

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00175921

Admit Date : 03-Jul-2026

Admit Time : 01:04 PM UHID : BAH-00660585

**Patient Details :**

Patient Name : Baby Of NABEELA SHEERIN TWIN 1

Age : 0 D

Guardian : Mr SYED SALMAN

DOB : 03-07-2026 12:23 PM

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO: 17-1-182/S/76, SALAHUDDIN NAGAR,  
SANTOSH NAGAR Saidabad Hyderabad  
Telangana INDIA 500059

Phone No : 8121553360

E-mail : nabeelasheerin23@gmail.com

**Admission Details :**

Bed Type : BASINET

Bed No : CRDL-MICU-427-1

Ward Name : 4F-BIRTHING CENTRE

Room No : CRDL-MICU-427-1

Admission Type : First Visit

**Contact Details :**

Name : Mr SYED SALMAN

Relationship : Father

Contact Address : H NO: 17-1-182/S/76, SALAHUDDIN  
NAGAR,SANTOSH NAGAR Saidabad  
Hyderabad Telangana INDIA 500059

Phone No : 8501054928 / 8121553360

Signature

**Doctor Details :**

Doctor Name : Dr. VENKATA LAKSHMI A

Specialisation : NEONATOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

**Payment Details :**

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY



**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery



[illegible]



BAH-00660585 IP5-00175921  
Baby Of NABEELA SHEERIN TWIN 1  
03-07-2026 0 Y 0 M 0 D 7 H (M)  
Dr. VENKATA LAKSHMI A



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Nabeela Sheerin Age : 28 Father's Name : ..... Age : .....  
Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
NICU Consultant : ..... Referring Consultant : .....  
Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward  
Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

### BIRTH INFORMATION

Name : B/o Nabeela Sheerin Twin 1 Mother's Blood Group : B+  
Gender : ☒ M ☐ F Blood Group : B+ Birth Weight (gms) : 2141 Length (cms) : 47  
Date of Birth : 2/7/2026 Time of Birth : 2:23pm OFC (cms) : 35cm  
Place of Birth : LCH/CH Estimated Gesth Age : 36+1

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 23/10/25 EDD : 30/7/26  
Conception (Spontaneous or with Rx. : .....

Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
Last Scans Details : 25/6: twin I: Breech/AFI: 14.7cm/ 7ed V-A resistance (A) Doppler - twin 2: Cephalic  
AFI: 2.7cm (A) Doppler 18/6: EFW -> twin 1: 1809g twin 2: 2061g TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs 2/0 obese  
Consanguinity : ☐ Yes ☐ No Compulsive disorder  
If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3 on Fluoxetine

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 : MCA shows redistribution of blood flow

Doppler ( Increased Resistance / ADEF / REDF /

Redistribution in MCA ) / Ductus Venosus : .....

AFI : desmoid cyst

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?

Hypothyroid on T-Thyronorm 75 mcg

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

UTI : when : ..... Any culture : .....

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

Medication during Pregnancy : ..... Duration : .....





## PAST OBSTETRIC HISTORY

G: ..... 2 ..... P: ..... f ..... A: ..... L: ..... 1

| Sl. No. | Age | GA wks | B.W | Gender | Significant      | Details |
|---------|-----|--------|-----|--------|------------------|---------|
| 1       | 20W | FT     | 4.5 | ♂      | 2.5 kg - low AFI |         |
|         |     |        |     |        |                  |         |
|         |     |        |     |        |                  |         |

## PERINATAL HISTORY

Treating Obstetrician : Dr. Sakilela Koka Hospital : RCH. ☒ Inborn ☐ Outborn

### Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☒ Elective ☐ Emergency Indication : .....

Specify the reason : DCA twins.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitation : ☐ Yes ☐ No

Cord ABG : .....

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

## NEONATAL RESCUSTITION DETAILS

### APGAR SCORE

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

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

| 1 Minute | 5 Minutes | 10 Minutes |
|----------|-----------|------------|
| 1        | 1         |            |
| 2        | 2         |            |
| 2        | 2         |            |
| 2        | 2         |            |
| 1        | 2         |            |
|          |           |            |
| 8        | 9         |            |

TOTAL

### Snapee II Score

Score

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

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

## POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :





History of Present Illness:

Equipment check done.



Baby received in a prewarmed linen



cried / stimulated / warm to



cord cleaned / clamped / cut



My. vitamin K 1 m. 0.5 ml,



vitals checked



Shifted to mother's side.

Investigation details in previous Hospital :

Feeding History :





Family History :

Socio Economic History :

### GENERAL EXAMINATION ON ADMISSION

General Disposition :

Eutermic & Fine.  
C/T & good,  
hemodynamics are settled

VITALS : Temperature : Eutermic HR : 129/min RR : 42/min NIBP : CFT : 13 sec

Color of the extremities :

Jaundice : Pallor : SpO2 : 97%

ANTHROPOMETRY: Birth Weight : 2101 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :





## HEAD TO TOE EXAMINATION

Observations :

Sutures

Shape / Moulding :

AF 2 open

Edema / Bruising :

Size - (H.C.) :

**FACIES :**

(Any Facial  
Dysmorphism)

— N —

**NECK and  
CLAVICLES :**

Range of Motion :

Asymmetry :

— N —

Masses :

**EYES :**

Symmetry :

Red Reflex : to be checked

Discharge :

**EARS, NOSE  
MOUTH and  
THROAT :**

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

NO cleft lip / palate

**THORAX and  
BREASTS :**

Shape of Thorax :

Position of Nipples and Number :

— N —

**ABDOMEN and  
UMBILICUS :**

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump : 24 + 14"

Discharge :

**GENITALIA :**

Labia / Hymen :

Testicles/penis :

Anus :

N

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

**SKIN LESIONS :**

N

**EXTREMITIES :**

Fingers / Toes :

Deformities :

Hip Joint Examination :

Arms / Legs :

Mobility :

N

N





## SYSTEMIC EXAMINATION

### RESPIRATORY SYSTEM:

Breathing Pattern: ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 24/min SCR / ICR / See - Saw breathing : .....

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

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

Settings : .....

SpO<sub>2</sub>: 97 Auscultation: BAE(+) Breath Sounds: ANBS(+) Added Sounds: .....

### CARDIOVASCULAR SYSTEM :

HR : 134/min BP : .....

Femoral Pulses : 2e well felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : 1+

Signs of Cardiac Failure : .....

### ABDOMEN:

Shape : 1+

Palpation : 1+

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : looks patent

Umbilical Cord : 2A + IV

First urine passed : ✓

Meconium passed : ✓

### NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : 1+

### MOTOR SYSTEM:

Passive Tone : 1+

Active Tone : 1+

Neonatal Reflexes : .....

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

Moro's : 2e Symmetric DTR : .....

ATNR : .....

Skull and Spine : .....





Diagnosis : G2P1U / 36+1 / DCDT twin / ELUCF / 21u1 / WAR / CRW /  
-CRAB / Gest. Hypothyroid / Breech.

### FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. Venkta

Date & Time : 3/7/26

Consultant :

Signature :

Name : DR. VENKATALAKSHMI A

Date & Time : 3/7/26  
Registration No: 50115

### PLEASE FILL UP THE FOLLOWING DETAILS

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





## AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

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

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan  
1. Send cord blood for blood grouping

2. Vaccines  $\leftarrow$  OPV  
BCG  
Hep B

Plan during ward follow up :

3. ABC monitoring 30 mins post feed,  
✓ 1, 3, 6, 12, 18, 24, 36, 48 hrs  
perfect inform if < 50mg/dl

4. SBL/NBS/DAE @ 48 hrs

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

12:40pm to 12:59pm.

5. USA hip @ 6 wks.

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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

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

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



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 0 D 7 H (M)  
 Dr. VENKATA LAKSHMI A



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                                      | Doctor's Order                                 |
|-------------|-----------------------------------------------------|------------------------------------------------|
| 8/7<br>HPM  | C/S/B RESIDENCE                                     |                                                |
| 36+1        | DCDA twin 1 2141 1042 1BW Breech Gest - hypothyroid |                                                |
| B +         | $\frac{n}{m}$                                       | Plan                                           |
|             | Enteroamid Pink                                     | 1. Vaccines <del>BCG</del> Hep-B today         |
|             | CT/AS good                                          | 2. force blood group                           |
|             | Englycemia.                                         | 3. CT RBC monitoring is advised                |
|             |                                                     | 4. DBF 2nd hourly + top up 10-12ml 2nd hourly. |
|             |                                                     | <i>[Signature]</i>                             |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes                                                                                                                                                              | Doctor's Order                             |                |     |                |                                        |   |   |   |            |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------|-----|----------------|----------------------------------------|---|---|---|------------|
| 7/26<br>8:00am | C/S/B Resident                                                                                                                                                              |                                            |                |     |                |                                        |   |   |   |            |
|                | 19+10L/36 <sup>+</sup> 1 breech / 2.44kg / DC DA twins / LBW<br>Mch / Gest hypothyroidism / GDM mother                                                                      |                                            |                |     |                |                                        |   |   |   |            |
|                | Baby on room air                                                                                                                                                            | Plan Trace Bld prap.<br>vaccination done.  |                |     |                |                                        |   |   |   |            |
|                | <table><tr><td>m</td><td>B<sup>+</sup></td></tr><tr><td>B</td><td>B<sup>+</sup></td></tr></table> <table><tr><td>U</td><td>U</td></tr><tr><td>m</td><td>✓</td></tr></table> | m                                          | B <sup>+</sup> | B   | B <sup>+</sup> | U                                      | U | m | ✓ | ① DBF 2hly |
| m              | B <sup>+</sup>                                                                                                                                                              |                                            |                |     |                |                                        |   |   |   |            |
| B              | B <sup>+</sup>                                                                                                                                                              |                                            |                |     |                |                                        |   |   |   |            |
| U              | U                                                                                                                                                                           |                                            |                |     |                |                                        |   |   |   |            |
| m              | ✓                                                                                                                                                                           |                                            |                |     |                |                                        |   |   |   |            |
|                | B wt : 2.44kg<br>T wt : 2.032kg 5% ↓                                                                                                                                        | ② GRBS monitoring<br>3hly                  |                |     |                |                                        |   |   |   |            |
|                | GRBS — 84 mg/dl                                                                                                                                                             | ③ To up feed<br>10ml if required.          |                |     |                |                                        |   |   |   |            |
|                | Euthemic — Pink<br>Euglycemic                                                                                                                                               | ④ TCBR @ 1 P.M                             |                |     |                |                                        |   |   |   |            |
|                | <table><tr><td>Tone</td><td rowspan="3">} good.</td></tr><tr><td>cry</td></tr><tr><td>activity</td></tr></table>                                                            | Tone                                       | } good.        | cry | activity       | ⑤ SBR } T/Tm<br>NBS } 12:30pm<br>OAT } |   |   |   |            |
| Tone           | } good.                                                                                                                                                                     |                                            |                |     |                |                                        |   |   |   |            |
| cry            |                                                                                                                                                                             |                                            |                |     |                |                                        |   |   |   |            |
| activity       |                                                                                                                                                                             |                                            |                |     |                |                                        |   |   |   |            |
|                |                                                                                                                                                                             | ⑥ USG both hips @ 6 weeks<br><u>Solids</u> |                |     |                |                                        |   |   |   |            |
|                |                                                                                                                                                                             | ⑦ Formula feed<br>10ml 2hly                |                |     |                |                                        |   |   |   |            |
|                |                                                                                                                                                                             | ⑧ Lactation Review<br><u>Solids</u>        |                |     |                |                                        |   |   |   |            |

