BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

(1)

Name : B/O Sangamitra

UHID No. : BAH-00651673 IP No : IP5-00171513 Consultant: Dr. Pratyush Dept : NICU

Date of Admission: 23/3/26 Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/3/26	PT / APTT	26030269	
26/3/26	X - ray	265-015607	
"	VBG / RBS	26030349	
23/3/26	Blood Cls, CBP, Blood grouping	26029313	Dr. Yogeshwari
23/3/26	VBG, RBS	26029314	
24/3/26	ABG, RBS	26029657	Dr. Yogeshwari
24/3/26	ABG, RBS	26029707	
24/3/26	NP,	26029708	Dr. Yogeshwari
24/3/26	VBG, RBS	26029948	
25/3/26	VBG, RBS	26030016	Dr. Yogeshwari
25/3/26	ABG, RBS	26030268	
23/3/26	X-Ray	014963	Dr. Yogeshwari
23/3/26	X-Ray	015080	
24/3/26	NSG	015308	Dr. Yogeshwari
25/3/26	X-Ray	015415	
26/3/26	VBG, RBS	26030619	Dr. Yogeshwari
27/3/26	NP,		
"	ABG, RBS		
27/3	VBG, RBS	26031088	
	NSG	15828	
28/3/26	ABG, RBS	26031088	
28/3/26	ABG, RBS	26031499	
29/3/26	CBP, Urea, Creatine	26031599	
29/3/26	ABG, RBS	26031558	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/3/26	Inv monitor	23/3/26		9522343	
"	Ventilator	23/3/26		9522343	
"	Syp pump - ①	23/3/26		9522343	
"	Syp pump - ②	24/3/26		9523695	
"	Incubator	25/3/26		9526337	
27/3/26	Inv monitor	23/3/26		9522343	
	Ventilator	23/3/26		9522343	
	Syp pump - ①	23/3/26		9522343	
	Syp pump - ②	24/3/26		9523695	
	Incubator	25/3/26		9526337	
28/3/26	Inv. Monidore	23/3/26		9522343	
	Ventilatore	23/3/26		9522343	
	Syr pump - ①	23/3/26		9522343	
	Syr pump - ②	24/3/26		9523695	
	Gimnafle incubator	25/3/26		9526337	
29/3/26	Inv. Monitore	23/3/26		9522343	
	Ventilatore	23/3/26		9522343	
	Syr. pump ①	23/3/26		9522343	
	Syr. pump ②	24/3/26		9523695	
	Gimnafe Incubator	25/3/26		9526337	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/3/26	TPN	(1)	95524702	
"	ET Intubation	(1)	7523700	
"	PICC LINE	(1)	7523700	
"	UAC	(1)	9523700	
"	Blood Transfusion	(1)	9523700	
"	IV Placement	(1)	9523700	
24/3/26	Conscious sedation	(1)	9527950	Deepthi
26/3/26	TPN	(1)	9527652	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

(2)

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ACTIVITY RECORD FOR BILLING

Name : Blo katta v sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr. Pratyush Dept : NICU

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Sri Bharagvi	1/4/26	9537483	
2				
3				
4				
5				
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7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/3/26	CRP	26031647	
	SGOT, SGPT	26031731	
	Blood culture	26031766	
	ABG, RBS	26031732	
30/3/26	ABG, RBS	26031895	
30/3/26	ABG, RBS	26032194	
30/3	NSG	R265-016360	
31/3/26	ABG, RBS	26032306	
31/3/26	Urea, Creatinine, SBR	26032447	
31/3/26	ABG, RBS	26032446	
31/3/26	CXR	R265-016642	
31/3/26	ABG	26032597	
1/4/26	LFT	26032655	
1/4/26	~~ABG~~ GRBS	26032874	
	2D echo	1876	
2/4/26	VBG, RBS	26033262	
"	RBS - (2)	26033262	
2/4/26	CBP, CRP, PCT	26033214	
"	PTINR	26033218	
2/4/26	RBS - (1)		
"	C-x-Ray	016869	
2/4/26	X-Ray	017023	
"	NSG	016949	
2/4/26	Blood cls	26032941	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/3/26	Inv. ventilator				
	syr. Pump -①	23/3/26		9522343	
	syr. Pump -②	24/3/26		9523695	
	Eq. Incubator	25/3/26		9526337	
31/3/26	Inv. ventilator				
	syr. Pump -①	23/3/26		9522343	
	syr. Pump -②	24/3/26		9523695	
	Eq. Incubator	25/3/26		9526337	
31/3/26	DSPT	31/3/26 @3pm	1/4/26 1PM	9536020	
1/4/26	Inv. ventilator	23/3/26		9522343	
	syr. Pump -①				
	syr. Pump -②	24/3/26		9523695	
	Eq. Incubator	25/3/26		9526337	
	C-PAP	31/3/26 11AM	2/4/26 5:45PM	9536942	
	oxygen				
2/4/26	Ventilator	2/4/26 5:45PM		9538235	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/3/26	TPN	1	9534460	
1/4/26	TPN	1		
2/4/26	Blood Transfusion	1	9539266	
2/4/26	TPN	1		
2/4/26	PICCLINE	1	9539263	
2/4/26	IVIG	1	9539833	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

(3)

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bhargavi	3/4/26	954289	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/4/26	VBG, RBS	26033360	
3/4/26	x-ray Chest	017230	
3/4/26	LFT	26033668	
3/4/26	ABG, RBS	26033667	
4/4/26	CBP	26033813	
4/4/26	RBS, RBG	26033812	
5/4/26	RBS, VBG	26034211	
5/4/26	RBS, VBG	26034213	
5/4/26	Chest x-ray	265-017500	
5/4/26	ABG, RBS	26-034335	
6/4/26	VBG, RBS	26034445	
6/4/26	CBP	26034444	
6/4/26	VBG, RBS	26034892	
7/4/26	VBG, RBS	26034925	
	ALP, Ca++, PO4	26034926	
7/4/26	VBG, RBS 6pm	26034935	
7/4/26	Urea, Creatinine	26035162	
7/4/26	2DECHO	017949	
8/4/26	VBG, RBS	26035195	
8/4/26	CBP, CRP	26035285	
8/4/26	CXR	017979	
8/4/26	RBS	26035604	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/4/26	Inv. Monitor	23/3/26		9522343	
	Syringe Pump (2)	24/3/26		9523695	
	Gr. Incubator	25/3/26		9526337	
	Ventilator	2/4/26 @5:40am		9538277	
4/3/26	Inv. Monitor	23/3/26		9522343	
	Syringe Pump-(2)	24/3/26		9523695	
	Gr. Incubator	25/3/26		9526337	
	Ventilator	2/4/26 @5:40am		9538277	
5/3/26	Inv. Monitor	23/3/26		9522343	
	Syringe Pump (2)	24/3/26		9523695	
	Gr. Incubator	25/3/26		9526337	
	Ventilator	2/4/26 @5:40am		9538277	
6/3/26	Inv. monitors	23/3/26		9522343	
	syr pump (2)	24/3/26		9523695	
	Gr. incubator	25/3/26		9526337	
	Ventilators	2/4/26		9522343	
7/3/26	Inv. Monitors	23/3/26		9522343	
	syr pump -(2)	24/3/26		9523695	
	Gr. incubator	25/3/26		9526337	
	Ventilator	2/4/26		9522343	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	Blood transfusion	(1)	9546057	BB
6/6/26	TPN	(1)	9546607	BB
8/6/26	TPN	(1)	9549188	BB

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
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(4)

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ACTIVITY RECORD FOR BILLING

Name : B/O sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr. PR Dept : NICU

Date of Admission: 23/3/26 Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/4/26	CXR	R265-018179	
9/4/26	VBG, RBS	26035654	
10/4/26	VBG, RBS	26036000	
10/4/26	procalcitonin	26036001	
10/4/26	CXR	018479	
11/4/26	CBP,	26036311	
11/4/26	VBG, RBS	26036312	
12/4/26	~~V~~BG, RBS	26036711	Deepika
12/4/26	X-ray	018779	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/4/26	Inv. monitor	23/3/26 @8:13Am		9522343	
	Ventilator	2/4/26 @8:59pm		9538275	
	Giraffee Incubator	25/3/26 @8:44pm		9526336	
	Syringe pump (1)(2)	24/3/26 @2:51Am		9523695	
	Syringe pump (3)	23/3/26 @8:13Am		9522343	
10/4/26	Inv. monitor	23/3/26 at 8:13Am		9522343	
	ventilator	2/4/26 at 8:59		9538275	
	Gr. incubator	25/3/26 8:44		9526336	
	Syr pump (2)	24/3/26 at 2:51Am		9523695	
	Syr pump (3)	23/3/26 @ 8:13 Am		9522343	
11/4/26	Inv. monitor	23/3/26 at 8:13		9522343	
	ventilator	2/4/26 at 8:50		9538275	
	Gr. incubator	25/3/26 2:51Am		9526336	
	Syr pump (2)	24/3/26 8:14		9523695	
	syr pump (3)	23/3/25 12:41		9522343	
12/4/26	Inv monitor			9522343	
	ventilator	2/4/26		9538275	
	Syringe pump (1)			9522343	
	Giraffe incubator			9526336	
	Syringe Pump (2)			9523695	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
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(5)

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ACTIVITY RECORD FOR BILLING

Name : B/O sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr. PP Dept : MCW

Date of Admission: 23/3/26 Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bhargavi	13/4/26	9556675	
2	Dr. NV prasad	16/4/2026	9562190	POOJA. K.
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/4/26	VBG, RBS	26037049	
13/4/26	2Deco	018776	
13/4/26	NSG	018872	
14/4/26	VBG, RBS	26037449	
	LBP	26037679	
	CRP		
	* CXRay	019160	
15/4/26	VBG, RBS	26037845	
15/4/26	VBG, RBS	26038058	
16/4/26	VBG, RBS	26038276	
16/4/26	XRay	019477	
17/4/26	CRP	26038713	Hemalatha
17/4/26	VBG, RBS	26038714	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/4/26	Inv. monitor	23/3/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	Ventilator	2/4/26		9538275	
	syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	
14/4/26	Inv. monitor	23/3/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	Ventilator	2/4/26		9538275	
	syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	
15/4/26	Inv. monitor	23/3/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	Ventilator	2/4/26		9538275	Hemalath
	syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	
16/4/26	Inv. monitor	23/2/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	BIPAP	25/4/26		9560796	
	Oxygen	15/4/26		"	
	~~Cr. Incubator~~				
	Syringe pump ①	23/3/26		9522343	
	Syringe pump ②	24/3/26		9523695	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/4/26	TPN	(1)	9557615	
16/4/26	TPN	1	9562533	Poojan
16/4/26	Paediline	1	956253	Poojan
16/4/26	ROP screening	(1)	9562189	POOJA.R

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/2026 @ 9:50am		Seen by Dr. Prathyush
	7.28 | 49 | 98.6 | 21.2 | -3 | 2	1) SIPPV+VG - VG = 4.5ml/kg ⊙ Pmax - 24. PIP = 20-22. MAP = 9-10. PEEP - 6
	SIPPV+VG @ 4.5ml	
	PPROM - 3days	2) Start fentanyl.
	LUS - II. (Before Surfactant)	3) Trace CBP, PT, aPTT, INR Blds
		4) GRBS - 6th hrly Gas - 8th hrly
		5) Meropenem ⇒ Start fluconazole
		6) mother - HVS, placental culture CUE, U/cls
		7) To conside 2nd dose Sur if MAP ≥ 10, FiO_2 ≥ 30%. PIP ≥ 21.
		Adjust lines B Secure Picc TV = 80ml/kg/day $A_2 L_1 Ca_3$ 10% TPN MVI 0.5 ml/kg/day

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Neurological assessment in first 24 hrs
		NPI at 24 Hours
		0.5ml 3rd hrly feed. (OG) EBM + DM
		Target MBP 27 ± 5 mmHg Accept MBP upto 21
	Intubation & Surfactant : note	
23/3/26 7:00 Am		Noted by Department
	– under strict aseptic conditions, baby was intubated c 2.5 size ET and fixed at 6.5 cm. at gum and Surfactant (curosurf) given in two aliquots.	
		Dr. Anusree Dr. pratyush.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP centiles	
	5th 25th	50th 95th.
	SBP 27 36	44 60
	DBP 18 23	27 35
	MBP 21 27	33 43.
23/3/26 8:00 Am	UAC note	
	-under strict aseptic condition, UAC of size 3.5Fr inserted and fixed at 12cm. After x-ray pushed in by 0.5cm and fixed at 12.5cm. Back flow present.	Dr. Anusha

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(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 @ 11AM	PT = ~~23~~ 24 INR - 1·9 APTT - 63 WBC - 2100 Neutrophils = 25.7%. ANC = 539.7	1) Plan FFP 2) one dose G-CSF Sneha
23/3/26 @ 1145PM	Picc line procedure. Noted Under Strict aseptic precautions Picc line placed in Rt forearm and & Initial cline at 10cm → post chest x-ray the Line pushed in by 1·5cm Fixed at 11·5cm. Back flow Noted. vitals Stable.	Plan 1) Meticulous Asepsis 2) Cont. fluconazole prophylaxis 3) Start Hep NS, TPN 4) ANTT - to follow. Noted by Dr Sneha 0040 Sneha

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(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 @ 2:05 pm	Surfactant (2nd dose)	
	i/v/o High pressure requirements PIP - 23-24 with FiO_2 req - 35%-40%. 2nd dose of Surfactant Curosurf given	
	Vitals Stable	
		Sneha
23/3/2026 @ 3:20 pm		Seen by Dr. Prathyush.
		1) If persistent PIP requirement ↓ if PIP-24, VT-low Plan - HFO.
		2) ~~Gas~~ - Now. GRBS
		3) if MAP > 9 PIP cont 24 VT low } Start HFO on UN500
		4) Give CRBC transf w/f (metab acidosis)
		5) Neurological assesm before 8pm (before
		6) NP, at 24 HOL.

6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan TV to 9oml/kg in evening if TU/O with Negative Balan.
		⊛ Target MBP 25th cent 27
	Noted By Dr. Sreehari 0400	Consider - Bolus with Tonotropes.
23/3/26 @ 6pm	Afternoon Rounds	
	Baby on ventilator. SIPPV + VG VG = 5ml/kg PIP = 23/24, MAP = 8.5 leak - 0%. PEEP - 5.5 FiO2 - 23%.	Plan 1) Cont SIPPV + VG ↓ If Cont PIP 7/23 with MAP 7/10 ↓ Change to HFO.
	↓↓ Baby - Pale Hb - 11.4 Planned LRBC transfusion	2) TV = 80ml/kg/day 10% TPN 3) Plan LRBC transf
	↓ 1 FFP given 2 doses of Surfactant done.	4) ↑ TV to 90ml/kg at 1240 L

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Baby Of KATTA V SANGAMITRA
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24/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 24HOL. **PMA:** 26+6

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme preterm/ ELBW.	PROM:
2.	RDS - 2doses Surf - MV	GDM on diet
3.	Suspected Sepsis	Chr. HTN.
4.	? (LT) Grade I - II GMH	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... Spo2: .....

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

Change over the Last 24 Hours..... Baby on SIPPV + VG.

① VG - 5mL/kg → 4.5mL/kg

② PIP = 17/24 → MAP - 7.5.8.5

PEEP = 5,

UAC done, Picc line done.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 161/min

RR = 45/min

SPO_2 = 95%.

BP = 50/29(38)

1 FFP - transfused.

1 RBC transf

1 dose G-CSF

2 doses Surfactant in lab

1 dose 2mL/kg Ca.gluc Correction

CNS

Neurological Examination : .....

Sedation.....

Last Neurosonogram : ..... Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... U/O .....

..... GRBS .....

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

.....

.....

P/A - Soft Stool - passed

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	D2
2.	Fluconazole	(P)
3.		

Caffeine.

Plan of Treatment :

1) O2 - Current ventilation, Target SpO2 90-95%

2) TF = 90ml/kg/day [0.5ml 3rd hrly / 10% TPN

3) Gras, GRBS - 8th hrly

4) I/O monitoring 6th hrly

5) monitor BP

6) Send NP1, Gras

7) R/v - Neurological assesment Today

8) Target MBP = 27±2mmHg

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

Signature : Sneha

Date & Time: 24/3/26.

Doctor's Name (Handover taken) : Dr Aishwarya

Signature :

Date & Time: 24/3/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals HR = 169/min tachycardia (+) RR = 50/min SCR (+). SpO_2 = 95%. BP = 36/19 (27) at 25th centile. P/A - Soft. Non distended.	5) Target MBP at 25th centile MBP - 27. ↓ 6) If Hypotension Consider Bolus with Tonotrope. 7) Neurological assessment by 12 HOL 8) NP, at 24 HOL. 9) I/O monitoring 6th hrly 10) w/f - Vital BP. Noted by Dr. Geethacut 0900 Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 @ 1pm		Seen by Dr. NK
	Hypoplastic lungs.	1) ↓ PEEP to 5 Pmax - 25. Ti = 0.30
	NewoScreening (L+) Grade I - II GIVH.	Sneha
23/3/26 @ 11:55pm	Night Rounds	Seen by Dr. Nilesh
	Baby on Ventilator. SIPPV + VG. VG = 5ml/kg PIP = ~~20~~ 19/25 MAP - 7.5 Ti = 0.30 FiO_2 - 22%.	1) Cont current ventilation ↓ Target SpO_2 90-95%
	last gas: 7.25 / 53.4 / 70.8 / 21.0 / -3.4 / 3.9.	2) Next gas at the end of transfusion.
		~~3~~) Gas } 8th hrly GRBS }
	ongoing CRBC transfusion	4) Post transfusion if Gas + ~~ve~~ (N) ↓ Start 0.5ml 3rd hrly feeds.
	No hypotension. Vitals HR = 155/min ~~RR~~ = SpO_2 - 99%. BP - 44/26	5) NP, at 24 HOL Gas } at 6am
	(33)	6) I/o monitoring 6th

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/D - Soft No distension.	7) monitor BP vitals
		8) Target $PtCO_2$ 35-45mmHg
	U/O = 3.6cc/kg/hr. Balance +8.4ml. Stool - passed once.	
24/3/26 @2am	Gas - post transfusion	discussed with Dr. Nilesh
	7.35 | 34.3 | 75.1 | 19.9 | -5.8. Lac - 3.7. iCa^{+2} = 0.93	1) ~~IV~~ UG ~~@~~ 4.5mg/kg (3.7ml) 2) Give 2mg/kg Ca-gluc. over 1hour. under Cardiac monitoring
		Noted by Dr. 017039 24/3/26 @2am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26 11AM	Seen by Dr PR	
		Plan
		① cont SIPPV + Vg (4.5ml/kg)
		Pmax - 20
	working pressure ~16	PEEP - 5
		Rate - 40
	stools passed.	② TV = 100 ml/kg/day.
		- 10% PN - $A_{2.5}L_4Ca_3$
	ISSPT.	+ MVI + CERECAL.
		- 0.5ml Q2H. On feed.
		③ NSG today.
		④ Trace blood cls
		⑤ cont SSPT
		⑥ GRBS Q 6H
		Gas Q12H.
		⑦ evening gas → consider
		SIMV. in case of
		pCO_2 worsening.
		Noted By Dr Jyeshwari 0990 11am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26 3PM	~~Seen~~ Afternoon Round	
	On SIPPV + Vg (4 ml/kg)	
	PIP req - 16-17	Plan
	PEEP - 5	① cont same venti settings
	FiO_2 - 21%	② TV - 80ml/kg/day
	Rate - 40/min	7.5-1. TPN
	SpO_2 - 92%.	③ Gas BD
	HR - 161/min	CRBS q6H
	RR -	④ 4th 2D ECHO
	BP - 48/29 (37)	⑤ I/O q6H
	(50-90+)	⑥ Monitor BP's.
		⑦ SSPT for 24hrs
	↓ SSPT - (SBR - 4.4)	⑧ evening gas → to consider SIMV in case of CO_2 washout
	CRBS - 166	
	NSA - (N)	
	blood c/s - NG 24hrs	Noted By Dr. Rajeshwari 6.00pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		ds IV
		Weight PIP-16-17
		To change to SIMV PS VG
		C Encing
		if Plt2 <3 L
		C/XR tomorrow
		Echo tom
		Tom morning CBP/CRP c/gas
		Dr. MVB PRATHYUSH Registration No. TSMC/FMR/30300
		noted by Dr Yeshwanth 24/3/26

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

(P.T.O)

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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3 @ 8:23pm	wigla sonde 3 small 26+sw bel 3 sogm/ plan	
	V→ baby on SIPPV+Vg (4 sml/kg) peep 5, rate-40, pmax-20/16-15 fio2-23% gas- 7.29/42.5/-5.5/ 19.5	→ continue SIPPV+Vg Target spo2-90-95 → TV-8 ml/kg (dly 7.5%. TPN feed- 0.5 ml 2 hourly
	C→ HR-156 bpm Bp- 54/32 (41) U/O- 3.8 ml/kg/hr No inotropes.	CBP CSP CRP Cgas → Tly → Echocardiog should + Echo-Tly
	P/A- No obvious distension	→ monitor issues
	PBS-12 aug	Fun- Immediate

Noted by Dr. [illegible] @ 8:30pm

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23-03-2026 0 Y 0 M 1 D (M)
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25/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 43+0C ..... **PMA:** ~~28+4~~ 27W 5D

Term ☐ **Preterm** ☑ Gestation : 26+5 ..... Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT ELBW	PPROM
2.	RDS- 2dose surfactant NE	GDM on diet
3.	Suspected sepsis	Chronic HTN
4.	Grade I - ~~II~~ GMH	
5.	Anemia	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP ~~20~~ PEEP 5 VG 4.5mL/kg Rate ..... Fio2 ..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours.....

.....

.....

.....

CARDIO VASCULAR SYSTEM

Plan of Care : continue current ventilation

CNS

Neurological Examination : .....

..... Sedation fentanyl.

Last Neurosonogram : Grade I - ~~II~~ GMH Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... soft, tolerating feed .....

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenam	D3
2.	fluconazole	(P)
3.		

caffeine

Plan of Treatment :

① Cont current ventilation
Target SpO_2 - 90-95%.

② TV - 120ml/kg/day 7.5% TPN
feed incl slowly

③ SSPT X 10 to stop at 10 AM

④ Plt - qRBS - 12-8 hourly

⑤ Echo - today

⑥ gas - BD

⑦ Discharging Gloverly

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

Signature : .....

Date & Time: 25/3/26

Doctor's Name (Handover taken) : Sneha

Signature : Sneha

Date & Time: 25/3/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/26 @ 9.30am		Seen by Dr. Pratyush
		1) TV = 120mb/kg/d
		2) Cont SIPPV + VG VG = 5mb/kg
		3) Recalibrate flow Sensor + Suction.
		4) Gras - BD GRBS -
		5) Trace = B/C/S
		6) Withdraw (1.5cm) & Push in Readjust Picc line
		7) feed = ↑ 0.5mb BD
		8) Neurological assesmen today
		9) 2Decho today.
		10) Evening Gras + PT aPT INR
		Noted By Dr. Jagadeswari 09990 Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/2026 @ 11:20am	Afternoon Rounds	
	Resp:	. Plan
	Baby on Ventilator, SIPPV + VG	1) Cont current ventilat SIPPV + VG. (5mL/kg)
	VG = 5mL/kg	
	PIP = 18/20, PEEP - 5.	
	Rate - 40 Ti = 0.30 Sec.	
	FiO_2 - 23%. ⇓	2) TV = 120mL/kg/day 1mL 2nd hrly 7.5% TPN ↓ ↑ 0.5mL BD
	Last Gas: 7.21 | 47.7 | 54.6 | 17.2 | -8.0	
	GRBS - 141mg/dL.	3) Gas, GRBS-BD
	Cardiac: Tachycardia (+) No Hypotension No Tonotropes	4) Evening Gas, PT, aPTT, INR. } to do 6:30pm
	• HR = 166/min	5) Neurological assesment Today
	• SpO_2 = 95%.	
	• BP = 45/26 (34)	
	Echo - Small PDA mod sized ASD.	6) Readjust Preclum
		7) I/o charting 6thhrly
	Neuro - (Lt) Side Grade I GMH	8) Trace final B lcls.

