

BAH-0060761
IP5-00175980
Baby of DASHAGOUNI JHANSI
30-06-2026 0 Y 0 M 5 D
(M)
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

ACTIVITY RECORD FOR BILLIN

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
5/7/26	Blood C/S	26067170	
	NP, Blood c/s	26067192	
	Blood group.	26067192	
	Amouco.	26067192	
	VBChiaes	26067193	
	X-ray	265-033366	
	insulin		
	Cortisol		
	TFT		
6/7/26	RBS (2)	26067372	
	CBG, SBR.	26067425	
6/7/26	VBG	26067847	
7/7/26	RBS	26067882	
7/7/26	RBS	26067783	
7/7/26	RBS (4)	26067989	Alphonsa
8/7/26	RBS - (2)	26068159	
8/7/26	SBR, CBG, e DCT	26068409	
12/7/26	SBR, RBS	26067606	
	RBS	26069835	
13/7/26	SBR, TFT, FT4	26069963	
	RBS	26069962	
15/7/26	RBS (2)	26071060	

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
5/7/26	Inv monitor	5/7/26		9688345	Q
	Inv. monitor			9688345	
6/2/26	syng pump (2)			9688401	
	ssst	5/6/26		9689673	
9/2/26	syng pump — (1)			9688405	
	ssst	13/7/26		9689673	
	Inv monitor			9688340	
14/7	syng pump — (1)			9688405	
	Inv monitor	13/7/26		9688340	

Date	Procedure	Quantity	Order No.	Signature
5/7/26	IV Placement	(1)	9688356	[Signature]
5/8/26	Poc re-e	(1)	9688400	[Signature]
12/7/26	DV placement	(1)	2J00289	[Signature]

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 14/7/26 Time: 11PM

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

Blood Bank Issue No: BAH26-01685 Date of Collection: 12/7/26 Date of Expiry: 23/8/26

Date & Time of Starting Transfusion: 14/7/26 9:00PM Planned duration of Transfusion: 4h

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: DR. Rupanjali Nurse 2: Bro. ARUN

Before starting transfusion vitals: Temp: 36.5°C HR: 147bpm RR: 31bpm BP: (51) SpO2: 92%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
14/7/26	15 Min	147	36.5°C	66/41 (50)	92%	—	—	—	—
u	15 Min	141	36.5°C	73/42 (53)	91%	—	—	—	—
u	30 Min	150	36.4°C	69/37 (47)	100%	—	—	—	—
u	30 Min	147	36.4°C	76/36 (47)	100%	—	—	—	—
u	30 Min	151	36.5°C	59/31 (42)	97%	—	—	—	—
15/7/26	1 Hr	142	36.4°C	66/42 (51)	94%	—	—	—	—
15/7/26	1 Hr	139	36.5°C	70/36 (47)	100%	—	—	—	—

Comments:

Name of the Incharge-Nurse:

Name of the Nurse: Arun

Signature of the Incharge-Nurse:

Signature of the Nurse: Arun

Date & Time:

Date & Time: 14/7/26 9:20AM

CONSENT FOR BLOOD TRANSFUSION

Name: Dr. Jhansi. Age: Gender: Male ☐ Female ☐
UHID.No : Date: 14/7/20

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

I 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
No alternatives

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: Jhansi
Name: Jhansi
Date & Time

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Jhansi
Date & Time 14/7/20

Witness

Signature: [Signature]
Name: Alex
Date & Time 14/7/20 4 8 pm

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు ☒ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

నేను
ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా
ధాత రక్తాన్ని హెచ్ ఐ వి యు
లక్షణాలు లేవని పరీక్షించి బడి
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరు
ప్రతిచర్యలు సోకే ప్రమాదం వు
చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం

పైన పేర్కొన్న అన్ని ప్రమాదాల
వివరించబడ్డాయి. చికిత్స చేసే
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణ
నాకు పూర్తిగా అర్థమగు భాషలో నాకు

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1
Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

A
Rh Positive

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

Unit No.: BAH26-01685
Blood Group: A Rh Positive
Collection Date: 12/Jul/2026
Expiry Date: 23/Aug/2026

1) A Add **BIACH&RI** OPERATOR  DATE **14/7/26**
Groi **BLOOD BANK**
Witl
Ther
Appr
Antil

25 Gy INDICATOR  IRRADIATED

2. 3) Do Not
ipient's
fusion Set
Not Use if
9)
cal

Issue Label / CrossMatching Report

Patient : **Baby Of DESHAGOUNI JHANSI .**
Patient's Blood Group : **A Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, Dr. VIJAYANAND J.**
UHID No.: **BAH-00660761** Wd-Bed No.:
Product : **LR-PRBC Pedia-1**
Blood Group : **A Rh Positive**
Unit No.: **BAH26-01685**
XMatching Report: **Compatible**
X-matched by: **Nachiket**
Issue Dt : **14/Jul/2026**
Colln. Dt : **12/Jul/2026**
Exp. Dt : **23/Aug/2026**
Issued By : **Nachiket**

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

స్వే ఆసుపత్రిలో అడ్మిట్ అయి
అంగీకారం తెలుపుతున్నాను.
మలేరియా మరియు సిప్టిస్
ప్రటికి పరీక్షలో కనబడని అనేక
త్తుల మార్పిడికి సంబంధించిన
ు తెలిత్రవచ్చు అని నేను అర్థం

చేస్తున్న డాక్టర్ ద్వారా నాకు
ఉత్పత్తులు ప్లాక్ చేయబడిన
ంగీకారము తెలుపుతున్నాను.

తేదీ మరియు సమయము

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/7/26 Time: 3:30 pm

Blood Group of the Patient: A⁺ Blood Group on the Blood Bag: A⁺

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

Date & Time of Starting Transfusion: Planned duration of Transfusion:

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Megha Nurse 2: Nurganeni

Before starting transfusion vitals: Temp: HR: RR: BP: SpO₂:

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
6/7/26	15 Min	138b/m	36.5°C	43/33 (37)	97%	NO	NO	NO	NO
6/7/26	15 Min	114b/m	36.6°C	48/35 (45)	93%	NO	NO	NO	NO
6/7/26	30 Min	119b/m	36.5°C	57/23 (35)	98%	NO	NO	NO	NO
6/7/26	30 Min	122b/m	36.6°C	60/27 (38)	100%	NO	NO	NO	NO
6/7/26	30 Min	118	36.6°C	63/28 (37)	100%	NO	NO	NO	NO
6/7/26	1 Hr	113	36.4°C	56/28 (38)	99%	NO	NO	NO	NO
6/7/26	1 Hr	112	36.5°C	58/27 (37)	96%	NO	NO	NO	h

Comments:

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

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

Date & Time: Date & Time:



CROSS CONSULTATION FORM

Doctor Name : DR. Leena Date : 14/7/26 Time : 3pm

Diagnosis :

Hospital : Relt

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

33wks ^{7.5} / 2.3
⁴
 35wks ^{7.5} / 2.5kg

Signature:

Findings and Recommendations :

- ~~Excess~~ Prev. DSA OK on 4.5 mg/kg/day Diazo
- now - not maintaining.
- ↑ to 10 mg/kg/day Diazoxide
- Cont. HCTHiazide
- (CGM) - 93940 44048 - Abbott Libre - 2 sensor + reader
- or BG 3 hourly - for today.
- Trace G+1 levels / opt Insulin / carbs
- To do NH3 next pike
- I will meet with TF - 1.34
- af - fT₄ - 1.13

Consultant :

Name : Leena Signature : Date & Time : 14/7/26 3pm

CROSS CONSULTATION FORM

Doctor Name : DR. Anurag Date : 6/7/26 Time : 2 PM

Diagnosis :

Hospital : Rainbow Children's Hospital
Banara Hills

Type of Referral :

- ☐ Emergency
☐ Urgent
☒ Non Urgent

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

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

Signature:

Findings and Recommendations :

• 33⁺5 wk / AGA / 2.3 kg / DOL 9

• suspected sepsis - Refractory hypoglycaemia
 hypoinchaemic

• anaemia & prolonged jaundice

• Wk awaited

NNH Level

CBP Σ 7.2 / 4900
 (6/8) 245

BBH } GA positive
 MBS }

Δ : ? minor blood group
 incompatibility

TR today: 22.6 (TB)
 21.3 (IB)

NBS @

Feb 2 case hemolytic causer

Det negative

— repeat CBP $\rightarrow$ if hemolytic + $\rightarrow$ Extended
 RBC phenotype

Retic 2.6%

— ~~Refractory~~ to continue new case
 trace WBC

PS > schistocytes

Consultant :

Name : Dr. Anurag Signature : [Signature] Date & Time : 6/7/26 2P



CROSS CONSULTATION FORM

Doctor Name : Rohit S. Date : 6/7/26 Time : 2 PM

Diagnosis : CHI

Hospital : RCH, Road 2, Banj. H.U.

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

Current concerns : Non-immune hemolytic anemia, Shock
Refractory hypoglycemia (GIR of 18)
Dysmorphism

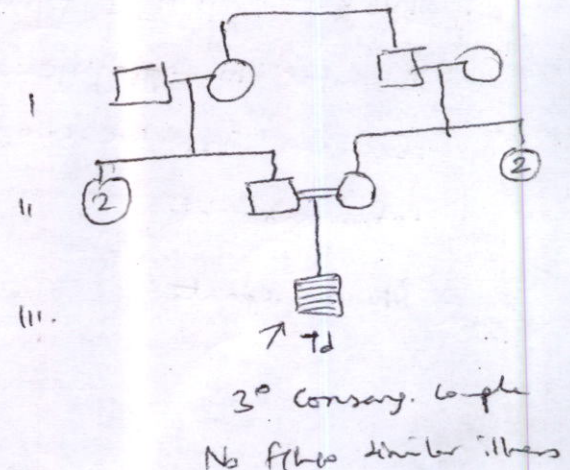
Planned for PRBC Tx today

Pre-Tx samples (P)

AN : keto Hypoglycemia - controlled
USGs were to be (N)
(ETCF on low II)

33w (LHV) / PTVDP 3kg / M / CHB

Shock, hypoglycemia from 12 hrs of life



Consultant :

Name : Dr. Rohit Signature : [Signature] Date & Time : 6/7/26

O/E:

Temporal hollowing

Sparse eyebrows

b/l microtia (dysplasia), low set ears

Micrognathia

No murmurs / HSM / focal deficits

Lungs (N)

USG W/A + KUB: (N) [increased (N)]

Critical sample → Insulin PP

NSG: (N)

2D Echo: (N)

Adv: Hyperinsulinemic

- WES → trio if possible
- Monitor for hypoglycemia
- Continue supportive care
- Peds Endo r/l
- Rv c reports

Rev



CROSS CONSULTATION FORM

Doctor Name : DR. Donaki Date : 6/7/26 Time : 9am

Diagnosis :

Hospital : Rainbow Children's Hospital
Banara Hills

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 5/ 2.5kg / hypoglycemia

Hypotension last night

CRP - 6

TLC - 4900

BCMO

Stenotically @ heart

PFO, L→R

Mild TR / No MR

No LUOTO / RUOTO / AR

① aortic No COA / NO PDA

GBVF

Regressing neonatal PAN

IVC collapsible

On room air

SpO₂ 94%

HR - 121/min

BP - 58/26/37

On Ate infusion

Adv

• Review 80s

• Can come down on Ate

Donaki

(Dr. Donaki)

Consultant :

Name : DR. Donaki Signature : Date & Time : 06/07/2026



CROSS CONSULTATION FORM

Doctor Name : DR. Leena Priyambada Date : 06/07/26 Time : 1 PM

Diagnosis :

Hospital : Rainbow Children's Hospital
Barbaria Hills

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 :

Hydrocort x 1 day. GLBS - 122.121

- Dysmorphic
- $33^{+5}/2.3$ kg

① Hypoglycemia - GIR - 18, Ins - 12, Cortisol - 12.

Plan : . stop Hydrocortisone.

. Taper GIR.

. If BG < 70 - start Dextrose 3mg/kg/day
TID orally.

②. TFT - $0.6/8$, $fT_4 - 0.134$

Repeat TFT, free T_4 after 1 week.

Leena Priyambada

6/7/26
1 PM

Consultant :

Name : DR. Leena Priyambada Signature : Date & Time : 6/7/26 1 PM

BAH-00660761 IP5-00175980
Baby Of DESHAGOUNI JHANSI
30-06-2026 0 Y 0 M 5 D (M)
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

CROSS CONSULTATION FORM

Doctor Name : Dr. Sushma Reddy Date : 6/7/26 Time : 1hr

Diagnosis : Microcephaly / Refractive hypothyroidism

Hospital : Rainbow childrens Hospital
Bandra Hill

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

[Signature]
Signature:

Findings and Recommendations :

Thanks for referral

V_A Dazzle reflex

(N) fundus

MA
SOS

(O/E)

Alisum

From - um

From - um

From - um

Consultant :

Name : Sushma Reddy Signature : [Signature] Date & Time : 6/7/26 1hr

BAH-00660761 IP5-00175980
Baby Of DESHAGOUNI JHANSI
30-06-2026 0 Y 0 M 5 D (M)
Dr. VIJAYANAND JAMALPURI



CONSENT FOR TRANSFUSION

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Blo. Jhanvi Age: 5 day Gender: Male ☒ Female ☐

UHID.No: 660761 Date: 6/7/26

Type of Blood Product:

☐ Fresh Frozen Plasma	☐ Packed Red Blood Cells	☐ Random Donor Platelets
☐ Cryoprecipitate	☐ Single Donor Platelet	☐ Whole Blood
☐ Albumin	☐ Red Blood Cell	☐ Others

I, Jaavan Kumar 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: Jaavan

Name: Jaavan

Date & Time: 6/7/26 6 am

Doctor (Who is talking the consent)

Signature: Dr. Aneef

Name: Dr. Aneef

Date & Time: 6/7/26 6 am

Witness

Signature: Megha

Name: Megha

Date & Time: 6/7/26 @ 12:00 am

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
ఉన్నప్పుడు పూర్తి చికిత్సలో భాగం
ధాత రక్తాన్ని హెచ్ ఐ వి యాం
లక్షణాలు లేవని పరీక్షించి బడిన
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదు
ప్రతిచర్యలు సోకే ప్రమాదం వుందని
చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురి

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రచ
వివరించబడ్డాయి. చికిత్స చేస్తున్న సమ
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్
నాకు పూర్తిగా అర్థమగు భాషలో నాకు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1
Qty. 60 ml. Prepared from Whole human blood collected in 60 ml. of C.P.F.
SAGM Solution.

