |                    |                   |
| 2 AM    | 30 Min | 151 | 36.5°C      | 73/48(59)      | 96%              |          |            |                    |                   |
| 2:30 AM | 30 Min | 151 | 36.5°C      | 71/49(60)      | 96%              |          |            |                    |                   |
| 3 AM    | 30 Min | 151 | 36.6°C      | 71/46(57)      | 95%              |          |            |                    |                   |
| 4 AM    | 1 Hr   | 151 | 36.6°C      | 71/47(57)      | 94%              |          |            |                    |                   |
| 5 AM    | 1 Hr   | 150 | 36.6°C      | 72/49(57)      | 92%              |          |            |                    |                   |
|         |        |     |             |                |                  |          |            |                    |                   |
|         |        |     |             |                |                  |          |            |                    |                   |

Comments: During transfusion time no issue

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: Bhramathi

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 23/5/26 @ 6 AM

Date & Time: 23/5/26 @ 6 AM

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 O Y O M 6 D (M)  
 Dr. DINESH KUMAR CHIRLA



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/5/26 Time: @ 11 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: 26-01196 Date of Collection: 18/5/26 Date of Expiry: 22/5/26

Date & Time of Starting Transfusion: 22/5 @ 11 pm Planned duration of Transfusion: "One hour"

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Sis. Bharathi Nurse 2: Sis. Vandana

Before starting transfusion vitals: Temp: 36.3 HR 154 RR: - BP: 86/52 SpO<sub>2</sub> 93%

**PLEASE MONITOR THE FOLLOWING:**

| Date        | Time          | HR         | Temperature  | Blood Pressure | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|-------------|---------------|------------|--------------|----------------|------------------|----------|------------|--------------------|-------------------|
| <u>22/5</u> | <u>15 Min</u> | <u>154</u> | <u>36.3C</u> | <u>74/46</u>   | <u>94%</u>       | <u>-</u> | <u>-</u>   | <u>-</u>           | <u>-</u>          |
|             | <u>15 Min</u> | <u>151</u> | <u>36.2C</u> | <u>82/52</u>   | <u>93%</u>       | <u>-</u> | <u>-</u>   | <u>-</u>           | <u>-</u>          |
|             | <u>30 Min</u> | <u>148</u> | <u>36.4C</u> | <u>86/58</u>   | <u>93%</u>       | <u>-</u> | <u>-</u>   | <u>-</u>           | <u>-</u>          |
|             | <u>30 Min</u> |            |              |                |                  |          |            |                    |                   |
|             | <u>30 Min</u> |            |              |                |                  |          |            |                    |                   |
|             | <u>1 Hr</u>   |            |              |                |                  |          |            |                    |                   |
|             | <u>1 Hr</u>   |            |              |                |                  |          |            |                    |                   |
|             |               |            |              |                |                  |          |            |                    |                   |
|             |               |            |              |                |                  |          |            |                    |                   |

Comments: no reactions during Transfusion.

Name of the Incharge-Nurse: Somya

Name of the Nurse: Bharathi

Signature of the Incharge-Nurse: Somya

Signature of the Nurse: Bharathi

Date & Time: 22/5/26 @ 11:30 pm

Date & Time: 22/5/26 @ 11 pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital  
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,  
Banjara Hills, Hyderabad, Telangana State  
Lic.No. 46/HD/TS/2018/BB/G

**PLATELET CONCENTRATE I.P.**

Qty. 50 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./  
SAGM Solution.

**B**

HIV I & II/ HBsAG/ HCV - Non  
reactive  
VDRL - Non reactive  
MP - Negative  
NAT(HIV I & II/ HBsAG/ HCV)- Non  
reactive

Unit No.: BAH26-01196  
Blood Group: B Rh Positive  
Collection Date: 17/May/2026  
Expiry Date: 22/May/2026

1. Do Not Dispense Without Prescription. 2. Check Blood Group On  
Label & Recipient's Group And Name Before Administration. 3. Shake  
Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately  
After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If  
There Is Any Visible Evidence Of  
Clotting Or  
Gentle Agi  
9. Adminis

**Issue Label / CrossMatching Report**

Patient : B/o. G. Subha Nandini -  
Patient's Blood Group : B Rh Positive  
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR  
UHID No. : BAH-00656412 Wd-Bed No. :  
Product : RDP  
Blood Group : B Rh Positive  
Unit No. : BAH26-01196  
XMatchirg Report: Group Specific  
X-matched by: PILLEM

Issue Dt : 22/May/2026  
Colln. Dt : 17/May/2026  
Exp. Dt : 22/May/2026  
Issued By : PILLEM

Rainbow Hospital Blood Centre, Rainbow Childrens  
Hospital  
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road  
No.2, Banjara Hills, Hyderabad, Telangana State  
Lic No. 46/HD/TS/2018/BB/G

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 10 D (M)  
 Dr. DINESH KUMAR CHIRLA



## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 26/5/26 Time: 4:30 pm

Blood Group of the Patient: B<sup>+</sup> Blood Group on the Blood Bag: B<sup>+</sup>

Blood Bank Issue No: BAH26-01232 Date of Collection: 22 May/26 Date of Expiry: 30 July/26

Date & Time of Starting Transfusion: 26/5/26 @ 4:30 pm Planned duration of Transfusion: .....

Check for Correct Unit:  Correct Patient:

Blood products cross checked by: Nurse 1: Abin Nurse 2: .....

Before starting transfusion vitals: Temp: 36.5°C HR: 145 RR: 35 BP: 44/28/20 SpO<sub>2</sub>: 92%

### PLEASE MONITOR THE FOLLOWING:

| Date           | Time          | HR         | Temperature   | Blood Pressure  | SpO <sub>2</sub> | Any Rash | Any Rigors | Any Breathlessness | Any Other Problem |
|----------------|---------------|------------|---------------|-----------------|------------------|----------|------------|--------------------|-------------------|
| <u>26/5/26</u> | <u>15 Min</u> | <u>145</u> | <u>36.3°C</u> | <u>76/51/49</u> | <u>94%</u>       | -        | -          | -                  | -                 |
| <u>26/5/26</u> | <u>15 Min</u> | <u>146</u> | <u>36.4°C</u> | <u>73/50/39</u> | <u>98%</u>       | -        | -          | -                  | -                 |
| <u>26/5/26</u> | <u>30 Min</u> | <u>147</u> | <u>36.4°C</u> | <u>67/44/34</u> | <u>98%</u>       | -        | -          | -                  | -                 |
| <u>26/5/26</u> | <u>30 Min</u> | <u>146</u> | <u>36.4°C</u> | <u>74/50/39</u> | <u>96%</u>       | -        | -          | -                  | -                 |
| <u>26/5/26</u> | <u>30 Min</u> | <u>146</u> | <u>36.4°C</u> | <u>80/56/49</u> | <u>96%</u>       | -        | -          | -                  | -                 |
| <u>26/5/26</u> | <u>1 Hr</u>   | <u>145</u> | <u>36.4°C</u> | <u>60/40/31</u> | <u>93%</u>       | -        | -          | -                  | -                 |
| <u>26/5/26</u> | <u>1 Hr</u>   |            |               |                 |                  |          |            |                    |                   |
|                |               |            |               |                 |                  |          |            |                    |                   |
|                |               |            |               |                 |                  |          |            |                    |                   |

Comments: .....

Name of the Incharge-Nurse: .....

Name of the Nurse: Abin

Signature of the Incharge-Nurse: .....

Signature of the Nurse: Abin


Date & Time: .....

Date & Time: 26/5/26 @ 4 pm

**Rainbow Hospital Blood Centre, Rainbow Childrens Hospital**  
 ● D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,  
 Banjara Hills, Hyderabad, Telangana State  
 Lic.No. 46/HD/TS/2018/BB/G

**LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1**

Qty: 50ml, Prepared from Whole human blood collected in 63 ml. of C.P.D./  
 SAGM Solution.

|  |   |
|--|---|
| <br><b>B</b><br><b>Rh Positive</b> | HIV I & II/ HBsAG/ HCV - Non reactive<br>VDRL - Non reactive<br>MP - Negative<br>NAT(HIV I & II/ HBsAG/ HCV)- Non reactive    |
|  | Unit No.: <b>BAH26-01237</b><br>Blood Group: <b>B Rh Positive</b><br>Collection Date: 22/May/2026<br>Expiry Date: 03/Jul/2026 |

|   |  |  |
|---|--|--|
| 1) Administer<br>Ad<br>Gr<br>Wit<br>The<br>App<br>Anti  | <b>Issue Label / Cross Matching Report</b> | 3) Do Not<br>cent's<br>sion Set<br>t Use if<br>) |
| Patient : <b>B/o. G. Subha Nandini -</b><br>Patient's Blood Group : <b>B Rh Positive</b><br>Hosp/Dr : <b>Rainbow Childrens Hospital, DR. DINESH KUMAR</b><br>UHID No.: <b>BAH-00656412</b> Wd-Bed No.:                  |  |  |
| Product : <b>LR-PRBC Pedia-1</b><br>Blood Group : <b>B Rh Positive</b><br>Unit No.: <b>BAH26-01237</b><br>X Matching Report: <b>Compatible</b><br>X-matched by: <b>PILLEM</b>   |  |  |
| <b>Rainbow Hospital Blood Centre, Rainbow Childrens Hospital</b><br>D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road<br>No.2, Banjara Hills, Hyderabad, Telangana State<br>Lic No. 46/HD/TS/2018/BB/G |  |  |

BAH-00656412 IP5-00174197  
 Baby Of G SUBHA NANDINI  
 18-05-2026 0 Y 0 M 10 D (M)  
 Dr. DINESH KUMAR CHIRLA

**IAL NUTRITION**



10% TPN

Date : 25/5/26

Patient Name : B/o-subha nandini

UHID. NO: .....

Current (Maximum) Weight : 2.1 kgs

Fluid : 9.0 ml / kg / day → 189ml

Feed : ml / kg / day

Others : Tabes + ued + feed ml / kg / day → 64ml

TPN Fluid : TPN volume = 125ml RV = 88ml

|                                 | Daily Requirement    |        | Amount (ml) | Calories |
|---------------------------------|----------------------|--------|-------------|----------|
|                                 | Per KG               | Total  |             |          |
| Intra Lipid (20%) 1g = 5ml      | 0.5 g/kg             | 1g     | 5ml         | 10ml     |
| Protein / Aminoveni 10, 1g=10ml | 1 g/kg               | 2.1g   | 21ml        | 42ml     |
| 3% NaCl (1ml = 0.5 mEq)         | 1 mEq/kg             | 2.1mEq | 4.2ml       | 8.4ml    |
| KCL (1ml = 2mEq)                | 1 mEq/kg             | 2.1mEq | 1.05ml      | 2.1ml    |
| POTPHOS (0.3 ml = 1.2 mEq K)    | 0.3 ml/kg            |        |             |          |
| Calcium Gluconate               | 2 ml/kg              | 4.2ml  | 4.2ml       | 8.4ml    |
| MVI                             | 0.5 1 ml/kg          | 1ml    | 1ml         | 2ml      |
| CELECEL (Trace Elements)        | 0.2 1 ml/kg          | 0.4ml  | 0.4ml       | 0.8ml    |
| MgSo4                           | ml/kg                |        | 3.7ml       | 7.4ml    |
| Heplock (0.1 ml = 1 unit)       | 0.5 unit/ml of lipid |        |             |          |
| 5% Dextrose                     | 5% D.I.              |        | 47.5ml      | 95ml     |
| 25% Dextrose                    | 25% D                |        | 40.5ml      | 81ml     |
| TPN Fluid                       |                      |        |             |          |
| GIR                             |                      |        |             |          |
| NPC / Protein (gm)              |                      |        |             |          |

Total Calories: G.I.P.E

Carbohydrates = 125 x 10 - 5 x 88  
 Proteins  
 Fats = 20

Name : Dr. Aneek

Signature : Dr. Aneek

Date & Time : 25/5/26, 1:00pm

= 1250 - 440  
 810 = 40.5ml



# CROSS CONSULTATION FORM

Doctor Name : DR Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

slp obstructive supracardiac

TAPVC repair

slb dr. shweta mam

ECHO > slp obstructive supracardiac

TAPVC repair

> dilated RA/RV

> confluence of PV's to LA is good

> LPA (d<sub>1</sub> = 16 mmHg)

> IVC is congested

> confluent branch PAs

**Consultant :**

Name : ..... Signature : ..... Date & Time : .....

- > LPA smaller than RPA
- > LPA velocity  $\rightarrow 2.0$  m/sec
- > mild TR (RVSP : 35 mmHg)
- > RPA - 1.3 m/sec
- > LV is small
- > moderate RV dysfunction -

Dileshyahar

Plan

- > LFT
  - > continue INO<sub>2</sub>
- Sildenafil



# CROSS CONSULTATION FORM

Doctor Name : Dr. Dhanu Date : ..... Time : .....

Diagnosis : .....

Hospital : Pelt

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

S/p Supracardiac TAPVC repair (POD 16).

On HFO  $\bar{c}$  60%  $PiO_2$

HR - 180/min

On iNO @ 20ppm

BP - 60/39/47

Iloprost inhalation hourly

SpO<sub>2</sub> - 97%

Noxad @ 0.05 mg/kg/min

Lasix @ 0.1 mg/kg/h.

On Propranolol (received doses).

ECHO : Drainage of Pvs noted  $\bar{c}$  mild flow acceleration

• Trivial TR. RVSP 25 mmHg

Pul artery acceleration  
time = 50 msec

• NO MR

• Fair RV function

RVAPSE = 4 mm

• Good LV function

LVAF = 58%

• IVC  $\approx$  8mm

• PH  $\oplus$

**Consultant :**

Name : Jomari Pal Signature : Jomari Date & Time : .....

BCU - Sinus tachycardia.

Adv

- Cont ino and Gliprost
- Cont casip @ 0.1mg/kg/dh
- can up titrate Noradrenaline
- Propofol morning dose to be given

Demam

Patient Sticker

BAH-00656412  
Baby Of G SUBHA NANDINI  
18-05-2026  
Dr. DINESH KUMAR CHIRLA (M)  
IPS-00174461  
0 Y 0 M 14 D



# CROSS CONSULTATION FORM

Doctor Name : DR. BHAREGAW Date : 31/05/2016 Time : .....

Diagnosis : .....

Hospital : Beth

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

S/P TAPVC repair

HFOV  
INO 10PPM

Atidnafil + Ilprost

ECHO  
mild TR  
got zommap  
IVC - congested  
dive is seen in RA  
RV Dysfunction

U/O - 0.8 ml/kg/hr.

PD + U/O - -80 ml

S. creat 1.2 mg/dl

Urea - 114

**Consultant :**

Name : BHAREGAW Signature : [Signature] Date & Time : 31/5/16

~~Summit~~

→ come. pre. varaditators  
kants ayan

3. 1. proportional  
2. 5. my seven

Plan  
1. Hypo+evifon  
Adve native 0.05 mg/100ml

Patient Sticker

# CROSS CONSULTATION FORM

Doctor Name : DR. Phargan Date : ..... Time : .....

Diagnosis : .....

Hospital : Pelt

**Type of Referral :**

Emergency

Urgent

Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

Issues - Multiple PAC  
short run of SVT.

Echo - RA | RV dilation  
and PAH.

RV dysfunction.

LVOT velocity - 90

RVOT velocity - 90.

on PD  
& Labix infusion 0.2mg/kg/Hr

**Consultant :**

Name : ..... Signature : ..... Date & Time : .....

Lactate - 1.9.  
CAR - Bil consolidation (+)

Adv: →

1. K to keep 3.5-4 meq.
  2. consider iNO.
  3. Back up pacing 140 rate is OK.
- CAR - Bil consolidation

rate changing

1/10 SVT, PAC ++.

unless symptomatic tachycardia  
we will wait for  
anti-arrhythmic medication

Elvite Atrial tachycardia (+)  
Atrial flutter.

Tab. Indaval

2 mg BD

- correct K

Elvite



# CROSS CONSULTATION FORM

Doctor Name : Dr. Sreetha Date : 27/05/2026 Time : 6:15 PM

Diagnosis : .....

Hospital : PCH

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

S/P Obstructed supracardiac TAPNE repair.

On INO @ 10ppm

On MV - PTV mode

ECHO

PBEP - 5

FiO<sub>2</sub> - 53%.

AV relation to LA is mild flow turbulence noted.

HR - 140/min

SpO<sub>2</sub> - 96%.

Moderate TR. PPG 30mm Hg

BP - 66/33/43.

Dilated RA/RV

CVP - 10.

IVC not dilated RV TAPSE 4mm.

~~RV~~ Mild RV systolic dysfunction

PATIT ⊕

Adv

- Continue Milrinone.
- Trial to taper INO.
- Review tomorrow again

**Consultant :**

Name : JONATHAN PAZ Signature : Jonathan Paz Date & Time : 27/05/26

28/5/2024

Informed to Dr Bhargavi mam

Echo

- > slp supracardiac TAPVC repair
- > moderate PHTN
- > dilated RA&RV
- > Mild TR (Rvsp: 32 mmHg)
- > moderate PAH ⊕
- > Ivc normal & collapsible
- > no pericardial / pleural Effusion
- > Plan + to wean Eno.  
To add sildenafil

le-bhargavi

112

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes  | Doctor's Order                              |
|-----------------|---|---|
| 3/8<br>12:30 PM | <p style="text-align: center;"><u>Afternoon round</u></p> <p>18 day   36 → 32+3 wks</p> |   |
|                 | <p>N → baby on HFOV</p>   | <p>Plan</p>                                 |
|                 | <p>MAP-16</p>   |   |
|                 | <p>ΔP-30 req-12.</p>  | <p>→ continue HFOV</p>                      |
|                 | <p>FiO<sub>2</sub>-100%</p>   | <p>MAP-16, ΔP-30,</p>                       |
|                 | <p>VTf-5.3</p>  | <p>req-12.</p>                              |
|                 | <p>DeO<sub>2</sub>-400</p>  | <p>iNO-30ppm</p>                            |
|                 | <p>iNO-30ppm</p>  |   |
|                 | <p>gas-7.23 / 46 (-7.6)</p>   | <p>→ if FiO<sub>2</sub> 60% wean iNO</p>    |
|                 | <p>17.6</p>   |   |
|                 | <p>C → HR-130bp</p>   | <p>→ TV-90ml/kg/day</p>                     |
|                 | <p>Intermittent</p>   | <p>10% Isopt + NATF + NaHCO<sub>3</sub></p> |
|                 | <p>tachycardia till 220</p>   | <p>feed- 3ml/hour</p>                       |
|                 | <p>BP-63 / 42 (ST)</p>  | <p>→ give renal wash</p>                    |
|                 | <p>on adx-0.2mg/kg</p>  | <p>→ continue sildenafil</p>                |
|                 | <p>NO<sub>2</sub> adx-0.2mg/kg</p>  | <p>10% rise</p>                             |
|                 | <p>② dose of propofol</p>   | <p>Peritoneal dialysis</p>                  |
|                 | <p>U/p- 2ml since</p>   | <p>→ neurology review</p>                   |
|                 | <p>noisy</p>  | <p>→ monitor vitals</p>                     |
|                 | <p>P/A- Distended</p>   |   |
|                 | <p>firm-soft</p>  | <p>has<br/>to nurse</p>                     |
|                 | <p>stool not passed</p>   |   |





**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes   | Doctor's Order |
|-------------|--|----------------|
| 3/6<br>/e   | DNR C  |                |
|             | <p>Baby was operated for supracardial obstructive TAPVC, post-operatively baby had severe PAK and PR dysfunction requiring high frequency ventilation at higher settings and I No. ul 30ppm. Was AKI + persistently / prolo long requiring peritoneal dialysis - still not improving. Baby was Intra-cranial bleed 40x30mm in left parieto-occipital region with mass effect and mass effect - over left lateral ventricle. Baby is having dysrhythmia - requiring continuous pacing due to above poor prognosis attendee wants to opt for non escalation of treatments for the baby</p> |                |
|             | <p><i>(Signature)</i><br/>         (Fakar)</p>   |                |