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23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Per abdomen: Baby on enteral feed 1ml 2nd hrly P/A - No distension	9) w/f - vitals 10) Target MBP:- 24±2mmHg 11) Target SPO2 90-95%.
	U/O = 5.2 cc/kg/d - 3.2ml. Stool - Not passed	noted By Dr. Yeshwanth 0900
25/3/2026 @ 5pm		Seen by Dr. Pratyush 1) Cont current vent ↓ 2) wean Fio2 ↓ change to SIMV+VG 3) T/m - chest x-ray. 4) Clotting - Gas PT, INR, APTT 5) To 0.5ml BD - feeds 6) Strictly UO monitor
		noted By Dr. Yeshwanth 0900

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NICU	ROUNDS
25/3/26		
		Plan
	On SIMV+VG 5ml/kg	
	20/18	→ Continue SIMV+VG
	PEEP – 5cms	
	Vt – 4.3 ml	→ Target SpO2 90-95%
	RR – 40/min	
		→ TV – 12ml/kg/day
	7.28/41/-6.6/18.2	1.5ml 2 hourly
		10-gm BD
	P/A → soft; tolerating feeds	Rest ~~10%~~ ~~6gm~~ 7.5% ~~DPN~~
	Stools → Not Passed	→ Take Coagulation Profile
	HR – 150/min	→ Chest X-Ray ~~T/Ms~~
	~~RR~~ SpO2 – 95%	→ I/O chart 0 hourly
		→ monitor vitals 2 hourly
		Noted by Dr. Jyothi 9990

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23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Cb/Pu
26/3		→ ↓ vh to 4.5 ml/kg
		↓ PIP - 18
		↓ rate - 36
		To fr/o ↓ rate
		d/s Evening
		→ Plan to stp Sildn
		@ 12am.
	Enl Qtt	
		→ c/w fr Extubation
		→ To do CBP/CRP/Urea/cred/SBR
	To add glycerine	tom
	suppository	and stp Antibiotic
		→ Tv - 13 ml/kg/d
		→ ↑ 0.5 ml BD
		feed
		→ TPN → 7.5 % A3 L2
		Ca2 Na1 K1

Noted By Deepthi 26/3/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Afternoon rounds	
26/3/26 3:20pm	EPT | GBBW | SGA HDL | RDS	
		plan
	-On SIMV+VG	
	VG - 4.5ml/kg	① Continue SIMV+VG
	PEEP: 5	VG - 4.5ml/kg
	PIP - 18/16	Rate: 35
	MAP ~ 7	↓ Rate after evening gas (6pm)
	Fio2: 23-25%.	
	Rate: 35/60	② plan to stop sedation @ 12 AM and aim for extubation tomorrow
	- HR: 160/min	
	IBP: 42/22 (31)	
	wide pulse pressure	
	ECHO (28/3) → small PDA	③ TV - 130ml/kg/day
	L→R	feed - 2.5ml QHA
	PPHTN ⊖	+ 0.5ml BD
	GBVF	TPN - 7.5%. As in yesterday
	PI: 0.6	
	- TV - 130ml/kg/day	④ CBP, CRP, UREA, CREA, SBR ↓ review ABX tomorrow — 9PM
	V/O: 3.6ml/kg/day	
	Balance: +7.3ml (6 hours)	
	On feeds - 35ml/kg/day	
	Didn't pass stool >4 days	
	Started glycerin: no response	

Noted by Dr. Deepthi 6/4/26

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23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/3/26	Seen by Dr PR	Plan ① Neurological assessment at night ② evin for extubation 4pm. ③ ~~CBP~~ ~~CRP~~ NP, 4pm. Noted by Dr Jagadhwani 09990
27/3/26 12:45AM	Night rounds	Seen by Dr. PR
	- on SIMV+VG; VG - 4.5ml/kg FiO_2 - 25%, 18/5, PEEP-5 RR - 30/min	Plan: - continue Ceemect ventilation - continue TV - 130ml/kg/day ↓ 2.5ml 2nd hrly ↑ 0.5ml BD

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Continue fentanyl.
	Echo (Bedside):	- Sedation.
	- Contractility (N)	- NPO T/M.
	- Mild TR,	- ~~Target MBP 27 ± 2 mm Hg~~
	- Restrictive PDA (closing pattern)	
	-	- Official NSG T/M.
	NSG - Left grade 2-3 IVH;	
	- Stool - passed	
	- Urine - ~~not known~~.	~~Acb~~

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23-03-2026 0 Y 0 M 3 D (M)
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28/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : DOL 5 ..... **PMA:** 27+3 .....

Term ☐ **Preterm** ☑ Gestation : 26+5 ..... Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / LERBW	PPROM x 3days
2.	RDS - 2° Surfactant	CCDM on diet
3.	Suspected sepsis	Chronic HTN (maternal)
4.	(P) side grade 2-3	
5.	Anemia	
6.		

Today's Weight : —

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours..... SIMV + Vg (4-5ml/kg)

PIP - 18 PEEP - 5

fiO2 - 23-1. rate - 30

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 157

RRO2 - 93-1.

BP - 42/20 (29)

CNS

Neurological Examination : .....

Sedation Fentanyl.

Last Neurosonogram : (P) grade 2-3. Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : ~~2~~ 1

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... Soft, non distended.

.....

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

Bil in gas - 1 — c/s PT.

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	
2.	Fluconazole (P)	
3.		

Inj Caffeine

Plan of Treatment :

(1) cont current ventilation.

(2) TV = 130 ml/kg/day

3 ml Q2H, ↑ 0.5 ml BD

Rest 7.5% TPN

(3) cont SSPT.

(4) Trace labs.

(5) gas BD

(6) Target MBP 27±2

(7) Official NSG

Doctor's Name (Handover given) : Dr Ashwini

Signature :

Date & Time: 27/3/20

Doctor's Name (Handover taken) : (illegible)

Signature : Rupanjali

Date & Time: 27/3/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26 8:00am:		Seen by Dr. Pratyush - ↑ TV → 140 cc/kg/day by hourly. based on Na⁺ & I/O Status - Trace - NP, - Inotr Blood c/s - ~~CKA — T/M~~ - Stop furosemide @ 12am - AIM for extubation @6-7am - Glu - BD - Sugar - BD - NS @1 - today. Noted by Dr. Jigeshwari 0990 am Ranjan

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	6 B/c/s - 48hrs - No growth ongoing SSPT.	
	⊙ urea - 125	
	abdominal Screening - (N)	
27/3/2026 @ 3pm	Afternoon Rounds.	
	Resp:	Plan
	Baby on Ventilator.	
	SIMV + VG.	1) Cont. current ventilation
	VG = 4-5 mL/kg.	Target SPO_2 90-95%
	leak - 0%.	
	PIP = 14/17, PEEP - 5	2) TV = 140 mL/kg/day
	FiO_2 = 23%.	↓ 3.5 mL ↑ 7.5% TPM
	MAP = 6.5	2nd hrly
	Rate - 30/min	↑ 0.5 mL BD
	PEEP - 5	
	last Gas :	3) Aim for extubation Tomorrow
	Cardiac - Not on Tonotropy	
	⊙ No Hypotension	4) Target MBP 27 ± 2 mmHg
	HR - 176/min	
	SPO_2 - 96%.	5) Tochaeting
	BP - 43/23 (30)	6) Stop furta @ 2 pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - SGA+ Tolerating feeds well Neuro - (17) Grade I IVH. U/O = 4.6cc/kg/hr + 4ml. Stool - Not Passed 27/3/26 @ 4pm ~~B/cs - 24hr No growth~~	7) Gas - BD GRBS - BD 8) Trace - Blood c/s 9) C/F - RD Noted by Dr Pratyush 0990 Seen by Dr. VS 1) Cont current ventilation. 2) Aim for extubation T/m. 3) feeds to cont. 4) ↑ TV = 5ml/kg/day 5) Remove IV Cannula 6) I/o charting 6th hrly Noted by Dr Pratyush 0990

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/2026 @ 12am	Night Rounds	
	Respiration i/v/o ↑ Resp. distress Asynchrony. ↓ Ventilator changed from SIMV+VG → SIPPV+VG VG = 4.5ml/kg PIP = 17/22 PEEP 5 → 6 Rate = 30/min Ti = 0.30 FiO2 - 21%. No desaturation/ Bradycardia No Hypotension Vitals HR = 153/min RR = 65/min SPO2 = 100%. BP = 43/21(30)	Plan 1) Cont current ventilate Target SPO2 90-95% 2) TV = 150ml/kg/day 3.5ml 2nd hrly + 0.5ml BD Rest 7.5% TPN 3) T/o chasting 6th hr 4) Gas-BD, GRBS-BD 5) Target MBP 27-33mmHg Inform if <25mmHg 6) W/P RD, desaturation apnea 7) watch for RD
	P/A - Soft Tolerating feeds well.	Sneha Noted by nurse 25/3/26 12am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

28/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 6 **PMA:** 27 + 4.

Term ☐ **Preterm** ☑ Gestation : 26 + 5 . Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	PPROM x 3 days
2.	RDS - 2° Surfactant	
3.	Suspected Sepsis	
4.	(L) Side grade 2-3	
5.	Anemia	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO_2..... Oxygen : ..... L/min

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

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

Change over the Last 24 Hours.....

9 SIMV + VG → 8 SIPPV + VG.

VG = 4-5 mL/kg

PIP = 16/22

PEEP-6, FiO_2 - 21 / Ti = 0.3

Rate 30 /.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 145/min

SpO_2 - 100 %.

- ongoing 8 SPT.

~~Hyper~~ uremia - ↑ Total volume

CNS

Neurological Examination : .....

Sedation fent anyl

Last Neurosonogram : (Lt) Grade I GMH Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... o/o 4-2cc/kg/hr

..... GRBS

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

..... P/A - soft non distended

..... No aspirates

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	D5
2.	Fluconazole	(P)
3.		

Inj. Caffeine
Glycerine.

Plan of Treatment :

1) Continue Current ventilation
Target SPO_2 90-95%.

2) TV: 150ml/kg/day – 4ml 2nd hrly feed
↓
Reset 7.5% TPN ↑0.5ml BD

3) Target MBP 27±2mmHg

4) Target PCO_2 45-55mmHg if PH > 7.25.

5) Nursing 6th hrly

6) SSP ongoing with eyes & genitalia covered
x24hrs

7) W/f - Brady, desat, RD.

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

Signature : Sneha

Date & Time: 28/3/2026

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/26 @ 9:15am.		Seen by Dr. PR.
		1) Pull out Picc line by 0.5cm.
		2) 1 dose Stat lasix 0.5mg/kg.
		3) TV = 130ml/kg/day Feeds 10.5ml BD ~~Stop Aminoven D~~ ↓ Aminoven to 1g/kg $A_{1.42}$ Na_2 $K_{1.5}$ Ca_2 MVI celecal.
		4) Suction & recalibrate flow sensor.
		5) if Asynchrony still persist. ↑ VG - 5ml/kg
		6) Review 2Decho
		7) NSG on monday
		8) T/m - urea, Creat., CBP.
		9) Stop meropenem prolong

Noted By
Nurse

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/s/2 Dy
	Working PDA (+) ??	Withdraw PICC line to 0.5 cm
		Cardiology consult
		Chest @ 6pm
		T/m ~~Urea/Creat/LFT~~ Urea Creat LFP
28/3/26	Echo (1.2 mm) Small PDA c L→R shunt PFO @ L→R shunt LA/Ao = 1.26	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		To shape ventilator to VG 00
28/3/26 5PM	Procedure Notes	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
	PICC line withdrawn by 0.5cm. Fixed at 10 cm.	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/26 7PM	Evening Notes	
	Gas - 7.183/55/17.6/ -7.1/08	Plan
	on SIPPV Vg ♀	① cont same setting
	Vg - 5 → 5.5ml	② repeat gas in 4hrs.
	Rate 30 → 35 → 40	③ t/m urea
	PEEP - 6	creat
	PIP - 22.	UBP
		④ TV = 130ml/kg/day
	HR - 96-1.	& 4.5ml Q2H.
	SpO_2 - 100%.	↑ 0.5ml BD
	BP - 30/28 (29)	Rest TPN 7.5ml.
		⑤ NSG Monday
	PICC withdrawn by 0.5cm	⑥ I/O Q6H
		⑦ target pCO2 - 45-55. if pH > 7.25
	2D Echo - 1-2mm small PDA L→R. - PFO L→R - LA/AO - 1.26.	⑧ c/l + bradycardia
	tolerating min feeds. PA - soft, non distended.	
	Hyperdynamic circulation visible pulsations	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3 11.45pm (N)	Night rounds	
	V- baby on SIPPV VG (5ml/kg) PEEP-5 pmax-22/17/8 rate-35	Plan → continue SIPPV-mode target SpO2-90-95%
	gas - 7.39 [30] - 6.2/19.8	→ TV-15ml/kg/dose feed-2.5ml 2 hourly ↑ 0.5ml BD diet-70.5% TPN
	C→ HR-162bpm BP-46/24 (33) U/O-	→ NSG-monitor → Electrolytes ~~grams~~
	P/A NO obvious distension soft.	→ monitor vitals → ~~wea~~ weaning ~~fr~~ minimal CBP ~~f~~ plan
	F/T	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 7 PMA : 27+5 wks

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ ELBW	PPROM 13 days
2.	RDS - 2 dose surfactant	
3.	suspected sepsis	
4.	(L) side grade-1 IVH	
5.	Anemia	
6.	? HSPDA	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day of Vent : .....

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

Ventilator Settings : PIP 22 PEEP 6 VG 5 mL/kg Rate → 45 FiO_2 21 % Oxygen ..... L/min

Last CXR : Pneumo- SPO_2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG 7.31/37/-6.8/18.8/

Change over the Last 24 Hours .....

Systemic murmurs (+)

hyperdynamic precordium

CARDIO VASCULAR SYSTEM

Plan of Care : Continue current ventilation

CNS

Neurological Examination : .....

Sedation fentanyl

Last Neurosonogram : (L) side grade I IVH Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference .....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr .....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume ..... Frequency .....

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

Abdominal Examination : soft, increasing feed

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

	Sl No.	Drugs	Days	
Antibiotic	1.	meropenem		inj cefipime
	2.	fluconazole		glycerine
	3.			

Plan of Treatment :

① continue current vasodilation
target SpO_2 - 90-95%.

② TV - 130cal/kg/day 7.5% TPN
feed 5ml/hourly ↑ 0.5ml BD

③ IO charting 6 hourly

④ NSG - nursing

⑤ W/F diastolic hypotension

⑥ gas
RBS } BD

⑦ Daily reports

Doctor's Name (Handover given) ..... Dr. anandhy

Signature : .....

Date & Time : 29/3/20

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Weak RIR ↑ RR	→ 14 cm Hyd
		→ Tab ~~+ Sec~~ 1 mg
		→ ~~Tab x 0.5 mg~~
		→ Stat PCM for PDA. ✱
		→ Feed ↑ 0 vol 3 hr
		→ Gen BD
		→ GRBS BD
		→ Send repeat Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369 B/Culture
		→ ~~Start~~ fr line. Secure
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/2026 @ 5:30PM	Evening Rounds	Plan
	Baby on Ventilator - SIPPV + UG.	1) Cont current ventilation
	UG = 4.5ml/kg	Target SPO2 90-95%
	PIP - 15/22	
	PEEP - 6	
	FIO2 - 21%	2) TV = 140ml/kg/day
	⇓	↓ ↓
	No desaturations	7.5% TPN 5.5ml/2nd hrly
		↑ 0.5ml BD
	Taken - B/C/S	
	SGOT - 9	3) Gas / GRBS } BD
	SGPT - 22	
	PDA (+), murmur (+)	
	Started paracetamol.	4) Start & Cont Paracetamol
	⇓	
	Vitals	
	HR = 154/min	5) I/O charting 6th
	SPO2 - 94%	
	BP - 43/24 (33)	6) Send B/C/S
		7) W/F vitals Brady desat
	U/O = 4cc/kg/hr	
	+19.2ml	Snehas

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/26. 9:20pm	Night Round.	Seen by Dr. Nilesh
	on SIPPV+VG FiO2 - 21%. 14/6. RR - 40 VG = 4.5ml/kg Precordium - hyperdyn.	← Continue current ventilation - IV - 140ml/kg/day. ↑ 0.5 ml/BD feeds on. 5.5ml 2nd hrly OG feeds.
	TLC - 39,000 X-Ray - opacities Vitals - HR - 157/min RR - 55/min SPO2 - 95%. BP - 40/25 (35)	→ Gas, GRBS } BD. → Continue PCM. → Trace B/Cls. → ~~R/V~~ antibiotics - Meropenem → R/V procalcitonin. Nilesh 29/3/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 8 PMA : 27+6 wks

Term ☐ Preterm ☑ Gestation : 26+5 Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	PPROM x 3 day
2.	RDS - 2 dose Surfactant	
3.	Suspec Sepsis	
4.	(Lt) Side Grade - IVH	
5.	Anemia	
6.	H/S PDA	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio_2..... Oxygen..... L/min

Last CXR : ..... SPO_2.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG => 7.34/34/69.4/19.2/-6.5

Change over the Last 24 Hours .....

SIPPV + VG => VG = 4.5 mL/kg -> 4 mL

PIP = 14/20 (Pmax 22 -> 20)

PEEP - 6

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 153/min

~~RR~~

SPO_2 - 94%

BP - 45/26 (34)

Rate - 40/min

MAP =

B/C/S - Sent

Started antibiotic

Started PCM

CNS

Neurological Examination : .....

..... Sedation.....

Last Neurosonogram : (Lt) Grade I IVH Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference .....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr .....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume ..... Frequency .....

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

Abdominal Examination : ..... c/c RBS - 91 mg/dl

..... U/D = 3.8cc/kg/hr

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

..... p/a - Soft tolerating feeds

..... stool - pale

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic

Sl No.	Drugs	Days
1.	meropenem	D2
2.	fluconazole	
3.		

Inj Eaff
Glycerin

Plan of Treatment :

1) Continue Current Ventilation
Target SpO_2 90-95

2) TV = 4.0 ml/kg/day - 3.5% TPN
feeds 6ml 2nd hrly ↑ 0.5ml BP

3) I/O charting 6th hrly

4) Gas, GRBS } BD

5) Continue PCM

6) Trace B/C/S
c/f Bradn

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

Signature : ..... Sneha .....

Date & Time : ..... 30/8/2026 .....

Doctor's Name (Handover taken) ..... Dr Akhilmaya .....

Signature : .....

Date & Time : ..... 30/8/26 .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 2 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s c/o
		→ SIPPV + VG (4 ml/kg/d.)
	Weekly PIP-15	→ Caffeine 8cm D2 15 cm/kg/day
		→ Tab ~~Ranitidine~~
		→ Alag K1.5 Ai Co2 MVI added.
		→ 6ml TF
		→ 0.5ml BD
		→ Trace Blood culture
		Aim for Extubation
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369 by 6am/day for
		→ NSH today
	Plan on Extubation	→ Stop Sentogel by 12am
	Noted by M. Pooja 30/3/26 @9am	→ Extubate to NIPPV 6am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/3/26 3PM	~~Second~~ Afternoon Notes	
	on SIPPV+Vg (4ml/kg)	
	PIP - 20/13	Plan
	PEEP - 6	① cont same vent
	FiO_2 - 23%.	② TV = 150 ml/kg/day
	Rate - 40	6ml 6th H Rest
	HR - 163/min	OG EBM 7.5% TPN
	RR - 64/min	↓ A, 4 Na_3
	SpO_2 - 93%.	10.5ml K.5 Ca_2
	BP - 38/22 (29)	BD MVI + COLOR
		③ Stop penta on 12/4
	tolerating feeds	Gentamicin extubation 6th to IPPV
	PA - soft, non distended.	④ Gas / CXRBS / BD
	stools passed.	⑤ wt + body / desat
	temp - 36.8	
	Humidity - 80%.	
	CXRBS -	
	on Meropenem D3 Inj.	Noted by
	Tricon (P)	M. Pooja
	PCM D_2.	30/3/26
	UVC - D7	@ 1pm
	PICC - D7.	
	NSN.	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/3/26 4:30 PM	seen by Dr PR	Plan ① Accept pCO2 up to 50 if pH > 7.25 ② stop fentanyl @ 12 am ③ check gas in evening, ④ if pCO2 plan to extubate to CPAP o/m. ⑤ inj Dexa 0.15 mg/kg 6 AM - o/m Dr Aishwarya. Noted by M. Pooja 30/3/26 @ 4:30 pm
30/3/26 11 PM	Night Round. • on SIPPV + Vg (4 ml/kg) PIP - 20/14 PEEP - 6 FiO2 - 21. rate - 35/min. Gas → 7.314 / 41.4 / 20.3 / -4.7 / 1.2. HR - 160/min RR - 56/min	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SpO_2 - 94·1.	Plan
	BP - 41/24 (31)	① Cont same vents settings
4·98	(~~50%~~ / ~~25 mm~~ / ~50%)	② TV = 150ml/kg/day
		bgul q2H OR EBM / Rest 7·5% TPN
	Temp - 36·9.	
	Humidity = 81·1.	TO·5ml BD / At 4 Na3 K1·5 Ca2 - NIL + CORRECT
	CRBS - 93 on CRR = 2·2	
	Hb in gas = 11·0	③ Stop fenta @ 12am
	in serum (29/3) - 10·8	④ Plan to extubate T/m during rounds
	Cut off = 10	⑤ T/m bATM - 1mg Dexa @ 0·15mg/kg.
	tolerating feeds	⑥ Cbas / CRBS / BD
	Passed stools	
	PA - soft, non distended.	

Noted
Bhavathi
31/3/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 9 **PMA:** 28 weeks.

Term ☐ **Preterm** ☐ Gestation : 26+6 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT | ELBW	
2.	RDS - 2° S	
3.	Susp. Sepsis	
4.	Lt side grade - I.V.H	
5.	Anaemia	
6.	HS PDA	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

On SIPPV+VG → (4ml/k.)
- PEEP = 6, PIP (max set - 20)
- Baby need = 12
- Rate - 35

CARDIO VASCULAR SYSTEM

Plan of Care :
- HR = 170
- SPO2 = 99
- NO desat, Brady

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Meropenem	(4) to stop
2.		
3.		

Inj Paracetam (3 days)
↓

Plan of Treatment :

- Plan to extubate today –
- TV – TOS 150 cc/kg/day – ~~10~~ 7.5 / 7AN
- Feeding R/V after extubation
- CXR – 2hours post extubation
- ~~ABG~~ CKA – # at 6h
- positioning – of ~~Stomach~~ 2hours
- N/F apnea, bradycardia

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

Signature : .....

Date & Time: 31/3/26.....

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 3 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/03/26 (M)		Seen by Dr. PR sir ⇒ Extubate to NIV T: 0.4, 18/6.5, Rate = 40 ⇒ SBR, Urea, creat- Vgm alone ē gas after 2hr ⇒ ABR Nebs stat. ⇒ positioning. 2hourly Chest PT ⇒ at 6 hours - CXR at 12 hours - Gas ⇒ Feeding restart after extubation trial → baby is stable
31/3/26 @11am	Extubation Notes under aseptic precautions after proper Suctioning of ET tube. Baby extubated to NIV with NIV PIP = 18. Peep - 6.5 Rate - 40 Ti = 0.4 FiO2 - 30%. Vitals HR = 163/min SpO2 - 94%.	Noted by M. Pooja 31/3/26 @10am Plan 1) Gas in 2hrs (@1pm) 2) chest x-ray in 6hrs = @5pm. 3) positioning

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP = 47/29(37)	~~Rt~~ up -2hrs, supine -2hrs lt up -2hrs Prelim
		Noted by M. Pooja 31/3/26 @ 11am
31/3/26		
	Gas: 7.48 / 28.6 / 66.3 / 19.8 / -6.1 →	
	on NIPPV & mask PIP - 18 → 17. PEEP - 6.5 Rate = 40 FiO_2 - 25%.	↓ PIP to 17. chest x-ray at 5pm Prelim

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/3/2026 @ 4:30 PM	Evening Rounds Baby on NIPPV mode PIP-16, PEEP-6.5 Ti = 0.40 sec Rate - 40/min FiO_2 = 21%.	Noted by M. Pooja 31/3/26 @ 4pm Plan 1) Cont NIPPV. 16/6.5 Target SPO2 90-95%.

