

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 0 Y 3 M 28 D (M)
 Dr. VIJAYANAND JAMALPURI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26		seen by Dr. Patel
4:30 PM		Plans
		- surgical preop today
		- DO Blood gas now
		RBS ↓
		if ab @ in Electrolyte
		send serum Electrolyte
		- R/V to add <u>Acid</u>
		R/V on Contrast study
		- NPO for now till
		surgical review;
		c/o/w Dr. Nabeel
		⇒ Keep NPO
		N/A aspirate
		2hansly + continue
		- look for bilious
		aspiration if any
		- R/V contrast
		- start - Domstal

BAH-0064572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2023 0 Y 4 M 0 D (M)
 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 125 PMA: 44 weeks
 Term Preterm Gestation : 27+3 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELBW - CLD grade II	Hyp: Dyselectrolytemia
2.	Cholestatic jaundice, metabolic bone disease	• Metabolic acidosis
3.	left excreted hydrocele	• hypocalcaemia
4.	Feed intolerance	
5.	? Sluggish peristalsis	
6.	? obstruction	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂.....

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours: on HFNC - 2L/min
- comfortable, no desat, few bradycardia
during sleep - OTC (N) on 12 lead ECG

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 115
 RR - 56/min
 SpO₂ - 92%
 BP - 84/40 (56)

CNS

Neurological Examination : (N)

Sedation : (NG)

Last Neurosonogram : (N) Any Seizures :

2.2.15

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF: @ ml/hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination: Distended but soft to firm

NG Aspirates - Total: 20ml

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

S. Na = 130 CrAB = (N)

K+ = 3.4

Cl = 95

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

NPO

HOLD supplements.

Plan of Treatment :

- continue HFNC - 2L/min
- TV - 150 cc/kg/day → 10% FSOB
- NPO → NG aspirate - 2 hourly + continuous
- On going surgical review.
- R/O for contrast study in v/o reversal NG aspirate.
- Repeat NG aspirate if > 5ml/kg in 6h (≈ 11ml)
- CRBS - 1st hourly (I.V.O. NPO)
- GAS - SOS.

Doctor's Name (Handover given) : Rupanjal

Signature : @

Date & Time: 2/5/26 6:00am.

Doctor's Name (Handover taken) :

Signature :

Date & Time:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26		
9:30 PM	NG aspirate - 33 ml	Plan:
	[light green]	
	[in last 6 hours]	- Review to start
	i.e 25 ml 161 hr 3	domstal.
	PA - distended,	- R/O to send
	soft	serum electrolytes.
	QTC - 445 msec	
	[w].	seen by Dr. NK
	11/5/26	- send serum
		electrolytes now
		- start domstal
	12/5/26	- Replace 20 ml
	last 6 hours	R/O 200 over 6 hours
	NA aspirate	noted by
	15 + 18 + 5 ml	Serum
	= 38	115 @ 10 PM
	light yellow	Run

BAH-00644572 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 1 D (M)
Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 @ 9:45 AM		Seen by <u>Dr. Dinesh</u>
		1) Upper Upper GI Contrast Study Today.
		2) monitor vitals post contrast closely
		Noted by <u>Sneha</u>
		2/5/26 @ 10 AM
		<u>Sneha</u>

BAH-01644572
 Baby OF GOLLA PRANITHA TWIN-I
 01-01-2026 0Y 4 M 1 D
 Dr. VIJAYANAND JAMALPURI (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/01/26 @spn	DEL-125 / 2773 - 14376	
	on HFNC - 2L/min	plans
	last 6 hours → 12 ml urinary	CONTINUE HFNC - 2L
	No vomitings	- NPO till further orders
	stool - not passed.	TV - 150 ml / 151 day
	PLA - soft. no distension	10-1-150P
02/01/26	S. Electrolytes => 130 / 3.4 / 95	GRBS - BD
		- ongoing surgical review
		- Eye monitoring cfm hant - w/lf vomiting, abd. distension
		Noted by Alveya (N. Perumbur)
		2/5/26 @spn

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 126 PMA: 44+1
 Term Preterm Gestation : 27+3 Corrected Gestational Age:

S.No.	Problems :	
	Current	Past Problems
1.	EPT / EEBW / CLD-Grade II	
2.	cholestatic jaundice	Dyselectrolytemia
3.	Metabolic base disease	metabolic acidosis
4.	left Encephal hydrocele	Hypercalcemia.
5.	Feed intolerance	
6.	Stuffed peristalsis obstruction	

Today's Weight : 2.270 (↓129m)

RESPIRATORY SYSTEM
 Ventilatory Support : Yes No - Day # of Vent :
 Mode of Ventilation : HFNC CPAP Conventional Ventilation : SIMV A/C VG HFOV iNO PPM
 Ventilator Settings : PIP PEEP VG Rate FiO₂ Oxygen : 4 L/min
 Last CXR :
 ET Secretions : Clear Thick Yellow Last ABG:
 Change over the Last 24 Hours: No Desat / Bradycardia


CARDIO VASCULAR SYSTEM
 Plan of Care :
 SpO₂ - 95%
 HR - 108/min
 RR - 41/min
 Bp - 74/43 (54)

CNS
 Neurological Examination : Sedation:
 Last Neurosonogram : Any Seizures:



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26	Night Round	
	on HFNC - 1lt No brady/desat	Plan
	NG asp - 3-5 over the day	+ Cont. HFNC 1lt
	Vitals stable	→ NPO
		→ IV - 150cc/kg/day 10% D50P
		→ NG asp - 2nd half if > 5ml/kg replace to RL
		→ UGI study - TM
		



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 124 PMA: 43+6
 Term Preterm Gestation : 27+3 Corrected Gestational Age: 2.

Problems :		
S.No.	Current	Past Problems
1.	EPT/ELBW	Hypoglycemia
2.	OD Grade II	Dyselectrolytemia
3.	Cholestatic Jaundice	Hypocalcemia
4.	metabolic bone disease	
5.	left encysted hydnocels	
6.	feed intolerance	

Today's Weight : 2.209 (↑18g)

RESPIRATORY SYSTEM
 Ventilatory Support : Yes No - Day # of Vent :
 Mode of Ventilation : HFNC CPAP Conventional Ventilation : SIMV A/C VG HFOV INO PPM
 Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO₂..... Oxygen : L/min
 Last CXR : Spo₂ :
 ET Secretions : Clear Thick Yellow Last ABG :
 Change over the Last 24 Hours :
Baby on HFNC-2L/min
Intermittent Sleep Bradycard
HR upto 80/min
Intermittent desaturation

CARDIO VASCULAR SYSTEM
 Plan of Care :
HR = 116/min
RR = 50/min
SPO₂ = 95%
BP = 45/42 (53)
Requiring FiO₂ upto 25%
Tolerating feeds

CNS
 Neurological Examination :
 Sedation :
 Last Neurosonogram : (N) Any Seizures :

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF: @ ml / hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination:
PIA - soft, distended

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

Plan of Treatment :

- 1) Continue AIFNC - 24 min
Target SpO₂ 90-95%
- 2) T₀ = 150mg/kg/day
20mg 2nd hrly ← 15mg 6th hrly
- 3) GRBS - BD
- 4) w/f - abdominal distension
vomiting, RD
- 5) I/O charting
- 6) Ongoing Surgical review

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

Signature : *Sneha*

Date & Time: *15/02/26*

Doctor's Name (Handover taken) :

Signature :

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26		Seen by Dr. Pratyush
	Weight = 2.256 (±149g)	Low flow O ₂ - 0.5 L/min
		Upper GI contrast today.
		Rural.
	Aflunax	Adv
7/5/26	- Baby underwent upper GI follow through S/O	Change to HFNC - 1 Lit to low flow 0.5
	- Prominent dilated bowel loops	O ₂ - aspirate the contrast (remaining)
	- ? Slow transit	10% D bolus
	- no obvious obstruction	Check CRBS after 30 min
	- baby withstood the procedure well	R/V feeds
	- There were few episodes of HR	TV - 150cc/kg/day full I.V.F
	Temp = 97.0°C	Monitor vitals & infam ses.
	CRBS = 47 mg/dl	

Asymptomatic
 electrolyte activity = N

Noted
 By
 Pratyush

BAH-00644572
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 01-01-2026 0 Y 4 M 1 D
 Dr. V. JAYANAND JAMALPURI (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 10:41 am		Seen by Dr. PRATYUS
		• abs - xray
		• S/E, Cat, POU
		• Trace Report
		• on going
		surgical review
		Repair.
		Pls
05/05/26 11 am	on low flow.	→ on low flow 0.2L
	naspirates 34.5ml w next 24 hours	→ Continue NPO.
	vital: SpO2 - 92% HR - 136/min PR - 50/min BP 74/31 (46)	→ Continue 150 ul/kg/day 10:1:1 CN-P
	Stool - 3 times passed, V/O =	→ Trace Reports, X-ray Abdomen repts DATE
		- ongoing surgical review.
		- naspirates 16 → 5ml/kg septalwath.
		N. Prathish N. Prathish



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 12:50pm	Seen by Resident (Dr. Rupajali)	
	S. Na ⁺ = 129	- Case discussed to Dr. Nilesh
	K ⁺ = 2.9	
	PO ₄ = 2.6	
		- To add 3% NaCl @ 3mEq/kg/day in maintenance fluid
		- To add Pot phos - correction @ 0.4ml/kg/day over 24h
		- Surgeons informed about review. (dawn)
		Surjiv
		<u>clarity</u>
	Uppers	
	→ ? Hypomagnesia	→ To add Dansid Demperidone 0.3mg/kg q 8h.
		→ To add Erythromycin (Pre kinetic dose)
		→ CIT to start feed from (P.T.O)

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 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0Y4M1D (M)
 Dr. VIJAYANAND JAMALPURI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/15/26 9:30am		Seen by Dr. Keatyrush
		→ Start feed. 2ml 2nd hely ↑ 2ml / BD.
		→ Add Domstal. Erythromycin.
		→ Surgical review.
		↓ Perthe
6/15/26 10:30am	SOL - 125 27+3 → 44	Plan - TV - 150cc / 2 / day
	EPT / EBW / CLD grade-II cholestatic jaundice / Metabolic bone disease, left eye cyst + hydronephrosis Slow transit gut	To start feed @ 2ml 2 hourly and ↑ 2ml BD
	T.W - 2.275 (↑ 13g)	- ongoing surgical review
	- on low flow	- CRBS on
	NG aspirate - 21.2ml	- NG aspirate w/F - 0g
	P/A - abd but soft	aspirate. i
		- w/F apnea brady disat
		Enjal.

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 1 D
 Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 2:30pm	Afternoon Round	
	on RA hemodynamically stable.	Plan
	Feed initiated 2ml (2nd hely). Tolerating feed. No NG aspirate	→ Continue low flow O ₂ → TV - 150 (cl) day 2ml/2nd hely feed ↑ 2ml/12th hely + rest 10% drop
	P/A - distended soft	→ Surgical consultation
	Stool passed at 6am.	→ w/ f NGC asp, abd. distension
	Ongoing PPT/POES	→ B/o charting 6 th hely
		→ Monitor vitals
		→ w/ f beady / desat
		<p>Prophyl</p> <p>Noted by sona 6/5/26 @ 2:30pm</p>

BAH-00644572
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 6 D
 Dr. VIJAYANAND JAMALPURI



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

Day in NICU: Day of Life: 128 PMA: 44+3
 Term Preterm Gestation: 27+3 Corrected Gestational Age: Today's Weight: 2.210 (19g)

		Problems	
		Current	Past Problems
Overview	S.No.		
	1.	EPTLEBW/ CPD grade 2	
	2.	cholestatic jaundice	
	3.	MBD.	
	4.	Ⓟ enlarged hydrocele	
	5.	slow transit - GI	
		6.	
Clinical Assessment	on minilow flow 0.06 lit No bradyl/deat. HR - 122/min RR - 49/min SpO ₂ - 96%		P/A - soft, distended. NG aspir - 7ml over 24h passing stool. (yellow)
	Medications Used	Erythromycin D ₃ Udiliv. Zincovit Budecort Neb caffeine Syp	vit D ₃ 3-f. Nacl. Calcimax plus
Plan of Care: <ul style="list-style-type: none"> Continue minilow flow, wean as tolerated TV - 150cc/kg/day ⇒ 16ml/24hly, ↑ 2ml/6hly Continue supplements + Rest 10f-20p ROP - next Thursday. w/f stool colour, NG aspirates. 			

Doctor's Name (Hand over given): Prasanna
 Signature: [Signature]
 Date & Time: 2/5/26

Doctor's Name (Hand over taken): Dr. Arun
 Signature: [Signature]
 Date & Time: 9/5/26

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 6 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26		Seen by Dr. Vijaynand
8:37pm		→ Continue low flow
	LFT low	→ Continue kmc, oms
		→ 1 Feed 2ml 6 hourly
9/5/26 12PM	Afternoon notes	
	on low flow 0.06l/min intermittent tachypnea ⊕ SUK ⊕	Plan ⊕ cont low O ₂ as needed
	HR-137/min SpO ₂ -99% RR-73/min	⊕ N = 150ml/kg/day 18ml @ 2H on feet T 2ml @ 6H FF = 29ml
	tolerating feeds PA-soft, distended NH asp - 3ml 3ml w/ green	⊕ kmc, oms. ⊕ ROP next tuesday
	no vomiting passed stool - pale yellow. max wt = 2.275	Noted by Shivani Dr. Abhinav

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 5 D (M)
 Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 3:30 PM	seen by Dr. Vijayanand	<p>Plan</p> <ol style="list-style-type: none"> 1) cont low flow 2) T 2ml @ 6H 3) Check vit k dose. <p>Dr. VIJAYANAND JAMALPURI Reg. No: 40526</p> <p><i>Dr. Abhinav</i></p> <p>Noted by sis. shirani</p>
10/5/26 @ 12:10 am	<p>Night Rounds</p> <p>mini</p> <p>Baby on low flow O₂ 0.06 l/min</p> <p>Intermittent tachyp</p> <p>vitals HR = 136/min RR = 30/min SPO₂ = 98% BP = 85/52 (34)</p>	<p>Plan</p> <ol style="list-style-type: none"> 1) cont low flow O₂ Target SPO₂ 90-95% 2) Tu = 150mg/kg/d 2) 2ml 2nd hly ↑ 2ml 6th hly



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

Day in NICU: Day of Life: 129 PMA: 44+~~4~~
 Term Preterm Gestation: 27+3 Corrected Gestational Age: Today's Weight: 2.215 kg

Problems		
S.No.	Current	Past Problems
1.	EPT/EUBW/ELD grade 2	
2.	cholestatic jaundice	
3.	MSP	
4.	Ⓣ enlarged hydrocele.	
5.	slow transit CRT.	
6.		

Clinical Assessment
 on MLF 0.01 l/min
 tolerating well
 Mini SRR Ⓣ
 PA - soft but distended
 passed stools - yellow.
 No vomiting.
 HR - 142/min
 SpO₂ - 97%
 RR - 40/min.

Medications Used
 Erythromycin D4
 Udiliv.
 ZMCovit
 Bulevitnes
 Cappiene syp.
 Vit D3
 31-Nall
 Calcein plus.

Plan of Care:
 ① cont mini low, taper as tolerated
 ② TV = 150ml/kg/day → 20ml @ 2H OA feed. Neocate
 ↑ 2ml @ 6H, PF = 29ml.
 ③ cont KMC.
 ④ vit K stat.
 ⑤ ROP next Thursday
 ⑥ monitor stool color.

Doctor's Name (Hand over given): Dr. Ashwarye Doctor's Name (Hand over taken): Poojitha
 Signature: [Signature] Signature: [Signature]
 Date & Time: 10/5/26 Date & Time: 10/5/26

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-1
 01/01/2026 0 Y 4 M 6 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 4pm	<p><u>Afternoon rounds</u></p>	
	<p>On minilow flow.</p>	<p>Plan: Minilow flow - taper as tolerated</p>
	<p>No Desat / No Brady 1 episode of 18 ml naspirates SpO₂ 98.1% R/A (milk) HR - 137/min RR - 38/min Sp - 84/74 (58)</p>	<p>1) Continue TV - 150 ml/kg/day. 26 ml @ 2H ↑ 2ml @ 6H (TF - 29 ml)</p>
	<p>PLA - no distresses @ 100%</p>	<p>2) KMC - continue</p>
	<p>Stool colour → <u>light yellow + white</u></p>	<p>3) Rep next Tuesday.</p>
	<p>KMC - 2 hours</p>	<p>4) Monitor stool colour.</p>
		<p>N. By Navaneetha (N. Praveen)</p>
16/5/26 9:30 pm	<p><u>Night Rounds</u></p>	<p>Seen by Dr. Sareetha sir</p>
	<p>On minilow flow</p>	<p>Plan:</p>
	<p>Accepting feeds well</p>	<p>✓ Wean off ^{mini} low flow as tolerated</p>
	<p>Naspirates - 5ml (white milky)</p>	<p>✓ Continue TV - 150 ml/kg/day, 26ml/2nd L (TF = 29 ml) ↑ 2ml/6th hourly</p>
		<p>✓ Caffeine → shifted to oral ✓ RIV Add phos. Noted by Kaye 11/5/26 @ 20:00 Dr. Rang</p>



11/5/26

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

Day in NICU: Day of Life: 130 PMA: 44+5 wks
 Term Preterm Gestation: 27+3 Corrected Gestational Age: Today's Weight: 1969g (199g)

		Problems	
		weekly wt gain - 79g	
Overview	S.No.	Current	Past Problems
	1.	ExPT/ELBW / CD grade 2	
	2.	cholestatic jaundice	
	3.	MBD	
	4.	enlarged hydrocele	
	5.	slow transit gut	
	6.		
Clinical Assessment	on mini low flow 0.02lit no heady/desat HR - 120/min RR - 36/min SpO2 - 93% BP - 83/42(56)		U/O - 2-2cc/kg/hr stools - passed (yellow) NG aspir - 26ml milk over 24h
	Medications Used	Erythromycin - D5 Uditiv Zincovit Budelat Neb. Syp Caffeine	Vit D3 3% NaCl Calimax plus.
Plan of Care:			
<ul style="list-style-type: none"> Continue mini low flow TV - 150ml/kg/day = 29ml/hourly OC fed (NEOCATE) Cont. KMC ROP on Thursday Monitor stool colour 			

Doctor's Name (Hand over given): Popilthe
 Signature: [Signature]
 Date & Time: 11/5/26 9:50 am

Doctor's Name (Hand over taken): Dr. A. D. Suresh
 Signature: [Signature]
 Date & Time: 11/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/26 11 AM	seen by <u>Dr. Vijayanand</u>	<u>Plan</u>
		① TV = 160 ml/kg/day 30ml q2h OG
		no neocate
		② weekly review
		③ Erythromycin 5 days
		④ do not site new cannula.

~~Dr. Vijayanand~~
Dr. Vijayanand

~~Dr. Vijayanand~~

~~11/26~~
3 PM

seen by Dr. Vijayanand

Plan

- ① TV = 160 ml/kg/day
- ② wear low flow as tolerated
- ③ stop budectt

Dr. Erythromycin
1/5

~~Dr. Vijayanand~~
Dr. Vijayanand



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
11/12/20 4PM	Afternoon	Rounds				
	on ^{nasal} low flow 0.04l/min no distress HR - 129/min SpO ₂ - 96% RR - 57/min Lungs brady - pickup & stimulation	Plan ① cont low flow as needed ② TV = 160ml/kg/day 30ml q2h on neocate feeds ③ Erythrocytin x days total ④ Do not site new cannula if this one is out. ⑤ ROP on tuesday.				
31/12/20	PA - soft but distended. to meating feeds.					
	<u>Nutritional Assessment</u>					
	TV = 160ml/kg/day = 364ml = 30ml/feed 1 scoop neocate / 30ml = 12 scoops					
	cal	Pert	Ca ²⁺	PO ₄ ²⁻	Fe.	Vit D ₃
Neocate	264	7.2	300	192	3.96	282.
Vit D₃	-	-	300	-	-	800
Zincorb	165	-	-	-	-	200
AdPhos.	-	-	-	150	-	-
Calcimax Plus	-	-	300	-	-	-
TOTAL	265.6	7.2	600	342	3.96	1282
/kg	116.7	3.16	263.7	150	1.74	550

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 01-01-2026 0 Y 4 M 9 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	weekly review	
①	last ROP - 30/4/26 Both eye zone 3 stage 2. No plus	→ RV in 2 weeks 14/5/26
②	last NP 5/5 - Ca - 8.3 5/5 - PO ₄ - 2.6 29/4 - Hb - 11.2 24/4 - ALP - 698 17/4 - ALP - 597	
③	last NSU - 2/3 PDL (N)	
④	last 2D echo 28/1 1.3mm PDA L → R LAAD - 1.25	→ has been done after <u>PDA</u> closure, to <u>find report</u>
⑤	last TFT (24/26) TSH - 8.03 FT ₄ - 1.53	

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 9 D (M)
 Dr. VIJAYA AND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/1/26 03/4/26		Seen by Dr. Nilesh
		<ul style="list-style-type: none"> - continue low flow - Saps as tolerated
		<ul style="list-style-type: none"> - Target SpO2 - 90-95
		<ul style="list-style-type: none"> - full feeds
		Noted By [Signature]
		[Signature]
		Cxch

12/5/26

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

Day in NICU: Day of Life: 131 PMA: 44+6 weeks

Term Preterm Gestation: 27+3 Corrected Gestational Age: Today's Weight: 2.198 (110gms)

Overview	Problems	
	S.No.	Current	Past Problems
1.	EPT / ERBN / LD grade 2	
2.	cholestatic jaundice	
3.	MBD	
4.	enlarged hydrocele	
5.	slow of transit gut.	
6.		

Clinical Assessment	Current	Past Problems
on mt 0.01/min 2 eps bradycy HR - 176/min RR - 100/min PR - 40/min		Abdo distension (+) Passed stools - yellow PA - soft to firm. 1 eps vomiting.