DR. VENKATALAKSHMI A  
Registration No: 50115

DR. VENKATA LAKSHMI A  
Registration No: 50115





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time      | Progress Notes                                                                                                                                                                                        | Doctor's Order                         |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 4/7              | <u>Lactation notes:</u>                                                                                                                                                                               |                                        |
|                  | <ul style="list-style-type: none"> <li>Well formed breast and supply</li> <li>colostrum seen</li> <li>Suck good but mother is complaining of severe pain and not letting to latch the baby</li> </ul> |                                        |
|                  |                                                                                                                                                                                                       | <i>[Signature]</i>                     |
| 4/7/26<br>3:30pm | <u>Obs/B Resident</u>                                                                                                                                                                                 |                                        |
|                  | 26 HOL / 36 <sup>+</sup> Preterm / breech                                                                                                                                                             | 2141g / DCDA twins / LB W              |
| V / ✓<br>M / ✓   | Twt - 2.032kg                                                                                                                                                                                         | <u>Plan</u>                            |
|                  | Eutheemic - Pink                                                                                                                                                                                      | ① DBF 2hly + Formula                   |
|                  | Euglycemic - 99mg/dl                                                                                                                                                                                  | Feed 10-15ml 2hly                      |
|                  | Tone }<br>cry - } good<br>activity }                                                                                                                                                                  | ② GRBS @ 36 hr 11:00 pm                |
|                  | peripheries warm                                                                                                                                                                                      | ③ SBR }<br>NBS } TIm 12:30 pm<br>DAE } |
|                  | oral feed good                                                                                                                                                                                        | ④ USG both hips @ 6 weeks              |
|                  |                                                                                                                                                                                                       | <i>[Signature]</i>                     |



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03-07-2026 0 Y 0 M 1 D (M)  
Dr. VENKATA LAKSHMI



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It takes a lot to treat the little.



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 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

### CONGRESS NOTES AND DOCTOR'S ORDER

[illegible]



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time   | Progress Notes                                                                                                                                                                                                                                                           | Doctor's Order                                                                                                                                                                                   |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5/7/26<br>5pm | <p><u>Afternoon rounds</u></p> <p>Baby on Room air<br/>Accepting feeds well<br/>Euthermic<br/>Euglycemic<br/>Passed urine &amp; stool<br/>Hemodynamically stable<br/>CRT &lt; 2sec<br/>peripheries: Warm<br/>           CM<br/>Tone } Good<br/>           Activity }</p> | <p>plan</p> <p>1. DBF tff 15-20ml O2H</p> <p>2. NBS<br/>JBR } @ 5AM (thru)<br/>OAF }</p> <p>3. USG hips @ 6 weeks of life</p> <p>4. warmth care</p> <p><i>Aug 5am</i></p> <p><i>NB sleep</i></p> |



| Date & Time      | Progress Notes                                                                                                                              | Doctor's Order     |    |   |   |   |    |   |   |                                                                                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----|---|---|---|----|---|---|-------------------------------------------------------------------------------------------------------------------------------------|
| 6/1/26<br>8:30am | <u>Q5/B Resident</u>                                                                                                                        |                    |    |   |   |   |    |   |   |                                                                                                                                     |
|                  | 68HOL   36+3   Preterm   DCDA twin +   2141g   LBW   GDM.<br>breech                                                                         |                    |    |   |   |   |    |   |   |                                                                                                                                     |
|                  | Baby on room air                                                                                                                            | <u>Plan:</u>       |    |   |   |   |    |   |   |                                                                                                                                     |
|                  | <table border="1"> <tr> <td>M</td> <td>gt</td> <td>U</td> <td>✓</td> </tr> <tr> <td>B</td> <td>B+</td> <td>m</td> <td>✓</td> </tr> </table> | M                  | gt | U | ✓ | B | B+ | m | ✓ | ① DBF 2nd hly + FF 18-20ml 2nd hly<br>② OAE today<br>③ USG both hips @ 6 weeks<br>④ warm care<br>⑤ <del>trans</del> Soluh SBR 8-4 ✓ |
| M                | gt                                                                                                                                          | U                  | ✓  |   |   |   |    |   |   |                                                                                                                                     |
| B                | B+                                                                                                                                          | m                  | ✓  |   |   |   |    |   |   |                                                                                                                                     |
|                  | Twf → 2.005 kg (6.3% ↓)<br>Euphyemic.<br>Feed well on formula<br>feed                                                                       |                    |    |   |   |   |    |   |   |                                                                                                                                     |
|                  | cry<br>tone -<br>activity } good.                                                                                                           |                    |    |   |   |   |    |   |   |                                                                                                                                     |
|                  | discharge today.                                                                                                                            | ⑥ Was o clear disp |    |   |   |   |    |   |   |                                                                                                                                     |



Patient Sticker

## PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



#### Patient Sticker

### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



#### Patient Sticker

## PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



Patient Sticker

### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



BAH-00660585  
Baby Of NABEELA SHEERIN TWIN 1  
03-07-2026 0 Y 0 M 0 D 7 H (M)  
Dr. VENKATA LAKSHMI A

IP5-00175921

I / 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.

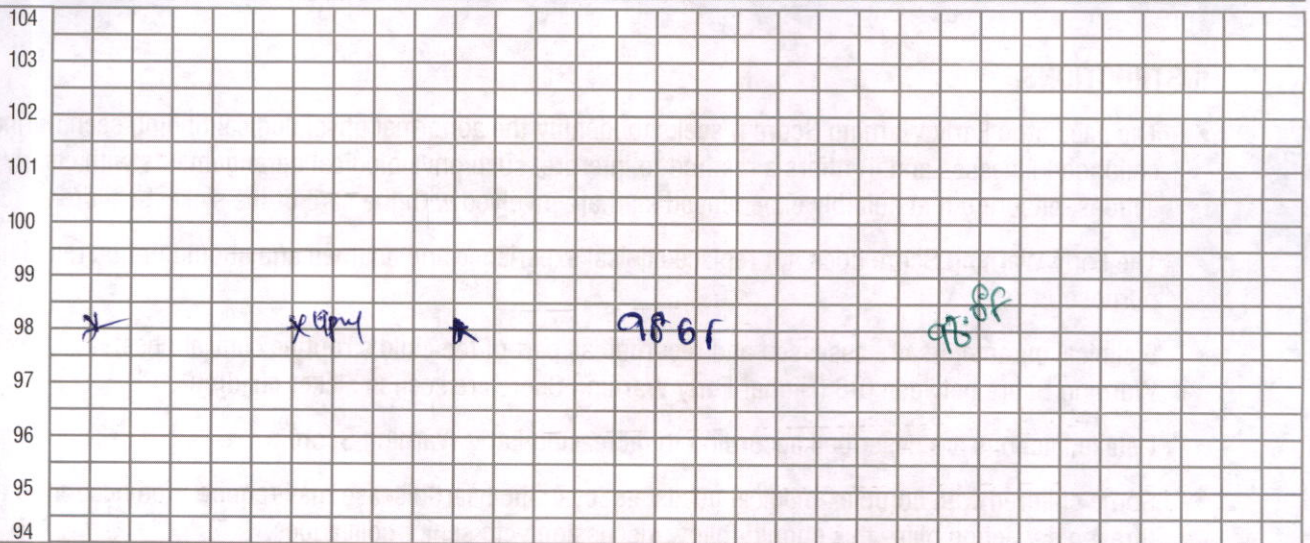
**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 8/7/26 Time: 2pm 3pm 8pm 9pm 6am

Doctor/Nurse/Family Concern?

Temperature  
(F)



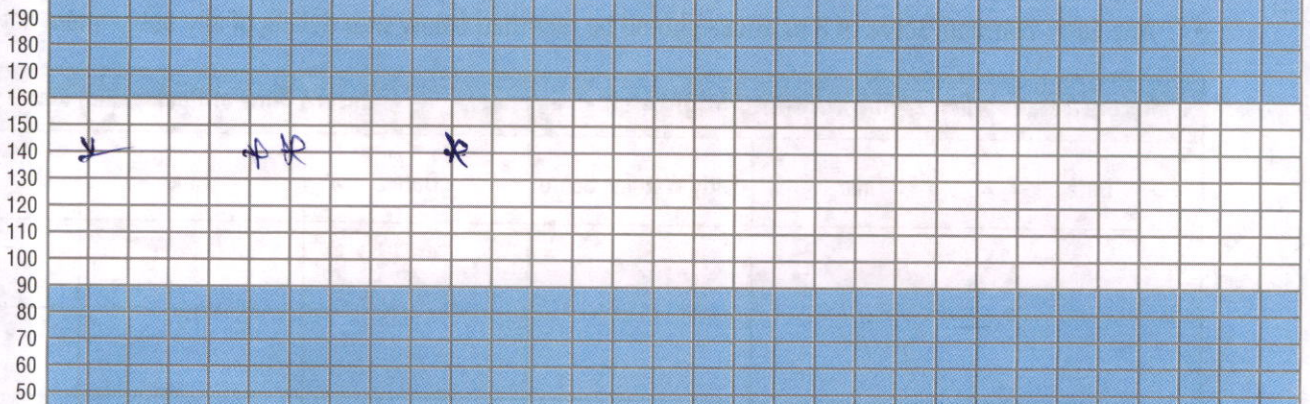
Heart Rate  
(bpm)

and

Blood Pressure  
(mmHg) \*

**Note:**

BP does not score  
in early  
warning scoring



Heart Rate (Number)

p. Rate (bpm)  
(over 1 Minute) \*



Resp Rate (Number)

Resp Mod/ Severe  
Distress None / Mild

Receiving O<sub>2</sub> (l/min)  
O<sub>2</sub> Saturations (%)

Conscious Level  
Normal Altered

GCS \*

**TOTAL SCORE**

Number of shaded boxes

Pain Score

Observer's Initials

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift in charge and PICU /NICU fellow or PICU/NICU consultant to be informed

**ACTIONS**

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 <b>EARLY WARNING SCORE &gt; 3</b> |      |                     | 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.

