BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 19/06/26
Time of Birth : 12:33am
Mode of Delivery : .....
Birth Weight : 4.500 kg
Head Circumference : .....
Length : .....
Red Reflex : .....

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

Date	Weight	Type of Feed	Quantity	Temperature	Signature
1/6/26	4.569kg (c.w)	DBF+FF	-	98.4F	Yamuna
2/6/26	4.122kgs	DBF+FF	—	98.2°	Sneha
3/6/26	4.072 kgs	DBF	—	97.5F	Pooja

Date	Time	Investigation	Result	Order No.	Signature

Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00174091 **Admit Date** : 21-May-2026 **Admit Time** : 12:58 AM **UHID** : BAH-00656843

Patient Details :

Patient Name	: Baby Of BAVU LATHA	**Age**	: 0 D
Guardian	: Mr N NAGARAJU	**DOB**	: 19-05-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #2-49/1 HANMAKONDA DIST Atmakur Warangal Telangana INDIA 506342	**Phone No**	: 9848071757/ 9550965296 7993474632 (mother)
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 269 **Ward Name** : 2F-NICU 3

Room No : NICU 269 **Admission Type** : First Visit

Contact Details :

Name : Mr N NAGARAJU **Relationship** : Father

Contact Address : #2-49/1 HANMAKONDA DIST Atmakur Warangal Telangana INDIA 506342 **Phone No** : 9848071757 / 9550965296

N. Nagaraju
Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : NEONATAL INTENSIVE CARE

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name : ____________________

UHID No. : __________ IP No : __________ Consultant: __________ Dept : __________

Date of Admission: __________ Time : __________ Date of Discharge : __________ Time: __________

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/6/26	12:30pm	~~307(A)~~ NICU	307(A)	Libin

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5/26	Inv. monitor	21/5/26		968516	PL
	C-PAP	21/5/26		9627480	
	oxygen	21/5/26@9am		9627480	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Haresh	29/5/26	963350	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/5/26	ABG, RBS-	26052677	
23/5/26	ABG, RBS	26052733	
24/5/26	ABG, RBS	26052759	
24/5/26	ABG, RBS	26025967	
24/5/26	ABG, RBS.	26025972	
	Blood cls.	26053021	
25/5/26	CBP, CRP.	26053084	
	ABG, RBS.	26053083	
25/5/25	ABG, RBS	26053325	
25/5/25	CSF cls, CSF Analysis	26053271	
25/5/25	ABG, RBS	26053360	
26/5/26	ABG, RBS		
26/5/26	ABG, RBS	26053532	
27/5/26	VBG, GRBS	26053783	
28/5/26	GRBS, VBG	26054030	
27/5/26	2D Echo	026805	
27/5/26	GRBS	26054424	
30/5/26	GRBS	26054770	
31/5/26	GRBS	26055214	
1/6/26	RBS	26055473	
1/6/26	CBP	26055472	
1/6/26	CRP		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/5/26	Inv. monitor			961858	
	Oscilator			961858	
	Nitric oxide		stop 24/5/26 12 Am	961858	
	~~Syr pump ①~~	19/5/26.			
	Syr pump ②			961858	
	Syr pump ③			961858	
25/5/	Inv. monitor			961858	
	Oscilator.			961858	
	Syr pump ①	19/5/26.		961858	
	Syr pump ②			961858	
26/5/	Inv. monitor.	24/5/26		96858	
	ventilator.	25/5/26	26/5/26 9 AM.	962703	
	Syr pump	21/5/26		961816	
26/5/26	C-PAP	26/5/26			
	Oxygen	9AM		962748	
27/5/26	Inv. monitor	21/5/26			
	Syr pump	21/5/26		96858	
	C-PAP	26/5/26 @9am		962748	
	Oxygen			962748	
28/5/26	Inv. monitor	21/5/26		96858	
	Syr pump	21/5/26	28/5/26 @1:10AM		
	C-PAP	26/5/26 @9am		962748	
	Oxygen			962748	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/26	LP	(1)	9626269	
26/5/26	Neb	(1)	9628121	
27/5/26	Neb C	(1)	9628879	
28/5/26	Neb C	(1)	9636438	
29/5/26	Neb C	(1)	9639386	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Latha Nagamabaina

Gender : ☐M ☐F Blood Group : O+ve

Date of Birth : 19/5/26 Time of Birth : 12:33 AM

Place of Birth : 19/5/26 Mission Hosp

Mother's Blood Group : B+ve

Birth Weight (gms) : 4'5#9 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : Term

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 : said H/o Maternal .....

..... 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 : .....

— w/ —

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

IUGR - when detected : .....

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

AFI : .....

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

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

— w/ —

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication? .....

Any other Chronic Medical Problems, when detected drugs ? — w/ —

(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 : .....

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PAST OBSTETRIC HISTORY

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

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

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 : non progression of labour [illegible]

Specify the reason : ....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : ....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
	not available	

TOTAL

Resuscitation

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

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History of Present Illness: term / LGA female / LSCS → ~~delivery~~ MSL(+) stained at govt hospital @ 5HOL → transported to IRA said CIAB but had On tube and bag ventilation, respiratory distress
intubated
re-intubated the baby
Il v/o - increasing distress +
I dose surfactant given → changed HFOV

CVS - echo - done - severe TR - severe PAH /
(N) Biventricular function
On milrinone - 0.5mcg/kg
vasopressin - 0.1mcg/kg/
Sepsis - 20/5
Hb - 12.8
Plt - 2.52 lakh
WBC - 25,100
creat - 0.8
CRP - 4
} meropenem vancomycin started

Investigation details in previous Hospital :

- nil -

Feeding History :

- nil -

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Past

— nil —

Family History :

Socio Economic History :

upper-middle class

GENERAL EXAMINATION ON ADMISSION

General Disposition :

vigorous

VITALS : Temperature : 37°E HR : 162bpm RR : ..... NIBP : ..... CFT : .....

Color of the extremities : pink

Jaundice : nil Pallor : nil SpO2 : 98%

ANTHROPOMETRY: Birth Weight : 4.5kg Length : ..... HC : ..... Present Weight : .....

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

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
FACIES : (Any Facial Dysmorphism)		– No dysmorphism
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	– to be checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : – 2A1V Discharge :	
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	
HERNIAL ORIFICES		– Patent
TRUNK and SPINE :		– (N)
SKIN LESIONS :		– NO
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	NO
	Arms / Legs : Mobility :	(N)

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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-15, freq-10, ΔP-35
INO - 20ppm
② IV - 80ml/kg/day 10% DEXTROSE + calcium 3ml/kg
③ continue midazolam / fentanyl
④ DO chest x-ray
ABG / blood cls / NP2 +
PT-INR / ~~RBS~~

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

Screenings done during NICU Stay :

NSG : ....