Start Dexmed (continued)

Ensure ephmm

NIPPV delip
16 — 13/7p

Prof Echo tom

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Baby has mild resp. distress with mild SCR (+) & mild TCR (+) ↓ No desaturation NO Bradycardia	2) TV = 150ml/kg/day ↓ 6ml 2nd hrly ↓ 0 Gr feeds ; 7.5% TPN
	vitals HR = 180/min SPO2 - 91%. BP = 54/33 (44) RR - 55/min	3) Chest x-ray at 5pm. 4) Tomorrow 2Decho 5) Cont Dexmeditomidine
	P/A - Soft, mild distension	6) I/o charting 6th hrly 7) positioning Rt up - 2hrs. lt up - 2hrs Supine - 2hrs. Gentle physiotherapy
		8) c/f- apnea Bradycardia desaturation
	Noted by M. Pooja 31/3/26 @5pm	Sneha

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT RounDS	
31/3/26		
	On NIV → 18/6.5 RR - 35/min Fi - 0.45 LPM	Plan → Continue NIV 18/6.5, RR-35/min
	P/A → Soft, distension (+) Stools → Passed Aspirates → 1 ml nil/day	→ target SPO2 90-95% → TV - 4 ml/kg/day
	HR - 146/min RBS BP - 55/34/43 SPO2 - 95%	6 ml 2 hrly ON 7.5/8 RN → 2D Echo 8/m
	T 40.2 / 28.6 / -6.1 / 98. V.O.D	→ Positioning as Planned. → Recheck ABG 6 hrly → Gas CXR's BD. → Monitor vitals → I/O Charts

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/3/26		C/S/B → BNC
11:05PM	NIV → 18/6.5	continue
	RR → 35/m	→ NIV
	FiO_2 - 21%	
		→ wean BIPupto (6,
	One milky vomit	
	P/A → soft, distended	
	Shocks → passed.	→ Cas BP
		→ TV - 140cc/kg/day and BDhaj OG feeds.
		→ Send RT with warming Gas
	Noted by Bharadhi 31/3/26	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 10 **PMA:** 28+1

Term ☐ **Preterm** ☐ Gestation : 26+6 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	
2.	RDS - 2's	
3.	Susp. Sepsis	
4.	defl wide grade-1 IVH	
5.	anaemia	
6.	W/H SPDA	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... Baby was extubated to NIV
..... in v/o — hypocarbia → Rate was
..... weaned to RR/ 30 → then changed to
..... PIP 16 AT PIP - 18

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR - 160/min
- SpO2 = 99-1.
- PI - 0.86

- Murmur (+)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : Lt side grad-1 I.V.H ..... Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
.....
Abd distension – bad sign
.....
Milk aspirate – feeds ↓ to 3 ml 2nd.

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Fluconazole	(P)
2.		
3.		

Inj Caffeine
-Inj Paracetamol – D4
.Glycerin

Plan of Treatment :

(✱) NIV – PIP – 18 | 6·5 | Rate 30 – Decide on morning gas
SPO2 target 90–95%
(✱) TV – 140 cc | kg | 4as → feeds 3ml 2hours
(✱) Gas – ABG | RBS BD
(✱) (✱) 2D Echo today.
(✱) Position → ~~4n out~~ supine
→ ~~2n off~~
R+ up – 2h
left up 2h
supine 2h

Doctor's Name (Handover given) : .....
Signature : Rupajit
Date & Time: .....

Doctor's Name (Handover taken) : .....
Signature : .....
Date & Time: 1/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr PR
31/1/22		⇒ changed to CPAP.
		① - Continue RA
		SMS - 2 hourly
		Constant feed.
	UAC - D8	✱ - Remove UAC
	PICC line	today after morning
		gas.
		⇒ Gas - none
		~~⇒ Hum - A/V CPAP~~
	Blood c/s - no	
	growth.	⇒ 2D echo today.
		⇒ Trace - Blood c/s
		⇒ N.t check today
		t/M
		⇒ TV - 150 cc/kg/day.
		⇒ AS No routine
		aspiration
		⇒ Inj Lasix 0.5mg/kg
		I.V/stat
	Noted by Dr Anuja 01/04/22 9:30 AM	⇒ 7.5% TPN.
		$A_3L_2Na_3K_{1.5}Ca_2$ + MVI, Cernevit
	Rupind.	⇒ PNALD Human. Stop.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/4/26	Afternoon rounds	
1.50pm		
	- On CPAP, FiO2 - 21%, PEEP - 6.5	Plan: Continue CPAP
	- No Brady, - No Desaturation	- Target SpO2 - 90 to 95%,
	- Issue of Excessive cry ↳ Diaper rash.	- TV - 150ml/kg/day ↓ 5ml constant feeds 2nd hrly + Rest 7.5% TPN
	SpO2 - 99%. PR - 168/min RR - 54/min	- Positioning Rt. up / Lt. up / Supine } 2 hours each
	P/A - Soft ~~to firm~~, Distended	- Gas OD
	- NG aspirate - Nil	- RBS BD
	- Stool - passed	- I/O charting 6th hourly.
	- Urine -	- 2D Echo today.
	Notified Seeing 2/4/26 SD	~~*~~ To Remove UAC.
		- R/v about HT reports.
		- ~~W/F~~ abdomen distension, vomitings.
		- Add proctoguard ointment -
		- R/v about antibiotic.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/4 @ 4:59pm		seen by PR sir CPAP - 6 feed - 4 ml continue feed. → CXR - TLM. if abdominal issue ↓ do x-ray abdomen I monitoring 5-7 daily. Check HCT - TLM. PCM - 5 days Note by Dr. Vijaya Lakshmi SPR IV - maintenance

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/03/26	Night rounds 4/S/S Dr. Sowmya.	
	D01+0 / 26+5 / 830 gm.	
	On. CPAP	
	~~P/A~~ FiO2. 21%.	
	PEEP - 6.	Plan
Vitals:	HR - 156/min	- continue CPAP.
	BP - 86/52 (62).	
	SPO2 - 97-1.	- NPO. till further orders
	RR - 37/min.	
		- send CBP, CRP - T/m.
	P/A - Distended, Soft, Coopy.	
		- X-Ray Abdomen now.
	Aspirates - Bilious coloured.	
	Stool - Passed (1). 2-3ml	
		- IV. further spreads of Brown
	On 4ml Constant feeds.	aspirates - CBP CRP PT/INR aPTT now
		- Cren - OD
		- RBS - 3D
		- E1o Monthly Cytology
		- seen by VTSR
		- same sample procalcitonin
		→ opt Blood Cx
		add Cipro ampicox IV

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr.	
2/4/26 6AM	Baby had bradycardia & desaturation on CPAP ↓ changed to NIV ↓ improved & PID But had severe Respiratory distress ↓ INTUBATED & 3 size ET tube & CXR taken precautions and fixed @ 7cm position confirmed & xray	
	S/B Dr VS	
2/4/26 6:15pm	Baby is pale & HR: 160 PIP: 20/5 Dr Kendal ABG: 9, 9	plan (1) SIPPV+VG - 4.2ml/kg IMMI: 0.3, PEEP: 6, Rate: 30 (2) Add adrenaline (3) To give 5ml/kg NS bolus (4) Repeat ABG after 30 mins

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Screening ECHO	
	↓	
	IVC full	
	Contractilities - Good	
	2mm PDA L→R	
	Pulsatile.	
	Screening USG	
	↓	
	Left Side : Grade	
	2-3 IVH	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

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

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	SPTL ELBW	RDS - 2 dose surfactant
2.	pulmonary hemorrhage	
3.	CPAP - NV	
4.	Suspected sepsis	
5.	HSPDA	
6.	Anemia / Lt side grade-1 IVH	

Today's Weight : Feed Intolerance

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP 18 PEEP 6 VG ..... Rate 50 Fio2 ..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours ..... pulmonary bleed
..... known dep issue
.....
.....

CARDIO VASCULAR SYSTEM

Plan of Care : Continue current ventilation

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : Lt side grade-1-2 Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... NO obvious bowel dilatation 9.5 cm

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	D5
2.	Colistin	D1
3.	Lipo-ampho-B	D1

Plan of Treatment :

① continue current ventilation
Target SpO_2 - 90-95%
change ventilator to VN500

② IV - 1/5 Isocal @ 4 cc/hr - including everything
7.5% TPN.
NPO

③ gas
~~PBS~~ ~~BD~~ 6-8 hourly

④ Flocbacking 8 hourly

⑤

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

Signature : .....

Date & Time: 2/4/26

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
21/4/26 @10 am	DOL-12 EPT / ELBW /. RDS Palm Hemorrhage Sepsis. Anemia.	Seen by Dr. Prathyush. ① Ventilator. SIPPV + ~~VG~~. ~~change to VH500/60~~.
	Neuro Screening (Lt) Gr - 2-3 Hypeedynamic Precordium	② Change Picc line. ③ LRBC transfusions to be done. ④ Trace - B/C/S. ⑤ Neuro Sonogram today ⑥
		Noted by Dendemk 2/4/26 10 Am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/4/2026 @11am		Seen by Dr. Prathyusha
		1) Cont. ventilation SIPPV. PIP - 20 → 19 PEEP - 6.5
		2) Gas - Now @ 1pm.
		3) if PCO_2 ↓ - ↓ PIP-18 / 6.5 Retention ↓ Plan HFO
		4) LRBC transfusion Now.
		5) Chest x-ray evening 6pm.
		6) TV = 130ml/kg/day ↓ ↓ ↓ 7.5/CPH 20ml/kg 29ml/kg 1. TPN 5% D10-P makes 12.5%
		Slowly Taper & Stop Dobutamin by morning T/m.
		Stop Dexmedetomedine Cont fentanyl.

16ml/hr FFP | 2ml/hr LRBC | 6ml/hr NS

Note/Sb by Dr. 2/4/26

BAR-00001673 IP#-00171913
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan done today
		~~10 ml/kg TPN~~
		12.5 ml/kg TPN, Aq. Na, K, Ca
	Ecte	
	mild CR	
	PDA 1.1 mm LA No 1.2	→ Tab BD.
	L-R	— ARM BD.
	LPA & 0.3 60 mm/m	— R/O malig
	IVR 2	
	~~Ecte~~	
	contd (N)	Continue Perm
	we 9/52	IVIG - 1 dose 1 gm/kg
	EF 65	
		Sabby demdash 2/4/26
	Rey	
	Endop IVH	
	LVC & Cortis	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order
2/4/26		5th	25th	50th	95th
D:2 28+6 wks	SBP	41	48	55	72
	DBP	19	26	33	50
	MAP	26	33	40	57
					~~DNS~~:
2/4/26 @ 2pm	Afternoon Rounds				
	Baby on Ventilator SIPPV.				Plan
	PIP - 19 → 18.				1) Cont. Current ventilation Target SPO2 90-95%
	PEEP - 6.5				
	Rate - 45/min				
	VG = 4.6 ml. (5.5 ml/kg)				2) TV = 130 ml/kg/day
	Ti = 0.30.				12.5% TPN IVIG mediC. 1RBC, FFP
	Gas: 7.30/45.5/88.3 21.1/-3.5 lac = 0.9.				Cont NPO
					3) Taper Slowly dobutamine & Stop by 7/m.
	Tachycardia - Settled				
	HR = 162/min				4) chest x-ray at 6pm
	RR = 45/min				
	SPO2 = 97%.				5) I/O charting 6th hrly
	BP = 86/41 (58)				

Natasha developed 2/4/26

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23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Neuro.	6) Give TVTG transfusion 1g/kg
	Abdomen - Soft Non distended. 0.5mL Green aspirate Stool passed.	7) Gas / GRBS } BD
		8) w/f Brady, desat - OG aspirate.
	U/O = 7.8cc/kg/hr. - 17.9mL	9) Target MBP 33-34 mmHg
	ongoing LRBC transfusion	10) Target PCO_2 accept. upto 55 if PH > 7.25.
	FFP transf- done	11) w/f vitals
		12) R/v on TV.
		Sneha Noted by duty doctor 2/4/26 8PM

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23-03-2026 0 Y 0 M 9 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		d/s Rly
		Urine for Lesc.
		→ Of Persisty -ve u/o to Consider Volume loady later wight
		→ CXR & Pleadine.
		→ Gen ~~[illegible]~~ @ 12am
	Te Send CBp/crp/Procal E. Pleadine	

Neonatology Resident
21/4/26
3PM

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/4/26 6pm	Picc line insertion: under sterile conditions after taking verbal consent, Picc line (Bemicath) inserted in Right saphenous vein and inserted till 18, back flow +. During procedure Baby had chest rise, improved o after suctioning (Blood clots) prolonged bleeding from prick site, dressing changed twice.	Plan 1) Start RFP NS infusion 2) ANTT 3) Give vancomycin & remove Right hand PICC line 4) send CBP, CRP, PCT 15, APTT. 5) Give cryoprecipitate if bleeding continues 6) RBS: 7 → 6.
2/4/26 11PM	Picc line Removal Notes old Picc line in removed tip Noted No Bleeding vitals stable	(RT) forearm has been

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/01/26 @ 12am	Night Rounds	Plan
	Ventilator Baby on SIPPV mode. PIP-20, PEEP-6 Ti = 0.35, Rate = 35/m. MAP-10. FIO_2 - 23%. ↓ 1 desaturation during Piceline procedure. Fresh bleed from ET present. ↓ Tachycardia (+). HR = 185/min. RR - 46/m SPO_2 = 94%. (BP - 87/57 (68) P/A - Soft No distension Orange = Brown aspirate. Stool - passed U/O = 5.6cc/kg/hr = 13ml	1) Cont. Ventilation with Current Settings Target SPO_2 90-95% 2) TV = 130ml/kg/day Cont NPO 12.5% TPN 3) Gas Now 4) Gas, BP, GRBS 5) Hb charting 5th hrly 6) Target MAP 33-40mmHg 7) Target PCO_2 Upto 55 mmHg if PH > 7.25 8) if Persistent Negative volume ↓ TV. 9) w/f - vitals Brady, desat Noted by Vishnupriya 01901

Sneha

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26 @12:30 am	Gas : 7.41 | 29 | 36.7	↓ PIP 20 → 18
	20.2 | -5.4.	Keep PEEP - 6
	Lac = 2.4.	
		Sneha
		P

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

(P.T.O)

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 12 **PMA:** 28+3wks

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW	RDS - 2 dose Surfactant
2.	Pulmonary Hemorrhage	
3.	CPAP - MV.	
4.	Suspected Sepsis/leukocytosis	
5.	hs-PDA.	
6.	Anemia/(Rt) Side Gr 1-2 IVH.	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... Spo: .....

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

Change over the Last 24 Hours..... Baby on Ventilator SIPPV mod

PIP 20 → 18

PEEP - 6.

Rate - 45

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR = 166/min
- SpO_2 = 97%
- RR - 45/min
- BP = 74/54 (61)

- Fresh ETBleed (+).
- 1 FFP, 1 URBC, 1 IVIG } transfused
- Dobutamine Stopped.

CNS

Neurological Examination : .....

Sedation Fentanyl

Last Neurosonogram : (Lt) Side Gr I-2 IVH Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... U/O - 5.7cc/kg/hr

..... GRBS - 86mg/dl

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

..... P/A - Soft.

..... No distension

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	D5
2.	Colistin	D2
3.	Lipo-Ampho-B	D2
	PARACETAMOL	D5

Caffeine

Glycerine

Plan of Treatment :

1) Continue current ventilation
   Target SpO_2 90-95%.
2) TV = 130ml/kg/day - 12.5% TPN, NPO to cont
3) I/O charting 6th hrly
4) Gas, GRBS - BD
5) Target MAP 27-33mmHg
6) Accept PCO_2 upto 55 if PH 7.25
7) Trace Blds cond Rlv on antibiotics
8) c/f - Vitals, Bleeding manifestation, Abdominal aspirates, distension

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

Signature : Sneha

Date & Time: 3/11/2026

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26		Seen by Dr PR → Continue SIPPV mode. → Chest xray in evening → TV - 14 to 16 cc/kg/day → ~~Dec~~ Titrate the tidal volume. VT - 3.5ml. → LFT ~~in the~~ CBP } Evening Case. → 2d echo by Dr Bhargavi today / T/m. → R/V feeds T/m. → CBP T/m.

Noted by moushmi 3/4/26 @10:30AM

Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M9D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26	Afternoon Rounds	
	On SIPPV 18/6 RR-40 T-D-36 Vt- 4.3ml P/A → Soft Stools → Aspirates →	Plan → Continue SIPPV mode → Target SpO_2 90-95% → TAB Lasix 1/2 1/2 1/2 day 12.5/2 TPN NPO.
	HR-160/m RR-43/m SpO_2-95% BP-78/42/53	→ Target Tidal volume upto 3.5ml
	V.O-	→ Chest Xray in evening
		→ LFT, Gas } 6 PM
	Blood cls → nil x 24 hrs	→ CBP T/m
	2D echo → PDA closing	→ D/o chest Q 6 hrly
	PDA Noted by neonatology 3/4/26	→ Gas, RBS } BD If needed

Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M9D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		USS Pny
		gen 3 bpm
		LFT
		LFTs.
		Start Normal.
		~~start~~ CBP Tom
		Noted By mousumi 3/4/26
3/4/26 11PM.	Night rounds.	seen by Dr PR
		Plan
		① cons tom.
		i CBP
		② suction ~~every~~ as needed.
		③ consider feeds tom.
		Noted by Vishnupriya 01/9011 8/4/26 @11pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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4/4/21

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 13 **PMA:** 28+4

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	GPT | ELBW	RDS - 2 doses Surfactant
2.	pulmonary Hemorrhage	Anemia |
3.	CPAP → MV	Lt. sided grade 1-2 IVH
4.	Suspected Sepsis	
5.	leucocytosis	
6.	HS-PDA	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : .....Spo:.....

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

Change over the Last 24 Hours.....

-on SIPPV mode,

~~FiO2 - 21%, 16/6,~~

RR - 35/min,

Ti - 0.30 - old bleed in ET (P) (during suction)

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%

PR - 165/min

BP - 83/55 (65)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures - on fentanyl sedation

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 4.6 ml/kg/hr Stools passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

..... GRBS - 101

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

..... P/A - Sft

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	D6/D10
2.	Colistin	D3/D5
3.	Lipo-ampho	D3

Caffeine
Glycerine

Plan of Treatment :

- Continue current ventilation
- Target SpO_2 90 to 95% -
- TV - 140 ml/kg/day → 12.5% TPN
- Cont NPO
- Gas / RBS } BD
- I/O charting 6th hourly
- Trace CBP report.
- Trace Blood cls final report.
- Target MBP 27 - 33 mmHg.

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

Signature : .....

Date & Time: 4/4/26

Doctor's Name (Handover taken) : Sneha

Signature : .....

Date & Time: 4/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/4/26 @8.53am		Seen by Dr. Pr 1) Cont SIPPV 16/6 RR-40 FiO2 = 0.3 2) Gas at 11 am 3) If Hb <10 → plan LRBC transfusion. Trace CBP. 4) Suction at 10:30 5) Start feeds 0.5ml/2nd h. if tolerating well ↑ 0.5ml TID 6) Any tachy / clinical / too pale ↓ Plan LRBC 7) ~~Gas~~ Gas → GRBS-BD 8) Trace - B/C/S. Talk with microbiologist if no fungal growth 9) T/m - Procalcitonin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		10) 12.5% TPN Az Na, K, Ca, MVI added
		11) T/m - chest x-ray morning
2/4/2026 @ 1:30pm.	Afternoon Rounds	Sneha
	Baby on Ventilator SIPPV PIP - 16, PEEP - 6 Rate - 35, Ti = 0.30 FiO2 = 23% ⇓ Intermittent Sepi of desaturation Tachypnea (+) SCR (+) Peri - warm Pink CFT - < 3 sec. Cardiac - Mild TR. PCM - Course completed closing PDA.	Plan 1) Cont Current ventilation SIPPV = 16/6 Rate = 35/min Target 90 - 95% 2) TV = 140ml/kg/day 12.5% TPN 0.5ml 2nd hrly OG feed + 0.5ml TID 3) Any tachycardia / clinical sign. plan CRBC transf Notified Beeson 2/4/26 @8pm

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23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Neuro - Grade 2 - GMH	4) ~~Gras~~ GRBS } BD
	Per abdomen = Stalled feeds Soft, no distension S	5) T/m - chest x-ray 6) T/m - procalcitonin morning
	Vitals HR = 132/min SPO2 - 92% BP = 95/47 (65) RR = 41/min	7) I/o charting 6th hrly 8) Target MBP 27-33mmHg 9) w/f - Brady, desat.
4/4/26 @ 3:40pm		Sneha
	P/A - Soft. CFT 2-38cc.	1) Cont current Ventilator 2) feeds 10.5ml TID 3) T/m chest x-ray Procalcitonin
	Noted by Dr. 4/4/26 @ 8pm	Sneha

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Night Rounds	
10:30PM	on SIPPV	AK
	PIP - 16	D/W Continue SIPPV
	PEEP - 6	IV - 140ml/kg/d
	FiO2 - 27	feeds. 12ml 2ml/kg/d. 19.2 ml
	F - 35	meds. 14.4ml
GRBS - 165		fluids.
	HR - 165	PCT
	SpO2 - 94	CXR - T/A
	RR - 46	gas - BD
	BP 93/42 (61)	GRBS - BD
		monitor vitals
	1 Episode of desaturation	Noted by Vishnupriya @1901 4/3/26 @10:30pm
5/4/2026		
5AM	severe	
	↓ c/o Resp distress & desaturations	
	↑ ventilator Requirements	
	PIP - 16→18→19	AK
	PEEP - 6	• Blood gas - ~~ABG~~ at 6:30AM
	FiO2 - 40	• GRBS -
	F - 40	• Inj Lasix 0.5mg/kg IV STAT
	SpO2 - 96%	
	HR - 176/min	
	BP - 59/43	

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23-03-2026 0 Y 0 M 11 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 14 **PMA:** 28+5

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	~~EXPT~~/ELBW	RDS → 2° surfactant
2.	Pulmonary Haemorrhage	Anemia
3.	CPAP → MV	Rt sided Grade 1→2 IVH
4.	Suspected Epilepsy	
5.	leucocytosis	
6.	~~HSPDA~~	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

On SIPPV mode

Multiple episodes of bradycardia, desat ↓ PIP requirement

18/6, RR-35/m

H-0-3 beats

HR-160/m

RR-35/m

SPO2-93%

BP-89/49/66

CARDIO VASCULAR SYSTEM

Plan of Care :

Hypertensive readings (+)

GRBS-> 244mg/dl

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

P/A → soft
Aspirates → Nil

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropen	BD
2.	Colistin	BD
3.	Lipo Ampho B	OD

Caffeine OD
Glycerine

Plan of Treatment :

→ Continue current ventilation
→ target SpO2 90-95%
→ FW - 140ml/k/day (send ABG 6hrly, Post 12hrly 12.5% TPN)
→ Gas, GRBS } BD
→ BD chest 6hrly
→ Chest xray now
→ Send & track Procalcitonin
→ check GRBS @ 9AM → RBS on insulin if High
→ RBS for CBP + Gas in evening

Doctor's Name (Handover given) : Dr

Signature : .....

Date & Time: 5/4/26

Doctor's Name (Handover taken) : Dr Manelle

Signature : .....

Date & Time: 5/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/1/26 12:30pm	D14/06+5 → 28+5	
	On SIPPV	
	18/5, Rate - 35	1) PIP-18; PEEP 6 → 5, Rate 35+40
	pH: 7.19 / 51 / -7.9 / 17.4 / [illegible]	2) Repeat - Gas at 3pm.
	[illegible]	3). Gas
	Chest X-Ray Showing hyperinflation	4) RBS } TID
	No fresh ET blood	5) TPN - 140 ml/kg/day 12-5-1. TPN.
	on 2ml feeds.	6). Feeds - 2ml @ 2 Hourly T 0.5 ml @ 8th hr
	RBS - 241 → 113.	7). Repeat CBP - Tom.
		N. Partner for Dr. Neeraja 5/1/26 2pm
		Notified by nursing staff 5/1/26 @8pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/4 @3PM	Afternoon rounds	
	14 days / 26+5 →	28+5 wks
		plan
	V- baby on SIPPV mode	→ continue SIPPV mode
	18/.5	18/5
	rate - 40	target SpO_2 - 90-95%
	FiO_2 - 22%	
	VTE → 5.7	do a CBG now
	leak 0%	• RBS
	gas - 7.19/57.3/-7.9/	
	C - HR-150 bpm 17.4	→ TV - 14 ml/kg/dose
	BP - 60/33(44)	12.5 ml TPN,
	V/D - 3.6 ml/kg/hr	feed - 2 ml/2 hourly
		↑ 0.5 ml 8 hourly
	P/A NO obvious distension	→ CBG 7hrs
		→ gas RBS]SD
		→ IP charting 6 hourly
		→ monitor vitals
		Dr. Mallika
	noted by nayomi 5/4/26 @8pm	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5th 9:34pm	Night round	
		Plan
	V → baby on SIPPV mode 18 → 17 PSep-5 rate-40 fio2-22%	→ Continue SIPPV mode 17/5 Target SpO2 90-95% + IV-140ml/kg/day (2.5%) TPN feed-2.5ml/2hourly NO.5ML NG
	gas-7.29/43.7/-4.9/19.8	
	C → HR-173bpm BP-56/32(41) U/O-2.8ml/kg/h	→ CBP-1/M → gas ABS BD
	A/A-no apnoeic soft-	→ monitor vitals
		Rx Dr. Manikha
	Noted By Nirupama 0/267	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 15 days **PMA:** 28+6 wks

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW	hs PDA → PDA
2.	pulmonary hemorrhage? NEC	PDS - 2 dose surfactant
3.	suspected sepsis	left side grade I IVH
4.	recovery to sepsis	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP 17 PEEP 5 VG ..... Rate 40 Fio2 ..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours .....

.....

.....

.....

CARDIO VASCULAR SYSTEM

Plan of Care : Continue current ventilation

CNS

Neurological Examination : .....