Medications Used	Current	Past Problems
Oral Videx Zincovit Budecort neb Syr Caffew	Vit D3 37. Nace Calcimorphin	

Plan of Care:

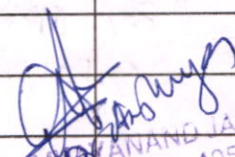
- ① TV = 10ml/kg/day → 30ml @ 24 nocate on.
- ② ROP on Thursday
- ③ monitor stools color
- ④ RV → surgery opinion

Doctor's Name (Hand over given): Dr. Arunima
Signature: [Signature]
Date & Time: 12/5/26

Doctor's Name (Hand over taken): Dr. Poojita
Signature: [Signature]
Date & Time: 12/5/26

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 9 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 10:00 AM	seen by Dr. Vijayanand	Plan
	Abdo distension (+) 2 eps vomiting pass stool.	<ul style="list-style-type: none"> ① cont low flow ② Abdominal Xray ③ ongoing surgical review
		<ul style="list-style-type: none"> ④ secure cannula & send NP₂ LFT.
		<ul style="list-style-type: none"> ⑤ ROP this week.
		<ul style="list-style-type: none"> ⑥ RW & gastro
		<ul style="list-style-type: none"> ⑦ cont erythrocytosis
		<ul style="list-style-type: none"> ⑧ stop caffeine
		<p style="text-align: center;">Dr. Vijayanand  Dr. VIJAYANAND JAMALPURI Reg. No: 40526</p>
12/5/26		Plan
	b/c - self ventilating in low flow Abdo distended soft to firm.	<ul style="list-style-type: none"> ① keep NFD ② wlt resp distress ③ keep Oci open - free drainage ④ NaCl drip 4hrly ⑤ TV = 120ml/kg/day ⑥ surgical review ⑦ contrast study t/m.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>6/25/26 11 PM</p>		<p>bedside</p>
		<p>⑧ CURBS BD</p>
		<p>⑨ 10:40-P</p>
	<p><i>Dr. Ashwini</i></p>	<p>⑩ Review c</p>
		<p>Dr. VIJAYANAND JAMALPURI Reg. No: 40526 <i>Jayaram</i></p>
		<p>Surgeon opinion -</p>
		<p>→ NG asp - 2nd hely</p>
		<p>→ Rectal wash given,</p>
		<p>→ UGI contrast - after Surgeon review 11 AM morning.</p>
		<p>① Proximal</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	Night Round	
8:15pm		
	on miniflow. 0.07lit	
	Intermittent desat - 1 episode of vomiting at 8am.	Plan → Continue miniflow Target SpO ₂ 90-95%
	NG asp - 25ml green asp over last 6 hrs.	→ TV - 120 cc/kg/day 10% drop. Keep NPO.
	P/A - distended, soft passed stool at 9am.	→ NG aspirate - 2nd hly + open drainage
	Rectal wash given by Surgeons.	→ CRBS - BD.
		→ UGI contrast study tomorrow, after surgeon's sound.
		→ Ongoing surgical review.
		→ w/f abdominal distension, aspirates stool colour & vomiting

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 10:04 AM	Monitoring received	Seen by Dr. Vijayanand
	No vomiting Stools passed. NG - aspirates - 65ml	→ Surgical review regarding UGI Contrast
	- on mixed low flow	→ Gastro opinion today.
	SpO2 - 94%	→ Continue NPO.
	PR - 127/cm	→ Keep NG open
	RR - 37/cm	delegation; NG 2nd hly aspiration.
		→ UGI Contrast Study bedside - as planned.
	- cannula day 1;	
	Positive	- TV - 120 ml/day
	Dr. VIJAYANAND JAMALPURI Reg. No: 40526	↓ 10% ISO-P.
		- wiff abdomen distension

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/12/26	Afternoon records	
1:00pm		
	- on mini low flow,	<u>place</u>
	SPO ₂ - 95%	- continue mini low flow
	PR - 150/min	
	RR - 55/min	
	Pla - distended,	- TV - 120ml/kg/day
	Soft to firm,	↓
		10% ISO-P
		- continue NPO
	NG aspirate - 14ml NG aspirate,	- Keep NG tube closed for now
	UPPER	for sequential contrast
	GI contrast - 2 X-rays done at 5min and 1 hour;	filming.
	stools - passed;	- ongoing surgical review.
	- canula day,	- To discuss with surgical team
	- Informed Gastroenterology team;	after contrast X-rays. <i>Amul</i>
		- Next X-ray at 4:00pm;

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/1/26 4:14 PM	<p>- No vomiting</p> <p>- Contrast studies being done.</p> <p>- Stools - passed</p>	<p>Seen by Dr. Vijayanand</p> <p>Plan:</p> <p>- Continue low flow</p> <p>= Continue NPO</p> <p>- X-ray as planned:</p> <p>- ongoing surgical review</p>
13/1/26 11 PM	<p>Night Round</p>	<p>Plan</p> <p>① cont low flow as needed</p> <p>② TV = 120ml/kg/day 107-150-P</p> <p>③ NA aspirate q2h replace c Rly → 2ml/kg in 2 hrs</p> <p>④ ongoing surgical review</p> <p>⑤ Xray qm 8AM</p> <p>⑥ cont NPO</p>
	<p>on min low flow in deep sleep, baby was brady cardiac self pickup</p> <p>HR - 102/min</p> <p>RR - 36/min</p> <p>SpO₂ - 96%</p> <p>NA asp - bulb light green.</p> <p>Passed yellow-green stool.</p> <p>No vomiting</p> <p>PA - soft, distended.</p>	<p>Dr. VIJAYANAND JAMALPURI Reg. No: 46526</p> <p><i>(Signature)</i></p>

BAH-00644572
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026
 Dr. VIJAYANAND JAMALPURI (M)

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

12:30Am, 7:00pm

Date	5/4/26	9/4/26	9/4/26	24/4/26	29/4/26	29/4/26
Time	10pm	9.30am	7am			
Hb	8.4	11.1	8.7	12	13.3	11.2
PCV	26.4	32.9	26.8	37.2	40.5	34.0
RBC	2.99	3.83	3.00	4.32	4.79	4.08
WBC	27.47	15.09	7.29	9.86	17.21	11.29
N/L	41.4/32.0	41.8/35.9	38.5/41.2	39/49	57.21	106.2/37.5
Platelets	347	187	220	240	363	150
CRP	7.0	8.0			14.0	9
SR						
PCT						
RBS						
Na	133	135	136	133	129	129
K	2.6	3.5	4.3	4.4	3.8	3.8
Cl	116	111	107	107	96	96
Ca/Mg		7.9/1.1	8.7	6.9/	2.3/2.3	8.3/2.3
Phosphate		2.2	2.2	3.1		
Urea		15	15			
Creatinine		0.2	0.2			
ALP		422	597	698		
SGPT			111			
SGOT			96			
II/Conj	9.2-4.3		6.8-5.0	5.9-4.4		
T. Protein	11.9		1.8	1.5		
S. Albumin			4.2			
S. Globulin			2.1			
A/G Ratio			2.1			
Uric Acid			2.1			
S. Amylase						
Sr. Lipase						
Blood Lactate						
S. Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Ammonia - 55

Date		9/4/26				
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Spot urine chloride		65				
Spot urine potassium		9				
Spot urine sodium		8				
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Urine for reducing Substance						Negative

Culture and Sensitivities :

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Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :



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

DRUG: VITAMIND3

Dose	Route	Frequency	Start Date	Date/Time	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4		
1ml	PO	OD	9/13/28																	
Name & Signature of the Doctor Starting the Drugs: Rupanjali																				
Additional Instructions: 1 ml = 800 IU																				
Daily Doctor's Endorsement by a Sign																				

DRUG: ZINCOVIT DROPS

Dose	Route	Frequency	Start Date	Date/Time	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4		
0.5ml	PO	OD	10/13																	
Name & Signature of the Doctor Starting the Drugs: Rupanjali																				
Additional Instructions: multivitamin Drops																				
Daily Doctor's Endorsement by a Sign																				

DRUG: SYP CAFFEINE CITRATE

Dose	Route	Frequency	Start Date	Date/Time	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4	17/4		
0.4ml	PO	OD	29/13/28																	
Name & Signature of the Doctor Starting the Drugs: Rupanjali																				
Additional Instructions: 5 mg/kg/dose																				
Daily Doctor's Endorsement by a Sign																				

DRUG: SYP OSSOPAN-D

Dose	Route	Frequency	Start Date	Date/Time	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	
2.5ml	PO	QTD	27/13										
Name & Signature of the Doctor Starting the Drugs: Rupanjali													
Additional Instructions: Calcium - 140 mg/kg/day													
Daily Doctor's Endorsement by a Sign													

Revised
 Suresh
 C/ta
 Revisited
 Suresh
 C/ta
 Revisited
 Suresh
 C/ta



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.8kg Ward

DRUG: ~~VITAMIN-C~~ CAROTASOLIN Date/Time

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4
0.3ml	P.O	OD	01/04								

Name & Signature of the Doctor Starting the Drugs:
N. Beethoven

Additional Instructions:
 (3ml = 50,000 IU)
 VIT-A

Daily Doctor's Endorsement by a Sign: *[Signature]* 10/4/26

DRUG: Vitamin-E Capsule Date/Time

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4
400IU	PO	Once	01/4								

Name & Signature of the Doctor Starting the Drugs:
[Signature]

Additional Instructions:
 Alternateday

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: VITAMIN-E Capsule Date/Time

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4
400IU	PO	Alternate day	01/04								

Name & Signature of the Doctor Starting the Drugs:
N. Beethoven

Additional Instructions:

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: MOXICIP Eye drops Date/Time

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4
1°	eye	TID	01/4								

Name & Signature of the Doctor Starting the Drugs:
N. Beethoven

Additional Instructions:
 Stop if (red) there.

Daily Doctor's Endorsement by a Sign: *[Signature]*

BAH-00644572 Baby Of GOLLA PR

IP5-00167820 PRANITHA TWIN-I

VERIFIED BY: Name

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 3 M 2 D (M)
 Dr. VIJAYANAND JAMALPURI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.650 Ward NLCU

DRUG : SYPRUDILIV Date/Time: 2/4, 3/4, 4/4, 5/4, 6/4, 7/4, 8/4, 9/4, 10/4, 11/4, 12/4, 13/4, 14/4, 15/4

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4
1ml	PO	BD	2/4	am	X	B	B	B	hold	hold	B	B	B	B	B	B	B

Name & Signature of the Doctor Starting the Drugs: Ruprajal

Additional Instructions: 15mg 1ks 1dose

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

DRUG : 3% NaCl Date/Time: 2/4, 3/4, 4/4

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4
3:2ml	PO	each feed	2/4/26	✓	✓	✓

Name & Signature of the Doctor Starting the Drugs: Poojitha

Additional Instructions: 12mg/kg/day

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

DRUG : Symp. POTCHLOR Date/Time: 2/4, 3/4, 4/4

Dose	Route	Frequency	Start Dt.	2/4	3/4	4/4
1.2ml	PO	BD	2/4/26	am	B	B

Name & Signature of the Doctor Starting the Drugs: Poojitha

Additional Instructions: change dose
2mg/kg/day
BETWEEN FEEDS

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

DRUG : VITAMIN E Capsule 200mg Date/Time: 2/4, 4/4, 5/4, 6/4, 7/4, 8/4, 9/4, 10/4, 11/4, 12/4, 13/4, 14/4, 15/4

Dose	Route	Frequency	Start Dt.	2/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4
200mg	PO	OD	2/4/26	am	B	B	hold	hold	B	B	B	B	B	B	B	B

Name & Signature of the Doctor Starting the Drugs: N. Ramesh

Additional Instructions: [Handwritten notes]

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

Signature: [Signature]
 VERIFIED BY: Name: [Signature]

BAH-00644572
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 3 M 2 D
 Dr. VIJAYANAND JAMALPURI (M)



Sheet No:

REGULAR PRESCRIPTIONS

Weight: 1.8 kg Ward:

DRUG: DM MEROPENEM Date/Time: 6/4 7/4 8/4 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4 20/4

Dose: 66mg Route: TU Frequency: Q8H Start Dt.: 6/4/26

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

Additional Instructions: STOP

Daily Doctor's Endorsement by a Sign: 0 0 0

DRUG: Orofer x T Drop Date/Time: 6/4 7/4 8/4 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4 20/4

Dose: 0.3 ml Route: PO Frequency: OD Start Dt.: 23/3

Name & Signature of the Doctor Starting the Drugs: Rupjali

Additional Instructions: 1 mg / kg / day

Daily Doctor's Endorsement by a Sign: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

DRUG: 3% Nacl Date/Time: 6/4 7/4 8/4 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4 20/4

Dose: 2-4ml Route: Orab Frequency: each bed Start Dt.: 6/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: Cost = 1.8 kg
8meq/kg/day

Daily Doctor's Endorsement by a Sign: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

DRUG: NOTOSIS SYRUP Date/Time: 6/4 7/4 8/4 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4 20/4

Dose: 5ml Route: ORAL Frequency: EARLY Start Dt.: 7/4/26

Name & Signature of the Doctor Starting the Drugs: PAZ

Additional Instructions: Rewrite order
5ml over 24hrs

Daily Doctor's Endorsement by a Sign: 0 0

Sneha

VERIFIED BY: Sneha

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 3 M 2 D (M)
 Dr. VIJAYANAND JAMALPURI



3

Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 1.650 Ward ... NICU

DRUG : 3.1. Naci

Dose	Route	Frequency	Start Dt.	Date/Time	8/4	4/4	5/4	6/4	7/4
2ml	PO	each	28/3		✓	✓	✓		
Name & Signature of the Doctor Starting the Drugs: Rupanjali					✓	✓	✓	✓	✓
Additional Instructions: 4mg/kg/day					✓	✓	✓	✓	✓
Daily Doctor's Endorsement by a Sign					Ⓛ	Ⓛ	Ⓛ	Ⓛ	Ⓛ

Charged dose 4mg/kg

DRUG : OROFER - XT.

Dose	Route	Frequency	Start Dt.	Date/Time	3/4	4/4	5/4	6/4
50mg	PO	BD	23/3		✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: Rupanjali					✓	✓	✓	✓
Additional Instructions: 4mg/kg/day					✓	✓	✓	✓
Daily Doctor's Endorsement by a Sign					Ⓛ	Ⓛ	Ⓛ	Ⓛ

Re-written 6/4/22

DRUG : SYP 10PK60P

Dose	Route	Frequency	Start Dt.	Date/Time	6/4	5/4	6/4	7/4	8/4
0.6ml	PO	QD	4/4/22		✓	✓	✓	✓	✓
Name & Signature of the Doctor Starting the Drugs: Rupanjali					✓	✓	✓	✓	✓
Additional Instructions: 10mg/kg/day					✓	✓	✓	✓	✓
Daily Doctor's Endorsement by a Sign					Ⓛ	Ⓛ	Ⓛ	Ⓛ	Ⓛ

Charged dose

DRUG : Inj. PIPERACILIN + TAZOBACTAM

Dose	Route	Frequency	Start Dt.	Date/Time	5/4	6/4
100mg	IV	TID	5/4/22		✓	✓
Name & Signature of the Doctor Starting the Drugs: Dr. Ranga					✓	✓
Additional Instructions: 100mg/kg/dose iv TID					✓	✓
Daily Doctor's Endorsement by a Sign					Ⓛ	Ⓛ

VERIFIED BY Signature



REGULAR PRESCRIPTIONS

Weight ...1.8kg Ward

Sheet No:

BAH-00644572
 IP5-00167820
 BAH-00644572
 IP5-00167820
 BAH-00644572
 IP5-00167820

DRUG: SYP. NODOSIS				Date/Time
Dose	Route	Frequency	Start Dt.	8/4
2.3mb	PO	BD	8/4	
Name & Signature of the Doctor Starting the Drugs:				
Sneha				
Additional Instructions: (1mb=0.8meq)				
2mmol/kg/day				
(2.5mb/kg/day) OG				
Daily Doctor's Endorsement by a Sign				
DRUG: SYP. POTKLOR				Date/Time
Dose	Route	Frequency	Start Dt.	8/4
1mb	PO	BD	8/4	8/4 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4 20/4 21/4 22/4 23/4
Name & Signature of the Doctor Starting the Drugs:				
Sneha				
Additional Instructions: (15mb=20meq)				
1.5 meq/kg/day				
Between feeds to be given				
Daily Doctor's Endorsement by a Sign				
DRUG: SYP. NODOSIS				Date/Time
Dose	Route	Frequency	Start Dt.	8/4
0.4mb	PO	each feed	8/4	9/4 10/4 11/4 12/4
Name & Signature of the Doctor Starting the Drugs:				
Sneha				
Additional Instructions: (1mb=0.8meq)				
2mmol/kg/day				
(2.5mb/kg/day) (Give with feeds)				
Daily Doctor's Endorsement by a Sign				
DRUG: SYP. CALCIMAX PLUS				Date/Time
Dose	Route	Frequency	Start Dt.	10/4
1.6 mg	PO	TID	10/4	10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4 19/4 20/4 21/4 22/4 23/4
Name & Signature of the Doctor Starting the Drugs:				
Rupanjali				
Additional Instructions:				
144 mg/kg/day				
Daily Doctor's Endorsement by a Sign				

24/4
 P.
 24/4

Sneha

(P.T.O)



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : SYRUDILU

Date/Time	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23	24	25/4	26/4	27/4	28/4	29/4
Dose	2ml													
Route	PO													
Frequency	BD													
Start Dt.	2/4													
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya														
Additional Instructions: 10mg/kg/dose														
Daily Doctor's Endorsement by a Sign														

DRUG : VITAMINE CARULE

Date/Time	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4
Dose	20mg													
Route	PO													
Frequency	OD													
Start Dt.	3/4/16													
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya														
Additional Instructions: 1 capsule squeezed PO (1 capsule = 200mg)														
Daily Doctor's Endorsement by a Sign														

DRUG : VITAMIN D3

Date/Time	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4
Dose	1ml													
Route	PO													
Frequency	OD													
Start Dt.	17/4													
Name & Signature of the Doctor Starting the Drugs: Sruha														
Additional Instructions: 1ml = 800 IU														
Daily Doctor's Endorsement by a Sign														

DRUG : ZINCO VIT DROPS

Date/Time	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4
Dose	0.5ml													
Route	PO													
Frequency	OD													
Start Dt.	17/4													
Name & Signature of the Doctor Starting the Drugs: Sruha														
Additional Instructions: 0.5ml / PO / OD														
Daily Doctor's Endorsement by a Sign														

VERIFIED

VERIFIED BY: Name: Signature

VERIFIED



Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.0 kg Ward NICU

DRUG : BUDECORT NEB				Date/Time	17/1	18/1	19/1	20/1	21/1	22/1	23/1	24/1	25/1	26/1	27/1	28/1	29/1	30/1	31/1
Dose	Route	Frequency	Start Dt.																
	NEB	BD	17/1																
Name & Signature of the Doctor Starting the Drugs: <i>Sreha</i>				[Handwritten notes and signatures in grid]															
Additional Instructions: <i>1/2 respule</i>				[Handwritten notes and signatures in grid]															
Daily Doctor's Endorsement by a Sign				[Handwritten signatures and dates in grid]															
DRUG : ADD P.H.O.S SACHET				Date/Time	18/1	19/1	20/1	21/1	22/1	23/1	24/1	25/1	26/1	27/1	28/1	29/1	30/1	31/1	1/2
Dose	Route	Frequency	Start Dt.																
2.5ml	PO	BD	17/1																
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Remya</i>				[Handwritten notes and signatures in grid]															
Additional Instructions: <i>5mmol/day Mx 1 sachet + 16ml Distilled water (1ml = 1mmol) Give 2-5ml BD</i>				[Handwritten notes and signatures in grid]															
Daily Doctor's Endorsement by a Sign				[Handwritten signatures and dates in grid]															
DRUG : SYP-CAFFEINE CITRAT				Date/Time	18/1	19/1	20/1	21/1	22/1	23/1	24/1	25/1	26/1	27/1	28/1	29/1	30/1	31/1	1/2
Dose	Route	Frequency	Start Dt.																
0.5ml	PO	OD	18/1																
Name & Signature of the Doctor Starting the Drugs: <i>Sreha</i>				[Handwritten notes and signatures in grid]															
Additional Instructions: <i>5mg/kg/day</i>				[Handwritten notes and signatures in grid]															
Daily Doctor's Endorsement by a Sign				[Handwritten signatures and dates in grid]															
DRUG : Syp CALCIUM PLUS				Date/Time	24/1	25/1	26/1	27/1	28/1	29/1	30/1	1/2	2/2	3/2	4/2				
Dose	Route	Frequency	Start Dt.																
2ml	OR	TID	10/1																
Name & Signature of the Doctor Starting the Drugs: <i>Rupanjali</i>				[Handwritten notes and signatures in grid]															
Additional Instructions: <i>136.36 mg/kg/day</i>				[Handwritten notes and signatures in grid]															
Daily Doctor's Endorsement by a Sign				[Handwritten signatures and dates in grid]															

VERIFIED

Signature

VERIFIED

VERIFIED

B10 Pranitha - Twin - 1

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-1
 01-01-2026 0 Y 3 M 23 D (M)
 Dr. VIJAYANAND JAMALPURI



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : 3.0 Nacl				Date Time	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5						
Dose	Route	Frequency	Start Dt.																
2.0ml	Oral	each feed	6/4																
Name & Signature of the Doctor Starting the Drugs: Rupanjali																			
Additional Instructions: 6.5 meq/kg/day																			
Daily Doctor's Endorsement by a Sign																			

DRUG : DOMSTAL SUSPENSION				Date Time	1/5	2/5	3/5	4/5											
Dose	Route	Frequency	Start Dt.																
0.5g	PO	TID	1/5/24																
Name & Signature of the Doctor Starting the Drugs: Dr. Anurag																			
Additional Instructions: 0.2mg/kg/dose																			
Daily Doctor's Endorsement by a Sign																			

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

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

VERIFIED BY: NAME: SIGNATURE: (Circular stamp)



Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.	
					Dose
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 :						
		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
05/1/24	12:30 PM	PRBC	20ml/kg over 4 hours	IV	P.P.	[Signature]
5/1/24	12:30	Inj KCL	1.7 meq over 1hr	IV	B	[Signature]
5/1/24	12:30	Inj KCL	0.9 meq + 2.1 meq 5% D	IV over 1hr	[Signature]	[Signature]
9/1/24	8:30 PM	INJ MAGNESIUM SULPHATE	0.2 meq/kg	IV over 1 hour	lu	[Signature]
9/1/24	9 PM	200. CASIX	0.5 meq/kg	IV	R	[Signature]
9/1/24	8:40 PM	NS 60Cl	5 meq/kg	IV	R	[Signature] 8:40 PM
15/4	11 PM	INS VITK	0.5 meq	IM	[Signature]	[Signature]
16/4	10:30 PM	Levulin 0.31	1 1/2 Respule	NEB	@	[Signature]
20/4	2:25 PM	LRBC	20ml/kg over 4 hours	IV	P.P.	[Signature]

VERIFIED BY: [Signature]



I.V. FLUIDS CHART

Weight Ward

Date	Time	Indication 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
5/4/26	8:30pm	IV - 150 ml / 19 / day 10% ISO-P + 10ml HCO ₃ ⁻	IV	8 ml	N.P.D	[Signature]	6/4/26	[Signature]	[Signature]
5/4/26	9pm	IV - 150 ml / 19 / day 10% ISO-P + 10ml HCO ₃ ⁻	IV	7.2 ml	N.P.D	[Signature]	7/4/26	[Signature]	[Signature]
9/4/26	8:30pm	POTASSIUM PHOSPHATE (0.4ml/kg) = 0.7ml + 2.3ml	IV	0.1 ml/kg	[Signature]	[Signature]	10/4/26	[Signature]	[Signature]
28/4/26	11:50AM	I.V.F 10% ISO-P TV - 150 cc / kg / day	I.V		Rupa	[Signature]	29/4/26	[Signature]	[Signature]
29/4/26	8am	I.V.F 150 cc / kg / day 10% ISO-P	I.V	13.7 ml	[Signature]	[Signature]	30/4/26	[Signature]	[Signature]
29/4/26	11PM	3% NaCl 18.8 ml (4.159 / kg / day)	IV	0.98 ml	[Signature]	[Signature]	30/4/26	[Signature]	[Signature]
15/1/26	8AM	TV - 150 cc / kg / day 10% ISO-P	I.V	14 ml	[Signature]	[Signature]			

VERIFIED BY: Name Signature

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 3 M 20 D (M)
 Dr. VIJAYANAND JAMALPURI



STAT / ONCE ONLY DRUGS

Name:

Weight: kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
21/1/26	1 AM	CASIX	1mg	W	[Signature]	[Signature]	[Signature]
21/1/26	1 PM	Inj VIT K	0.5ml	IV	[Signature]	[Signature]	[Signature]
29/1/26	12:30	I.V.F 10% D	2ml/kg	I.V	[Signature]	[Signature]	[Signature]
1/2/26	2:00	Inj. caffeine	@ 10 mg	I-V	[Signature]	[Signature]	[Signature]
2/2/26	3:00 AM	I.V.F R/L	30ml	I.V over 6h	[Signature]	[Signature]	
3/2/26	6 AM	Inj. CAFFEINE CITRATE	10mg (5mg/kg/day)	IV	N-PD	[Signature]	[Signature]
4/2/26							



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	—	—	✓	
Flow Between 5-7 Litres / Min	—	—	✓	
Humidifier Temperature Correct (36.5-37.5°C)	—	—	✓	
Humidifier Water Level Correct	—	—	✓	
Proper Oxygen Tubing From Blender to Humidifier.	—	—	✓	
Tubing Correctly Placed (Position & Leak)	—	—	✓	
Excess Fainout (Afferent Tubing) Drained	—	—	✓	
Excess Rainout (Efferent Tubing) Drained	—	—	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	X	X	X	
Gas Bubbling Continuously	HFNC	HFNC	HFNC	
Water Level at Desired Level in Bubble Chamber.	HFNC	HFNC	HFNC	
INTERFACE:				
Nasal Prong / Mask Correct Size	—	—	✓	
Nasal Prong/ Mask Correctly Placed	—	—	✓	
Hat Fits Snugly	—	—	✓	
Moustache Suitable and Effective	—	—	✓	
Nasal Bridge Intact	—	—	✓	
Septum Intact	—	—	✓	
POSITION:				
Head Position Correct	—	—	✓	
Head Roll - Correct Size and Position	—	—	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	—	—	✓	
Oro Nasal Suctioning Documentation	—	—	✓	
OG Tube in SITU	—	—	✓	
Baby Comfortable	—	—	✓	
Chest Retractions	X	X	X	
Name of the Nurse:	Kavya	Kavya	Shivani	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	2/5/26	2/5/26	3/5/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 1 D (M)
 Dr. VIJAYANAND JAMALPURI