A
Rh Positive

HIV 1 & II / +BsAG/ HCV - Non
reactive
VDRL - Non re-
active
MP - Negative
NAT(HIV 1 & II) / +BsAG/ HCV
reactive

Unit No.: BAH26-01593
Blood Group: A Rh Positive
Collection Date: 04/11/2026
Expiry Date: 12/11/2026

1) Administer Without Warming. 2) Shake Gr
Add Any Medication. 4) Check Blood Gr
Group and Name Before Administration.
With Filter. 6) Do Not Dispense Without
There is Any Visible Evidence. 8.) Store నాకు / నాకు No
Appropriate
Antibodies i

Issue Label
Patient : Baby Of DEEPTA JHANSI.
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, Dr. VIJAYANAND J
UHID No.: BAH-00660761 Wd-Bed No.:
Product : LR-PRBC Pedia-1
Blood Group : A Rh Positive
Unit No.: BAH26-01593
X-Matching Report: Compatible
X-matched by: B. Abhishek
Rainbow Hospital Blood
D.No.8-2-120/103/1,2,3,4 & 5
No.2, Banjara Hills
Lic No. 46

rad-sure™
Irradiation Indicator
25 Gy INDICATOR
LOT 040312CX25
DATE 6/1/26
OPERATOR

IRRADIATED
2026-02-11

ప్రతి ఆసుపత్రిలో అడ్మిట్ అయి
అంగీకారం తెలుపుతున్నాను.

మలేరియా మరియు సిఫిస్
రీక్షలో కనబడని అనేక
ల్యాబ్ టెస్ట్లకు సంబంధించిన
ప్రతిఫలం అని నేను అర్థం

పై డాక్టర్ ద్వారా నాకు
కుటుంబ ప్యాక్ చేయబడిన
రక్తం తెలుపుతున్నాను.

పేరు

తేదీ మరియు సమయము

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

BAH-00660761 IP5-00175980
Baby Of DESHAGOUNI JHANSI
30-06-2026 0 Y 0 M 5 D (M)
Dr. VIJAYANAND JAMALPURI



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

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Your Right to a Safe Delivery

Name: B/o Jhansi Age: D5 Gender: Male ☒ Female ☐
UHID.No : _____ Date: 5/07/26

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

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

Team / Neonatal Jaundice.

The doctors have clearly explained to me that my patient B/o _____ 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 _____
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 : Jeevan Kumar

Name : Jeevan Kumar

Relationship with Patient: Father

Date & Time : 5/7/26

Doctor (who is taking the consent) :

Signature : _____

Name : _____

Date & Time : _____

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 5/7/26

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) సమ్మతి పత్రం

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రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హెచ్.బి.డి చి బి

నేను నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో, ఈ క్రింద

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్ఫీల్డ్ బిల్డ్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేటి

తెలిసిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలుకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రిల్ లైన్ చ్చెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంచర్జన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి / బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషెంట్ ను తగిన విధంగా చికిత్స చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ను ఇన్టీన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండ్ నెంట్)

పాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-00660761 IP5-00175980
Baby Of DESHAGOUNI JHANSI
30-06-2026 0 Y 0 M 5 D (M)
Dr. VIJAYANAND JAMALPURI



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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Jhansi Gender: ☒ Male ☐ Female

UHID No : Department : Date :

I S/D/W/O

Here by give consent for procedure of : PICC LINE.

For my patient, Named :

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

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 : [Signature]

Name : Jeevan Kamest

Relationship with Patient: Father

Date & Time : 5/07/26

Witness :

Signature : [Signature]

Name : Supritha

Date & Time : 5/07/26

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

.....

.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Jhansi Age : 24 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 : Bo Jhansi Mother's Blood Group : A+M
Gender : ☒ M ☐ F Blood Group : A+ve Birth Weight (gms) : 2.3 Length (cms) :
Date of Birth : 30/6/26 Time of Birth : 10:02AM OFC (cms) :
Place of Birth : Chandana Hosp, Estimated Gesth Age : 33+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 24 Ht : Wt : BMI : Married Life : 2yr LMP : 2/11/25 EDD : 10/8/26
Conception : Spontaneous or with Rx : ?OI
Booked at what GA : NA AN Steroids Drugs / Doses :
Last Scans Details : NA, verbally reported to be (N)

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs Under-nice

Consanguinity : ☒ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long :

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

IUGR - when detected :

Doppler (Increased Resistance / ADEF / REDF /

Redistribution in MCA) / Ductus Venosus :

AFI :

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

Controlled / not, recent values, HbA1 values :

Compliance with Rx :

Scans : LGA, TIFFA , Fetal Echo :

H/o Hypothyroidism ? when diagnosed ? Medication?

120mcg

Any other Chronic Medical Problems, when detected drugs ?

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

Infection : H/O, Fever

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

UTI : when : Any culture :

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

Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G : P : A : L :

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : Chandana Hosp ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication :

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted VaginalCTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitation : ☐ Yes ☐ NoCord 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
NA	NA	

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Infant < 0.5ml given IM



Any Congenital Anomalies :

Diagnosis : late preterm / male / SVD - primi mother - maternal
hypotension / ? sepsis ? IEM / persistent hypoglycemia

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature :

Name :

Date & Time :

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. 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 : *Low birth weight, prematurity, mild hypoxemia, mild acidosis, mild respiratory distress*

Neonatal condition at the time of Transfer: *Stable*

Vital : HR : RR : BP : SP02 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- Plan*
- ① send ~~check~~ bloods *NP2, 5 gas & KPS.*
 - ② monitor KPS q0h
 - ③ cont TV = 150 ml/kg/day *req. 12: 5% D.*
 - ④ start *ly* morphine
 - ⑤ Arrange for PICC line
 - ⑥ SOS LRBC transfusion
 - ⑦ *RD* feeds after gas

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given) : *[Signature]* Doctor Signature (Handover Taken):

Doctor Name: *Dr. Adhwanthya* Doctor Name:

Date & Time: *5/7/26* Date & Time:



HEAD TO TOE EXAMINATION

HEAD :

Fontanelles :

Sutures

Shape / Moulding :

Edema / Bruising :

Size - (H.C.) :

microcephally

HC = 30.5 cm.

FACIES :

(Any Facial
Dysmorphism)

small face -
curled lower lip

NECK and CLAVICLES :

Range of Motion :

Asymmetry :

Masses :

②

EYES :

Symmetry :

Red Reflex :

Discharge :

②

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

microbia.

Waddling gait

THORAX and BREASTS :

Shape of Thorax :

Position of Nipples and Number :

②

ABDOMEN and UMBILICUS :

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump :

Discharge :

dry

GENITALIA :

Labia / Hymen :

Testicles/penis :

Anus :

B/L discharge

HERNIAL ORIFICES

TRUNK and SPINE :

②

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :

Deformities :

Hip Joint Examination :

Arms / Legs :

Mobility :



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 30-50 SCR / ICR / See - Saw breathing :

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

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

Settings : room air

SpO₂ : 92% Auscultation: clear Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 110 BP :

Femoral Pulses : (+)

Other Peripheral Pulses :

Precordial Activity :

Murmurs : (+)

Signs of Cardiac Failure :

ABDOMEN:

Shape : (+)

Palpation : (+)

Palpable masses : liver palpable 3cm below REM

Abdominal girth :

Hernia orifice :

Anal Patency : (+)

Umbilical Cord : 2

First urine passed :

Meconium passed : ✓

EARS, NOSE,
MOUTH and
THROAT :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : irritable, responds to pain

Prechtle Score : pupils BOKI

Nerves : A# oxa 2 level 2 pulsatile

MOTOR SYSTEM:

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :



History of Present Illness:

said to have cried after stimulation
 ↓
 shifted to stork kids into seep distress
 on low flow for 15 mins

↓
 at 12H02 - developed mottled skin, poor perfusion,
 - 3 IV bolus given & started on
 my dobutamine (10mcg/kg/min)
 - 2V Abx - Piptaz + amikacin
 - RBS - 21 → 3x10:1:0 bolus

↓
 on 00L2 - had 2 fever spikes → Abx upgraded to
 meropenem + fluconazole

↓
 at 68H02 - repeat ep of hypoglycemia - received
 10% dextrose bolus & UK increased
 + hydrocort 1 dose

↓
 on 00L4 - Noad added d/t poor perfusion
 - multiple ep of hypoglycemia
 difficult venous access
 - vano added

Investigation details in previous Hospital :

referred to RCH.

Feeds - started 2ml Q2H feeds → 5ml Q2H EBM

sepsis - Piptaz + Amikacin → merop + flucon + amikacin
 + vano

Feeding History :- bloods sent, 2 ep of apnoea

- CRP - 1.3

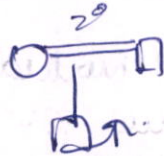
- Hb - 10

Jaundice - started SSPT → DSPT

SBR - 10 → 11
 00L2 00L3

Past History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4 HR : 110 RR : 30 NIBP : — CFT : < 3 sec

Color of the extremities : 1

Jaundice : ⊕ Pallor : ⊕ SpO2 : 99.7

ANTHROPOMETRY: Birth Weight : 2.3 Length : HC : Present Weight : 9.5

Ponderal Index : AGA : SGA : LGA :



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8	10	12	2	4	6	8	10	12	2	4	6	
Doctor/Nurse/Family Concern?														
Temperature (°F)	104													
	103													
	102													
	101													
	100													
	99													
	98													
	97													
	96													
	95													
	94													
	Heart Rate (bpm)	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)														
Resp. Rate (bpm) (Over 1 Minute) *														
Resp Rate (Number)														
Resp Mod/ Severe Distress None / Mild														
Receiving O ₂ (l/min) O ₂ Saturations (%)														
Conscious Level Normal Altered														
GCS *														
TOTAL SCORE														
Number of shaded boxes														
Pain Score														
Observer's Initials														
ACTIONS														
NB: Scores 3 should be recorded overleaf														

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)

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8:100 12:1222pm	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM AM PM PM	PM	PM	PM					
Temperature (°F)	36.6°C	36.6°C	36.5°C	36.5°C	36.4°C	36.5°C	36.4°C	36.5°C	36.5°C
Heart Rate (bpm)	148	145	146	145	138	136	139	139	132
Blood Pressure (mmHg) *	96/58	99/58	95/45	96/38	96/24	97/32	97/27	98/66	98/26
Resp. Rate (bpm) (Over 1 Minute) *	35	34	34	33	34	37	60	54	36
Heart Rate (Number)	148	145	146	145	138	136	139	139	132
Resp. Rate (Number)	35	34	34	33	34	37	60	54	36
Resp Distress	None	None	None	None	None	None	None	None	None
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0	0
O ₂ Saturations (%)	96%	99%	95%	96%	96%	97%	97%	98%	98%
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE	1	1	1	1	1	1	1	1	1
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	S	S	S	S	S	S	S	S	S
ACTIONS	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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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.
- 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

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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)



17/7/26

FLUID CHART

Sheet No. : (3)

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route	NG	Diarrhoea	Vomit	Drainage	Urine			
		15.1-Dextrose	1.2	(M)G							
		Mouth	I.V								
	08:00 am		13.0ml	0.2ml							
	09:00 am	EBM	13.0ml	0.2		passed			11ml		
	10:00 am		14.5ml	0.2							
	11:00 am	EBM	18.7ml	0.2					10ml		Shul
	12:00 pm		18.7ml	0.2							
	01:00 pm	NPO	18.7ml	0.2		passed			11ml		
Total Intake :			96.6ml	1.2					Total Output :	32ml	
	02:00 pm		16.6ml	0.2							
	03:00 pm	EBM	16.6ml	0.2					10ml		
	04:00 pm		16.6ml	0.2							
	05:00 pm	EBM	16.6ml	0.2		passed			8ml		
	06:00 pm		16.6ml	0.2							
	07:00 pm	EBM	16.6ml	0.2					10ml		
Total Intake :			99.6ml	1.2ml					Total Output :	28ml	
	08:00 pm		16.6ml	0.2ml							
	09:00 pm	EBM	16.6ml	0.2ml					8ml		
	10:00 pm		16.6ml	0.2ml							
	11:00 pm	EBM	15.1ml	0.2ml		passed			9ml		Pay
	12:00 am		15.1ml	0.2ml							
	01:00 am	EBM	15.1ml	0.2ml		passed			6ml		
Total Intake :			95.1ml	1.2ml					Total Output :	23ml	
	02:00 am		15.1ml	0.2ml							
	03:00 am	EBM	15.1ml	0.2ml					7ml		
	04:00 am		15.1ml	0.2ml							
	05:00 am	EBM	15.1ml	0.2ml		passed			10ml		Pay
	06:00 am		15.1ml	0.2ml							
	07:00 am	EBM	13.6ml	0.2ml					8ml		
Total Intake :			89.1ml	4.8ml					Total Output :	10.8ml	
Total 24 hrs. Intake		180 ccl/kg/day									
Total 24 hrs. Output		1.8 ccl/kg/day									



1/1/26.

FLUID CHART

Sheet No. : 21

TV: 180 cc/kg/day
B.Wt: 2.5 kg
TF: 4ml.