|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.                                                                                          |
| <b>R</b> | <b>RECOMMENDATION :</b> 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-00660585 IP5-00175921  
Baby Of NABEELA SHEERIN TWIN 1  
03-07-2026 0 Y 0 M 1 D (M)  
Dr. VENKATA LAKSHMI A



No. : RCH / FRM / CLINICAL / 124

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

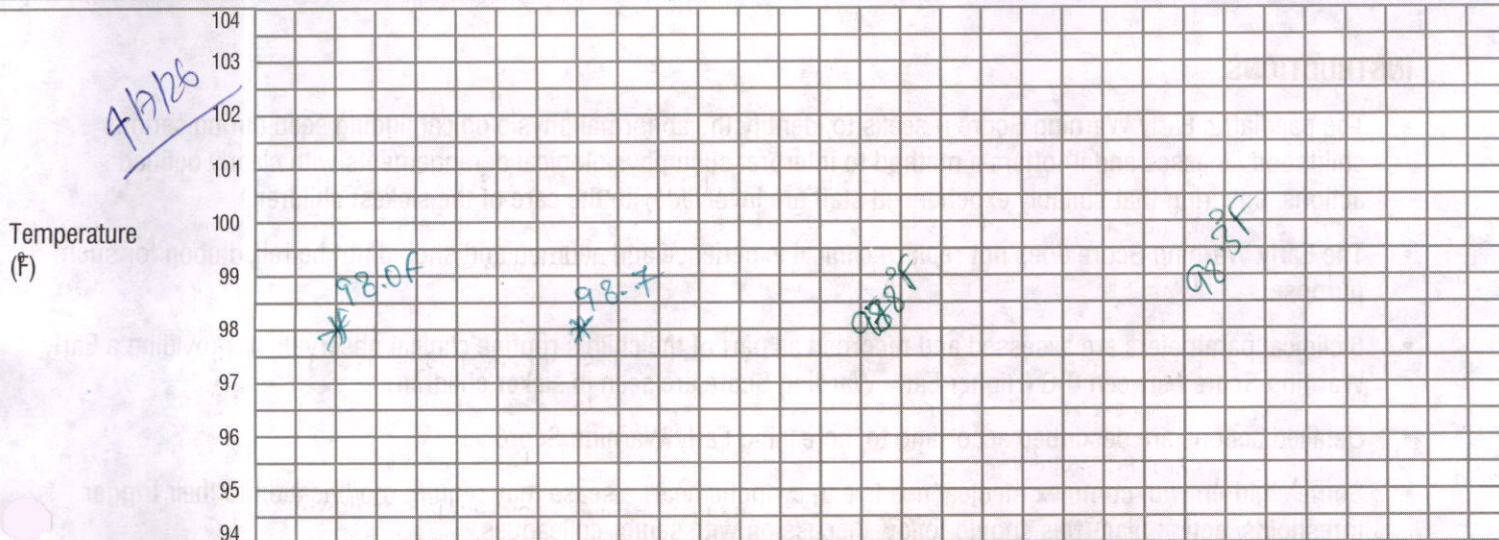
Pratiksha  
Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 14M 5PM 10PM 6PM

Doctor/Nurse/Family Concern?



Heart Rate (bpm)

and

Blood Pressure (mmHg) \*

Note:  
BP does not score  
in early  
warning scoring

Heart Rate (Number)

| Time | Heart Rate (Number) |
|------|---------------------|
| 14M  | 145b/m              |
| 5PM  | 135b/m              |
| 10PM | 130b/m              |
| 6PM  | 120b/m              |

p. Rate (bpm)  
(over 1 Minute) \*

Resp Rate (Number)

| Time | Resp Rate (Number) |
|------|--------------------|
| 14M  | 40b/m              |
| 5PM  | 40b/m              |
| 10PM | 40b/m              |
| 6PM  | 40b/m              |

Resp Distress

Mod/ Severe

None / Mild

Receiving O<sub>2</sub>(l/min)

O<sub>2</sub>Saturations (%)

| Time | O <sub>2</sub> Saturations (%) |
|------|--------------------------------|
| 14M  | 99%                            |
| 5PM  | 100%                           |
| 10PM | 100%                           |
| 6PM  | 95%                            |

Conscious Level

Normal

Altered

GCS \*

| Time | GCS * |
|------|-------|
| 14M  | 15/15 |
| 5PM  | 15/15 |
| 10PM | 15/15 |
| 6PM  | 15/15 |

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

| Time | Number of shaded boxes | Pain Score | Observer's Initials |
|------|------------------------|------------|---------------------|
| 14M  | 0                      | 0          | 4                   |
| 5PM  | 0                      | 0          | 5                   |
| 10PM | 0                      | 0          | Q                   |
| 6PM  | 0                      | 0          | Q                   |

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.



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|-------------------------------------------------------|------|---------------------|--------------------------------|------|------|
| Date                                                  | Time | Early Warning Score | Date                           | Time | Name |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |

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|          |                                                                                                                                                                                                                                                                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| <b>S</b> | <b>SITUATION :</b> 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>B</b> | <b>BACK GROUND :</b> 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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BAH-00660585 IP5-00175921  
Baby Of NABEELA SHEERIN TWIN 1  
03-07-2026 0 Y 0 M 1 D (M)  
Dr. VENKATA LAKSHMI A



5/7/26  
/ 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

### .....Y WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 11am 6pm 10pm 6pm

Doctor/Nurse/Family Concern?

Temperature  
(F)

Heart Rate  
(bpm)

and

Blood Pressure  
(mmHg) \*

Note:

BP does not score  
in early  
warning scoring

Heart Rate (Number)

Resp. Rate (bpm)  
er 1 Minute) \*

Resp Rate (Number)

Resp Mod/ Severe  
Distress None / Mild

Receiving O<sub>2</sub> (l/min)  
O<sub>2</sub> Saturations (%)

Conscious Normal  
Level Level  
Altered

GCS \*

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be  
recorded overleaf

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|---------------------------------------------|------|---------------------|--------------------------------|------|------|
| Date                                        | Time | Early Warning Score | Date                           | Time | Name |
|                                             |      |                     |                                |      |      |
|                                             |      |                     |                                |      |      |
|                                             |      |                     |                                |      |      |
|                                             |      |                     |                                |      |      |

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|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Date                                                  | Time | Early Warning Score | Date                           | Time | Name |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |

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|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
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# CONSENT FOR FORMULA FEEDS

BAH-00660585 IP5-00175921  
Baby Of NABEELA SHEERIN TWIN 1  
03-07-2026 0 Y 0 M 1 D (M)  
Dr. VENKATA LAKSHMI A

Patient No. : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No. : ..... No. : ..... Department : ..... Date : .....

I Mr / Mrs ..... aged ..... years, hereby declare that I have

admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

## Patient Attendant :

Signature : ..... *Nabeela*

Name : ..... *DR. NABEELA SHEERIN*

Relationship with Patient: ..... *Mother*

Date & Time : ..... *10:00 PM*

## Witness :

Signature : ..... *[Signature]*

Name : ..... *[Name]*

Date & Time : ..... *4/7/26 @ 12:30 PM*

## Doctor (who is taking the consent) :

Signature : ..... *[Signature]*

Name : ..... *Dr. Soluh*

Date & Time : ..... *04/07/26 @ 12:30 PM*



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 0 D 7 H (M)  
 Dr. VENKATA LAKSHMI A



# MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis:

*1 year boy with fever*

| Date Time              | Discipline                                                                                                          | Type                                                                                                                                                    | Patient Needs / Problem List | Goal                              | Plan / Intervention       | Signature   | Team Verification                                                                                                   |
|------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------|-------------|---------------------------------------------------------------------------------------------------------------------|
|                        | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                                   |                           |             | <input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                                                |
| <i>31/7/26<br/>2pm</i> | <input type="checkbox"/> Medical<br><input checked="" type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | <i>Wound care needed.</i>    | <i>To maintain the body Temp.</i> | <i>Baby weeping down.</i> | <i>Sury</i> | <input checked="" type="checkbox"/> Medical<br><input type="checkbox"/> Others:                                     |
|                        | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                                   |                           |             | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            |
|                        | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                                   |                           |             | <input type="checkbox"/> Medical<br><input checked="" type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|                        | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |                                   |                           |             | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:            |





# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

## Part - I.

Patient's / Learner Language: ..... Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

## Identified Education Needs:

- |                            |                                                                      |                                                                |                                                             |
|----------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet                                            | 13. Risk / Safety                                           |
| 2. Treatment and Care Plan | 6. Discharge Medication                                              | 10. Fall Risk Education                                        | 14. Activity / Exercise                                     |
| 3. Pain Management         | 7. Infection Control Measures                                        | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs                           |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                      | 12. Patient's / Family Rights                                  | 16. Special Discharge / Follow-up Education / Coping Skills |
|                            |                                                                      |                                                                | 17. Others .....                                            |

## Part - II

| Date    | Time | Need Identified | Information Taught           | Use codes from the list in part III |                   |                |                                   |               | Comments | Designation / Signature |
|---------|------|-----------------|------------------------------|-------------------------------------|-------------------|----------------|-----------------------------------|---------------|----------|-------------------------|
|         |      |                 |                              | Person Taught                       | Learning Barriers | Teaching Tools | Mechanism/s to overcome barrier/s | Understanding |          |                         |
|         |      |                 |                              |                                     |                   |                |                                   |               |          |                         |
| 31/7/26 | 2pm  | 7               | Education about hand hygiene | pts                                 | 1                 | 0              | 1                                 | 1             | NA       | Sury                    |
|         |      |                 |                              |                                     |                   |                |                                   |               |          |                         |
|         |      |                 |                              |                                     |                   |                |                                   |               |          |                         |