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 3/5/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	X	X	X	
Gas Bubbling Continuously	HFNC	HFNC	HFNC	
Water Level at Desired Level in Bubble Chamber.	HFNC	HFNC	HFNC	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	X	X	X	
Name of the Nurse:	Alphonsa	Alphonsa	Meghe	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	3/5/26	3/5/26	3/5/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



1

1.103



NEONATAL WEIGHT CHART

Month	Birth Weight:	Admission Weight:	Discharge Weight:	NICU:
3/15/26	1650 (N. 1990gms)			
4/14/26	1634 (N. 1690gms)			
5/10/26	1602 (N. 1890gms)			
6/14/26	1609 (N. 1890gms)			
7/10/26	1711 (N. 1711gms)			
8/11/26	1707 (N. 1890gms)			
9/11/26	1798 (N. 1890gms)			
10/11/26	1798 (N. 1890gms)			
11/13/26	1798 (N. 1890gms)			
12/15/26	2021 (N. 1890gms)			
1/14/26	2021 (N. 1890gms)			
2/18/26	2109 (N. 1890gms)			
3/18/26	2109 (N. 1890gms)			

IT IN GRAMS

HC = 30cm
 WC = 30cm
 LC = 39.5cm
 WC = 48gms
 LC = 48gms

weekly weight 2.10g
 weekly weight 2.10g
 weekly weight 2.10g

HC - 31cm
 length - 40cm
 weekly weight 2.10g

HC - 32
 LC - 42

weekly weight 2.10g



**INTENSIVE CARE UNIT
 CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS**

Maternal Blood Group: B+ve Baby's Blood Group: O+ve Sheet No:
 Gest Age: 27⁺³ Birth Weight: 870gms

Date: <u>28/4/26</u>	Date: <u>29/4/26</u>	Date: <u>30/4/26</u>
DOL <u>3m D28</u> Weight <u>2.239 [690ms]</u>	DOL <u>3m D29</u> Weight <u>2.245 [690ms]</u>	DOL <u>3m D30</u> Weight <u>2.251 [690ms]</u>
Problems: <u>PT/RDS/LBW</u>	Problems: <u>PT/RDS/LBW</u>	Problems: <u>PT/RDS/LBW</u>
Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>HFNC</u> ABG CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>HFNC</u> ABG CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>HFNC</u> ABG CXR <u>NA</u>
CVS <u>normal</u> HR <u>120-160b/m</u> BP <u>75/48 Map 67</u> Cap Refil <u>NA</u>	CVS <u>normal</u> HR <u>120-160b/m</u> BP <u>75/60 Map 67</u> Cap Refil <u>NA</u>	CVS <u>normal</u> HR <u>120-160b/m</u> BP <u>75/60 Map 64</u> Cap Refil <u>NA</u>
F/E/N <u>180cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>180cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>180cc/kg/day</u> T. Fluids <u>328.8ml</u> CC/kg/day <u>116 cc/kg/day</u> I/O/RBS: <u>92mg/dL</u> U Output: <u>132 (CC/kg/hr) 1 acc/kg</u> Exam <u>done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: } <u>NA</u> WCC Plats Transfusion
C/s Results <u>SYP.</u> CRP Antibiotics	C/s Results CRP Antibiotics <u>S++</u>	C/s Results CRP Antibiotics <u>NA</u>
Med <u>SYP. caffeine</u> Neuro:	Med <u>SYP. caffeine</u> Neuro:	Med <u>SYP. caffeine</u> Neuro:
Assessment: <u>done</u>	Assessment <u>done</u>	Assessment: <u>done</u>
Plan <u>RBS/OD.</u>	Plan <u>RBS/OD</u>	Plan <u>RBS-OD</u>

11/18/78
11/18/78

11/18/78
11/18/78

11/18/78

11/18/78



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: O+ve Sheet No: 10
 Gest Age: 27+3 Birth Weight: 875gms

Date: <u>1/5/26</u>	Date: <u>2/5/26</u>	Date: <u>3/5/26</u>
DOL <u>30³¹</u> Weight <u>2.269 T 18gms</u>	DOL <u>30³¹⁰</u> Weight <u>2.282 T 13gms</u>	DOL <u>D32</u> Weight <u>2.270 (↓ 12grams)</u>
Problems: <u>PT/RDS/LBW</u>	Problems: <u>PT/RDS/LBW</u>	Problems: <u>PT/RDS/LBW</u>
Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG CXR <u>NA</u>	Rs. <u>420-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG CXR <u>NA</u>	Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG CXR <u>NA</u>
CVS <u>normal</u> HR <u>120-160 b/m</u> BP <u>64/42 Map (51)</u> Cap Refil <u>2-3 sec</u>	CVS <u>normal</u> HR <u>120-160 b/m</u> BP <u>64/42 Map (51)</u> Cap Refil <u>2-3 sec</u>	CVS <u>normal</u> HR <u>120-160 b/m</u> BP <u>64/42 Map (64)</u> Cap Refil <u>2-3 sec</u>
F/E/N <u>180 cc/kg/day</u> T. Fluids <u>336 ml</u> CC/kg/day <u>153 cc/kg/day</u> I/O/RBS: U Output: <u>22ml (CC/kg/hr) 2.3 cc/kg</u> Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>180 cc/kg/day</u> T. Fluids <u>28ml</u> CC/kg/day <u>127 cc/kg/day</u> I/O/RBS: U Output: <u>8.5ml (CC/kg/hr) 1.6 cc/kg</u> Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>150 cc/kg/day</u> T. Fluids <u>336 ml</u> CC/kg/day <u>150 cc/kg/day</u> I/O/RBS: U Output: <u>12ml (CC/kg/hr) 2.2 cc/kg/day</u> Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP <u>NA</u> Antibiotics	C/s Results CRP <u>NA</u> Antibiotics	C/s Results CRP <u>NA</u> Antibiotics
Med <u>Syp. caffeine</u> Neuro:	Med <u>Syp. Caffeine</u> Neuro:	Med <u>Syp. caffeine</u> Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>RBS-OD</u>	Plan <u>RBS-OD</u>	Plan <u>RBS-OD</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: 13
 Gest Age: 29th weeks Birth Weight: 875gms

Date: <u>10/5/26</u>	Date: <u>11/5/26</u>	Date: <u>12/5/26</u>
DOL <u>D39</u> Weight <u>2.215 (15gms)</u>	DOL* <u>D40</u> Weight* <u>2.196 ↓ 19gms</u>	DOL <u>D41</u> Weight <u>2.1986 ↑ 10gms</u>
Problems: <u>PT/RDS/ELBW</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/ELBW/RDS</u>
Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>LLP</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>LF</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>MLF</u> ABG <u>Not done</u> CXR <u>NA</u>
CVS <u>normal</u> HR <u>120-160b/m</u> BP <u>Map</u> Cap Refil	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>Map</u> Cap Refil <u>2-3sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>2/52 Map (60)</u> Cap Refil <u>2-3sec</u>
F/E/N <u>150cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N* <u>150cc/kg/day</u> T. Fluids* CC/kg/day* I/O/RBS* U Output* (CC/kg/hr)* Exam* <u>done</u> T. Bil/D* Na HcO3* K BUN* Cl Crea* Hemat HB* WCC* Plats* Transfusion*	F/E/N <u>150cc/kg/day</u> T. Fluids <u>328ml</u> CC/kg/day <u>149.7</u> I/O/RBS: <u>70mg/dl</u> U Output: <u>100 (CC/kg/hr)</u> <u>108cc/kg</u> Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results* CRP* Antibiotics*	C/s Results CRP Antibiotics
Med <u>mg. cefuroxime</u> <u>sup-calceimophes</u> Neuro:	Med* <u>syf. cefuroxime</u> Neuro* Neuro:	Med* <u>syf. cefuroxime</u> <u>syf. calceim</u> Neuro: <u>neel.</u>
Assessment <u>Done</u>	Assessment* <u>done</u>	Assessment <u>done</u>
Plan <u>CRBS-150</u>	Plan* <u>CRBS-150</u>	Plan <u>CRBS-150</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No: 14

Gest Age: Birth Weight:

Date: <u>13/5/26</u>	Date: <u>14/5/26</u>	Date: <u>15/5/26</u>
DOL <u>D42</u> Weight <u>2.1980 (↓ 69gm)</u>	DOL <u>D43</u> Weight <u>2.208 (↑ 10gm)</u>	DOL <u>D44</u> Weight <u>2.199 (↓ 99mg)</u>
Problems: <u>PT/LBW/RDS</u>	Problems: <u>PT/LBW/RDS</u>	Problems: <u>PT/LBW/RDS</u>
Rs. <u>30-60 b/m</u> Exam <u>done</u> Vent. Setting <u>mlf</u> ABG } <u>not done</u> CXR }	Rs. <u>30-60 b/m</u> Exam <u>done</u> Vent. Setting <u>mlf</u> ABG } <u>NA</u> CXR }	Rs. <u>30-60 b/m</u> Exam <u>done</u> Vent. Setting <u>ELF</u> ABG } <u>NA</u> CXR }
CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>82/52 Map (60)</u> Cap Refil <u>2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>82/52 Map (49)</u> Cap Refil <u>2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>82/52 Map (60)</u> Cap Refil <u>2-3 sec</u>
F/E/N <u>150 cc/kg/day</u> T. Fluids <u>32 ml</u> CC/kg/day <u>74.7</u> I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: <u>NA</u> WCC Plats Transfusion	F/E/N <u>120 cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>120 cc/kg/day</u> T. Fluids <u>316 ml</u> CC/kg/day <u>120 cc/kg/day</u> I/O/RBS: U Output: <u>132 (CC/kg/hr) 2.5 cc/kg/day</u> Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: <u>NA</u> WCC Plats Transfusion
C/s Results CRP <u>NA</u> Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GRBS - OD</u>	Plan <u>GRBS - OD</u>	Plan <u>CRBS - OD</u>



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 4/1/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓			
Flow Between 5-7 Litres / Min	✓			
Humidifier Temperature Correct (36.5-37.5°C)	✓			
Humidifier Water Level Correct	✓			
Proper Oxygen Tubing From Blender to Humidifier.	✓			
Tubing Correctly Placed (Position & Leak)	✓			
Excess Fainout (Afferent Tubing) Drained	✓			
Excess Rainout (Efferent Tubing) Drained	✓			
Temperature Probe away from Heat / Cover with Aluminium Foil	✗			
Gas Bubbling Continuously	HFNC			
Water Level at Desired Level in Bubble Chamber.	HFNC			
INTERFACE:				
Nasal Prong / Mask Correct Size	✓			
Nasal Prong/ Mask Correctly Placed	✓			
Hat Fits Snugly	✓			
Moustache Suitable and Effective	✓			
Nasal Bridge Intact	✓			
Septum Intact	✓			
POSITION:				
Head Position Correct	✓			
Head Roll - Correct Size and Position	✓			
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓			
Oro Nasal Suctioning Documentation	✓			
OG Tube in SITU	✓			
Baby Comfortable	✓			
Chest Retractions	✗			
Name of the Nurse:	Pijs			
Signature of the Nurse:	Pijs			
Date & Time:	4/1/26			

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

BAH-00644572 IP5-00117420
 Baby Of GOLLA PRANITHA TWANA (M)
 01-01-2025 0 Y 4 M 6 D
 Dr. VIJAYANAND JAMALPURI



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min				
Humidifier Temperature Correct (36.5-37.5°C)				
Humidifier Water Level Correct				
Proper Oxygen Tubing From Blender to Humidifier.				
Tubing Correctly Placed (Position & Leak)				
Excess Fainout (Afferent Tubing) Drained				
Excess Rainout (Efferent Tubing) Drained				
Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
POSITION:				
Head Position Correct				
Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.



FLUID CHART

Sheet No. : (3)

9/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	O.G	Stool	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			5 ml							1	} Shetty	
	09:00 am	Neocate		5ml	15ml		passed			11ml	0		
	10:00 am			5ml									
	11:00 am	Neocate		5ml	15ml	3ml	passed			15ml			
	12:00 pm			5ml									
	01:00 pm	Neocate		3.1ml	20ml	8	passed			9ml			
Total Intake :						Total Output :							
	02:00 pm			3.1ml							1	} Shetty	
	03:00 pm	Neocate		3.1ml	20ml		passed			10ml	0		
	04:00 pm			3.1ml									
	05:00 pm	Neocate		3.1ml	20ml		-			-			
	06:00 pm			3.1ml									
	07:00 pm	Neocate		3.1ml	22ml		passed			8ml			
Total Intake :						Total Output :							
	08:00 pm			3.1ml							1	} Shetty	
	09:00 pm	Neocate		3.1ml	22ml		passed			11ml	0		
	10:00 pm			3.1ml									
	11:00 pm	Neocate		3.1ml	22ml	1.5ml	-			10ml			
	12:00 am			3.1ml									
	01:00 am	Neocate		2.7ml	22ml		passed			18ml			
Total Intake :						Total Output :							
	02:00 am			2.7ml							1	} Shetty	
	03:00 am	Neocate		2.7ml	24ml		-			10ml	0		
	04:00 am			2.7ml									
	05:00 am	Neocate		2.7ml	24ml	2ml	passed			8ml			
	06:00 am			2.7ml									
	07:00 am	Neocate			26ml		-			9ml			
Total Intake :						Total Output :							

Total 24 hrs. Intake 1538.4ml

Total 24 hrs. Output 2100ml/day

BAH-00644572
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026
 Dr. VIJAYANAND JAMALPURI (M)

FLUID CHART

Sheet No. : u

10/5/26.

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	Route	NG	Diarrhoea	Vomit	Drainage	Urine				
				Stop I.V	0g N.G								
	08:00 am			24						15ml			
	09:00 am	Neonate	26	24	26ml		passed						
	10:00 am			24									
	11:00 am	Neonate		stop	29ml		passed			10ml			RM
	12:00 pm												
	01:00 pm	Neonate			29ml	18ml							
Total Intake :						Total Output :							
	02:00 pm									15ml			
	03:00 pm	Neonate			29ml								
	04:00 pm									10ml			RM
	05:00 pm	Neonate			29ml		passed						
	06:00 pm					3ml							
	07:00 pm	Neonate			29ml (milk)					15ml			
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	Neonate			29ml	milk 5ml	Passed			10ml			
	10:00 pm												
	11:00 pm	Neonate			29ml					14ml			
	12:00 am												
	01:00 am	Neonate			29ml								
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	Neonate			29ml					15ml			
	04:00 am												
	05:00 am	Neonate			29ml	no Aspirate				16ml			
	06:00 am												
	07:00 am	Neonate			29ml		passed						
Total Intake :						Total Output :							

Total Intake : 355.2ml

Total Output : 120

Total 24 hrs. Intake

161

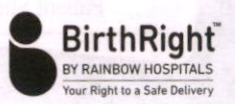
Total 24 hrs. Output

2.2

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 6 D (M)
 Dr. VIJAYANAND JAMALPURI

11/5/26

FLUID CHART



Sheet No. : 5

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	O.G				Drainage	Urine		
	08:00 am											
	09:00 am	Neocate			29ml		-			10ml	1	Ner
	10:00 am										0	Ner
	11:00 am	Neocate			29ml		passed			10ml	1	Ner
	12:00 pm											
	01:00 pm	Neocate			30ml					15ml	1	Ner
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	Neocate			30ml		passed			10ml	1	Ner
	04:00 pm										0	Ner
	05:00 pm	Neocate			30ml					10ml	1	Ner
	06:00 pm											
	07:00 pm	Neocate			30ml		-				1	Ner
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	Neocate			30ml		white color passed			13ml	0	Ner
	10:00 pm											
	11:00 pm	Neocate			30ml		-				0	Ner
	12:00 am										0	Ner
	01:00 am	Neocate			30ml		white color passed			12ml	0	Ner
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	Neocate			30ml		-			7ml	0	Ner
	04:00 am											
	05:00 am	Neocate			30ml		-				0	Ner
	06:00 am										0	Ner
	07:00 am										0	Ner
Total Intake : 328						Total Output : 100ml						

Total 24 hrs. Intake 149 Fully Hy

Total 24 hrs. Output 1.8cc/ly/d



17/5/26



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	10% IV Drip	N.G	NGP	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	Neo cate			30ml				passed Nil		104		
	10:00 am												
	11:00 am	Neo cate			30ml				Not Passed Nil		124	0	BS
	12:00 pm												
	01:00 pm	NPO.				1ml			Not Passed Nil		144	1	
Total Intake : 60ml									Total Output :				
	02:00 pm	N			1ml								
	03:00 pm	P			1ml				10ml Not passed Green		144		
	04:00 pm	O			1ml								
	05:00 pm	N			1ml				Not passed Nil		154	0	
	06:00 pm	O			1ml								
	07:00 pm	P			1ml				15ml Not passed Green				
Total Intake : 66ml									Total Output :				
	08:00 pm				1ml								
	09:00 pm	N			1ml						8ml		
	10:00 pm	P			1ml								
	11:00 pm	O			1ml						10ml		
	12:00 am				1ml								
	01:00 am				1ml						7ml		
Total Intake : 75.2ml									Total Output :				
	02:00 am	N			1ml								
	03:00 am	P			1ml						8ml		
	04:00 am	O			1ml								
	05:00 am				1ml						10ml		
	06:00 am				1ml								
	07:00 am				1ml						8ml		
Total Intake : 79.8 ml			281ml			65ml			Total Output :			116ml	

Total 24 hrs. Intake 133.8 ccl/kg/day

Total 24 hrs. Output 2.3 ccl/kg/hr

13/5/26

FLUID CHART

TW 120 cc/kg/dy
 BW 2.2 kg
 TR

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			10% IsoP Mouth	Route	N.G.	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	N	11ml	2.1ml	N.G.	NG	not passed		10ml			
	09:00 am	P	11ml	2.1ml								
	10:00 am	O	11ml	stop 40			passed		12ml	0		BY
	11:00 am	N	11ml			2ml						
	12:00 pm	P	11ml				passed		15ml			
	01:00 pm	O	11ml									
Total Intake :						Total Output :						
	02:00 pm	N	11ml				passed		10ml			
	03:00 pm	P	11ml									
	04:00 pm	O	11ml				not passed		12ml			
	05:00 pm	N	11ml				passed					
	06:00 pm	P	11ml									
	07:00 pm	O	11ml				Not passed					
Total Intake :						Total Output :						
	08:00 pm		11ml									
	09:00 pm		11ml				Bad grip		10ml			
	10:00 pm		11ml									
	11:00 pm		11ml									
	12:00 am		11ml				6ml (green) stool	passed	12ml			
	01:00 am		11ml				15ml					
Total Intake :						Total Output :						
	02:00 am		11ml									
	03:00 am		11ml				2ml green stool		12ml			
	04:00 am		11ml									
	05:00 am		11ml									
	06:00 am		11ml				0.8ml green stool		13ml			
	07:00 am		11ml									
Total Intake :			268.2			Total Output :					106ml	
Total 24 hrs. Intake			121.9 cc/kg/dy			Total 24 hrs. Output					2.0 cc/kg/dy	



14/10/26

FLUID CHART

Sheet No. : 10

120 ccl by day
 BW 2.2 kg
 TB

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	Route	NG	Diarrhoea	Vomit	Drainage	Urine				
				107-ISO P cycling	NG								
				I.V	NG								
	08:00 am			11ml						15ml	0		
	09:00 am			11ml		0.2ml					0		Latta
	10:00 am	FF		11ml	3ml					15ml	0		Latta
	11:00 am			11ml	3ml		passed light green				0		Latta
	12:00 pm			11ml	3ml					15ml	0		Latta
	01:00 pm			11ml	3ml						0		Latta
Total Intake :						Total Output :			0-48 ml				
	02:00 pm			11ml	3ml						0		Shilpa
	03:00 pm	FF		11ml	3ml					10ml	0		Shilpa
	04:00 pm			11ml	3ml						0		Shilpa
	05:00 pm			11ml	3ml	0.4ml NP				15ml	0		Shilpa
	06:00 pm			11ml	3ml						0		Shilpa
	07:00 pm			11ml	3ml					15ml	0		Shilpa
Total Intake :						Total Output :			0-30 ml				
	08:00 pm			11ml	3ml	0.2ml							
	09:00 pm			11ml						10ml	1		
	10:00 pm	Neocate		11ml	3ml								
	11:00 pm			11ml	3ml					12ml	0		Shilpa
	12:00 am			11ml	3ml						1		
	01:00 am			11ml	3ml					11ml	1		
Total Intake :						Total Output :			33 ml				
	02:00 am			11ml		0.3ml							
	03:00 am			11ml						10ml	1		
	04:00 am	Neocate		10.3ml	3ml								Shilpa
	05:00 am			10.3ml	3ml						0		Shilpa
	06:00 am			10.3ml	4ml		small passed			11ml	1		
	07:00 am			10.3ml	4ml								
Total Intake :			316 ml			Total Output :			182 ml				

264
12
12

Total 24 hrs. Intake 200 ccl by day

Total 24 hrs. Output 2.5 ccl by day

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8
Doctor/Nurse/Family Concern?		Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am

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																						

Heart Rate (Number)	104	116	102	139	95	134	130	140	125	121	110	110
---------------------	-----	-----	-----	-----	----	-----	-----	-----	-----	-----	-----	-----

Resp. Rate (bpm) per 1 Minute *																						
Resp Rate (Number)	57	51	51	38	49	49	44	38	50	50	53	53										

Resp Distress	Mod/ Severe	None / Mild																				
---------------	-------------	-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Receiving O ₂ (l/min)	O ₂ Saturations (%)	98%	99%	98%	97%	100%	95%	99%	96%	99%	99%	99%	98%
----------------------------------	--------------------------------	-----	-----	-----	-----	------	-----	-----	-----	-----	-----	-----	-----

Conscious Level	Normal / Altered	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	Number of shaded boxes	0	0	0	0	0	0	0	1	1	1	1	1
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		Am	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am	Am

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:

- 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)



10/5

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/5/26	Time: 8 Am	10 Am	12 pm	2 pm	4 pm	6 pm	8	10	12	2	4	6
Doctor/Nurse/Family Concern?							Par	Par	Am	Am	Am	Am
Temperature (F)	36.0c	36.4c	36.7c	36.3c	36.4c	36.4c	36.7c	36.7c	36.7c	36.6c	36.7c	36.6c
Heart Rate (bpm)	83	81	85	81	73	82	126	108	108	119	121	126
Blood Pressure (mmHg) *	63/48	61/59	68/37	61/39	64/60	65/45	82/39	72/63	61/40	66/56	58/66	41/55
Heart Rate (Number)	129bpm	124bpm	120bpm	122bpm	127bpm	143bpm	136	131	142	136	138	138
Resp. Rate (bpm) (Over 1 Minute) *	50blm	52blm	56blm	52blm	48blm	51blm	52	70	61	53	46	
Resp Mod/ Severe Distress None / Mild												
Receiving O ₂ (l/min) O ₂ Saturations (%)	97%	98%	97%	99%	100%	100%	96%	100%	97%	99%	99%	99%
Conscious Level Normal / Altered							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	4	7	1	1	1	1
Number of shaded boxes												
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	AN	AN	AN	AN	AN	AN	AN	AN	AN	AN	AN	AN

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:

- 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)

11/5/26

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



BAH-006/4572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 9 D
 Dr. VIJAYANAND JAMALPURI

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date	Time	10	12	2	4	6	8	10	12	2	4	6
8.1.10	Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am
Temperature (F)		36.5	36.4	36.5	36.4	36.5	36.5	36.5	36.5	36.5	36.5	36.5
Heart Rate (bpm)		69	80	79	77	81	83	91	81	81	83	82
Blood Pressure (mmHg) *		108/39	63/54	54/40	49/45	63/59	57/44	57/34	55/40	55/41	60/47	58/44
Heart Rate (Number)		135	128	131	124	130	117	125	125	129	130	128
Resp. Rate (bpm) (Over 1 Minute) *		28	45	60	41	65	59	22	66	47	42	50
Resp Mod/ Severe Distress None / Mild												
Receiving O ₂ (l/min) O ₂ Saturations (%)		07	08	04	07	09	09	08	03	02	08	03/90
Conscious Level Normal / Altered		C	C	C	C	C	C	0.03 MLF	0.03 MLF	0.03 MLF	0.03 MLF	0.03 MLF
GCS *		N	N	N	N	N	N					
TOTAL SCORE		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
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		AD	AD	AD	AD	AD	AD	AD	AD	AD	AD	AD

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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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)