Sedation fentanyl + clonidine

Last Neurosonogram : N Any Seizures -

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF :..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... NO distention

U/O - 3.6cc/kg/hr

+25: 5-

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

GRBS = 130mg/dl

ASP - Nil

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :.....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenam → D8/D10	
2.	colistin — D5/D7	
3.	~~Lipo amphotericin B D5~~	

cefixime

glycerine

Plan of Treatment : - ① Continue current ventilation

Target SpO_2 - 90-95%

② TV - 140ml/kg/day → Rly - Increase - TV - 160ml/kg/dy

12.5% TPN

feed 3.5ml 2hourly T 0.5ml 3hourly

③ Trend CBP

④ gas] BD
RBS]

⑤ I/O charting 6hourly

⑥ monitor vitals

R/V on colistin

R/V on Stopping Ca^{+2} & Adding Potphos

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

Signature :

Date & Time: 6/2/26

Doctor's Name (Handover taken) :

Signature :

Date & Time: 6/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/4/26		Seen by Dr. PR
		- Change the vaccum every alternate day.
	Picc line - D4	
		- Trace final blood c/s.
		- LRBC - today
		- NPO
		- Ca+ / PO4 / ALP | T/M
		- A 3.5 L 1.5 Na 1 K 1 Ca NO' MVI, Calcal
		- 'Do not add calcium"
		- Positioning
		- ET in traction
		- Feeds to restart as per LRBC protocol.
		~~to reach the p~~

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(*) Start fentanyl cycling 4 hours on 2 hours off
		(*) 2D echo - Tomorrow to review PDA
	Seen by Dr. Pratyush Noted Biochemistry 6/4/26	Rupiyal
6/4/2026 @ 2pm	Afternoon Rounds.	Seen by Dr. Pratyush
	Resp: Baby on Ventilator SIPPV mode PIP-16, PEEP-5 Rate-40 Ti = 0.3 FiO_2 = 21%.	Plan 1) To continue Baby on current ventilation Settings. Target SPO2 90-95%
	(+) Tachycardia (+) Actively moving on fentanyl cycling.	2) TV = 140 mb/kg/day 20 mb/kg LRBC over 4 hrs
		3) Gas - 2 hrs after LRBC

BAH-00651673
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 11 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	To start 1RBC transfusion	If Gas (N) start 1/2 feeds
	Vitals HR = 177/min	2 half feeds (1.5ml) ↓ 8hly
	RR = 40/min	3.5ml (full feed) ↓
	SpO_2 = 95%	then ↑ 0.5ml TID
	BP = 66/42 (50)	
	P/A - soft	2) T/m - Ca^{+2}
	on NPO.	PO_4^{-2}
	No distension	ALP.
	↓↓	to send
	No aspirates	
	stool - passed	4) Gas, BD
	U/O = 2.8cc/kg/hr.	GRBS
	+11.2ml	
		5) 2Decho T/m to
	Final B/C/S - No growth till Now	review PDA
		6) Keep ET traction
		7) Positioning
		Rt up - 2hrs
		Supine - 2hr
		Lt up - 2hr
		Sneha
	Advised by Dr Bharathi 6/6/26	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/2026 @ 7pm	Night Rounds	~~Seen~~
		Plan
	Resp:	
	Baby on Ventilator	1) Cont. Current ventilation ↓ Plan to change to SIPPV mode T/m
	SIPPV mode.	
	PIP = 16, PEEP - 5	
	Rate - 40/min	
	Ti = 0.30.	
	VT = 4.5-5.5 mL/kg.	Target SPO2 90-95%
	MAP 7.5-8.	
	Cleak - 0%.	
		2) TV = 140 mL/kg/day
	No Desaturation	½ feeds 1.5 mL 2nd hrs ↓ 1.5 mL ↓ 3.5 mL. then T feed 0.5 mL TID
	No Bradycardia.	
	mild SCR (+), intermittent	
	CT- Suction - old bleed (+)	Regt 12.5% TPN
	Vitals HR = ~~165~~ 170/min.	
	SPO2 = 95%.	3) Gas at 8pm & BD
	RR = 40/min	GRBS - BD
	BP - 62/38 (46)	
		4) T/m - Ca+2, PO4-2, ALP to send.
	P/P - Soft	
	Non distension	
	↳ RBC transfusion completed	5) 2D Echo - T/m to review PDA

Patient Sticker

Dr. Nilesh.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/4/26 1pm.	Bl o saepsamithsa in NIV	
	on ventilator stable (CPAP).	
	- 1b weaned off Rx	
	- Ft blood (old) on fortifying	
	- Hb low. may need Blood transfusion.	
	- Bp stable	
	- feeds tolerating 2ml feeds.	
	- Hs - till now no growth.	
	- As continue 7 days.	
WBC - 50K. → N 20K.		1b Discuss further Prognostic
26 weeks / DIGO	↔ long development not appropriate	
Long dev - till 2 years. → Abnormal might be. In some cases		
PDA closing. → medicine x 5 days given.		
Grade 1/VH		
Rescan 1b Ventilator not weaning - 1b		
Ft - need two more.		
		Dr. Nilesh

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
Dr. MVB Pratyush

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/4/2026.	B/o- Sanghamitra By Dr Pratyush - Baby had - Bleeding in the lung & Baby was not Breathing well c/b was Intubated. - Hence Baby requires Ventilator. - PDA medication 5 days are done it is in closing trend. - PDA causes ↑ Blood flow to Brain & lungs. ↓ Supply to Intestine - Brain Bleeding is Stable 2 grade of Bleed - There was Bleeding from Stomach for which Stomach rest for 48hrs. - we will restart feeds - 0.5ml today. - we will increase as tolerated Infection: WBC increased to 50,000 with increased procalcitonin we Started antibiotic - we will trace on culture to See bacterial/fungal growth. - If culture no growth we will decide on a Hb-10.4 ⇒ if at ≤10 -> we might transfuse URBC. ⇒ platelets are in normal range ⇒ once chest X-ray clearance happens we will try to extubate. ⇒ Baby's condition is Stable (Father)	

Dr. Sneha
4/04/26.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

FC-2

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/O Sanghamitra	
6/4/26	(X) Baby's ventilalar settings are decreasing	
	(II) No fresh fb bleeders	
	(III) Cardiac - PDA tommorow	We will see f/
	⇒ We are planning 2RBC transfusion today baby will stay nill per oral, by evening we will start feed	
	⇒ ↓ procalcitonin We are continuing antibiotic until final (R)	
	⇒ 1RBC complication → TRALI explained to you	
		TRAGI - NEC Risk in pre-term baby more babies requires
	⇒ Anaemia of prematurity	- is common because of pt immature bone-marrow - might require multiple transfusion.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/o K V Sangamithra	
	Prev. Baby ⇒ 32 wks – 1.9 kg	
	Now → Micro preemi 26+3 wks	
	→ ~~Highly~~ highly Prone for lability	
	→ PPROM – Risk of Infection. >10 hrs is significant.	
	→ AFI is very low	
	→ ~~Risk of~~ → Immaturity → Very low surfactant.	
	→ CPAP. Cx requiring O2	
	→ Now we given Surfactant Cx Ventilator Support	1st dose
	→ expected wt – 900gm	
	→ Risk of requiring 2nd dose of surfactant might Requiring ↑ed Pressure on ventilator	
	Now on Conventional ventilation ↓↓ If Not works ⇒ will go for HFNC	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PPN → Parenteral Nutrition	
	↓	
	Plan to use 0.5% → gradualy & slowly.	
	→ Central lines for maintaining Nutrition & give medication.	
	→ Plan to do NSG today to look for IVH	
	Risk of IVH is high in 1st 2-3days plan for NSG at 24hrs & 72hrs	
	→ Baby might require Ionotropes if BP lowers	
	→ Blood gas, Sugar monitoring regularly to be checked.	
	→ Heart ⇒ PDA - might risk for PPHN	
	→ plan to do 2DEcho on D_3	
	→ If Surfactant required for >2doses more days of vent support might be required.	
	→ Blood Culture sent ~~to~~ report Awaited	
	→ If Culture positive ⇒ High risk of Sepsis.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/03/26	- B/O Sangamitra	
	- . Lungs ~ pul. Oedema	
	- . Heart → We will see 2D echo	
	- . ~~Abdomen~~ - K/C I.V.H grade — pregnancy explained	
	→ We will plan R/V NSG on Monday.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/20	B/O Sanjamitra	
	Required 2nd dose of surfactant post cough FiO2 & PIP have settled.	
	to do official NSG today to check for IVH.	
	Required CRBC, FFP & CCSF today.	
	Today, Hb & WBCs have improved.	
	CRP is elevated, meropenem is ongoing	
	To trace baby blood c/s.	
	Feeds started, 10 cc/kg/day.	
	To do 2DECHO t/m.	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
26/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 N/s	PICC					27/3	
26/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 NS	UAC					27/3	
26/3		TV - 130 ml/kg/d 7.5% TPN	Picc					27/3	
26/3		Inj Fentanyl 2ml + 8ml N/s	I.V					27/3	
27/3		Inj Hep-NS Solution 1.5ml (heparin) + 48.5ml 1/2 N/s	PICC					28/3	
27/3		Inj Hep-NS Sal 1.5ml + 48.5ml 1/2 NS	UAL					28/3	
28/3		TV - 140 cc/kg/d 7.5% TPN (adjust fluid ē feeds)	PICC					29/3	
28/3		Inj Fentanyl 2ml + 8ml N/s	I.V					29/3	
28/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 N/s	Picc					29/3	
28/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 N/s	UAL					29/3	
28/3 28/3/7pm		TV-130cc/kg/d TV - 130 cc/kg/d	picc						

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
~~11/4~~ 11/4	4:PM	TV - 120 cc/kg/day → 30cc/kg/day 12.5% TPN (adjust according to feeding)	PICC	2.1			12/4		
11/4	~~4~~:00 pm	Inj Heparin + NS + solution (1.5ml + 48.5 1/2 NS)	PICC	0.2ml			12/4		
11/4	4:00 pm	Inj FENTANYL 2m + 8 ml NS	PICC	0.1			12/4		
11/4	4:00 pm	Inj DEXMEDETOMINE 0.5 ml + 49.5 ml 5% D	PICC	0.3			12/4		
12/4	3pm	TV - 120ml/kg/day 12.5% TPN	PICC	2.3			13/4	Sneha	
12/4	3pm	Inj. HEP - NS 1.5ml + 48.5ml 1/2NS	PICC	0.2ml /hr			13/4	Sneha	
12/4	3pm	Inj. DEXMEDETOMIDINE 0.5ml + 49.5ml 5% Dextrose	PICC	0.3ml /hr			13/4	Sneha	
13/4	6pm	TV = 120ml/kg/d 12.5% TPN	PICC	1.7ml	Sneha		14/4	Sneha	
13/4	6pm	Inj. Hep NS. 1.5ml + 48.5ml 1/2 NS	PICC	0.2ml	Sneha		13/4	Sneha	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
13/4/26	6pm	Inj - fentanyl 2mL + 8mL NS	Picc	0.2ml	Sneha		14/4	Sneha	
13/4/26	6pm	Inj - Dexmeditomid 0.5mL + 49.5mL 5% D	Picc	0.4ml	Sneha		14/4	Sneha	
14/4/26	6pm	TV = 120mL/kg/d 12.5% TPN	Picc	1.4	Sneha		15/4	Sneha	
14/4/26	6pm	Inj - Dexmeditomi 0.5mL + 49.5ml 5% D	Picc	0.4ml	Sneha		15/4	Sneha	
14/4/26	6pm	Inj. Hep NS 1.5mL + 48.5ml 1/2 NS	Picc	0.2	Sneha		15/4	Sneha	
14/4/26	6pm	Inj. fentanyl 2mL + 8mL NS	Picc	0.2ml	Sneha				
15/4/26	8pm	TV = 120mL/kg/d 12.5% TPN	Picc	2ml/hr	Sneha		16/4		
15/4	8pm	Inj. Hep NS 1.5mL + 48.5ml 1/2 NS	Picc	0.2ml	Sneha		16/4		
15/4	8pm	Inj. Dexmeditomid 0.5mL + 49.5mL 5% D	Picc	0.4ml	Sneha		16/4		
16/4	8pm	TV = 120cc/kg/d 12.5% TPN	Picc	2ml	Sneha		17/4		

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
16/4	8pm	Inj. Hep NS 1.5mL + 48.5mL ½NS	PICC	02ml	Sneha	Hema	18/4		Seeta
16/4	8pm	Inj. Dexmeditomidine 0.5mL + 49.5ml 5%.D	PICC	04ml	Sneha	Hema	18/4		Sul
17/4		TV = 120mL/kg/d 12.5%. TPN	PICC		Sneha				
17/4		Inj. Hep NS 1.5mL + 48.5ml ½ NS	PICC		Sneha				
17/4		Inj. Dexmeditomid 0.5mL + 49.5mL 5%.D	PICC		Sneha				
18/4		TV = 140mL/kg/d 12.5%. TPN	PICC		Sneha				
18/4		Inj. Hep NS 1.5mL + 48.5mL ½NS	PICC		Sneha				
18/4		Inj. Dexmeditomi 0.5mL + 49.5mL 5%.D	PICC		Sneha				
19/4		TV = 140mL/kg/d 12.5%. TPN	PICC		Sneha				
19/4		Inj. Dexmeditomid 0.5mL + 49.5ml 5%.D	PICC		Sneha				

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 6 D
Dr. MVB Pratyush

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
	29/3	Inj Hep-NS @ 1.5ml + 48.5 ml ½ NS	Picc	0.2ml			30/3		
	29/3	Inj Hep-NS 1.5ml + 48.5ml ½ NS	UAC	0.2ml			30/3		
	29/3	TV- 120 cc/kg/day 7.5% TPN (adjust fluid rate & feeds volume)	Picc	1ml			30/3		
	29/3	Inj Fentanyl 2ml + 8ml	PICC	0.2ml			30/3		
30/3	6pm	INS HEP NS 1.5ml + 48.5ml ½ NS	PICC	0.2ml					
/3	6pm	INS HEP NS 1.5ml + 48.5ml ½ NS	UAC	0.2ml					
30/3	6pm	TV = 150ml/kg/day 7.5% TPN	PICC	1ml					
30/3	6pm	INS FENTANYL 2ml + 8ml NS	PICC	0.2ml					
31/3	6pm	Inj Hep-NS 1.5ml + 48.5ml ½ NS	Picc	0.2ml					
31/3	6pm	Inj Hep-NS 1.5ml + 48.5 ml ½ NS	UAC	0.2ml					

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Sanghamithra.

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31/3/26	6pm	Inj - DEXMEDITOMIDINE 0.5ml + 49.5ml 5% D	Picc	0.1ml/hr	Sneha	Pf	1/4/26		
31/3/26	6pm	TV = 150ml/kg/d. 7.5% TPN	PICC	0.8ml	Sneha	Pf	1/4/26		
1/4	6pm	Inj Hep-NS 48.5ml + 1.5ml Heparin	PICC	0.2ml			2/4		
1/4	6pm	Inj Hep-NS 1.5ml + 48.5ml (Heparin)	VAC	0.2ml			2/4		
1/4	6pm	T.V - 150 ml/kg/d 7.5% TPN	Picc	0.8ml			2/4		
1/4	6pm	Inj Dexmedi +Odimine 0.5ml + 49.5ml 5% D	Picc	0.2ml			2/4		
2/4	6pm	TV = 150ml/kg/day 7.5% TPN	Picc	0.8ml	Sneha		3/4		
2/4	6pm	TV = 20ml/kg/d 5% IBD-P.	Picc	0.2ml	Sneha		3/4		
2/4	6pm	Inj. Hep-NS 1.5ml + 48.5ml 1/2 NS	Picc	0.2ml	Sneha		3/4		
2/4	6pm	Inj. Dexmeditomidine 0.5ml + 49.5ml 5% D	Picc	0.2ml	Sneha		2/4/26		

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
3/4	8pm	TV-140cc/kg/day 12.5% TPN	PICC	3.3ml			4/4/26		
3/4	8pm	Inj Fentanyl 2ml+8ml NS	IV	0.4ml			4/4/26		
3/4	8pm	Inj Hep NS 1.5ml+48.5ml 1/2 NS	PICC	0.2ml			4/4/26		
3/4	8pm	Inj Dexmeditomidine 0.5ml+49.5ml 5%D	PICC	0.1ml/hr			4/4/26		
4/4	8pm	TV=140cc/kg/day 12.5% TPN	PICC	1.8ml		Ptf	5/4		Ptf
4/4	8pm	Inj - Hep NS 1.5ml + 48.5ml 1/2NS	PICC	0.2ml		Ptf	5/4		Ptf
4/4	8pm	Inj - fentanyl 2ml + 8ml NS	PICC	0.4ml		Ptf	5/4		Ptf
4/4	8pm	Inj: Dexmeditomid 0.5ml + 49.5ml 5% D	PICC	0.2ml		Ptf	5/4		Ptf
5/4	8pm	TV=140ml/kg/day 12.5% TPN	PICC	1.6ml/hr		Ptf	6/4		Ptf
5/4	8pm	Inj - Hep NS 1.5ml + 48.5ml 1/2 NS	PICC	0.2ml/hr		Ptf	6/4		Ptf

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
5/4	8pm	Inj. fentanyl 2mL + 8mL NS	PICC	0.4ml	Sanh	Pf	6/4	Sanh	Pf
5/4	8pm	Inj. Dexmeditomidine 0.5mL + 49.5ml of 5%D	PICC	0.2ml	Sanh	Pf	6/4	Sanh	Pf
6/4	6pm	Inj. HepNS 1.5mL + 48.5ml 1/2NS	PICC	0.2ml	Sanh	Pf	7/4	Sanh	Pf
6/4	6pm	TV = 140 mL/kg/d 12.5%. TPN	PICC	1.4ml	Sanh	Pf	7/4	Sanh	Pf
6/4	6pm	Inj. Dexmeditomidine 0.5mL + 49.5ml of 5%D	PICC	0.2ml	Sanh	Pf	7/4	Sanh	Pf
6/4	6pm	Inj. fentanyl 2mL + 8mL NS	PICC	0.4ml	Sanh	Pf	7/4	Sanh	Pf
7/4	6pm	TV = 140 mL/kg/d 12.5%. TPN	PICC	1.2ml	Sanh	Pf	8/4	Sanh	Pf
7/4	6pm	Inj. HepNS 1.5mL + 48.5ml 1/2NS	PICC	0.2ml	Sanh	Pf	8/4	Sanh	Pf
7/4	6pm	Inj. fentanyl 2mL + 8mL NS	PICC	0.4ml	Sanh	Pf	8/4	Sanh	Pf
7/4	6pm	Inj. Dexmeditomidine 0.5mL + 49.5ml of 5%D	PICC	0.2ml	Sanh	Pf	8/4	Sanh	Pf

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
8/4	6pm	TV=140ml/kg/d 12.5% TPN	PICC	1.2ml			9/4		
8/4	6pm	Inj-Hep NS 1.5ml+48.5ml ½NS	PICC	0.2ml			9/4		
8/4	6pm	Inj-Dexmeditomz 0.5ml+49.5ml 5%D	PICC	0.2ml			9/4		
8/4	6pm	Inj-fentanyl 2ml+8ml NS	PICC	0.4ml			9/4		
9/4	6pm	Inj fentanyl 2ml+8ml NS	PICC	0.3ml			10/4		
9/4	6pm	Inj Hep NS 1ml+48ml ½NS	PICC	0.3			10/4		
9/4	6pm	Inj Dexmeditome 0.5ml+49.5ml 5%D	PICC	0.3			10/4		
9/4	6pm	TV-140ml/kg/day 12.5%TPN	PICC	0.6ml			10/4		
10/4	6pm	Inj fentanyl 2ml+8ml NS	PICC	0.4ml			10/4		
10/4	6pm	Inj Hep NS 1.5ml+48.5ml ½NS	PICC	0.2ml			10/4		

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26	Seen by Dr. Pratyush.	Plan ① ~~start Lasix~~ ② Budecort neb to start ③ @ 3% NaCl correction ~~over 24hrs~~ over 24hrs → 7ml/kg 14ml. ④ ~~Add~~ ASK Ca in same sample. (10.3 ⑤ LRBC transfusion today. ⑥ TV = 150ml/kg/day 20ml/kg LRBC → 14ml IV 3% NaCl → Rest 10% DSOP ⑦ Mid Blood transfusion Lasix 2mg/kg. ⑧ After LRBC ↓ goes after 2hrs ↓ 1st cycle 4ml/hr. ↓ 2nd cycle 7ml/hr ↓ 3rd cycle. 9ml/hr.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		⊕ change incubator
20/4/2026 @ 2:55 pm	Afternoon	Rounds
		Plan
	Baby on CPAP PEEP-7. with mask.	1) Continue CPAP PEEP-7
	No Retractions	Target SPO_2 90-95%.
	No Tachypnea.	
	No desaturations	
		2) TV = 15ml/kg/d
	⊕ LRBC transfusion yet to start.	20ml/kg LRBC over 4hrs → 130ml/kg → 10% TSOP + 3ml/kg Ca·gluc + 1meq - 3% NaCl
	Vitals HR = 152/min	
	RR = 33/min	
	SPO_2 - 96%	
	BP = 70/37 (49)	
		3) LRBC today
	P/A - Soft	↓
	mild distension	4) mid transfusion
	V/O = passed	furosemide 1mg/kg Stat.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		5) change Incubator
		6) After URBC - 2hrs late Blood gas ↓ if Normal Start 4ml/hr cycle ↓ 2nd cycle - 7ml/hr ↓ 3rd cycle - 9ml/hr.
		7) I/O charting 6th hrly
		8) w/f - apnea, Brady, desat
		Noted by aiswarya Sneha 30/4/26 @8pm.

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

CARDIO VASCULAR SYSTEM

CNS

Any Seizures No

Docu. No. : RCHBH /FRM / CLINICAL / 131

(P.T.O.)

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PROGRESS NOTES AND

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: ..... Head Circumference: .....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: ..... Frequency: .....

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

Abdominal Examination: ..... P/A → soft

Asbirths — NIL

Stools - passed

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen: .....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

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

with hold

Supplements

Budecort Neb

Glycerine

Plan of Treatment :

→ ~~On CPAP~~ RA

→ target SpO2 90-95%

→ IV - 160ml/kg/day Fnl → 2ml 6th hrly

next cycle 9ml/hr

→ GRBS 6D

→ Cres tape weekly

→ Continue 3% xanol correction till 12pm

→ Do chart obsly

→ monitor vitals

Doctor's Name (Handover given) : FACP

Signature : .....

Date & Time: 1/5/26

Doctor's Name (Handover taken) : .....