## Part - III: CODES

|                                           |                               |                                                   |           |                                 |           |                                |             |              |                          |
|-------------------------------------------|-------------------------------|---------------------------------------------------|-----------|---------------------------------|-----------|--------------------------------|-------------|--------------|--------------------------|
| Who was taught:                           |                               | PT: Patient                                       | F: Father | M: Mother                       | S: Spouse | Sn: Son                        | D: Daughter | C: Caregiver | O: Other (Specify) ..... |
| <b>Learning Barriers:</b>                 |                               |                                                   |           |                                 |           |                                |             |              |                          |
| 1. No Learning Barriers                   | 4. Language Barrier           | 7. Impaired Thought Process/Cognitive limitations |           | 10. Financial Difficulties      |           | 13. Cultural/Religion Practice |             |              |                          |
| 2. Physical Impairment                    | 5. Educational Level          | 8. Responsibilities at Home                       |           | 11. Beliefs and Values          |           | 14. Others (Specify) .....     |             |              |                          |
| 3. Emotional Barriers                     | 6. Desire / Motivate to Learn | 9. Cultural Differences                           |           | 12. Impaired Vision/ or Hearing |           |                                |             |              |                          |
| <b>Teaching Tools Used:</b>               |                               |                                                   |           |                                 |           |                                |             |              |                          |
| A: Audio                                  | D: Demonstration              | V: Video                                          | O: Oral   | P: Printed                      |           |                                |             |              |                          |
| <b>Mechanism/s to overcome barrier/s:</b> |                               |                                                   |           |                                 |           |                                |             |              |                          |
| 1. None                                   | 3. Reassurance & Support      | 5. Respect values & beliefs                       |           | 7. Other, Specify .....         |           |                                |             |              |                          |
| 2. Obtain translator                      | 4. Teach Family / Others      | 6. Respect Cultural / Religion Preference         |           |                                 |           |                                |             |              |                          |
| <b>Understanding:</b>                     |                               |                                                   |           |                                 |           |                                |             |              |                          |
| 1. Verbalizes Understanding               | 2. Demonstrates Understanding | 3. Needs Review                                   |           |                                 |           |                                |             |              |                          |





## MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: new born baby

| Date Time       | Discipline                                                                                               | Type                                                                                                                                                    | Patient Needs / Problem List | Goal       | Plan / Intervention | Signature | Team Verification                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------|---------------------|-----------|----------------------------------------------------------------------------------------------------------|
|                 | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |            |                     |           | <input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                                     |
| 8/2/26<br>10:45 | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | DBM                          | breathing. | monitor             |           | <input checked="" type="checkbox"/> Medical<br><input type="checkbox"/> Others:                          |
|                 | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |            |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|                 | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |            |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|                 | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op            |                              |            |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |



# MULTI-DISCIPLINARY PLAN OF CARE FORM

Diagnosis: \_\_\_\_\_

| Date<br>Time | Discipline                                                                                               | Type                                                                                                                                         | Patient Needs / Problem List | Goal | Plan / Intervention | Signature | Team Verification                                                                                        |
|--------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------|---------------------|-----------|----------------------------------------------------------------------------------------------------------|
|              | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op |                              |      |                     |           | <input type="checkbox"/> Nursing<br><input type="checkbox"/> Others:                                     |
|              | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op | <i>admission, physical</i>   |      |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Others:                                     |
|              | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op |                              |      |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|              | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op |                              |      |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |
|              | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: | <input type="checkbox"/> Initial<br><input type="checkbox"/> Modified<br><input type="checkbox"/> Per-Op<br><input type="checkbox"/> Post Op |                              |      |                     |           | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Others: |



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 0 D 7 H (M)  
 Dr. VENKATA LAKSHMI A



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## FLUID CHART

Sheet No. : 31/7/26

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.

| 31/7/26        |          | Intake          |       |     | Output |                |       |          |            | IV Site Thrombophlebitis Score | Sign. Nurse |
|----------------|----------|-----------------|-------|-----|--------|----------------|-------|----------|------------|--------------------------------|-------------|
| Date           | Time     | Nature of Fluid | Route |     | NG     | Diarrhoea      | Vomit | Drainage | Urine      |                                |             |
|                |          |                 | Mouth | I.V | N.G    |                |       |          |            |                                |             |
|                | 08:00 am |                 |       |     |        |                |       |          |            |                                |             |
|                | 09:00 am |                 |       |     |        |                |       |          |            |                                |             |
|                | 10:00 am |                 |       |     |        |                |       |          |            |                                |             |
|                | 11:00 am |                 |       |     |        |                |       |          |            |                                |             |
|                | 12:00 pm | PRF             |       |     |        | ↓              |       |          | ↓          | NO                             | ↓           |
|                | 01:00 pm |                 |       |     |        |                |       |          |            | canon                          | ↓           |
| Total Intake : |          |                 | Taken |     |        | Total Output : |       |          | Not passed |                                |             |
|                | 02:00 pm |                 |       |     |        |                |       |          |            | 1                              | Shobky      |
|                | 03:00 pm | DBF             |       |     |        | ✓              |       | ✓        | ✓          | no                             | Shobky      |
|                | 04:00 pm |                 |       |     |        |                |       |          |            |                                |             |
|                | 05:00 pm |                 |       |     |        |                |       |          | ✓          | ✓                              | Shobky      |
|                | 06:00 pm | DBF             |       |     |        | ✓              |       |          |            | 1                              | Shobky      |
|                | 07:00 pm |                 |       |     |        | ✓              |       |          |            |                                |             |
| Total Intake : |          |                 | Taken |     |        | Total Output : |       |          | passed     |                                |             |
|                | 08:00 pm | PRF             |       |     |        |                |       |          |            | 1                              | Shobky      |
|                | 09:00 pm |                 |       |     |        |                |       |          |            |                                |             |
|                | 10:00 pm | DBF             |       |     |        |                |       |          |            | no                             | Shobky      |
|                | 11:00 pm |                 |       |     |        | ✓              |       |          | ✓          | ✓                              | Shobky      |
|                | 12:00 am | Express 5ml     |       |     |        |                |       |          |            | 1                              | Shobky      |
|                | 01:00 am |                 |       |     |        |                |       |          |            |                                |             |
| Total Intake : |          |                 | Taken |     |        | Total Output : |       |          | m-1 u-1    |                                |             |
|                | 02:00 am |                 |       |     |        |                |       |          |            | 1                              | Shobky      |
|                | 03:00 am | PRF             |       |     |        |                |       |          |            | 1                              | Shobky      |
|                | 04:00 am |                 |       |     |        | ✓              |       |          | ✓          | NA                             | Shobky      |
|                | 05:00 am |                 |       |     |        |                |       |          |            |                                |             |
|                | 06:00 am | PRF             |       |     |        |                |       |          |            | 1                              | Shobky      |
|                | 07:00 am |                 |       |     |        |                |       |          |            |                                |             |
| Total Intake : |          |                 | Taken |     |        | Total Output : |       |          | m-1 u-1    |                                |             |

Total 24 hrs. Intake

Total 24 hrs. Output

m-2 u-2





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Sheet No. : 2

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

|                      |          | Intake             |       |     |     | Output                |           |       |          |       |  | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |
|----------------------|----------|--------------------|-------|-----|-----|-----------------------|-----------|-------|----------|-------|--|-------------------------------------------|----------------|
| Date                 | Time     | Nature<br>of Fluid | Route |     |     | NG                    | Diarrhoea | Vomit | Drainage | Urine |  |                                           |                |
|                      |          |                    | Mouth | I.V | N.G |                       |           |       |          |       |  |                                           |                |
| 6/7/26               | 08:00 am | DBF                |       |     |     |                       |           |       |          |       |  | NA                                        |                |
|                      | 09:00 am |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 10:00 am | DBF                |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 11:00 am |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 12:00 pm | ff 10ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 01:00 pm |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
| Total Intake :       |          |                    |       |     |     | Total Output : m-10-1 |           |       |          |       |  |                                           |                |
| 6/7/26               | 02:00 pm |                    |       |     |     |                       |           |       |          |       |  | NA                                        |                |
|                      | 03:00 pm | FF 15ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 04:00 pm |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 05:00 pm | FF 20ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 06:00 pm |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 07:00 pm |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
| Total Intake :       |          |                    |       |     |     | Total Output : m-20-2 |           |       |          |       |  |                                           |                |
| 6/7/26               | 08:00 pm |                    |       |     |     |                       |           |       |          |       |  | NA                                        | Rings          |
|                      | 09:00 pm |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 10:00 pm | FF 20ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 11:00 pm |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 12:00 am |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 01:00 am | FF 20ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
| Total Intake :       |          |                    |       |     |     | Total Output : m-20-2 |           |       |          |       |  |                                           |                |
| 5/7                  | 02:00 am |                    |       |     |     |                       |           |       |          |       |  | NA                                        | Rings          |
|                      | 03:00 am | FF 20ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 04:00 am |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 05:00 am |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 06:00 am | FF 20ml            |       |     |     |                       |           |       |          |       |  |                                           |                |
|                      | 07:00 am |                    |       |     |     |                       |           |       |          |       |  |                                           |                |
| Total Intake :       |          |                    |       |     |     | Total Output : m-20-2 |           |       |          |       |  |                                           |                |
| Total 24 hrs. Intake |          | 125ml              |       |     |     |                       |           |       |          |       |  |                                           |                |
| Total 24 hrs. Output |          | m-50-6             |       |     |     |                       |           |       |          |       |  |                                           |                |



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 1 D (M)  
 Dr. VENKATA LAKSHMI A



# 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.

|                             |          | Intake                      |       |     |     | Output                        |           |       |          |       | IV Site                 | Sign. Nurse |
|-----------------------------|----------|-----------------------------|-------|-----|-----|-------------------------------|-----------|-------|----------|-------|-------------------------|-------------|
| Date                        | Time     | Nature of Fluid             | Route |     |     | NG                            | Diarrhoea | Vomit | Drainage | Urine | Thrombo-phlebitis Score |             |
|                             |          |                             | Mouth | I.V | N.G |                               |           |       |          |       |                         |             |
| 5/7                         | 08:00 am | ff                          | 20ml  |     |     |                               |           |       |          | ✓     | 1                       | Amma        |
|                             | 09:00 am |                             |       |     |     |                               |           |       |          |       | NA                      |             |
|                             | 10:00 am | DBF                         | 20ml  |     |     |                               | ✓         |       |          |       | 1                       |             |
|                             | 11:00 am | ff                          |       |     |     |                               |           |       |          |       |                         |             |
|                             | 12:00 pm |                             |       |     |     |                               |           |       |          | ✓     |                         |             |
|                             | 01:00 pm | ff                          | 20ml  |     |     |                               |           |       |          |       | 1                       |             |
| <b>Total Intake :</b>       |          |                             |       |     |     | <b>Total Output :</b> M-1 U-2 |           |       |          |       |                         |             |
| 5/7                         | 02:00 pm |                             |       |     |     |                               |           |       |          |       | 1                       | Seema       |
|                             | 03:00 pm |                             |       |     |     |                               |           |       |          |       | NA                      |             |
|                             | 04:00 pm | ff                          | 25ml  |     |     |                               | ✓         |       |          | ✓     | 1                       |             |
|                             | 05:00 pm |                             |       |     |     |                               |           |       |          |       |                         |             |
|                             | 06:00 pm |                             |       |     |     |                               |           |       |          |       |                         |             |
|                             | 07:00 pm | ff                          | 25ml  |     |     |                               |           |       |          |       | 1                       |             |
| <b>Total Intake :</b>       |          |                             |       |     |     | <b>Total Output :</b> M-1 U-1 |           |       |          |       |                         |             |
| 5/7                         | 08:00 pm |                             |       |     |     |                               |           |       |          |       | 1                       | Priya       |
|                             | 09:00 pm |                             |       |     |     |                               |           |       |          |       | NA                      |             |
|                             | 10:00 pm | ff                          | 15ml  |     |     |                               | ✓         |       |          | ✓     | 1                       |             |
|                             | 11:00 pm |                             |       |     |     |                               |           |       |          |       |                         |             |
|                             | 12:00 am |                             |       |     |     |                               | ✓         |       |          |       | 1                       |             |
|                             | 01:00 am |                             | DBF   |     |     |                               |           |       |          |       |                         |             |
| <b>Total Intake :</b>       |          |                             |       |     |     | <b>Total Output :</b> M-2 U-1 |           |       |          |       |                         |             |
| 6/7                         | 02:00 am |                             |       |     |     |                               |           |       |          |       | 1                       | Priya       |
|                             | 03:00 am | ff                          | 30ml  |     |     |                               | ✓         |       |          | ✓     | 1                       |             |
|                             | 04:00 am |                             |       |     |     |                               |           |       |          |       | NA                      |             |
|                             | 05:00 am |                             |       |     |     |                               |           |       |          |       |                         |             |
|                             | 06:00 am | ff                          | 30ml  |     |     |                               | ✓         |       |          |       | 1                       |             |
|                             | 07:00 am |                             |       |     |     |                               |           |       |          |       |                         |             |
| <b>Total Intake :</b>       |          |                             |       |     |     | <b>Total Output :</b> M-2 U-1 |           |       |          |       |                         |             |
| <b>Total 24 hrs. Intake</b> |          | <b>Total 24 hrs. Output</b> |       |     |     |                               |           |       |          |       |                         |             |
|                             |          | M-6<br>U-6                  |       |     |     |                               |           |       |          |       |                         |             |



Patient Sticker

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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.
3. 24 hrs. total to be entered in the kardex in RED.

|                             |                       | Intake             |       |     |                             | Output                |           |       |          |       |  | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |
|-----------------------------|-----------------------|--------------------|-------|-----|-----------------------------|-----------------------|-----------|-------|----------|-------|--|-------------------------------------------|----------------|
| Date                        | Time                  | Nature<br>of Fluid | Route |     |                             | NG                    | Diarrhoea | Vomit | Drainage | Urine |  |                                           |                |
|                             |                       |                    | Mouth | I.V | N.G                         |                       |           |       |          |       |  |                                           |                |
|                             | 08:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 09:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 10:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 11:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 12:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 01:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | <b>Total Intake :</b> |                    |       |     |                             | <b>Total Output :</b> |           |       |          |       |  |                                           |                |
|                             | 02:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 03:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 04:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 05:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 06:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 07:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | <b>Total Intake :</b> |                    |       |     |                             | <b>Total Output :</b> |           |       |          |       |  |                                           |                |
|                             | 08:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 09:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 10:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 11:00 pm              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 12:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 01:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | <b>Total Intake :</b> |                    |       |     |                             | <b>Total Output :</b> |           |       |          |       |  |                                           |                |
|                             | 02:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 03:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 04:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 05:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 06:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | 07:00 am              |                    |       |     |                             |                       |           |       |          |       |  |                                           |                |
|                             | <b>Total Intake :</b> |                    |       |     |                             | <b>Total Output :</b> |           |       |          |       |  |                                           |                |
| <b>Total 24 hrs. Intake</b> |                       |                    |       |     | <b>Total 24 hrs. Output</b> |                       |           |       |          |       |  |                                           |                |



Patient Sticker

# 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 Thrombo-phlebitis 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              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
| <b>Total Intake :</b>       |                       |                 |        |     |     | <b>Total Output :</b>       |                       |       |          |       |                                 |             |  |
|                             | 02:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 03:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 04:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 05:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 06:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 07:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | <b>Total Intake :</b> |                 |        |     |     |                             | <b>Total Output :</b> |       |          |       |                                 |             |  |
|                             | 08:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 09:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 10:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 11:00 pm              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 12:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 01:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | <b>Total Intake :</b> |                 |        |     |     |                             | <b>Total Output :</b> |       |          |       |                                 |             |  |
|                             | 02:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 03:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 04:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 05:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 06:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | 07:00 am              |                 |        |     |     |                             |                       |       |          |       |                                 |             |  |
|                             | <b>Total Intake :</b> |                 |        |     |     |                             | <b>Total Output :</b> |       |          |       |                                 |             |  |
| <b>Total 24 hrs. Intake</b> |                       |                 |        |     |     | <b>Total 24 hrs. Output</b> |                       |       |          |       |                                 |             |  |



Patient Sticker

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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.
3. 24 hrs. total to be entered in the kardex in RED.

|                             |                       | Intake             |       |     |     | Output                      |                       |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |
|-----------------------------|-----------------------|--------------------|-------|-----|-----|-----------------------------|-----------------------|-------|----------|-------|-------------------------------------------|----------------|
| Date                        | Time                  | Nature<br>of Fluid | Route |     |     | NG                          | Diarrhoea             | Vomit | Drainage | Urine |                                           |                |
|                             |                       |                    | Mouth | I.V | N.G |                             |                       |       |          |       |                                           |                |
|                             | 08:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 09:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 10:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 11:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 12:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 01:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | <b>Total Intake :</b> |                    |       |     |     |                             | <b>Total Output :</b> |       |          |       |                                           |                |
|                             | 02:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 03:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 04:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 05:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 06:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 07:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
| <b>Total Intake :</b>       |                       |                    |       |     |     | <b>Total Output :</b>       |                       |       |          |       |                                           |                |
|                             | 08:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 09:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 10:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 11:00 pm              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 12:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 01:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
| <b>Total Intake :</b>       |                       |                    |       |     |     | <b>Total Output :</b>       |                       |       |          |       |                                           |                |
|                             | 02:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 03:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 04:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 05:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 06:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
|                             | 07:00 am              |                    |       |     |     |                             |                       |       |          |       |                                           |                |
| <b>Total Intake :</b>       |                       |                    |       |     |     | <b>Total Output :</b>       |                       |       |          |       |                                           |                |
| <b>Total 24 hrs. Intake</b> |                       |                    |       |     |     | <b>Total 24 hrs. Output</b> |                       |       |          |       |                                           |                |



## NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 3/7/26

Assessment: Newborn baby.

Goals

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

| Time | Plan of Care                | Time    | Implementation           | Evaluation              |
|------|-----------------------------|---------|--------------------------|-------------------------|
| 1pm  | * Warm care advised.        | 1:10 pm | * Baby wrapping down.    | Baby is anxious & well! |
| 2pm  | * GORRS monitoring.         | 2:10    | * GORRS monitoring down. |                         |
| 3pm  | * Vomiverticity feeding.    | 3:10 pm | * Vomiverticity down.    |                         |
| 4pm  | * DBM & Burping Easy 2ndly. | 4:10 pm | * DBM & burping down.    |                         |
| 5pm  | * Ensure Safety             | 5pm     | * Ensure safety provide  |                         |

Re-Assessment: Reassess down. Baby Anxiety.

Special Notes: GORRS monitoring.

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 3/7/26



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 0 D 7 H (M)  
 Dr. VENKATA LAKSHMI A



## NURSING CARE RECORD

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

**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/7/26

Assessment: new born baby care

Goals

- |                                                               |                                                       |                                                            |                                                     |                                                                      |                                                                |
|---------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Maintain Airway and Oxygenation      | <input type="checkbox"/> Relieve Pain & Discomfort    | <input checked="" type="checkbox"/> Maintain Fluid Balance | <input type="checkbox"/> Improve Activity Tolerance | <input checked="" type="checkbox"/> Maintain Good Nutritional Status | <input type="checkbox"/> Maintain Skin Integrity               |
| <input checked="" type="checkbox"/> Maintain Personal Hygiene | <input checked="" type="checkbox"/> Prevent Infection | <input type="checkbox"/> Meet Elimination Needs            | <input checked="" type="checkbox"/> Ensure Safety   | <input type="checkbox"/> Early Ambulation Reduce Anxiety             | <input checked="" type="checkbox"/> Patient & Family Education |
| <input type="checkbox"/> Identify Potential Complications     | <input type="checkbox"/> Any Others. Specify.....     |                                                            |                                                     |                                                                      |                                                                |

| Time | Plan of Care                    | Time    | Implementation                | Evaluation                                       |
|------|---------------------------------|---------|-------------------------------|--------------------------------------------------|
| 10pm | Assess the pt condition         | 10:30pm | Assessed pt condition         | pt is stable now & Baby was not sucking properly |
| 11pm | monitor vitals                  | 11:30pm | monitored vitals              |                                                  |
| 12am | monitor GRBS                    | 12:30pm | monitored GRBS as per order   |                                                  |
| 4pm  | Go chart                        | 4:30am  | maintained Go chart           |                                                  |
| 6am  | shift to room                   | 6:30am  | shifted to room 322           |                                                  |
| 7am  | To provide enb care to the Baby | 7:30am  | provided enb care to the Baby |                                                  |

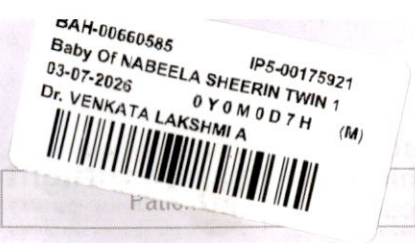
Re-Assessment: done after 2nd hourly pt is stable now

Special Notes: GRBS monitored  
 SBR, WBS, OAT @ 4hr, TCR @ 2hr

Nurse Signature: Sandeja Nurse Name: Sandeja (016629)

Date & Time: 4/7/26 am





## NURSING CARE RECORD

Rainbow  
Children's  
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BirthRight™  
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Your Right to a Safe Delivery

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 4/2/26

Assessment: New born baby care.

Goals

- |                                                           |                                                       |                                                 |                                                     |                                                                      |                                                     |
|-----------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Maintain Airway and Oxygenation  | <input type="checkbox"/> Relieve Pain & Discomfort    | <input type="checkbox"/> Maintain Fluid Balance | <input type="checkbox"/> Improve Activity Tolerance | <input checked="" type="checkbox"/> Maintain Good Nutritional Status | <input type="checkbox"/> Maintain Skin Integrity    |
| <input type="checkbox"/> Maintain Personal Hygiene        | <input checked="" type="checkbox"/> Prevent Infection | <input type="checkbox"/> Meet Elimination Needs | <input checked="" type="checkbox"/> Ensure Safety   | <input type="checkbox"/> Early Ambulation Reduce Anxiety             | <input type="checkbox"/> Patient & Family Education |
| <input type="checkbox"/> Identify Potential Complications | <input type="checkbox"/> Any Others. Specify.....     |                                                 |                                                     |                                                                      |                                                     |

| Time     | Plan of Care                            | Time     | Implementation                           | Evaluation       |
|----------|-----------------------------------------|----------|------------------------------------------|------------------|
| 8:00 AM  | Assess the Baby General condition       | 8:05 AM  | Assess the Baby General condition        | Baby was stable. |
| 10:00 AM | Monitor the vitals.                     | 10:05 AM | monitored the vitals.                    |                  |
| 12:00 PM | maintain Ilo chart.                     | 12:05 PM | maintained Ilo chart.                    |                  |
| 2:00 PM  | provide comfortable position to Baby.   | 2:05 PM  | provided comfortable position to Baby.   |                  |
| 4:00 PM  | provide 2nd hourly feeding and Burping. | 4:05 PM  | provided 2nd hourly feeding and Burping. |                  |
| 7:00 PM  | provide warm care.                      | 7:05 PM  | provided warm care.                      |                  |

Re-Assessment:

Baby was stable.

Special Notes: GRBS monitoring.

Nurse Signature: [Signature]

Nurse Name: Shrinika

Date & Time: 4/2/26 8pm



## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: New born Baby care

Goals

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

| Time | Plan of Care                         | Time     | Implementation                         | Evaluation     |
|------|--------------------------------------|----------|----------------------------------------|----------------|
| 8pm  | => Assess the Baby General condition | 8:10 pm  | => Assessed the Baby General condition | Baby is stable |
| 10pm | => Assess the Baby vitals signs      | 10:20 pm | => Assessed the Baby vitals signs      |                |
| 12AM | => To maintain I/O chart             | 12:10 AM | => maintained I/O chart                |                |
| 2AM  | => To plan PRBS monitoring           | 2:10 AM  | => monitored GRBS                      |                |
| 4AM  | => Establish feeds                   | 4:10 AM  | => established feeds                   |                |
| 6AM  | => Ensure safety                     | 6:10 AM  | => Ensure safety                       |                |

Re-Assessment: Baby is stable

Special Notes: SBR NRS, OAE T/M 12:30pm Wk 6 weeks

Nurse Signature: Deep

Nurse Name: Deep

Date & Time: 05/7/26 @ 8AM



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 2 D (M)  
 Dr. VENKATA LAKSHMI A

## NURSING CARE RECORD

Rainbow  
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BirthRight  
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Your Right to a Safe Delivery

Sh: ☒ Morning ☐ Afternoon ☐ Night

Date: 5/7/26

Assessment: new born Baby care

Goals

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

| Time | Plan of Care                      | Time     | Implementation                              | Evaluation       |
|------|-----------------------------------|----------|---------------------------------------------|------------------|
| 8am  | Assess the Baby General condition | 8:30 am  | Assessed the Baby General condition on back | → Baby is stable |
| 9am  | To monitor vitals                 | 9:30 am  | monitored Baby vitals                       |                  |
| 10am | To monitor I/O chart              | 10:15 am | monitored baby I/O chart                    |                  |
| 11am | To plan ft. feed                  | 11:15 am | every 2nd hourly feeding & burping          |                  |
| 12pm | To plan ensure safety             | 12:30 pm | given Baby ensure safety                    |                  |
| 1pm  | To plan warm care                 | 2:30 pm  | given Baby Warm care.                       |                  |

Re-Assessment:

Special Notes: SBR: NBS T/M

Nurse Signature: Southasthi

Nurse Name: Southasthi

Date & Time: 5/7/26



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 2 D (M)  
 Dr. VENKATA LAKSHMI A

# NURSING CARE RECORD

Rainbow  
 Children's  
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BirthRight  
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 Your Right to a Safe Delivery

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 5/7/26

Assessment: Neonatal baby

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

| Time | Plan of Care                    | Time    | Implementation                                 | Evaluation        |
|------|---------------------------------|---------|------------------------------------------------|-------------------|
| 2pm  | * Assess the baby condition     | 2:30 pm | * Assessed the baby condition, baby is stable. | * Baby is stable. |
| 3pm  | * plan to monitor vitals        | 3:10 pm | * monitor vitals stable.                       |                   |
| 4pm  | * plan to maintain I/O chart    | 4:20 pm | * maintain I/O chart                           |                   |
| 5pm  | * plan to check                 | 5:30 pm | * I checked CRBS as per doctor orders          |                   |
| 7pm  | * plan to warm care             | 7:20 pm | * provide warm care for baby.                  |                   |
| 8pm  | * plan to feeding 2-3rd hourly. | 8pm     | * Given feeding support 2-3rd hourly.          |                   |

Re-Assessment: provide warm care for baby

Special Notes: CRBS, I/Os T/M 5 AM

Nurse Signature: (Signature)

Nurse Name: Seema

Date & Time: 5/7/26 @ 8pm



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 2 D (M)  
 Dr. VENKATA LAKSHMIA



## NURSING CARE RECORD

Rainbow  
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Hospital  
It takes a lot to treat the little.

BirthRight  
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Your Right to a Safe Delivery

Date: 05/7/26

Assessment: ☒ Night

Assessment: New born Baby Care

Goals

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

| Time | Plan of Care                        | Time     | Implementation                      | Evaluation     |
|------|-------------------------------------|----------|-------------------------------------|----------------|
| 8pm  | → Assess the Baby General Condition | 8:10 pm  | → Assess the Baby General Condition | Baby is stable |
| 10pm | → Assess the Baby vitals Signs      | 10:20 pm | → Assess the Baby vitals Signs      |                |
| 12am | → To maintain Ilo chart             | 12:10 am | → To maintain Ilo chart             |                |
| 4am  | → To provide comfortable position   | 4:10 am  | → provided comfortable position     |                |
| 6am  | → To establish feeds                | 6:10 pm  | → established feeds                 |                |

Re-Assessment: Baby is Good taking feeds well

Special Notes: SBR, NBS, <sup>Down</sup> OAC T/m

Nurse Signature: [Signature] Nurse Name: Princy Date & Time: 06/07/26 @ 8Am



Patient Sticker

## NURSING CARE RECORD

  
**Rainbow<sup>®</sup>  
Children's  
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**BirthRight<sup>™</sup>**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

**Goals**

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

| Time | Plan of Care | Time | Implementation | Evaluation |
|------|--------------|------|----------------|------------|
|      |              |      |                |            |

Re-Assessment: .....

Special Notes: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....



Patient Sticker

## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

**Goals**

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

| Time | Plan of Care | Time | Implementation | Evaluation |
|------|--------------|------|----------------|------------|
|      |              |      |                |            |

Re-Assessment: .....

Special Notes: .....

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



Patient Sticker

## NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: .....

Assessment: .....

Goals

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

| Time | Plan of Care | Time | Implementation | Evaluation |
|------|--------------|------|----------------|------------|
|      |              |      |                |            |

Re-Assessment: .....

Special Notes: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....



## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Venkata Lakshmi A Department: 4W Date of Admission: 3/7/26

|                       |                                                           |                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |                                                                     |
|-----------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| SITUATION             | Diagnosis: <u>new born baby</u>                           | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                                     |                                                                     |                                                                     |                                                                     |                                                                     |
|                       | Area                                                      | <u>ORBS</u><br><u>1st floor</u>                                                                                                                | <u>ORBS</u><br><u>1st floor</u>                                     | <u>3rd floor</u><br><u>10 pm</u>                                    | <u>2nd floor</u><br><u>8 pm</u>                                     | <u>3rd floor</u><br><u>8 pm</u>                                     | <u>3rd floor</u><br><u>8 pm</u>                                     |
| BACKGROUND            | Shift Time                                                | <u>1st floor</u>                                                                                                                               | <u>1st floor</u>                                                    | <u>10 pm</u>                                                        | <u>8 pm</u>                                                         | <u>8 pm</u>                                                         | <u>8 pm</u>                                                         |
|                       | Medical Condition<br>(Any special condition to be noted): | <u>NA</u>                                                                                                                                      | <u>NA</u>                                                           | <u>NB</u>                                                           | <u>NB</u>                                                           | <u>NB</u>                                                           | <u>NB</u>                                                           |
| ASSESSMENT            | Allergy:                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                       | Tubes/Drains/Catheter:                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                       | Vital Signs:                                              |                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |                                                                     |
|                       | Temp:                                                     | <u>98.1 F</u>                                                                                                                                  | <u>98.0 F</u>                                                       | <u>98.0 F</u>                                                       | <u>98.1 F</u>                                                       | <u>98.0 F</u>                                                       | <u>98.5 F</u>                                                       |
|                       | Res:                                                      | <u>98.1 F</u>                                                                                                                                  | <u>98.0 F</u>                                                       | <u>99.1</u>                                                         | <u>99.1</u>                                                         | <u>99.1</u>                                                         | <u>99</u>                                                           |
|                       | SpO <sub>2</sub> :                                        | <u>99.1</u>                                                                                                                                    | <u>98.1</u>                                                         | <u>100%</u>                                                         | <u>100%</u>                                                         | <u>100%</u>                                                         | <u>100%</u>                                                         |
|                       | Pulse:                                                    | <u>144</u>                                                                                                                                     | <u>146 bpm</u>                                                      | <u>136 bpm</u>                                                      | <u>136 bpm</u>                                                      | <u>140 bpm</u>                                                      | <u>140 bpm</u>                                                      |
|                       | BP:                                                       | <u>-</u>                                                                                                                                       | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            |
| Recommendations       | Safety Needs:                                             | <u>Carb care</u>                                                                                                                               | <u>Yes</u>                                                          | <u>carb care</u>                                                    | <u>carb care</u>                                                    | <u>Yes</u>                                                          | <u>Yes</u>                                                          |
|                       | Physiotherapy                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                       | Others Specify:                                           | <u>NA</u>                                                                                                                                      | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
|                       | Special Diet:                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                       | Other Special Orders / Medications:                       | <u>NA</u>                                                                                                                                      | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
|                       | Post Operative Procedure Special Orders:                  | <u>GRBS</u><br><u>monitoring</u>                                                                                                               | <u>GRBS</u>                                                         | <u>GRBS</u><br><u>SBANES</u><br><u>with</u>                         | <u>GRBS</u><br><u>monitoring</u>                                    | <u>GRBS</u><br><u>with</u>                                          | <u>GRBS</u>                                                         |
| Handed Over By Name : | <u>Shrey</u>                                              | <u>Sanjay</u>                                                                                                                                  | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Annam</u>                                                        |                                                                     |
| Signature :           | <u>Shrey</u>                                              | <u>Sanjay</u>                                                                                                                                  | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Annam</u>                                                        |                                                                     |
| Date:                 | <u>3/7/26</u>                                             | <u>3/7/26</u>                                                                                                                                  | <u>3/7/26</u>                                                       | <u>3/7/26</u>                                                       | <u>3/7/26</u>                                                       | <u>3/7/26</u>                                                       |                                                                     |
| Time:                 | <u>8 pm</u>                                               | <u>8 pm</u>                                                                                                                                    | <u>10 pm</u>                                                        | <u>8 pm</u>                                                         | <u>8 pm</u>                                                         | <u>2 pm</u>                                                         |                                                                     |
| Taken Over By Name :  | <u>Sanjay</u>                                             | <u>Shrey</u>                                                                                                                                   | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        |                                                                     |
| Signature :           | <u>Sanjay</u>                                             | <u>Shrey</u>                                                                                                                                   | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        | <u>Shrey</u>                                                        |                                                                     |
| Date:                 | <u>3/7/26</u>                                             | <u>3/7/26</u>                                                                                                                                  | <u>3/7/26</u>                                                       | <u>3/7/26</u>                                                       | <u>3/7/26</u>                                                       | <u>3/7/26</u>                                                       |                                                                     |
| Time:                 | <u>8 pm</u>                                               | <u>9:30 pm</u>                                                                                                                                 | <u>10 am</u>                                                        | <u>8 pm</u>                                                         | <u>8 pm</u>                                                         | <u>2 pm</u>                                                         |                                                                     |





## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: DR. VIL Department: 3rd Floor Date of Admission: 3/7/26

|                                          |                                                           |                                                                     |                                                                                                                                                |                                                          |                                                          |                                                          |
|------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| SITUATION                                | Diagnosis: <u>Newborn baby</u>                            |                                                                     | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                          |                                                          |                                                          |
|                                          |                                                           |                                                                     |                                                                                                                                                |                                                          |                                                          |                                                          |
| BACKGROUND                               | Area                                                      | <u>2nd Floor</u>                                                    | <u>3rd Floor</u>                                                                                                                               |                                                          |                                                          |                                                          |
|                                          | Shift Time                                                | <u>8pm</u>                                                          | <u>8am</u>                                                                                                                                     |                                                          |                                                          |                                                          |
|                                          | Medical Condition<br>(Any special condition to be noted): | <u>NB</u>                                                           | <u>NB</u>                                                                                                                                      |                                                          |                                                          |                                                          |
| ASSESSMENT                               | Allergy:                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Tubes/Drains/Catheter:                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Vital Signs:                                              | Temp: <u>98.2°F</u>                                                 | Temp: <u>98.1°F</u>                                                                                                                            |                                                          |                                                          |                                                          |
|                                          |                                                           | Res: <u>35b/m</u>                                                   | Res: <u>20b/m</u>                                                                                                                              |                                                          |                                                          |                                                          |
|                                          |                                                           | SpO <sub>2</sub> : <u>100%</u>                                      | SpO <sub>2</sub> : <u>99%</u>                                                                                                                  |                                                          |                                                          |                                                          |
|                                          |                                                           | Pulse: <u>142b/m</u>                                                | Pulse: <u>121b/m</u>                                                                                                                           |                                                          |                                                          |                                                          |
|                                          |                                                           | BP: <u>—</u>                                                        | BP: <u>—</u>                                                                                                                                   |                                                          |                                                          |                                                          |
|                                          |                                                           | Fall Risk Score: <u>16</u>                                          | Fall Risk Score: <u>16</u>                                                                                                                     |                                                          |                                                          |                                                          |
|                                          |                                                           | Pain Score: <u>0/10</u>                                             | Pain Score: <u>0/10</u>                                                                                                                        |                                                          |                                                          |                                                          |
|                                          | Recommendations                                           | Safety Needs:                                                       | <u>yes</u>                                                                                                                                     | <u>yes</u>                                               |                                                          |                                                          |
| Physiotherapy                            |                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Others Specify:                          |                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                                                      |                                                          |                                                          |                                                          |
| Special Diet:                            |                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Special Orders / Medications:      |                                                           | <u>CBR, NB</u><br><u>Tm</u><br><u>5AM</u>                           | <u>NA</u>                                                                                                                                      |                                                          |                                                          |                                                          |
| Post Operative Procedure Special Orders: |                                                           | <u>NA</u>                                                           | <u>NA</u>                                                                                                                                      |                                                          |                                                          |                                                          |
| Handed Over By Name :                    |                                                           | <u>Seema</u>                                                        | <u>Divya</u>                                                                                                                                   |                                                          |                                                          |                                                          |
| Signature :                              |                                                           | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                                                                                             |                                                          |                                                          |                                                          |
| Date:                                    |                                                           | <u>5/7/26</u>                                                       | <u>6/7/26</u>                                                                                                                                  |                                                          |                                                          |                                                          |
| Time:                                    |                                                           | <u>@ 8pm</u>                                                        | <u>@ 8am</u>                                                                                                                                   |                                                          |                                                          |                                                          |
| Taken Over By Name :                     |                                                           | <u>Divya</u>                                                        | <u>Seetha</u>                                                                                                                                  |                                                          |                                                          |                                                          |
| Signature :                              |                                                           | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                                                                                             |                                                          |                                                          |                                                          |
| Date:                                    |                                                           | <u>5/7/26</u>                                                       | <u>6/7/26</u>                                                                                                                                  |                                                          |                                                          |                                                          |
| Time:                                    |                                                           | <u>@ 8pm</u>                                                        | <u>@ 8am</u>                                                                                                                                   |                                                          |                                                          |                                                          |



BAH-00660585 IP5-00175921  
 Baby Of NABEELA SHEERIN TWIN 1  
 03-07-2026 0 Y 0 M 2 D (M)  
 Dr. VENKATA LAKSHMIA

## BRADEN 'Q' SCALE

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|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          | Date :                                                                                                                                                                                                                                                                                                                                                       | u/7/26                                                                                                                                                                                                                                                                                          | 12                                                                                                                                                                                                                                                                                     | 6/7   |      |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|------|
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          | Time :                                                                                                                                                                                                                                                                                                                                                       | 6am                                                                                                                                                                                                                                                                                             | 8am                                                                                                                                                                                                                                                                                    | 8pm   |      |      |
| Mobility                                                                                                                                                                     | <b>etely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.                                                                                                                                                                                                                            | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.                                                                                                                                                                                                                   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or e.tremity position independently.                                                                                                                                                                               | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.                                                                                                                                                                                          | 2     | 2    | 2    |
| "Activity The degree of physical activity"                                                                                                                                   | <b>1. Bedfast :</b><br>Confined to bed                                                                                                                                                                                                                                                                                                   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."                                                                                                                                                                                                         | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                                        | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.                                                                                                    | 1     | 1    | 1    |
| Sensory Perception                                                                                                                                                           | <b>1. Completely limited:</b><br>Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.                                                                                                                  | <b>2. Very limited:</b><br>responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.                                                                                                                               | <b>3. Slightly limited:</b><br>Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.                                                           | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.                                                                                                                                    | 2     | 2    | 2    |
| Moisture Degree to which skin is exposed to moisture                                                                                                                         | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.                                                                                                                                                                   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.                                                                                                                                                                                                                                                 | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.                                                                                                                                                                                             | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.                                                                                                                                                                   | 3     | 3    | 3    |
| <b>FRICTION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.                                                                                                                                                                                                        | <b>2. Problem:</b><br>Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.                                                                                                                    | <b>3. Potential problem:</b><br>Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.            | <b>4. No apparent problem:</b><br>Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."                         | 2     | 2    | 2    |
| Nutritional Usual food intake pattern                                                                                                                                        | <b>1. Very Poor:</b><br>NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | <b>2. Inadequate:</b><br>Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | <b>3. Adequate:</b><br>Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | <b>4. Excellent:</b><br>Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. | 3     | 3    | 3    |
| Tissue Perfusion & Oxygenation                                                                                                                                               | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.                                                                                                                                                                                   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.                                                                                                                                                                                                | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.                                                                                                                                        | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.                                                                                                                                                                               | 4     | 4    | 4    |
| <b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>                                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | <b>TOTAL SCORE</b>                                                                                                                                                                                                                                                                     | 17    | 12   | 12   |
|                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | <b>Evaluator's Name</b>                                                                                                                                                                                                                                                                | Rajna | Deep | Deep |



| Risk Score  | Category      | Action                                                                                                                                                                                                                                                                                                                                       | <b>Support Surfaces</b><br><b>(Please Note:</b> Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice |
|-------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15-18       | At Risk       | <ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>                                                                                                                                                        | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>                                                                                                             | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>                                                                                                                     | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay                                                                        |



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 03-07-2026 0 Y 0 M 0 D 7 H (M)  
 Dr. VENKATA LAKSHMI A



## 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                                                                                                                                                       | Time                                                                                        | Time   | Time   | Time   | Time   | Time | Time | Time |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | 3/7/26                                                                                      | 3/7/26 | 4/7/26 | 5/7/26 | 6/7/26 |      |      |      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | 2pm                                                                                         | 6pm    | 8am    | 8am    | 8am    |      |      |      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | Procedure → GRB                                                                             | URA    | URS    | URS    | URA    |      |      |      |
| <b>Crying Irritability</b>                     | 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      |      |      |      |
| <b>Behavior State</b>                          | No arousal to any stimuli<br>No spontaneous movement                                                                                                                                                                                                                                                                                                                                                                 | Arouses minimally to stimuli<br>Little spontaneous movement | Appropriate for gestational age               | Restless, squirming<br>Awakens frequently                                                  | Arching, kicking constantly awake or<br>Arouses minimally / no movement (not sedated)                                                                   | 0                                                                                           | 0      | 0      | 0      | 0      |      |      |      |
| <b>Facial Expression</b>                       | Mouth is lax<br>No expression                                                                                                                                                                                                                                                                                                                                                                                        | Minimal expression with stimuli                             | Relaxed Appropriate                           | Any pain expression intermittent                                                           | Any pain expression continual                                                                                                                           | 0                                                                                           | 0      | 0      | 0      | 0      |      |      |      |
| <b>Extremities Tone</b>                        | No grasp reflex<br>Flaccid tone                                                                                                                                                                                                                                                                                                                                                                                      | Weak grasp reflex<br>decreased muscle tone                  | Relaxed hands and feet<br>Normal Tone         | Intermittent clenched toes, fists or finger splay<br>Body is not tense                     | Continual clenched toes, fists, or finger splay<br>Body is tense                                                                                        | 0                                                                                           | 0      | 0      | 0      | 0      |      |      |      |
| <b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b> | No variability with stimuli<br>Hypoventilation or apnea                                                                                                                                                                                                                                                                                                                                                              | Less than 10% variability from baseline with stimuli        | Within baseline or normal for gestational age | Increase 10-20% from baseline<br>SaO <sub>2</sub> 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator | 0                                                                                           | 0      | 0      | 0      | 0      |      |      |      |
|                                                | <b>Premature Pain Assessment: Scoring</b><br>+3 if less than 28 weeks gestation age / Corrected Age<br>+2 if 28 - 31 weeks gestation age / Corrected Age<br>+1 if 32 - 35 weeks gestation age / Corrected Age<br><br><b>Intervention</b><br>Deep Sedation: Score = -10 to -5<br>Light Sedation: Score = -5 to -2<br>Pain Score less than or equal to 3 – No Intervention<br>Pain Score greater than 3 – Intervention |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Gestational Age / Corrected Age</b><br>36+1 wks. 36+1 wks. 36+1 wks. 38+1 wks. 38+4 wks. |        |        |        |        |      |      |      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Total Pain / Agitation Score</b><br>0 0 0 0 0                                            |        |        |        |        |      |      |      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Intervention</b><br>NA NA NA NA NA                                                       |        |        |        |        |      |      |      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Effectiveness</b><br>NA NA NA NA NA                                                      |        |        |        |        |      |      |      |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Signature</b><br>Guy B. [Signature] [Signature] [Signature] [Signature]                  |        |        |        |        |      |      |      |



## NPASS: Neonatal Pain, Agitation & Sedation Scale

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



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Hospital**  
It takes a lot to treat the little.

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

## THE HUMPTY DUMPTY SCALE

31/7/2026 8/11 11/7 5/7 6/7

| PARAMETER                                 | CRITERIA                                                                                                    | SCORE | DATE | DATE | DATE | DATE | DATE |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------|------|------|------|------|------|
| Age                                       | Less than 3 years old                                                                                       | 4     | 4    | 4    | 4    | 4    | 4    |
|                                           | 3 to less than 7 years old                                                                                  | 3     |      |      |      |      |      |
|                                           | 7 to less than 13 years old                                                                                 | 2     |      |      |      |      |      |
|                                           | 13 years old and above                                                                                      | 1     |      |      |      |      |      |
| Gender                                    | Male                                                                                                        | 2     | 2    | 2    | 2    | 2    | 2    |
|                                           | Female                                                                                                      | 1     |      |      |      |      |      |
| Diagnosis                                 | Neurological Diagnosis                                                                                      | 4     |      |      |      |      |      |
|                                           | Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.) | 3     |      |      |      |      |      |
|                                           | Psych / Behavioral Disorders                                                                                | 2     |      |      |      |      |      |
|                                           | Other Diagnosis                                                                                             | 1     |      |      |      |      |      |
| Cognitive Impairments                     | Not Aware of Limitations                                                                                    | 3     |      |      |      |      |      |
|                                           | Forget Limitations                                                                                          | 2     |      |      |      |      |      |
|                                           | Oriented to own Ability                                                                                     | 1     | 1    |      |      |      |      |
|                                           | History of Falls or Infant - Toddler Placed in Bed                                                          | 4     |      | 4    | 4    | 4    | 4    |
| Environmental Factors                     | Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)             | 3     | 3    | 3    | 3    | 3    | 3    |
|                                           | Patient Placed in Bed                                                                                       | 2     |      |      |      |      |      |
|                                           | Outpatient Area                                                                                             | 1     |      | 1    |      |      |      |
| Response to Surgery / Sedation Anesthesia | Within 24 hours                                                                                             | 3     | 3    |      | 3    | 3    | 3    |
|                                           | Within 48 hours                                                                                             | 2     |      |      |      |      |      |
|                                           | More than 48 hours / None                                                                                   | 1     |      |      |      |      |      |
| Medication Usage                          | Sedatives (excluding ICU patients sedated and paralyzed)                                                    | 3     |      |      |      |      |      |
|                                           | Hypnotics                                                                                                   | 3     |      |      |      |      |      |
|                                           | Barbiturates                                                                                                | 3     |      |      |      |      |      |
|                                           | Phenothiazines                                                                                              | 3     |      |      |      |      |      |
|                                           | Antidepressants                                                                                             | 3     |      |      |      |      |      |
|                                           | Laxatives / Diuretics                                                                                       | 3     |      |      |      |      |      |
|                                           | Narcotics                                                                                                   | 3     |      |      |      |      |      |
|                                           | One of the Meds listed above                                                                                | 2     |      |      |      |      |      |
|                                           | Other Medications / None                                                                                    | 1     |      |      |      |      |      |
| TOTAL                                     |                                                                                                             |       | 14   | 16   | 16   | 16   | 16   |

Intervention :

-Fall Risk : Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

|                               |  |              |              |    |    |    |
|-------------------------------|--|--------------|--------------|----|----|----|
| Bed in low position           |  | Yes          | Yes          | ✓  | ✓  | ✓  |
| Call device within reach      |  | Yes          | Yes          | ✓  | ✓  | ✓  |
| Wheels Locked                 |  | Yes          | Yes          | ✓  | ✓  | ✓  |
| Room free of clutter          |  | No           | No           | ✓  | ✓  | ✓  |
| Adequate Lighting             |  | Yes          | Yes          | ✓  | ✓  | ✓  |
| Wheel Chair Support           |  | Yes          | Yes          | ✓  | ✓  | ✓  |
| Other Intervention(s) Specify |  | NA           | NA           | NA | NA | NA |
| Nurse's Name :                |  | Sunil Sandya | Sunil Sandya | ✓  | ✓  | ✓  |
| Signature :                   |  | Sunil        | Sunil        | ✓  | ✓  | ✓  |
| Date :                        |  | 31/7/2026    | 31/7/2026    | ✓  | ✓  | ✓  |
| Time :                        |  | 8pm          | 8pm          | ✓  | ✓  | ✓  |





## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: Bp. Nabeela Mother's Name: \_\_\_\_\_  
Date of Birth: 31/7/26 Time of Birth: 12:23 PM Gender: ☐ Male ☐ Female  
Birth Weight: 2.147 Kgs HC: 41.35 cm Length: 47 cm  
Meconium in Liquor: ☐ Yes ☒ No Cried at Birth: ☐ Yes ☒ No  
Term / Pre-term / Post-term: \_\_\_\_\_  
Resuscitated: ☒ Yes ☐ No Blood Group: Mother: O+ Baby: \_\_\_\_\_  
Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time: 12:59 PM

AFFIX MOTHER'S  
IDENTIFICATION LABEL

Mode of Delivery: ☐ Normal ☒ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD

Indication: \_\_\_\_\_

### Physical Assessment of New Born:

Temp: 38.2 °C HR: 144 /Min RR: 4 /Min BP: \_\_\_\_\_ SpO<sub>2</sub>: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☒ Yes ☐ No Score: 15 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore: ☒ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☒ Crying ☐ Calm ☐ Drowsy

### Findings:

General Appearance: ☒ Well-Flexed ☐ Asymmetry

Skin: ☒ Pink ☐ Meconium Stain ☐ Others, Specify: \_\_\_\_\_

### Nursing Management: (Please strike through if not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: ☒ Yes / ☐ No

Routine Care Provided: ☒ Yes / ☐ No

Capillary Blood Glucose Monitoring Done: ☒ Yes / ☐ No

Neonatal Screening Done: ☒ Yes / ☐ No

1. Nutritional Screening: Feeding Problem ☒ Yes / ☐ No

2. Functional Screening: Musculoskeletal Congenital Abnormality ☒ Yes / ☐ No

3. Socio History: Siblings ☒ Yes / ☐ No

All information obtained from ☐ Mother ☒ Father ☐ Other Family Member

Newborn Screening Discussed: ☒ Yes / ☐ No

Nurse Name: Gurp

Signature: Gurp

Date & Time: 31/7/26 PM



# PATIENT TRANSFER FORM

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                        |                                                                                                                             |                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Patient Name &amp; UHID No.</b><br>BAH-00660585 IP5-00175921<br>Baby Of NABEELA SHEERIN TWIN 1<br>03-07-2026 0 Y 0 M 0 D 9 H (M)<br>Dr. VENKATA LAKSHMIA<br> |                                                                                                                                                                                        | <b>Date &amp; Time of Admission</b><br>3/7/26 @ 10:00 AM                                                                    | <b>Date &amp; Time of Transfer Order</b><br>3/7/26 @ 8:00 AM |
|                                                                                                                                                                                                                                                 |                                                                                                                                                                                        | <b>Transfer Ordered by</b><br>Dr. Anshu                                                                                     | <b>Reason for Transfer</b><br>observation.                   |
| <b>From Unit</b><br>OBS                                                                                                                                                                                                                         | <b>To Unit</b><br>Room (322)                                                                                                                                                           | <b>Information to Attendant</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |                                                              |
| <b>Number of Sheets in Clinical File</b><br>25                                                                                                                                                                                                  | <b>Personal belongings including clinical documents. If any handed over to attendant</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If Yes, what? ..... | <b>Patient shifted with ID band:</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If No: ..... |                                                              |
| <b>Number of Imaging Films</b><br>N/A                                                                                                                                                                                                           |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| <b>Medications / Consumables / Surgicals / Hand over</b>                                                                                                                                                                                        |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| Sl.No.                                                                                                                                                                                                                                          | Item Name                                                                                                                                                                              | Quantity                                                                                                                    |                                                              |
| 1.                                                                                                                                                                                                                                              | /                                                                                                                                                                                      |                                                                                                                             |                                                              |
| 2.                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| 3.                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| 4.                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| 5.                                                                                                                                                                                                                                              |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| <b>Shifting Summary / Notes Written by Doctor :</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                         |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| <b>Name &amp; Signature of Person who is Transferring</b><br>Dr. Anshu                                                                                                                                                                          |                                                                                                                                                                                        | <b>Name of Person Ordered Transfer</b><br>Dr. Anshu                                                                         |                                                              |
| <b>Patient &amp; Clinical Records Received by :</b><br>Dr. Anshu                                                                                                                                                                                |                                                                                                                                                                                        |                                                                                                                             |                                                              |
| <b>Date &amp; Time of Patient Received :</b><br>3/7/26 10 PM                                                                                                                                                                                    |                                                                                                                                                                                        |                                                                                                                             |                                                              |

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

(26)



BAH-00660585  
Baby Of NABEELA SHEERIN TWIN 1  
03-07-2026  
Dr. VENKATA LAKSHMI A  
IP5-00175921  
0 Y 0 M 0 D 7 H (M)



## DISCHARGE PLANNING FORM

Nationality: Indians

**NOTES:** \* To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: Estimated.

2. Destination Post Discharge: ☐ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☐ Yes ☒ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☒ Yes ☐ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☒ Yes ☐ No

☐ Toileting ☐ Yes ☒ No

Need Assistance.

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☒ Patient

☐ Family Member

☐ Others: .....

5. Discharge Planning Discussed with the:

☐ Patient

☒ Family Member

☐ Others: .....

6. Patient/Family Educational Plan:

☐ Educational Topic/s: Scientific about hand hygiene

☐ Patient's Educational Topic/s discussed with the:

☐ Patient

☒ Family Member

☐ Others: .....

Nurse Signature: Gund.

Nurse Name: Gund

Date and Time: 3/7/26.