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

Date	Time	Nature of Fluid	Intake			Output				IV Site Thrombo-phlebitis Score	Sign. Nurse
			1st D Mouth	Route Hep N/S I.V	NG Antacid vein	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am		13.6	0.2						1	
	09:00 am	EBM	13.6ml	0.2	10ml	-			11ml	1	
	10:00 am		13.6ml	0.2						0	
	11:00 am	EBM	13.6ml	0.2	10ml	-			12ml	1	8
	12:00 pm		13.6ml	0.2						1	
	01:00 pm	EBM	13.6ml	0.2	10ml	passed			11ml	1	
Total Intake :			1.2m	30ml		Total Output :			34ml		
	02:00 pm		12.5ml	0.2	1ml					1	
	03:00 pm	EBM	12.5ml	0.2	10ml	passed			12ml	1	
	04:00 pm		12.5ml	0.2	1ml					0	
	05:00 pm	EBM	12.5ml	0.2	10ml	-			11ml	1	8
	06:00 pm		12.5ml	0.2	1ml					1	
	07:00 pm	EBM	12.5ml	0.2	10ml	-			10ml	1	
Total Intake :			1.2m	30ml	6ml	Total Output :			33ml		
	08:00 pm		12.5ml	0.2ml	1ml					1	
	09:00 pm	EBM	14.5ml	0.2ml	10ml	passed			8ml	1	
	10:00 pm		14.5ml	0.2	1ml						
	11:00 pm	EBM	14.5ml	0.2	7ml	-			9ml	1	8
	12:00 am		14.5	0.2	1ml						
	01:00 am	EBM	14.5	0.2	7ml	passed			11ml	1	
Total Intake :			1.2m	24ml	6ml	Total Output :			28ml		
	02:00 am		14.5ml	0.2	1ml					1	
	03:00 am	EBM	14.5ml	0.2	7ml	-			10ml	1	
	04:00 am	Stopped	6.2		1ml	passed					8
	05:00 am	10% ISO	12.3ml	0.2	1ml				8ml	0	
	06:00 am		12.3ml	0.2	1ml	-					
	07:00 am	EBM	12.3ml	0.2	1ml				9ml	2	
Total Intake :			1.2m		6ml	Total Output :			22ml		
Total 24 hrs. Intake			180 cc/kg/day								
Total 24 hrs. Output			2.0 cc/kg/day								

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND		DOA : 30/6/26		Diagnosis : Hypoglycemia / PCOM		Surgery / Procedures : -	
		Allergies : -		Post OP Day : -			
SITUATION & BACKGROUND	Date :	15/7/26	15/7/26	16/7/26	17/7/26	17/7/26	17/7/26
	Area	N-3	N-3	N-3	N-3	N-3	N-3
	Shift Time	8PM-8AM	8PM-8AM	8PM-8AM	8PM-2PM	8PM-8AM	8PM-8AM
	Diet :	EBM	EBM	EBM	EBM	EBM	EBM
Ventilation (RA, NP, NIV, VENTI)		RIA	RIA	RIA	RIA	RIA	RIA
INVASIVE LINES	1.	Picc-line	Picc-line	Picc-line	Picc-line	Picc-line	Picc-line
	2.	①	OG-①	OG-①	OG-①	OG-①	OG-①
	3.	OG-①	IV-①	IV-①	IV-①	IV-①	IV-①
	4.						
ASSESSMENT	Infusions / Transfusions		15% Dex	15% Dex	15% Dex	15% Dex	15% Dex
			Hep-NS	Hep-NS	Hep-NS	Hep-NS	Hep-NS
	PU Prophylaxis		NA	NA	NA	NA	NA
	DVT Prophylaxis		NA	NA	NA	NA	NA
	Vitals	BP	68/41(88)	68/34(14)	68/34(14)	87/56(67)	61/45(55)
		PR	142bpm	143bpm	144bpm	142bpm	140bpm
		RR	43bpm	44bpm	45bpm	42bpm	36bpm
		SpO ₂	92%	92%	100%	100%	94%
		Temp	36.5°C	36.4°C	36.4°C	36.5°C	36.5°C
	Pain Score		+3/10	+3/10	+3/10	+3/10	+3/10
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact	Intact	Intact	Intact
Restraints If any	Physical	NA	NA	NA	NA	NA	
	Chemical	NA	NA	NA	NA	NA	
Fall Risk (Vulnerable (Y/N) if yes score)		Yes	Yes	Yes	Yes	Yes	
(Ambulation, walking, moving with assistance, bed ridden)		moving	moving	moving	moving	moving	
ADL (Dependent / Non-Dependent)		dependent	dependent	dependent	dependent	dependent	
Critical Lab Test / Values (if any)		NA	NA	NA	NA	NA	

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	15/7/26	15/7/26	16/7/26	17/7/26	17/7/26	17/7/26
		Area Shift Time	N-3 8AM-8PM	N-3 8AM-8PM	N-3 8AM-8PM	N-3 8AM-2PM	N-3 8PM-8AM	N-3 8PM-8AM
	Ordered / Planned		RBS- 6th hour	RBS- 6th hour	RBS 6th hour	RBS 6th hour	RBS 6th hour	RBS 6th hour
	Due		NA	NA	NA	NA	NA	NA
	Reports Pending		NA	NA	NA	NA	NA	NA
	Referrals (If any)		NA	NA	NA	NA	NA	NA
	Remarks (Special Interventions like, Drainage Tube flushing etc.)		NA	NA	NA	NA	NA	NA
	Handed Over By Name :	Arjun	Srilatha	Jay	Srilatha	Song	Jeevan	
	Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
	Date :	16/7/26	16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	
	Time :	8AM	@8PM	8AM	@8PM	@8PM	@8PM	
	Taken Over By Name :	Srilatha	Jay	Srilatha	Song	Jeevan	Srilatha	
	Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
	Date :	16/7/26	16/7/26	17/7/26	17/7/26	17/7/26	18/7/26	
	Time :	@8AM	@8PM	@8AM	@8PM	@8PM	@8AM	

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 18/7/26 @ 8pm

Assessment: Baby is on R/A Hypoglycemia

Goals

- ☐ Maintain Airway and Oxygenation
- ☒ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☒ Relieve Pain & Discomfort
- ☒ Prevent Infection
- ☐ Any Others. Specify.....
- ☒ Maintain Fluid Balance
- ☒ Meet Elimination Needs
- ☒ Improve Activity Tolerance
- ☒ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☒ Early Ambulation Reduce Anxiety
- ☒ Maintain Skin Integrity
- ☒ Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the baby general condition	8pm	Assessed the baby general condition.	Baby is stable on R/A.
10pm	monitored vitals & maintain D/D chart	10pm	monitored vitals & maintain D/D chart	
12AM	Give 2nd hourly feed	12AM	Given 2nd hourly feed	
2AM	provide comfortable position	2AM	provided comfortable position.	
4AM	Administer medications	4AM	Administered medications	
6AM	As per Dr. order.	6AM	As per Dr. order. Ensure safety.	

Re-Assessment: Done.

Special Notes: RBS - 6th Hourly.

Nurse Signature: [Signature]

Nurse Name: Jeevanmani

Date & Time: 19/7/26 @ 8AM



NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 19/7/26 @ 8 AM - 2 PM

Assessment: Baby is on R/L

Goals

- | | | | | | |
|---|---|--|---|--|---|
| ☐ Maintain Airway and Oxygenation | ☐ Relieve Pain & Discomfort | ☒ Maintain Fluid Balance | ☐ Improve Activity Tolerance | ☒ Maintain Good Nutritional Status | ☐ Maintain Skin Integrity |
| ☒ Maintain Personal Hygiene | ☒ Prevent Infection | ☐ Meet Elimination Needs | ☒ Ensure Safety | ☐ Early Ambulation Reduce Anxiety | ☐ Patient & Family Education |
| ☐ Identify Potential Complications | ☐ Any Others. Specify..... | | | | |

Time	Plan of Care	Time	Implementation	Evaluation
8:00 AM	⇒ Assess the General Condition of the baby	8:15 AM	⇒ Assessed the General Condition of the baby	⇒ now Baby is stable
9:00 AM	⇒ monitor the vital signs	9:30 AM	⇒ monitored the vital signs	
10:00 AM	⇒ maintain I/O chart	10:15 AM	⇒ maintained I/O chart	
11:00 AM	⇒ Given feed 2nd hourly	11:30 AM	⇒ Given feed 2nd hourly	
12:00 PM	⇒ Administer the medications as per doctor Advice	12:15 PM	⇒ Administered the medications as per doctor Advice	
1:00 PM	⇒ ensure safety	1:30 PM	⇒ ensured safety	

Re-Assessment:

Special Notes:

Assess - 6th hourly

Nurse Signature:

[Signature]

Nurse Name:

[Signature]

Date & Time:

19/7/26 @ 8 AM - 2 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 5am		Seen by Dr. Nitesh
	Late preterm DOL-5.	1) TV = 130ml/kg/day
	Refractory Hypoglycemia Suspec. Sepsis Syndromic Cause. Suspec. IEM.	15% Dextrose. (GIR = 13.5) @ 5am ↓
		2) RB 1 Bolus 10% Dextro Given.
	RB8 - 14 mg/dl	
	Skin mottling	3) Next GIRBS in 30 min if value < 60 mg/dl
	Normotensive.	4) GIR by 2 (Dextrose to 20%)
	multiple Extravasation (+)	
	facies - Small ear 2. microcephaly HC = 30.5 cm	5) Send - NP, Ammonia, Insulin, Cortisol, TFT. Urine Ketones
	Hepatomegaly (Hcm ↓ REM) Genitalia - B/L testis	6) If irritable - Start 5mls 3rd hly (donot include)
	Penile length (N)	7) Start meropenem if ↑ Infl. marker. ↓ Start Coligrin
		8) Trace SBR & decide on Phototherapy



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		MF MBP < 45mmHg
		Start adrenalin.
		Seen by Dr. Vijayanand
		1) Woff - apnea
		Brady
		desat.
		2) Trace Critical Sample reports
		3) Cardiovascular assess today
		4) Neurological assess today
		5) Q
		ASK DCT, Retic (in Same Sample.
		6) if any LRBC trans
		Keep Samples - Birech
		DBBB - in 8hrs
		Start TERT
		noted by
		Submitted 01/07/24



(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	<u>Morning Notes</u>	
11 PM	self ventilating on RA ↓ TPT (SBR - 17.2) dextrose. 12-17. 100 100% O ₂ on going RBS - 14 - 1.61.	Plan. ① TV = 130ml/kg/day 157 - dextrose. (CIRK - 13.5)
	tolerating 5ml Q2H feeds PA - soft, non distended. no vomiting.	② If CRBS falls further, ↑ CIRK by 2.
	neuropleum D ₁ ,	③ Trace critical sample, 1
	Bill unit D ₁ .	④ Trace blood L/S ⑤ 100 cardiovascular assessment today
		⑥ d 12 - DCT - retic - SBR
		⑦ wlt desat / brady / apnea.
		⑧ (RW) CRBC
		⑨ (RW) RBS Q2H.
		⑩ (RW) T feed
	<i>[Signature]</i>	<i>[Signature]</i>
		Noted by Methu 5/7/26 @ 11.2



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7	Apnoeic spells	
6 PM	Wt 3.3 kg → 2.3 kg respiratory hypoglycaemia NNT syndrome / sup. sepsis / sup. sepsis Aneurysm	
	V → baby on room air maintaining saturation	Plan
	C - HR - 135 bpm pulse	→ IV - 130 ml/kg/day 14.5% DEXTROSE feed - 5 ml & hourly
	BP - 49/41 (44) UP -	→ check ABG - @ 5 PM → neurological assessment cardiovascular assessment (to do follow up)
	on act - 0.2 mcg/kg P/A - NO obstructions dissection C → 2 mm	same feed T4 sample
	SBP - 17.2 → 14.5, 12	→ PRS - 6 hourly (target PRS - 60-150 mmHg)
	ATV ATV ACT - neg	→ true DCT - report urine ketone report
	GPBS - 51 → 122 GIP - 15.7	→ continue + TST LPT SBP - 110 if CPSC transition keep samples for gen



30 ansay unites



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Date & Time	Progress Notes	Doctor's Order																				
5/12/2024	BP curve chart <table border="1"> <thead> <tr> <th></th><th>5m</th><th>25m</th><th>50m</th><th>95m</th></tr> </thead> <tbody> <tr> <td>SBP</td><td>51</td><td>59</td><td>66</td><td>83</td></tr> <tr> <td>DBP</td><td>25</td><td>32</td><td>39</td><td>56</td></tr> <tr> <td>MBP</td><td>39</td><td>41</td><td>48</td><td>65</td></tr> </tbody> </table>		5m	25m	50m	95m	SBP	51	59	66	83	DBP	25	32	39	56	MBP	39	41	48	65	maintain level in verification chart target MBP 40 ± 2 $P_2 < 35$ ↑ adenal Transfer Noted by medic.
	5m	25m	50m	95m																		
SBP	51	59	66	83																		
DBP	25	32	39	56																		
MBP	39	41	48	65																		



6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/20 10:15 PM	<u>Night Rounds.</u> Baby stable on room air TPPT going on No bradycardia / desaturations On 20% Dextrose EHR - 18 GRBS 51-122-121 HR - 120/min RR - 30/min SpO ₂ - 98% BP - 53/30 (38) 0-0-2.1 cc/kg/hr Hydromorphone started 0.1mg	<u>Plan</u> 1) IV - 130 cc/kg/day 20% Dextrose feeds - 5ml 2hrly 2) Neurological assessment Cardiovascular assessment 3) GRBS 6hrly (Project) Target - 60-150 mg/dl 4) Tissue culture / sample Refract count report 5) Continue TPPT → ^{Send} SBR Thru 6) Save samples for genetics if giving CRBC transfusion 7) BP monitoring → Target MBP 41-45 SOS Adrenaline if < 35
	<i>Labatory submittal 5/7/20</i>	<i>Shubh</i>



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

Day in NICU: Day of Life: 7 PMA:
 Term ☐ Preterm ☐ Gestation: 33+5 wks Corrected Gestational Age: 34+4 Today's Weight: 2.576

Problems	
S.No.	Current
1.	Moderate Patent / AGA
2.	Refractory hypoglycemia
3.	H/W
4.	Suspected sepsis
5.	Suspected IEM (? Syndrome)
6.	Anemia / shock