BAH-006/4572 IP5-00167820
 Baby Of COLLA PRANITHA TWIN-I
 01-01-2025 0 Y 4 M 9 D (M)
 Dr. VIJAYANAND JAMALPURI

12/5/26

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?		AN	AN	AN	AN	AN	AN	AN	AN	AN	AN	AN	AN
Temperature (F)		36.5	36.4	36.6	36.5	36.5	36.5	36.6	36.6	36.6	36.6	36.6	36.6
Heart Rate (bpm)		90	107	89	109	87	99	64	100	88	124	55	
Blood Pressure (mmHg) *		(45) 61	(87) 93	(52) 65	(65) 77	(48) 61	(38) 53	50 55	47 57	37 52	92 95	60 63	
Note: BP does not score in early warning scoring													
Heart Rate (Number)		159	178	158	158	163	144	156	162	165	151		
Resp. Rate (bpm) (Over 1 Minute) *													
Resp Rate (Number)		30	45	31	34%	34%	34%	39	49	46	43		
Resp Distress	Mod/ Severe None / Mild												
Receiving O ₂ (l/min)													
O ₂ Saturations (%)		87%	-	90%	94%	94%	94%	99	99	92	100		
Conscious Level	Normal Altered	MLF	MLF	MLF	MLF	MLF	MLF	MLF	MLF	MLF	MLF		
GCS *		0.09	0.08	0.07	0.07	0.07	0.07	0.7	0.7	0.7	0.7		
TOTAL SCORE													
Number of shaded boxes		1	1	1	1	1	1	1	1	1	1		
Pain Score		0	0	0	0	0	0	0	0	0	0		
Observer's Initials		E	L	C	C	E	S	N	N	N	N		

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: Scores 3 should be recorded overleaf

* 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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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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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)

IP5-0016/2020
 BAH-0064-572
 Baby Of COLLA PRANITHA TWIN-I
 01-01-2023 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI

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

13/5/23

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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	pm	pm	pm	pm

Temperature (F)	104												
	103												
	102												
	101												
	100												
	99												
	98	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C						
	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)	170	146	114	154	125	(118)	(120)	(112)	(125)	(50)	(141)
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Resp. Rate (bpm) (Over 1 Minute) *	70											
	60											
	50											
	40											
	30											
	20											
	10											

Resp Rate (Number)	50	53	41	54	35	(40)	(36)	(39)	(33)	(35)	(39)	(36)
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Resp Distress	Mod/ Severe	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F	M/F
	None / Mild	0.07	0.07	0.07	0.07	0.05	0.05	0.05	0.05	0.05	0.05	0.05

Receiving O ₂ (l/min)												
O ₂ Saturations (%)	95%	95%	94%	94%	95%	94%	100%	94%	94%	96%	97%	

Conscious Level	Normal / Altered	N	C	C	C	C	N	N	N	N	N	N
-----------------	------------------	---	---	---	---	---	---	---	---	---	---	---

GCS *												
-------	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL SCORE												
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												
---------------------	--	--	--	--	--	--	--	--	--	--	--	--

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
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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)
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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)

14/5/26

Patient Sticker

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	PM	PM	AM	AM	AM	AM	AM
Temperature (F)	36.4°C	36.5°C	36.4°C	36.4°C	36.5°C	36.4°C	36.4°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	150 (80/64)	151 (94/49)	108 (85/53)	106 (80/52)	112 (77/53)	116 (71/44)	
Heart Rate (Number)	150	151	108	106	112	116	
Resp. Rate (bpm) (Over 1 Minute) *	36	40	41	38	38	38	
Resp Rate (Number)	36	40	41	38	38	38	
Resp Mod/ Severe Distress None / Mild							
Receiving O ₂ (l/min) O ₂ Saturations (%)	98	95	98	100	100	100	
Conscious Level Normal / Altered	N	N	N	N	N	N	
GCS *	C	C	C	C	C	C	
TOTAL SCORE	1	1	1	1	1	1	
Number of shaded boxes	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	
Observer's Initials	S	S	S	S	S	S	

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-0064472 IP5-00167820
 Baby Of Golla PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI

Doc. No. RCHBH / FRM / CLINICAL / 124

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8am	10am	12pm	2pm	4pm	6pm	8pm
Doctor/Nurse/Family Concern?								
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	* 97.8°F	* 97.6°F	* 98.2°F	* 96.6°F	* 98.0°F	* 95.1°F	* 98.6°F
97								
96								
95								
94								
Heart Rate (bpm)	190							
	180							
and	170							
	160							
Blood Pressure (mmHg) *	150							
	140							
Note: BP does not score in early warning scoring	130							
	120							
Heart Rate (Number)	110							
	100							
Resp. Rate (bpm) (Over 1 Minute) *	90							
	80							
Resp Rate (Number)	70							
	60							
Resp Mod/ Severe Distress None / Mild	50							
	40							
Receiving O ₂ (l/min)	30							
	20							
O ₂ Saturations (%)	10							
Conscious Level Normal / 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.
- 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: Scores 3 should be recorded overleaf

* 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)

7/5/26

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

Day in NICU: Day of Life: 126 PMA: 44+1

Term Preterm Gestation: 27+3 - Corrected Gestational Age: Today's Weight: 2.249 kg

(2.8 gm) ↓

Problems		
S.No.	Current	Past Problems
1.	EPT / ERW / CLD Grade - 2	
2.	Cholestatic jaundice	
3.	Metabolic bone disease	
4.	Left enlarged hydrocoele	
5.	Slow transit GI.	
6.		

Overview

Clinical Assessment
 On minilowflow 0.09L/min
 HR = 93/min
 NA aspirate = 12ml / 24 hrs.
 RR = 58/min
 U/O = 1.4ml/kg/hr light green
 SPO₂ = 98% on minilowflow
 SB = 9 times
 Bradycardia ⊕ while sleeping ⊕ (<100/min)

Clinical Assessment

Medications Used
 Syp. Erythromycin - D₄ Vit D₃
 Syp. Uditiv 3% Neel
 Vit. Zincovit drops Domstel
 Audicort Calamen plus
 Caffeine inj.

Medications Used

Plan of Care:
 • Continue lowflow 0.09L/min
 • Continue TV = 150ml/kg/day, 4ml/2ndhly; ↑ 2ml/12thly + Rest ISOP (10%)
 • Surgical consultation,
 • WIF brady, desat, NA aspirate, abd distension
 • Biochemy

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

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

Signature: [Signature]

Signature: [Signature]

Date & Time: 7/5/26; 8am

Date & Time: 7/5/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/15/26 10 am		seen by Dr. Peethineni
		POA review today on lesions
07/15/26 12:40 PM	Afternoon rounds	Dr. Peethineni
	on low flow	Play
	oxyg KMC	to low flow
	SpO2 - 98%	TV = 150 ml/kg/day
	HR - 100/min	6 ml @ 2H
	RR - 48/min	+ 2ml 12 hours
	BP - 73/33 (48)	Rest 10:15-P
	HR 70/min - set bp temp.	+ 3ml/kg @ 12h
	Duty KMC (C) Grasty	POA review today (2 DEcts)
	PLA - soft	W/F @ aspirate, Abs. 200ml
	No aspirates - NPT	RD.
	POA closed	if aspirates > 15ml/kg replace with WF @

Note on 7/15 @ 11:50 PM

(Dr. Peethineni)

BAH-00644572 IP5-001F: 920
 Baby Of GOLLA PRANITHA TWANJ
 01-01-2026 0 Y 4 M 6 D (M)
 Dr. VIJAYANAND JAMALPURI



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:

S.No.	Problems	
	Current	Past Problems
1.		
2.		
3.		
4.		
5.		
6.		

Overview

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:



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5		seen by Dr. Nilesky
	tachypnea ⊕	
	reposition ⊕	→ do nasal suctioning
	NO Aspirale	→ ↑ feed 3ml 12h
	passing stool	→ If Aspirale > 15ml replace with RL
		→ re- start start vitamins supplements and UACA
		noted by Swid bpm for 7/5 @ 6pm for Dr. Nilesky
		→ ph-add phos /
		.Obsopan →
		→ ph-SR
		↓ Dr. Nilesky

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 5 D (M)
 Dr. VIJAYANAND JAMALPURI

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

Day in NICU: Day of Life: 127 PMA: 44w2
 Term Preterm Gestation: 27+3 Corrected Gestational Age: Today's Weight: 2.229 (120 gm)

Overview	Problems	
	S.No.	Current	Past Problems
1.	EPT / ELBW / CD grade 2.	
2.	cholestatic jaundice	
3.	MBD	
4.	left enlarged hydrocoele.	
5.	Slow transit GI.	
6.		

Clinical Assessment
 on MF 0.4ml/min
 tolerating 9ml O/P feeds
 PA soft but distended
 Passy stools
 HR - 150/min
 SpO2 - 98%
 RR - 60/min

Medications Used
 erythronycin D2
 Udiliv
 zincovit
 Budecort neb
 capbene syp.
 Vit D3
 37-NaCl
 Calamax plus.

Plan of Care:
 ① cont low flow, taper as tolerated
 ② IV = 150ml/kg/day 9ml Q4H ↑ 2ml Q12H
 ③ cont supplements.

Doctor's Name (Hand over given): Dr. Arjunwarya
 Signature: [Signature]
 Date & Time: 8/1/20

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

BAH-00644572 IP5-00167820
 Baby OF GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 5 D (M)
 Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 10am	T. wt - 2229g (1.20g)	Seen by Dr. Pradyumn.
		→ Feeding - 9ml/2nd hly ↑ 2ml/8th hly. TV - 150cc/kg/day (TF - 29ml)
		→ ROP - next Thursday.
		Noted ROP Pradyumn 8/5/26 @ 10am.
8/5/26 2PM	Afternoon rounds	Plan
	on 0.09l/min	① TV = 150ml/kg/day
	No distress	2ml/8th
	HR - 143/min	PF = 29ml
	SpO ₂ - 93%	② ROP next Thursday.
	RR - 60/min	③ cont all supplements
	tolerating feeds	
	PA soft, no distended	
4:00PM	C/1/6 Dr. Pradyumn	Plan
		① oral Nasal suction
		② Min low flow O ₂ 0.03 l/min
		③ Nutritional assessment
		→ Nasoalveolar drops 2nd hly



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26		Seen by Dr. Vijayanand
5:10pm		→ Feed - 12ml 2 nd hly ↑ 2ml 6 th hly
		→ NG aspiration 6 th hly
		→ w/f apnea, heady
		desat
8/5/26	Night Round	
8:30pm	on min flow 0.06lt	Plan
	No heady / desat	→ Continue min flow
	No vomiting	
	No aspirates	→ CV - 150cc/kg/day
	passing yellow stool	1cm 2 nd hly
	P/A - soft, distended.	↑ 2ml 6 th hly
		+ Rest 10% 2 nd P.
		→ NG asp - 6 th hly
		→ w/f apnea, heady
		Propit

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 1-01-2026 0 Y 4 M 6 D (M)
 Dr. VIJAYANAND JAMALPURI

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/1/26 12:50 pm		Seen by Dr. Pratyush
	NG aspirate - bwd. over the day	→ Cardiac assessment R/v tomorrow
		⊕
		Noted by Aiswarya 8/1/26 8:30 pm

**INTENSIVE CARE UNIT
 CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS**

Maternal Blood Group: *B⁺ve* Baby's Blood Group: *O⁺ve* Sheet No: *(14)*
 Gest Age: *29+3* Birth Weight: *875gms*

Date: <i>4/5/26</i>	Date: <i>5/5/26</i>	Date: <i>6/5/26</i>
DOL <i>D33</i> Weight <i>2.256 (↓14gms)</i>	DOL <i>D34</i> Weight <i>2.262 (16gms)</i>	DOL <i>D35</i> Weight <i>2.275 (↑13gms)</i>
Problems: <i>PT/RDS/LBW</i>	Problems: <i>PT/RDS/ELBW</i>	Problems: <i>PT/RDS/ELBW</i>
Rs. <i>30/60 blm</i> Exam <i>Done</i> Vent. Setting <i>HFNC</i> ABG } CXR } <i>NA</i>	Rs. <i>39 blm</i> Exam <i>Done</i> Vent. Setting <i>Low flow</i> ABG } CXR } <i>NA</i>	Rs. <i>39 blm</i> Exam <i>Done</i> Vent. Setting <i>Low flow</i> ABG } CXR } <i>NA</i>
CVS <i>Normal</i> HR <i>120-160 blm</i> BP <i>90/60</i> Map <i>CO</i> Cap Refil <i><2-3cc</i>	CVS <i>Normal</i> HR <i>126 blm</i> BP Map Cap Refil	CVS <i>Normal</i> HR <i>143 blm</i> BP Map Cap Refil
F/E/N <i>150cc/kg/d</i> T. Fluids <i>336ml</i> CC/kg/day <i>150cc</i> I/O/RBS: <i>1</i> U Output: (CC/kg/hr) Exam <i>Done</i> T. Bil/D Na HcO3 } K BUN } <i>NA</i> Cl Crea } Hemat HB: } WCC } Plats } Transfusion }	F/E/N <i>150cc/kg/day</i> T. Fluids CC/kg/day <i>150cc/kg/day</i> I/O/RBS: U Output: (CC/kg/hr) Exam <i>Done</i> T. Bil/D Na HcO3 } K BUN } <i>NA</i> Cl Crea } Hemat HB: } WCC } Plats } Transfusion }	F/E/N <i>NPO</i> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <i>Done</i> T. Bil/D Na HcO3 } K BUN } <i>NA</i> Cl Crea } Hemat HB: } WCC } Plats } Transfusion }
C/s Results } CRP } <i>NA</i> Antibiotics }	C/s Results } CRP } <i>NA</i> Antibiotics }	C/s Results } CRP } <i>NA</i> Antibiotics }
Med } Neuro: } <i>NA</i>	Med } Neuro: } <i>NA</i>	Med } Neuro: } <i>NA</i>
Assessment <i>Done</i>	Assessment <i>Done</i>	Assessment <i>Done</i>
Plan <i>RBS-OD</i>	Plan <i>RBS-BD</i>	Plan <i>RBS-BD</i>

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 1 D
 Dr. VIJAYANAND JAMALPURI



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: O+ve Sheet No: 12
 Gest Age: 29+3 weeks Birth Weight: 875 grams

Date: <u>7/5/26</u>	Date: <u>8/5/26</u>	Date: * <u>9/5/26</u>
DOL <u>D36</u> Weight <u>2.249 (↓0.269mg)</u>	DOL <u>D37</u> Weight <u>2.229 (↓209mg)</u>	DOL * <u>D38</u> Weight * <u>2.210 (↓199mg)</u>
Problems: <u>PT/RDS/ELBW</u>	Problems: <u>PT/RDS/ELBW</u>	Problems: * <u>PT/RDS/ELBW</u>
Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>Low flow</u> ABG } <u>NA</u> CXR } <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>2L</u> ABG } <u>NA</u> CXR } <u>NA</u>	Rs. * <u>30-60b/m</u> Exam * <u>Done</u> Vent. Setting * <u>2L</u> ABG * } <u>NA</u> CXR * } <u>NA</u>
CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>90/60 Map (4)</u> Cap Refil <u>2-3sec</u>	CVS <u>normal</u> HR <u>120-160 b/m</u> BP <u>Map</u> Cap Refil <u>2-3sec</u>	CVS * <u>normal</u> HR * <u>120-160 b/m</u> BP * <u>Map</u> Cap Refil *
F/E/N <u>150 cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>150 cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N * T. Fluids * CC/kg/day * I/O/RBS: * U Output: * (CC/kg/hr) * Exam * T. Bil/D * Na HcO3 * K BUN * Cl Crea * Hemat HB: * WCC * Plats * Transfusion *
C/s Results } <u>NA</u> CRP } <u>NA</u> Antibiotics } <u>NA</u>	C/s Results } <u>NA</u> CRP } <u>NA</u> Antibiotics } <u>NA</u>	C/s Results * } <u>NA</u> CRP * } <u>NA</u> Antibiotics * } <u>NA</u>
Med Neuro:	Med <u>inj. caffeine</u> Neuro:	Med * <u>SCN</u> Neuro: *
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment * <u>Done</u>
Plan <u>RBS-00</u>	Plan <u>RBI-00</u>	Plan * <u>ARB-TBI</u>

BAH 00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 1 D (M)
 Dr. V. JAYANAND JAMALPURI



BED SIDE CHECK LIST FOR NURSES

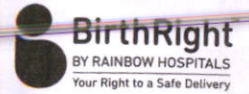
Date:	4/1/26	5/5							
Doctor's Orders	✓	✓							
Carried out or not	✓	✓							
Bed Side									
Structured Handover done	✓	✓							
IV Site	✓	✓							
Central Lines	x	x							
Arterial Lines	x	x							
Feeding Catheter	✓	✓							
Urinary Catheter	x	x							
Skin Care	✓	✓							
Eye Care	✓	✓							
Mouth Care	✓	✓							
Sterillum Bottle, Stethoscope	✓	✓							
Suction Bottle (Should be clean & empty)	✓	✓							
Intubation Tray	✓	✓							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✓ Show	✓ Ambs (0)							
Ventilator Tubing, (Any Water, Blood)	x	x							
Humidification	✓	✓							
Check all Infusion (Labelling, Correct Preparation)	✓	✓							
Chest Physio & Neb	x	x							
Handed Over By Name :	Riya	Ranj							

Checked & Handover given by
 Name of the Nurse : Riya
 Signature : Riya
 Date & Time : 4/1/26 @ 5:30pm

Checked & Handover taken by
 Name of the Nurse :
 Signature :
 Date & Time :

IP5-0016/rev
 BAH-00644572
 Baby of GOLLA PRANITHA TWIN-I
 01-01-2026
 Dr. VIJAYANAND JAMALPURI (M)

PROBS AND POSITIONS CHART



Date	Temp. Probe	SpO ₂ Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
9/5/26 @ 12 pm	Rt Abdomen	Rt hand	Supine	Given	Given	BD	Given	Given	Given	<i>[Signature]</i>
9/5/26 @ 6 pm	Rt Abdomen	Lt hand	Supine	Given	Given	BD	Given	Given	Given	<i>[Signature]</i>
9/5/26 @ 10 pm	Rt Abdomen	Right leg	Supine	Given	Given	BD	Given	Given	Given	<i>[Signature]</i>
10/5/26 @ 9 am	Rt abdomen	Right hand	supine	Given	Given	BD	Given	Given	Given.	<i>[Signature]</i>
10/5/26 @ 5 pm	Rt Abd	Lt hand	supine	Given	Given	BD	Given	Given	Given	<i>[Signature]</i>
10/5/26 @ 10 pm	Rt abd	Rt leg	supine	Given	Given	BD	Given.	Given	Given	<i>[Signature]</i>



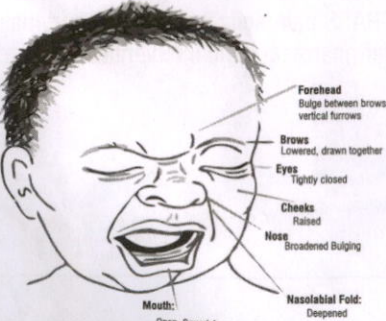
PROBS AND POSITIONS CHART

Date	Temp. Probe	SpO ₂ Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
6/5/26 @ 6AM	left Abdo	left leg	Supine	given	given	BD	given	NPO	given	
6/5/26 @ 12pm	Rt Abd	Rt leg	Supine	Given	Given	BD	Given	Given	Given	Gowri
7/5/26 12Am	Rt Abd	Rt leg	Supine	Given	Given	BD	Given	Given	Given	
7/5/26 @ 10Am	Rt Abd	left leg	Supine	Given	Given	BD	Given	Given	Given	
7/5/26 @ 8Am	Rt Abd	left leg	Supine	Given	Given	BD	Given	Given	Given	
8/5/26 @ 10pm	Rt Abd	Right leg	Supine	Given	Given	BD	Given	Given	Given	

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 1 D (M)
 Dr. VIJAYANAND JAMALPURI



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date								
	-2	-1	0	1	2	3/4/26	4/5	5/5	5/5	6/5	6/5	7/5	7/5								
						Time	Time	Time	Time	Time	Time	Time	Time	Time	Time						
						8am	8:30am	6AM	10am	12pm	8pm	8pm	8pm								
						Procedure →								RBS	RBS	RBS	RBS	RBS	RBS	RBS	RBS
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0	0	0	0								
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0	0	0								
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0	0	0								
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0	0	0	0								
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0	0	0								
 <p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention</p>	Gestational Age / Corrected Age	-	-	-	-	-	1	1	1	1	1	1									
	Total Pain / Agitation Score	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0									
	Intervention	-	-	-	-	-	-	-	-	-	-	-									
	Effectiveness	-	-	-	-	-	-	-	-	-	-	-									
	Signature	Pys	Dust	NBS	Gowri	Sh	A	S	R												

NPASS: Sedation & Sedation Scale

	Sedation	Pain / Agitation
How to use	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior. 	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	<ul style="list-style-type: none"> • Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record. 	<ul style="list-style-type: none"> • Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record
Interpretation	<ul style="list-style-type: none"> • Desired levels of sedation vary according to the situation. • Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> • "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea • "Light sedation": goal score of -5 to -2 • Reassess patient per frequency in local sedation policy • A negative score without the administration of opioids/ sedatives may indicate: <ul style="list-style-type: none"> • The premature infant's response to prolonged or persistent pain/stress • Neurologic depression, sepsis, or other pathology 	<ul style="list-style-type: none"> • Does not provide pain intensity rating. • Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). • Reassess patient per frequency of local pain policy. • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.



② 8/5/26

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	pm	am	am	am	am	
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)		-	118	132	133	149	152	123	133	153	137	123	141	
Resp. Rate (bpm) Over 1 Minute) *	70													
	60													
	50													
	40													
	30													
	20													
	10													
	0													
	Resp Rate (Number)		78	70	53	53	51	52	59	62	46	64	63	49
	Resp Distress	Mod/ Severe / None / Mild												
	Receiving O ₂ (l/min)													
	O ₂ Saturations (%)		98%	94%	95%	96%	95%	96%	97%	99%	98%	98%	98%	98%
	Conscious Level	Normal / Altered	0.09	0.09	0.04	0.03	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06
GCS *		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		V	P	P	P	P	P	P	P	P	P	P	P	

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:

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

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

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

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

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

BAH 00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-J
 01-01-2026 0 Y 4 M 5 D (M)
 Dr. VIJAYANAND JAMALPURI

9/5/26

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

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

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)	104													
	103	36.4°C	36.5°C	36.1°C	36.2°C	36.4°C	36.5°C	36.4°C	36.5°C	36.4°C	36.5°C	36.4°C	36.5°C	
	102													
	101													
	100													
	99													
	98													
	97													
	96													
	95													
	94													
	Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190												
		180												
170		81	86	83	78	95	76	92	83	78	96	87	87	
160														
150														
140														
130		92	91	93	95	98	99	94	93	91	96	96	96	
120														
110														
100		92	98	60	42	60	59	65	59	55	56	66	66	
90														
80														
70														
60														
50														
Heart Rate (Number)		181	126	134	124	150	142	147	122	118	147	155	143	
Resp. Rate (bpm) (Over 1 Minute) *	70													
	60													
	50													
	40													
	30													
	20													
	10													
	Resp Rate (Number)		61	50	71	58	60	66	81	47	60	45	nt	48
	Resp Mod/ Severe Distress	None / Mild												
	Receiving O ₂ (l/min)													
	O ₂ Saturations (%)		95%	95%	95%	95%	99%	99%	100%	92%	93%	94%	93%	98%
	Conscious Level	Normal / Altered												
	GCS *		C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE		1	1	1	1	1	2	1	1	1	0	1		
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0		
Pain Score		0	0	0	0	0	0	0	0	0	0	0		
Observer's Initials		z	se	z	z	z	z	z	z	z	z	z		

ACTIONS

- Score 1 : Continue normal observation by staff nurse
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- 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: Scores 3 should be recorded overleaf

* 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.



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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

FLUID CHART

Sheet No. :

7/5/26

TU - 150CC
 TF -
 BWT -

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

Date	Time	Nature of Fluid	Intake		NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	Route							
				10% DTP 3% VNS OG							
	08:00 am			15.5ml							
	09:00 am	neocat		15.5ml 4ml		yellow passed			8ml		
	10:00 am			15.5ml							
	11:00 am	neocat		15.5ml 4ml							
	12:00 pm			15.5ml		not passed			9ml		
	01:00 pm	neocat		14.5ml 6ml							
Total Intake :			Total Output :								
	02:00 pm			14.5ml							
	03:00 pm	neocat		14.5ml 6ml		yellow passed			8ml		
	04:00 pm			14.5ml							
	05:00 pm	neocat		14.5ml 6ml		yellow passed			9ml		
	06:00 pm			14.5ml							
	07:00 pm	neocat		14.5ml 6ml							
Total Intake :			Total Output :								
	08:00 pm			14.5ml							
	09:00 pm	neocat		14.5ml 6ml		passed			6ml		
	10:00 pm			14.5ml							
	11:00 pm	neocat		14.5ml 6ml		passed			10ml		
	12:00 am			14.5ml							
	01:00 am	neocat		9.2ml 9ml							
Total Intake :			Total Output :								
	02:00 am			9.2ml							
	03:00 am	neocat		9.2ml 9ml		not passed			8ml		
	04:00 am			9.2ml							
	05:00 am	neocat		9.2ml 9ml		passed			11ml		
	06:00 am			9.2ml							
	07:00 am	neocat		9.2ml 9ml		not passed			7ml		
Total Intake :			Total Output :								

Total 24 hrs. Intake 177cc/kg/day

Total 24 hrs. Output 144cc/kg/day

8/5/26

FLUID CHART



IV. 150cc/kg
 Bowel: 202
 TF = 29ml

330
 444
 166
 188
 Sheet No. : 9

- 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
			Mouth	I.V	NG	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			9.2							0	
	09:00 am	Meg code		9.2	9ml		Not passed			10ml	0	
	10:00 am			9.2							0	
	11:00 am	Meg code		9.2	9ml		Small passed			7ml	0	
	12:00 pm			9.2							0	
	01:00 pm	Meg code 12ml		7.7	12ml		5ml milk 14ml			8ml	0	
Total Intake :						Total Output :						
	02:00 pm			7.7								
	03:00 pm	Meg code		7.7	12ml					7ml	0	
	04:00 pm			7.7								
	05:00 pm	Meg code		7.7	12ml		Small passed			15ml	0	
	06:00 pm			7.7								
	07:00 pm	Meg code		6.7	14ml							
Total Intake :						Total Output :						
	08:00 pm			6.7								
	09:00 pm	Meg code		6.7	14ml		1ml milk passed			8ml		
	10:00 pm			6.7								
	11:00 pm	Meg code		6.7	14ml		passed			8ml	0	
	12:00 am			6.7								
	01:00 am	Meg code		5.7	16ml		not passed			10ml		
Total Intake :						Total Output :						
	02:00 am			5.7								
	03:00 am	Meg code		5.7ml	16ml		passed			12ml		
	04:00 am			5.7ml								
	05:00 am	Meg code		5.7ml	16ml		passed			13ml	0	
	06:00 am			5.7ml								
	07:00 am	Meg code		5ml	18ml					9ml		
Total Intake :			390ml			Total Output :						

Total 24 hrs. Intake 154cc by play

Total 24 hrs. Output 1.9cc by play



CROSS CONSULTATION FORM

Doctor Name : Dr Harish Jayaram Date : 18/5/2026 Time : 6:30 pm

Diagnosis :

Hospital : Pelt

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

18/5/2026
6:30 pm

Thanks for the referral,

Extremely preterm male baby
DOL-137. ? Lower GI contrast study
s/o anastomotic stricture.

PLAN

- Laparotomy +
Roux-Y Anastomosis on
19/5/2026.
- PAC
- Reserve Issue LRBC
@ 10ml/kg.
- Financial clearance

PA soft, distended

O/E - Pt c/c

Vitals:-

+afebrile

HR : 100/min

BP - 63/43 mmHg

SpO₂ - 98% RA

s/e - P/A - soft,
distended.

Consultant :

Name : Dr Harish Jayara

Signature :

Date & Time : 18/5/26

6:55 pm

No TPN in last 1 Month.

No sepsis.

Plan

- ix) To do GGT, INR.
- a) TMS, urine GMS.
to send.
- ③ Rpt v/s abdomen (pneum) ↓
look for GB. Dr. Kung
[CBD. Plus
- ④ take a picture of stool.
- ⑤ ~~eye examination - to look for fungus~~
- ⑥ To consider cyclical feeding
- ⑦ exp. UDCA/MET Ime BD
- ⑧ consider vit A, D, E, K supplements

sepsis

Re-Admission

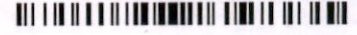


Rainbow Children's Hospital - Banjara Hills

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174028 Admit Date : 19-May-2026 Admit Time : 02:54 PM UHID : BAH-00644572

Patient Details :

Patient Name : Baby Of GOLLA PRANITHA TWIN-I Age : 0 Y 4 M 18 D
Guardian : Mr CHARAN TEJ BEENABOINA DOB : 01-01-2026 12:57 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : #301, PLOT NO 77, SAI SRI RESIDENCY,
YADAVA MITHRA COLONY, BANDLAGUDA
JAGIR BANDLAGUDA JAGIR Hyderabad Phone No : 9989089650
Telangana INDIA 500086 E-mail : na@gmail.com

Admission Details :

Bed Type : NICU Bed No : NICU 269 Ward Name : 2F-NICU 3
Room No : NICU 269 Admission Type : First Visit

Contact Details :

Name : Mr CHARAN TEJ BEENABOINA Relationship : Father
Contact Address : #301, PLOT NO 77, SAI SRI RESIDENCY,
YADAVA MITHRA COLONY, BANDLAGUDA
JAGIR BANDLAGUDA JAGIR Hyderabad Phone No : / 9989089650
Telangana INDIA 500086

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI Specialisation : NEONATAL INTENSIVE CARE
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.21
Payor Name : SELFPAY



REQUEST FOR CREDIT FACILITY

To,
The Credit Billing,
Tenet Diagnostics,
Banjara Hills, Hyderabad.

Patient details:
BAH-00644572 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 3 D (M)
Dr. VIJAYANAND JAMALPURI



Dear Sir/Madam,

We are sending the above mentioned patient for the diagnostic test BARIUM MEAL FOLLOW THROUGH WITHOUT ANESTHESIA in your diagnostic center on credit basis. Request you to kindly do the needful. The bill will be settled by Rainbow Hospital, billing department as per the agreement. For any further queries, please contact the billing manager.

Order ID: 5-0009591566

Thanking you,
Department of Inpatient Billing

Coordinator:

Signature: [Signature]
Name: Dr. Nargishan Reddy
Date & Time: 04/05/26 @ 3 PM

Billing Executive:

Signature: [Signature]
Name: ABDUL MUDASSIR
Date & Time: 04-05-2026 (04:47 PM)
Mobile (Billing Manager): 9247505898

Manager on Duty (MOD):

Signature: [Signature]
Name: Dr. Rama Krishna
Date & Time: 4/15/26
Mobile: 9676838787

Docu. No: RCH/FRM/GENERAL/663

BAH-00644572 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 1 D (M)
Dr. VIJAYANAND JAMALPURI



ADMISSION CRITERIA – NICU

Admission / Transfer from:

- Emergency Outpatient (OPD) Ward Operation Theater Others:

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

Prematurity and Low Birth Weight Babies:

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

Major Surgical Problems:

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

Criteria for shifting inborn babies from wards to NICU:

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

Signature of the Doctor:

Name of the Doctor:

Date & Time:

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 13 D (M)
 Dr. VIJAYANAND JAMALPURI



ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____
 Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

BAH-00644572 IP5-00174028
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 18 D (M)
Dr. VIJAYANAND JAMALPURI



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Pranita twin I Age: 4 M 18 D Gender: Male Female
UHID.No: 644522 Date: 20/5/2026

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

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

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

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

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>Charan Red</u>	Name: <u>[Signature]</u>
Date & Time: <u>20/5/26 AM</u>	Date & Time: <u>20/5/26 PM</u>

Witness

Signature: [Signature]
Name: [Signature]
Date & Time: 20/5/26

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

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

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

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

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

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము
పేరు

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2028 0 Y 4 M 1 D (M)
 Dr. VIJAYANAND JAMALPURI



NATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No.:
 NICU Consultant : Referring Consultant :
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : <u>B/O Pranitha</u> Gender : <input checked="" type="checkbox"/> M <input type="checkbox"/> F Blood Group : <u>B+ve</u> Date of Birth : Time of Birth : Place of Birth :	Mother's Blood Group : <u>B+ve</u> Birth Weight (gms) : Length (cms) : OFC (cms) : Estimated Gesth Age :
--	---

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

MATERNAL RISK FACTORS

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

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :
.....
.....

Present Issues :
.....
.....

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

BAH-00644572 IP5-00167820
 Baby **GOLLA PRANITHA TWIN-I**
 01-01-2026 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI



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

Day in NICU: Day of Life: **133** PMA: **440+45+1**
 Term Preterm Gestation: **27+3** Corrected Gestational Age: **1 month 2 week** Today's Weight: **2.208**
119 gm

Problems		
S.No.	Current	Past Problems
1.	EPT / ELBW / CLD grade 2	
2.	Cholestatic jaundice	
3.	MBO	
4.	Ⓛ enlarged hydrocoele.	
5.	slow transit gut.	
6.		

Clinical Assessment
 on MLF 0.04l/min tolerating well.
 No vomiting
 PA - soft, distended.
 stools passed - greenish yellow
 NA asp - 25-8ml over 2hrs (13.8ml in 12hrs)
 I/O - 268 / 131.8 (+136.2)
 U/O - 2mlch.

Medications Used
 NPO - all supplements on hold currently.
 cannula O₂.

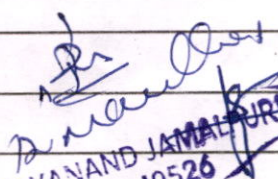
Plan of Care:
 ① TV = 120ml/kg/day → P10% - 150 - P, cont NPO.
 ② NA asp @ 2H, replace E R/E > 5ml/kg in 2hrs.
 ③ Xray now → R/E surgeons
 ④ low flow as required.

Doctor's Name (Hand over given): **Dr Ashwarya**
 Signature: *[Signature]*
 Date & Time: **14/1/26 8AM.**

Doctor's Name (Hand over taken): **Praveen**
 Signature: *[Signature]*
 Date & Time: **14/1/26**



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 2		seen by Dr. vijayanduro Sis
		→ start 3milling 4 hours 3hr of
	No vomiting	(total 1/2 scoop)
	Aspirate - 25ml	→ gastro subserology review
	abdomen soft distended	- trace all 11-ray film
	stool - passed	- document stool colour
		 Dr. VIJAYANAND JAMALPURI Reg. No: 40526

BAH-0044572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 1 PM	Afternoon Round	
	on RA.	
	issues of intermittent bradycardia, even while baby is active.	Plan - TV - 120cc/kg/day. → Feed - 3ml/hr
	ROP done.	plus 2 hrs off.
	Vitals:	(15ml + 1/2 scoop neocate) + Rest 10% Iso.
	HR - 110/min.	→
	(manual PR - 98/min)	→ Gastroenterology Review
	RR - 49/min.	(informed Dr. Alishe)
	SpO2 - 98%.	→ Collect X-Ray films
	BP - 45/36 (40)	→ Document stool colour.
	Tolerating eg infusion feeds.	→ Monitor for bradycardia, Ropillo.
	NG asp - 1ml.	
	Ab - distended soft.	
	Passing stool - light green.	
	AF - full.	
	ROP - Zone 3 stage regressing.	
	No plus R/A - 2 weeks	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 14/5/26 → 1:10pm		Case Discussed with <u>Dr. Vijayanand</u>
		→ Blood gas CRBS S/E, Ca ²⁺ , Mg ²⁺ PO ₄ ⁻
14/5/26	seen by <u>Dr. vijayanand</u>	
14/5/26 14/5/26 → 6:30pm		Continue low flow ECG.
	Intermittent Brady	Feeds
	No Desat	+ 16 tolerance ↑ from
	No Apnea	3ml to 5ml/hr.
	S-E - Sat - 130	4hrs on 2hrs off
	OTUS electrolytes - (N)	monitor vitals
	CRS assessment - (N)	Add 5meq/kg/day cat
		to rest 1VE/N 101.150p.120ml/kg/day
		Add phos to give + restant
		Dr. VIJAYANAND JAMALPURI
		Reg. No. 40E26
		Noted by Sripad 14/5/26

BAH-0064572
 Baby Of COLLA PRANITHA TWIN-I
 01-01-2023 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 9 pm	Bradycardia upto 75/min ↓ fixing after tactile stimulation	Plan:- • RIV to start inotropic support in rounds @ today. Dr. Ranga
14/5/26 11:45 pm	No vomiting Passed stools	Night Rounds Seen by <u>Dr. Nilesh</u>
		Plan: • Monitor HR, Inform if below 80/min ✓ Next cycle 4ml/hr, tolerance then ↑ to 5ml/hr next cycle ✓ Don't start Add phos. today RIV tomorrow Dr. Ranga
		Dr. Ranga 15/5/26

BAH-00644572 IP5-00167820
 Baby G GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 10:30 AM	seen by	Dr. Vijayanand Plan
	7.5ml asp in the nursery + abdo distension	① cont CPAP 5cm. ② Gas alt day & SOS
	Pigmented stools.	③ ongoing cardiology review
		④ ongoing surgical review
		⑤ NP ₂ } send new Ng } CRP } NBS. } + gas.
		⑥ CRBS BD.
		⑦ NPO.
		⑧ PICC line.
		⑨ Abdominal xray & abdominal assessment.
		Noted by Hejira 16/5/26 @ 10:40pm

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 12 D
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 2pm	Afternoon Round	
	On CPAP, PEEP-5 No beady / desat -	Plan.
	-Vitals HR - 117/min RR - 38/min Spo ₂ - 96% BP - 63/30 (37)	→ Continue CPAP-5 Target Spo ₂ 90-95% A/P Keep NPO
	NG asp - 10ml (decreased ^{light} green)	→ TV - 150cc/19/day 10% d50 P + 5mg/kg 3ml/kg Calcium
	P/A - dilated loopy.	→ Trace blood culture
	Hb - 7.5 CRP - 6.	→ PICC line today + UBG Start aminoven
	On Inj: Meropenam	→ CRBC transfusion → Send NBS
		→ CRBS - BD. → Abdominal assessment today → Give upk tomorrow → Monitor NG aspirate

Prophylaxis noted by Hajim
 16/5/26 2pm

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5	Pleural notes	
@ 4:30 PM		
	<p>under all aseptic precaution pleural placed on right hand and fixed at 15cm connected with chest n-say.</p>	
		<p>Adv</p>
		<p>connect HEPNS</p>
		<p>Start asepsis</p>
		<p>Dr Anandhar</p>
16/5 @ 5:50 PM		<p>seen by Dr. Vijayana S/O</p>
		<p>→ Continue CPAPs</p>
		<p>→ NPO</p>
		<p>→ LABC to give now</p>
		<p>← Monday multidipl nurse wa gas (SOC)</p>

Noted by Hefm
 16/5/26 @ 6 PM

17/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 136. PMA: 45+4.

Term Preterm Gestation : 27+3. Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPT/ECBW.	
2.	CEG grade II	
3.	cholestatic jaundice	
4.	MBD / left enlarged hydrocele	
5.	Subacute intestinal obstruction	
6.	Suspected sepsis (dysleukogram)	

Today's Weight :

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG: p_{O2} on CPAP + Ramis, PEEP - 6

Change over the Last 24 Hours: Multiple episodes of bradycardia

Hb - 7.5 ⇒ 2 RBC transfusion given

CRBS - 44 mg/dl → 2 mg/kg 10.1.D given, ↑ AIR 10.4 → 12.5

Last RBS - 7 mg/dl

Intermittent bradypnea

Plan of Care : HR - 100/min
 RR - 24/min
 SpO₂ - 96%
 BP - 81/37(53)

NG asp - 116 ml in last 24h replaced with RI twice.
 stool - passed twice (yellow)

Neurological Examination :

..... Sedation.....

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

BAH 00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0Y 4 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/26 8am		Seen by Dr. Vijayanand
		→ Continue CPAP.
	Intermittent	
	bradycardia without desaturation.	→ Blood gas twice weekly.
		→ NPO.
	NG asp - 16ml over 2 hrs	
		→ Urgent surgical review.
	DICE line - D,	→ NG asp 2nd help
	IV line - D,	Replace Dr. VIJAYANAND JAMALPURI
	Tubings - D,	11ml over 6h. Reg. No. 70526
		→ Send NBS today.
		⊕ Bpills.

01/26
3PM

Afternoon Note

on CPAP 6cm / 25.
 HR - 96/min
 RR - 23/min
 SpO₂ - 95%
 Intermittent bradycardia (+)
 NPO currently
 had 2 eps asymptomatic
 hypoglycemia - 50
 ↓

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	IVF 10 → 1500. 150-P Repeat CURBS-23	Plan ① cont CPAP ② cont NPO
	Abdomen distended but soft Dilated bowel loops visible Stools not passed today NK asp = 4ml.	③ TV = 150ml/kg/day ④ 157-150-P + Ca ₃ + Na ₅ + A ₂ . ④ CURBS BD gas SOS ← twice weekly ⑤ NA asp 924
	UR k given	replace 96tl if >1ml, with RL over 6hrs ⑥ latter need a ongoing surgical evaluation
		noted by anantha 17/5/26 @lgpr
18/5/26	Night Round on CPAP 5ml/257. HR-158/min SpO ₂ -96% RR-38/min NPO PA- distended but soft active baby NK asp = 20ml x mummy	Plan ① cont CPAP ② TV = 150ml/kg/day 157-150-P + Ca ₃ + Na ₅ + A ₂

BAH-00644572 IPS-00167820
 Baby Of GOLLA PRANTHA TWIN-I
 01-01-2026 0 Y 4 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Passed stools ↳ yellow. CRBS <u>73</u>.</p>	<p>③ cont NPO ④ CRBS BD ⑤ gas twice weekly ALS ⑥ wa amp @ 2H replace BGA if > 11ml & RL over 6hrs.</p>
	<p>Notified by Arun 015566 <u>18/3/26 - 2 AM</u></p>	<p><i>[Signature]</i></p>

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI



18/5/26

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

ADMISSION AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 139 PMA: 45+5

Term Preterm Gestation : 27+3 Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current	Past Problems
1.	<u>SPT / ELBW</u>	<u>Dyselectrolytemia</u>
2.	<u>CID grade II</u>	
3.	<u>cholestatic jaundice</u>	
4.	<u>MBD</u>	
5.	<u>subacute Testestinal obstruction</u>	
6.	<u>Suspected Sepsis</u>	

Today's Weight : 2.125 (32gm wt loss)

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours..... - on CPAP,
FiO₂ - 25%,
PEEP - 5

CARDIO VASCULAR SYSTEM

Plan of Care : SpO₂ - 92%,
PR - 100/min
RR - 41/min

CNS

Neurological Examination :

Sedation.....

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

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF: @ ml/hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination:

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

PIA - Distended, ed.

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

Plan of Treatment :

- continue CPAP PEEP-6
- continue NPO
- TV - 150ml/kg/day → 15% O₂ P.
+ 2g/kg aminoven
3ml/kg Calcium
5meq NaCl 3%
- NG aspiration 2ndely
- CRBS - BD
- Gas - ROS (twiceweekly)

Doctor's Name (Handover given) : Poplita

Signature : [Signature]

Date & Time : 10/5/26 8 AM

Doctor's Name (Handover taken) : Dr Ashwarya

Signature : [Signature]

Date & Time : 10/5/26 9 AM

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 @ 10am		Seen by <u>Dr. Vijayanand</u>
	<p>→ NG aspirates - 25ml Over 24hrs.</p>	<p>→ Trial off CPAP to low flow.</p>
	<p>→ Stool passed.</p>	<p>→ Monitor stool outputs colour.</p>
	<p>→ Tubings D2: PICC line D2 IV line D2.</p>	<p>→ NG aspirate 2nd hely replace if 11ml over 6hrs.</p>
	<p>→</p>	<p>→ Ongoing surgical review.</p>
	<p>→</p>	<p>→ Lower GI contrast study today.</p>
	<p>→</p>	<p>→ Keep NPO.</p>
	<p>→</p>	<p>→ Continue CPAP - 6cm</p>
	<p>→</p>	<p>→ CRBS - BD</p>
		<p>Dr. VIJAYANAND JAMALPURI Reg. No: 40526</p>

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2028 0 Y 4 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 1 PM	Afternoon Round	
	on CPAP @ 6cm	
	PEEP - 6 cm	
	Intermittent bradycardia	
	No desat.	Plan -
	Vitals:	→ Continue CPAP @ 6
	HR - 116/min	→ TV - 150 cc/kg/day
	RR - 42/min	15% desat.
	SpO ₂ - 98%	→ Keep NPO
	BP - 63/43 (52)	
	P/A - distended	
	soft, floppy.	→ Collect CxI contrast report
	NG aspirate - Fml (light green)	
	Stool - passed yellow.	→ @ Teac NBS report
		→ wlf bradycardia.
		→ Monitor vitals
		→ NG aspirate on 2nd hly
		replace if > 1ml over 2h
		or CxBS - BD.

Popplu
 No. of
 fingers

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/05/26 12:00pm	<p>Awake activity.</p> <p>CRBS - low: (12) 48/101.</p> <p>SpO₂ - 98%</p> <p>HR - 100/min</p> <p>RR - 61/min</p> <p>BP - 63/43 (5L)</p>	<p>Plan</p> <p>→ 10% D extroK 2ml/kg stat</p> <p>→ Repeat CRBS at 1:50pm & inform</p>
	<p>Sucking - good.</p>	<p>Dr. N. Peethuraj</p>
18/05/26 11:30pm	<p>CRBS - 12 samples</p> <p>↓</p> <p>2ml/kg 10% D extroK 2ml/kg 5% solution</p> <p>No mechanical causes Pice line checked</p> <p>GIR = 15.6</p>	<p>Case discussed @ Dr. Vijayanand</p> <p>Plan</p> <p>① Continue same 1st. 1.50 @ 1.50ml/kg/day</p> <p>② Repeat CRBS @ 1:50pm and inform</p> <p>③ In case of next episode of hypoglycemia to send arterial samples when solve and measure GIR</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 3 PM		Seen by Dr. Vijayanand
		→ Continue NPO.
		→ Continue CPAP.
		→ If any further hypoglycemia
		Send critical sample
		→ Surgical discussion
		→ R/V PAE.
		→ CRBS - BD
		→ Continue Meperidine
		noted by Justice 02/02



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05/26 11:50 pm.	Night rounds	Play
	on CPAP - PEEP 6 FiO ₂ - 25%	INPO Continue
	No Desat / No Apnea Bradycardia ⊕ Unresponsive	2. Continue CPAP PEEP 6, FiO ₂ - 25%
	Vitals: SpO ₂ - 94% HR - 122/min RR - 56/min BP - 78/66 (66)	3. TV - 150 ccl/kg/day. 15% ISO - P + A ₂ Ca ₃ + Smeglyts 3% NaCl.
	PIA - Distension ⊕ Loopy	4. q PRS - BD.
	Nasal PIPAKS ~ 26 ml. in last 13 hours.	5. PAC to be done
	Stool - passed ① light green colour.	6. Surgery tomorrow laparotomy + Resection anastomosis (9/5/26)
	Replacement with Regosyon lego - reserved.	6. Send issue form of RSC to Lab at ban Tm. 7. Monitor vitals. 8. If any further hypoglycemia send critical sample

Noted by
 Shweta
 19/5/26
 @ 12 AM - Dr. P. Prabhakar

BAH-00644572 IPS-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
19/5/26	Night Rounds	
1:40pm		Seen by Dr. Nilesh Sir
	PAC - done	Plan:
	Posted for Leptotomy - T/M	• Continue TV = 150ml/kg/day
	RBS = 6mg/dl on 15% TPN	15% TPN
		• Resume CRBC transfusion
		• Secure IV cannula
		Send → PT-APTT } now
		CBP
		Dr. Ramya
19/5/26	Blood Gas	Plan:
4Am	K = 2.9 mmol/L	• Start Zinj KCl 1mg/kg ^{in maintenance}
	pH = 7.412	• Rest CTall
	PCO ₂ = 55.7	Dr. Ramya
	Hb = 10.7	
	Na = 134	
	Lact = 1.9	
	BE +9.8	
	HCO ₃ = 32.4	

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 18 D (M)
 Dr. VIJAYANAND JAMALPURI



19/5/26



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 138 PMA: 45+6

Term Preterm Gestation : 27+3 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	RFT / ERW / CD	Dys electrolytemia
2.	Grade-II / Unipolastic	
3.	raindrops / MBD / Subacute	
4.	Intestinal obstruction /	
5.	Suspected sepsis	
6.	Hypoglycemia	

Today's Weight : 2.188

VENTILATORY SUPPORT : Yes No - Day # of Vent :

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

Ventilator Settings : PIP..... PEEP 8 VG..... Rate..... FiO₂ 25% Oxygen : L/min

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours:

Plan of Care :

SPO₂ - 93%
 HR - 110/min
 RR - 43/min
 BP - 78/39 (53)

Neurological Examination :

Sedation: ✓

Last Neurosonogram : Any Seizures:

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF : @ ml / hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination:

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

D/A - Diffusion ⊕

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

picc line - Day 3, W cannula.