Hearing Screen : ....

ROP : ....

TFT : ....

NP2 : ....

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

Doctor Name: .... Doctor Name: ....

Date & Time: .... Date & Time: ....

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	4			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	5			
7	Nursing plan of care and handover sheets	1			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for ~~high risk~~ Blood Tfr	1			
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed	1			
18	Consent for ~~MTP~~ Blood trans	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation	2			
29	TPR & BP chart	4			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	2			
39	Bed side check list	2			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Total No. of Pages	57			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 19/5/26

(P.T.O)

(P.T.O)

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(49) PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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29/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 11 **PMA:**.....

Term ☐ **Preterm** ☐ Gestation : Term Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term / AGA	Hypotension
2.	MAS / Severe PPHN	Hyperglycemia
3.	Culture positive Sepsis	Anemia
4.	Burkholderia Cepacia	
5.	Extravasation injury [Rt]	
6.		

Today's Weight : 4.544 (↑17gms)

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.....PEEP.....VG.....Rate.....Fio.....Oxygen : .....L/min

Last CXR : .....SpO_2.....

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

Change over the Last 24 Hours — on CPAP, FiO_2 - 25%, CPAP - 7

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%.
PR - 145/min
BP - 79/49 (60)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : (N) .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:........ Head Circumference:........
Input: .... / (+/-) .... Output: .... ml/k/d Urine Output: 2.5 ml/kg/hr Stools: passed
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
P/A - soft

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days	
1.	Inj. levoflox	D3/7	Meropenem Budecort neb
2.			
3.			Tubings - D8 IV line - D4

Plan of Treatment :

- Continue CPAP,
  R/v to decrease PEEP.
- TV - 140ml/kg/day
  ↓
  52ml 2nd hrly full OG feeds,
- Blood gas SOS
- RBS OD
- ~~Positioning~~ prone necessary
- I/O charting 6th hrly
- Target SpO_2 - 90 to 95%

Doctor's Name (Handover given): Arif
Signature: Arif
Date & Time: 29/5/26

Doctor's Name (Handover taken): Dr Poojitha
Signature: [signature]
Date & Time: 29/5/26 9am

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(43) PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:08am		Seen by → Trial off CPAP + low flow → Full OG feed → Surgical review → Continue antibiotics → Continue Budecort nebulisations
	Noted by ARM 015766 10:20AM 29/5/26	
	Poojitha	Dr. VIJAYANAND JAMALPURI Reg. No. 40526
29/5/26 1PM	Afternoon Note on CPAP → low flow tolerating well HR - 170/min RR - 37/min SpO_2 - 100% hungry, crying for feed mild SCR (+)	Plan ① cont low flow as needed c/I/E doctors

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1PM	tolerating OG feeds PA - soft. stools passed extravasation injury (+) over (R) foot c̄ pustular prominence c̄ surrounding erythema. Noted by ACMO13556 1PM-29/5/26	(1) TV = 140 ml/kg/day 52ml Q2H OG feed (2) RT ↑ feed or paladay (4) surgical r/w for extravasation injury. (5) blood gas SOS CRBS OD. Dr. [signature] C/s/b Dr. Malika
29/5/26 4:00pm		

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

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19-05-2026 0 Y 0 M 7 D
Dr. VIJAYANAND JAMALPURI (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 - 5:33pm		Seen by Dr. Vijayanand
	Noted by Anu 0135 29/5/26 6PM	Continue low flow.
		Continue full OG feed.
		Continue Budecort.
		R/v to add antistaphylococcal drugs if any deterioration.
	Poojitha	
29/5/26 @ 10:30PM.	Night Rounds.	
	Nasal Secretions (+)	1) ↓ low flow to 0.5 L/min
	SCR (+)	
	Vitals HR = 159/min	
	RR =	2) continue full OG feeds
	Con	3) Continue Budecort Nebulization.
		Sneha
		Noted by Srilatha 29/5/26 @ 11 PM

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

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(46) PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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30/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: ..... Day of Life: 12. PMA: .....

Term ☐ Preterm ☐ Gestation: Term. Corrected Gestational Age: ..... Today's Weight: 4.560 (↑ 15gms)

Problems

	S.No.	Current	Past Problems
Overview	1.	Term / AGA / 4.5kg.	E.coli sepsis (outside)
	2.	MAS / Severe PPHN.	Hypotension
	3.	Burkholderia sepsis	Hyperglycemia
	4.	Extravasation injury - debridement	Anemia
	5.		
	6.		

Clinical Assessment

on low flow, tolerating well
occ tachypnea & stridor (+)
nasal secretions (+)
tolerating OG feeds
PA soft.

HR - 160/min
SpO2 - 100%
RR - 56/min

Medications Used

Inj levoflox D4/7.
nupiment
Budecort neb
PCM drops.

Plan of Care:

1. TV = 140 ml/kg/day - 12ml 6th OG feed
2. Low flow as needed.
3. Surgical review ongoing for extravasation injury.
4. URBS OD
5. Discuss ~~i~~ microbiologist regarding gram +ve cover.
6. Prone nursing

Doctor's Name (Hand over given): Dr Ashwarya
Signature:
Date & Time: 30/5/26

Doctor's Name (Hand over taken): Dr Aneef
Signature: Dr Aneef
Date & Time: 30/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 10:40 am		PLAN → Try DBF, if taking well continue DBF → Daily dressing of the wound. → Complete 1 week of antibiotics. Dr. VIJAYANAND JAMALPURI Reg. No: 40526
	Noted by Anu 15366 10:50Am - 30/5/26	
30/5/26 12:30pm	Afternoon Round	
	On RA No desat/ bradly Accepting paladay feed well. No vomitings Vitals HR - 138/min. RR - 40/min SpO2 - 92% BP - 93/64 (73) P/A - soft	Plan → ~~Con~~ Try DBF today if taking well continue DBF → Dressing of wound R/v pus culture → R/v antibiotic for wound. → Monitor vitals

ccy Rate Relaxation 30/5/26 Reviewed NSV.

Poojitha

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 7 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26. 3pm.		Seen by Dr. Vijayanand
		→ Crib care.
		→ Continue DBF.
		→ Shift out Monday. R/V.
	Notted by Arun 01583 3pm - 30/5/26	→ Continue IV antibiotics
30/05/26. 11pm	Night Rounds.	
		seen by Dr. Sarat sir
	On Room air	(Review: CBP CRP) before stopping antibiotics
		(Dr. N. Prathisha)

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

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0Y0M7D (F)
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(48) PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 7:30 AM.		Seen by Dr. Prathyusha
		CBP] Today
		CRP]
		Noted by Sridhar 31/5/26
		R – Dr. Manella

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: .... Day of Life: 13 PMA: ....

Term ☐ Preterm ☐ Gestation: Term Corrected Gestational Age: .... Today's Weight: 4.571 ↑ 11gm

Overview

S.No.	Current	Past Problems
1.	Term / LGA.	E. coli sepsis (outside)
2.	MAS / severe PPHN	Hypotension
3.	Burkholderia sepsis	Hypoglycemia
4.	Extravasation injury - debridement	Anemia
5.		
6.		

Clinical Assessment

on RA, no distress
Ori taking DBF well.
PA - soft.
euthermic & crib care.

HR - 147/min
SpO_2 - 92%.
RR - 32/min

Medications Used

Inj Levoflox D5/7
~~Asc~~ Budecort neb
PCM drops
Papain urea ointment

Plan of Care:
① cont DBF
② cont crib care
③ Rv shift out t/m.
④ t/m - CBP + CRP

Doctor's Name (Hand over given): Dr Aishwarya
Signature: [signature]
Date & Time: 31/5/26

Doctor's Name (Hand over taken): ....
Signature: ....
Date & Time: ....

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19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 10:25 am		Seen by Dr - Vijayanand
		→ DBF endlely
		→ Wound care. Daily dressing
	LV line - D3	
		→ Shyft out today
		→ ABBR after shyfting to room.
	Dr Pooja	→ Stop Budecort neb.

Dr. VIJAYANAND JAMALPUR
Reg. No: 40526

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 12:50am	Shifting Note:	
	On RA	
	Hemodynamically stable.	
	accepting DBF.	Plan.
	Vitals + stable.	→ DBF and help f/b. burping
		→ AABR today
		→ Continue Inj. Levofloxacin till tomorrow night
		→ Daily dressing of wound by surgeons.
	d Poojitha	→ Monitor vitals
		Noted by Libiya

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

(P.T.O)

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:00AM		Seen by Dr. Vijayanand
		Plan :-
	O/E - Mild tachypnoea (+) Resp - B/L wheeze (+)	- CXR Now & trace
		- To start ~~Levolin neb 8th hourly~~ Budecort neb 12th hourly
		- Ongoing surgical review
		- AABR, NBS } in followup.
	Dr. VIJAYANAND JAMALPURI Reg. No. 40326	Anusha Aunt.
		noted by Sugeetha

BAH-00856843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 15 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 3PM	Afternoon Round	
	CXR (N)	Plan
	Active	(1) cont DBF
	self ventilating on RA	(2) Budecort neb Q12H
	vitally stable.	(3) PCM Q8H.
	taking DBF well.	(4) ongoing surgical review
	U ✓ / S ✓	(5) AABR, NBS } on f/u
	PA - soft	
	RS - clear	(6) Inj levoflox D7. RW → stop.
	Dr Adiya	
2/6/26	Seen by Dr. Vijayanand	
	soft to firm swelling (+) over	Plan
		(1) cont DBF
	chest - clear.	(2) oral amox-clav syrup 1 drop RD
	No distress.	(3) RW (B) t/m.
		(4) cont budecort neb
	Dr Adiya	noted by Pooja
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 15 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/10/26. 7.55am	Morning Round.	
	● DOL-15 | Term | PPTEN | MAS.	
	on RA	Plan.
	Hemodynamically stable.	→ DBF 2nd hely Flb burping
	Vitals - stable.	
	T.wt - 4072g (↓50g).	→ Daily dressing of wounds
	Passed urine & stool.	→ Continue Budecort Neb
	B/L wheeze (+).	→ Continue Amoxyclav
		→ ABBR, NBS, vaccination } on follow up
		→ Monitor vitals
	Dr Rogithe	→ R/v discharge.

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9.30am		Seen by Dr-Vijayanand
		Plan
	O/E:	
	No distress	→ Discharge
	Chest clear	
		→ AABR } f/u
		NBS }
		Vaccination } at local hospital
		↳ after antibiotic
		→ Continue amoxyclav for 5 days
		→ Ongoing Surgical review
		→ f/u Dr-Naveen (Warangal) on Friday
	Poojitha	→ Monitor weight
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of BAVU LATHA
15-05-2026 0 Y 0 M 8 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	B/o later.	
	shifted to conventional ventilation.	
	Plan to extubate in	1-2 days
	plan to do lumbar	puncture today to
	rule out meningitis	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
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(1)

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RESULT SHEET

Date	21/5/26	21/5/26	23/5/26	25/5/26	1/5/22.	
Time	3 AM	9 PM	7 AM			
Hb	11		14.5	16.2	15.5	
PCV	34.9		44.8	49.3	49.7	
RBC	3.08		4.56	5.17	5.03	
WBC	14.10		8.49	12.17	22.00	
N/L	70.8/23.8		64.4/23.1	55.1/32.5	59.2/25.1	
Platelets	198		123	170	561	
CRP	117.		82.6	59	18	
ESR						
PCT						
RBS						
Na	145	143	135			
K	2.7	3.8	5			
Cl	114	48	104			
Ca/Mg	7.1/1.6	9/2.6				
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj	3.2 C 3.1					
T.Protein						
S.Albumin	2.1.					
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	22/1.7					
APTT	41					
CSF Protein / Sugar		78/40				
Cells		No cells				
N/L						

Dr. [illegible]

...ab						
...UE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
21/5/26	1 Am	154 mg/dl	10% DEX	
"	3 Am	189 mg/dl	10% DEX	
"	7 Am	170 mg/dl	10% DEX	
"	8 Am	384 mg/dl	10% DEX	
	10 Am	200 mg/dl	10% DEX	Kavya
	12 Pm	340 mg/dl	10% DEX	Kavya
	2 Pm	250 mg/dl	7.5% ISOP	Kavya
	5 Pm	142 mg/dl	7.5% ISOP	Kavya
	7 Pm	99 mg/dl	7.5% ISOP	Kavya
22/5/26	1 Am	86 mg/dl	7.5% ISOP	Sushmitha.
	7 Am	116 mg/dl	7.5% ISOP + Fe	Sushmitha
	3 Pm	78 mg/dl	7.5% ISOP	Kavya
	11 Pm	69 mg/dl	7.5% ISOP + Fe	
23/5/26	7 Am	72 mg/dl	7.5% ISOP + Fe	
	2 Pm	64 mg/dl	7.5% ISOP	
	10 Pm	72 mg/dl	7.5% ISOP	
24/5/26	7 Am	69 mg/dl	7.5% ISOP	
	3 Pm	67 mg/dl	7.5% ISOP	
	10 Pm	64 mg/dl		
25/5/26	6 Am	108 mg/dl	7.5% ISOP	
25/5/26	11 am	80 mg/dl	7.5% ISOP	
26/5/26	11 AM	97 mg/dl	7.5% ISOP	
27/5/26	6 am	85 mg/dL	full feed	
28/5/26	6 AM	79 mg/dL	full feed	
29/5/26	6 AM	80 mg/dL	full feed	
30/5/26	6 AM	100 mg/dl	full feed	
31/5/26	6 AM	74 mg/dl	full feed	
1/6/26	6 AM	71 mg/dl	full feed	

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 4.5 kg Ward .....

DRUG: ORAL SILDENAFIL

Dose	Route	Frequency	Start Dt.
4.5mg	P/O	8th hourly	25/5

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

Additional Instructions: 1mg/kg/dose. (1ml = 10mg)

Daily Doctor's Endorsement by a Sign

Date/Time	25/5	26/5	27/5	28/5
6am	X			
2pm				
10pm				

STOP 28/5 Dr. Manohar

DRUG: BUDECORT NEB

Dose	Route	Frequency	Start Dt.
	Neb	Twice daily	26/5

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

Additional Instructions: 1/2 respule + 2ml NS

Daily Doctor's Endorsement by a Sign

Date/Time	26/5	27/5	28/5	29/5	30/5	31/5	1/6
6AM	X						
6PM							

STOP Dr. Aneeka

DRUG: INJ. LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.
45mg	IV	BD	26/5 6AM

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

Additional Instructions: 10mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	27/5	28/5	29/5	30/5	31/5	1/6	2/6
6PM							

STOP Dr Aneeka

DRUG: VITAMIN D3

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	27/5

Name & Signature of the Doctor Starting the Drugs: Pooja Tre

Additional Instructions: 1ml = 800IU

Daily Doctor's Endorsement by a Sign

Date/Time	29/5	28/5	29/5	30/5	31/5	1/6	2/6
2PM							

VERIFIED

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight: 4.5kg Ward ....

VERIFIED

DRUG : CROCIN DROPS

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : PARACETAMOL DROPS

Dose	Route	Frequency	Start Dt.
0.7ml	PO	Q8H	28/5

Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya

Additional Instructions: 1ml = 100mg @ 15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	28/5	29/5	30/5
6 Am	X	[illegible]	[illegible]
2 pm	X	[illegible]	
10 pm	[illegible]	[illegible]	

Changed Dose 29/5/26

mousami

VERIFIED

DRUG : PARACETAMOL drops

Dose	Route	Frequency	Start Dt.
0.7ml	PO	Q6H	29/5

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

Additional Instructions: 1ml = 100mg @ 15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	30/5	31/5	1/6	2/6
12 Am	[illegible]	[illegible]	[illegible]	[illegible]
6 Am	[illegible]	[illegible]	[illegible]	[illegible]
12 pm	[illegible]	[illegible]	[illegible]	
6 pm	[illegible]	[illegible]	[illegible]	

Dose Changed 2/6/26

mousami

DRUG : PAPAIN.

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

BAH-00656843
Baby Of BAVU LATHA IP5-00174091
19-05-2026 0 Y 0 M 11 D
Dr. VIJAYANAND JAMALPURI (F)

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : PAPAIN-UREA OINTMENT				Date/Time	30/5	31/5	1/6	2/6	3/6
Dose	Route	Frequency	Start Dt.						
	LA	OD	30/5						
Name & Signature of the Doctor Starting the Drugs: N. Peatush				2PM					
Additional Instructions: LA over Right foot area.									
Daily Doctor's Endorsement by a Sign									

DRUG : BUDECORT neb.				Date/Time	2/6
Dose	Route	Frequency	Start Dt.		
	Neb	12th hourly	2/6	9AM	
Name & Signature of the Doctor Starting the Drugs: Dr. Anusha				9PM	
Additional Instructions: 1/2 respule + 3 ml NS					
Daily Doctor's Endorsement by a Sign					

DRUG : PARACETAMOL DROPS				Date/Time	2/6	3/6
Dose	Route	Frequency	Start Dt.			
0.45ml	p/o	8th hourly	2/6/26	6AM		
Name & Signature of the Doctor Starting the Drugs: Dr. Anusha				2PM		
Additional Instructions: 10mg/kg dose				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG : AMOXICILLIN CLAVULINIC ACID DROPS				Date/Time	2/6	3/6
Dose	Route	Frequency	Start Dt.			
1drop	PO	Q12H		10AM		
Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya						
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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STAT / ONCE ONLY DRUGS

Name: B/o Bavu Latha Weight: 4.5 kgs

Sheet No: ①

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/5/26	10am	LRBC	20ml/kg over 4 hourly	IV		10.15am Latha	
26/5/26	11am	Inj: DEXAMETHASONE	0.15mg/kg	IV		Arun 11.05am	Swetha 11.05am
26/5/26	11:00AM	Neb. Adrenaline	0.5ml/kg	neb		Arun 11.15am	Swetha 11.15am.
26/5/26	5:00pm	Neb. Adrenaline	0.5ml/kg	neb		Arun 5.10pm	Swetha 5.10pm
26/5/26	5:30pm	Inj: DEXAMETHASONE	0.15mg/kg	IV		Arun 5.30pm	Swetha 5.30pm.
27/5/26	7:30pm	Neb. Adrenaline	0.5ml/kg	Neb.		Arun 7.30pm	Arun 7.30pm
28/5/26	12:30 AM	NEB. ADRENALINE	0.5ml/kg	NEB		Swetha 12:30AM	12:30am

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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DRUG CHART

Date of Admission: .... Drug Allergies: ......NA...................................... ☐ 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 / 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:				

VERIFIED BY : Name .... Signature

Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

REGULAR PRESCRIPTIONS

Weight. 4.5 kg Ward. .....

DRUG : INJ MEROPENEM

Dose	Route	Frequency	Start Date
180mg	IV	TID	21/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
40mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5 24/5 25/5 26/5 27/5

DRUG : Inj. COLISTIN.

Dose	Route	Frequency	Start Date
1,80,000IU	IV	Q8H	21/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
40,000IU/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5 24/5 25/5 26/5 27/5

Stop 25/5 R Menon

DRUG : MUPIMCT

Dose	Route	Frequency	Start Date
	UA	Taken daily	21/5

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

Additional Instructions:
for local application

Daily Doctor's Endorsement by a Sign

Date/Time: 21/5 22/5 23/5 24/5 25/5 26/5 27/5 28/5 29/5 30/5 31/5 1/6 2/6 3/6

DRUG : T. SILDENAFIL

Dose	Route	Frequency	Start Date
4.5mg	P/O	TID	24/5/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time:

(1) 19/5/26 VERIFIED (2) 19/5/26 VERIFIED (3) VERIFIED

Patient Sticker	Weight. 4.5 Kg Ward. NICU

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

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

VERIFIED .... Name .... Signature ....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/5/26	2.3am	Inj: Calcium gluconate	2 ml/Kg	IV	Poopitha	Poo 2.3AM
21/5/26	2.30am	~~DVS~~ HYDROCORTISONE	2mg/kg	IV	L	Poo 2.3am Arun AM
21/5/26.	6:30 am	Inj. ROCURONIUM	0.5mg/kg.	IV over	Poopitha	Poo Arun 6.35am
		[1ml = 10mg] ⇒	1ml + 9ml NS 1ml = 1mg.	1min.		
		give 2.2ml of it				
		~~MgSO4 0.2ml/kg~~				
21/5/26	7am	MgSO4	0.2ml/kg 0.9ml + 2.1ml of S/DP	IV over 30ms	✓	Poo 7am Arun AM
21/5/26	10:30am	Inj. ROCURONIUM	0.5mg/kg.		Poopitha	
		(1ml = 10mg) →	1ml + 9ml NS. 1ml = 1mg	IV over 1min		Vaishnavi @10:45am

give 2.2ml of it

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

I.V. FLUIDS CHART

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

		...position of I.V. Fluid (... infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/5/26	2AM	IV - 80 cc/kg/day 10% D + Ceg	UVC	1.4ml	[signature]	[signature] [signature]	22/5	[signature]	[signature] [signature]
21/5/26	2AM	Inj Adrenaline 3mg/kg in 50ml of 5%D	UVC	0.3ml	[signature]	[signature] [signature]	22/5	[signature]	[signature] [signature]
21/5/26		Inj Milrinone 1.5mg/kg in 50ml of 5%D	UVC	1ml/hr	[signature]				
21/5/26	2AM	Inj Dobutamine 60mg/kg in 50ml of 5%D	UVC	0.3ml	[signature]	[signature] [signature]	22/5	[signature]	[signature] [signature]
21/5/26	2AM	Inj Noradrenaline 3mg/kg in 50ml of 5%D	UVC	0.3ml	[signature]	[signature] [signature]	22/5	[signature]	[signature] [signature]
21/5/26	2AM	Inj. HEP-NS 1.5ml + 48.5ml/2ws	UVC	0.2ml	[signature]	[signature] [signature]	22/05	[signature]	[signature] [signature]
21/5/26	2AM	Inj. HEP-NS 1.5ml + 48.5ml/2ws	UAC	0.2ml	[signature]	[signature] [signature]	22/5	[signature]	[signature] [signature]
22/5	8AM	IV - 80ml/kg/day 7.5% ISOP + 3ml/kg calcium gluconate + 0.2ml/kg MAGNESIUM	UVC	10.6ml	[signature]	[signature] [signature]	23/05	[signature]	[signature] [signature]
22/5	8AM	INJ ADRENALINE (3mg/kg) in 50ml / 5% DEXTROSE	UVC	0.2ml	[signature]	[signature] [signature]	23/05	[signature]	[signature] [signature]

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

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	PARACETAMOL DROPS.	0.7 ml	PO	QID		☐C ☐DC
2	LEVOFLOXACIN	45mg	IV	BD		☐C ☐DC
3	VITAMIN D3	0.5ml	PO	OD.		☐C ☐DC
4	MUPIMET.		LA	TID		☐C ☐DC
5	PAPAIN UREA OINTMENT	.	LA	OD		☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 1/6/26, 4PM

Nurse Name & Signature: .....

Date & Time : .....

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19-05-2026 0 Y 0 M 2 D (F)
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I.V. FLUID CHART

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	8 PM	INJ DOBUTAMINE (60 mg/kg) 9 cc 50 ml 5% DEXTROSE	UVC	0.3 ml/hr			23/5		
22/5	8 PM	INJ. FENTANYL 2 ml + 8 ml NS	UVC	1 ml/hr			23/5		
22/5	8 PM	INJ HEP-NS 1.5 ml + 48.5 ml ½ NS	UVC	0.2 ml/hr			23/5		
22/5	8 PM	INJ HEP NS 1.5 ml + 48.5 ml ½ NS	UAC	0.2 ml/hr			23/05		
23/5	10 AM	Inj. SILDENAFIL 1.6 mg/kg/day		1 ml/hr					
		Dilute 12.5 ml (10 mg) with 7.5 ml 5% D → so total 20 ml 1 ml = 0.5 mg → so take 14.5 ml and					24/05		
23/5	10 AM	add 10 ml 5% D Inj. HEP-NS 1.5 ml + 48.5 ml NS	UAC	0.2 ml/hr			24/5		
23/5	10 AM	TV - 80 ml/kg/day 7.5% TSOL + Ca3 + Mg 0.2	IV	10.2 ml/hr			24/5		
23/5	10 AM	Inj. FENTANYL 2 ml + 8 ml NS	IV	0.6 ml/hr			24/5		

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Baby Of BAVU LATHA
19-05-2026 0Y0M4D (F)
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(2)

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I.V. FLUID CHART

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.
24/5	10AM	INJ SILDENAFIL 12.5ml (10mg) + 7.5ml 5% DEXTROSE (1ml = 0.5mg) & take 14.5ml + 10ml DEXTROSE 5% (1.6mg/kg/dg)	IV	1ml/hr	[signature]	Arun / mous	25/5	[signature]	[signature] / mou
24/5	10AM	INJ HEP-NS 2.5ml + 47.5ml ½ NS	IV	0.2ml	[signature]	Arun / mou	25/5	[signature]	[signature]
24/5	10AM	INJ FENTANYL 2ml + 8ml NS	IV	0.8ml	[signature]	Arun / mou	25/5	[signature]	[signature]
24/5	10AM	TV - 90ml/kg/day 7.5% ISOP7 calcium gluconate 3ml/kg MgSO4 - 0.2ml/kg	IV	5.7ml	[signature]	Arun / mou	25/5	[signature]	[signature] / mou
24/5	8PM	Inj Dexmedetomidine 0.5ml + 49.5ml of 5% D	IV	0.8ml	[signature]	Sushma / mou	25/5	[signature]	[signature] / mou
25/5	2PM	TV - 100ml/kg/day 7.5% ISO-P+ 3ml/kg calcium gluconate	IV	18.6	[signature]	[signature] / mou	26/5	[signature]	mou / Sushmitha
25/5	2PM	Inj. HEP-NS 1.5ml + 48.5ml ½ NS	UAC	0.2ml	[signature]	[signature] / mou	26/5.	[signature]	mou / Sushmitha

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 5 D (F)
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I.V. FLUID CHART

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.
26/5	2PM	Inj. FENTANYL 2ml + 18ml NS	IV	1ml	[signature]	[signature] / mow	26/5	[signature]	mevs / Sushma

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19-05-2026 0 Y 0 M 5 D (F)
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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

DOL - 2 | FT | 4.3 kg | LGA | c MAS

Intubated I/V/O severe RD
f/b
HFO I/V/O severe PAH
→ surfactant given

on HFVO
FiO_2 80%.
HR = 180/m
PV = good
SpO_2 94% on HFVO
BP = 53/37(455)

CVS S_1 ⊕, S_2 ⊕.
R/S = B/E breathsounds ⊕

mod PDA BD shunt, severe PAH

2d echo Situs solitus, levocardia
AV-VA concordance
NRGA
Trileaflet aortic valve
left arch NO COA
→ PFO L→R
→ mod PDA BD shunt
→ mod TR (RVSP 40 mm Hg + RAP)
PR Jet incomplete, D-shaped LV
flat IVS
→ GBVF. | severe PAH

Plan
Chest xray.
Cont. HFVO.
Repeat Echo tomorrow morning.

Consultant : Dr Shwetha

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

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

30/5/26

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

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

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

Date: 30/5/26 Time:	8	10	12	2	4	6	8	10	12	2	4	6	8										
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM	AM										
Temperature (F)	36.8°C	36.0°C	36.2°C	36.5°C	36.5°C	36.5°C	36.5°C	36.4°C	36.4°C	36.5°C	36.4°C	98.6°F											
	98.1°F				98.6°F																		
Heart Rate (bpm) and Blood Pressure (mmHg) *	124 (93) 67	86 (85) 54	124 (81) 75	63 (66) 53	82 (69) 56	104 (74) 65	89 (68) 69	82 (68) 62	87 (73) 64	95 (81) 75	95 (81) 75												
Note: BP does not score in early warning scoring																							
Heart Rate (Number)	142	152	152	128	134	148	143	145	137	147	149	150											
Resp. Rate (bpm) (per 1 Minute) *																							
Resp Rate (Number)	59	42	48	51	54	55	54	51	53	36	46	47	49										
Resp Distress: Mod/ Severe / None / Mild																							
Receiving O_2(l/min) O_2Saturations (%)	97%	97%	93	97%	96%	94%	95%	95%	95%	95%	99%	98%											
Conscious Level: Normal / Altered	C	C	C	C	C	C	C	C	C	C	C	C											
GCS *	15	15	15	15	15	15	15	15	15	15	15	15											
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0											
Pain Score	0	0	0	0	0	0																	
Observer's Initials																							

Crib Care

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

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

31/5/26

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: ..... Time:	8AM	10AM	12PM	2PM	4PM	6PM	8 PM	10 PM	12 AM	2 AM	4 AM	6 AM	8 AM
Doctor/Nurse/Family Concern?													
Temperature (F)	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	
Heart Rate (bpm) and Blood Pressure (mmHg) *	Crib one						Crib Cure						
Heart Rate (Number)	148	146	148	146	141	155	149	151	147	139	147	137	139
Resp. Rate (bpm) over 1 Minute) *	36	38	36	32	41	46	—				—		
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2(l/min) O_2Saturations (%)	98%	99%	100%	99%	98%	99%	99%	95%	97%	98%	96%	96%	
Conscious Level: Normal / Altered	C												
GCS *	15	15	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials													

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
Score 2	:	Shift in charge nurse to be informed and continue hourly observations
Score 3	:	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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

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

BAH-00856843 IPS-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 8 D (F)
Dr. VIJAYANAND JAMALPURI

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
28/5/26.	B/o lata.	
	shifted to conventional ventilation.	
	Plan to extubate in	1-2 days
	Plan to do lumbar	puncture today to
	rule out meningitis	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

AH-00656843 IP5-00174091
aby Of BAVU LATHA
-05-2026 0 Y 0 M 4 D (F)
r. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26.	→ Extubated today to CPAP → Steroid (+), treatment given → Full OG feeds. → Removing UAC. → No meningitis → TO ~~culture~~ continue IV antibiotics	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	21/5/26 B/o. Latha.	
	- Explained about respiratory distress & cardiac dysfunction.	
	- currently on HFOV + iNO	
	- Explained about critical illness and sudden deterioration.	
	- on multiple inotropic support.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 4 D (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	B/O Lathe	
	→ Baby is stable on HFOV.	
	→ Weaning iNO & ionotropes	
	→ ↑ feeds today	
	→ Removing UVC today.	
	→ Condition of baby & prognosis explained	

BAH-00656843 IPS-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

0/1/26

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

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

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

Date: ..... Time:	8AM	10AM	12PM	2PM	4PM	6PM	8PM	12AM	2AM	6AM	
Doctor/Nurse/Family Concern?											
Temperature (F)	96.5°F	98.4°F	98.6°F	98.6°F	98.6°F	97.9°F	98.2°F	97.9°F	97.2°F	98.2°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	Cath Case										
Heart Rate (Number)	140	146	146	149	150	142 bpm	136 bpm	134 bpm	138 bpm	136 bpm	
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)	36	46	46	38	39	40 bpm	38 bpm	40 bpm	38 bpm	38 bpm	
Resp Distress: Mod/ Severe / None / Mild											
Receiving O_2 (l/min) O_2 Saturations (%)	room	room	room	room	room	98%	98%	98%	98%	98%	
Conscious Level: Normal / Altered											
GCS *	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	0	0	0	0	0	
Pain Score	0	0	0	0	0						
Observer's Initials	L	S	L	L	L						

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

Pratiksha Rainbow Children's Hospital
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

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

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

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

Date: ..... Time:	10AM	12pm	4pm	6pm	12am	3Am	6am
Doctor/Nurse/Family Concern?							

Temperature (F) — 104 103 102 101 100 99 98 97 96 95 94

98.2 F | 98.6 F | 98.4 F | 98.1 | 98.0 F | 98.2 F

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

Note: BP does not score in early warning scoring

Heart Rate (Number)	147bpm	140bpm	144bpm	134bpm	132bpm	126bpm	134bpm

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

Resp Rate (Number)	42bpm	40bpm	40bpm	40bpm	39bpm	40bpm	39bpm
Resp Distress: Mod/ Severe / None / Mild							
Receiving O_2(l/min) O_2Saturations (%)	99%	98%	100%	100%	98%	98%	99%
Conscious Level: Normal / Altered							
GCS *	(15/15)	(15/15)	(15/15)	(15)	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials							

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

29/5/26

FLUID CHART

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 2

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am						—					
	09:00 am	EBM			5 ml					25 ml		
	10:00 am											
	11:00 am	Nanpro			5 ml		passed			20 ml		
	12:00 pm											
	01:00 pm	Nanpro			5 ml					15 ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	Nanpro			5 ml		—			20 ml		
	04:00 pm											
	05:00 pm	Nanpro			5 ml		passed			25 ml		
	06:00 pm											
	07:00 pm	DBf	(5 ml) 25 ml				—			15 ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	DBM	(52 ml) 30 min				—			19 ml		
	10:00 pm											
(30 min)	11:00 pm	DBM	52 ml				passed			20 ml		
	12:00 am											
(30 min)	01:00 am	DBM	52 ml									
Total Intake :						**Total Output :**						
	02:00 am											
(30 min)	03:00 am	DBM	52 ml				—			10 ml		
	04:00 am											
(30 min)	05:00 am	DBM	52 ml				—			15 ml		
	06:00 am											
	07:00 am		52 ml							16 ml		
Total Intake :		624 ml				**Total Output :**				200 ml		

Total 24 hrs. Intake	140 cc/kg/day	Total 24 hrs. Output	1.8 cc/kg/day

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

30/5/26

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 12

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										1	
	09:00 am	DBF	52 ml				passed			10 ml		
	10:00 am										0	Lalaya
	11:00 am	DBF	52 ml				–			10 ml		
	12:00 pm										1	
	01:00 pm	DBF	52 ml				passed			12 ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	DBF	52 ml				passed			8 ml		
	04:00 pm										0	Lalaya
	05:00 pm	DBF	52 ml				passed.			15 ml		
	06:00 pm										1	
30 min	07:00 pm	DBF	52 ml				–			10 ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	DBF	52 ml				passed			15 ml		
	10:00 pm											
	11:00 pm	DBF	52 ml				–			10 ml		
	12:00 am											
	01:00 am	DBF	52 ml				–			12 ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBF	52 ml				passed			15 ml		
	04:00 am											
	05:00 am	DBF	52 ml				–			16 ml		
	06:00 am											
	07:00 am	DBF	52 ml				–			90 ml		
Total Intake :		624 ml				**Total Output :**				143 ml		

Total 24 hrs. Intake	140 cc/kg/day	Total 24 hrs. Output	1.3 cc/kg/day

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 11 D (F)
Dr. VIJAYANAND JAMALPURI

1/5/26

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FLUID CHART

Sheet No. : (M)

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am										1	
	09:00 am	DBF	5 2ml				passed			1 cont		
	10:00 am										0	Lilya
	11:00 am	DBF	5 2ml				–			1 cont		
	12:00 pm										1	
	01:00 pm	DBF	5 2ml				passed			1 cont		
Total Intake :						**Total Output :** U – 2 8ml M – R						
	02:00 pm										1	
	03:00 pm	DBF	5 2ml							1 2ml		
	04:00 pm						passed				0	Lilya
	05:00 pm											
	06:00 pm	DBF	5 2ml							1 cont	1	
	07:00 pm											
Total Intake :						**Total Output :** U – 22ml						
	08:00 pm										0	Sneh
	09:00 pm	DBF	5 2ml				✓			✓	0	Sneh
	10:00 pm										0	Sneh
	11:00 pm	DBF	5 2ml							✓	0	Sneh
	12:00 am										0	Sneh
	01:00 am	DBF	5 2ml								0	Sneh
Total Intake :						**Total Output :** M – 1 U – 2						
	02:00 am										0	Sneh
	03:00 am	DBF	5 2ml							✓	0	Sneh
	04:00 am						NP				0	Sneh
	05:00 am	DBF	5 2ml							✓	0	Sneh
	06:00 am										0	Sneh
	07:00 am	DBF	5 2ml								0	Sneh
Total Intake :						**Total Output :** M – 0 U – 2						

Total 24 hrs. Intake	550 cc/kg/day	Total 24 hrs. Output	M – 4 U – 6

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 13 D (F)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

Rainbow® Children's Hospital
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Sheet No. : 4

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
2/6	08:00 am										NO	Sanju
	09:00 am	DBF	52 ml							✓	IV	Sanju
	10:00 am						Not passed					Sanju
	11:00 am	DBF	52 ml							✓	Canula	Sanju
	12:00 pm											Sanju
	01:00 pm	DBF	52 ml									Sanju
Total Intake :						**Total Output :** U-2 m-0						
	02:00 pm											Yamu
	03:00 pm	DBF	52 ml				Not passed			✓	NO	Yamu
	04:00 pm										IV	Yamu
	05:00 pm	DBF	5 ml								Canula	Yamu
	06:00 pm											Yamu
	07:00 pm	DBF	52 ml							✓		Yamu
Total Intake :						**Total Output :** U- 3 m-0						
	08:00 pm									✓		Pooja
	09:00 pm		DBF							✓	NO	Pooja
	10:00 pm						NP				IV	Pooja
	11:00 pm		DBF								IV	Pooja
	12:00 am									✓		Pooja
	01:00 am											Pooja
Total Intake :						**Total Output :** U- m-						
	02:00 am		DBF								0	Pooja
	03:00 am									✓	0	Pooja
	04:00 am		DBF				NP				0	Pooja
	05:00 am										0	Pooja
	06:00 am		DBF							✓	0	Pooja
	07:00 am										0	Pooja
Total Intake :						**Total Output :** U- 2 m-0						

Total 24 hrs. Intake		Total 24 hrs. Output	U- 9 m-0

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 5 D (F)
Dr. VIJAYANAND JAMALPURI

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o. Latha Gender: ☐ Male ☑ Female

UHID No : 656843 Department : NICU Date : 25/5/26

I Nagaraju S / D / W / O

Here by give consent for procedure of : Lumbar puncture

For my patient, Named : B/o Latha

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

hypotension, bleeding

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

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:

Patient Attendant :

Signature : N. Nagaraju

Name : Nagaraju

Relationship with Patient: father

Date & Time : 25/5/26 @12pm

Witness :

Signature : Lavy

Name : Lavanya

Date & Time : 25/5/26 @12pm

Doctor (who is taking the consent) :

Signature : Amit

Name : Amit

Date & Time : 25/5/26 @12pm

ప్రత్యేక విధానాలకు సమ్మతి

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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 .....

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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

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Name: B/O Latha. Age: 02 Gender: Male ☐ Female ☐

UHID.No : 656843. Date: 21/5/26

I Nagaraju S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o Latha who is related to me as daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 21/05/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

Term/ROL/PPHN/MAS.

The doctors have clearly explained to me that my patient B/o . Bavu Latha 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 : Bavu latha ..... 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 : N. Nagaraju

Name : Mr. Naga Raju

Relationship with Patient: Father

Date & Time : 21/05/26 3PM

Witness :

Signature : Athira

Name : Athira

Date & Time : 21/05/26 3PM

Doctor (who is taking the consent) :

Signature :

Name : Poojitha

Date & Time : 21/5/26. 3PM

CONSENT FOR FORMULA FEEDS

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BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Patient Name : ..... Age : 7 Days Gender : ☐ Male ☑ Female

UHID No : ..... No. : 176092 Department : NICU Date : 26/5/26

I Mr / Mrs. : NAGA RAJU ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : N. NagaRaju

Name : N. NagaRaju

Relationship with Patient: Father

Date & Time : 26-05-2026

Witness :

Signature : A

Name : A

Date & Time : 26/5/26 4PM

Doctor (who is taking the consent) :

Signature : Ramya

Name : Dr. RAMYA

Date & Time : 26/5/26.

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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CONSENT FOR SPECIAL SEDATION

Patient Name: S/O Bavu Latha Gender: ☐ Male ☑ Female

UHID No: BAH-00656843 Department: NICU Date: 21/5/26.

I Nagaraju S / D / W / O .....

Here by give consent for procedure for my patient : S/o Bavu Latha

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : Chemical.
- Possible complications from the procedure of sedation:

.....

.....

The doctors have explained to me about the benefits, risk, alternative of the procedure.

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

Patient Attendant :

Signature : N. Nagaraju

Name : Mr Naga Raju

Relationship with Patient: Father

Date & Time : 21/5/26. 7am

Witness :

Signature : .....

Name : Athira

Date & Time : 21/5/26. 8 am.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Abhaya

Date & Time : 21/5/26 7pm

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ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. .....విభాగము .....

తేదీ .....

నేను ..... కుమారుడు / కుమార్తె / భార్య .....

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

- సెడేషన్ రకం .....
- మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....

.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
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CONSENT FOR BLOOD TRANSFUSION

Name: B/o Bavu Latha Age: D 2 Gender: Male ☐ Female ☐

UHID.No : BAH-00656843. Date: 21/5/26

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 LRBC

I Ratu 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.

Patient (Or Patient Relative / Guardian):

Signature: N. Nagaraju

Name: md Rayes

Date & Time 21/5/26 @4PM

Doctor (Who is talking the consent)

Signature:

Name: Paapthi

Date & Time 21/5/26 @4PM

Witness

Signature:

Name: Athira

Date & Time 21/5/26 @4PM

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 21/05/26 Time: 10:10 Am

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

Blood Bank Issue No: BAH26-05212 Date of Collection: 18/5/26 Date of Expiry: 29/6/26

Date & Time of Starting Transfusion: 21/5/26 @ 10.50 Am Planned duration of Transfusion: 4 Hrs

Check for Correct Unit: ☑ Correct Patient: ☐

Blood products cross checked by: ~~Nurse 1:~~ Dr. Prathiva Ram Nurse 2: Kavya J

Before starting transfusion vitals: Temp: 98°F HR 190b/m RR: [illegible] BP: 54/39 (44) SpO_2 93%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
21/5/26	15 Min	187b/m	36.5°C	58/39 (44)	96%	NO	NO	NO	NO
	15 Min	185b/m	36.5°C	54/39 (46)	95%	NO	NO	NO	NO
	30 Min	180b/m	36.5°C	59/43 (51)	96%				
	30 Min	182b/m	36.5°C	64/46 (54)	97%	NO	NO	NO	NO
	30 Min	185b/m	36.5°C	60/40 (47)	93%	NO	NO	NO	NO
	1 Hr	175b/m	36.5°C	58/43 (50)	95%	NO	NO	NO	NO
	1 Hr	155b/m	36.5°C	64/49 (55)	98%	NO	NO	NO	NO

Comments: No Complications during and after transfusion

Name of the Incharge-Nurse: Silpa Name of the Nurse: Kavya J

Signature of the Incharge-Nurse: [signature] Signature of the Nurse: [signature]

Date & Time: 21/5/26 @ 3.30Pm Date & Time: 21/5/26 @ 3Pm

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
No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ olution.

9.12 Aw
R-9.5 GAC

O

n Positive

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

Unit No.: BAH26-01212
Blood Group: O Rh Positive
Collection Date: 18/May/2026
Expiry Date: 29/Jun/2026

dminister Without Warming. 2) Shake Gently Before Use. 3) Do Not **l Any Medication. 4) Check Blood Group on Label & Recipient's** oup and Name Before Administration. 5) Use Sterile Transfusion Set th Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if ere is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) ppropriate Compatible Cross Matched Blood Without Atypical ntibodies in Recipient Should Be Used.

rad-sure™ Irradiation Indicator
25 Gy INDICATOR
IRRADIATED
LOT 038660GX25
OPERATOR:
DATE: 21/5/26
2027-09-11

Issue Label / CrossMatching Report

Patient : **BABY.OF.BAVU LATHA -**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,Dr. VIJAYANAND J
UHID No.: BAH-00656843 Wd-Bed No.:

Product : LR-PRBC Pedia-1
Blood Group : O Rh Positive
Unit No.: **BAH26-01212**
XMatching Report:Compatible
X-matched by: PILLEM

Issue Dt : 21/May/2026
Colln. Dt :18/May/2026
Exp. Dt :29/Jun/2026
Issued By : R.RAMESH

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

CONSENT FOR FORMULA FEEDS

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BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 7 D (F)
Dr. VIJAYANAND JAMALPURI

Patient Name : ..... Age : 7 Days Gender : ☐ Male ☑ Female

UHID No : ..... No. : 176092 Department : NICU Date : 26/5/26

I Mr / Mrs. : NAGA RAJU ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : N. NagaRaju

Name : N. NagaRaju

Relationship with Patient: Father

Date & Time : 26-05-2026

Witness :

Signature : .....

Name : .....

Date & Time : 26/5/26 4PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. RAMYA

Date & Time : 26/5/26.

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....