Signature : Rupanjali

Date & Time: 1/5/26

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/20.	B/o Sanjanitha	
	taken on CPAP, tolerated well. Had A e/o monitoring post which feeds were reduced & gradual up gradually again which baby tolerated Plan to grade up to full feeds	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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BRADEN 'Q' SCALE

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					Date : 29/4	30/4	30/4	1/5
					Time : 11pm	10Am	11Pm	10pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** 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.	**2. Very limited:** 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.	**3. Slightly limited:** 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.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	2	2	2	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** 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.	**3. Potential problem:** 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.	**4. No apparent problem:** 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."	3	3	3	2
Nutritional Usual food intake pattern	**1. Very Poor:** 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.	**2. Inadequate:** 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.	**3. Adequate:** 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.	**4. Excellent:** 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	2	2	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	17	17	17	15
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA :	Diagnosis :				Surgery / Procedures :		
	Allergies :					Post OP Day :		
	Date :		29/4/26	30/4/26	30/4/26	1/5/26	1/5/26	2/5/26
	Area / Shift Time		N2 8pm-8am	N2 8pm-8pm	N2 8pm-8am	N2 8pm-8am	N2 8pm-8am	N2 8am-8pm
	Diet :		EBM+DBM	E+D	E+D	E+D	EBM	EBM
	Ventilation (RA, NP, NIV, VENTI)		CPAP	CPAP	CPAP	CPAP	CPAP	CPAP
INVASIVE LINES	1.		IV-①	IV-①	IV-①	IV-①	IV-②	IV-①
	2.		OG-①	OG-①	OG-①	OG-①	OG-①	OG-①
	3.							
	4.							
ASSESSMENT	Infusions / Transfusions		Nil	10% Dextrose + 8 ml/kg Ca+ + 5% NaCl Correction + PRBC	10% Dextrose	K+ correction	INJ. KCl correction	IV fluids
	PU Prophylaxis		Nil	Nil	NA	Nil	Nil	Nil
	DVT Prophylaxis		Nil	Nil	NA			
	Vitals	BP	79/39(53)	71/39(50)	60/40	90/43(61)	74/43(56)	90/43
		PR	150	170bpm	160bpm	140bpm	150bpm	178bpm
		RR	45	56bpm	46bpm	40bpm	46bpm	43bpm
		SpO_2	95%	92%	98%	98%	98%	96%
		Temp	36.4	36.8°C	98.6F	98.6F	98.6F	98.6F
	Pain Score		3/10	2/10	2/10	2/10	2/10	2/10
	LOC (Alert, Conscious, Confusion, Unconscious)		Alert	Alert	Alert	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition)		Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical / Chemical		Nil / Nil	NA	NA	NA	NA	NA
	Fall Risk (Vulnerable (Y/N) if yes score		Yes	Yes	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)		moving	moving	moving	moving	moving	moving
	ADL (Dependent / Non-Dependent)		Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Critical Lab Test / Values (if any)		NA	NA	NA	NA	NA	NA

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

RECOMMENDATIONS	Investigations Procedures	Date :	29/4/26	30/4/26	30/4/26	1/5/26	1.5.26	2/5/26
		Area / Shift Time	N2 8pm-8am	N2 8am-8pm	N2 8pm-8am	N2 8pm-8am	N2 8pm-8am	N2 8am-8pm
		Ordered / Planned	TV: 160cc Gas, RBS, S/E, CBP X-ray-TH	TV-160cc Gas-T/w RBS-OD LRBC	TV: 160cc/4 Gas-T/w.	Gas T/w K content giving	Gas T/w RBS-OD	GAS-T/w RBS-OD
		Due	Nil	NA	Nil	No	Nil	Nil
		Reports Pending	Nil	NA	Nil	NR	NO	NA
		Referrals (If any)	Nil	NA	Nil	NR	Nil	NR
	Remarks (Special Interventions like, Drainage Tube flushing etc.)		Nil	NA	Nil	NR	Nil	NR
Handed Over By Name :			Bhavani	Aswathy	Bhavani	Aswathy	Agnes	Soumya
Signature :								
Date :			30/4/26	30/4/26	1/5/26	1/5/26	1/5/26	1/5/26
Time :			@8am	@8pm	@8am	8pm	8AM	8pm
Taken Over By Name :			Aswathy	Bhavani	Aswathy	Agnes	Soumya	Soumya
Signature :								
Date :			30/4/26	30/4/26	1/5/26	1/5/26	1/5/26	2/5
Time :			@8am	@8pm	8AM	8pm	8am	8pm

Baby Of KATTA V SANGAMITRA
IP5-00171513
23-03-2026
0 Y 1 M 7 D
Dr. MVB Pratyush
(M)

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 1/5/26

Assessment: Baby is on cpap with distress & retractions.

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	Identify potential complications.	8pm	Identified potential complicat	Baby stable.
10pm	maintain fluid balance	10pm	Maintained fluid balance.	
2am	maintain airway & oxygen.	2.30am	maintained airway & oxygen	feed tolerating
4am	Prevent infection.	4am	Prevented infection.	well.
5am	maintain skin integrity	5am	maintained skin integrity.	
8am	Ensure safety	8am	Ensured safety.	

Re-Assessment: Done. No episodes of bradycardia

Special Notes: RBS - on 6hrs 1/w.

Nurse Signature: Nurse Name: Agnes Date & Time: 2/5/26 8a.m.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

NURSING CARE RECORD

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Shift: ☑ Morning ☑ Afternoon ☐ Night Date: .....

Assessment: ExPT/LBW/AOS/SEPSIS

.....

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
8AM	Assess the general condition of the Baby	8Am	Assessed the general condition of the Baby	Baby is on CPAP ON peep-7
10AM	Administer medication to the Baby	10Am	Administered medication to the Baby	
12pm	Give coffee for 2 doses	12pm	Given coffee for two doses	
2PM	Monitor vitals & observe the Baby	2pm	Monitor vitals & observe the Baby	
4Pm	To do oral care & suction	4Pm	Done oral care & suction	
6Am	Continue cycling	6Pm	Continue cycling	

Re-Assessment: .....

DOC

Special Notes: Baby have two time of Bradypnea in between 40 on Saturday Give stew IV. if feather episode of bradypnea seen keep up.

Nurse Signature: ..... Nurse Name: Vaishnavi Date & Time: 02/04/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s/B → RPR
20/4/26.		
		→ Change to Ramms
		PEEP → 6.5.
		→ Cardiac screening today
		→ TV - 150cc/kg/day
		Feeds +
		2gm/kg/day Amikacin.
		→ Rexned 0.2ml/kg.
		→ NPO T/m.
		→ PN + IMF from T/m.
		(Fluids)
		→ ↑ feed to 8 ml/kg 4 hrs on 2 hrs off
		Tomorrow morning
		Noted by SRS Pratyush 20/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 1pm	Afternoon Rounds	
	On CPAP 6 cm Rounds Intermittent Tachypnea (+) SVR (-)	Plan → ~~NCPAP 7~~ change to CPAP 6 with mask
	P/A → soft, tolerating feeds Stools → Passed	→ TV - LSDCef 15/ day Tml → 4ms on → 2ms off ↑ 2g/kg Amoxiven
	HR - 168/m RR - 63/m SpO_2 95%	Feeds → 8ml/kg → T/m
		→ NP_2 } T/m Cas }
		→ Positioning as advised
		→ Gastric washings GRBS 2D. → cardiac Echo today (-) (FAVS)
		Noted by Sis Pratyusha 20/4/26
		Cls/B → PCPR
		→ Lasix 0.5mg/kg
		Noted by Sis Pratyusha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 8:10pm	A → on CPAP B Breathing c mask on venti CPAP 21% fiO_2 - 6 PEEP Humidif - Temp: 36.8 NB interface injury - RR = 48/min, Mild SCR (+) C → HR = 160 BP = 76/33 (61) - · Sugar - Euglycaemic · Temp : - 36.4 P/A - Distended, Soft No vomiting, U/O ⇒ 3.1cc/kg/day 2D-echo - (N)	Adv - continue current ventilation - TV - 150cc/kg/day Feeds 7ml/hourly 4h on 2h off + 2g/kg/day aminovan - Inj Dexmed 0.2ml/h. - Labs - NP2 GAS RBS 6am - Positioning. - Gas twice weekly. - 4 RBS - OD Noted by Vishnupriya Proj M. 01901 20/4/26 @ 8:10pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26		
11:30 pm	on CPAP - PEEP - 6 No desats / distress Had 1 milky vomiting P/A - distended but soft	1/cm cont CPAP - PEEP - 6 cm GAS RBS 6th M NBS cyclical feeds 7ml/hr ↑ 1ml BD (4hrs if 2hrs if) IVF - 8ml/hr Noted by Dr Pratyush Vishnupriya 01901 20/4/26 @ 11:30 pm

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : (36) ≃ 5 weeks **PMA:** ~~36+6~~ 31 wks

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	RDS
2.	Evolving CLD	HS PDA – PCM + ~~Ibuprofen~~
3.	feed intolerance	Ibuprofen → ~~CSO~~ resolved
4.	grade 1 IVH	
5.		
6.		

Today's Weight : 888 (↑17 gms)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO_2..... Oxygen : ..... L/min

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

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

Change over the Last 24 Hours..... Baby on CPAP support 6 PEEP by Mask.

– No brady, desat,

– Tachypnea (+), minimal SCR (+) Tee (+)

- NO CPAP - injury)

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR = 162
- SpO_2 = 96%
- RR = 60/min
- BP = 80/50 (61)

- pre-cordium - (N)
- NO signs of CHF

CNS

Neurological Examination : moving all 4 limbs

Sedation NO

Last Neurosonogram : left side grade - 1 I.V.H. Any Seizures NO

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 3 ml/kg/hr Stools : Passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... Aspiration 1 ml - 2 such milky & clear

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

P/A - soft, no vomiting over the night

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

	Sl.No.	Drugs	Days
Antibiotic	1.	Inj Fluconazole	(D)
	2.	~~Inj Caffeine~~	
	3.		

Pice line - (D5)

- Inj Caffeine
- syp Domstal
- Glycerin Suppositary.

Plan of Treatment :

- Continue - CPAP @ 6 PEEP @ MASK (Target SPO2 90-95%) FiO2 21% D5
- IV - 150 cc/kg/day → 8 ml/hourly (4 hours on 2 hour off)
- NP2, GAS, GRBS — Now — Trace (R) before Rounds
- Positioning → Rt up, left up, supine
- GAS — 2 times a week
  GRBS — OD
  — N/F tachypnea, Retractions.

Doctor's Name (Handover given) : (R)

Signature : Rupanjali R

Date & Time: 21/4/26

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 21/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 @10:15		Seen by Dr. Prathyush 1) Cont CPAP PEEP-5. 2) Tv = 150cc/kg/hr 8ml/hr. Rest fluid. 1/4 Sachet each cycle 3) Nutrition Calculation after full b+HMF 4) R/v on Echo report 5) Alternate day Furosemide Oral drops 0.5mg/kg/dose - OD. 6) ⊙ ~~1.5~~ 2 g/kg - Aminoven ⊙ Dexmeditomidine cin Picc line. 7) Needed Blood Sugar ⊙ USG abdomen

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/2026 @ 1:20 PM	Afternoon Rounds	
	Baby on CPAP with mask PEEP-5, FiO2-21%. ↓ No desaturation. mild SCR. No Bradycardia Tachycardia - only on excessive movement	Plan. 1) Cont. CPAP with PEEP-5 Target SPO2 90-95% 2) TV = 150ml/kg/hr ↓ 8ml/hr 4hrly on, 2hr off 1/4 sachet each cycle (R/v on fluids) ↓ Rest 2g/kg Aminoven.
	Vitals HR = 169/min RR = 73/min SPO2 = 100%. BP = 85/50 (b2)	3) Nutritional Calculation aftr fully fortified
	P/A - Soft mild distension	4) Gras - twice wly GRBS - OD
	Epi of Bradycardia Immed self pick up.	5) positioning ↑ Rt up, Lt up, Supine } 4hrly Rtly.
		6) w/f - Brady, desaturation Apnea

Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 4PM	Seen by Dr Pratyush	Plan ① cont 1/4th HMF / cycle. ② (RW) 3% Nacl oral supp 4m.
	Night Rounds	
22/4/26 9:30pm	26+5 wks 30 DOL / 3 wks PMA Evolving CLD / Feed intolerance on CPAP 5/21% Tachycardia (+) on excessive movement Mild SCR (+) HR = 170/min RR = 57/min SpO_2 = 92% on CPAP. BP = 92/52 (67) mmHg.	Plan: • Continue CPAP 5/21%. • Continue TV 2 ml/kg/day • Gastrocare 1 wkly GROSS - OD • Positioning: R tilt, L tilt, Supine } 4 hrs each 1/4th HMF → 8 ml/hr gavaged feeds → 25 g/kg Aminoven Dr Ramya Noted Rpy 22/4/26 @ 5 PM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 30 days ..... **PMA:** 31+1 wks

Term ☐ **Preterm** ☐ Gestation : 26+5 ..... Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	RDS
2.	Evolving CRD.	HS PDA – PCM + Ibuprofen →
3.	Feed intolerance	Resolved.
4.	Grade 1 IVH	
5.	~~RDS~~.	
6.		

Today's Weight : 0.898 gm/kg (↑10 gm)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: On CPAP with PEEP 5 FiO2 21%.

Change over the Last 24 Hours .....

Intermittent tachypnea (+), minimal distress (+)

No brady, desat

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 157/min
RR = 70/min
SPO2 = 94% on CPAP.

U/O - 4.4 ml/kg/hr.
S/O - 6 times
OG aspirate - Nil

Neurological Examination : .....

Sedation NO

Last Neurosonogram : → Left sided Grade 1 IVH

Any Seizures NO -

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

DG - Aspirate - Nil, PA : Soft, distended.

No vomitings

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Flucon.	(P)
2.		
3.		

PICC line - D6.

Inj Caffeine

Syp. Domstal

Glycerine PICC D6

Plan of Treatment :

- Continue CPAP ē mask - 5/21%.
- Target 90-95% SpO2
- TV = 150 ml/kg/day ↔ 8ml/hr (4hr on, 2hr off) + ¼ IM/IV + 2gm/kg Amoxevin
- Gas twice weekly
- RBS - OD
- Positioning: Rt cup, Left cup, Supine } Each 4hrs.
- R/V 3% NaCl Obd. - Today
- W/F - tachy, distress, tachycardia

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

Signature : .....

Date & Time: 22/4/26 ; 8am.

Doctor's Name (Handover taken) : Dr Ashwini

Signature : .....

Date & Time: 22/4/26 9AM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/26 9AM	Seen by Dr. Pratyush	Plan ① cont CPAP 5cm. ② HMF ½ in each cycle ③ 4pm nutrition assessment after 2 HMF ④ Aminoven 1.5gm/kg. ⑤ Oral caffiene. ⑥ ROP 4/m. ⑦ (RV) add 3% NaCl oral supplementation from 4/m ⑧ (RV) Rice after 2 days (after full feed).
Dr Ashwaq	Afternoon Rounds c/s/b/ Dr Pratyush	Plan - continue same plan.

Nabeel Baig
Sanaullah (as 8pm)
22/Apr/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/3/2026 @ 10pm	Night Rounds	
	Resp:	Plan
	Baby on CPAP with mask.	1) Continue Current CPAP with PEEP - 5
	PEEP - 5	Target SPO2 90-95%
	FiO2 21-25%	
	Intermittent tachypnea (+)	
	mild SCR (+)	2) TV = 150 ml/kg/day
	Feed tolerating well	8 ml/hr 1.5 g/kg
	No vomitings	4 hr on Aminoven
	No aspirates	2 hr off
	Vitals HR = 156/min	½ + HMF each cycle.
	RR = 56/min	
	SPO2 - 92%	
	BP = 81/42 (57)	3) ROP Tomorrow
	P/D - Soft	4) Add 3% NaCl in feeds from T/m - after rounds
	mild distension on ongoing cyclical fluids	5) R/v to add full fortification T/m
	Stools - passed	6) Nutritional calculation T/m
	Noted by koushik 22/4/26 @ 10:10pm	7) Gras - twice wkly GRBS - OD
		8) Tocharting 6th hrly

Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 30 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 31 days **PMA:** 31+2wks

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme PT / ELBW	RDS.
2.	Evolving CLD	HS-PDA - PCM → Ibuprof-PCM
3.	Feed intolerance	
4.	Grade I IVH.	
5.		
6.		

Today's Weight : 890 g (↓ 8 g)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... Spo:.....

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

Change over the Last 24 Hours.....

Baby on CPAP PEEP-5
FiO₂-21%.
No Bradycardia
No desaturation

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 162/min
RR - 61/min
SPO₂ - 100%.
BP = 88/53 (64)

No vomitings
Intermittent Tachypnea (RR upto 80/min)
mild SCR (+)

CNS

Neurological Examination : .....

Sedation.....

Last Neurosonogram : Grade I IVH (1+) Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... U/O = 4.7 cc/kg/hr

+47.8 ml.

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

P/A - Soft, distended

No vomiting

ASP - Nil. Stool - passed

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

	Sl.No.	Drugs	Days
Antibiotic	1.	Inj-fluconazole (P)	
	2.		
	3.		

Piccline D7

Syp Caffeine. Furosemid

Syp. Domstal (alt-day)

Glycerine

Plan of Treatment :

1) Continue CPAP with mask PEEP-5
Target SpO2 90-95%

2) TV = 150 mL/kg/day { 8 mL/hr (4 hr on 2 hr off + ½ HMF each cycle
1.5 g/kg Aminoven

3) Gas - twice wkly

Review to add oral 3% Nacl today to

Review for full fortification feeds

ROP - Today.

Hochaltng 6th hrly

Nutritional assesment today

Review for Rams Cannula CPAP -

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

Signature : Sneha

Date & Time: 23/4/26 @ 7am

Doctor's Name (Handover taken) : Pooja

Signature :

Date & Time: 23/4/26 9am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by ~~Dr.~~ PR
	23/4/26	Plan:
	10:00am	- To start Dexmedetomidine SOS if baby is moving and having Desaturation baby.
		- To do Renal doppler & USG abdomen doppler if persistent Hypertension
		- ~~Add~~ 1 HMF in each cycle. [Total 4 HMF/day]
		- Nutrition calculation today.
		- Rop today.
		- NP2 on next monday
		Asif
		Noted by. Sravani M. 23/4/26 @ 10:10 am

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26	Afternoon rounds	
12.00 pm		
	-on CPAP, FiO2-21%, PEEP-5	Plan: - continue CPAP
	SpO2 - 95% PR-157/min RR-35/min	- TV - 150 ml/kg/day 8 ml/hr < 4 hrs on 2 hrs off [<1 HMF in each cycle] + Rest 1.5 g/kg Aminoven
	Issues: - persistent hypertension	- Blood gas twice weekly
	BP cuffly	- RBS QD
	5th 25th ≤ 50th 95th	- to start nexmed infusion SOS.
SBP	46 54 61 (78)	
DBP	22 29 36 53	-Rv
MBP	30 37 44 61	USG abdomen doppler & Renal Doppler.
	- ROP done.	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 27 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 11 am.	Nutritional Review	Max. wt 898 gm.
	TV - 134 ml. 128 ml/kg/d. Cyclic w feeds. (8 hrs on 2 hrs off)	1.5 g/kg Aminoven. HMF 1 sachet Each Cycle
	Cal Prot	Cal2 PO_4^- Iron Vit-D
NBM	-	
EBM. 67/1.1/35 15/0.2/-	85.7 1.4	44.8 19.2 0.25 -
HMF(4) 3.37/0.27/15.8 7.9/0.3/132	- 13.4 1.08	63.2 31.6. 1.2 528.
Aminoven. (1.5 g/kg) Protein => 1.34	- 8.36. 1.34	
Total	104.4 3.82	108 50.8 1.45 528.
Req/kg	116.2 4.25	120.2 56.5 1.61 587.9
		830 gm → 890 gm (-4.49 SD)
		26.5 → 31.2
		HC - 28 (-0.64 SD)
	Cal²⁺ : Pan ratio : 2.1 : 1	length - 38 (-1.33 SD)
	Ca+2 : 116, PO_4^- - 4.25	
	Iron - 1.61.	
	Vit-D - 587.9	

Medical Officer Signature
23/4/26. (M. Pratyush)
11:30 am.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

15H

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 3:00PM		Seen by Dr. Pratyush Plan: - Add ossopan-D from Tomorrow; Acef Nebulization @ 8pm.
23/4/26 10:45PM	Nidotrocendo	
	On CPAP, FiO2-21%, PEEP-5 SpO2-96% PR-161/min RR-40/min P/A-soft, Distended	Plan: - Continue CPAP, - TV-4.5ml/kg/day ↓ Sulbe + Tmf in 4hrs on 2hrs off - each cycle

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	28/4/26	- Blood gas twice weekly
	10:45pm	- RBS OD
		- USG abdomen Doppler, Renal Doppler } Tomorrow
		- Add Ossopan-D from Tomorrow [To optimise based on nutrition] Awaiting
		- Dexmedetomidine infusion SOS;
		Seen by Dr VJ
29/04/26		- Continue CPAP - 5cm
8:20am		- Blood gas - 2 weeks.
	Tubing - Hb	- USG abd doppler, Renal doppler today
	Pic line - D8	
	Pale (+)	
	Top tummy = soft	- NPO - Monday
		-

Dr. VIJAYANAND JAMALPURI
Reg. No: 40526
Rupayal

BAH-00651673 IP5-00171513
Baby of KATTA V SANGAMITRA
23-03-2023 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 32 days **PMA:** 31+3.

Term ☐ **Preterm** ☐ Gestation : 26+5. Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext. PT / ELBW.	RDS
2.	Evolving CLD	HS-PDA-PCM-Ibuprofen-PCM
3.	Feed Intolerance	
4.	Grade I IVH	
5.		
6.		

Today's Weight : 900gm (↑10gm)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2:.....

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

Change over the Last 24 Hours..... CPAP 5cm 21%.

No bradys / desat.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR-151/min
SpO2-100%.
RR-53/min
BP-86/60 (69)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : Grade I IVH. .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: 10gm. Head Circumference: .....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: ..... Frequency: .....

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

Abdominal Examination: Soft, non distended.

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen: .....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Piperacillin (P)	
2.		
3.		

Rx Syp caffeine
Syp Pronistal
Glycerine

PRECPS
Tubings D[illegible].

Plan of Treatment :

① cont CPAP mask 5cm
target SpO_2 90-95%.

② TV=4-5 ml/kg/day - 8ml/hr [4hrs on 2hrs off.
+1.5g/kg Aminoven

③ Glucose weekly

④ I/O Q6H

⑤ USG A+P & renal Doppler

Doctor's Name (Handover given) : Dr Aishwarya

Signature : .....

Date & Time: 24/4/26

Doctor's Name (Handover taken) : Dr. Sneha

Signature : Sneha

Date & Time: 24/4/26

BAH-00851873 IP5-00171513
Baby of KAVITA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @2:30pm	Afternoon Rounds	
	Baby on CPAP with mask.	Plan.
	PEEP-5, FiO_2-21%.	1) Cont CPAP PEEP -5
	⇓	Target SPO_2 90-95%.
	No desaturation	
	No Bradycardia.	
	No Resp. distress	2) TV = 150ml/kg/day
	No vomiting.	8ml/hr < 4hr on 2hr off
	Vitals HR = 161/min	Cyclical OG fed
	RR = 41/min	+1.5g/kg Aminoven
	SPO_2 - 100%.	3) Gas twice weekly
	BP = 85/35 (45)	GRBS alt day
	P/A - Soft	4) I/o charting 6th hr
	- mild distension	
	U/O = 3cc/kg/hr.	5) W/f - apnea, Bady desat
	+9.6ml	
	Renal doppler - N	Sneha
		Noted & Informed. Scanned @ 8pm. 24/04/26

BAH-00851673 IP5-00171513
Baby CHATTA V SANGAMITRA
23-03-2026 0Y 0M 27 D (M)
Dr. MVB Pradyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @ 8pm		Seen by Dr. VS Cont CPAP with mask Target SPO_2 90-95 % Sd/-
24/4/26	On CPAP @ 5cm – No bradycardia, desat – HR = 180 SPO_2 = 90 Feeds tolerated O/E Resp rate = 50/min. SCR = mild NO Precardium – (N) Abd – ~~dis~~ soft	Adv (*) IV Continue CPAP – @ 5cm (Y) TV – 150 ml/kg/day 8 ml/hourly / 4 hourly on 2 hourly (*) Aminovan ~~0.5 kg~~ 1.5 g/kg (*) GLAS – 2 ml ice cream – GRBS – OD NP2 MONDAY

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT ROUNDS	
24/4/26		c/s/B → Dr. Vinodh
8pm	On CPAP 5 no desat/brady	Plan
	tolerating feeds	→ Continue CPAP 5
	HR-164/m RR-53/m SpO2 98%	→ Continue 8ml/hr cyclical BF Khus on 2nd day
		→ NB2 Mandy
		→ CPAP 5
		Mother Dr. Sravani @ 8pm. 24/04/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~24/4/26~~	~~On CPAP @ 5cm~~	
	25/4/26	
	? one episode Brady @ Soft pick-up	
	No desat	
		Rujuta

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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BRIEF ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 33 day **PMA:** 31+4

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext. PT / ELBW	RDS -
2.	Evolving CLD	HSPDA - medically mx
3.	Feeding intolerence	PDA - Ibuprofen
4.	Grade - IVH	
5.		
6.		

Today's Weight : ~~900~~gm (~~+10 gm~~) 905 (↑5gms)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... SpO2 .....

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

Change over the Last 24 Hours On CPAP support → @ 5 cm PEEP

(X) Minimal RD, SCR

(?) One episode brady without desat with self pick up @ 9:45 pm

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 160
SpO_2 - 98%
RR - 60/min

BP = 32/47 (39)

CNS

Neurological Examination : .....

Last Neurosonogram : ~~Grade~~ Grade 1 IVH

Sedation .....

Any Seizures NO

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
.....
✓USG abd & Doppler - (N)
.....
.....

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Fluconazole	(P)
2.		
3.		

Syp Caffeine
Syp Domstal
Udguvir Pice - 30g
✓Tubing - D12

Plan of Treatment :

- To continue CPAP @ 5cm
- IV - 150cc/kg/day - 8ml/hour → 4hours ON / 2hours off
  + Aminovan 1.5g/kg - Infusion
- GIAs - twice weekly
- GRBs OD
- NP2 GIAs - MONDAY
- ROP - Next Thursday
- N/F apnea, bradycardia

Doctor's Name (Handover given) : Ruparjali
Signature : .....
Date & Time: 25/4/22

Doctor's Name (Handover taken) : Dr Aishwarya
Signature : .....
Date & Time: 25/4/22

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/04/26 8:30 am		Seen by Dr. Vijayanand
		- Cont CPAP
	Chest :	- BG — twice weekly
	Air entry good	- continue aminovan.
	Tummy - soft	- NP2 / CHAS | ~~Monday~~ R/V → tomorrow after discussion ē Dr. PR
		Supriyal
		Noted by Dr. VIJAYANAND JAMALPURI Reg. No: 40525
		vidya 02/143 25/4/26 @ 8:30pm
25/4/2026 @ 4:45PM	Afternoon Rounds	Plan
	① Baby on CPAP with mask PEEP - 5 FiO_2 - 21%. mild SCR(+) minimal ICR(+) pei-warm, Pink. No desaturation No Bradycardia	1) Continue CPAP Target SPO_2 90-95% 2) TV = 150ml/kg/day ↓ ↑TV = 180ml/kg/day 4ml/hr < 4hr on 2hr off continuous infusion feed

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals HR = 156/min RR = 58/min SpO_2 = 98% BP = 97/79(84)	Amikacin 15mg/kg Review on Piccline T/M Gas Twice weekly GRBS - OD.
	P/A - distended Soft	NPO on monday after discussion with Dr. Prathyush Sir.
	O/O = 4.8cc/kg/hr Balance +42.2ml.	ROP - Next thursday
		w/f - apnea, Brady, desat
		noted by vidya 02/1/43 25/4/26 @1:45pm Sneha
25/4/26 2:40pm.	on CPAP = mask. Baby - irritable making excessively	change to CPAP = Rams PEEP - 6cm.
	Hrly spo2 - 96% HR - 170/min RR - 36/min	noted by vidya 02/1/43 25/4/26 @2:40pm NPO

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26 @4:15pm	Seen by Dr. VS Stable on Prongs CPAP Tolerating full enteral feeds	Insta
25/4 @11:22pM	Night rounds D33 day | 26 wks → 31+4 wks | seen by Dr. SOWMYA V→ baby on CPAP-6 FiO_2 - 21% NO Brady | desats C→ HR-158 bpM BP - 75|35 (49) U/O - 3.8 ml/kg/hr P|A - soft tolerating feeds	Plan → continue CPAP-6 Target SpO_2 - 90-98% → TV - 160 ml/kg/day ↓ pacing 4 hrly - on + 1 hr off + → aminoven 1.5 gm/kg → NP_2 gm] monday after discussion with Dr. Pooja → monitor vitals

Noted by Bharathi 25/4/26

Dr. Madhu

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 34 **PMA:** 31+5

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Expt/ ELBW.	RDS
2.	Evolving CLD.	HsPDA - medically managed -
3.	feeding intolerance	Rx'm - Ibuprofen
4.	Grade I IVH.	
5.		
6.		

Today's Weight : 0.920 (↑ 15gm c/o gain)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2 21% Oxygen : 6 L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours.....

No Desat / No Brady

CARDIO VASCULAR SYSTEM

Plan of Care :

Spo2 - 96.1%
HR - 172/min
RR - 64/min.

Tachypnoea (A), mild SCR (A).

CNS

Neurological Examination : .....

Sedation No

Last Neurosonogram : ..... Any Seizures No

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :.....3.4..... ml/kg/hr Stools : .....(5)

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....No Distension.....

Aspirates - Nil.

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

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

Inj. fluconazole

Syp. caffeine

Syp. Domstal

Syp. Forteamide

Glycerine suppository.

Ossopan D

HMF sachet

Babings - 14 Days.

Plan of Treatment :

1. Continue CPAP PEEP-6, FiO_2 - 21%.
2. TV - 180 cc/kg/day 9 ml/hr - 4hrs on 2hrs off
   + Aminoven 1.5 gm/kg
   EBM/DBM + HMF
3. NP_2. Gas - on Monday (after discussion with Dr. Pratyusha sir)
4. Rop - next Thursday
5. Monitor vitals

Doctor's Name (Handover given) : N. Pratyusha

Signature : .....

Date & Time: 26/11/25.

Doctor's Name (Handover taken) : Y. Sneha

Signature : .....

Date & Time: 26/11/25

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 10:40 am		Seen by Dr. Prathyusha 1) Remove Picc line after vancomycin 2) NPz, Blood gas } tomorrow 3) ROP next thursday - Positioning Soothe Noted by vidya (021143) 26/4/26 10:40 Am
26/4/26 12:30pm	multiple episodes of bradycardia desaturation →	Discussed c Dr. Pratyusha Plan: → Change Rank → mask CPAP on CPAP
	↑ SCR (+) ↑ ICR (+)	→ Send Blood gas NPz, CRP. chest X-ray → w/f brady, desat ↑ RD. noted by vidya 021143 26/4/26 @ 12:30pm Prophylaxis

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @4:45pm	Evening Rounds	
	Resp:	Plan
	Baby on CPAP with mask PEEP - 6	1) Continue CPAP with PEEP - 6.
	FiO_2 - 23%. ↓	Target SPO_2 90-95%.
	mild SCR (+)	2) TV = 16 mb/kg/day ↓
	mild TCR (+)	9 mb/hr 4hr on 2hr off
	To deal oral Secretion	+ Fortification
	mild abd. distension Soft.	3) Blood gas twice weekly.
	Vitals :	
	HR = 153/min	4) ROP - Next Thursday
	RR = 30/min	5) Hocharting
	SPO_2 = 99%.	
	BP = 81/44 (57)	6) c/o - Resp. distress
	NO vomitings	
	NO aspirates	
	No further Brady, desat.	
	Nat = 128 →	3% Nacl Correction ↓ 7.1 meq/kg/day

Noted by Vidya 24443 26/4/26 @5pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @ 9pm	Night Rounds	
	Baby on CPAP with mask PEEP-6, FiO_2-23%. mild Subcostal retract (+) mild ICR (+). No tachypnea. No further Bradycardia (or) desaturations vitals HR = 156/min Intermittent tachycardia RR = 33/min. SpO_2 = 98%. BP = 96/57 (70) P/A = Soft. mild distension No aspirates Stool-passed. U/O = 4.1cc/kg/hr T 37.1°C ongoing 3% NaCl correction	Plan 1) Continue CPAP c mask Target SpO_2 90-95%. 2) TV = 100ml/kg/day. 9ml/hr ↑ 4hr on / 2hr off. Full OG - Continuous feeds + fortification 3) Tocharting 6th hrly 4) Blood gas - twice weekly 5) ROP - Next thursday 6) w/f - Respiratory dist, Brady, desat Sneha Advised Bharathi 26/4/26 9 PM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 35 **PMA:** 31+6

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ex IT / ELBW	
2.	RDS → Evolving CLD	HS PDA – medical mx – ceased
3.	feed intolerance	
4.	Grade – 1 I.V.H	
5.		
6.		

Today's Weight : 0.947 (↑ 27g) – Weekly Wt gain (59

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2:.....

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

Change over the Last 24 Hours..... on CPAP 6 ē mask

– NO Bradey, NO desat over night after changing to mask

– No Tachypnea

– minimal ~~to~~ to SOR

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 160
RR = 46 / min
SPO_2 = 92%

CNS

Neurological Examination : .....

.....Sedation..... NO

Last Neurosonogram : Grade 1 I.V.H Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input :..... / (+/-) .....Output : ..... ml/k/d Urine Output :3.4..... ml/kg/hr Stools : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr cc/kg/hour

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... Stool passed

..... feeds tolerated

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Fluconazole	(P)
2.		
3.		

on going Na+ correction (started 6pm 26/04/26)

Pic line - D11

Plan of Treatment :

- Cont CPAP @ 6cm ~~- R/o for RAM's~~
- TV - 160 cc/kg/day — 9ml/hourly — 1 hourly off or 2 hourly off
  - full OG continuous + fortification
- ROP - this thursday
- Blood gas - twice weekly
- ABGs - OD
- Monitor vitals →
- W/f apnea, bradycardia
- Weekly review

Doctor's Name (Handover given) : Sneha

Signature : .....

Date & Time: 27/04/26

Doctor's Name (Handover taken) : P

Signature : Ramjith

Date & Time: 27/04/2026

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 11AM	seen by Dr. Pratyush	Plan ① cont CPAP ē mask ② remove PICC line @6PM. secure peripheral IV line ③ send S/E in the evening. ④ Nutritional assessment ⑤ ROP on thursday Dr Aishwarya noted by vidya 021143 27/4/26 @ 11Am
27/4/26 2pm	Afternoon rounds Baby on CPAP ē mask. No Desat / No Bradycardia Spo2 - 96%. HR - 154 RR - 64/min Intermittent Tachypnoea P/A - soft, no distension. Chest clear, BAE passed. No crepts - NAD.	Plan. 1. Continue CPAP ē mask - PEEP-6 (FiO_2-21%) 2. TV-160 cc/kg/day → 9 ml/hour < 4 hours on. 2 hours off + fortification full on feeds 3. CBGs as planned 4. ROP on thursday. 5. Remove PICC line @ 6pm. secure peripheral line N. Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
	(Weekly review	
27/4/26		Maxwt. 0.947 kg
	N ~ 151 ml. (EBM/DBM)	
	HMF → 4	
	Ossopan-D → 3ml	
	Cal Prot Cat+2 Po4 Iron mg+2	
- DBM/EBM	- 101 1.6 59.8 22.6 0.3 -	
67/1.4/35		
5/0.2/-		
- HMF(4)	- 13.4 1.08 63.2 31.6 1.2 528	
3.37/0.24/15.8		
7.9/0.3/132		
- Ossopan-D	- 75 75 33 - 120	
125/55/200		
- Aminoven 1.5g/kg	5.6 1.4.	
↓ 1.42 gm		
Total →	120. 4.08 191 87.2 1.5 648	
Perky →	126.7 4.3 201.6 92 1.6 684.2	
	Cat+2 po4 ratio ⇒ 2.1 : 1.	
weekly ↑ 59 gm wtgain	.26 to 31 to.	
	Ht - 27 cm / length - 36 cm — Recheck Ht length	
26/4/26		
Hb - 9.3		
Nat - 128.		N. Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 4PM	seen by Dr Pratyush	Plan ① Add oropharyngeal airway ② 96-94% nasal suctioning ③ every - S/E c new trauma ④ If SCR persist even after suctioning, (RW) to give [illegible] after every S/E
	Dr Pratyush	Noted by vidya 0211143 27/4/26 @ 4pm
27/4/26 @ 8PM.	Night rounds 35 DOL / 2645 → 3176 on CPAP c mask, PEEP-7. No Desat / Bradys SCR+ve intermittent	Plan. 1. Continue CPAP c mask 7(PEEP) 2. Continue nasal suctioning @ 4-6 hourly 3. If SCR persists → [illegible] after suctioning to give
Vitals:-	SpO_2 95-1 HR - 154/min RR - 52/min BP - 85/53 (65) O/e - 3-5 cycles/day Stool - 3 times passed. PIA - No distension. Soft.	4. Continue cyclical feeds 160cc/kg/day → 9ml/hr → 4 hours on + Orogastric 2 hours off feeds. 5. ROP 30/4/26 6. W/F Diurnal rhythm. 7. PICC [illegible]

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23-03-2026 0 Y 1 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26		cl Dhw Dr. Nitish
		Plan:
	Sodium – 129	
		– To add
		~~crack~~ 3% Nacl
		~~crack~~ 1.5 ml.
		in Each cycle.
		– Pice line removal now.
		Consult Dr. Nilesh Sir
		Plz
28/4/26 12 am	On Nasal CPAP.	1) continue CPAP.
		Noted Dr. Shewale 28/4/26

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

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 36 **PMA:** 32

Term ☐ **Preterm** ☐ Gestation : 26 1/5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW	
2.	RDS → Evolving CLD	HSPDA - Medical mx given closed.
3.	feed intolerance	
4.	Grade - I IVH	
5.		
6.		

Today's Weight : 0.962 15 gm wt gain

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP 7 VG..... Rate..... FiO_2 21 Oxygen : ..... L/min

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

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

Change over the Last 24 Hours ~ 80% No. (1) Desaturation / Brady ..... set PIP/PEEP. ..... mild SOB, intermittent tachypnoea .....

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96.1,
HR - 142/min.
RR - 53/min
Bp - 91/42 (58).

CNS

Neurological Examination : .....

Sedation No

Last Neurosonogram : ..... Any Seizures No.

IAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/2026 @ 4:30PM		Seen by Dr. Prathyusha
		1) regular Nasal, oral Suction
		2) Keep CPAP PEEP-6
		3) W/F - Retractions RD
		Sneha
29/4/26 @ 12:10am	Night Rounds	Plan
	Baby on CPAP PEEP-6, FiO_2-22% mild SCR (+)	1) Cont. CPAP with mask
	Intermittent Tachypnea (+) No Bradycardia / desaturation	PEEP-7 Target SPO, 90-95%
	Tolerating feeds well (+) ongoing 3% Nacl correction	2) TV = 6cc/kg 6hrs 9ml/hr 4hr ON 2hr OFF + fortification + 3% Nacl 1.5ml each feed
	Vitals HR = 156/mt RR = 51/mt SPO_2 = 94%	

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Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP = 70/37 (44)	3) w/f RD, apnea Brady, desat
	P/A - soft mild distension off-cycle.	4) Gentle Nasal Suction 6th hrly
		5) ROP on 30/4/2026
		6) Alternate day Furosemide drops
		7) Flocksulting 6th hrly
		Noted By Bhavani @1:30pm. Sneha

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 37 PMA: 32+1

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ex PT | ELBW	
2.	RDS → Evolving CLD	HSPDA - Medime
3.	Feed intolerance	closed.
4.	Grade - I I.V.H	
5.		
6.		

Today's Weight : 0.966 (↑ 4 gm)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : ..... Spo2: .....

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

Change over the Last 24 Hours CPAP on Mask @ 6 PEEP

- NO levels, NO desat
- Intermittent tachypnea, SCR (+)

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 155/min
SPO_2 - 99%
BP = 74/45 (49)

CNS

Neurological Examination : (N)

Sedation.....

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

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr 3.2 cc / kg / day.

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... P/A - Soft ~~BS~~ ..... Stools - passed.

..... No aspirate GRBS - 88 mg/dl.

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

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

. 3% NaCl Syp Caffeine
Orofer XT
Glycerin Supp
Oseapan-D
MMF sachet

Plan of Treatment :

- Continue CPAP ē mask @ PEEP 7
  Target - SPO_2 - 90-95%
- TV - 160 cc/kg/day.
  9 ml/hour — 4 hrs on + fortification + 3% NaCl, 1.5 ml each feed
  2 hr off
- ROP - Tuesday.
- Alternate day furosemide drops.
- GRBS - OD
- W/F apnea, bradycardia, ↑ RD

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

Signature : .....

Date & Time: .....

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26 9:50 AM.		Seen by Dr Pratyush → Continue CPAP → 6. → Continue cyclical feeds → CRBS OD. → ROP - 1/m. dy (FA 12)
29/4/26 1PM	Afternoon Rounds on CPAP 6cm, FiO_2 - 21%. HR - 160/min SpO_2 - 92-1. RR - 46/min ats (E) ↓ brady episodes. eas. clical feeds tended.	Plan ① Cont CPAP 6cm change SpO_2 probe. titrate FiO_2 to target sats 90-95%. ② TV = 160 ml/kg/day 9 ml/kg - 4hr On 2hr off. + fortification + 1-2 ml 3% NaCl ③ ROP 4/m ④ CXRBS OD Gas twice weekly. ⑤ Alt day Carvix drops

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
24/4/26 4PM	~~Afternoon~~ Seen by Dr Pratyush	Plan ① CPAP 7cm mask. ② t/m Xray ③ cardiac assessment t/m ④ t/m- CBP S/E gas. c cannula. Noted by anesthy 24/4 @4pm
	Dr Aishwarya.	
24/4/26 8PM	night Round.	
	on CPAP 7cm 21·1.	Plan ① cont CPAP 7cm c mask
	No further brady/desat	② IV = 160ml/kg/day
	HR- 154/min	9ml/hr - 4hr on
	RR- ~~62~~ 58/min	(FF = 9·6ml) - 2hr off.
	SpO_2 - 93·1.	③ ~~Position change~~
	intermittent tachypnea ⊕	③ t/m - Xray
	SCR ⊕	- secure cannula
	tolerating cyclical feeds	& send CBP, S/E & ga
	PA - soft, non distended	④ t/m cardiac assessment
	Passed stools.	
		Dr Aishwarya

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 38 **PMA:** 32+3

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	HSPDA - PCM - Ibuprofen - PCM.
2.	RDS → evolving CLD	
3.	Feed intolerance	
4.	Grade I IVH.	
5.		
6.		

Today's Weight : 0.985 ↑ 19gm.

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... CPAP mask 7cm.

Issues of displacement of mask & inadequate delivery
↳ multiple desats which improve after proper positioning

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 150/min
SpO2 - 98%.
RR - 70/min

Xray - plethoric lung field.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : grade IIVH. Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output (2-9) ml/kg/hr Stools : +++

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... cyclical feeds. Frequency.....

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

Abdominal Examination:..... Soft, non distended.

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Oroper XT @ 3ml/kg/d.	
2.	3:1 - NaCl @ 3ml/kg.	
3.	Incubator Dr	

Domstal @ 0.2ml/dose.
Furesemide alt day.
Syp caffeine @ 5mg/day
~~MMF~~ MF 1 sachet / day
ossopan-D @ 80mg/kg/d.
Glycerin supp.

Plan of Treatment :

① cont CPAP c nasal PEEP 7.
(RW) rans today

② TV - 6ml/kg/day → 9ml/kg [4hr on + MMF. fortification 3:1 NaCl
2hr off

③ ROP today

④ change incubator

⑤ CRBS OD
Cras twice weekly.

⑥ Trace labs

Hb - 7.3
Na - 128.
(RW) if oral not on give IV correction
+ transfusion

Doctor's Name (Handover given) : Dr Ashwathy

Signature :

Date & Time: 20/4/21

Doctor's Name (Handover taken) : Sneha

Signature : Y. Sneha

Date & Time: 30/4/2021

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/2026 10:33 am		Seen by Dr PR
		– Inj Caffeine @ 10mg Stat
		– S/E – None
		– Trace Report 8 infam.
		Check Sugar in same prick, GAS
		– ↑ feeds as planned till Target feeds.
		– R/v 3% nacl
		– ↑ caffine maintainace to 8mg/kg.
		Right..

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(18d)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26		seen by Dr pratyush
4:00pm		Plan:-
		- Add oral 3% NaCl (3meq/kg) in feeds
		- To give 1 meq/kg rel correction over 12 hours
		Asf
7/5/26 8:00pm	Plan	
	- On CPAP @ Mask	- cont CPAP @ mand 7 cm.
	④ 7 PEEP	
	- No further Brady/desat	- TV - 170 cc/kg/day 9 ml/hourly - EBM
	- HR - 138	continuous feeds -
	SpO_2 - 98%	4 hours on
	RR - 58	2 hours off
	Minimal SCR (+)	
	P/A - Soft	
	Tolerating feeds	-
	- On going K+ correction	
		Noted by Dr Gopal Dr Gopal at 8pm

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23-03-2026 0 Y 1 M 7 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 40 **PMA:** 32+5

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT / ELBW	HSPDA (closed by medical management
2.	RDS → Evolving CLD	
3.	Apnea of prematurity	
4.	Feed intolerance	
5.	Grade I IVH	
6.		

Today's Weight : 1.015 (T209)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... SpO2 .....

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

Change over the Last 24 Hours..... On CPAP – @ 7cm E ventilator CPAP X 3 – Back to back Brady till 58 E desat, bradypnea → Bag needed stimulation → Improved after nasal-oral suction

CARDIO VASCULAR SYSTEM

Plan of Care : – INV/O – Inj caffeine half loading was done.

- HR = 153
- SPO_2 = 94
- RR = 38

BP = 86/50 (63)

CNS

Neurological Examination : .....

Last Neurosonogram : Grade II IVH

Sedation ..... NO

Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : ..... Calories:.....
Abdominal Examination:..... 118 mg/dl .....
.....

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

INFECTION

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

Antibiotic

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

. HMF sachet
. Ossopan - D
. Orlgemin
. Orafer - XT
. 3% NaCl @ 5mEq

Syr Caffeine @ 8 mg/kg/d
Neb Budecon

Plan of Treatment :

- Continue CPAP ~~c~~ Mask @ 7 LPM
- TV - 170 cc / kg / day. — 9 ml / Kg / 4h ON 2h OFF
- Cr Gas twice weekly.
- Cr RBS — OD
- Alternate day ~~Lasix~~ furosemide — (R/O)
- N/F apnea, brady, desat

Doctor's Name (Handover given) : .....
Signature : Rupinder
Date & Time: 2/5/26

Doctor's Name (Handover taken) : Sneha
Signature : Sneha
Date & Time: 2/5/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/2026 @10.30 PM		Seen by Dr. Pratyush.
		1) Cont CPAP with 7.
		2) Tomorrow - CBP
		3) every 6th hrly Naso-orab suction
		4) ↑feeds cycle. 10ml/hr 4hr on 2hr off.
		5) Continue - Furosemide.
		Nuted BD
2/5/26. 4PM	Afternoon Rounds	CS/B → Dr PR Plan
	On CPAP 7. Intermittent Apnea episodes (+) desat (+), bradypnea (+)	→ Continue CPAP 7
		→ To send CBP, LFT ~~Done~~ if further apnea, bradypnea (+)
	P/A soft, tolerating feeds HR-166/m RR-32/m SpO2-95%	→ Continue cycloral. feeds

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP – 72/42/54	→ naso-oral suction
		→ RBS 8D.
		→ to apply Ti Bact ointment
		→ If further Apnea, bradycardia spells change to NIV.
		→ Caffeine stat to 8mg/kg IV (Done)
		Noted By Hospitalist 8/5/26
3/5/26 12:30 AM	Night Rounds Seen by Dr. Pratyush Reddy	
	On CPAP = 27% FiO_2 PEEP = 7	Plans: • Send → CBP, CRP, Gas } T/M
	Brady, desat episodes (+) ↓ But self pick up (+).	• Caffeine to continue • FiO_2 – titrated to 27%. • Gas – twice weekly • CXR → If repeated brady/desat persist Dr Ramya
		Noted by Spvr 8:45 @ 1AM

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/1/26 Sat		seen by Dr. Pratyush sir Plan → oral caffeine change to IV. IV caffeine 10 mg/kg x 2 days. & inj. caffeine stat → nasal oral suction 6th hourly → inj. lasix stat dose today now. Natal hrly Saturation @ 1:30 after 3/5
31/1/26 Sat		seen by Dr. Pratyush sir → inj. Meropenem, colistin to start → change to NNP-PE. → Blood cx to send.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
19/4	8AM	Inj. Hep NS. 1.5mL + 49.5ml 5%.D	PICC				20/4		
20/4	8AM	TV = 150mL/kg/d 2g/kg Aminoven	PICC				21/4		
20/4	8AM	Inj. Dexmeditomid 0.5mL + 49.5ml 5%.D	PICC				21/4		
20/4	8AM	Inj. Hep NS 1.5mL + 49.5ml 5%.D	PICC				4/4		
21/4	8AM	Inj. Aminoven 2g/kg	PICC				22/4		
[redacted]	8AM	Inj. Hep NS 0.5mL + 49.5ml ½NS	PICC				22/4		
21/4	8AM	Inj. Dexmeditomid 0.5mL + 49.5ml 5%.D	PICC				22/4		
22/4	8pm	Inj Dexmedinid 0.5ml + 49.5ml 5%.D	PICC				23/4		
22/4	8pm	INJ AMINOMEN 1.5g/kg	PICC				23/4		
22/4	8pm	INJ HEP NS 1.5ml + 49.5ml 5%.D	PICC				23/4		

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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ACTIVITY RECORD FOR BILLING