Plan of Treatment :

- NPO
- Continue CRAP PEEP-6.
- TV - 150 ml/kg/day 15% UO-P + A2O3 + 5mg/kg 3% NaCl
- (Reserve LRBC - ~~not~~ LRBC to be used)
- PAC-DOME
- Sp - Laparotomy + Resection anastomosis at 1pm today
- GRBS-BD
- NG aspirations 2nd hourly, Replace if >1ml with RL over 6 hours.

Send S - Electrolytes (Advised by Dr. mamanna) now.

Doctor's Name (Handover given) : *N. Prasad*

Signature : *N. Prasad*

Date & Time : *19/05/26*

Doctor's Name (Handover taken) : *Prasanna*

Signature : *Prasanna*

Date & Time : *19/05/26 9am*

B/o Pranita
Twin!

BH-00644572 IP5-00174028
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 18 D (M)
Dr. VIJAYANAND JAMALPURI



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 9:50am		Seen by Dr. Vijayanand -
	→	Continue CPAP, PEEP - 7cm
	Tubings - Day 3 →	Continue NPO.
	PICCline Day 3	
	periph. IV line Day 1 →	Blood gas - post operatively
	NG up - 27ml →	Surgery as planned.
	Jaundice - 7ml (light green) →	Give FFP
	Stools - passed →	CRBS - BD.
	yest. morning →	TV - 150cc/kg/day.
	Ongoing KCl collection →	I/O chart - 6th July.
	D Respirate →	Dr. VIJAYANAND JAMALPURI Reg. No: 40526

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26	<u>Receiving notes</u>	
7:30 PM	- Received from OT,	Case seen by Dr. Sarat
Sedation		<u>Plan:</u>
given in OT	- Fentanyl propofol Rocuronium,	- continue PCV mode,
- Intubated	- 3 size ET → fixed 7mm;	FiO ₂ - 100%, 16/6, RR - 45 breaths, Ti - 0.35
Findings:-	multiple strictures, two strictures → stricturoplasty & resection & anastomosis done for at two sites.	- TV - 100ml/kg/day ↓ 15% ISO p. - To give NS bolus, [100ml/kg] over 30 min.
Blood loss of	- 250ml. [100ml/kg]	- To place arterial act line once BP stabilizes
Fluids Replaced	- RL - 70ml NS - 70ml <u>140ml</u> (70ml/kg)	- Blood gas after 2 hours - To do CXR - now
In OT		- To send CBP serum electrolytes
Blood products & colloids	→ Blood → 75ml Cryo+ - 65ml FFP 5% Albumin - 30ml <u>75ml/kg</u>	PT, APTT (after 2 hrs), INR - To give PRBC transfusion.

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 19 D
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2026 7:30pm		cl/s B D.N.K. - To do Blood Gas } CXR } p/w
		- continue Adrenaline infusion Nor-adrenaline infusion
		- If persistent shock ↓ Consider hydrocortisone, Give stat dose.
		& To add iv collistin
		- If Bp maintaining To taper Adrenaline infusion Nor-adrenaline infusion if maintain
		- CBP Electrolytes } PT, APTT, } after 4 hours INR }
		- To give PRBC transfusion;



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><u>19/5/26</u> <u>8:30PM</u></p>		<p>c/s by <u>Dr. Vinu</u></p>
		<p><u>Plan:</u></p>
	<p>- on Pressure control mode, $FiO_2 - 50\%$, $18/6$, $RR - 40/\text{min}$</p>	<p>- continue current ventilation, pressure control.</p>
	<p>$SpO_2 - 96\%$</p>	<p>- Target $SpO_2 - 90$ to 95%.</p>
	<p>$PR - 151/\text{mm}$</p>	<p>- TV - 100ml/kg/day</p>
	<p>$RR - 55/\text{min}$</p>	<p>↓ [Excluding blood products]</p>
	<p>$BP - 90/73(78)$</p>	<p>$15\% \text{ Iso-p}$</p>
	<p>ok, - pallid ⊕</p>	<p>⊙ 13.75ml/hr</p>
	<p>- Peripheral pulses - poor,</p>	<p>9.1ml/hr</p>
	<p>- CRT - prolonged.</p>	<p>- continue</p>
		<p>Adrenaline,</p>
		<p>Not - Adrenaline</p>
	<p>- ongoing PRBC transfusion</p>	<p>infusion.</p>
		<p>- Ilo. changing 6th hourly,</p>
		<p>- To do blood gas</p>
		<p>after 1 hour and</p>
		<p>check for Hb and</p>
		<p>electrolytes,</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- NG aspirated and hourly. <u>Amel</u>
<u>19/5/26</u> <u>11:45 PM</u>		seen by Dr. Kapil
	- Blood gas - pH - low, pCO ₂ - 129 PO ₂ - 63.4, lactate - High	<u>Plan:</u> - change to HFOV, FiO ₂ - 100%, Freq - 10, MAP - 12, AP - 41, I:E = 1:2, - To give NS bolus 10ml/kg over 30 mins
	SpO ₂ - 65% PR - 155/min Bp - not recordable.	- To give Sodium bicarbonate 2mg/kg stat. - To give calcium gluconate stat. - To give Attenviron (5%) infusion - To do next blood gas after 30 mins. - Monitor urine output - continue - Amelaline Nor-adrenaline infusion
		<u>Amel</u>

BAH-00144572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 18 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		Seen by Dr. Vijayanand sir
11:30PM		
		<u>Plan:</u>
	Extreme prem	
	ELBW	- continue HFV,
	Chronic lung disease	FiO ₂ - 100%,
	conjugated jaundice	
	Metabolic Bone disease	- Target SpO ₂ - 88+
	TRAGT - NEC,	
	Previous - lapotomy +	- TV - 80ml/kg/day
	Resection + anastomosis	↓
	+ Adhesiolysis	15% Iso-p
	HS-PDA → device closure.	[Excluding blood products]
		- Give FFP;
	<u>Current issues:</u>	
	- post operative stage -	- continue Adrenaline,
	lapotomy + Multiple	Nor-adrenaline
	stricturing resection &	infusion.
	Anastomosis + Adhesiolysis	
	- Severe circulatory	- Ilo. clamping
	shock	6th hourly.
	- severe metabolic	
	acidosis.	- Give stat dose of
	- Severe Anemia,	hydrocortisone
	- [pallor⊕]	
	- Risk of sepsis.	

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 18 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<ul style="list-style-type: none"> continue Murphenem, collistin
	<p>SpO₂ - 85 to 93% MP RPR - 157/100</p>	
	BP - 66/35 (43)	<ul style="list-style-type: none"> to give FFP 15ml/kg over 30 min.
	<ul style="list-style-type: none"> on Adrenaline - 0.9 on nor - Adrenaline - 0.4 	<ul style="list-style-type: none"> Target SpO₂ - 85 to 95%. To start β minimal fentanyl sedation.
	<p><u>Neurological assessment</u></p> <ul style="list-style-type: none"> NO subarachnoid bleed. 	<ul style="list-style-type: none"> To give sodium bicarbonate omeg over 12 hours
	<p>After receiving =</p>	<ul style="list-style-type: none"> To start vasop To start vasopressin infusion.
	<ul style="list-style-type: none"> Total Blood - 90ml Total blood - 50ml 	<ul style="list-style-type: none"> To give albumin 5% 5ml/kg over 4 hours.
	<p>140ml → 70ml/kg</p>	<ul style="list-style-type: none"> To give RDP.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26		
4:00 AM		el D/w Dr. vijayanand SIR
	<p>Last Blood gas - pH - too low, PCO₂ - 82.1, O₂ - 39.8, Hb - 4.9g% Lactate - high.</p>	<p>Plaus.</p> <p>Continue current ventilation.</p> <p>continue</p>
	<p>on HFOV, frequency - 10-18;</p>	<p>TV - 8ml/kg/day</p>
	<p>SpO₂ - Intermittently readable (upto 95%),</p>	<p>15% ISO-p [Excluding all blood products]</p>
	<p>PR - 150/min</p>	
	<p>BP - 35/15 (25)</p>	<p>continue</p>
	<p>p/A - Distended firm;</p>	<p>Adrenaline, Nor-Adrenaline, Vasopressin infusion</p>
	<p>Urine output (2ml in last 9 hrs)</p>	<p>- I/O charting hourly.</p>
	<p>- ongoing 3rd UBC transfusions</p>	<p>- continue sodium bicarbonate</p> <p>Dr. VIJAYANAND JAMALPURI Corrected No: 40526 And</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26		
6:00 AM	lact blood gas - pH - low, pCO ₂ - 78.8 PO ₂ - 24.4 lactate - flush	Plans - ↓ frequency to 6 - ↑ MAP to 8.
20/5/26		
6:25 AM	- Baby had Brady Cardia HR - 50 SpO ₂ - not recordable Bp - not recordable	Plans - Started chest compressions with ratio of 3:1 - Inj. Adrenaline 0.3ml/kg given - Inj. calcium gluconate 1ml/kg stat given. - Inj. Sodium bicarbonate 1meq/kg stat given
6:30 AM	↓ - HR - 52/min SpO ₂ - not recordable Bp - not recordable	↓ - continued chest compressions - Inj. Adrenaline 0.3ml/kg given

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 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI



20/5/26



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 139 PMA: 46
 Term Preterm Gestation : 27+3 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELBW / CID	Metabolic Bone Disease
2.	grade II /	Dyselectrolytemia
3.	post op - laparotomy + resection	
4.	Anastomosis of (POD-1)	Severe metabolic
5.	+ Adhesiolysis	acidosis
6.	Suspected sepsis / Severe anaemia, Refractory shock;	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours.....

- on HFOV, - 250ml blood loss in OT.
FiO₂ - 100%
Frequency - 6
MAP - 13
Sp - 40,
After switching to NIV
- 3 UBC given
- 1 FFP given

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO₂ - 50%
HR - 78/min
Bp - not recordable

CNS

Neurological Examination :

Sedation - on Fentanyl

Last Neurosonogram : (B) Any Seizures (negative)

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI



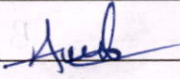
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Iv° calcium gluconate 1ml/kg stat given
		- Iv° sodium bicarbonate 1meq/kg stat given
	↓	↓
6:35 AM	HR - 50/min SpO ₂ - not recordable BP - not recordable	- continued chest compression - Iv° Adrenaline 0.3ml/kg given - Iv° calcium gluconate 1ml/kg stat given - Iv° sodium bicarbonate 1meq/kg stat given
	↓	↓
6:40 AM	HR - 52/min SpO ₂ - not recordable BP - not recordable	- continued chest compression - Iv° Adrenaline 0.3ml/kg given. - Iv° calcium gluconate 1ml/kg stat given - Iv° sodium bicarbonate 1meq/kg stat given

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26		
<u>10:05 AM</u>	<p>→ Baby had Sudden Cardiac arrest</p> <p>SpO₂ - not recordable HR - not recordable BP - not recordable</p>	<p><u>plan:</u></p> <p>- TO start chest Compressions</p> <p>- To give Adrenaline 0.3ml/kg stat</p> <p>- to give calcium gluconate 2ml/kg</p> <p>- To give sodium bicarbonate, infusion stat 1 meq/kg</p>
	<p style="text-align: center;">↓</p> <p>SpO₂ - not recordable HR - not recordable BP - not recordable</p>	<p style="text-align: center;">↓</p> <p>- To continue chest Compressions</p> <p>- To give Adrenaline 0.3ml/kg stat</p> <p>- To give calcium gluconate 2ml/kg</p> <p>- To give sodium bicarbonate, 1 meq/kg</p>
<u>10:15 AM</u>		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10: 25AM	↓	↓
	SpO ₂ - not recordable BP - not recordable HR - not recordable	- Continue chest Compressions. - 1mg calcium gluconate 2ml/kg
		- 1mg sodium bicarbonate 1mg/kg.
		↓
10: 35AM	↓	
	SpO ₂ - not recordable BP - not recordable HR - not recordable	- To continue chest Compressions. - 1mg calcium gluconate 2ml/kg - 1mg sodium bicarbonate 1mg/kg. stat
	In spite of resuscitations, Baby could not be revived and declared dead at 10: 38 AM.	
		

BAH-00644572 IP5-00167820
 BAH-00644572 IP5-00167820
 01- Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 12 D (M)
 Dr. VIJAYA AND JAMALPURI



RESULT SHEET

Date	2/5/26	5/5/26	12/5	12/5	16/5/26	19/5/26
Time	12:13Am	12:08Pm		1:23Pm	4Am	4Am
Hb			9.9		7.5	11.0
PCV			29.7		23.3	33.3
RBC			3.68		2.72	3.97
WBC			14,060		9.54	8.42
N/L			54/32		66.2/22.3	40/44
Platelets			5.52		413	280
CRP					6	
ESR						
PCT						
RBS						
Na	130	129	141	130	182	133
K	3.4	2.9	3.6	3.4	3.3	2.0
Cl	95	96	100	92	92	96
Ca/Mg		8.3/	9.5	8.6/2.4	8.8/2.4	
Phosphate		2.6	3.3	3.1	3.4	
Urea						
Creatinine						
ALP			1066			
SGPT			142			
SGOT			308			
T.Bil/Conj			8.9			
T.Protein			5.6			
S.Albumin			3.4			
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						27/2.1
Cells						57
N/L						

27/2.1
57



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
2/5/26	5pm	102mg/dl	10% Dsop	Danyf
3/5/26	5AM	.	10% Isop	Bhuf
3/5/26	6pm	63mg/dl	10% Isop	Amy
4/5/26	6AM	71 mg/dl	10% ISOP	M
4/5/26	3 PM	47 mg/dl	10% ISOP	Pijs
4/5/26	5PM	107 mg/dl	10% ISOP	Pijs
5/5/26	6am	122 mg/dl	10% Isop	Pij
6/5/26	6 am	61 mg/dl	10% ISOP	D
7/5/26	6AM	71 mg/dl	10% Isop	df
8/5/26	6AM	89 mg/dl	10% Isop	df
9/5/26	6AM	91 mg/dl	10% Isop	df
10/5/26	6am	79 mg/dl	10% Isop	df
12/5/26	6am	70 mg/dl	full feed	df
12/5/26	1PM	74 mg/dl	"	df
13/5/26	1AM	84 mg/dl	"	Pij
14/5/26	6am	96 mg/dl	"	Supriya
14/5/26	1:20PM	75 mg/dl	"	Lakshya
15/5/26	6 AM	55 mg/dl (inform to Dr. Mananthe man)	10% ISOP	Sriatha
16/5/26	6AM	80 mg/dl	10% Isop	Fuj
16/5/26	11am	61 mg/dl	10% Isop	df
17/5/26	11AM	48 mg/dl	10% Isop	ch
17/5/26	3AM	76 mg/dl	10% Isop	ch
17/5/26	7AM	86 mg/dl	10% Isop + 25% D	ch
17/5/26	12PM	50 mg/dl	10% Isop + 25% D	df
17/5/26	2pm	83 mg/dl	15% ISOP	df
17/5/26	6pm	73 mg/dl	15% ISOP	df
18/5/26	12AM	77 mg/dl	15% ISOP	df

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 1 D (M)
 Dr. VIJAYANAND JAMALPURI



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.270

Ward

DRUG: Inj CAFFIENE				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Dt.														
11ms	I.V	OD	3/5														
Name & Signature of the Doctor Starting the Drugs: Rupanjali				<div style="display: flex; justify-content: space-between;"> Shikhar Aditya Megha Shikhar </div>													
Additional Instructions: 5ms / kg / day				Dose changed to Diet D. Regy													
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-around;"> Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ </div>													
DRUG: VITAMIN-D 3 Dro				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Dt.														
1ml	PO	OD	17/4														
Name & Signature of the Doctor Starting the Drugs: Rupanjali				<div style="display: flex; justify-content: space-between;"> N N N N N N N N N N N N N N N N N </div>													
Additional Instructions: 1ml - 200 IU				<div style="display: flex; justify-content: space-between;"> h h h h h h h h h h h h h h h h h </div>													
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-around;"> Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ </div>													
DRUG: 3% Nacl				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Dt.														
2-4ml	PO	each feed	6/4														
Name & Signature of the Doctor Starting the Drugs: Rupanjali				<div style="display: flex; justify-content: space-between;"> N N N N N N N N N N N N N N N N N </div>													
Additional Instructions: 6.5MEq / kg / day				<div style="display: flex; justify-content: space-between;"> h h h h h h h h h h h h h h h h h </div>													
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-around;"> Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ </div>													
DRUG: DOMSTAL SUSPENSION				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Dt.														
0.6ms	PO	TID	1/5														
Name & Signature of the Doctor Starting the Drugs: Rupanjali				<div style="display: flex; justify-content: space-between;"> N N N N N N N N N N N N N N N N N </div>													
Additional Instructions: 0.2ms / kg / day				<div style="display: flex; justify-content: space-between;"> h h h h h h h h h h h h h h h h h </div>													
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-around;"> Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ Ⓞ </div>													

VERIFIED

VERIFIED

Signature

BAH-00644572
 Baby Of Golla Pranitha Twin-I
 01-01-2026
 Dr. V. JAYANAND JAMALPURI (M)

IP5-00167820
 0 Y 4 M 6 D



REGULAR PRESCRIPTIONS

Weight 2.2 Ward

VERIFIED

DRUG : Caffeine Citrate Date/Time 11/5 12/5

Dose	Route	Frequency	Start Dt.
1mg	PO	OD	10/5/26

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

Additional Instructions:
5mg/kg/dose.

Daily Doctor's Endorsement by a Sign

DRUG : 3% NACl Date/Time

Dose	Route	Frequency	Start Dt.
		Each feed	10/5/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Domecil suspension Date/Time 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5

Dose	Route	Frequency	Start Dt.
0.5ml	PO	Q8H	5/5

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

Additional Instructions:
1ml = 1mg
0.3mg/kg/dose

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : Taj Meropenem Date/Time 16/5 17/5 18/5 19/5 20/5

Dose	Route	Frequency	Start Dt.
88mg	IV	8 hourly	16/5

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

Additional Instructions:
40mg/kg/dose

Daily Doctor's Endorsement by a Sign



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <i>Ty' COLISTIN</i>				Date Time <i>19/5/2025</i>
<i>88,000 10</i>	<i>IV</i>	<i>TID</i>	<i>19/5</i>	<i>6am</i>
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Anusha</i>				<i>8pm</i>
Additional Instructions: <i>40,000 10 to 1000</i>				<i>10pm</i>
Daily Doctor's Endorsement by a Sign				
DRUG : <i>Ty' HYDROCORTISONE</i>				Date Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Signature
Name
VERIFIED BY :

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 2.2/2000 Ward:

DRUG: Syp UBILIV				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Date														
1.2 ml	PO	BD	2/4	6am	N	N	N										
Name & Signature of the Doctor Starting the Drugs: Rupanjali					0	0	0	NPO	Hold	Always	Always	Always	Always	Always	Always	Always	Always
Additional Instructions: 15 mg/kg/day					0pm												
Daily Doctor's Endorsement by a Sign					0	0	0	0	0	0	0	0	0	0	0	0	0

DRUG: VITAMINE Capsule				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Date														
200mg	PO	OD	3/4	6pm	N	N	N										
Name & Signature of the Doctor Starting the Drugs: Rupanjali					0	0	0	Hold	Hold	Always	Always	Always	Always	Always	Always	Always	Always
Additional Instructions: 1 Capsule squeezed PO (1cap = 200mg)																	
Daily Doctor's Endorsement by a Sign					0	0	0	0	0	0	0	0	0	0	0	0	0

DRUG: ZINCUST DROPS				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Date														
0.5ml	PO	OD	17/4	6pm	N	N	N										
Name & Signature of the Doctor Starting the Drugs: Rupanjali					0	0	0	Hold	Hold	Always	Always	Always	Always	Always	Always	Always	Always
Additional Instructions: 0.5ml PO/OD																	
Daily Doctor's Endorsement by a Sign					0	0	0	0	0	0	0	0	0	0	0	0	0

DRUG: BUDECORT NEBS				Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5
Dose	Route	Frequency	Start Date														
	NEB	BD	17/4	2am	X	mecha	mecha										
Name & Signature of the Doctor Starting the Drugs: Rupanjali																	
Additional Instructions: 1/2 nebsule					2pm	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always	Always
Daily Doctor's Endorsement by a Sign					0	0	0	0	0	0	0	0	0	0	0	0	0

VERIFIED

VERIFIED

VERIFIED



Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/5		INS VIT K	0.5ml	IM	[Signature]	
10/5	9am	Inj. VITAMIN K	0.5ml	IV	Sreha	Navanitha
12/5	8:30pm	IV fluid RL	14ml over 6hrs	IV	Poojitha	[Signature]
13/5	3am	IV fluid RL	13ml over 6hrs	IV	L	[Signature]
16/5	7:20pm	LPBC	20ml/kg	Flw over 4hrs	[Signature]	[Signature]
17/5	2am	10% Dextrose	2ml/kg	IV over 10min	[Signature]	[Signature]
18/5	6:45am	Inj. vit k	1mg	IV	[Signature]	[Signature]
18/5	1:20pm	10% Dextrose	2ml/kg	W N. Poojitha		
19/5	10:45am	AFP	15ml/kg	Poojitha		[Signature]

VERIFIED BY : Name: Signature

I.V. FLUIDS CHART

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



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
10/5/26	IVF							
16/5/26	TV - 150ml/kg/day ↓ 10% Iso-pf 5ml/kg calcium gluconate	IV	1ml/hr					
16/5/26	IVF 1/2 NS RL 65ml over 6 hours	IV	11ml/hr					
17/5/26	IVF RL 9ml over 6 hrs	Picc				17/5 26		
19/5/26	3:15pm. PRBC irradiated. (27ml)	IV	27ml			19/5/26		
19/5/26	2pm. RINGER LACTATE	IV	8ml/hr			19/5/26		
19/5/26	4:00pm CRYO PRECIPITATE 30ml	IV				19/5		
19/5/26	5:30pm PRBC 45ml	IV				19/5		

Signature

VERIFIED BY : Name

BAH-0064472 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2028 0 Y 4 M 8 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

I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID <small>(if infusion, mention ml / hr = Mcg / kg / min. etc.)</small>	ROUTE	Flow Rate <small>(ml/hr)</small>	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
10/5/26	10am	TV-150cc/kg/day 10% d50P + Na3.	IV	2.7 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	10/5 @ 11 Am	<i>[Signature]</i>	<i>[Signature]</i>
12/5/26	2pm	TV=120ml/kg/day 10% 150-P	IV	ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	P	<i>[Signature]</i>	<i>[Signature]</i>
13/5 12/5	8:30 8:30 pm	TV-120cc/kg/day 10% d50P	IV		<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>	
14/5		TV-120cc/kg/day 10% d50P	IV	umil/hr	<i>[Signature]</i>	<i>[Signature]</i>	10/5/26	<i>[Signature]</i>	
12/5 12/5	8pm	TV-120cc/kg/day 10% 150-P + Nat 5meq/kg/day	IV	umil N-pm	<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>	
12/5	6:30pm	TV=120ml/kg/day 10% 150-P + 5meq/kg/day Na	IV		<i>[Signature]</i>	<i>[Signature]</i>			
14/5		TV-140cc/kg/day 10% d50P + Ca3 5meq/kg/day Na	IV		<i>[Signature]</i>				
		TV-150cc/kg/day 12.5% d50P + 2g/kg aminoven + 5meq/kg/day + 3ml/kg Calcium	PICC		<i>[Signature]</i>				Stop on en
16/5	5pm	TV-130cc/kg/day 10% 150W6-P + aminoven-2g/ml/kg + calcium-3ml/kg + Na-5meq/kg/day	PICC	11.9 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>		<i>[Signature]</i>	<i>[Signature]</i>

IP5-00167820
 BAH-00644572
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 0 D (M)
 Dr. VIJAYANAND JAMALPURI

STAT / ONCE ONLY DRUGS

Name:

Weight: 2.2 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
4/5/26		10% Dextrose	@ 2ml/kg	T			
4/5/26	4:20 pm	10% Dextrose	@ 2ml/kg	T.V over 3-5mins	[Signature]	[Signature]	[Signature]
19/5/26	7am	Inj Kcl	1meq/kg over 6hrs	IV	[Signature]		[Signature]
19/5/26	7:30 am	PRBC	20ml/kg over 3 hours	IV	[Signature]		[Signature]
19/5/26	8:30pm	Inj PARACETAMOL.	20mg	IV	[Signature]	[Signature]	[Signature]
19/5/26	11:30pm	Inj HYDROCORTISONE	1mg/kg	IV	[Signature]		[Signature]
19/5/26		Inj ALBUMIN (5%)	1g/kg (5ml/kg) over 4hrs.	IV	[Signature]	[Signature]	[Signature]
20/5/26	12:30 am	Inj FFP	15ml/kg	IV	[Signature]	[Signature]	[Signature]
20/5/26	1am	RDP	15ml/kg	IV	[Signature]	[Signature]	[Signature]
20/5/26	9:30 pm	PRBC	20ml/kg over 2 hours	IV	[Signature]	[Signature]	[Signature]
20/5/26	2:30 am	PRBC	20ml/kg over 3 hours	IV	[Signature]	[Signature]	[Signature]
20/5/26	12:30 am	Inj Sodium bicarbonate	6meq over 12 hours	IV	[Signature]	[Signature]	[Signature]

15/4/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8 AM	10 AM	12 PM	2 PM	4 PM	6 PM	8 PM	10 PM	12 AM	2 AM	4 AM	6 AM	
Doctor/Nurse/Family Concern?														
Temperature (F)	104													
	103													
	102													
	101													
	100													
	99													
	98													
	97													
	96													
	95													
	94													
	Heart Rate (bpm) and Blood Pressure (mmHg) *	190												
		180												
170														
160														
150														
140														
130														
120														
110														
100														
90														
80														
70														
60														
50														
Note: BP does not score in early warning scoring														
Heart Rate (Number)		150	157	131	109	109	118	120	116	117	137	123	127	
Resp. Rate (bpm) (Over 1 Minute) *														
Resp Rate (Number)		50	42	45	51	38	39	60	58	48	72	64	47	
Resp Distress	Mod/ Severe None / Mild													
Receiving O ₂ (l/min)														
O ₂ Saturations (%)		100%	100%	99%	98%	98%	99%	96%	93%	96%	96%	95%	93%	
Conscious Level	Normal Altered	N	N	N	N	N	N	N	N	N	N	N	N	
GCS *		15	15	15	15	15	15	15	15	15	15	15	15	
TOTAL SCORE														
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		R	S	R	R	R	R	R	R	R	R	R	R	

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:

- 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)

15/5/26



FLUID CHART

Sheet No. :

TV - 140cc/kg/day
 Bwt - 2.2kg

- 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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	NG	Diarrhoea	Vomit	Drainage	Urine			
					NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Neocate		10.3ml	-							
	09:00 am		10.3ml	-					10ml	1		
	10:00 am		9.9ml	5ml								
	11:00 am		9.9ml	5ml								
	12:00 pm		9.9ml	5ml		passed			8ml	1		
	01:00 pm		9.9ml	5ml								
Total Intake :			20ml			Total Output :					18ml	
	02:00 pm	Neocate		9.9ml	-							
	03:00 pm		9.9ml	-		little passed			12ml	1		
	04:00 pm		6.1ml	10ml								
	05:00 pm		6.1ml	10ml								
	06:00 pm		6.1ml	10ml		little passed			10ml	1		
	07:00 pm		6.1ml	10ml								
Total Intake :			40ml			Total Output :						
	08:00 pm	Neocate		6.1ml	-							
	09:00 pm		6.1ml	-					10ml	1		
	10:00 pm		6.1ml	10ml		passed						
	11:00 pm		6.1ml	10ml								
	12:00 am		6.1ml	10ml					8ml	1		
	01:00 am		6.1ml	10ml								
Total Intake :			40ml			Total Output :					18ml	
	02:00 am	Neocate		6.1ml	10ml							
	03:00 am		6.1ml	10ml		passed			10ml	1		
	04:00 am		6.1ml	10ml								
	05:00 am		6.1ml	10ml		passed			9ml	1		
	06:00 am			Hold.								
	07:00 am								9ml	1		
Total Intake :						Total Output :					26ml	

Total 24 hrs. Intake

Total 24 hrs. Output 31cc/kg/day

00644572 IP5-00167820
 OF GOLLA PRANITHA TWIN-I
 -2028 0 Y 4 M 16 D (M)
 JAYANAND JAMALPURI



FLUID CHART

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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												
	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

AH-00644572 IP5-00174028
 baby Of GOLLA PRANITHA TWIN-I
 1-01-2026 0 Y 4 M 18 D (M)
 r. VIJAYANAND JAMALPURI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/5/26 Time: 6pm

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

Blood Bank Issue No: BAH-26-0013 Date of Collection: 12/5/2026 Date of Expiry: 12/5/2027

Date & Time of Starting Transfusion: 19/5/26 at 6PM Planned duration of Transfusion: 15 Mints

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: R. Neeyani Nurse 2: RR. Anus

Before starting transfusion vitals: Temp: 36.2° HR 126 RR: 24 BP: 56/98 SpO₂ 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>19/5/26</u>	<u>15 Min</u>	<u>136</u>	<u>36.2°</u>	<u>54/28</u>	<u>99%</u>	-	-	-	-
	<u>15 Min</u>	<u>132</u>	<u>36.4°</u>	<u>56/30</u>	<u>100%</u>	-	-	-	-
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments:

no Complication during and after transfusion

Name of the Incharge-Nurse: Rubna Kurni

Name of the Nurse: Neeyani

Signature of the Incharge-Nurse: Rubna

Signature of the Nurse: Neeyani

Date & Time: 19/5/26 at 6:15pm

Date & Time: 19/5/26 at 6:15pm

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

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

Qty: 400
 50ml

FRESH FROZEN PLASMA B.P (II)

O

HIV I & II/ HBsAG/ HCV - Non reactive
 VDRL - Non reactive
 MP - Negative
 NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
 Unit No.: BAH26-01133
 Blood Group: O Rh Positive
 Collection Date: 12/May/2026
 Expiry Date: 12/May/2027

1) Administer Without Warming. 2) shake Gently Before Use. 3) do Not Add Any Medication. 4) check Blood Group on Label & Recipients Group and Name Before Administration. 5) use Sterile Transfusion Set With Filter. 6) do Not Dispense Without Prescription. 7) do Not Use if There is Any Visible Evidence. 8) store Between -30° C or Below. 9) resuspend Thawed Precipitate Carefully & Completely Into Residual Plasma. 10) before Use Must Be Thawed With Agitation in a Water Bath Between 30° C to 37° C.

Issue Label/ Cross Matching Report

Patient: **B/O COLLA PRANITHA TWIN-1**
 Patient's Blood Group: O Rh Positive
 Hosp/Dr.: Rainbow Childrens Hospital, Dr. VIJAYANAND J
 UHID No.: BAH-00644572 W/d-Bed No.:
 Product: FFP-II
 Blood Group: O Rh Positive

Unit No.: **BAH26-01133**
 X-Matching Report: ABO Compatible
 X-matched by: Nachiker
 Issue Dt.: 19/May/2026
 Colln. Dt.: 12/May/2026
 Exp. Dt.: 12/May/2026
 Issued By: Nachiker
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



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/5/26 Time: 5:50 pm

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

Blood Bank Issue No: Date of Collection: 17/5/26 Date of Expiry: 28/6/26

Date & Time of Starting Transfusion: 19/5/26 at 5:50h Planned duration of Transfusion: 28kb

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: B. Neelini Nurse 2: RB Anus

Before starting transfusion vitals: Temp: 35.4 HR 126 RR: 24 BP: 36/24 SpO₂ 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>19/5/26</u>	<u>15 Min</u>	<u>134</u>	<u>35.4</u>	<u>43/36</u>	<u>100%</u>	-	-	-	-
	<u>15 Min</u>	<u>136</u>	<u>35.4°C</u>	<u>43/36</u>	<u>99%</u>	-	-	-	-
	<u>30 Min</u>	<u>132</u>	<u>35.6</u>	<u>46/32</u>	<u>100%</u>	-	-	-	-
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No Complication seen during and after-transfusion

Name of the Incharge-Nurse: Rulla Anni

Name of the Nurse: Neelini

Signature of the Incharge-Nurse: Anni

Signature of the Nurse: Neelini

Date & Time: 19/5/26 at 6pm

Date & Time: 19/5/26 at 6pm

9618141



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



Rh Positive


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

Unit No.: BAH26-01204
Blood Group: O Rh Positive
Collection Date: 17/May/2026
Expiry Date: 28/Jun/2026

- 1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
- Add Any Medication. 4) Check Blood Cross Match on Label & Recipient's
- Group and Name Before Administration. 5) Use Sterile Transfusion Set
- With Filter. 6) Do Not Reverse. 7) Do Not Use if
- There is Any Visible Evidence of Clotting. 8) Label / Cross Matching Report
- Appropriate Compatible. 9) ALLA PRANITHA TWIN-1
- Antibodies in Recipient Serum. 10) Blood Group: O Rh Positive

Issue Label	
Patient: B/O Golla Pranita	RBC Pedia-1
Patient's Blood Group: O Rh Positive	Issue Dt: 19/May/2026
Hosp/Dr Ref No.: BAH26-01204	Colln. Dt: 17/May/2026
UHID No.: [blank]	Exp. Dt: 28/Jun/2026
Matched by: R.RAMESH	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	

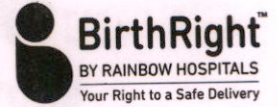
AH-00644572 IP5-00174028
 Issued by Of GOLLA PRANITHA TWIN-1
 1-01-2026 0 Y 4 M 18 D (M)
 R. VIJAYANAND JAMALPURI



PRM

COPY

AH-00644572 IP5-00174028
Baby Of GOLLA PRANITHA TWIN-I
I-01-2026 0 Y 4 M 18 D (M)
r. VIJAYANAND JAMALPURI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/5/26 Time: 4pm

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

Blood Bank Issue No: BAH 25-0250/ Date of Collection: 9/11/2025 Date of Expiry: 9/11/2026

Date & Time of Starting Transfusion: 19/5/26 at 4pm Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: G. Neelgiri Nurse 2: S. Saradani

Before starting transfusion vitals: Temp: 36.4°C HR: 137 RR: 36 BP: 56/29 SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
19/5/26	15 Min	137M	36.2°C	56/30	99%	-	-	-	-
	15 Min	136M	36.5°C	58/32	106%	-	-	-	-
	30 Min	136M	36.2°C						
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Ashi Kurari

Name of the Nurse: Neelgiri

Signature of the Incharge-Nurse: Ashi Kurari

Signature of the Nurse: Neelgiri

Date & Time: 19/5/26 at 4.30pm


Date & Time: 19/5/26 at 4.30pm

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/5/2026
 Blood Group of the Patient: O+ve
 Blood Bank Issue No.: BAH26-01204
 Date of Collection: 17/5/2026
 Expiry Date: 28/6/2026
 Name of Recipient: B/O Golla Pranthi Twin-1

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 P PEDI
 Qty. 45 ml. Prepared from Whole human blood collected in 53 ml. of SAGM Solution.

 Rh Positive	HIV I & II/ HBsAG/HCV - N reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HC reactive
	Unit No.: BAH26-01204 Blood Group: O Rh Positive Collection Date: 17/May/2026 Expiry Date: 28/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Add Any Medication. 4) Check Blood Group on Label & Recipient Group and Name Before Administration. 5) Use Sterile Transfusion With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence of Clots or Discoloration. 8) Discard if Appropriate Comp. Antibodies in Recipient.

Issue Label / CrossMatching Report

Patient : B/O GOLLA PRANTHA TWIN-1	Issue Dt : 19/May/2026
Patient's Blood Group : O Rh Positive	Colln. Dt : 17/May/2026
Hosp/Dr : Rainbow Childrens Hospital, Dr. VIJAY	Exp. Dt : 28/Jun/2026
UHID No. : BAH-00644572	Wd-Bed No. : 10/10
Product : LR-PRBC Pedia-1	Issued By : MONOJ
Blood Group : O Rh Positive	
Unit No. : BAH26-01204	
Matching Report: Compatible	
Matched by: R.RAMESH	

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

rad-sure™
 25 CY INDICATOR
 Lot: 038660GX25
 OPERATIONAL DATE: 19/5/2026
 IRRADIATED

Comments: No

Name of the Nurse: *[Signature]*
 Signature of the Nurse: *[Signature]*
 Date & Time: 19/5/2026

CONSENT FOR TRANSFUSION



BAH-00644572 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 18 D (M)
Dr. VIJAYANAND JAMALPURI



Name: Age: 4 mo Gender: Male Female

UHD.No: BAH-00644572 Date: 19/5/26

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

I, Charan, tex 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 Immunodeficiency 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):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>Charan's Deena</u>	Name: <u>Dr. S. Jagan</u>
Date & Time: <u>19/5/2026 at 2:30pm</u>	Date & Time: <u>19/5/2026, 2:30pm</u>

Witness

Signature: [Signature]

Name: PRANITHA

Date & Time: 19/5/26 at 2:30pm

BAH-006445/2 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 18 D (M)
Dr. VIJAYANAND JAMALPURI



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Laparotomy + Resection

Anaesthesiologist: Dr. Tejaswini Surgeon: Dr. Harish Jaysam

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others Desaturation, Inotropic support, Post-Op mechanical Ventilation, Bradycardia

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: [Signature]

Name: Charan Reddy

Relationship with patient: FATHER

Date & Time: 19/5/26 1:20pm

Witness:

Signature: [Signature]

Name: PRANITHA

Date & Time: 19/5/26 1:20pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Tejaswini Date: 19/5/26 Time: 1:20pm

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్కోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

- హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం
- కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)
- ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సింట్రల్ వెనస్ యాక్సెస్, ఆర్థిరియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

సంతకం: పేరు: తేదీ & సమయం:

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 18 D (M)
 Dr. VIJAYANAND JAMALPURI



HANDOVER FORM

From PICU / NICU to Operation Theatre

Date: 19/5/26 Time: 1:15pm.

Procedure: Lapostomy
 Diagnosis: Intestinal obstruction.

Gestational Age: _____ Post Conceptional Age: _____

Time of Reaching OT: _____ Time of Leaving ICU: _____

Brief History / Events: Extreme preterm / ELBW / post op lapostomy /
spiracle on Transverse colon / chronic lung disease.

GCS: E M V A/V/P/U Temperature 36.5°C Pupils

Previous Surgeries: _____

Pulse Rate: 142/min RHYTHM: _____ CRT: 3sec MURMURS: _____ BP: _____ Peripheral Pulses - Good Volume / No Rel.

Resp. Rate: 45/min Breathing Pattern: _____ SpO₂: 96% O₂ Support: CPAP NIV: _____

ETT		VENTILATORY SETTINGS:	
Cuffed / Uncuffed		PIP:	PEEP: <u>5</u>
Size		RR:	FiO ₂ : <u>25%</u>
Length of Fixation		INSPIRATORY TIME:	

NG LENGTH OF FIXATION	LAST FEED	LAST GRBS	OTHER DRAINS	FOLEY'S	OTHER OBSERVATIONS

CENTRAL / PICC LINE	SITE	SIZE	No. of Lumens	Free Flow - Yes/No
ARTERIAL LINE	<u>picc line</u>	<u>2fr (premi cat)</u>	Back Flow - <u>Yes</u> / No	
PERIPHERAL LINES	<u>3 ft. hand.</u>	GAUGE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	

IV Fluids:	Solution:	Rate:	CBP: <u>19/5/26</u>	Hb <u>11</u>	WBC <u>8420</u>	Platelets <u>2,80,000</u>			
Other Infusions:	<u>15% Iso-P</u>		S Electrolytes:	Na <u>133</u>	K <u>3</u>	Cl <u>96</u>	HCO ₃		
Rate of Flow:	<u>(150ml/hr)</u>	<u>13.5ml/hr</u>	Coagulation:	PT <u>27</u>	APTT <u>57</u>				
Other Infusions:			ABG / VBG / CBG:	pH	PaO ₂	SaO ₂	PaCO ₂	B.E	Lac

Antibiotics -	DRUG:	<u>Mertpendem</u>	OTHERS:	
	DOSE:	<u>40mg/kg/day</u>		
	TIME OF LAST DOSE:	<u>1:30 pm</u>		

Note (if any): _____ * A - Alert / V - Verbal / P - Pain / U - Unresponsive

HANDOVER TAKEN BY: Dr. Tejaswini HANDOVER GIVEN BY: Dr. Anusha

Signature: _____ Signature: _____

Doctor Name: _____ Doctor Name: _____

Date & Time: 19/5/26 1:15pm Date & Time: 19/5/26 1:15pm

BAH-00644572 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
01-01-2026 0 Y 4 M 18 D (M)
Dr. VIJAYANAND JAMALPURI

P:



OPERATION THEATER NOTES

Patient's Name : Baby of G. PRANITHA TWIN-1 Age : 4 months Gender : Male Female

UHID No.: BAH-00644572 Weight : 2 Height :

Surgeon : DR Harish Jay Ram Asst. Surgeon : Dr. Mairak / Dr. Palak /
Anesthetist : DR Swati OT Nurse : Rana neel OT Technician : Gayu Dr. Nalini

Pre-Operative Diagnosis: Colonic stricture

Surgical Procedure : Laparotomy + adhesiolysis + ileal resection + colonic strictureplasty

Indications for Surgery : Intestinal obstruction i colonic stricture

Date : 19/5/26 Start Time : 2pm End Time : 6.30pm

Pre Operative Preparations:

Beladone

Post Operative Diagnosis:

Adhesive intestinal obstruction i colonic

Peri-Operative Complications: 1 ileocolic stricture

Operation Notes:

Findings

Dense interloop adhesions

Small bowel length approx. 60cm.

Tight stricture at previous ileocolic anastomosis site

- Another stricture at midtransverse colon

- 2 areas of full thickness ileal injury during adhesiolysis - Resected & end to end anastomosis done.

Procedure

② upper abdominal transverse incision made through previous incision site and extended to left side. Anterior abdominal wall has dense adhesions to intestines and multiple interloop adhesions lysed.

- Findings noted. Both strictures Strictureplasty done for both noted strictures.
- Resection anastomosis done at the two areas of dense adhesions

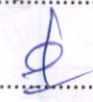
Amount of Blood Loss: $\approx 10ml$ Blood Transfused (in ML) ≈ 50 vials

Name and Number of Surgical Specimen sent for examination:
 —————
 [20 PRBC (40ml + 45ml)
 10 cryo (25ml)
 10 FFP (40ml)]

Peri-Operative Complications:

- Wound closed in layers
- Hemostasis secured - ASD done.

Name of the Surgeon: Dr. Harish Jayaram Dr. Mairale Deb

Signature of the Surgeon: 

Date & Time: 19/5/26 6:30 pm.

BAH-00844572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I (M)
 01-01-2026 0 Y 4 M 18 D
 Dr. VIJAYANAND JAMALPURI

POST-SURGICAL CARE PLAN FORM

Procedure Done: Laparotomy + Resection anastomosis + Strictureplasty + Adhesiolysis

Post-Surgical Diagnosis: K/clo NEC s/p Resection anastomosis + Adhesiolysis & now
 E Intestinal obstruction

Post-Operative Monitoring Parameters /Frequency:
 TPR monitoring every 15min for 1st 1hr.

Wound Care:
 Dressing

Drain /Special Lines/Catheters:
 - Nil - NG aspirator and bily & combination drainage

Special Patient Positioning and Requirements:
 - Nil -

Nutritional Instructions:
 NPO till further orders

When to Start Mobilization:
 -

Special Referrals:
 -

The new order for all required medications documented in the doctor order/medication sheet:
 Yes No


Any Other Post-Operative Care Needed including Required Follow Up
 -

Treating Surgeon
 (Signature & Stamp) Dr. Manoj Deb
 19/5/26
 6:30P

Date: 19/5/26 Time: 6:30P

Note: Plan of care will be readjusted if necessary.

PATIENT TRANSFER FORM

Patient Name & UHID No. AH-00644572 IP5-00174028 baby Of GOLLA PRANITHA TWIN-I 1-01-2026 0 Y 4 M 18 D (M) Dr. VIJAYANAND JAMALPURI 		Date & Time of Admission 1/1/26 - at	Date & Time of Transfer Order 19/5/26 at 6:30pm DR Shipa.
		Transfer Ordered by DR Shipa	Reason for Transfer Postop observation
From Unit PED-OT	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films X-ray - 5 ASU - 4	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Dr. Neeraj	Name of Person Ordered Transfer DR Shipa
--	---

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

wt = 2.8kg.



PATIENT TRANSFER FORM

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 18 D (M)
 Dr. VIJAYANAND JAMALPURI



Date & Time of Admission <i>1/1/26</i>	Date & Time of Transfer Order <i>19/5/26 @ 1PM</i>	
Treating Consultant Name <i>Dr. vijayanand</i>	Transfer Ordered by <i>Dr. vijayanand</i>	Reason for Transfer <i>laparotomy</i>
From Unit <i>NICU</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>no</i>	Number of Imaging Films <i>2-ray - 5 gag. (4)</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>[Signature]</i>	Name of Person Ordered Transfer <i>Dr. vijayanand</i>
--	--

Patient & Clinical Records Received by : *S. Kavya 19/5/26 at 1:05pm*

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
- Nurse not Available
- Available Bed not ready

Patient Sticker

POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Sie Subma Time Received : 6:45pm Time Discharged :

< RESP • PULSE > BLOOD PRESSURE	250		250
	240		240
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
	50		50
	40		40
	30		30
	20		20
	10		10
0		0	
SPO ₂			

IV Cannula Site :

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0 ACTIVITY	0					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apnoea = 0 RESPIRATION	2					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION	1					
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS	0					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR	2					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/3/16	6:45pm	0/10	on sedation	Subma

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
 - a. Every 2 hours for first 24 hours
 - b. After 24 hours every 4 hours
 - c. Prior to pain relieving intervention
 - d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker



Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baby of Golla Pranitha twin I Age: Sex: UHID.No:

Date: 19/5/2021 Time: 12.25 Proposed Operation: LAPAROTOMY + RESECTION

Diagnosis: DOL 137 Labrum puleum (born at 27+3) Now 45/5

B.P / CRT: 62/43 H.R: 150/min Weight: 2.1 ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 9.9-7.5 Glucose: Protein: HIV: X-Ray:
FCV: 3.2-23.3 Urea: Alb: HBS Ag: ECG:
WBC: 14.06/19.5h Creat: 12/5/27 Total Bill: 8.9 HCV: 2D Echo:
Plate: 552/413 Na: 130/132 Dir. Bill: 6.7 Blood group: Stress/Anglo:
PT: K: 3.4/3.3 LDH: T3 Other:
PTT: Ca++: 8.6/8.9 Alk phos: T4
INR: Mg++: 2.4/2.4 Amylase: TSH
CRP: -60 Cl- SGOT/SGPT: 308/142

Medical History: CVS: RDS HFON mv NIV CPAP HFNC, Allergies: No known drug allergy

RESP: ENCPAP, DEEP from Lib 20k Diabetes: CPAP at

CNS: Intermittent bradycardia

Renal: Intubate CPAP 9 days -> HFNC 1 day -> CPAP - HFON

Hepatic / GE: -> NIV 16 days Physical Activity:

Others: RCHI for PDA device closure, baby intubated to CPAP -> HFNC

Past Anaesthetic History: 1st LAPAROTOMY - RESECTION + ANASTOMOSIS (Changranna b. lewin 35um removed (prof. Dr.))

Physical Exam: 2nd LAPAROTOMY -> Adhesiolysis and resection 26/2/21

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: S1S2

Heart: AEBE,

CNS: NND -> PICC in ROL

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Per-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
Inj Meropenem	8mg IV 8hly
Domestol suppa	0.6ml PO
ADD PHEO salt	2.5ml PO BD
30% NACL	
sup. VASIST 1.2ml	PO BD

Pre-Operative Instructions:

- DVT Prophylaxis: Water / ORS 2 Hours
- NIL ORAL -> Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: EPTW Dr. Shulpu coagulation profile, CBC - CONSENT PENDING

Reserve blood: 15 ml/kg PRBC, 15 ml/kg FFP
Bed side 2DETHO vials 5-10ml/hr
CONSENT PENDING

Signature: Dr. Aditi Name: Aditi

12/5/20
17/5/20
HR: 7.5
PO2: 42.5
PO2: 68.6
HR: 11.2
Na: 132
K: 3.0
Ca: 2.4
d-87
clt 15
one LRRL given on
Hb of 7.5
ABCs
Hb
1-11.2

DIFFICULT INTUBATION

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 142/min B.P./CRT: 87/47 SpO₂: 100-1 R.R.: 35/min Last Feed: >6hrs.

Pre-OP Diagnosis: Intestinal obstruction Operation: Laparotomy + Resection Date: 19/05/2022

Surgeon: Dr. Harish Jayaram Anaesthesiologist: Dr. Swathi / Dr. B.T Technician: Bapu

TIME	1:45pm	2:30	3pm	3:30	4pm	5pm	5:30pm	6:00pm	6:20pm
N ₂ O / AIR / O ₂ LPM									
HALO / SO / SEVO									
Drugs:	FENTANYL 2mcg 1mcg PROPOFOL 4mcg ROCCONIUM 1mg 0.5mg PARACETAMOL 20mg S-ALBUMIN 30ml								
Antibiotic									
Suppository									
Blood Loss	35-40ml								
FI _O 2 / Sa _O 2	99	97	98	94	96	93	94	100	100
ETCO ₂	54	45	41	40	40	39	38	38	38
ECG	SR	SR	SR	SR	SR	SR	SR	SR	SR
Temperature	33.1	33.7	33.8	35	35.8	36.4	36.4	35.2	35.3
Urine Output									
Fluids	ADRENALINE Infusion 0.3mcg/kg/min → 1mcg/kg/hr → 20mcg/kg/hr RINGER LACTATE 8ml/hr ISOYTEP 1st 13.5 ml/hr NOKTAL SACLINE 10ml bolus + 10ml bolus PRBC Irradiated 10ml + 5ml + 10ml + 10ml = 35ml PRBC from FF PUW								
B.P.									
Tourniquet on Time									
Tourniquet off Time									
Throat Pack In									
Throat Pack Out									

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site: @ LL

Art Site: 3 leads

EKG Lead skin

Temp Site skin

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: Supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Hugger's Cotton Wool

Other

Times:

Anaes Start: 1:45pm

OP Start: 2:20pm

OP End: 6:15pm

Leave OR:

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP: Piccure @ ul.

ART:

IV: 24G @ LL

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 3mm cuffed cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 0 Attempts: 4

Difficulty Why? Anterior Larynx

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia Yes No

Catheter at skin: cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

Name of the Doctor: Dr. Tejaswini Ayesha

Signature of the Doctor: [Signature]

CONSENT FOR BLOOD TRANSFUSION



Name: Bloleanithe Tom J Age: 4m 18d Gender: Male Female
UHID.No: 644522 Date: 19/5/26

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

Pranitha 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 Cryo

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: Pranitha
Name: Pranitha
Date & Time: 19/5/26 @ 10:45 AM

Doctor (Who is talking the consent)

Signature: Poojithe
Name: Poojithe
Date & Time: 19/5/26 @ 10:45 AM

Witness

Signature: [Signature]
Name: [Name]
Date & Time: 19/5/26 @ 10:45 AM

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ

UHID. సంఖ్య:

రక్త ఉత్పత్తి రకాలు:

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

FRESH FROZEN PLASMA B.P (I)

Qty. 40

O

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

Unit No.: BAH26-01133
Blood Group: O Rh Positive
Collection Date: 12/May/2026
Expiry Date: 12/May/2027

- Random Donor Platelets
 Whole Blood
 ఇతరులు.....

నేను
ఉన్నప్పుడు పూర్తి చికిత్సలో భాగం
దాత రక్తాన్ని హెచ్ఐవి యాంటిబయోటిక్
లక్షణాలు లేవని పరీక్షించి బడి
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరు
ప్రతిచర్యలు సోకే ప్రమాదం వుం
చేసుకున్నాను.
ఈ ప్రక్రియకు ప్రత్యామ్నాయ

సత్రిలో అడ్మిట్ అయి
అంగీకారం తెలుపుతున్నాను.
లేలయా మరియు సిప్లిస్
కి పరీక్షలో కనబడని అనేక
శత్రుత్వల మార్పిడికి సంబంధించిన
శుభాలు తెలెత్తవచ్చు అని నేను అర్థం

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add Any Medication. 4)check Blood Group on Label & Name of Patient's With Filter. 6)do Not Dispense Without Prescription. 7)do Not Use if There is Any Visible Evidence. 8)store Between -30° C or Below. if 9)resuspend Thawed Precipitate Carefully & Completely Into Residual Plasma. 10)Resuspend Between 2

Issue Label / CrossMatching Report

Patient : B/O GOLLA PRANITHA TWIN-1
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, Dr. VIJAYANAND J
UHID No.: BAH-00644572 Wd-Bed No.:
Product : FFP-1
Blood Group : O Rh Positive
Unit No.: BAH26-01133
X-Matching Report: ABO Compatible
X-Matched by: MONOJ

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

కిత్తు చేస్తున్న డాక్టర్ ద్వారా నాకు
/లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన
నా అంగీకారము తెలుపుతున్నాను.
స్తున్నాను

పైనే పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు
వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్
నాకు పూర్తిగా అర్థమగు భాషలో నాకు

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము
పేరు

BAH-00644572 IP5-00167820
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 16 D (M)
 Dr. VIJAYANAND JAMALPURI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/5/22 Time: @ 10:45 AM

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

Blood Bank Issue No: BAH-2001133 Date of Collection: 12/5/22 Date of Expiry: 12/5/2027

Date & Time of Starting Transfusion: 19/5/22 @ 10:45 AM Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Shushu Nurse 2: Rhanabir

Before starting transfusion vitals: Temp: 36.5°C HR 130 RR: 29 BP: 80/40(51) SpO₂ 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>19/5/22</u>	<u>15 Min</u>	<u>120</u>	<u>36.5°C</u>	<u>80/40(51)</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>139</u>	<u>36.5°C</u>	<u>85/40(51)</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: no reaction during transfusion

Name of the Incharge-Nurse: Shilpa

Name of the Nurse: Shushu

Signature of the Incharge-Nurse: _____

Signature of the Nurse: [Signature]

Date & Time: 19/5/22 @ 10:45 AM

Date & Time: 19/5/22 @ 10:45 AM

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 16/5/26 Time: 7:15 p.m

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

Blood Bank Issue No: BAH26-01141 Date of Collection: 13/5/26 Date of Expiry: 24/6/26

Date & Time of Starting Transfusion: 16/5/26 @ 7:15 PM Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sis. Hajeeva Nurse 2: Sis. Athiya

Before starting transfusion vitals: Temp: 36.5°C HR 134 RR: 46 BP: 77/54 SpO₂

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
16/5/26	15 Min	117	36.5°C	77/54 (41)	94%	-	-	-	-
16/5/26	15 Min	112	36.6°C	80/57 (45)	92%	-	-	-	-
16/5/26	30 Min	164	36.5°C	82/54 (38)	91%	-	-	-	-
16/5/26	30 Min	158	36.5°C	82/54 (38)	90%	-	-	-	-
16/5/26	30 Min	154	36.5°C	82/60 (42)	91%	-	-	-	-
16/5/26	1 Hr	139	36.5°C	84/65 (56)	87%	-	-	-	-
16/5/26	1 Hr	130	36.5°C	104/68 (48)	88%	-	-	-	-

Comments: No reaction

Name of the Incharge-Nurse: Siraxani

Name of the Nurse: chandana

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 16/5/26 @ 11:26 PM

Date & Time: 16/5/26 @ 11:30 PM

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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

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



Rh Positive

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

Unit No.: **BAH26-01141**
Blood Group: **O Rh Positive**
Collection Date: **13/May/2026**
Expiry Date: **24/Jun/2026**

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. Do Not Use if

There is /
Appropri
Antibodies

Issue Label / Cross Matching Report

Patient : **B/O GOLLA PRANITHA TWIN-1**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, Dr. VIJAYANAND J**
UHID No. : **BAH-00644572** Wd-Bed No. :
Product : **LR-PRBC Pedia-2**
Blood Group : **O Rh Positive**
Unit No. : **BAH26-01141**
X Matching Report : **Compatible**
X-matched by : **R.RAMESH**
Issue Dt : **16/May/2026**
Colln. Dt : **13/May/2026**
Exp. Dt : **24/Jun/2026**
Issued By : **R.RAMESH**

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

CONSENT FOR BLOOD TRANSFUSION

BAH-00644572 IP5-00167820
Baby Of GOLLA PRANITHA TWIN-I
11-01-2026 0 Y 4 M 15 D (M)
Dr. VIJAYANAND JAMALPURI

Name: Age: 4 M 15 day Gender: Male Female
UHID.No: Date: 16/05/26

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

I Charan Reddy 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 PRBC

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: Charan Reddy
Name: Charan's Beerasakina
Date & Time: 16/05/2026 2PM

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Roopthe
Date & Time: 16/5/26 2PM

Witness

Signature: Hajera
Name: Hajera
Date & Time: 16/5/26 2PM



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o. G. Pranitha T1 Gender: Male Female

UHID No : BAH-00644572 Department : ICU Date : 16/05/26

I Charan Reddy S/D/W/O

Here by give consent for procedure of : Peripherally inserted central line

For my patient, Named :

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

Swarmy, bleeding, Infection.

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

To administer medication and TPN

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

Name of the Doctor performing the procedure: Dr. Yamathu Rao

Patient Attendant :

Signature : [Signature]

Name : Charan Reddy

Relationship with Patient: FATHER

Date & Time : 16/05/2026

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 16/05/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time : 16/5/26

Doc

premicath

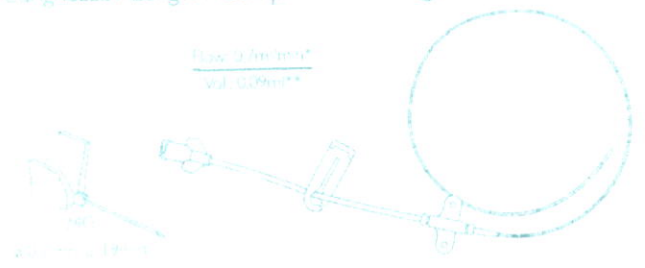
(PUR - XRO / ORX / RXC)

REF. / Art.-Nr. / Code **1261.20**

Catheter with splitting needle / Catheter avec aiguille scissible / Cateter con aguja pelable / Katheter mit spaltbarer Stahl-Kanüle / Catetere con ago apribile / Katheter met splitbare naald / Cateter com agulha descartável / Kateter med delbar nål

Size / Taille / Tamaño / Größe / Misura / Groeete / Tamanho / Storlek **28 G (1Fr) Ø 0,17 x 0,35 mm**

Length / Longueur / Longitud / Länge / Lunghezza / Lengte / Comprimento / Längd **20 cm**



REF 1261.20
2030-12-04 LOT 041225GO
2025-12-04
Insertion Date

REF 1261.20
2030-12-04 LOT 041225GO
2025-12-04
Insertion Date



(01)03660812138697(17)301204(30)1(10)041225GO

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2511C1 Steel 316L 2

28G/1Fr 20 cm



premicath



సమయము

కు సమ్మతిని తెలియజేస్తున్నాను.

కు తెలిసిన భాషలో వివరించా

తేదీ.....
లింగం పురుషుడు స్త్రీ

Right
HOSPITALS
RIGHT to a Safe Delivery

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

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 20/5/26 Time: 2:30 AM to 5:30 AM

Blood Group of the Patient: otue Blood Group on the Blood Bag: otue

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

Date & Time of Starting Transfusion: 20/5/26 @ 2:30 AM Planned duration of Transfusion: 3 hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirupama Nurse 2: Lavanya

Before starting transfusion vitals: Temp: 36.7°C HR 159 RR: — BP: 45/12 (23) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>20/5/26</u>	<u>15 Min</u>	<u>159</u>	<u>36.7°C</u>	<u>45/12 (23)</u>	<u>100%</u>	}	}	}	}
<u>2:30 AM</u>	<u>15 Min</u>	<u>154</u>	<u>36.7°C</u>	<u>51/22 (32)</u>	<u>100%</u>				
	<u>30 Min</u>	<u>158</u>	<u>36.5°C</u>	<u>58/37 (43)</u>	<u>100%</u>				
	<u>30 Min</u>	<u>159</u>	<u>36.6°C</u>	<u>34/17 (21)</u>	<u>100%</u>				
	<u>30 Min</u>	<u>158</u>	<u>36.5°C</u>	<u>42/31 (34)</u>	<u>100%</u>				
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: NO Complication during and after transfusion

Name of the Incharge-Nurse: Sreelaxmi

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/5/26

Date & Time: 20/5/26

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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-4

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



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

Unit No.: **BAH26-01204**
Blood Group: **O Rh Positive**
Collection Date: **17/May/2026**
Expiry Date: **28/Jun/2026**

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

Issue Label / CrossMatching Report

Patient : **B/O GOLLA PRANTHA TWIN-1**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, Dr. VIJAYANAND J**
UHID No. : **BAH-00644572** Wd-Bed No.:

Product : **LR-PRBC Pedia-4**
Blood Group : **O Rh Positive**
Unit No. : **BAH26-01204**
XMatching Report: **Compatible**
X-matched by: **B.Abhishek**

Issue Dt : **20/May/2026**
Colln. Dt : **17/May/2026**
Exp. Dt : **28/Jun/2026**
Issued By : **B.Abhishek**

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

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-I
 01-01-2026 0 Y 4 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI

9



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 20/5/26 Time: 1 to 1:30

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

Blood Bank Issue No: BAH 26-01185 Date of Collection: 16/mg/26 Date of Expiry: 21/5/26

Date & Time of Starting Transfusion: 20/5/26 Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirupama Nurse 2: Kavya

Before starting transfusion vitals: Temp: 36.5°C HR 174 RR: 24 BP: 34/124 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
20/5/26 1:30 cur	15 Min	174	36.5°C	34/(22) 24	100				
	15 Min	160	36.6°C	67/(52) 45	100				
	30 Min	162	36.5°C	43/(28) 23	?				
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: During transfusion Baby Hypotension

Name of the Incharge-Nurse: Srajanmi

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/5/26

Date & Time: 20/5/26 @ 1:30

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

PLATELET CONCENTRATE I.P.

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

O

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

Unit No.: **BAH26-01185**
 Blood Group: **O Rh Positive**
 Collection Date: **16/May/2026**
 Expiry Date: **21/May/2026**

1. Do Not Dispense Without Prescription. 2. Check Blood Group On Label & Recipient's Group And Name Before Administration. 3. Shake Gently Before Use. 4. Do Not Add Any Medication. 5. Use Immediately After Issue. 6. Use Sterile Transfusion Set With Filter. 7. Do Not Use If There Is Any Visible Evidence Of Deterioration Like Haemolysis Clotting Or Discoloration. 8. Store Continuously At 22° C - 24° C With Gentle Agitation. 9. Admini

Issue Label / CrossMatching Report

Patient : **B/O GOLLA PRANTHA TWIN-I**
 Patient's Blood Group : **O Rh Positive**
 Hosp/Dr : **Rainbow Childrens Hospital, Dr. VIJAYANAND J**
 UHID No.: **BAH-00644572** Wd-Bed No.:

Product : **RDP**
 Blood Group : **O Rh Positive**
 Unit No.: **BAH26-01185** Issue Dt : **20/May/2026**
 XMatching Report: **Group Specific** Collm. Dt : **16/May/2026**
 X-matched by: **B. Abhishek** Exp. Dt : **21/May/2026**
 Issued By : **B. Abhishek**

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

Unit No. 46/HD/TS/2018/BB/G
 Banjara Hills, Hyderabad
 1st, 2nd & 3rd floor
Rainbow Hospital Blood Centre

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

FRESH FROZEN PLASMA B.P (I)

Qty. 35

O

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

Unit No.: **BAH26-01126**
 Blood Group: **O Rh Positive**
 Collection Date: 12/May/2026
 Expiry Date: 12/May/2027

1) Administer Without Warming. 2) shake Gently Before Use. 3) do Not Add Any Medication. 4) check Blood Group on Label & Recipient's



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

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-3

Qty. 45 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. SAGM Solution.

O

Rh Positive

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

Unit No.: **BAH26-01204**
 Blood Group: **O Rh Positive**
 Collection Date: 17/May/2026
 Expiry Date: 28/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on label & Recipient's

Issue Label / Cross Matching Report

Patient: **B/O GOLLA PRANITHA TWIN-1**
 Patient's Blood Group: **O Rh Positive**
 Hosp/Dr: Rainbow Childrens Hospital, Dr. VIJAYANAND J
 UHID No.: **BAH-00644572** Wd-Bed No.:

Product: LR-PRBC Pedia-3
 Blood Group: **O Rh Positive**

Unit No.: **BAH26-01204**

X-Matching Report: Compatible

X-matched by: **R.R RAMESH**

Rainbow Hos

Issue Dt: 19/May/2026

Colln. Dt: 17/May/2026

Exp. Dt: 28/Jun/2026

Issued By: **R.RAMESH**

Centre, Rainbow Childrens

BAH-00644572 IP5-00174028
 Baby Of GOLLA PRANITHA TWIN-J
 01-01-2026 0 Y 4 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI



①



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/5/26 Time: 9:30 pm to 12:30 AM

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

Blood Bank Issue No: BAH26-01204 Date of Collection: 17/may/26 Date of Expiry: 28/Jun/26

Date & Time of Starting Transfusion: 19/5/26 @ 9:30 pm Planned duration of Transfusion: 3 hrs.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirupama Nurse 2: DR. Veerala

Before starting transfusion vitals: Temp: 36.7c HR 173 RR: 50 BP: 7 SpO₂ 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>19/5/26</u>	<u>15 Min</u>	<u>173</u>	<u>36.7c</u>		<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>15 Min</u>	<u>165</u>	<u>36.8c</u>	<u>77/24</u>					
	<u>30 Min</u>	<u>153</u>	<u>36.7c</u>	<u>34/24</u>					
	<u>30 Min</u>	<u>174</u>	<u>36.7c</u>	<u>43/23</u>					
	<u>30 Min</u>	<u>162</u>	<u>36.5c</u>	<u>34/17</u>					
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: NO Complication during and after transfusion.

Name of the Incharge-Nurse: Sri Lakshmi

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/5/26

Date & Time: 20/5/26

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-2

Qty. 45 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.



Rh Positive

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

Unit No.: **BAH26-01204**
Blood Group: **O Rh Positive**
Collection Date: 17/May/2026
Expiry Date: 28/Jun/2026

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

Issue Label / CrossMatching Report

Patient : **B/O GOLLA PRANTHA TWIN-1**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : Rainbow Childrens Hospital, Dr. VIJAYANAND J
UHID No.: BAH-00644572 Wd-Bed No.:

Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No.: **BAH26-01204**
XMatching Report: Compatible
X-matched by: B.Abhishek

Issue Dt : 19/May/2026
Collm. Dt : 17/May/2026
Exp. Dt : 28/Jun/2026
Issued By : K. Alok

**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

UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM

(10/19/81)

Handwritten signature

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

Handwritten notes

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Handwritten notes in the middle section

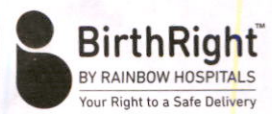
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Handwritten notes at the bottom right

UNITED STATES DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

IP5-0010
BAH-00644572
Baby Of GOLLA PRANITHA TWIN-I (M)
01-01-2026 0 Y 4 M 18 D
Dr. VIJAYANAND JAMALPURI



SURGERY DETAILS

fc not done

Date : 19/5/26

Patient Name: BABY of G. PRANITHA Date of Birth: Age: 4 months

Gender: F Ward : PCD-OT UHID No.: BAH-00644572

Date of Surgery: 19/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Laparotomy + Adhesiolysis + Resection Anastomosis + Strictureplasty

Time in : 1:45pm.

Time Out : 6:45pm.

	NAME	AMOUNT
1. Surgeon	<u>Dr. Harish Jayaram</u>	<u>Dr. Mairak Deb</u>
2. Anaesthetist	<u>DR. swathi</u>	
3. Assistant Surgeon		
4. OT Technician	<u>BR. Saju</u>	
5. Circulating Nurse	<u>Sr. G. Neeymeri</u>	
6. Assistant Nurse	<u>Sr. Seneer Devi</u>	

- Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon [Signature] 19/5/26
6:30P

Signature of Circulating Nurse [Signature]

Order No: 9616249

Order by: [Signature]

Laparotomy & Resection
 Anaesthetics
CONSUMABLES OF OT



WPN-1
 17/11/24

Circulating staff : Technician : Date : 19/5 Time : 1pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 2.5-3.5	144	1	Major Pack Drape	1	1	Inj Vit.K		
LMA	01	-	Sutures 2303, 2302	242		Cord Clamp		
ECG leads : A/P/N	1	-	2437, 2317	242		Suction Catheter		
HME filter : A/P/N	1	1	915	1		Feeding Tube		
Syringes : 10 cc	20	10	Monocryl 5-0	2	01	Vaccum Suction Set		
05 cc	20	10	Gloves (16) FITS	242	241	Surgical Gloves		
02 cc	20		FF 16 (6.5) FITS	242	242	Gauze Pack		
01 cc	5	242	proti kow	2	2	Syringe 1ml / 2ml		
Cautery plate : A/P/N	01	1	Surgical blade 15	1	1	Surgical Blade # 20		
IV set + blood set	144	144	NG tube all size			Koochies (S)		
RL + Dextrose + 0.9% NaCl	144	1	Cautery pencil	1	1	Ab 500mg	2	24
NS : 100ml / 500ml / 1000ml	54	1	Koochies (2303)	12	12	1001 SA	242	242
Mini spike	01	1	Ointments (2437)	2	2	Jelly	1	1
Glove	02	2	Suction Catheter (1205)	1	1	20 BAN	1	1
Fentanyl	01	1	Cap, Mask	10/10	10/10	protogum	5	3
Morphine			Gauze Pack N+R	343	345			
Ketamine			Mop Pack	31	31	Anaesthesia	1	1
Propofol	02	1	Steristrip Cottonballs	1	1			
Rocuronium	01	1	Underpad	1	1			
Glycopyrolate	01	2	Draw sheet	1	-	Aurite-f	1	1
Myopyrolate Neo	01	-	Abgel			midar	01	1
Ondansetron	01	-	Foleys catheter			Nasal Airway		
Pencan 25g/ Spinal Needle 22	01	-	Urobag			12,14	14	-
Bupivacaine 0.25%	01	-	Chest Drainage Catheter			oral Airway		
Bupivacaine 0.25% (Heavy)			Romodrain bag			000,00	14	-
Antibiotics			Bandage			Duodamplast	01	1
O2 mask (P)	01	-	Tegaderm			soft role 4	02	2
Suppositories			Ioban	1	1	4 cells 23,24	14	-
Anamol : 80mg / 250mg / 170 mg			Double J Stent			3 ways stop cock	5	3
Supridol : 100mg			Vaccum Suction set	1	1	pmolines	3	2
Justin : 2.5 mg / 25mg / 100mg	14	-	Plastic Bed Sheet	1	-	nasal spray	1	1
Tab. Misoprost : 200mg			Betadine Solution	1	1	Penum	1	1
Vallium Sol	01	1	Microshield	1	0	Albumin 5%	1	1
Dexam + Dexamide	14	-	Cotton Balls	1	1	250ml		
Tranaxa + pm	14	-	Latex Gloves	107	107	30cc	2	2
Glaucell + Clonon	54	-	Ramdione Scrub			Adrenaline	12	12
Iocan + Iocan 34	14	-	Saral			Calcium	1	1

Surgeon : 9616403 Anaesthesiologist : Nurse : OT Technician :
 Order No. : Ordered by :
 Doc. No. : FCH / FRM / GENERAL / 125