Overview	Past Problems

Clinical Assessment
Baby stable on Room air. No bradycardia on desaturation Issues → Hypoglycemia = 15.1.D → 17.5.1.D → 20.1.D @ 130 cal/day Hypotension → started Jaundice Adrenaline @ 0.2ml/hr Cl. 5mg/kg ↳ ON TSPT

Medications Used
SBR: 17.2 > 14.5 > 12.3 Inj. Meropenem Inj. Hydrocortisone 1mg/kg q6hly Blood clts - no growth after 24 hours. (G-IR = 18)

Plan of Care:

- 1) TV - 130 cal/kg/day 20.1.D + feeds smf 2hly (extns)
- 2) Neurological & cardiovascular assessment today
- 3) GRBS q6hly (projected)
- 4) Trace critical sample, Retic Count, Urine to toxic, DCI
- 5) Change TSPT to DSPT.
- 6) Save sample for genetics if giving LRBC transfusion - Hb - 7.2 - R/LV transfusion

Doctor's Name (Hand over given): Dr. Neetha

Signature: [Signature]

Date & Time: 6/7/26

Doctor's Name (Hand over taken): Dr. Anub

Signature: [Signature]

Date & Time: 6/7/26

Patient Sticker

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26		Seen by Dr. Vijayanand
10:00 AM		Plan:
		- RBC transfusion today.
		- w/f apnoea, Brady, Desaturation
		- NSG today, Abdominal assessment.
		- Preserve sample for genetic testing.
		- collect
		- send NBS sample, R/V about Minor-incompatibility
	Insulin - 12.20 IU/ml Cortisol - 15.00 µg/dl	- Continue DSPT
		- Endocrine review today
		- Genetic Consultation today
		- Ophthalmic Examination today

Date & Time	Progress Notes	Doctor's Order
6/9/26	Afternoon rounds	
2:00 PM		
	on room air,	Plans
	on DSP T;	Continue DSP T
	echo - (N)	Tr - 130 ml H ₂ O/day
	NSG	17.5% Tr p Dextrose
	USG abdomen (N)	(GIR-16)
	findings - (N)	↳ check RBS after 2 hours
	DCT - ③ve	- K ₂ POC transfusion today.
	Rebic count - 2.7	
	peripheral	- NPO
	smear - Schistocytes (S) (Significant)	- R/W to send minor - Blood group incompatibility
	Last RBS - 174 mg/dL;	
	Endocrine - to ↓ GIR, Stop hydrocort	- Genetic consultation today.
	Genetic sample	
	NBS collected.	- R/W CBP } SBR } TLM. Acet

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 2:00pm	Hemolytic anaemia	Seen by Dr. Vijayanand Plans - Hematology screen today
6/7/26 6:00pm	RBS - 50mg/dl	Plans - Change feed to 20% Dextrose TV - 130ml/kg/day ↓ Check RBS after 1 hour & return
7/7/26 1:00AM	RBS - 173mg/dl	Plans - Change feed to 17.5% Dextrose and check RBS after 1 hour & return

Noted
 By Hayera
 7/7/26
 @ 1am



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

Day in NICU: Day of Life: 8 PMA:
Term ☐ Preterm ☒ Gestation: 33+5 Corrected Gestational Age: 34+5 Today's Weight: 2.500 (↓ 76 gm)

Problems	
S.No.	Current
1.	Moderate preterm / AGA
2.	Refractory hypoglycemia
3.	WJ, hyperinsulinemia
4.	Shock
5.	Anemia, Non-immune hemolytic anemia
6.	? syndromic facies

Clinical Assessment	
on room air, Spo₂ - 96%. PR - 105/min RR - 36/min.	Issues:- Bradycardial Deep sleep last SBR in blood gas - 11.6 u/L

Medications	
Trj meropenem (D3)	last RBS - 46 ug/L (8:30 AM) ↓ given D10 2ml/kg - On Adrenaline infusion. PICC - day 2

Plan of Care:	
- TV - 130ml/kg/day → 20% dextrose - Feed 5ml 2nd hly - R/V to add Diazoxide - R/V to send WES. - send NBS,	- urine output - 1.9 ml/kg - stools - passed; - blood c/s - No growth - Trace blood c/s - Target - MBP - 39 to 45

Doctor's Name (Hand over given): Dr. Anubh

Signature: [Signature]

Date & Time: 7/7/26

Doctor's Name (Hand over taken): Dr. Anubh

Signature: [Signature]

Date & Time: 7/7/26

Patient Sticker

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems	
	S.No.	Past Problems
Overview	Current	
	1.	
	2.	
	3.	
	4.	
	5.	
Clinical Assessment	6.	
Medications Used		
Plan of Care:		

Doctor's Name (Hand over given):

Signature:

Date & Time:

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26		seen by Dr. Vijayanand
		<u>plac</u>
	- Hypernatremic	- w/f apnoea, ✓ Brady, Desaturation,
		- wear & stop Adrenaline.
0/6/		✓ RBS 6th hourly
	CRT < 2 sec	- Start Diazoxide,
	pulse volume - good,	- ↑ TV to 150ml/kg/day
	No tachycardia	↓ Feed 5ml 2nd hourly, [↑ 3ml feed 6th hourly] Is if RBS > 70mg/dl & ↓ fluids 1.5 ml/hr.
		✓ Ask CRP in same sample
		✓ Trace blood clt & Trace peripheral smear,
		✓ RTV Genetic testing
		✓ Add Chlorothiazide;
		✓ Trace NBS
		✓ Hematology done



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2:30pm	<u>Afternoon Rounds</u>	
	Baby hemodynamically stable on air.	Plan
	No bradycardia / desaturation Tolerating feeds 8ml/hly Last GRBS → 69 mg/dl (2pm)	1) TV - 150 ccf/kg/day feeds 8ml 2hly → ↑ 3ml feeds 6hly
	Luven - Diazoxide - one dose ofc - HR - 104/min RR - 30/min SpO ₂ - 98.1 BP - 52/37 (42)	2) GRBS 6hly → If GRBS > 70 mg/dl ↓ fluids by 1.5ml/hr (when feeds ↑ 3ml/h)
	F.CRP - 5 Blood c/s - 48hr no growth U.O - 1.6 ccf/kg/hr	3) Continue Diazoxide & Thiazide
		4) Continue fasting today
		5) Trace NBS
		6) w/f Apnea / bradycardia / desaturation

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/26		Seen by Dr Vijayanand
8:20 AM		
		→ w/f healthy, alert
		→ wear adhesive as tolerated
		→ Cardio was okay assessed
		→ IV - 150cc/kg/day 13ml/kg
		→ IV fluid according to
		→ Haematology review
		→ WBS trace
		→ Jaundice assessment RFT phototherapy → trace ABG.
		→ ECG to be done
		→ Drug chart

N. PH
 Sonar

BAH-00660761 IP5-00175980
 Baby Of DESHAGOUNI JHANSI
 30-06-2026 0 Y 0 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/20 12pm	TCBR - 18.2 GRBS - 138 mg/dl	Plan 1) Start BISPT after sedation bikuben (CBR)
		2) ↓ 20% D by 1.5 ml/kg/hr ↑ feed by 3ml (4ml/2hr) Next GRBS after Gm.
8/8 1:45 PM	CLB 105. Nitesh GRBS 22.6 1.3 21.3 on room air. Icteric. Last RBS at 12pm 134 mg/dl. Exchange out off 18.1 AT AT W/O 2.5ml/kg/hr two Balance by 5ml. BWID 1/9	Plan 1. Start intensive phototherapy 2. Repeat CBR at 7pm. CBP. 3. Target CBR < 19. 4. Hematology review today. 5. ECG to be done. 6. TV: 150ml/kg/day. 7. GRBS at 7pm with steroids
		7ml/kg 20% D 70ml/kg Feed 5ml neofed by Soner



PROGRESS NOTES AND DOCTOR'S ORDER

96
4.4 + 4.8

Date & Time	Progress Notes	Doctor's Order
2/7/26 9:30 AM	<u>Night Rounds</u> Self ventilating on RA	seen by Dr Nilesh ① cont Intensive phototherapy
	SBR-22 → 19 in 6 hrs	② Repeat SBR 20 PM.
	BIND - 0-10 to 19.	③ if CRBS
	RBS-238 → feeds increased (GIR = 11.3 + 3.1 = 14.4)	③ if RBS > 70, ↑ feed by 3ml ↓ fluid rate by 1.5ml/hr.
	GIR - fluid - 67ml/kg/day 9.9 GIR	④ TV = 150ml/kg/day
	- feed - 80ml/kg/day 3.79	80ml/kg/day 17ml @ 2H (3.79)
	13.7	67ml/kg fluid 7.5ml/hr (9.9) 13.7 GIR
	HR - 140/min	⑤ Document BIND
	RR - 41/min	⑥ I/O @ 8H
	SpO ₂ - 92+	⑦ WBS total.
	BP - 59/33 (39)	⑧ 4m RT send
	on 0.1mcg/kg/min adrenaline.	urine incompatibility
	tolerating feeds	
	RA - soft.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2026 8 AM	10/ 33+5 → 25 Issues: Rising hypoglycemic NNT Intermittent bradycardia hypotension RSS-73 on GRR(11.8) SBR (6 AM) - 16.6	(1) IV - 150 ml/kg/day ↓ 88 ml/kg Reids 20 ml/kg fluids 57 ml/kg Reids 15% Dextrose GRR - 10. (2) continue SSPT till SBR < 12 change to SSPT later → If RSS < 60, 7 fluids target RSS 70-110 (3) RSS 6 hrly preferred (4) Report SBR @ 6 PM (5) Send Minor blood group matching @ NIMS 3 ml BSA / Reby (2M). Mother. N.B opa. 9/7/26 @ 8 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7 2:00 PM	cls/B RESIDENT. DH 33+5 → 35. Resolving hypoglycemia. Hyperbilirubinemia Anemia. Current: Hypotension/ Hyperbilirubinemia RBS @ 12pm: 140. on Room air. No Encephalopathic EEs. Tolerating Feeds. SRR: 7-9. blood clots leptothrix coagulans or possible colonization	Plan: 1. TV: 150ml/kg/day 38ml/kg/day. 112ml/kg/day 15 D: 4ml/hr 23ml/hr 2. continue DSPT till SRR < 12, then change to SSPT 3. IF RBS < 60 - 9 fluids target RBS to < 140 4. Send SRR at 6pm; GABs 5. trace minor blood group typing. @ Jhils NB 9/7/26 @ 5pm
9/7/26 6:00 PM	RBS - 164mg/dl	Plan: TV - 150ml/kg/day feed 26ml/2nd half fluids 2.5ml/hr.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/12/26		plans
12:00pm	SBR - 15.6 gms/dl	- continue ASPT.
	last lbs - 19 gms/dl	- send SBR Tm morning
	issue of	- next ASPT 5:00pm
	<u>hypotension</u>	and inform of < 70 gms/dl. Act
	Ive - collapsible	- Give vs bolus
		10ml/kg over 1 hour -
		creases. Act
		noted by Jyoti
		10/12/26
		@ 4:00pm

Date & Time:

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Doctor's Name (Hand over taken):

Signature:

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2 12:20 PM	10/2 RESIDENT RBS 47 mg/dl.	Plan 1. 10-12 2ml/kg - Bolus now. 2.
10/7	10/7 GIR - Feed - 6.5 ↑ Fluid - 1 T.5 RBS - 61/47 (52) on Adv 0.2 mg/kg/min.	Plan 4. 12 Dsp7. 2. SBR - 8pm today. 3. change SSPT if SBR is < 12. 4. trace minor blood group incompatibility 5. TV: 160ml/kg/day 140ml/kg/day 30ml/kg/day on feeds. 20ml/kg/day 15% D 6. Recheck RBS in 1 hour 6th hourly if RBS > 70 7. Start formula 8. Target MRR: 41 ± 5 NB Ania 10/7/26 @ 12:20 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 3:45 PM	delet <u>RECIDENT.</u>	Plan
	<u>ERS: 49 mg/dl.</u>	1. TV: 160ml/kg/day
	Previous GFR: 7.5.	120ml/kg/day
	Current GFR: 9.9,	24ml/2nd hourly feeds.
		40ml/kg/day
		4ml/hr
		15g-D.
		GFR: 5-8
		4-1
		⇒ 9.9.
		2. Give 10ml 10% D Adms now.
		3. check ERS next prefeed
		<u>Johns</u>
		N.B Anjali 10/7/26 @ 3:45 PM

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

Day in NICU: Day of Life: 12 PMA: 35 + 2
 Term ☐ Preterm ☐ Gestation: 33 + 5 Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.	Refractory hypoglycemia	
	2.	Shock + hypotension	Non-immune hemolysis
	3.	Hypersplenism	
	4.	Hypertension	
	5.	mod. PT / LBW / Suspected Sepsis	
	6.		
Clinical Assessment	Since yesterday 12pm baby had recurrent hypoglycemic episodes. Glc 7 → 9 → 11 → 13. Diazoxide: 1ed to 4.5mg/kg ↓ SSPT. Clotting of skin ⊕. AP: 8/10. Good perfusion. Pulses: good		
Medications Used	1. Hydrochlorothiazide 2. Diazoxide 3. P/V supplements		
Plan of Care:	1. To discontinue blood clots. 2. IV: 160ml/kg/day ← 100ml/kg/day feeds + 60ml/kg/day 20% fluids 3. RBS 8th hour. 4) Continue SSPT		

 Doctor's Name (Hand over given): Dr. Lohar

 Signature: [Signature]

 Date & Time: 11/5/24

Doctor's Name (Hand over taken):

Signature:

Date & Time:

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/2 6:00 pm	CLB RESIDENT.	Plan
	PBL-11 PMA = 35+1.	1. Ct Dept.
	illness: Hypoglycemia. Hypotension.	- SBR at 8pm
	GIR: 7.5 → 9.9.	if SBR < 12 then change to
	on room air	Sept.
	Tolerating Feeds.	2. TV: 160ml/kg/day.
	mottled skin.	100ml/kg/day
	Good perfusion/warm peripheries	60ml/kg/day
	HR: 129/min.	15+ D.
	SpO2 95%.	20ml/2nd hourly.
	Bp: 82/32 mmHg	6.25ml/kg
	minus blood group incompatibility	4.8
	<u>Negative</u>	6.25
		↓ 11
		3. To give 10% D 10ml now.
10/7 2pm	SBR-10-7	plan
		change to SSP
		N.B Anja Li 10/2/26 @ 6pm



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PROGRESS NOTES AND DOCTOR'S ORDER

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

		Problems	
		Current	Past Problems
Overview	S.No.		
	1.		
	2.		
	3.		
	4.		
	5.		
Clinical Assessment	6.		
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Doctor's Name (Hand over taken):

Signature:

Date & Time:

IP5-00175980
HAGOUNI JHANSI
0 Y 0 M 12 D
R. VIJAYANAND JAMALPURI (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 9:20 AM		Seen by Dr Vijayanand → 160cc/kg/day Full OR feeds → Continue SBT → Repeat SBE 8hr ↑ FT + Feeds → Dry Paladay Feed → PLV Bile line thin → Continue Diazoxide → GBS Obvly → Bloods thin → Check on WBS if not send, then send Noted by Diphi 017059 12/7/26 @ 9:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 5PM	<u>Afternoon Rounds</u> Self ventilating on RA HR-126/min SpO ₂ -98+ RR-43/min BP-62/29 (42). CRT<3m PP wt. off adrenaline. ↓SSPT SBR-12→10. tolerating full paladay. PA-Safe. Passed stools. RBS-91. 06AM currently on full feeds AIR-7.4.	<u>Plan</u> ① TV=160ml/kg/day 34ml q2h paladay trial to cont. ② cont SSPT ③ t/m-SBR with Cannula -TFT+ethy ④ (RW) free line t/m ⑤ RBS Q6H ⑥ cl 2D Echo after 2 weeks
		Noted by Dr. Abhinav 12/7/26 2:15pm

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

Day in NICU: Day of Life: 14. PMA: 35+4.

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight: 2.46 (910 grams)

Problems	
S.No.	Current
1.	33+5
2.	Hypersmulinemic hypoglycemia
3.	Non-immune hemolysis
4.	Pathological Jaundice
5.	
6.	

Overview	Clinical Assessment	Medications Used
	dull / lethargic on room air. led respiratory efforts. HR: 112/min. SpO2 98% RR: 64/24 breaths	Cap. Diazoxide T. Hydrochlorothiazide drops - vitamin D3

Plan of Care:
1. Check ECG now. 2 - IV: 160ml/kg/day. 2. w/F apnea / seizures.

Doctor's Name (Hand over given): Dr. Mohit

Signature: [Signature]

Date & Time: 18/7/26

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:

Patient Sticker

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Doctor's Name (Hand over taken):

Signature:

Date & Time:



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 9:25 AM	Seen by Dr. Nalinikanta Baby had 1 episode Apnea $\leftarrow$ SpO_2 60-70 HR 110/min RRS $\rightarrow$ 11 mg/dL with oxygen stimulation improving IV bolus umilla 25% D	$\rightarrow$ Sig. Dextrose 25% 4ml/kg STAT $\rightarrow$ GRBS after 15 min $\rightarrow$ Continue infusion 10% D @ 16ml/hr $\rightarrow$ Plan to $\uparrow$ Diazoxide $\rightarrow$ 8.5ml/kg/dose 8th hourly $\rightarrow$ Inform GRBS $\rightarrow$ Wf Reperaturation / Bradycardia
13/7 9:45 AM	Repeat GRBS : 156 mg/dL HR : 139/min position - resp: 82 / min	Plan 1. TW: 160ml/kg/day $\frac{80ml/kg/day}{10\% D}$ $\frac{80ml/kg/day}{16ml/hr}$ 2. Repeat GRBS at 10:45 AM 3. Inform if < 70 mg/dL 4. Extra dose of mg/kg of diazoxide to be given now
13/7 10:50 AM	GRBS 220 mg/dL Post. chng: GRBS 22 mg/dL	Plan 1. Give 10% Dextrose bolus. 2. TW: 160ml/kg/day $\frac{80ml/kg/day}{20\% D}$ $\frac{80ml/kg/day}{16ml/hr}$ 8th hourly 24 feeds.

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Date & Time	Progress Notes	Doctor's Order
12/7 12:20 PM	GIR: 10.5 Post hr GRS: 56mg/dl ↓ Alydia ↑ TV → 160ml/kg/day Full fluids Repeat GRS → 61mg/dl ↓ 8mg/dl	Plan 1. TV: 160ml/kg/day. 12.5/D — GIR: 13.8 2. Send C/P/C/P Plasma glucose 3. P/V with Echo. ECG 4. Hold blood c/s. 5. Remove PICC line. after giving <u>inj. vancomycin</u> . 6. check GRS at 1:00pm. [Signature] Noted by Abhi 13/7/26

Date & Time	Progress Notes	Doctor's Order
12/7 2530 PM	C/S/R REGIDENT. 35+4 POL-14. on room air No. RD No apneas on AIR: 13.8. No. Further Hypoglycemic readings. HR: 138/min. SpO2: 100% ARBS → 8mg/dL	Plan 1. IV: 160ml/kg/day. 12.5% D AIR: 13.8 2. Trace Plasma glucose. 3. Remove PICC line. 4. DBC at 4pm if 780, then 6th hourly monitoring 5. RN Dr. Leena & Thyroid Report
4:30 PM	ARBS → 79mg/dL On AIR = 13.8	Plan IV - 160cc/kg/day 12.5% D → ARBS Obvols 2x RAS

Day in NICU: Day of Life: 201-15 PMA: 35 + 5

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight: 2-480 (11)

Doctor's Name (Hand over given):
Signature:
Date & Time:
Docu. No.: RCHBH / FRM / CLINICAL / 290

Patient Sticker



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

Day in NICU: Day of Life: PMA:

Term Preterm Gestation: Corrected Gestational Age: Today's Weight:

Overview	Problems		
	S.No.	Current	Past Problems
	1.		
	2.		
	3.		
	4.		
	5.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Doctor's Name (Hand over taken):

Signature:

Signature:

Date & Time:

Date & Time:

AH-00660761 IP5-00175980
 aby Of DESHAGOUNI JHANSI
 3-06-2026 0 Y 0 M 12 D (M)
 r. VIJAYANAND JAMALPURI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7 07:12 PM		seen by Dr. vijayanand sir
		watch for apnea / brady decel
		feed - 3ml / hour
		↑ 3ml / feed 6am
		↓ fluid - oral
		GRBS 6 hourly
		if GRBS - 770
		men only
		7 feed
		manually
		Noted by ABhi 13/7/2026.
	9/12 - 7.1	
	10.2	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 10:00 AM	GRBS: 10 mg/dl	Plan 1st 1. 14 - 25 Dextrose. - 10ml - stat now.
		2. check EBS at 10:30 am.
		3. 160ml/kg/day
		120ml/kg/day 40ml/kg/day Fluid - 12:5:0 Feed 9:12:9.8 4:12:2.1
		11:9 (earlier 4:12:10.5)
14/7/26		Seen by Dr Vijayanand - plan - Central line - EBP, ERP, S/E (NP) - sugar - @ 11 am ↓ in 2 hours repeat ↓ ≠ the Chauncy pre feed.
	Note by Saravani	- cont TV - 160cc/kg/d ↓ ↓ 120cc/kg/day 40cc/kg/day Fluid 12:5:0 4:12:2.1

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1:00 PM	GRBS - 46	- Plan - send critical
		- Take critical sample.
		S. for insulin, S. cortisol
		- Give 10% bolus
		(1) 2ml/kg
		- TV - 160 cc/kg/day
		↓
		140 cc/kg/day
		12.5% dextrose
		↓
		(14.5 ml/hr)
		AIR - 12.5
		- GRBS - after 30 min
14/12/26 2 PM	GRBS - 56 mg/dl	TV - 160 cc/kg/day
		↓
		120 cc/kg/day
		120 x 15 - 15% Dextrose
		144
		AIR - 12.5
		40 x 6 = 240
		144
		AIR - 1.8
		Total AIR - 14.3
		- GRBS after 30 min
		Parents

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 5pm	ARBS 36 mg/dl.	clw Dr Nitesh Plan
	Enables GR: 14.3.	1. W 10- Dextrose 2ml/kg bsm.
		2. TV 160ml/kg/day
		140ml/kg 20ml/kg/day
		15- D - feeds
		GR: 14.5 GR: 0.97
		15.47.
		3. Recheck ARBS after 30 mins.
		@ Jhills
14/7/26 15:40pm	33+5 week - WOL - 15	Seen 6/4 Dr. ^{Vijayan} Atal
	Mod - PT	Plan
	2.5 kg new	- w/f apnea, brach desat
	Haemolytic anem	- TV - 180 cc/kg/day
	Non-immu	160 cc/kg/day
	hyperinsulinem	15- D 8ml/day
	hypoglycemia	- If sugar > 70ms.
	- Difficult I.V access	



(36)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 15:43 PM	continued	↓
	GIA → by T.V. 14:05	↑ feed by 3ml
		changing it ↓
		fluid rate 1.5ml
		LRBC transfused 20ml
		↓
		GIRBS - after 1 hour
		↓
		if more > 70ml
		↓
		do 4th hourly pre-feed.
		↓
		Strict aseptic
		Noted by Anisha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9:14 AM	Day 16 / Male	Plan
	① mod PT	→ w/ F Apnea, seizures
	② Non-immune haemolytic	
	③ hypotension	→ 43ml orally feeds, 9
	④ hypoglycemia.	1/5 ml/hr } orally
	⑤ probable dysmorphism.	→ Pre feed GRBCs
	Cenbe line - Day 1	Orally
	periph line - Day 1	→ Continue diuretic
		→ Trace Growth
		across
		Supple chnl
		detail
		Growth.
		→ Trace GH,
		critical sample.
		Noted by
		Sis. [Signature]
		15/7/26 9:21 AM

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Doctor's Name (Hand over taken):

Signature:

Date & Time:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 2:15 PM	Afternoon Rounds	Plan
	on PA, maintaining sats	→ TV - 180 cc / 15 / day
	to beating Rds	14 ml obhels 09 Rest 15/20
	HR 142/min	65 cc / 15 / day 115 cc / 15 / day
	Rn - 43/L	
	SpO2 - 97%	
	BP → 68/33 / 47	→ 13 ml obhels, } obhels
	GRBS → 7 mg/dL	61.5 ml/hr
	On A/R → 3.1 + 11.9	6 GRBS 7 mg/dL
	15	→ Trace genetic reports.
		→ Trace GH, Cortical sample
		→ GRBS obhels (Prefeed)
		→ To apply Libre-2
		Sensor + Reader, by Dr
		Lena T/ma
		→ w/r Apnea seizures
		4 (PAT 2)
		Noted by
		Sis Prasad
		15/7/26

BAH-00660761 IP5-00175980
Baby Of DESHAGOUNI JHANSI
30-06-2026 0 Y 0 M 14 D (M)
Dr. VIJAYANAND JAMALPURI



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/24 1:30 PM	RESIDENT. DOL-18 PMA: 36+1 Current HR: 18-75. Last sensor reading at 1pm: 89 mg/dl. on Room air. PA: soft distended Jaundice: minimal. No apneas / Seizures HR: 126/min SpO2: 97%. RR: 65/33 mmHg	Plan 1. IV: 180ml/kg/day -15% D 2. Hourly Sensor monitoring of glucose - cgm. 3. EBS 6Hly - capillary 4. R/v to add iv. octreotide 5. If EBS at 2pm >80 mg/dl then start feeds 4ml/2nd hourly.
17/7/24 5:30 PM	HR: 89 mg/dl @ 2pm HR: 91 mg/dl @ 3pm	Plan 1. IV: 180ml/kg/day. 160ml/kg/day 20ml/kg/day 16-6 0.9 17.5 2. Ted Diazepam to 125mg 8hr



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 6:28 PM		seen by Dr. vijayanand sir
		continuous sugar monitoring hourly (sensor)
		6 hourly capillary prick GBS
		- If heart rate < 70 Use fluid by 1.5 Tsc feed by 3 hrs
17/6/26	Clinically icteric	seen by Dr. vijayanand sir TV - 180 cm/kg/dg 150 cm/kg/dg 300 cm/kg/dg 15% DEXTRO feed 1.5
	TUSP - 11.5	GIR 17.1 → check sensor PPS hourly if < 60 check capillary PPS



18/7/2026.

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

Day in NICU: Day of Life: 19. PMA: 36+2
 Term ☐ Preterm ☐ Gestation: 33+5 Corrected Gestational Age: Today's Weight: 2.47C [19]

Problems	
S.No.	Current
1.	mod. PT / LBN
2.	hypotensive hypoglycemia
3.	Non-immune hemolysis
4.	Pathological jaundice
5.	Suspected Sepsis.
6.	hypotension / Dysmorphism

Past Problems	

Overview	Clinical Assessment
	on room air. previous Gv: 17.1 → 16.1 [7:00 AM] NO ED / apical / S/S Tolerating OS Feeds HR: 159/min SpO₂: 95% Rp:

Medications Used
Diazoxide Thyroxine Hydrochlorothiazide

Plan of Care:
1. TV: 180ml/kg/day → 130ml/kg/day - 15.1.D : 13.5 50ml/kg/day - Feeds : 2-6 2. check hourly GRS from sensor. if < 60mg/dl then check capillary 3. check capillary GRS prefeed CH. 4. fV oclaxotile.

Doctor's Name (Hand over given): Dr. Births

Signature:

Date & Time: 18/7/26

Doctor's Name (Hand over taken):

Signature:

Date & Time:

Date & Time	Progress Notes	Doctor's Order
18/7/22 18/7/22 9:15 AM		Seen by Dr. [unclear] → 180cc/15/day ↑ 3ml [unclear] & 2ml [unclear] sked 1.5ml/m, to RBS 7 2 → 4 RBS 0.6ml (Refed) Sec → Continue Digoxin → SSPT x 24 hrs. → ongoing Endocrinology review - 2gm/kg aminocaps as extra volume.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>Afternoon Rnd</u>
<u>18/7/24</u>	on Rg mainting sats.	<u>Plan</u>
2pm	on Cur → 15 on Diazoxide 15mg/12/day	→ IV - 180 c/mls / day Aninoven Feeds 15% P. 1gm/12/day 12cc/12/day (50cc/12/day) 12.5ml/12 AIR 2 2.5 AIR 2 12.5
	HR - 143/min RR - 34/min SpO ₂ - 92% BP → 62/31/45	→ GBS Obvly Preced ↑ 3rd obvly feed, 6.1.5ml/hr fluid, if GBS = 7mg/dL
	Under SST	→ SST for 2hrs
	last GBS → 68mg/dL	→ w/ Feeds desat
		→ Check hourly Chm monitor.
<u>18/7/24</u>	No hypoglycemia episodes since morning	<u>Seen by Dr. VJ</u> cont phase Feeds & I.V fluid as above

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>18/7/26</u>		<u>Plan</u>
<u>9:15 pm</u>	GRBS → 39	→ 10:1. Dextrose @ 2ml/kg
	On GIR 15	⇒ fluid rate ↑ 1.5ml to 14ml to 14ml
		⇒ Recheck sugar after 1 hour
<u>18/7/26</u>		<u>Case discussed with</u> <u>Dr. Leena man</u>
<u>9:45 pm</u>		→ Add inj octreotide 1.5 mcg/kg/dose 8th hourly
		→ W/F hyperglycemia, abd. distn, feed intolerance.
<u>19/7/26</u>		<u>Rising</u>
<u>3 am</u> (Prefeed)	GRBS - 301	→ Fluid rate by 1.5ml ↑ feed 3ml/g
		→ Repeat sugar after 1h after checking CGM.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>Plan</u> D/N - Dr. Sowmya <u>mean</u>
19/7/26 4:30am	CHM - 444 GRRS ⇒ 444 494	→ Change fluid to 10% Iso P rate = 12.5ml
		- HOLD 6am Diazoxide dose
		- Check after 1h. 30min, in Sensor
		- Hold inj Octreotide
	<u>Noted by</u> <u>Jeyaraj</u>	<u>Case discussed</u> Dr. Deena <u>mean</u>
		- Plan to give inj Octreotide @ 0.5mg/kg/SC Stat when RBC falls to 90-80s.
		- Continue same GIR
		- Monitor sugar in CHM every 30min
		- Inform the low's & high. range + >70 - 150 mg/dl (P.T.O)



BAH-00660761 IP5-00175980
 Baby Of DESHAGOUNI JHANSI
 30-06-2026 0 Y 0 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26		
11:30 AM	GRBS → 139 mg/dL	<u>Plan</u>
		→ IV - 180cc / 12h / day
	And IV - 120cc / 12h / day → 8.3.	→ 2 feeds 2h, 1 Reels 3rd day
	Feeds 50cc / 12h / day @ 2.4	→ CBA abn
	Aminoven 1gm / 12h / day	C&M & 12h } of C&M
		Check C&M
		→ 1st breastfeed @ 6 PM with Endocrinologist
		→ IV Diazoxide about holding.
5 PM	<u>Evening Ronda</u>	or nurse
	On GIR of 10.7	<u>Plan</u>
	Last GRBS → 75 mg/dL	
	on hourly G&M monitoring	→ IV - 180cc / 12h / day
	Last Diazoxide @ 2 PM @ 5mg / 12h / dose	→ IV - 120cc / 12h / day
	Ureotide @ 10 AM	50cc / 12h / day
	@ 0.5 mg / 12h / dose	Conducts Ande feed



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ Olanzapine @ 1mg/kg Now
		→ Camomile (Cam hourly).
		→ If next RBS > 20, ↑ Feeds 3ml, ↓ Flural 1.5ml/hr.
		↓ (Pain)
19/7/26 8:30 PM		<u>Serby Dr. Nitesh</u>
	fast CBA Diazepam Given @ 2pm.	→ IV-180cc/12/day
	Olanzapine Given @ 6pm Post that	↑ Feeds to 13ml ↓ 110cc/12/day
	Gr. RBS → 118 mg/dL	↓ 10% SOR Cg/12 Ammon
	CBA → 130 mg/dL	→ Cam hourly.
	GIR → 10.7 & 10.6.	→ Next CBA @ 12 AM
		↓ (Pain)

Noted by
 Jeevan
 19/7/26

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



16/7

ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: 17 PMA: 36

Term ☐ Preterm ☐ Gestation: 33+5 Corrected Gestational Age: Today's Weight: 2.195 (1.9 gm)

Problems		
S.No.	Current	Past Problems
1.	mod. PT / LBW.	
2.	hyperinulinemic hypoglycemia	
3.	Non-immune hemolysis	
4.	Pathological jaundice	
5.	Suspected sepsis	
6.	hypotension / dysmorphism?	

Clinical Assessment
on room air No R-D / apnea / Brady. No seizure / cyanosis Currently on G12: 12.6 (Previously 15.1) (Fam RBS 7.4 mg/dl) w/o 2.3 ml/kg/hr HR: 137/min SpO2 93% Bp 67/40 123-74 799 > 92 > 74

Medications Used
Diazoxide - 10 mg/kg/day. T-hydrochlorothiazide Vitamin D3 Ficore D2 Peripheral w line D2

Plan of Care:
1. TV: 180 ml/kg/day - 100 ml/kg/day - Feeds - 20 ml/2nd hourly. - 80 ml/kg/day - 15/D - 8.5 ml/hr 2. RBS - @ 11:00 am if RBS > 20 mg/dl then ↑ Feeds 3 ml/kg and ↓ fluids 1.5 ml/hr 3. CG m monitoring today 4. 1000 critical samples

Doctor's Name (Hand over given): Dr. Jais

Signature: _____

Date & Time: 16/7/20

Doctor's Name (Hand over taken):

Signature:

Date & Time:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26		Seen by Dr. Vijayanand
16/7/26		→ w/r Apnea, seizures
		→ ABG levels or other
		to 1.5ml/hr fluid
		→ CCom monitoring today
		→ Trace critical samples
		→ w/r clinical signs of
		sepsis
		→ Standee assessment
		(ring)
		X
		Noted by
		Sri Latha
		16/7/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	①	<u>Plan</u>
<u>1:15pm</u>	GRBS = 36	- Give feeds immediately
		- ↑ fluid rate by 1.5ml/hour
		8.5 → 10ml/hour
		↓
		Check GRBS after 1h.
<u>2:15pm</u>	GRS 35	<u>Plan</u>
		- I.V.F 10% Dextrose
		① 2ml/kg
		- Increase fluid volume
		10 → <u>11.5ml/hour</u>
		- Feeds → 15ml - 2h
		- Recheck sugar at 30mins.
		11.4 + 3.4 → 14.8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 8:30pm	Night Round.	
	Baby is on RA Hemodynamically stable.	Plan.
	on. CcR of 14.8 mg/kg/min.	→ TV - 180cc/kg/day
	Last RBS - 66 mg/dl.	110cc/kg/day 70cc/kg/day
	P/A - soft.	11.5ml/hr 15ml 12nd hly
	toleratory feed	15% Dext. full O4 feed.
	66mg/dl	→ GRBS - 6th hly prefeed.
		→ Continue Diapoxide. Thyroxine
		→ If RBS > 70mg/dl ↓ ↓ fluid rate by 1.5ml/hr ↑ feed by 3ml.
		→ w/t hypoglycemia
	↓ Gl-Popline	→ Monitor vitals
		Noted by May 16/7/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr. Peatyush
	Screens (+)	→ R/V to Send SBR
		→
12/9 9:50 am	ds/B RESIDENT. RES: 30mg/dl Bwts 412.15.6. current 412.10.4.	Plan 1. Or. 10% Dextrose 2ml/kg w/bois. 2. Tr: 180ml/kg/day. 140ml/kg/day 15% D 140ml/kg/day feeds
12/9 10:30am	DOL → 18. mod/Pt Hyperinsulinemic Hypoglycemia NNT Dysmorphia non-immune hydrops thandyte	Plan → IV-180u/kg/day 15% D IV fluids. → check csm every hourly → fluid chert. → stable f. → kept alive oblate → organs Fandice morris → consider increasing Diazoxide → RW Diazoxide with Dileana

(Dr. Faw3)



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

Day in NICU: Day of Life: 18 - PMA: 36 +1
Term ☐ Preterm ☐ Gestation: 33+5 Corrected Gestational Age: Today's Weight: 2.495 (14gms)

Problems	
S.No.	Current
1.	mod. PT / ICH
2.	hypernatremic hypoglycemia
3.	Non immune hemolysis.
4.	Pathological jaundice
5.	Suspected sepsis
6.	Hypotension / Exemosthem

Overview	Clinical Assessment	Medications Used
	on room air. current SpO₂: 15.6 No apneas / Seizures. HR: 134/min. Rr: 62/23mmHg SpO₂: 94%.	Diazoxide Nifedipine hydrochlorothiazide

Plan of Care:
1. Hourly sensor monitoring 2. RBS GH prefeed 3. TV: 180 ml/kg/day 4. Trace critical samples. 100 ml/kg/day - 15% 80 ml/kg feeds

Doctor's Name (Hand over given): Dr. [Signature]

Signature: [Signature]

Date & Time: 17/7/26

Docu. No.: RCHB / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:

Patient Sticker

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:



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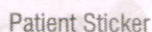
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[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



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Date & Time	Progress Notes	Doctor's Order
4/7/21	B/o Thangsi	
	- Baby is Stable - without glucose we are maintaing sugar levels. - Tomorrow we willl recheck Jaundice	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

3AH-00660761 IP5-00175980
 Baby Of DESHAGOUNI JHANSI
 10-06-2026 0 Y 0 M 5 D (M)
 Dr. VIJAYANAND JAMALPURI



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RESULT SHEET

Date	5/7/26	5/7/26	6/7/26	8/8/26	8/8	9/8	9/7
Time	7am	12:30 PM		12 PM		6am	7pm
Hb	8		7.2		16.3		
PCV	24.2		21.7		45.5		
RBC	2.31		2.08		8.06		
WBC	6.35		4.90		12.57		
N/L	42.9/44.6		42.3/46.9		20/69		
Platelets	234		245		3.47		
CRP	6		5				
ESR							
PCT							
RBS							
Na	143						
K	3.6						
Cl	115						
Ca/Mg	9.3						
Phosphate							
Urea	7						
Creatinine	0.4						
ALP							
SGPT							
SGOT							
T.Bill/Conj	17.2 ← 0.3 16.9	14.5 ← 0.4 14.1	12.3 ← 0.5 11.5	22.6	19.8 → 18.3 → 16.6	15.8 → 1.1 14.1	
T.Protein							
S.Albumin							
S.Globulin							
A/G Ratio							
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

Ammonia 43

BA 0000761 IP5-00175980
 B DESHAGOUNI JHANSI (M)
 30 026 0 Y O M 10 D
 Dr. JAYANAND JAMALPURI

(2)

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	10/7/26	10/7/26 8pm	12/7hr	13/8	14/7	
Time				8.3	7.6	
Hb				23.5	22.1	
PCV				20.3	2.41	
RBC				9.32	10.16	
WBC				24/60	26/60	
N/L				5.05	5.57	
Platelets				5	5	
CRP						
ESR						
PCT					134	
RBS					3.4	
Na					94	
K						
Cl						
Ca/Mg					5	
Phosphate					0.4	
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

DS
 5.7 < 1.1 / 14.6
 10.7 < 0.5 / 10.2
 10.5 < 0.3 / 10.2
 8.5 < 0.1 / 8.4
 9.1 < 0.1 / 9



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
5/7/26	2am	78 mg/dl	12.5% Isof	D
5/7/26	5am	214 mg/dl	12.5% Isof	D
1)	5:30am	61 mg/dl	15% Dex	W
1)	11am	549 mg/dl	15% Dex	W
1)	1:30pm	40 mg/dl	15% Dex	W
1)	2:20pm	51 mg/dl	20% Dex	W
1)	3pm	122 mg/dl	20% Dex	W
4	5pm	121 mg/dl	20% Dex	W
4	11pm	91 mg/dl	20% Dex	W
6/7/26	6AM	122 mg/dl	20% Dex	W
6/7/26	2pm	174 mg/dl	20% Dex	W
6/7/26	6AM	56 mg/dl	17.5 Dex	W
6/7/26	7 PM	123 mg/dl	20% Dex	W
7/7/26	1am	173 mg/dl	20% Dextrose	W
7/6/26	3:30am	102 mg/dl	17.5% Dextrose	W
7/6/26	8:30am	46 mg/dl	17.5% Dextrose	W
7/6/26	9:40 am	68 mg/dl	20% Dextrose	W
	10:40 am	76 mg/dl	20% Dextrose	W
	2:00 pm	69 mg/dl	20% dextrose	W
7/7/26	8:00pm	62 mg/dl	20% dextrose	W
8/7/26	2:00 AM	104 mg/dl	20% Dextrose	W
8/7/26	6:00 AM	103 mg/dl	20% Dextrose	W
8/7/26	12:00 AM	138 mg/dl	20% Dextrose	W
8/7/26	1 PM	162 mg/dl	20% Dextrose	W
9/7/26	5 AM	75 mg/dl	20% Dextrose	W
9/7/26	11 AM	141 mg/dl	15% DEXTROSE	W
9/7/26	5 PM	167 mg/dl	15% DEXTROSE	W



2

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
9/7/26	11 pm	79 mg/dl	15% DEXTROSE	Jyo
10/7/26	5 AM	95 mg/dl	15% DEXTROSE	Anjo
10/7/26	12 PM	42 mg/dl	15% DEXTROSE	Anjo
10/7/26	4 PM	56 mg/dl	15% DEXTROSE	Anjo
10/7/26	3 PM	49 mg/dl	15% DEXTROSE	Anjo
10/7/26	5 PM	42 mg/dl	15% DEXTROSE	Anjali
10/7/26	5:45	29 mg/dl	15% DEXTROSE	Anjali
10/7/26	6:45	60 mg/dl	15% DEXTROSE	Anjali
10/7/26	8:00 PM	26 mg/dl	15% Dextrose	N. Roy
10/7/26	9:10 PM	86 mg/dl	20% Dextrose	N. Roy
11/07/26	12 AM	87 mg/dl	20% Dextrose	N. Roy
11/07/26	2 AM	81 mg/dl	20% Dextrose	N. Roy
11/07/26	6 AM	74 mg/dl	20% Dextrose	N. Roy
11/07/26	12 PM	75 mg/dl	20% Dextrose	N. Roy
11/7/26	6 PM	162 mg/dl	20% Dex	@h
11/7/26	12 AM	116 mg/dl	20% Dex	@h
12/7/26	6 AM	91 mg/dl	20% Dex	@h
12/7/26	12 PM	73 mg/dl	Full Feed	@h
12/7/26	6 PM	72 mg/dl	Full Feed	@h
12/7/26	12 AM	70 mg/dl	Full Feed	@h
12/7/26	6 AM	62 mg/dl	Full Feed	@h
13/7	9 AM	umg/dl		
13/7	10 AM	152 mg/dl	10.5% Dex	@h
13/7	11 AM	88 mg/dl		
13/7	12 PM	51 mg/dl		
13/7	1 PM	61 mg/dl		
13/7	2 PM	80 mg/dl		
13/7	4 PM	79 mg/dl		



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
14/7/26	1 Am	62 mg/dl	12.5% Dextro	
14/7/26	5 Am	60 mg/dl	11 feed before	
14/7/26	6:30 Am	45 mg/dl	11	
14/7/26	8 Am	62 mg/dl	11	
14/7/26	10 Am	10 mg/dl		
14/7/26	1 Pm	46 mg/dl		
14/7/26	3 Pm	37 mg/dl	11	
14/7/26	4 Pm	67 mg/dl	11	
14/7/26	5 Pm	73 mg/dl	11	
14/7/26	7 Pm	105 mg/dl	11	
14/7/26	9 PM	111 mg/dl	15% Dextro	
14/7/26	11 PM	135 mg/dl	15% Dextro	
15/7/26	3 AM	110 mg/dl	15% Dextro	
15/7/26	7 AM	123 mg/dl	11	
15/7/26	1 Pm	71 mg/dl	15% Dextro	
15/7/26	7 Pm	49 mg/dl	15% Dextro	
16/7/26	1 AM	92 mg/dl	15% Dextro	
16/7/26	7 AM	74 mg/dl	15% Dextro	
16/7/26	1 Pm	36 mg/dl	15% Dextro	
16/7/26	2:30 Pm	38 mg/dl	15% Dextro + feed	
16/7/26	3:00 PM	61 mg/dl	15% Dextro + feed	
16/7/26	5:00 PM	71 mg/dl	15% Dextro + feed	
16/7/26	7:00 PM	66 mg/dl	15% Dextro + feed	
17/7/26	1:00 AM	55 mg/dl	15% Dextro + feed	
17/7/26	3:00 AM			
17/7/26	5:00 AM			
17/7/26	7:00 AM	61 mg/dl	15% Dextro + feed	



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

DRUG :				Date Time															
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 Sign

REGULAR PRESCRIPTIONS

Weight. 2.5 kg Ward.

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : INSULIN				Date Time
42mg	IV	6/8H	5/7	6/8H
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : 2mg HYDROCORTISONE				Date Time
2.5mg	IV	Q6H	5/7	6/8H
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : CAP. DIAZOXIDE				Date Time
2.5mg	P.O	TID	7/7	6/8H
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

BAH-00660781
Baby Of DESHAGOUNI JHANSI
30-06-2026
Dr. VIJAYANAND JAMALPURI (M)

Sheet No:

REGULAR PRESCRIPTIONS

Weight ...1.5... Ward

DRUG: Cap. DIAZOXIDE				Date Time 16/7/17
Dose 10mg	Route PO	Frequency SH	Start Dt. 16/7	
Name & Signature of the Doctor Starting the Drugs: [Signature]				
Additional Instructions: 10mg/dose 1 cap = 25mg → to dissolve 1 capsule to dilute in 10ml milk and give 4ml milk				
Daily Doctor's Endorsement by a Sign				

DRUG: Tab. THYROXINE				Date Time 16/7 17/7 18/7 19/7 20/7
Dose 12.5mg	Route PO	Frequency OD	Start Dt. 16/7	
Name & Signature of the Doctor Starting the Drugs: [Signature]				
Additional Instructions: 1 tab = 25mg of Thyroxine to dilute in 5ml and give 2.5ml				
Daily Doctor's Endorsement by a Sign				

DRUG: CAP. DIAZOXIDE				Date Time
Dose 12.5mg	Route PO	Frequency TID	Start Dt.	
Name & Signature of the Doctor Starting the Drugs: [Signature]				
Additional Instructions: 5mg/12.5mg/dose				
Daily Doctor's Endorsement by a Sign				

DRUG: CAP DIAZOXIDE				Date Time 17/7 18/7 19/7 20/7
Dose 12.5mg	Route PO	Frequency TID	Start Dt. 17/7	
Name & Signature of the Doctor Starting the Drugs: [Signature]				
Additional Instructions: 5mg/12.5mg/dose 1 cap = 25mg Dilute 1 capsule in 10ml milk & give 5ml of it				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY: Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : INJ OLTREPTIDE				Date Time	18/7/26															
Dose	Route	Frequency	Start Dt.																	
3.8mg	S/c	8th hourly	18/7	8AM	X															
Name & Signature of the Doctor Starting the Drugs: Rupanjali				2PM	X															
Additional Instructions: @ 1+5mg/kg/dose (100mcg/1ml) S/c 8th hourly				10PM	X															
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																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.5kg

Ward

DRUG: TAB HYDROCHLORTHIAZIDE				Date Time
Dose 1ml	Route P.O	Frequency BD	Start Dt. 7/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Nathan				
Additional Instructions: 1 tab = 12.5mg 1 mg/kg/dose 1 tab to be dissolved in 10ml DW → give 0.2ml				
Daily Doctor's Endorsement by a Sign				

DRUG: TAB HYDROCHLORTHIAZIDE				Date Time
Dose 2.5mg	Route P.O	Frequency BD	Start Dt. 7/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Nathan				
Additional Instructions: 1 tab = 12.5mg 1 mg/kg/dose 1 tablet to be dissolved in 10ml DW → give 2ml				
Daily Doctor's Endorsement by a Sign				

DRUG: Cap. DIAZOXIDE				Date Time
Dose 3-15mg	Route P/O	Frequency 8H	Start Dt. 10/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Nathan				
Additional Instructions: 1 cap = 25mg 1.5mg/kg/dose 1 cap (25mg) to be dissolved in 10ml and give 1.5ml				
Daily Doctor's Endorsement by a Sign				

DRUG: Amps. VITAMIN D3				Date Time
Dose 0.5ml	Route P.O	Frequency OD	Start Dt. 12/7	
Name & Signature of the Doctor Starting the Drugs: Dr. Nathan				
Additional Instructions: 1ml = 800IU				
Daily Doctor's Endorsement by a Sign				

Weight 2.514 Ward

DRUG : Cap. DIAZOXIDE				Date Time
Dose 6.25mg	Route PO	Frequency Q8H	Start Dt. 13/7	13/7 6pm @ 1st
Name & Signature of the Doctor Starting the Drugs: Saiteja				Change dose
Additional Instructions: 1 cap = 25mg				2pm @ 1st 10pm
2.5mg/kg/dose Dissolve 1 capsule in 10ml (1ml = 2.5mg) then give 2.5ml				
Daily Doctor's Endorsement by a Sign				R

DRUG : Cap. DIAZOXIDE				Date Time
Dose 8-2mg	Route PO	Frequency 8H	Start Dt. 14/7	14/7 6am @ 1st
Name & Signature of the Doctor Starting the Drugs: Dr. Srinivas				15/7 8am @ 1st 10pm @ 1st
Additional Instructions: 1 cap = 25mg				Change Dose 15/7/20
3-3mg/kg/dose Dissolve 1 capsule in 12ml (1ml = 2mg) then give 4-1ml.				Dr. Srinivas
Daily Doctor's Endorsement by a Sign				Dr. Srinivas

DRUG : Cap. DIAZOXIDE				Date Time
Dose 8mg	Route PO	Frequency Q8H	Start Dt. 14/7	15/7/20 6am @ 1st
Name & Signature of the Doctor Starting the Drugs: Dr. Srinivas				2pm @ 1st 10pm @ 1st
Additional Instructions: 1 cap = 25mg				Dose changed 6/7/20
3-3mg/kg/dose Dissolve 1 capsule in 12ml (1ml = 2mg) then give 4ml.				
Daily Doctor's Endorsement by a Sign				Dr. Srinivas

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



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
--------------	------------	------------	------------	------------

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.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/5	2:30	INT. HYPOCORT	1mg/kg	ILV	☒	Shud.ow
7/5	1:35pm	DEXTROSE	2ml/kg	ILV	☒	Mudew
9/7	10:30pm	Dextrose	2ml/kg	IV	☒	Alphansa
10/7	12:30Am	NS bolus	10ml/kg over 30 min	IV	☒	Syoty
10/7	12:00pm	10ml Dextrose	2ml/kg	W bolus	☒	Anjali
10/7	3:00pm	10ml Dextrose	5ml/kg	IV bolus	☒	Bhavani Anjali
10/7	5:45pm	10ml Dextrose	5ml/kg	W bolus	☒	Bhavani Anjali
10/7		10ml DEXTROSE	2ml/kg	W bolus	☒	Sivan



I.V. FLUIDS CHART

Weight. 2.5 kg Ward.

Signature

VERIFIED BY: Name

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
5/7	4pm	TV=130ml/kg/day 15.1. Dextrose	PI PICC	3ml	Dr	Dr Dippi	6/7		Dr Nurse
5/7	6:30am	TV-130ml/kg/day 20% DEXTROSE	PICC	3ml	Dr	Dr Nurse	6/7		Dr Nurse
5/7	6:30am	INT HEP-NS 2.5ml + 48.5ml Y ₂ NS	PICC	2ml	Dr	Dr Nurse	6/7		Dr Nurse
5/7	6:30am	TV-130ml/kg/day 17.5% DEXTROSE	PICC	3ml	Dr	Dr Nurse	6/7		Dr Nurse
6/7	9am	TV-150ml/kg 20% Dextrose	PICC	7ml	Dr	Dr Nurse	7/7		Dr Nurse
7/7	8pm	TV-150ml/kg/day 20.1.D	PICC	7ml	Dr	Dr Nurse	8/7		Dr Nurse
7/7	8pm	INT. HEP NS 2.5ml + 48.5ml 1/2 NS	PICC	0.2ml	Dr	Dr Nurse	8/7		Dr Nurse
7/7	8pm	INT. ADRENALINE 1.5mg/kg = 50mcg (5/1)	PICC	0.2ml	Dr	Dr Nurse	8/7		Dr Nurse
8/7	1:30 Am	Dr Adrenaline 3mcg/kg in 50ml 0.6%	PICC	0.2ml	Dr	Dr Nurse	9/7		Dr Nurse
9/7	8pm	INT. HEP NS 2.5ml + 48.5ml 1/2 NS	PICC	0.2ml	Dr	Dr Nurse	10/7		Dr Nurse

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (F)	98.2	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5
Heart Rate (bpm)	147	141	149	144	144	144	144	144	144	144	144	144
Blood Pressure (mmHg) *	47/35	46/35	46/31	44/31	44/31	44/35	44/35	44/35	44/35	44/35	44/35	44/35
Resp. Rate (bpm) (Over 1 Minute) *	35	42	41	22	45	43	45	46	40	40	41	40
Resp Distress	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA
Receiving O ₂ (l/min)	100%	100%	98%	96%	100%	99%	95%	95%	95%	95%	95%	95%
O ₂ Saturations (%)	100%	100%	98%	96%	100%	99%	95%	95%	95%	95%	95%	95%
Conscious Level	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE	1	1	1	1	1	1	1	1	1	1	1	1
Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	P	P	P	P	P	P	P	P	P	P	P	P

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 in charge 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.

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)



INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8	10	12	2	4	6	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	PM	PM	PM	PM	PM	PM	PM	PM	AM	AM	PM	PM	AM
Temperature (F)	36.4°C	36.5°C	36.4°C	36.5°C	36.4°C	36.4°C	36.4°C	36.4°C	36.4°C	36.4°C	36.4°C	36.4°C	36.4°C
Heart Rate (bpm)	147	151	146	133	136	141	147	144	144	141	137	137	136
Blood Pressure (mmHg) *	(40)	(64)	(30)	(35)	(35)	(35)	(38)	(41)	(36)	92			
Resp. Rate (bpm) ver 1 Minute *	42	38	40	31	46	35	46	30	30	32	32	31	
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0	0	0	0	0	
O ₂ Saturations (%)	97	97	97	97	97	97	97	97	97	97	97	97	
Conscious Level	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *	C	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE	1	1	1	1	1	1	1	1	1	1	1	1	
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	S	S	S	S	S	S	S	S	S	S	S	S	

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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)

FLUID CHART

Sheet No. : 1

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

15/7/26

Date	Time	Nature of Fluid	Intake		Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am			14.6ml	0.2ml							
	09:00 am	EBM 11ml		13.2ml	0.2ml					10ml		
	10:00 am			13.2ml	0.2ml							
	11:00 am	EBM 11ml		13.2ml	0.2ml					12ml		
	12:00 pm			13.2ml	0.2ml							
	01:00 pm	EBM 11ml		13ml	0.2ml					10ml		
Total Intake :					Total Output :							
	02:00 pm			13ml	0.2ml							
	03:00 pm	EBM 14ml		11.5ml	0.2ml					29ml		
	04:00 pm			11.5ml	0.2ml							
	05:00 pm	EBM 14ml		11.5ml	0.2ml					20ml		
	06:00 pm			11.5ml	0.2ml							
	07:00 pm	EBM 14ml		11.5ml	0.2ml					23ml		
Total Intake :					Total Output :							
	08:00 pm			11.5ml	0.2ml							
	09:00 pm	EBM 17ml		10ml	0.2ml							
	10:00 pm			10ml	0.2ml					27ml		
	11:00 pm	EBM 17ml		10ml	0.2ml							
	12:00 am			10ml	0.2ml							
	01:00 am	EBM 17ml		10ml	0.2ml					21ml		
Total Intake :					Total Output :							
	02:00 am			10ml	0.2ml							
	03:00 am	EBM 20ml		8.5ml	0.2ml							
	04:00 am			8.5ml	0.2ml					19ml		
	05:00 am	EBM 20ml		8.5ml	0.2ml							
	06:00 am			8.5ml	0.2ml							
	07:00 am	EBM 20ml		8.5ml	0.2ml					31ml		
Total Intake : 463.4 ml					Total Output : 199 ml							
Total 24 hrs. Intake			185 ccg/day		Total 24 hrs. Output			3,3 ccg/day				

16/8/26

FLUID CHART

Sheet No. : 2

Tr -
 BWT -
 TF -

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					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route	NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score		
			Mouth	I.V							
	08:00 am		8.5ml	0.2ml							
	09:00 am	EBM	8.5ml	0.2ml				9ml			
	10:00 am		8.5ml	0.2ml							
	11:00 am	EBM	8.5ml	0.2ml		passed		10ml			
	12:00 pm		8.5ml	0.2ml							
	01:00 pm	EBM	10.0ml	0.2ml				10ml			
Total Intake :					Total Output :						
	02:00 pm		10.0ml	0.2ml							
	03:00 pm	EBM	11.5ml	0.2ml		passed		11ml			
	04:00 pm		11.5ml	0.2ml							
	05:00 pm	EBM	11.5ml	0.2ml		passed		15ml			
	06:00 pm		11.5ml	0.2ml							
	07:00 pm	EBM	11.5ml	0.2ml				11ml			
Total Intake :					Total Output :						
	08:00 pm			0.2ml							
	09:00 pm	EBM	11.5ml	0.2ml		Passed		16ml			
	10:00 pm		11.5ml	0.2ml							
	11:00 pm	EBM	11.5ml	0.2ml		Passed		10ml			
	12:00 am		11.5ml	0.2ml							
	01:00 am	EBM	11.5ml	0.2ml		Passed		15ml			
Total Intake :					Total Output :						
	02:00 am		13.5ml	0.2ml							
	03:00 am	EBM	13.5ml	0.2ml		Passed		10ml			
	04:00 am		13.5ml	0.2ml							
	05:00 am	EBM	13.5ml	0.2ml		Passed		9ml			
	06:00 am			0.2ml							
	07:00 am	EBM	13.5ml	0.2ml				10ml			
Total Intake :					Total Output :						
Total 24 hrs. Intake		180 cc lqg lday									
Total 24 hrs. Output		3.4 cc lqg lday									

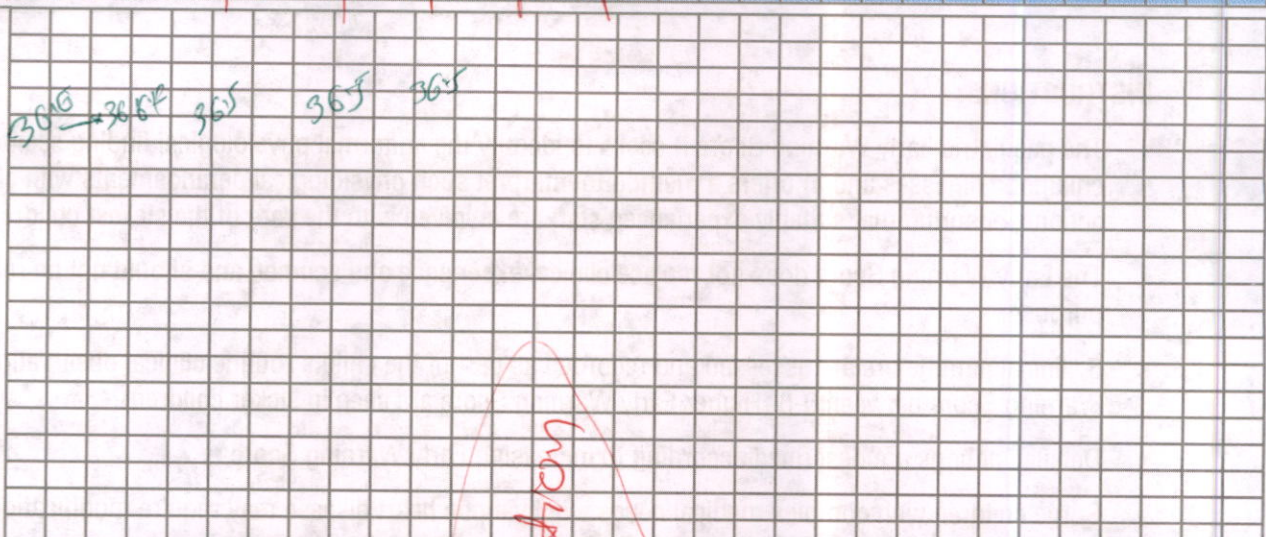
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 8 10 12 2 4 6 8

Doctor/Nurse/Family Concern? Am Am Pm Pm Pm Pm Pm

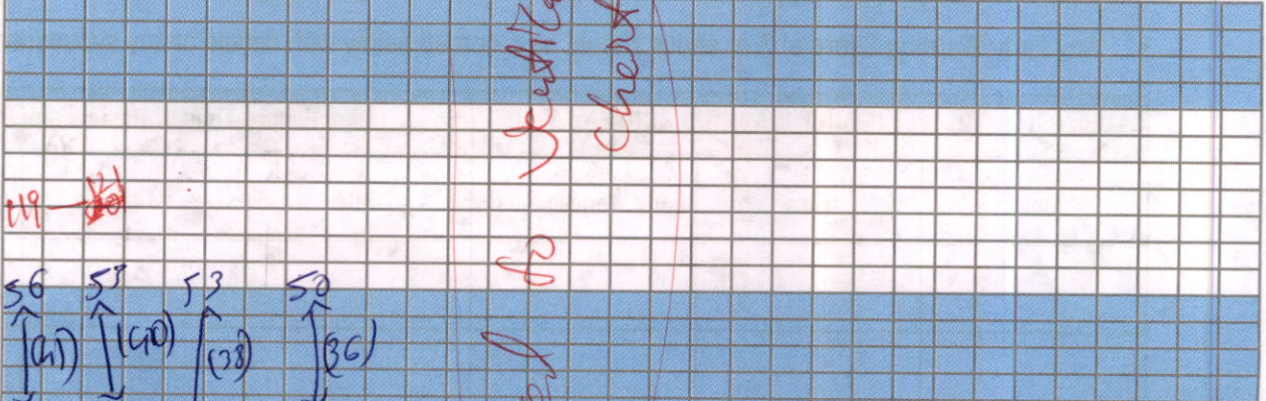
Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94



Heart Rate
(bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50



and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

56
55
53
50

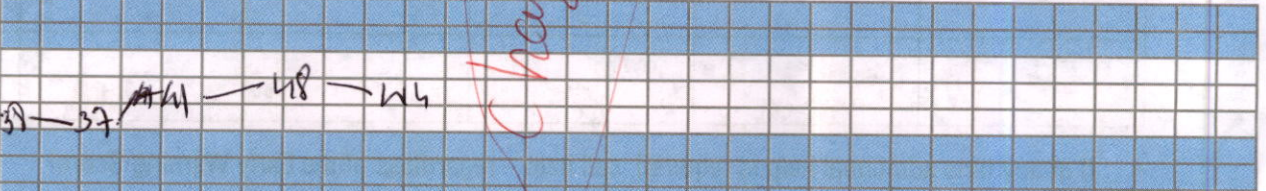


Heart Rate (Number)

119 121 134 139 137

Resp. Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10



Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

Receiving O₂(l/min)
O₂Saturations (%)

Conscious Normal
Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

- 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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NB: Scores 3 should be
recorded overleaf

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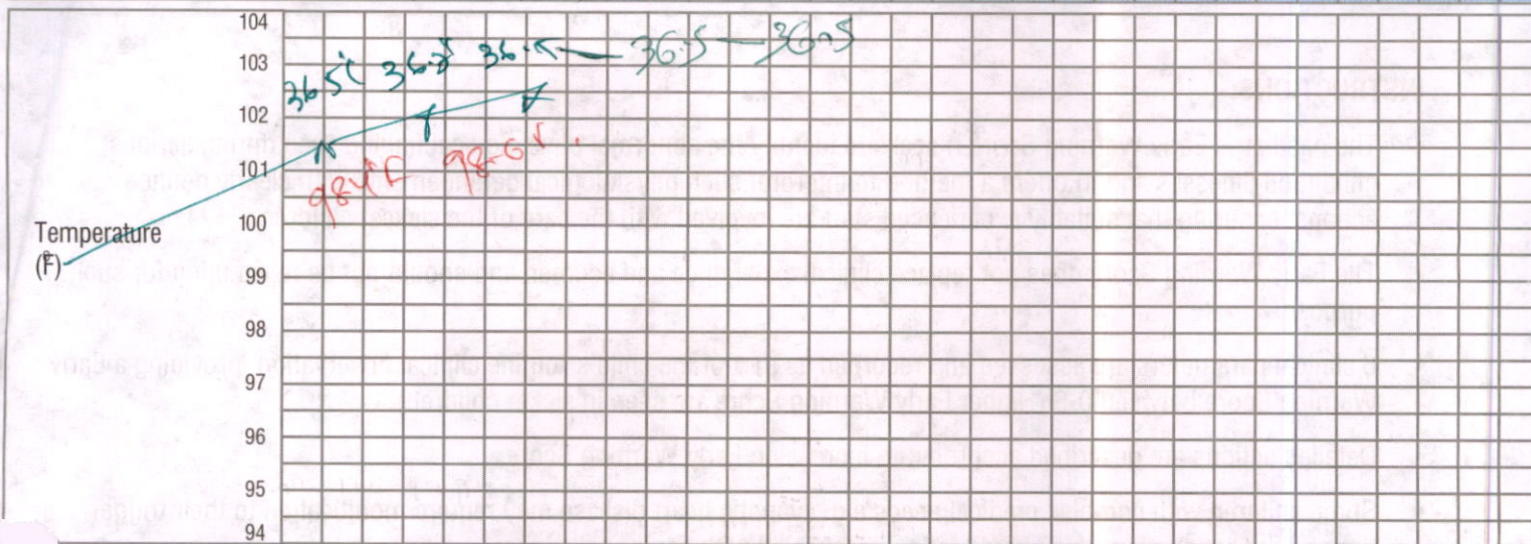
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 02:28:30
Doctor/Nurse/Family Concern? DR AM AM



Heart Rate (bpm)

and

Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Time	Heart Rate (bpm)	Blood Pressure (mmHg)
02:28:30	98	(56) 87
03:00	63	(52) 86
03:30	72	(53) 89

Resp. Rate (bpm) over 1 Minute *

Time	Resp Rate (bpm)
02:28:30	52
03:00	38
03:30	43

Resp Distress	Mod/ Severe None / Mild
Receiving O ₂ (l/min)	
O ₂ Saturations (%)	98.4 97.4 98.4

Conscious Level	Normal Altered
GCS *	C C C
TOTAL SCORE	1 1 1
Number of shaded boxes	0 0 0
Pain Score	0 0 0
Observer's Initials	D D D

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8	10	12	2	4	6	8	10	12	2	4	6	
Doctor/Nurse/Family Concern?		AM	AM	PM	PM	PM	PM	PM						
Temperature (°F)	104													
	103													
	102													
	101													
	100													
	99													
	98													
	97													
	96													
	95													
	94													
	Heart Rate (bpm) and Blood Pressure (mmHg) *	190												
		180												
170														
160														
150														
140														
130														
120														
110														
100														
90														
80														
70														
60														
50														
Heart Rate (Number)		124	126	140	108	138	128	100	155	135	127	134	139	
Resp. Rate (bpm) over 1 Minute) *	70													
	60													
	50													
	40													
	30													
	20													
	10													
	Resp Rate (Number)		38	34	44	50	48	44	50	36	42	62	31	30
	Resp													
	Mod/ Severe													
	Distress													
	Receiving O ₂ (l/min)		RA	RA	RA	RA								
	O ₂ Saturations (%)		96.1	97.1	95.1	96.1	92.1	94.6	98.1	96.1	98.1	92.1	95.1	93.1
Conscious														
Level														
Normal														
Altered														
GCS *		C	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE		1	1	1	1	1	1	1	1	1	1	1	1	
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		S	S	S	S	S	S	S	S	S	S	S	S	

ACTIONS

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5/2/28

FLUID CHART

TV = 130 cc/kg/day
 B.wt = 2.5 kg
 P.R. =

Sheet No. :

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

		Intake				Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am	NPO	NPO	12.5g	13.5g	0.1g						
	03:00 am			13.5g	0.1g							
	04:00 am	NPO	NPO	13.5g	0.1g		Not feed			130		
	05:00 am			15g Day	13.5g	0.2g						
	06:00 am			13.5g	0.2g	0.1g						
	07:00 am	NPO	NPO	13.5g	0.2g	0.1g	Not feed			180		
Total Intake :						Total Output :						
Total 24 hrs. Intake		32.4 cc/kg										
Total 24 hrs. Output		20.0 cc/kg/day										



FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Sheet No. : 97

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					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			13.3	-						0	ea
	09:00 am	DBM sul		13.3	5ul					12ul	0	ea
	10:00 am			13.3							0	ea
	11:00 am	DBM sul		13.3	5ul						0	ea
	12:00 pm			13.3						15ul	0	ea
	01:00 pm	DBM sul		13.3	5ul					6ul	0	ea
Total Intake :			95ul			Total Output :			35ul			
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output