Name :_____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/4/26	GRBS	26041640	
24/4/26	UBG	26041646	
25/4/26	RBS	26042012	
27/4/26	RBS	260 42248	
1/5	RBS	26044130	
1/5/26.	VBG	26044130	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/4/26	Inv. Monitor	23/3/26		9522343	
	Syringpump -(1)				
	Syring pump -(1)	24/3/26		9523695	
	Gi raffe incubator	25/3/26		9526336	
24/4/26	INV MONITOR	23/3/26		9522343	
	SYR PUMP -(2)			9522343	
	G. INCUBATOR	25/3/26		9526336	
	C-PAP	15/4/26		9560796	
	OXYGEN				
25/4/26	Inv Monitor	23/3/26		9522343	
	Syn pump → (2)			9522343	
	G. Incubator	25/3/26		9526336	
	CPAPP	15/4/26		9560796	
	Oxygen				
26/4/26	Inv. monitor	23/3/26		9522343	
	syr. Pump -(2)				
	G. Incubator	25/3/26		9526336	
	C-PAP	15/4/26		9526336	
	oxygen			9560796	
27/4/26	Inv. monitor	23/3/26		9522343	
	syr. Pump -(2)				
	G. Incubator	25/3/26		9526336	
	C-PAP	15/4/26		9560796	
	oxygen				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
23/3	8Am	101mg/dl	10% D	
23/3	4pm	182mg/dl	10% D	
24/3	2am	163 mg/dl	10% Dex	
24/3	1pm	166 mg/dl	10% Dex	
24/3	6pm	124 mg/dl	7.5% D+feed	
25/3	1Am	118 mg/dl	7.5% D	
25/3	7am	141mg/dl	7.5% D	
25/3	6pm	161 mg/dl	7.5% D+feed	
26/3	6am	108 mg/dl	7.5% Dex	
27/3	6am	103 mg/dl	7.5% TPN	
27/3	6pm	98mg/dl	7.5% TPN+feed	
28/3/26	6Am	105mg/dl	7.5% TPN+feed	
29/3/26	6Am	121mg/dl	7.5% TPN+feed	
29/3/26	6pm	106 mg/dl	7.5% TPN+feed	
30/3/26	6pm	93mg/dl	7.5% TPN+feed	
31/3/26	6Am	103mg/dl	7.5% TPN+feed	
31/3/26	6pm	132mg/dl	7.5% TPN+feed	
1/4	6am		7.5% PN	
1/4	6pm	101 mg/dl	7.5 TPN	
2/4/26	6 am	134mg/dl	7.5% TPN+ ISOP	
2/4/26	8:30 Am	227 mg/dl	7.5% TPN+ISOP	
2/4/26	1pm	74mg/dl	12.5% ISOP	
2/4/26	6pm	100mg/dl	12.5% ISOP	
3/4/26	6Am	86mg/dl	12.5% TPN	
3/4/26	6pm	111mg/dl	12.5% TPN	
4/4/26	6Am	101mg/dl	12.5% TPN	
5/4/26	12 Am	161mg/dl	12.5% TPN	
5/4/26	6 Am	241mg/dl	12.5% TPN	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
5/4/26	8Am	113mg/dl	Feed + 12.5% TPN	
5/4/26	4pm	120mg/dl	Feed + 12.5% TPN	
6/4/26	6 am	130 mg/dl	Afeed + 12.5% T	
6/4/26	6 pm	64 mg/dl	12.5% - TPN	
7/4/26	6 am	137 mg/dl	Feed + TPN	
7/4/26	10 pm	98 mg/dl	feed + TPN	
7/4/26	6 am	148 mg/dl	Feed + TPN	
9/4/26	6am.	112 mg/dl	feed + 12.5% TPN	
10/4/26	6 am	105 mg/dl	Feed + 12.5% TPN	
11/4/26	8am	110 mg/dl	feed + 12.5 TPN	
12/4/26	6am	84 mg/dl	Feed and TPN	
13/4/26	5AM	87 mg/dl	12.5% TPN	
14/4/26	7AM	78 mg/dl	11 + feed	
15/4/26	7AM	79 mg/dl	11	
15/4/26	2:30pm	183 mg/dl	12.5 + TPN	
16/4/26	7AM	100 mg/dl	11	
17/4/26	7AM	70 mg/dl	11 + feeds	
18/4/26	7AM	79 mg/dl	11	
19/4/26	6 AM	90 mg/dl	11	
20/4/26	6 AM	81 mg/dl	11	
21/4/26	6 AM	72 mg/dl	full feeds	
22/4/26	6 AM	97 mg/dl	Full	
23/4/26	6 AM	107 mg/dl	Full	
24/4/26	6 AM	134 mg/dl	Full	
25/4/26	6 am	127 mg/dl	Full feed	
26/4/26	1:30 pm	106 mg/dl	full feed	
27/4/26	6 Am	92 mg/dl	Full feed	
28/4/26	6 am	151 mg/dl	Full feed	

BAH-00654798 IP5-00173040
Baby Of KAUSER FATIMA KHATOON
26-04-2026 0Y0M0D1H (M)
Dr. NITASHA BAGGA

(1)

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
23/4	6pm	Inj. Hep NS 1.5ml + 48.5ml ½ NS	Picc	0.2ml	Sneh	Vidya / Abin	24/4		Vidya / Abin
23/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	24/4		Vidya / Abin
24/4	6pm	Inj. Hep NS 1.5ml + 48.5ml ½ NS	Picc	0.2ml	Sneh	Vidya / Abin	25/4		Vidya / Abin
24/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	25/4		Vidya / Abin
25/4	6pm	Inj. Hep NS 1.5ml + 48.5ml ½ NS	Picc	0.2ml	Sneh	Vidya / Abin	26/4		Vidya / Abin
25/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	26/4		Vidya / Abin
26/4	6pm	Inj. Hep NS. 1.5ml + 48.5ml ½ NS	Picc	0.2ml	Sneh	Vidya / Abin	27/4		Vidya / Abin
26/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	27/4		move
26/4	6pm	3% Nacl 1meq/kg over 24hrs	Picc	0.6ml	Sneh	Vidya / Abin	27/4		move
28/4	10pm	3% Nacl 5meq = 10ml Over 24hrs.	Iv line	0.4ml	Sneh	Anusha / Blessed			Blessed

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

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ACTIVITY RECORD FOR BILLING

Name : B/O sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr-PR Dept : NICU

Date of Admission: 23/3/26 Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/4/26	RBS		
22/4/26	RBS	26040748	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/4/26	Inv. monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	CPAP	15/4/26		9560796	
	Oxygen	15/4/26		"	Hemalatha
	syp. pump ①	23/3/26		9522343	
	syp. Pump ②	24/3/26		9523695	
18/4/26	Inv. monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	CPAP	15/4/26		9560796	Hemalatha
	Oxygen	15/4/26		"	
	syp. Pump ①	23/3/26		9522343	
	syr. Pump ②	24/3/26		9523695	
19/4	Inv. Monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	C-PAP	15/4/26		9560796	
	Oxygen				
	Syringe pump ①	23/3/26		9522343	
	Syringe Pump ②	24/3/26		9523695	
20/4	Inv. Monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	C-PAP	15/4/26		9560796	
	Oxygen				
	Syringe pump ①	23/3/26		9522343	
	Syringe pump ②	24/3/26		9523695	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/2/26	TPN	1	9566475	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 41 **PMA:** 32+6.

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT / ELBW	HSPDA / closed by medical management
2.	RDS → Extubated	
3.	Apnea of prematurity	
4.	feed intolerance	
5.	Grade I IVH	
6.		

Today's Weight : 1.011 kg (4gm with SS)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP 7 VG..... Rate..... Fio2 30% Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours.....

Bradycardia, Desaturation.

Bradypnea (+). > 4 Episodes.

requiring Stimulation.

CARDIO VASCULAR SYSTEM

Plan of Care :

CPAP → NIV-PS

SpO_2 - 83%.

HR - 151/min

RR - 51/min

BP - 86/38 (57).

CNS

Neurological Examination : .....

Sedation –

Last Neurosonogram : (N) Any Seizures –

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
.....

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

INFECTION

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

Antibiotic

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

Inj. Caffeine.

Plan of Treatment :

1. CPAP → NIV-PS | ~~16~~ | PEEP- 6 | Rate - 40.
2. Start Inj. Meropenem.
   Start Inj. Colistin
3. Send Bloodcls before starting antibiotic
4. TV - 170 cc/kg/day - ~~Restrict~~ 9 ml/hr (4 hrs on 2 hrs off
5. Gas - ~~Restrict~~ OD.
6. URBS - OD
7. Hb monitoring @ 6th hourly.
8. PICC line plan tomorrow.

Doctor's Name (Handover given) : N. Prathiksha
Signature : N. Pra
Date & Time: 03/5/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26. 7PM.	Evening Round.	
	On NIV - 16/6 Rate 40 ~~45~~ No brady / desat. 1 fever spike. 100.4°F.	Plan.
	Vitals. HR - 170/min. RR - 52/min. SpO2 - 96%. BP - 75/47 (53)	→ Continue NIV. → TV - 7ml/kg/day. 9ml/hr - 4h on. 2h off.
	P/A - Soft.	→ Continue Meds, Colistin → Plan PICC line T/m.
		Noted by Sam 3/5 @ 8PM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
Dr. MVB Pratyush

4/5/26.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 42 **PMA:** 33 wks

Term ☐ **Preterm** ☐ Gestation : 26+5 wks. Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ex PT/ELBW.	hsPDA closed by medical management.
2.	RDS → Evolving CLD.	
3.	Apnea of prematurity	
4.	Feed intolerance.	
5.	Grade I IVH.	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : .....Spo:.....

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

Change over the Last 24 Hours..... on NIV - PIP - 16, PEEP 16,
Rate - 40, FiO_2 - 23%.
No bradyl desat
1 fever spike - 100.4°F, Inj: PCM given.

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 156/min. U/O
RR - 42/min CRBS -
SpO_2 - 92%.
BP - 74/49 (61)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:..... TV - 170 cc/kg/day .....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
.....
P/A - Soft
.....

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj. Meropenam }	D2
2.	Inj. Colistin }	
3.		

HMF. Inj. Caffeine.
Asopan-D.
Glycerine
Duofer XT
3% NaCl 5 mEq

Plan of Treatment :

- Continue NIV, Target SpO_2 90-95%.
- TV - 170 cc/kg/day → 9 ml/hr < 4 hrs on 2 hrs off.
- Trace Blood culture report
- Plan PICC line today.
- Gas } OD
  GRBS }
- I/O charting 6th hrly.
- W/f Seady / desat.

Doctor's Name (Handover given) : Poojitha.....
Signature : .....
Date & Time: 4/11/26 7am

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/3/26 9:59 AM		~~D/W~~ Seen by Dr PR ✓ → D/W 16/b RR - 35/min ✓ → Cydival 9 mg/kg → ♂ culture Positive, Secure. Plan for PICC line → Trace blood c/s. → Cas alt/day / SOS. ✓ → CBP, CRP in evening ~~D~~ (Fri)

Noted by
Pg I Mg
606562
4/5/26 @ 10 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @1:35PM	Afternoon Rounds	
	Resp:	Plan
	Baby on NIV.	
	PIP = 16, PEEP - 6	1) Continue NIV
	Rate - 35/min	16/6, Rate - 35, FiO2 26-28
	FiO2 - 26-28%.	
		2) TV = ~~180~~ 170 ml/kg/day
	Bradypnea - Intermittent (+)	9ml/hr for 4hr on 2hr off
	No Distress	+1/4MF + 5% Nacl
	Vitals	with medications
	HR = 129/min	
	RR = 36/min	3) Evening CBP, CRP at 4pm
	SpO2 - 94%	4) Trace final B/C/S
	BP = 83/49(61)	
	P/A - Soft	5) Gas - alt day/SOS
	No aspirates	
		6) Suctioning
	B/C/S - 24hrs No growth	7) W/F - Brady, desat apnea
		Sneha

noted by
Pavitha
606562
4/5/26@1:35PM

BAH-00651873
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush
IP5-00171513

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @ 2.40pm		Seen by Dr. Prathyush 1) If No Growth in Blood ↓ T/m - U/C/S. 2) Sucl noted by Prathyusha 606582 4/5/26 @ 2:40PM
4/5/26 @ 9pm.	Night Rounds on NN - 16/6 rate 35/min SpO_2 - 26%. HR - 143/min SpO_2 - 96%. RR - 45/min supine NVS SLK (+) ICR (+) CRP - 226 Hb - 10.1 Plt - 55,000 WBC - 12,210. tolerating feeds.	Seen by Dr. Nitasha. 1) Send CBP T/m. 2) Continue feeds 3) Watch closely. 4) GRBS - BD 5) Gas - OD. 6) Send U/C/S. noted by chandana 020748 4/5/26 @ 9:30pm

BAH-00651573 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4)		1) Send IL-6 (Interleukin-6) CBP } T/m+
		2) Give ~~Give~~ IVIG 1g/kg
		3) Send u/c/s.
		Sn
		Noted by Chandana 020708 415126 @9:32pm

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 43 **PMA:** 33+1

Term ☐ **Preterm** ☐ Gestation : 28+5 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW.	HSPDA closed by medical management
2.	RDS → Evolving CLD	
3.	Apnea of prematurity	
4.	Feed intolerance.	
5.	Grade I IVH	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : .....Spo.....

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

Change over the Last 24 Hours.....

.....

Fever

.....

.....

CARDIO VASCULAR SYSTEM

Plan of Care :

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☑ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : +/+
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: 9 ml/Hr Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : 110 ml/kg/day Calories:.....
Abdominal Examination:.....
.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
CRP - 123 → 226
Hb - 11.6 → 10.1
WBC - 11,450 → 12,410
PC - 98 → 55 no bleeding manifestations
} DIC 1 dose given

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Meropenem	D3
2.	Inj colistin	
3.		

HMF
Ossopan-D
Cultycine
Orofer XT.
3% NaCl
Inj caffeine

Plan of Treatment :

1. cont NIV
2. TV = 170ml/kg/day → 8ml < 4m Q3 / 2m Q3.
3. Trace blood c/s
   urine c/s.
4. Cras ~~all days~~ OD.
   cRBS BD.
5. Trace CBP
6. Trace - IL-6 report.
7. Review on antibiotics

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

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		Seen by Dr. Pratyush
		Start hay feed ↓ 4ml/hr — 4hrs on ← 2hrs off.
		PICC line today.
		Trace CBP, IL-6
		Send S. Ferritin along c PICC line
		Trace final culture reports
		↓ TV — 150cc/kg/day 8ml/hr — 4hr on (120cc/kg) ← 2hrs off Rest 30cc/kg/day
		LRBC/ Platelet + Medication
		Calculate medication volume
		Check manual temperature now
		PCM (SOS)

Noted by Nurse

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
25-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Change to warmer if persistent fever spikes.
		Start therapeutic fluconazole after PICC line.
		Noted by Neonatology 5/5/26 @ 11AM
		Pooja line
	dc Dmy	
	Echo: LA/LV dilated Tri PDA (+) LA:Ao 1.6:1 Contrast (-) mild LV dysfunction	(plan) To do abdl USG → PRBC transfusion → PICC line → To order Ferritin and Procalcitonin with PICC line sample
	(NICU) (+) PVL? Hyperechogenicity Parietal area	f/u Gpbs Q8h f/u D/c tomorrow
		Noted by Neonatology 7/5/26 @ 4PM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Seen by Dr. Rupanjali (Resident)	
5/5/26 10:43am	Case discussed c Dr. PRATYUSH	
P.T/APTT c INR	• To send c BP, FERRITIN, PRO-CALCITONIN,	
	Picc line	
—	• R/V LRBC	after CBP Report.
		Rupanjali
5/5/26 3:40pm	Seen by Dr. PRATYUSH	
		To send ~~CBP~~ HB, ~~ferritin~~ PT/APTT/INR procal. along c picc line.
		Septic panel PCR of blood
		Neuro opinion — F/u. today.
		HB PT/INR PRO-CAL. BLOOD PCR for SEPTIC PANEL Noted by Nancy 5/5/26 @ 4AM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 4:pm	PICC line Insertion Notes	
	Under strict aseptic precautions, PICC line (1Fr) is inserted & fixed @ 10 ~~cm~~ Cm. Procedure is uneventful.	
	Premicath 28G (1Fr) used	
	Procedure done by Dr. Saneth	
		Dr. Ramya
	Seen by Dr Nilesh	
5/5/26 12:25 pm	on NIV - FiO2 25%	/ LRBC transfusion
	16/6 - rate 35	- NPO - 4hours before, ~~during~~ during, after LRBC.
	Hb = 8.1	/ TU - 150cc/kg/dose
	Procal - 34.4	5% DSO-P
		/ Blood gas / 2hours after transfusion
		/ if (N) usual feeds as LRBC protocol.
		/ Inj' Lasix @ 1mg/kg Post ~~mid~~ post transfusion

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

(P.T.O)

Closed by hafeeza
5/5/26 @ 12:25 pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		✓ Trace Septic panel.
		✓ Send PT/INR/APTT NOW
		✓ Neuro review - T/M.
		Noted by bajeza 6/5/26 @12:30Am Ranjeeta N.

AH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 44 **PMA:** 33+2

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext PT/ELBW	Hs PDA - closed
2.	RDS → Evolving CLD	
3.	Apnea of prematurity	
4.	Sepsis	
5.	Left sided ? PVL changes	
6.		

Today's Weight : 1.050 (+11g).

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... Spo: .....

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

Change over the Last 24 Hours..... on NIV

PIP-16 PEEP - 6, Rate 35, Fi_{O_2} - 30%

multiple episodes of desat requiring

Fi_{O_2} upto 30%.

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR - 160
- SPO_2 - 96%
- RR - 40/min.

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : ..... Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....

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

.....

Abd - soft 10 LRBE

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Temp = 99.1

Sepsis screen: • Pro-cal

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF : 84.

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Mero penem	3
2.	Inj Colistin	3
3.		

Inj Caffein

Supplements - Hold

Plan of Treatment :

- Continue current ventilation
- TV - 150 cc/kg/day
- DO gas → 8am → ~~Decision~~ R/U on feeds
- Neuro review - today
- Trace Sepsis PCR panel
- R/U on PT/INR & APTT

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

Signature : .....

Date & Time: .....

Doctor's Name (Handover taken) : Poorthe

Signature : .....

Date & Time: 6/5/26 9am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 1 M 12 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 9:30am		Seen by Dr. Pratyush
		→ On NIV.
	desaturation – 85%.	FiO_2 – 35%.
	Poor chest rise	PIP – 14, PEEP – 6
	dullness (+)	Rate 45.
	CRBS – 160.	→ Nasal & oral suction now.
		→ Give Inj – Caffeine half loading now
		→ FFP transfusion now
		→ Trace all reports
		→ Neuro opinion today.
		→ TV – 150cc/kg/day 8ml/hr – 4hr on 2hr off. (120cc/kg) +30cc/kg – bloods + med.
		→ Blood gas @ 8PM.
		→ Trace Septic PCR.
		→ Positioning – Rt up – 4h Supine – 4h.
		Noted by Neo 6/5/26 @ 10AM

IAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ ~~Send CBP at 4pm~~ 8pm today.
		→ Send S/E at 8PM CBP Sep BISPER
		→ Trace urine & blood culture final reports
		Noted by Nurses 6/5/26 @10Am
		Pooja

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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BRADEN 'Q' SCALE

					Date : 23/3	24/3	25/3	25/3
					Time : 2pm	4pm	6pm	2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** 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.	**2. Very limited:** 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.	**3. Slightly limited:** 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.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** 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.	**3. Potential problem:** 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.	**4. No apparent problem:** 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."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** 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.	**2. Inadequate:** 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.	**3. Adequate:** 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.	**4. Excellent:** 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	17	17	17	19
				Evaluator's Name				

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

Patient ID

				Date :	5/5	6/5	7/5	7/5
				Time :	6am	2am	6am	12pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** 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.	**2. Very limited:** 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.	**3. Slightly limited:** 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.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** 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.	**3. Potential problem:** 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.	**4. No apparent problem:** 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."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** 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.	**2. Inadequate:** 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.	**3. Adequate:** 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.	**4. Excellent:** 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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	17	18	17	17
				Evaluator's Name	Haf		Haf	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

Docu. No. : RCHBH /FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

IAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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CHECKLIST FOR THROMBOPHLEBITIS

6/5/26 7/5/26 8/5

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	1	NA	NA	NA	NA	NA	—	—	NA	Cannula was leaking. Placed New cannula 6/5 @ 10am
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	—	—	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	—	—	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	—	—	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	—	—	NA	
		Signature of the Nurse		Navy	Navy	Hafer						Haf	

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : Sis. Silpa

Signature of Ward In Charge :

Signature : ..... Name : .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/O :- 2-8cc/kg/hr No aspirates Stool passed twice.	6) Keep in ETT intracheal 7) Positioning Rt up - 2hrs Supine - 2hrs Lt up - 2hrs Sneha
4/4/26 @12:40 am.	Noted by Dr. Prathyusha 4/4/26 GRBS - 69mg/dl Positive Balance	Seen by Dr. Prathyusha 1) Gas - T/m @ 8am. plan to change to SIMV. 2) Send labs as planned 3) Feeds 3.5mls 2nd hrly ↓ T/m 6am - 4mls 2nd hrly Sneha

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23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 16 days **PMA:** 29 wks.

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW.	hs PDA → PCM.
2.	Pulm-Hemorrhage → MV.	RDS - 2 dose Surfactant
3.	Suspec- Sepsis	(Lt) Side Gr-II IVH
4.	Leucocytosis	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

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

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

Change over the Last 24 Hours..... Baby on SIPPV mode.

PIP - 16

PEEP - 5

Ti = 0.30, Rate - 40/min

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 158/min

RR = 62/min

SpO_2 - 97%

BP = 54/36 (41)

FiO_2 - 21%

1 URBC transfusion

Intermittent tachycardia

CNS

Neurological Examination : .....

Sedation..... Fentanyl cycling

Last Neurosonogram : (Lt) Grade II IVH..... Any Seizures..... Dexmedetomidine

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... U/O 3cc/kg/hr

..... GRBS - 137mg/dl

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

..... P/A - soft non distended

..... ASP - ~~NEG~~ 1mL (milk) tolerating feeds well

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem.	D9/D10
2.	Colistin	D6/D7.
3.		

Caffeine

Glycerine.

Plan of Treatment :

1) Cont. Current Ventilation → change to SIMV after Target SPO_2 90-95%. Blood gas
2) TV = 4mL/kg/day
   4mL 2nd hrly ↑ 0.5mL TID
   Rest - 12.5% TPN
3) Gas - BD, GRBS - BD
4) Trace - Ca^{+2}, PO_4^{-2}, ALP.
5) 2D echo - Today to review PDA.
6) Keep ET in traction
7) positioning Rt up - 2hrs
   Supine - 2hrs
   Lt up - 2hrs
8) Head elevation 6th hrly
9) W/f - apnea, Bradycardia, desat.

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

Signature : Sneha

Date & Time: 7/4/20

Doctor's Name (Handover taken) : Dr. Aiswarya

Signature :

Date & Time: 8/4/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/4/26.		Seen by Dr. PA
	7.26 | 45.5 | 38.7 | 18.7	
	-6.0	
	Lac - 1.2	1) changing SIPPV to SIMV mode. PIP - 17, PEEP - 5 Rate - 40.
		⇓
		2) Taper PIP as tolerated after evng gas
		3) Feed 4ml 2nd hrly ↑ 0.5ml TID
		4) Grbs / GRBS } BD (TF=10ml)
		5) T/m chest x-ray
		6) 2 Echo. Today
		7) Trace reports.
		8) Continue Antibiotics
		9) T/m - CBP, CRP
		10) Aim for extubation T/m (or) day after

Noted by Neonatologist 7/4/26

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

(P.T.O)

BAH-00851673
Baby Of KATTA V SANGA...
23-03-2026
0 Y 0 M 11 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		q DLW DIPR
11AM		
	Brown Aspirate (+)	
	Abdomen → soft	→ withhold next feed
		→ Resume next feed if tolerated Continue
		→ Wt/ IC. Stat
		#
11/5/26	Afternoon Rounds	
		Plan
	On SIMV 17/5	
	PR - 40.	→ Continue Simv mode
	Ti - 0.3 sec.	
		→ target SpO2 90-95%
	PA → soft; 2ml Aspirates	
	brown in morning	→ IV - Increased to 4 ml/kg/hr Continue
	Stools → Passed	
		Repeat 12.5% TPN
	HR - 148/min	
	RR - 42/min	→ Cbg, GRBS BD
	SpO2 - 93%	
	BP - 57/42 (49)	
	U.O - 3 ml/kg/hr	→ 2D Echo today

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ CBP ~~CBC~~ T/m
		→ Chest xRay T/m
		→ Position as Planned.
		→ Do chest Obsvs
		→ Cyclical Pantary/ → 4hrly → 2hrly
		→ Monitor 4hrly
		℞ (Rx)
4/7hrs		Seen by DRO
4PM		→ Contine SIMV mode
		→ Cxs / GPBCs } BD
		→ Urea, creatine Same sample
		→ Consider with Ibuprofen

Noted by Bharathi 7/3/26

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

(P.T.O)

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/4/26 9:00pm	Night rounds	
	- 4 episodes of Bradycardia and desaturation with mercury distress, followed by cyanosis.	- d/d/w Dr Vineeta Plan: - Changed to SIPPV + VG (5 mulls). - Check for VT generated. - Pmax - 20, - DO gas after 2 hours. - CXR SOS.
7/4/26 12:45AM	Night rounds	- d/d/w Dr. NK Plan:
	- on SIPPV + VG (5 mulls) FiO_2 - 25% 20/16, PEEP - 6, Ti - 0.30 RR - 40/min	- continue current ventilation. - Target SpO_2 90 to 95%. - To do CXR now

Noted By
Nitrupma
01226

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Issues: - Increased work of breathing - SCR (+)	- TV - 140 ml/kg/day ↓ 4 ml 2nd hrly Constant feeds + Rest 12.5% TPN
	SpO_2 - 96%. PR - 165/min Bp - 72/40 (47)	
		- cyclical sedation
	P/A - soft,	
		- I/o. charting 6th hourly.
	- Stools - passed - Urine - 2.4 ml/kg/hr.	- CBP CRP } T/M. MNG.
		- Keep ET in traction.
8/4/26 1:30 AM		Plan:
	CXR - Rt. Upper lobe collapse.	- Right UP positioning.
		Noted By Nirupama 01/2767

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23-03-2026 0 Y 0 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

8/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 17 **PMA:** 29+1

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ ELBW	RDS – 2 doses of surfactant
2.	Pulmonary Hemorrhage → MV	Left sided Grade II IVH
3.	Right upper lobe collapse	
4.	Suspected Sepsis	
5.	Leucocytosis	
6.	HS PDA → PCM → Ibuprofen	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... Spo; .....

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

Change over the Last 24 Hours..... – Baby on SIMV → SIPPV + VG (5ml/kg)

fiO_2 25%, PEEP – 5 to 6; – 4 episodes of

Ti – 0.30

RR – 40/min, Bradycardia, Removed VG;

CARDIO VASCULAR SYSTEM

Plan of Care :

ET suction

↓

old ~~GET~~ bleed (+)

PIP – 20 → 18,

SpO_2 – 94%

PR – 169/min

RR – 43/min

Bp – 68/45 (52)

Desaturation with SCR (+)

Issues: Intermittent Hypertension

CNS

Neurological Examination : ..... HSPDA → moderate PDA → started on Ibuprofen

Sedation.....

Last Neurosonogram : ..... Grade II IVH Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 3.1 ml/kg/hr Stools : passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....

NG aspirate - 2ml

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

.....

P/A - Soft/

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem	D10/D10
2.	Colistin	D7/7
3.		

Caffeine
glycerine
Ibuprofen (Day 2)

Plan of Treatment :

- Continue current ventilation (SIPPV)
- Target SpO_2 90 to 95%.
- TV - 140 ml/kg/day → 4ml 2nd hrly continue feeds + Rest 12.5% TPN
- 6 Blood gas / RBS } BD
- I/O charting 6th hourly
- Keep ET in traction.
- positioning - Right UP
- Trace CBP, CRP
- Target MBP - 33 ± 2 mm Hg.
- Target RBS - 60 to 160 mg/dl.

Doctor's Name (Handover given) : dr

Signature : dr

Date & Time: 8/4/26

Doctor's Name (Handover taken) : Dr Ashwini

Signature : .....

Date & Time: 8/4/26

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/4/26 9AM	seen by Dr. Pratyush	Plan ① PULET out by 1pm at 7am. ② Chest PT Position [4hrs (R) up [2hrs supine ③ weight check alt day. ④ ~~TV~~ TV = 140ml/kg 4ml Q2H (TV = 10ml) ↑ 0.5ml Q8H Rest 12.5%. TPN ⑤ t/m Xray. ⑥ Gas OD GRBS ⑦ TPN 12-5%. $A_{3.5}$ L_{2} Na ~~does~~ 2 K_1 Ca, MVI + CELECEL. ~~⑧~~ Trace PBS ~~for~~ for toxic granules. ~~⑨~~ ~~NSG today~~ if ~~not done~~ ⑩ cont Ibuprofen - D_2 ⑪ Strict I/O monitoring. ⑫ NSG on D_{21}. ⑬ Monitor tidal volume, ensure not < 3ml.

Noted by Pratyush 8/4/26

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/4/2026 @ 9.30pm	Afternoon Rounds Resp: Baby	
8/4/2026 @ 1pm	Procedure Notes Under aseptic precautions Suction done. Old Blood Noted. ET tube pulled out by 1cm. fixed at 7cm. Sneha	
8/4/26 @ 2pm	Afternoon Rounds	
	Resp: Baby on Ventilator - SIPPV mode. PIP-18, PEEP-6, Ti=0.3, FiO2-25%. MAP = 8.3 VT = 5.2ml, Leak - 0%.	Plan 1) Cont on Ventilator with Current Settings Target SpO2 90-95%. maintain TV ≥3ml
	Baby in Rt up position	2) TV = 140ml/kg/day Feeds: 4.5ml 2nd hrly 10.5ml TID Fluid: 12.5% TPN
	Last gas: 7.35/47.4/56.6/24.9/1.2 lac 0.8.	3) F/u on chest x-ray
		4) R/v on Procalcitonin T/m

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cardiac: mod - severe PDA. Today 2nd dose Ibuprofen @ 10:30pm. No Bradycardia. HR = 162/min RR = 40/min SpO2 = 100%. BP = 46/24(33) Peri - pink Baby - active	5) NSG on D21 (12/4/2026) 6) Gras - OD GRBS - BD. 7) chest physiotherapy position { 4hrs - Rt up 2hrs - Supine 8) weight check alt. day 9) Ibuprofen today at 10:30pm
	⊙ Neuro ↓ Grade I-II IVH.	
	P/A - Soft, Non distend feeds - tolerated No aspirates. Stool - passed	10) NPO chatting 6th hrly 11) w/f - apnea, Brady, desat Abd. distension
		12) R/v on antibiotics T/m Sneha
8/4/26 @ 8:50pm	PS = Normal No toxic granules (N) I/T No shift.	Seen by Dr. Prathyusha 1) ASK for Procalcitonin in same Sample -

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Chest x-ray T/m
		Maintain VT ≥ 3 ml
		Gas - 1 l/m.
		GRBS in evening
	noted by Bhavathi SI/NS	✗.
		Sneha
	8/4/26	
	5:40 pm	
	- ↓ aseptic precaution Gentle ET suction done ē help of neo pip	
	≈ OID clotted blood mixed ē tracheal	
	secretion came out	
	- All secretions are cleared	
		Rupanjale
	F/U - Suction	
	• HR = 160	
	• SPO_2 = 100	
	VT = 4.5 ml	
	PIP = 18	
	PEEP = 6	
	Pmean = 8.3	

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT ROUNDS	
8/4/26		Seen by Dr. LL
11:30pm	On SIPPV 18/6 RR: 40/min	→ Continue SIPPV
	P/A soft Bowel sounds HR - 154/min RR - 40/min SpO2 - 98% U.O - 3.4 cc/kg/hr GRBS = 91 mg/dL	→ IV - 140 ml/kg/day Feed 5ml, Rest IV 50% fluids 10.5ml TID → Cas GRBS BD → Cyclical Pentagyl → Chest X-Ray PA view → Pre Calcitonin with next Pneu → Monitor vitals → Focus

Noted by
M. Pooja
8/4/26
@11:30pm

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

9/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 18 **PMA:** 29+2

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW/RDS-2°s	Grade - 2 IVH
2.	Pul. haemorrage - MV	
3.	Rt upper labial palsy	
4.	MS PDA	
5.	Sus. Sepsis	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... SpO₂ .....

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

Change over the Last 24 Hours baby is SIPPV mode

PIP/PEEP 18/6 - FiO₂ to target SpO₂ 90-95%

Rate - 40

Ti - 0.36 - No bradycardia, desat episodes

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR - 154
- SpO_2 - 95%
- RR - 40/min
- BP = 65/35 mm Hg

- No asynchronisation
- On cyclinical (fentanyl).

CNS

Neurological Examination : .....

Sedation Yes

Last Neurosonogram : Grade II IVH Any Seizures NO

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 4.2 cc/kg/hr ml/kg/hr Stools : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

P/A → Soft, Distended.

Stools passed

.....

INFECTION

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

.....

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.		
2.	Meropenem	D12
3.	Colistin	D8

Caffeine
Glycerin
Ibuprofen D3

Plan of Treatment :

Plan

→ Continue current ventilation
→ target SpO2 90-95%
→ TF-140 ml/k/day 5:5 NL Q2hrly, Rest 12hrly
40 ml/hr TPN
→ CBG, CRP, BS } BD
→ Chest X-ray AP view
→ Ca Calcium with next feed
→ USG on D21
→ Monitor vitals
→ Chest Physiotherapy
→ Positioning as per RBSP & RDS guidelines

Doctor's Name (Handover given) : Ram

Signature : .....

Date & Time: 9/4/26

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : .....

Date & Time: 9/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
?-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4/26 10AM	seen by Dr Prathyush	Plan
		① Last dose Ibuprofen today
		② Pull ET by 2 & Fix @ 7.5cm. or 7cm.
	PICC D8	③ TV = 150 ml/kg/day 5.5 ml @2H ↑ 0.5ml @8H FF = 10ml
		④ clear lipid in PICC
		⑤ (RW) Echo 7/m after Ibuprofen
		⑥ cap OD CURBS OD
		⑦ 7/m SIMV after gas
		⑧ 7/m procal i gas
		⑨ Position change — 4hrs (R) up
		⑩ Chest PT. L 2hrs supine.
		Noted by Deeraj 01/04/26 @ 10:00AM

J0651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4/26 3.40PM	Seen by Dr Pratyush	Plan ① Target TV 73.5ml/kg ② cont positioning. Rt up 4hrs supine 2hrs ③ NCA app only if abdo is distended ④ T/m SIMV after gas if ⓝ ⑤ T/m procal i gas ⑥ T/m 2DEcho after 3rd dose Ibuprofen Likely Delivery 10/6/26

BAH-00651673 IP5-0017151
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4 6:30pm	evening rounds	
	D/8/ 26 hrs → Pulmonary bleed	2g+2wbc/ 830gm HDPDAF
	V→ baby on SIPPV mode 17/5 rate-35 fio2-21% UTE-4.2ml	→ play → continue SIPPV mode 17/5 change to SIMV after gas- then if gas N
	gas-7.35/44.3/0.4/ 23.5	→ procalcitonin & gas then
	CS HR-139bpm BP-41/35(37)	→ Echo-then
	U/O-3.6ml/kg/hr	→ TV-15ml/kg/day feed- 6ml/2hourly To.5ml TID
	P/A- mild distension soft	→ gas-OD GRBS
		→ positioning [RT UP-4hr supine-2hr
		→ monitor vitals
		→ if baby passes stool / passes urine / vomiting / abdominal distension / bilious vomiting / apnea / desaturation / bradycardia / temperature instability / feed intolerance

BA/ J0651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4	Night rounds	
	D/8 | 26+5 → 29+2wks (830gm)	
	V → baby on SIPPV mode	Plan
	17/5	
	RR-35	→ Continue SIPPV mode
	FiO2-21%	Target SpO2 90-95%
	UTE	↓
		→ If gas- normal Thu
		↓
	C → HR-141 bpm	change to SIMV mode
	BP- 41/35 (37)	→ IV-150 cc/kg/day
	CFO - 3.6 cc/kg/hr	12.5% TPN
	P/A- mild distension	feed 6ml slowly
	soft	↑ 0.5 TDS
		→ Pre calibrate with gas (Thu)
		→ gas CBRS]OD
		→ echo-Thu
		→ positioning - Rt up - 4hr (supine-2hr)
		monitor vitals
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30360
		Note seen & advice submitted at 3:42 pm Date

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

-00651873 IP5-00171513
Of KATTA V SANGAMITRA
-2026 0 Y 0 M 17 D (M)
IVB Pratyush

10/4

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 19 **PMA:** 29+3

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW/RDS - 1°S	Grade II IVH
2.	Pulm. hemmorhage - MV	
3.	Rt UL collapse	
4.	HSPDA - PCM - Ibuprofen	
5.	Susp sepsis	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO_2.....Oxygen : .....L/min

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

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

Change over the Last 24 Hours..... SIPPV 16/5

rate - 35

sp FiO_2 - 23%.

& tolerating well

HR - 143/min

CARDIO VASCULAR SYSTEM

Plan of Care : SpO_2 - 96%.

RR - 68/min

ET pulled out, fixed @7cm.

Cap → 7.33 / 48.8 / 23.1 / 0.3 / 0.9

Procal = 1.48.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : LT Grade I-II IVH ..Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination: soft, distended.

NR asp = 2ml milky

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

Ibuprofen 3rd dose over.

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Meropenem. D13	
2.	Colistin D9.	
3.		

Caffeine
Glycerin
Ibuprofen D3
Fluconazole.

PICC line - D8

Plan of Treatment :

(1) continue current ventilation
(RT) SIMV

(2) TV = 150 ml/kg/day
7 ml 8th ↑ 0.5 8th
FF = 10ml

(3) 2D Echo today

(4) ACEI
ARBS | OD

Doctor's Name (Handover given) : Dr Ashwaya

Signature : .....

Date & Time: 10/4/26

Doctor's Name (Handover taken) : .....

Signature : Dr Anusha

Date & Time: 10/4/26 8am

BA/I-00651673 IP3-0017
Baby Of KATTA V SANGAMITRA
2026 0Y0M16D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26		Seen by Dr PR
11:31 AM		→ Continue present ventilator 1b/5 RR-35/min → HV Sepsv in every → Chest X Ray AP/mg → Inf of minimal 3.5ml → Feed 0.5ml BD. → 2 Pelvis today. → Lasix/mg/iv stat → A_3 C_2 Na_2 $K_{2.5}$ Ca_1 → Stop Antibiotics → Cap. Amb 3 OD. Note by Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30389

BAH-00651673 IP5-0017151
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	A/Henoon Rounds	
16/4/26		Plan
	on SIPPV mode	
	16/5	→ Cardiac SIPPV mode
	RR-30	
		→ target SpO2 90-95%
	P/A → Soft, distended	
	Shocks → Passed	→ ~~Chest X-ray Plan~~
	HR-145/min	~~IV~~ - 150 ml/kg/day
	RR-59/min	7 ml Dextrose 5%
	SpO2-93%	10 ml TID, Rest
	BP-62/34/45	12.5% TPN, Dextrose
	U.O-	
		→ R/V sirons in
	Inotropes given	evening
		→ 2d echo today
		→ Gas } OD
		GABS }
		Lovely Devices 01/04/26 (RANS)

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/[illegible]

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26		Seen by Dr PR
4:05 PM		→ SIPPV 17/6, RR-40/min.
		→ Pentoxyl 0.3ml/hr
		→ Regular Suctioning
		→ Chest x-Ray evening @ 5PM.
		→ Constant 7ml feeds.
		→ 2D Echo today
		→ CBP T/w.
		↑ Noted by Dr Pratyush 01/4/26
	2D Echo: → PDA : 4mm dranchy LA/Ao: 2.2:1 LVEF: 60% LVEDd: 20 LVEDs: 12	Adv (As discussed by Dr. Pratyush) ① 8hrly Lasix 0.5mg/kg 0.4mg IV STAT ② Left up positioning ③ 12hrly Paracetamol 15mg/kg 12mg IV 6hrly ④ feeds 5ml/2hrly ⑤ TV: 130ml/kg/day feeds 5ml/2hrly → 60ml/0-83 → 72ml/kg/hr Fluids/Infusion → 20 ml/kg/day TPN → 38ml/kg/day

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26 11:00PM	Night Rounds	
	on SIPPV mode	Adv
	PIP: 17	① left lat Positng
	PEEP 6	② Inj PCM 6hrly
	FiO_2: 23	③ feeds 5ml/2hrly
	P: 35bpm	④ TV: 130ml/kg/day
	VT: 3.5ml/kg = ≃ 4.2 ml/kg	↑ feeds 72ml/kg/d
	SpO: 92%	Infusion: 20ml/kg/d
	HR: 156/mn	TPN 38ml/kg/d
	BP: 69/41(51)	⑤ Cefoy 7mD
	RR: 52/mn	CLRBS
	~~Issues~~	⑥ W/F desaturatns
	~~② AKI - onset~~ issues	Abd distension
	② left sided pneumonia ⊕	
	PDA - large 4mm	
	W/ PDA	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

11/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 20 **PMA:** 29+4

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ELBW / RDS-PS	
2.	Pulmonary Hemorrhage-Mild	
3.	Left Side Pneumonia	
4.	H/O PDA - PCM - Ibuprofen Rx	
5.	Susp Sepsis	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... On SIPPV

Hb

RR-35

GRBS → 107mg/dl Tt-0.3 Osec HR - 142

U.O → 3.6 cc/kg/hr RR - 63/m

CARDIO VASCULAR SYSTEM

Plan of Care :

RD (0)

Refractory (-)

SpO2 - 93%

BP - 59/40/52

CNS

Neurological Examination : .....

Sedation Fentanyl / Dexmed

Last Neurosonogram : .....Any Seizures: No

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... P/A soft, distended
Aspirates → Feeds
Stools → Passed

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days	
1.			Inj Caffeine
2.	Inj Fluconazole	(P1)	Ecoctigad
3.	Inj Paracetamol	P2	Glycerin Bisoprolol

Plan of Treatment :

Plan
→ Continue SIPPV
→ target SpO2 90-95%
→ FiO - 130cc/kg/day → 70cc/kg/day Feeds slowly
↳ Infusion → 20cc/kg/day
↳ TPN → 40cc/kg/day 12.5% DOW
→ Cons
GRBS } OD
→ CXR AP view daily
→ Position → left tilt → 4hrly
↳ supine 4hrly
→ Chest Physiotherapy
→ CBP, Serial Hb, Bilirubin

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

Signature : .....

Date & Time: 11/4/24 8 am

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: 11/4/24, 8 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- keep CT in trabion.
		Anesth

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by PR PR
11/2/26		
		- SIPPV - 17/6
10/2/26		Rate: 35
		Ihm: 0.31
		Fio: 21-25%.
		→ IV - 120cc/kg/day
		70cc/kg/day → feeds.
	GRBS → 110 mg/dl	20cc/kg/day → Infusion
		30cc/kg/day 12.5% TPN
		→ Position → Rt up
		↳ Lt up
		Supine
		→ Et in Rachoi
		→ Suctioning 8 hrly
		based on need.
		→ c/H Pedagrasol
		→ 12.5% TPN
		Na, K2 Ca, A3
		→ NSH on monday
		→ RLV esmoprazole.
		→ Gas
		GRBS/8D

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30300

Noted by dendoni 11/4/26 10:40 AM

FAN2

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/04/26		Adv
1:40 pm		- Continue current ventilation
	Baby is currently on SIPPV mode	→ R/V Lower PIP pressure
	PIP = PIP	
	PEEP = 6	⇒ TV - 120cc/kg/day
	Ti = 0.3	
	Rate = 35	70cc/kg/day feeds 5ml - 2hourly; 20cc/kg/day Infusion; 30cc/kg/day 12.5% TPN
	(*) Adequate Chest rise Synchronous.	
	HR = 140/min	
	SpO_2 = 98%	
	BP = 66/41 (49)	
	U/O - 3.1cc/kg	
		- Positioning
		Rt Lat up / Left Lat up / Supine
	(*) Baby Had old brownish clot while suctioning & small fresh bleed.	- ET is keep tracing
		- Suctioning as based need.
	(*) Had desat & brady episode	- NSG on Monday
	PIP - 17 → ↑ 18 (↑ was done)	- R/V extubation
		- GAS / GRBS OD
	- P/A = Distended but soft	
		Pujiti

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 18 D
Dr. MVB Pratyush

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/04/26 1:00 pm		Adv C/D/W Dr. Nilesh
	- One episode of bilious vomiting	- Withhold one feed - Reassess before next prick
	- abd - distended but soft	Rujul.
	- Stool passed 2 days.	
11/4/26 4:53 pm		seen by Dr. PR
		plan.
		- ↓PIP to 17 - continue constant feeds 5ml 2nd hourly. - ET suctioning SOS 6 to 8 hrly - optimize sedation - Gas } T/m morning RBS }
		Dr Aneesha
		Noted by Devdatta 11/29/26 8 PM

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/4/26 10:15PM	night rounds	- seen by Dr. Nilesh
	-on SIPPV,	Plan:
	FiO_2 - 25%,	
	17/6,	✗ continue current
	RR - 35/min	ventilation
	T_I - 0.3	✗ TV - 12ml/kg/day
	SpO_2 - 96%	✗ continue NPO for
	PR - 125/min	✗ next 6 hours
	RR - 50/min.	(till 1:00Am)
		✗ R/v at 1:00Am for
	P/A - Distended	feeds.
		✗ withhold fentanyl
		sedation.
	- Stool - passed	✗ continue dexmedetomidine
	- Urine - 2.4ml/kg/hr	ongoing cardiac
	- NG aspirate - 4ml -	assessment.
	Dark green	✗ plan for device
	aspirate,	closure on monday
		Gas } T/M monitoring
		RBS }
		✗ To change 6th hourly.
		Dr. Deevena 10:30pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

12/2/26

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BirthRight™ BY RAINBOW HOSPITALS
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 21 **PMA:** 29+5

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW / RDS - 1 dose surfactant	
2.	pulmonary Hemorrhage	
3.	HSPDA - PCM - Ibuprofen -	
4.	2nd course of PCM	
5.	Thrombocytosis	
6.	Suspected Sepsis	

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP 17 PEEP 6 VG..... Rate 35 Fio2 21 Oxygen : ..... L/min

Last CXR : 10/4/26 SpO2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.36/45/31, Na-140, K-4.6, Ca-1.44,

Change over the Last 24 Hours.....

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 94%
PR - 144/min
RR - 35/min

CNS

Neurological Examination : .....

Sedation — Dexmedetomidine

Last Neurosonogram : ..... Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 3.4 ml/kg/hr Stools : passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....

NG aspiraty – 4ml

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS (Dark green)

P/A - soft

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

	Sl.No.	Drugs	Days
Antibiotic	1.	Inj. fluconazole	(P)
	2.	Inj. paracetamol	P3
	3.		

Inj. Caffeine
Glycerine
Esomeprazole

Plan of Treatment :

- continue current ventilation
- Target SpO_2 - 90 to 95%.
- TV - 120 ml/kg/day
  ↓
  12.5% TPN
- Feeds 3 ml 2nd hrly
- R/v to increasing feeds after assessment of Abdomen
- I/o · charting 6th hourly
- Gas, RBS OD
- plays positioning - left up, Right up, supine } 4 hourly each
- Plan for device closure tomorrow.
- Gentle chest physiotherapy

Doctor's Name (Handover given) : Aneesha

Signature : Aneesha

Date & Time: 12/4/26, 8am

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 12/4/26, 8:15 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/04/26		Seen by Dr PR
10:10AM		→ IVF PIP→16. PEEP-6,
		→ FT-120cc/kg/day.
		→ Change ET Plaster
		→ T0.5ml 6 hrly
		→ Cardiac assessment today.
		→ To send Pre Planned investigations for Device Closure.
		→ Chest Physiotherapy
		→ Cxr, GRBS } OD.
		Noted by Dr endorsed 12/4/26 10:30 Am

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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
12/4/2026 @10:55am	ET plaster changed and final fixation of ET at 7.5cm Uneventful Vitals Stable B/L airentry (+) leak - 0%	Sneha Resident
12/4/2026 @1:00PM	- ET suction done @ with aseptic pre-caution - No blood clot seen.	Rupanjali
12/4/2026	Afternoon Notes On SIPPV • PIP = 16 • PEEP = 6 • Rate = 35 • Ti = 0.3 • FiO_2 = 25 % - Chest rise adequate - SPO_2 - 90-95 % - No bradycardia episodes - Normovolumaemic (78/48 (58)	Plan - Continue current ventilation - TV - 120 cc/kg/day Feeds - 3.5 ml - 2hourly (0.5 ml ↑ 8th hourly ↑ se) - positioning & Gentle chest physiotherapy - F/O chartin Grbs - OD Gas - OD Noted by dr. Rupanjali 12/4/26 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Current vitals	
		Vitals
	HR = 153	
	SpO_2 = 95%.	
	RR = No asynchrony	
	BP = 76/48 (58).	
	PI = 0.46.	
	U/O - 2cc/kg/hour	
	(+) PDA = 1.5 mm (+ size).	
	NIGHT ROUNDS	
01/04/26		Plan
9:30 PM	on SIPPV	→ Continue current ventilation
	16/6 PIP-25	
	ti-0.3secs	→ TV-5ml/kg/day
		3.5ml if baby, 4.0-5ml if baby
	P/A → soft, Aspirate-1ml	Rest 12.5% TPN
	stools - passed	
		→ Lasix, Grass } OD
	HR-169/min	
	RR-43/min	
	SpO2-98%	→ Keep ET in trachea
	BP-67/45/53	→ Chest Physiotherapy
		→ Positioning as planned
		→ 2D Echo T/m
		→ CXR T/m

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 @ 2.45AM		
		Ausky
		Condral 4ml Q4H
		ET traction
		2D ECHO tom by Dr Shreyas
		USG tom

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
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13/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 22 **PMA:** 29+6

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXT PT/ ELBW/ RDS	
2.	PVL - haemorrhage	
3.	HS PDA	
4.	Thrombocytopenia	
5.	? suspected sepsis	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : .....Spo:.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 6.7

Change over the Last 24 Hours ~~SIPPV~~ On SIMV Mode

Changed from SIPPV

Last ABG - 7.48 / 30.2 / 2.4 / 24.3

Setting - PIP - 16 / PEEP = 6 / