



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 Mother's Blood Group :

Gender : M F Blood Group : Birth Weight (gms) : 2.149 Length (cms) :

of Birth : 16/5/20 Time of Birth : OFC (cms) :

Place of Birth : RRH-B 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 TIFFA -

Consanguinity : Yes No at 20 weeks

If yes, degree of consanguinity : 1 2 3 ↓

H/o PIH (after 20 weeks) / PE Suspected

How many Drugs / Doses / Since how long : TAPVC

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

oliguria, any investigations (LFT, platelet count) : confirmed

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 :



anatomically detected TAPVC / born at RCH -
 shifted to RCH - for TAPVC - repair.

Pfs / WS baby under new TAPVC - repair - at Day 4
 ECMO - started → continued post op -
 POD 1 → INO started ILVb - saves PALL.
 POD 4 → changed to HFV
 POD 5 → ECMO - stopped

hypotension → on boluses since Day 3
 currently on ad - 0.15 mg/kg

currently on → HFV - MAP - 12, SP - 25, freq - 14, PNO - 15
 22L5

sepsis → thrombocytopenia → ④ spp give plt - 5L
 CRP → 10 → 37 → 31
 coagulopathy, leucopenia → leucocytosis
 inezolid, meropenam } POD 4 → Hecoplanin
 colistin, amphot }
 AFI → creat → 0.6 → 0.5 → 0.3 → 0.9

19/5
 27/5 } NG
 19/5 } awake
 29/5 }

Investigation details in previous Hospital :
 POD 1 → CPRT started ILVb - general
 to anaemia /
 POD - 4 circuit + clogged + discontinued
 PD → PO + started 0/0 → 0.2 ml/kg/hr
 0.8 ml/kg/hr
 Left side - grade II - FOH +

Feeding History :
 involving LV / occipital region
 - ml



Centrifuge...
- w^o -

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^o Pallor : SpO2 : 92%

ANTHROPOMETRY: Birth Weight : 2.1 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD : Fontanelles : }
Sutures : } - swelling
Shape / Moulding : }
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 @ sed inskly
chest open - chest (cardiac) plain px

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds : PD - catheter inskly
Umbilical Stump :
Discharge :

GENITALIA : Labia / Hymen :
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES : Fingers / Toes : }
Deformities : } anomaly
Hip Joint Examination :
Arms / Legs :
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

HRPV - MAP - 12

Settings :

Flow - 14, ΔP - 30

SpO₂ : Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : *150 bpm* BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

ABDOMEN:

Shape : Hernia orifice : *Intest*

Palpation : *anorectal* Anal Patency : *Palme*

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : *sedated*

Prechtle Score : *areflexic 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 - sepsis / 2.1kg / operated case TAPVC
supraaortic /
ACOP-6 / severe PAH / AKI / coagulopathy / thrombocytopenia / leucocytosis / anasarca - (ART - P)

FOOT PRINTS

Left Side :



Right Side :



suppurated sepsis

Resident Doctor :

Signature : [Signature]

Name : Dr. Naullu

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

Consultant :

Signature : [Signature]
Registration No.: TSMC/FMB/30369

Name : Dr. Dinesh Kumar Chirala

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 :	5th	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): *Manuath*

Doctor Signature (Handover Taken): *Sub*

Doctor Name: *Manuath*

Doctor Name: *Sub*

Date & Time: *22/5/26*

Date & Time: *22/5/26*

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



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<ul style="list-style-type: none"> - Target SpO₂ - 92 to 94% - target mBP - 45 to 50 mmHg if mBP > 50 mmHg wear arterial line. - Target RBS - 60 to 150 mg/dl - Monitor for DCO₂
	<p>Noted By ABM 1530 P 27/5/26 @ 1 PM</p>	<p>Dr. Anesh</p>
27/5/26 3:00 PM		<p>Seen by Dr. Dinesh</p> <p>Plan:</p> <ul style="list-style-type: none"> - change to conventional ventilation. → PP - ↓ to iNO - 5 PPM in the night. - Start 37. Nacl and leipal. <p>Noted By ABM 27/5/26 @ 3 PM</p> <p>50mmHg monitor to keep</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Night Round	
8:45pm	Bee	Seen by Dr. Sarat
	Resp - on PTV mode.	Plan
	PIP-19, PEEP-6.	→ Continue PTV mode.
	Rate-40, FiO ₂ - 55%.	iNO - 5ppm
	iNO - 5ppm.	
	No desaturations.	→ TV - 120ml/kg/day
	Last ABG:	11ml 2nd hely feed
	pH - 7.36, pCO ₂ - 35.7;	↑ 3ml 6th hely
	PO ₂ - 103, Lac - 1.9, BE - 4.5	+ dest 10% TPN
	OI - 5.3.	[TF - 21ml]
	SpO ₂ - 97%.	
	Cardiac:	→ Continue PD cycles
	HR - 139/min	each 45min.
	BP - 63/33(43)	
	(5-25 th centile)	→ Continue infusions
	on Adrenaline - 0.3ml/hr.	
	on Milrinone - 0.3ml/hr.	→ 3% NaCl till 5pm
	on Lasix - 0.1ml/hr.	tomorrow.
	ECHO - Mod. PAH.	
	Dilated RA/RV.	→ Trace cultures
	mild RV dysfunction.	RV antibiotics.
	edema ⊕	
	Abd - on 11ml 2nd hely	→ Monitor HC daily
	tolerating feed.	→ Cardiac assessment
		tomorrow.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- 16 PD cycles completed output - negative input = 400ml. 160ml. U/O - 0.7cc/kg/hr.	→ Send Pz 2 PCT } tomorrow 6am
	CNS - HR - LT - IVH \bar{e} perilesional edema \bar{e} midline	→ Gas 2 RBS } 6 th hely Next at 10pm
	Started shift on 3% NaCl correction 0.5ml/kg/hr. Started Levipill	→ R/v chest x-Ray 1m → Target spo ₂ 92-95% Target MBP 45 to 50 if MBP > 50 mmHg wean Adrenaline.
	R+ - 25 on KCl correction Albumin correction given.	→ Monitor vitals → Pacing - set HR < 100/min
	Φ <u>Propofol</u>	
	Valid by Bharathi 020197 27/5/26 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 :		
OVERVIEW		S.No.	Current	Past Problems
		1.	Late preterm	
		2.	SP Supracardiac obstructive	
		3.	TAPRC repair (POD-12)	
		4.	Pptnl	
		5.	Suspected sepsis	
		6.	AKI / Anasarca	
Today's Weight : <u>10 bleed / Grade IV IVH / with cerebral edema / with sleep</u>				
RESPIRATORY SYSTEM		Ventilatory Support : <input type="checkbox"/> Yes <input type="checkbox"/> No - Day # of Vent : Mode of Ventilation : HFNC <input type="checkbox"/> CPAP <input type="checkbox"/> Conventional Ventilation : SIMV <input type="checkbox"/> A/C <input type="checkbox"/> VG <input type="checkbox"/> HFOV <input type="checkbox"/> iNO <input type="checkbox"/> PPM <input type="checkbox"/> Ventilator Settings : PIP <u>17</u> PEEP <u>6</u> VG Rate <u>40</u> FiO ₂ <u>55</u> Oxygen : <u>iNO-5ppm</u> min Last CXR : Spo ₂ ET Secretions : Clear <input type="checkbox"/> Thick <input type="checkbox"/> Yellow <input type="checkbox"/> Last ABG: <u>pH-7.28, pCO₂-43.6, Lac-1.6, BE-5.9</u> Change over the Last 24 Hours: <u>changed from HFOV → PTV mode</u> <u>iNO 15 → 10 → 5ppm</u> <u>Started 3% NaCl infusion Kt-2.5 → 1meq/kg correction</u> <u>Alb-2.9 → transfused. Added Levofloxacin.</u>		
CARDIO VASCULAR SYSTEM		Plan of Care : <u>RR-14/1min</u> <u>U/O-1.1cc/kg/hr</u> <u>RR-70/min</u> <u>cumulative: -147ml</u> <u>Spo₂-94%</u> <u>HC-</u> <u>BP-74/39(54)</u>		
CNS		Neurological Examination : Sedation: <u>Fentanyl</u> Last Neurosonogram : <u>Intracranial hemorrhage</u> Any Seizures: <u>-</u> <u>Grade IV IVH.</u>		

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

Input: / (+/-) Output: ml/k/d Urine Output: 10ml/kg/hr Stools:

IV Fluids - Type of IVF: @ ml/hr

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

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

Abdominal Examination: no obvious distension

PD - catheter Pushty

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

PD - Input: Output:
 PD - 970ml 685ml
 IV 10%: 190ml 42ml
 Cumulative - 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
Antibiotic	1.	Inj. Ceftazidime + Avibactam	D4
	2.	Inj. Aztreonam	
	3.	Inj. Colistin Inj. Teicoplanin	D6

lanix - 0.1mg/kg/hr
 Miconazole - 0.15mg/kg
 Adrenaline - 0.2mg/kg
 3% NaCl - 0.5ml/kg/hr
 Inj. Levofloxacin

Plan of Treatment: Lipoamphob D6

- Continue current ventilation R/v to 10 iNO
- TV - 120cc/kg/day → 10% TPN 14ml/2nd hly feed. [TF - 21ml]
- Trace RP2, PCT reports
- Blood gas 6 hly. RBS
- Continue peritoneal dialysis
- R/v to add bidenapt after stopping iNO

central line - D4
 femoral art - D6
 canula - D6

Doctor's Name (Handover given) : Dr. Poopitke
 Signature :
 Date & Time: 28/5/20 7am

Doctor's Name (Handover taken) : Dr. Naalhe
 Signature :
 Date & Time: 28/5/20

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 18-05-2026 0 Y 0 M 11 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
28/5 2 AM		plan
	thick ET secretion	\rightarrow Plu - tapper 100 \downarrow and add Stillingol
	PD - negative balance $- 345ml$ \rightarrow Plu - send U/O - 51ml / 1ml/kg/h $+ 172$	et culture / sensi ting
	cumulative $\rightarrow - 173ml$	\rightarrow remove cath
	<u>HC-34</u>	\rightarrow Plu - TFT - vit or post NRS.
	Noted By Abin 1530 @ 9 AM 28/5/26	\rightarrow Plu - increase $\rightarrow 30/0 NAC$ \rightarrow alternate day - HC to monitor
		\rightarrow Dr. Manjunath



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 @ 10 AM		seen by Dr. Pratyush sir
		continue PTU-mode.
		PIP- 18 to 17
		Psep- 6/45 rate- 46
		send ET culture
		use INO- by 1 PM
		every 6 hourly
		stop- INO- by tomorrow
		PD- 1 hour cycle
		5' - in time
		40 - dwell
		15 - out time
		stop- milrinone
		start sildenafil 1
		TV- 130 ul/kg/day.
		Review antibiotics tomorrow
		TFT } tomorrow
		NBS }

Noted by
 15/5/26
 28/5/26

Dr. Pratyush
 (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
	P/A - mild distension →	I ₂ not acc - o. sull
	P/A - 23 cycles complex - 335 ml	↓ stool nitroinone
		→ I ₂ I NO - 10ppm plan - sildenafil
		→ CXR - tomorrow
		↓ Dr. Manikant
	Noted by Bharathi 02/09/26 2-15/26	



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : DU PMA: 37 + 400g

Term Preterm Gestation : 36 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Late preterm	
2.	S/P - supracardiac CBS	
3.	TAPVC - repair (POA-II)	
4.	PPHN + chest closure	
5.	Suspected sepsis	
6.	ATIL Anaxella (Oliguria)	

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 HFOV - MAP-12 PEEP Rate-14 VG FiO₂-60% Oxygen : L/min

Last CXR : VTG-4-5 (2. lumen) Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG: 7.36

Change over the Last 24 Hours: HFOV → PTV-mode → HFOV ABC given
S/c ILS-removed CT head
PD tubes replaced done

Plan of Care : continue HFOV till

Neurological Examination :

Sedation:

Last Neurosonogram : Diside parieto-occipital Any Seizures:

pneumonia bleed

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:
 Input : / (+/-) Output : ml/k/d Urine Output : 1.29 ml/kg/hr Stools :
 IV Fluids - Type of IVF : @ ml / hr + 151ml
 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

PP - 45 min - 4.14 - PD fluid cycle - 42ml

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : cumulative 29ml
 Sepsis screen:
 Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	frj ceftazidime	DS
	2.	disbactan	
	3.	Aseseonam	
		Tico planin	DS

Lozin - 0.15mg/kg/hr
 nitrofur - 0.15mg/kg
 adx - 0.2mg /
 hor adx - stopped hydrocort

Plan of Treatment:

① Continue HFOV MAP-12, PEEP-14, ΔP-25
 review to decrease INO

② TV - 12ml/kg/day - 10 J. TAN
 Pw - increase feed
 targets
 - SpO₂ - 90-95%
 - MAP - 45-50mmHg
 1) MAP > 50mmHg
 when adenoviral
 - PO₂ - 40-55mmHg
 DEO₂ - 110-150mmHg
 UTC - 1-2ml/kg

③ Pw - albumin

④ True CBP

⑤ Blo channig & wounds

⑥ ABG } - 6 - showels
 RBS }

⑦ continue peritoneal dialysis

Doctor's Name (Handover given) : Dr. Anand
 Signature :
 Date & Time : 27/5/20

Doctor's Name (Handover taken) : Dr. Anand
 Signature :
 Date & Time : 27/5/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10 AM	Seen by Dr. Dinesh	plan
	1 e/o brady	① ↓ INO to 10ppm.
	↓	② MAP-11
	connected to pacemaker.	③ evening - 2 INO to 5ppm
		aim to convert to conventional
		apm.
		④ Albumin today
		⑤ ↑ lasix to 0.2mg/kg/day
		⑥ cont low dose
		adbe + nifedipine
	Arterial - D5	⑦ cardiac assessment
	Central line - 11	⑧ Feeds - 73ml/kg/6H.
	Tubings - D5	⑨ Trace cks.
	PD - Day 1	⑩ Add S/E, Ca ²⁺ , Mg ²⁺
	Cannula - day 5	morning sample.
		⑪ Try off pacemaker.
	Nasolabial Apix 27/5/26	⑫
		S/B Dr. PR
		⑬ fix 6 size urinary catheter.
		→ Continue 45min PD cycles - 12.5ml/kg.
		→ Albumin - 5%.
		0.5g/kg.



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ iNO → 5ppm at evening keep overnight
		→ Add Sildenafil after iNO is at 5ppm
		→ Continue Milrinone Sildenafil
		→ Send R/L tomorrow
		→ R/V antibiotics tomorrow.
		→ Send R/L & Tomorrow PCT. 6am. RT & Ca²⁺
	<p>Positive:</p> <p>Noted by ABIN @ 10am 27/5/26</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		Afternoon rounds
1:00PM		
	<p>ON HFOV + INO FiO_2 - 55% (10PPM) MAP - 11, freq - 13, Ap - 25 leak - 5% DCO₂ - 319</p>	<p>plan: - continue HFOV + INO</p>
		<p>- plan to ↓ INO to 5 PPM in the evening.</p>
		<p>- Blood gas RBS } 6th hourly.</p>
	<p>SpO₂ - 98% PR - 139/min BP - 66/34 (CM) CVP - 9</p>	<p>- plan to change to conventional ventilation T/M:</p>
	<p>- NO Bradycardia after 9:00AM.</p>	<p>- To add sildenafil after changing INO to 5PPM.</p>
	<p>- Infusions: Nitroline - 0.15mcg/kg Adrenaline - 0.3mcg Lasix - 0.2mg/kg</p>	<p>- TV - 120ml holday ↓ 10% TPN [A10.5 Na₃K₁Ca₂ Mv10.5cl_{0.2}]</p>
	<p>5 cycles of pd done - negative [-50ml] [125ml given]</p>	<p>- feed 8ml 2nd hourly [↑ feed 3ml 6th hourly] Target feed = 21ml.</p>
	<p>Urine output -</p>	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Na - 130, K ⁺ - 3.4 Cl ⁻ - 97	- cardiac assessment today
	Ca - 10.4 / Mg - 2.3	- Rlv to add
	Urea - 174 Crea - 2.7	teicoplanin / levofloxacin, 3% Nacl [advised by neonatologist]
	- Albumin - given;	
		- To send pp2 } PCT } Tlm morning at 6:00AM
		- Review antibiotics tomorrow.
		- Trace blood cl & Mediastinal tissue cl.
		- Continue PD cycles for every 45 min.
		- Monitor head circumference daily.
		- Do chabies 6th week

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI (M)
 18-05-2026 0 Y 0 M 6 D
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr. Dinesh sir
		HFOV - MAP-12, Sp-30, blood clts } NP1 } PT-INT } seen LFT } ABG } Chest-xray-crow - after 1hr PBS
		→ MAP 50 mmHg
		→ ↓ noradrenaline → fill up with adrenaline →
		→ 100cc/kg/day Start TPN
		→ Cacln - infusion 0.5mg/kg/hr
		→ give abacavir after 3hr
		→ continue neo / colistin telcaprocin

Valid by
 Bhavathi
 0201917
 22/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

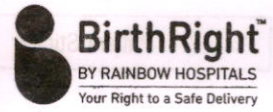
Date & Time	Progress Notes	Doctor's Order
		CVP -
		start Peritoneal dialysis
		<u>Dr. Dinesh sir</u>
		↓ INO → 10ppm - now
		↓ INO - by 5ppm → 4AM
		→ PDP
		↓ arrange - SDP
		→ renal safe dose of vancomycin
		→ PCR - parent-to-antibio
		→ <u>Dr. Anand</u>
		if not proceed with capic str
		→ give albamycin
		mediastinum swab
		pleural fluid culture to send

22/5
 10:30 pm

22/5
 11:30 pm

Mahab
 Bharathi
 22/5/26
 11:30pm

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
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Date & Time	Progress Notes	Doctor's Order
22/5 12:43 PM	Night sounds	plan
	V - baby on HFOV.	
	MAP-12	→ continue HFOV.
	freq-14	MAP-12
	Sp-30	freq-14, Sp-30
	FiO2-60%	↓ FiO2 - INO to 5ppm tomorrow
	VT8-2.7	w/holding
	PCO2-108	
	INO-15 → 10ppm	→ TV - 60ml/kg/day
	gas → 7.35 (40/-3.0)	C including everything
	21.9%	1/2 DNS + Amivon + strength
	C → HR-152bpm	(Cgaly) Kel
	BP-76/51 CGU	-NPO
	U/O - 0.8ml/kg/hr	→ give albumin
	PTA - anaemia	→ sepsis PCR-panel
	② Tes spiracidal	to send
	+abe	
		→ Plu - mediastinal
		swabs / pleural
		fluid culture
		→ continue brain
		infusion.
		→ wear adenalin 0
		MBP > 50mg/kg

Naled by
 Bhargava
 02/05/2026
 12:43 PM

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference: 0.3 kg / hr

Input: / (+/-) Output: ml/k/d Urine Output: ml/kg/hr Stools: 176.74

IV Fluids - Type of IVF: @ ml / hr

Feeding: EBM Formula Donor BM Volume: NPO Frequency:

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

Abdominal Examination:
 (2) pleural drain (3) mediastinal drain (4) side drain of ps (5) AM

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS (6) side - Nil

PD → 2 after done - 120ml
2.7.7.

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.	meropenem	5+1
	2.	colistin	
	3.	ampiro-B teicoplanin	

nosads → stopped
 adx → 0.2ml/hr
 lactin- injection - 0.1ml/kg
 fentanyl -

Plan of Treatment :

(1) continue HFOV + INO - 5ppm
 MAP-12, Sp-30, Pao-1p

(2) T - 100ul/kg/day → today - 7.5%. TPN.
 EW - to start feed

(3) ILO charting & hourly

(4) continue peritoneal dialysis

(5) send sepsis panel + CRP + ABG (6) 8 AM
 Togeter

(6) arrange SPP - now.

SpO2 - 90-95%
 UO - 1-2ml/kg
 MAP - 45-50mmHg
 Pao2 - 45-50mmHg

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

Signature : [Signature]

Date & Time : 23/5

Doctor's Name (Handover taken) : [Signature]

Signature : [Signature]

Date & Time : 28/5/20

BAH-00650412 IP5-00174197
 Baby Of G. SUBHA NANDINI (M)
 18-05-2026 0 Y 0 M 6 D
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 29-11AM		seen by Dr. Dinesh sir
	lact - 2.5 ↓ sing	↓ MAP - 11
	HCO ₃ - 25.2	PNO - 5ppm - do not wean.
	<u>UES - 2</u>	↓ cumulative. Cumulative fluid balance
	Cumulative	↓ maintain - Alt > 1
	- 1	(ok)
	Rt chest drain - 4ml C2. mlts	→ get check always in the afternoon
	Lft chest drain - w/1 echo. →	→ after closure of chest
	contatality improved	↓
	RA & LA - same size.	6hr and 12hr echo - to be done to see for pulmonary venous hypertension
		→ keep PNO - 10ppm while closure



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Ongoing peritoneal dialysis.
	PD - 4 cycles done till now. [Negative Balance - -25]	- Monitor for Drain output.
	- on furosemide infusion; - on fentanyl sedation - on Adrenaline [0.01 mcg/kg/hr]	- After chest closure, 2D Echo to be done after 6 hours and 12 hours.
		- Target platelet count > 1,00,000.
		- To send Albumin afternoon.
	Urine output - 0.3 ml/kg/hr Stool -	- Trace blood PCR panel.
		- Blood gas } 6th hourly RBS }
	<u>Cummulative:</u>	- Ilo-chastry 6th hourly.
		- Target MBP - 45 to 50 mmHg
		- Target PCO ₂ - 45 to 50 mmHg
		- Target urine output - 1 to 5 ml/kg.

Noted by
 Abhinav
 15/5/26
 23/5/26
 @rainbow



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>chart</p> <p>HR 160/m 12-94 3p 83/59 (67)</p> <p>ABG = 7.25 PaO₂ 88 PaCO₂ 20.9</p> <p>U/A = 0.3mly/hr (last 6 hr)</p>	<p>(don)</p> <p>↓ Adrenaline ↑ PIP-21 Continue i/w 6pm Connected pacifier To send vial creatinine new bag with albumin</p> <p>→ TPN to do → PD to continue</p> <p>Dr. MVB PRATHYUSH Registration No. TCMC/EMR/30369</p> <p>→ To send CBP term map</p> <p>→ 2D Echo for chardow</p> <p>→ 9am 6h 12am 6h Nsh term</p> <p>→ glycerine STAT if not passed stool</p>
	<p>To change PD. Cycles based on creatinine and map</p> <p>Dr. MVB PRATHYUSH Registration No. TCMC/EMR/30369</p>	
	<p>Noted by ABM 1530 R 23/5/26 @ 3pm</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	Operative notes	
4:30 PM		
	<ul style="list-style-type: none"> - Under strict aseptic condition, chest closure was done. Mediastinal swab sent for culture sensitivity. 	
	<ul style="list-style-type: none"> - Hemodynamically stable throughout Surgery. 	<p>Post operative orders:</p>
	<ul style="list-style-type: none"> - increased FiO_2 requirements and increased NO requirement till 25 PM. 	<ul style="list-style-type: none"> - To continue iNO at 25 PPM.
		<ul style="list-style-type: none"> - To continue Adrenaline infusion @ 0.1 ml/hr
	<p>Post op settings:</p>	<ul style="list-style-type: none"> - To start Nor-Adrenaline infusion @ 0.1 ml/hr
	<p>FiO_2 - 100%, 23/6, RR - 50,</p>	<ul style="list-style-type: none"> - To give one stat dose of Hydrocortisone
	↓	<ul style="list-style-type: none"> - Monitor lactate levels in blood gas.
	<p>Post op Blood gas - 7.114 / 7.2 / 7.7 Hb - 14.7, Lac - 3.2 Base excess - -6.1</p>	<ul style="list-style-type: none"> - To start Nor-Adrenaline infusion

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- To consider Atracurium infusion
		- To consider Vasopressin infusion
		- To start HFOV $FiO_2 - 85\%$, frequency - 9, MAP - 12, $\Delta P - 30$ $DCO_2 - 250$;
		- CBP Electrolytes } after 6 hours at 6:00 pm
		- CXR NOW
		- Start Melrinone infusion @ 0.2 mcg/kg
		- Next blood gas after 1 hour at 6:30 pm

Noted by
 ABIN
 1538
 23/5/26
 @ 4:30 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26		seen by Dr. Dineesh
6:00 pm		<u>Plans</u>
		- Target mBP ≥ 40 mmHg
		- Not to do
		one blood gas now & optimize settings
		- Hold Milrinone infusion;
		- Cover both eyes
		- Target PCO_2 - 40 mmHg;
		- Don't wear NO 'till FIO_2 reached 60%;
		- To start Atracurium infusion.
		- CBP to send now!
		- 2D Echo abtke
		6 hours & 12 hours,
		Check IVC also

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- ↑ MAP to 14
		- Blood Gas } PBS } both hourly
		- next blood gas at CBP 12:00 AM 9:00 PM
		- continue peritoneal dialysis.
		- continue NPO
		- ↑ latex tubexion to 0.2 mg/kg/hr;
		e/s/B - Dr. Sweetha
		- To start milrinone @ 0.2 Mg.
		e/s/B - Dr. Nitasha
		AP = • continue same
		• Send S/E, Mg (Arterial sample).

noted by
ABIM
153 OF
28/5/26
@ 6 PM

28/5/26
9:00 PM

noted by
Dr. [Signature]
09090
9/11 PM

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		cl dw Dr. Dinesh
22/5/26		Seen by Dr. Nitaraha
11:00PM	Night records	
	- Last blood gas - pH 7.34 / 37.9 / 65.8 Hb - 15.9 142 / 3.6 / 1.3 lac - 3.9, Base excess - - 4.7, HCO ₃ - 20.7	Plaus - Continue current ventilation, FIO ₂ HFV + iNO (20ppm)
	on HFV + iNO (20ppm) FIO ₂ - 60%, frequency - 9 MAP - 14, AP - 30	- Do not wean FIO ₂ < 60%. - Next blood gas at 1:00 AM.
	<u>Vitals</u> - SpO ₂ - 95%. PR - 156 / vein BP - 77 / 50 (60)	- Blood gas } RBS } 6hr hourly
		- ↓ TV to 90 ml / day ↓ 7.5% 10% TPN
		- To start milrinone infusion 0.2 mcg/kg/h

Noted by
 Dr. Nitaraha
 09/05/26
 11PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- ongoing Atropine infusion	- To increase laxix infusion to 0.3 ml/kg/hour
	- ongoing Adrenaline infusion	
	- ongoing Nor-Adrenaline infusion	- To trace serum electrolytes
	- ongoing fentanyl Sedation	- To send CBP urea, } TIM creatinine } monitor at 6:00 AM
	- PD - 125ml (1 cycle)	
	- Stool - passed	- To discuss with Dr. Satyaprasad about peritoneal dialysis
	- urine output - 0.2 ml/kg/hr (95ml)	
		- Target SpO ₂ - > 95%
		- Target pO₂ - pao ₂ - 80 to 100 mmHg (in Blood gas)
		- Target mBP - 45 to 50 mmHg
		- Target pCO ₂ - > 40 mmHg.

BAH-00656412
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Target RBS - 60 to 150 mg/dl.
		- No. chattering 6th hourly
		- continue peritoneal dialysis.
		- Trace blood PCR panel.
		Noted by Dr. Sathya 6:00 AM 11:00 PM. <u>Aneel</u>
		<u>Dr. Sathya Prasad son</u>
23/5/26		<u>Plan:</u>
11:00 PM		- To do 45 min PD cycle
		5 min - in
		30 min - dwell time
		10 min - out time
		↓
		- Even after 45 min cycles if not improving to ↑ PD conc to 3-2%

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	continue	[Add 60ml of 25% D to PD bleed.]
		<p>Noted by Dugeshwar 09:00</p> <p>Sub</p>
23/5/26		<p>cd/w cardiology <u>oneall consultant</u></p>
2:00 AM		<p>Plan</p>
	<p>one ready of hypertension</p> <p>Bp 99 99/67(80)</p>	<p>- If persistent hypertension ready to give nifedipine</p>
		<p>Noted by Dugeshwar 06:00 2 AM</p> <p>Sub</p>

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA

24/5/26



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D8 PMA:

Term Preterm Gestation : 36 Corrected Gestational Age: 37+1

Problems :		
S.No.	Current	Past Problems
1.	<u>late preterm</u>	<u>chdectasis</u>
2.	<u>slp - supracardiac TAPVC repair [POD-8]</u>	<u>AKI</u>
3.	<u>+ chest closure [POD-1]</u>	<u>Severe PAP</u>
4.	<u>Suspected Sepsis</u>	<u>Anasarca</u>
5.	<u>Thrombocytopenia</u>	<u>Hypoalbuminemia</u>
6.	<u>Leucocytosis</u>	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

Mode of Ventilation : HFNC CPAP Conventional Ventilation : SIMV A/C VG HFOV iNO PPM 20

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO₂ 60% Oxygen : L/min

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG :

Change over the Last 24 Hours: HFOV + iNO (20)
FiO₂ - 60%, freq - 9
MAP - 14
AP - 30

CARDIO VASCULAR SYSTEM

Plan of Care :
SpO₂ -
PR -
BP -

CNS

Neurological Examination :

Sedation :

Last Neurosonogram : left side Any Seizures :

Grade IV

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: - Rt. pleural drain -
- Lt. pleural drain -

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

- ongoing PD -

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.	Meropenem	5+2	- on Abrevaline - on Nor-Abrevaline - laxix infusion - fentanyl - Atraceelexen
2.	colistin				
3.	Ampicillin Teicoplanin				

Plan of Treatment :

- continue HFV + INO
- Tv - 90 uell / day
- 7.5% ~~10%~~ TPN
- continue NPO
- I/O charting 6th hourly
- Blood gas 7 6th hourly
- Review NSG TLM
- Trace CBP, urea, creat report
- Trace Blood PCR report
- Target spo₂ ≥ 95%
- Target P_{CO2} > 40 mmHg
- Target MBP - 45 to 50 mmHg
- Target RBS - 60 to 150 u/g
- Target PaO₂ - 80 to 100 u/g

Doctor's Name (Handover given) : Dr. A. Acharya
Signature : Dr. A. Acharya
Date & Time:

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

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 9 AM	s/o Dr. Rama Krishna	
	s/o TARE npani	7 th Bed
	Septic i AKI	
	General edema Psip	
	ABA - 54/29	Plan

24hr. Total urine = 35ml

[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26		Seen by Dr. Dinesh
24/5/26		Plan =
		✓ CXR - now
		✓ Blood gas - 8th hourly
		✓ Target MBP > 40mmHg
		✓ Trace peripheral Smear report.
		- To discuss with Dr. Ganapathi regarding Atracurium infusion.
		- To check PD catheter.
		- To wear Nifedipine if hypotension.
		- Trace blood PCR reports.
		→ Send PCT now

Noted by
Abhinav
15/5/26

(21)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26. 4:00 PM	Afternoon Round.	
	Baby is on HFV. FiO ₂ - 60%, MAP - 14 ΔP - 30, freq - 10. iNO - 20ppm.	<u>Plan</u>
	Cardiac: HR - 170/min. BP - 54/32 (37) CVP - 8. U/O - 0.4 cc/kg/hr.	→ Continue current ventilation & iNO
	Cumulative fluid - 107ml 11 cycles of PD given. on Adrenaline - 0.5 Nor Ad - 0.5. Stopped - midline	→ TV - 90cc/kg/day 7.5% TPN. Continue NPO.
	Ongoing Atacurium - 0.25 Ongoing Lasix Ongoing Pentamyl.	→ Blood gas of 8th hely. RBS
	- Poor p Baby looks pale.	→ I/O charting. 6th hely PD output monitoring
	Last gas: pH - 7.25, pCO ₂ - 49.5, pO ₂ - 75.3, Lac - 2 → BE → -4.9. → ABG - 2.4	→ w/f hypotension Target mBP > 40mm → R/v hydrocortisone.
		→ Target SpO ₂ > 95%. Target PaO ₂ - 80-100mm Target PeO ₂ - > 40. Target RBS - 60-150

Poojitha

AH-00656412 IP5-00174197
Baby Of G SUBHA NANDINI
3-05-2026 0 Y 0 M 8 D (M)
Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	<u>Echo</u>	
4:30pm		
	→ Dilated RA/RV. w/ severe RV dysfx	
	→ Mild LV dysfx (on inotropes)	
	→ TR - mild - RV for ~ 30mmHg (poor jet)	
	→ IVC dilated, not collapsible	
	→ NO effusion	
	Overall, no significant change in echo: mruq.	

MANISHA A

29/5/26
7:30pm

→ Do ABC now

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/2026 8 PM	severe RV dysfunction TR gd 30 m/s AV velocity 10.6 PA velocity 0.8 m/sec Rt pulmonary veins turbulence	
	(+) @ veins appear smallish. Continence to RA - OK. IVC - 9mm. LV function - good	
	1. ABG - qhly 2. If lactate > 4.5 plan to open.	
	3. keep CP - (10)	
	4. ABG - qhly If lactate > 4.5 electrly open.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 9:30pm	Night Round	Seen by Dr. Neelshi
	Baby is on HFOV. FiO ₂ - 60%, MAP - 14. ΔP - 25, f - 11 DCO ₂ - 62. iNO - 20 → 25ppm.	Plan
	→ Ongoing: Adrenaline - 0.9mcg/kg/hr Nor-Adr - 0.1mcg/kg/hr Atacurium - 0.35mcg/kg/hr Fentanyl - 0.5mcg/kg/hr Lorix - 0.1mcg/kg/hr (0.3mg/kg/hr)	→ Continue HFOV. MAP - 14 ΔP 25 → 30 f - 11, FiO ₂ - 60% iNO - 25ppm DONOT ↓ FiO ₂ @ iNO
	Issue of hypotension.	→ Gas 3 RBS 4th hely. Next at 1am. Monitor lactate in gas infusion if ≥ 4 .
	Vitals: HR - 157/min Spontaneous BP - 53/31 (38) (pacing off)	→ TV - 90cc/kg/day 2.5% - TPN.
	V/O - 0.4cc/kg/hr CRT - 3-4 secs CVP - 9 Baby looks pale.	→ Trace CBP, CRP.
	Lorix 0.3 Ongoing albumin	→ After albumin infusion give WIG - 1g/kg.
		→ Lorix changed to 0.3 → 0.2mg/kg.

AH-00656412 IP5-00174197
 Lab of G SUBHA NANDINI
 6-05-2026 0 Y 0 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ Give Hydrocort of > 2 ionotrope requirement (Ade 10.5, NA - 0.3)
	PD balance : 260ml	→ Rfz + tomorrow 6am S. albumin
	Cumulative : 397/552 negative by 155	→ Target MBP > 40
		→ Target CVP > 10
		→ Chest x-ray - T/M
		→ w/f bed soles
		→ Document skin integrity reporting 12th hely
		→ I/O charting - & tabuly (Next at 2am)
		→ Rfz at calcium infusion tomorrow

nbled by
 Bharathi
 02/07/2026
 15/02/26

12/07/26



25/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D9. PMA:

Term Preterm Gestation : 36 Corrected Gestational Age: 37+2

OVERVIEW		Problems :	
S.No.	Current	Past Problems	
1.	Late preterm		
2.	SLP - Supra Cardiac TAPvc repair (POD-9) - PPM.		
3.	Seep + Chest closure		
4.	Suspected sepsis, leukocytosis, Hypertension, Thrombocytopenia		
5.	Anoxia		
6.	AKB - PD		

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..... FiO₂..... Oxygen : L/min

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG: pH - 7.5, pCO₂ - 26.3, pO₂ - 76.8

Change over the Last 24 Hours: on HFNC - FiO₂ - 80%, ΔP - 30.
 f - 12, MAP - 13
 iNO - 25ppm

Ongoing Adrenaline - 0.1 Lasix - 0.2 mg/kg/hr
 ongoing Nor Adrenaline - 0.1 Mifedone - 0.3 mg/kg/hr

Plan of Care : HR - 153/min
 BP - 80/41 (54)
 Spo₂ - 97%
 CVP - 10

Ongoing IVIG
 Albumin + SDP transfused.
 Sepsis PCR - negative
 PCT - 9.56

Neurological Examination :

Last Neurosonogram : (N) Sedation.....
 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: *RT drain - Nil* Balance
LT drain - 17ml = 323ml
U/O - 0.7cc/kg/hr over 24h. (fill 6am)

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

baby looks pale, edematous

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

SI.No.	Drugs	Days	
1.	Ceftazidime	D1	on Adrenaline Not Adrenaline Lasix Mikronone Fentanyl
2.	Avibactam	D1	
3.	Aztreonam Teicoplanin		

Plan of Treatment:

- Continue HFOV + iNO
- Tr - 90cc/kg/day \Rightarrow 7.5% TPM
- Continue NPO
- I/O charting 6th hely.
- Gas 7 6th hely
- RBS
- Trace RP2
- R/v NSG today
- R/v Atacurium infusion w/ f sed holes

Target MAP > 40
 Target CVP > 10
 Target SpO₂ 90-95%
 Skin ~~so~~ integrity reporting - 12th hely

Doctor's Name (Handover given) : *Dr. [Signature]* *Trale peripheral smear*

Signature : *[Signature]*

Date & Time: *21/5/20 @ 6am*

Doctor's Name (Handover taken) : *Dr. [Signature]*

Signature : *[Signature]*

Date & Time: *21/5/20 @ 1300*

BAH-00656412
 Baby Of G SUBHA NANDINI
 18-05-2028
 Dr. DINESH KUMAR CHIRLA
 IPS-00174197
 O Y O M 8 D
 (M)

GRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
24/5/26		Seen by Dr. Pratyush
9:10:00 AM		Plan:-
	Total PD -- 600 [32 cycles done]	<ul style="list-style-type: none"> - Inform pediatric surgery and to check for PD catheter. - To flush PD catheter. - ↑ TPN to 10% TPN [CR NGAK, A, Lo. 5g Ca²⁺ MVI cel]
	urine - +175.6 [425 negative]	TV - 90 ml/kg/day
	last urine output - 0.7 ml/kg/hr	- Keep ET in traction.
	RT. drain - 17ml LT. drain - nil	- continue HFOV + INO
		- w/d lactate levels in blood gas.
		- Target V _{TI} 1.5 ml/kg
		- Target DCO ₂ 100 to 115 mmHg
		- Blood gas 76th hourly RBS

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

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 PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24 25/5/26 10:30 AM		seen by Dr. Dinesh
		plan:
		- pull out ET by 0.5cm;
		- plan to ↓ 5ppm iNO every 6th hourly if ffo ≤ 60%.
		- Target SpO ₂ 92 to 97%.
		- 2DEcho by Dr. Swetha
		- USG abdomen today & to look for renal Sepsis
		& NSG today.
		- change PD cycles to 1 hour.
		- check peripheral smear
		- continue Collistin, Telcapan also

PROGRESS NOTES AND DOCTOR'S ORDER

30

Date & Time	Progress Notes	Doctor's Order
		- CBP } PCT } Today at 1:30pm } afternoon
		- Review to stop Atracurium infusion
		- Start feeds 2ml 2nd hourly -
		<i>Arub</i>
		<i>Noted By A. B. M. 15:30 25/5/26 @ 10:30am</i>
25/5/26		
1:00pm		Afternoon records
		<u>plans</u>
	- on HFOV + INO [50ppm]	- Continue
	FiO ₂ - 60%	Current ventilation
	MAP - 13	HFO + INO (20)
	ΔP - 25,	- plan to decrease
	Res frequency - 12	INO 5ppm every
	Leak - 40%	6hr hourly,
	DtCO ₂ - 63	if FiO ₂ < 60%



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>SPO₂ - 96% PR - 151/cbm BP - 70/38(50)</p>	<p>- TV - 90ml/kg/day ↓ 10% TPN [A, L, 0.5g Na, K, Ca₂] MVI 0.5 cel 0.3</p>
	<p>- 4 cycles of PP Done - 30ml [negative] - Urine output = positive balance (+9.3ml) - 1.5ml/kg/hr</p>	<p>- Feed 3ml 2nd hourly. [EBM/DBM] - Blood Gas } RBS } 6th hourly</p>
	<p>peripheral Smear - no shift to left leucocytosis with neutrophilia, toxic granules present.</p>	<p>- TO send CBP procalcitonin } NOW</p>
	<p><u>Drainy:</u> - left drain - clamped</p>	<p>- To stop Atracurium infusion. - To clamp left side chest drain.</p>
	<p><u>Tubing:</u> - ACP-NS, Fentanyl, Furosemide [0.2mg/kg/hr] nifedipine [0.15mg/kg/hr]</p>	<p>- USG abdomen & NSG to be done. - Trace repeat blood clc.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- ongoing cardiac review
		- Target SpO ₂ - 90% 92 to 97%
		- Target MBP ≥ 45 mmHg
		- Target PAs - 60 to 150 uW/dL
		- Monitor for chest drain
		- continue PD cycle hourly
		- Flo. circuitry 6th hourly
		- Monitor for PCO ₂
		- Target PCO ₂ - 100 to 110
		clw cardiology team Dr. Sreetha
		<u>Plans</u>
		- RLW to add sildenafil if INO ₂ < 20ppm
		- To continue meltrone infusion (max only till 0.2mcg/kg because of renal excretion)

Noted by
 Dr. Sreetha
 @ 12:00 PM

25/5/26
 2:00 PM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		Seen by Dr. Pratyush
3:15pm		plan:-
		- Bedside Cardiology assessment.
		- Continue same ventilator settings
		- EXP T/M morning -
		- Plan to remove left ICD T/M morning;
	- clamp left ICD;	
	PD cycle:-	- clamp Right ICD
	In - 10min	- based on night
	Dwell - 35min	- Drain output -
	Out - 15min	- continue PD cycles hourly for 45min;
		- Trace CBP, PCT.
		- Blood Gas / now at
		RBS / 4:00pm
		- Aug



26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 @ 12 am		Seen by Dr. Prathayush
		1) Recalibrate iNO make NO ₂ limit Ventilation
	④ ICD = No drain	
	⑤ ICD = 17ml	2) Target MBP at least -50
		3) furosemide Cont. 0.2mg/kg/hr.
		4) Remove clamp left ICD ↓ 6hrs clamp ↓ unclamp. for 1hr ↓ No drain output Get chest X-ray ↓ No Recollection ① Remove ICD - left side
		5) Send labs as planned T/m at 5am.
		6) I/O charting 6th h Target Deco - 100-115 VT - 8ml/absolut

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 12am	<p style="text-align: center;">NIGHT Rounds</p> <p>VENTILATION u/o Baby on 0.2ml/kg/hr Balance +71.5ml PD = 1.7% with 40ml - 25% D PD cycle = 45min</p>	<p>Case discussed with Dr. Sabya Prasad's</p> <p>① ↑ 25% D 60ml 2.7% PD fluid Do not change volume (or) cycle time</p> <p style="text-align: right;">Sneha</p>
26/5/26 @ 12:10pm	<p style="text-align: center;">Night Rounds</p> <p>Ventilator +FO + INO INO = 15ppm Amp = 25, MAP - 13 freq - 13 FiO₂ - 60%</p> <p>last gas 7.36 / 39.4 / 138 / 22.1 / 2.7 lac = 2.3</p> <p>Cardiac = HR = 158/min No tachycardia BP = 65/35 (48) on Adrenaline - 0.3 Norad - 0.2 mcg/kg Milrinone - 0.15 mcg/kg till 6am</p>	<p style="text-align: center;">Plan</p> <p>1) Continue Current Ventilation Target SpO₂ 90-95% FiO₂ > 21% FiO₂ @ 21% SpO₂ 90-100% maintain VT = 3ml (1.5ml/kg)</p> <p>2) TV = 90ml/kg/day ↓ 10% TPN feed 3ml 2nd brly</p> <p>3) Blood Gas } (GBM/DBM) RBS } 6th brly</p> <p>4) To keep ICP side clamp</p>



PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
	furosemide at - 0.2 mg/kg/hr	watch for thr. if no drain chest X-ray.
	P/A = soft	② Plan to remove ICD
	④ ICD = No drain ⑤ ICD - 17ml	3) Target MBP atleast 50mmHg wean Adrenaline if >50mm
	PD - Total } 340ml input }	4) Donot T milk none > 0.3mcg/kg/min
	Total output = 45ml Neg Balance -152ml	5) T/m morning Sam Urea, Creatinine Sr-electrolytes Albumin CBP.
	@ 2.7% PD fluid U/O = last 6hr 0.2cc/kg/hr + 71.5ml Stool - Not passed.	
	ongoing fentanyl 0.5mg/hr	6) monitor Hb } in gas lactate 7) I/O charting 6th hrly Strict 8) Monitor PD - Input, Oup 9) Target Dco ₂ 100-115 Vt = 3ml 10) monitor vitals

Valid by
 Bhavathi
 02/01/24
 20/5/26
 12/7/24

V/S Sreha



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D10 PMA: 37+3

Term Preterm Gestation : 36 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	late preterm	
2.	S/P - Supracardiac TAPVC repair	
3.	(POD-10) with PPHN & Chest closure	
4.	Suspec Sepsis, Hypotension	
5.	Thrombocytopenia, AKI-PD	
6.	Anasarca, oliguria	

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..... FiO₂..... Oxygen : L/min

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours: ON HFO + INO
NAP - 13, freq - 14, Amp - 25
FiO₂ - 60%
TNO - 15

Plan of Care :

HR = 159/min → ongoing Adrenaline - 0.1 mcg/kg

SpO₂ = 97% → Norad - 0.5 ug/kg

BP = 68/36 (ub) → Milrinone - stopped

→ furosemide - 0.2 mg/kg

→ ongoing PD urea ↑ 200

Neurological Examination :

Sedation:

Last Neurosonogram : Parenchymal Bleed 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 =

Lt drain - 13ml
Rt Drain - 15ml

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

PD = Total Output = 778ml } - 284ml

Input = 560ml }

↑ PD% from 1.7 → 2.7% 60ml 25% D

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	SI.No.	Drugs	Days	
	1.	Ceftazidime Avibac	D ₂	Adrenaline
	2.	Aztreonam	D ₂	Noradrenaline
	3.	Tecoplanin		Lasix
				Milrinone - Stopped
				Fentanyl

Plan of Treatment :

- 1) Centrum HFO-INO.
- 2) TV = ↑ 100ml/kg/day - ~~15% TPN~~ 10% TPN
Feed - 3ml 2nd hrly (AIB 0.5 Naikica)
- 3) Blood gas } 6th hrly
RBS }
- 4) Trace labs
- 5) Rlv on Albumin
- 6) monitor Hb, lactate in blood gas
- 7) monitor I/O 6th hrly, PD

Target MBP 45-50mmHg Target DCO₂ 100-120
CVP > 10 VT = 8ml (1.5ml/kg)
SPO₂ 90-95%
w/g - Bed sores
Skin integrity reported

Mofed on 15/5/2024 @ 8am

Doctor's Name (Handover given) : Y. Sneha
Signature : *Sneha*
Date & Time : 24/5/26 8:30am

Doctor's Name (Handover taken) : Dr. Manish
Signature : *Manish*
Date & Time : 26/5/26

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 9 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

40

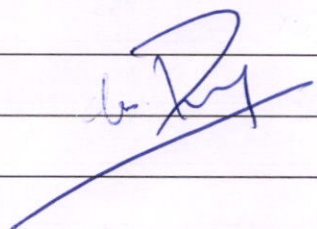
17A

Date & Time	Progress Notes	Doctor's Order
26/5 10:11 AM		seen by Dr. Dinesh Sir
		PTV - mode - 20/6. rate - 55
		neurology consult today
		give (1) albumin 5% now
		10ml/kg over 1 hour True PT-INR
		blood gas after an hour
		Hydrocort 1mg/kg slowly
		USG abdomen - today
		CT - scan brain today
		feed - 5ml slowly
	noted by Abhinav 15/5/26 @ 10:30 AM	

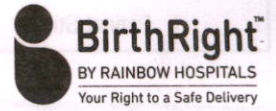


41

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5		
6 am	<p>W/O obdys</p>	<p>To get mso 45-50 inv. 15</p>
	<p>(last date)</p>	<p>To transfuse Albumin, if < 2.5</p>
<p>15 RT 13 LT</p>		<p>Continue to formula 4600ml/day</p>
		<p>Tic - 1 orally qd</p>
		<p>To trace cXR and plan dx if 100 result,</p>
		<p>stop milrinone till Bp stabilizes</p>
		<p>TON ↑ Na2K105</p>
	<p>see in evening selo under collect see blank</p>	<p>DR. DINESH KUMAR CHIRLA No. TSM/CFMR/3200</p>

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



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 @ 6:38 PM		seen by Dr. Dinesh ILD to remove upper gas
		→ push urinary catheter
		→ cardiologist review
		→ CTVC - surgeon review
		→
		Dr. Manoj

Noted by
 ABM
 15:30
 @ 6:38 PM



93

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 26:40PM	Evening rounds	
	V - baby on PTV-mode 20/6 rate - 55	plan
	FiO2 - 50% INO - 15ppm	→ Continue PTV-mode 20/6 rate 55 Faejel SpO2 - 90-95%
	ABG - 7.25 / 45 / 6.5 18.5 O2 - 6.9. VTE - 10ml	→ TV - 120ml/kg/day 10-1. FPN
	C - HR - 147bpm Bp - 72/38 (48) on adr - 0.7 hol - adr - 0.4	feed - 5ml / 2hourly
	aminomone stopped because of hypotension	→ ABC] slowly PAC] slowly
	U/O - 0.43ml/kg P/A -	→ start aminomone
	PD - 14 cycles - 25ml 40:1. PD fluid 45min cycle	→ chest x-ray - now
		→ continue peritoneal dialysis 45min cycle
		→ monitor vitals

Noted by
 1530E
 @ 6:40pm

Dr. Manjula
 (P.T.O)



(99)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 e. 8:50 PM		<p>care discussed with Dr. Dinesh sir</p> <p>change to HFV</p> <p>↓</p>
		<p>CxP - tomorrow</p>
	<p>valod tog Bharathi 020197 26/5/26 5:50 PM</p>	<p>→ do gas after - 1 hour</p> <p>↓</p> <p>to maintain</p>
26/5 e. 11:50 PM		<p>seen by Dr. Nalinikant sir</p>
		<p>↑ FeO₂ - 13 ↓ MAP - 12</p>
		<p>keep FiO₂ - 60%</p> <p>↓</p>
		<p>In 2 hours is stable decrease - INO to 13ppm</p>
		<p>→ now FiO₂ - 120 - 110</p>

RCHL

RESULT SHEET

IP500174197 (M)
IAH00666472
Apty Of G SUSHMA NANDINI
0 Y 0 M 8 D
8-05-2026
Dr. DINESH KUMAR CHIRLA



Date	Time	Hb	PCV	RBC	WBC	N/L	Platelets	CRP	ESR	PCT	RBS	Na	K	Cl	Ca/Mg	Phosphate	Urea	Creatinine	ALP	SGPT	SGOT	T.Bill/Conj	T.Protein	S.Albumin	S.Globulin	A/G Ratio	Uric Acid	S.Amylase	Sr.Lipidase	Blood Lactate	S.Cholesterol	PT/INR	APTT	CSF Protein / Sugar	CSF Cells	N/L				
18/5/26	8:14 PM	12.2	2:48 PM	37.2	U.U3	2.55	2420	1.8	10.6																															
19/5/26	8:7	12.2	28.5	37.2	U.U3	2.60	902	2.7	10.6																															
16/5/26	3:4 PM	10.8	32.1	37.2	11.8	37.0																																		
12/5/26	3:14 PM	10.8	32.1	37.2	11.8	37.0																																		
9/5/26	3:14 PM	10.8	32.1	37.2	11.8	37.0																																		
29/5/26	2:50 PM	10.8	32.1	37.2	11.8	37.0																																		

Date	Time	Hb	PCV	RBC	WBC	N/L	Platelets	CRP	ESR	PCT	RBS	Na	K	Cl	Ca/Mg	Phosphate	Urea	Creatinine	ALP	SGPT	SGOT	T.Bill/Conj	T.Protein	S.Albumin	S.Globulin	A/G Ratio	Uric Acid	S.Amylase	Sr.Lipidase	Blood Lactate	S.Cholesterol	PT/INR	APTT	CSF Protein / Sugar	CSF Cells	N/L				
15/5/26																																								
30/5/26																																								

Docu. No.: RCHB/ERM / CLINICAL / 0138

Date					
Time					
CUE - Alb		17/5/26			
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					

Date					
Time					
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
plasma		22/5/26			
		203			

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Other (ECo) :



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight 2.1 kg Ward 12

DRUG : INTJ. MEROPENAM				Date	22/5	23/5	24/5			
Dose	Route	Frequency	Start Dt.	Time						
42mg	IV	BD	22/5							
Name & Signature of the Doctor Starting the Drugs:				10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM						
Additional Instructions:				Stop 24/5/26						
Daily Doctor's Endorsement by a Sign				R R R						
DRUG : INTJ. COLISTIN				Date	22/5	23/5	24/5			
Dose	Route	Frequency	Start Dt.	Time						
42000	IV	BD	22/5	10AM						
Name & Signature of the Doctor Starting the Drugs:				10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM						
Additional Instructions:				Stop 24/5/26						
Daily Doctor's Endorsement by a Sign				R R R						
DRUG : INTJ. TEICoplanen				Date	22/5	23/5	24/5	25/5	26/5	
Dose	Route	Frequency	Start Dt.	Time						
16.8mg	IV	Alternate day	23/5							
Name & Signature of the Doctor Starting the Drugs:				10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM						
Additional Instructions:				8mg/kg (dose) 200mg vial + 10ml D ₅ W (take 0.8ml of it + 2ml D ₅) slow infusion over 15mins						
Daily Doctor's Endorsement by a Sign				R R R						
DRUG : Inj. CEFTAZIDIME + AVIBACTAM				Date	25/5	26/5	27/5	28/5		
Dose	Route	Frequency	Start Dt.	Time						
40mg	IV	OD	25/5	8AM						
Name & Signature of the Doctor Starting the Drugs:				8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM 7PM 8PM 9PM 10PM 11PM 12AM						
Additional Instructions:				19mg/kg/dose 1vial = 2.5g → dilute 10ml D ₅ water → 1ml = 200mg (Ceft.) 1ml + 1ml 5% D ₅ → 1ml = 40mg Cefazidime → take 1ml + 2ml D ₅ over 30 min						
Daily Doctor's Endorsement by a Sign				R R R						

VERIFIED

VERIFIED



Sheet No: 2 **REGULAR PRESCRIPTIONS** Weight ... 2.1 kg Ward

DRUG: Inj. AZITREONAM
 Date/Time: 25/5, 26/5, 27/5, 28/5
 Dose: 31.5mg IV Frequency: Q8H Start Dt.: 25/5/26
 Name & Signature of the Doctor: Poojitha
 Starting the Drugs: Poojitha
 Additional Instructions: 15mg/kg/dose
 1 vial = 1g ⇒ dilute in 10ml D.Water ; 1ml = 100mg
 take 0.3ml + 2.7ml DS over 30 min.
 Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: Inj. COLISTIN
 Date/Time: 25/5, 26/5, 27/5
 Dose: 20,000 IU IV Frequency: BD Start Dt.: 25/5/26
 Name & Signature of the Doctor: Dr. Anurha
 Starting the Drugs: Dr. Anurha
 Additional Instructions: 20,000 IU/kg/dose
 Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: INJ. HYDROCOR
 Date/Time: 26/5, 27/5, 28/5
 Dose: 2mg I/O Frequency: BLOW Start Dt.: 25/5
 Name & Signature of the Doctor: Dr. Anurha
 Starting the Drugs: Dr. Anurha
 Additional Instructions: 1mg/kg/dose
 Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: Inj. LEVETIRACETAM
 Date/Time: 27/5, 28/5
 Dose: 2mg IV Frequency: Q8H Start Dt.: 27/5/28
 Name & Signature of the Doctor: Dr. Anurha
 Starting the Drugs: Dr. Anurha
 Additional Instructions: 10mg/kg/dose
 Daily Doctor's Endorsement by a Sign: [Signature]

VERIFIED
 Signature
 VERIFIED
 Name
 VERIFIED

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

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	17	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-00656412
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA

IP5-00174197

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	24/10/26
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	55.1/14.8
Platelets	23 KDP	99		91	80	80 SDP
CRP	21					19
ESR						
PCT						
RBS						
Na	147			149		
K	3.8			3.7		
Cl	110			111		
Ca/Mg	10.3/3.8			/3.3		
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						
N/L	pet				9.4	

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA



①

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/5/26	8pm	86mg/dl	1/2 DIVS	
23/5/26	2Am	124 mg/dl	1/2 DIVS	
	8am	70mg/dl	1/2 DIVS	
	3pm	86mg/dl	1/2 DIVS	
23/5/26	9pm	116mg/dl	7-5-7-TPN	
24/5/26	1Am	119mg/dl	7-5-7-TPN	
24/5/26	7Am	102mg/dl	7-5-7-TPN	
24/5/26	1pm	111mg/dl	7-5-7-TPN	
24/5/26	9pm	108mg/dl	7-5-7-TPN	
25/5/26	1Am	106mg/dl	7-5-7-TPN	
25/5/26	5Am	120mg/dl	7-5-7-TPN	
25/5/26	10pm	87mg/dl	7-5-7-TPN	
26/5/26	6Am	108mg/dl	10-5-7-TPN	
26/5/26	1Am	128mg/dl	10-7-TPN	
26/5/26	4pm	135mg/dl	10-7-TPN	
26/5/26	10pm	125mg/dl	10-7-TPN	
27/5/26	6Am	162mg/dl	10-7-TPN + feed	
27/5/26	10:30pm	184mg/dl	10-7-TPN	
27/5/26	11:30pm	144mg/dl	10-7-TPN	
27/5/26	10pm	127mg/dl	10-7-TPN + feed	
28/5/26	6Am	132mg/dl	10-7-TPN + feed	

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



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	inj. AZTREONAM	30mg/kg	IV		B	ABIN
26/5	10:00am	INT. ALBUMIN (5%)	10ml/kg	IV over 1 hour			ABIN 10:26 AM 10:26 AM BAG ABIN
27/5/2023	8pm	inj ALBUMIN 5%	10ml/kg over 1 hr	IV			
27/5/26	8:10pm	inj. KCL.	1mg/kg	IV		B	
		[Dilute 10ml KCL with 90ml 0.9% NS & give over 6 hours]					
			5ml/kg				

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI (M)
 18-05-2026 0 Y 0 M 6 D
 Dr. DINESH KUMAR CHIRLA



DRUG CHART

Date of Admission: Drug Allergies: None Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

DRUG :				Date 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

VERIFIED

DRUG: INT. MEROPENAM				Date Time	22/5
Dose	Route	Frequency	Start Date		
24mg	IV	TID	22/5	6am	X
Name & Signature of the Doctor Starting the Drugs:					
Dr. Maulik				2pm	X
Additional Instructions:					
40mg/kg/dose				10pm	not started
Daily Doctor's Endorsement by a Sign					

Dose change

VERIFIED

DRUG: INT. COLISTIN				Date Time	22/5
Dose	Route	Frequency	Start Date		
84000	IV	TID	22/5	6am	X
Name & Signature of the Doctor Starting the Drugs:					
Dr. Maulik				2pm	X
Additional Instructions:					
40,000 IU/kg/dose				10pm	not started
Daily Doctor's Endorsement by a Sign					

Dose change

VERIFIED

DRUG: INT. TESCOPLANIA				Date Time	22/5
Dose	Route	Frequency	Start Date		
16.8mg	IV	OD	22/5		
Name & Signature of the Doctor Starting the Drugs:					
Dr. Maulik				10pm	not started
Additional Instructions:					
8mg/kg/dose					
200mg vial + 10ml SW				Take 0.5ml of 9+ 2ml DS IV inferior over 1 hour	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG: INT. LEPOSOMAL				Date Time	22/5
Dose	Route	Frequency	Start Date		
10.5mg	IV	OD	22/5		
Name & Signature of the Doctor Starting the Drugs:					
Dr. Maulik				10pm	not started
Additional Instructions:					
5mg/kg/dose					
50mg vial + 10ml DS				(cont = 5mg) take 2.1ml + 1ml DS IV inferior over 1 hour	
Daily Doctor's Endorsement by a Sign					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/5	9AM	PNJ ALBUMIN (20%)	5ml/kg	ILV	R	Phanidhi Kundan Shree
22/5	11PM	RDP	15ml/kg	DV	R	
23/5	2AM	INJ FROSE MIDE	1mg/kg	ILV	R	
23/5	11:00AM	GLYCERINE	0.5ml to 0.5ml/kg	PR	Amb	Amb
23/5	6PM	Inj HYDROCORTISONE	1mg/kg	IV	Amb	Hold
24/5	6PM	Inj hydrocortis	1mg/kg	IV	R	B
24/5	3PM	ALBUMIN	5ml/kg 20%	wave shs	R	Amb 3PM
24/5	5:30AM	Inj HYDROCORTISONE	1mg/kg	ZV	R	B

Signature
VERIFIED BY Name



I.V. FLUIDS CHART

Weight. 2.1 Ward. P2

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/5	8am	70 - 100cc/kg/day 1/2 DNS + 1 meq/kg KCL +	central line	4.5ml	Pu	Bhanu Mou	23/5	P	Bhanu Mou
22/5	8am	Amoxicillin 2gults INT HEP-NS 1.5ml + 47.5ml	central line	0.2	Pu	Bhanu Mou	23/5	L	Bhanu Mou
22/5	6am	INT HEP-NS + 1.5ml + 47.5ml	central line	0.2ml	Pu	Bhanu Mou	23/5	P	Bhanu Mou
22/5	8am	INT. ADRENALINE 1mg + 4cc		0.5ml	du	Bhanu Mou	23/5	P	Bhanu Mou
22/5	8am	INT NORADRENALINE 1mg + 4cc		0.2ml	du	Bhanu Mou	23/5	P	Bhanu Mou
22/5	6am	INT FENTANYL 2ml + 8ml NS		0.5ml	du	Bhanu Mou	23/5	P	Bhanu Mou
22/5	8am	PD fluid 1.7% peritoneal fluid + 40ml 25% DEXTRO HEP-NS - 0.5ml			Pu	Bhanu Mou	23/5	P	Bhanu Mou
22/5	9am	INT PROSEMPA 0.1mg/kg (6hr (0.5ml + 1.9ml NS)		0.1ml	Pu	Bhanu Mou	23/5	P	Bhanu Mou

VERIFIED BY : Name Signature

BAH-00656412 IP5-00174197
 Baby Of G SUBHA NANDINI
 18-05-2026 0 Y 0 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA



ACTIVITY RECORD FOR BILLING

①

Name : B/o G. Subha Nandini

UHID No. : 656412 IP No. : 00174197 Consultant: Dr. D. Kiran Dept : WICD

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
21/5/26	H/P, PT/PTT; LFT	26052309	[Signature]
21/5/26	ABE, RBS	26052310	
21/5/26	Wgt	26052317	[Signature]
21/5/26	7-ray	025884	
21/5/26	ABE, RBS	26052334	[Signature]
21/5/26	Blood cultures	26052333	
21/5/26	Septicemia panel	26052542	[Signature]
21/5/26	Albumin, urea, Creat.	26052647	
21/5/26	Other culture (Pneumo)	26052920	[Signature]
21/5/26	ABE, RBS		
21/5/26	ABG.		[Signature]
21/5/26	RBC	26052930	
21/5/26	ABG RBS		[Signature]
21/5/26	ABG		
21/5/26	ABG	BP26052245	[Signature]
	CRP	26052246	[Signature]
	electrolytes, magnesium	26052249	[Signature]
24/5/26	CRP, Urea, Creatinine	26052522	[Signature]
	ABG + RBS	26052522	[Signature]
	CRP	026142	
	ABG, RBS	26053001	[Signature]
	ABG	26053001	
	PCT	26052912	[Signature]
	Albumin	26052953	

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



2



ACTIVITY RECORD FOR BILLING

Name : B/o G. Subha Nandini

UHID No. : GS6412 IP No. : 00174197 Consultant: Dr. D.K.Sir Dept : NICU

Date of Admission: 22/5/26 Time : 6.46 pm 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	Dr. Shwetha	9625168	25/5/26	[Signature]
2	Dr. Shwetha			
3	Dr. Shwetha			
4	Dr. Nabeel	9625090		[Signature]
5	Dr. Southgopk.			
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/5/26	ABG, RBS	26053071	}
24/5/26	CBP, CRP	26053012	
24/5/26	ABG, RBS	26053013	
25/5/26	Blood culture	26053030	
25/5/26	ABG, RBS	26053042	
25/5/26	RP ₂	26053043	
25/5/26	x-ray	026150	
25/5/26	ABG, RBS	26053930	}
26/5/26	CBP, Urea, Creatinine,	2603429	
26/5/26	Albumin, SE		
26/5/26	ABG, RBS	2653428	
26/5/26	x-ray	026450	
26/5/26	CXR	026613	
27/5/26	2D Echo	026614	
27/5/26	2D Echo	026615	
26/5	2D Echo	026617	}
26/5	CT Head plain	026557	
26/5	ABG, RBS	2653687	
26/5	ABG, RBS		}
26/5/26	SE	26053697	
27/5/26	ABG, RBS	26053703	
27/5/26	CBP, Urea, Creatinine, Albumin	26053746	
27/5/26	ABG, RBS	26053745	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/5/26	Inv. monitor				
	oscillator	22/5/26		9621715	
	nitric oxide	7:14pm			
	sys. Pump - (1)				
	sys. Pump - (2)				
	sys. Pump - (3)	22/5/26		962298	
	sys. Pump - (4)				
	sys. Pump - (5)				
23/5/26	Inv. monitor				
	oscillator	22/5/26		9628839	
	nitric oxide	7:14pm		9621915	
	sys. Pump - (1)				
	sys. Pump - (2)				
	sys. Pump - (3)	22/5/26		962298	
	sys. Pump - (4)				
	sys. Pump - (5)				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/26	Blood transfusion	①	9625373	B
25/5/26	D.I.E. transfusion	①	9627161	B
26/5	Albumin	①	9628285	B
26/5	BT 1	①		B
26/5	PD placement	①	9628018	B

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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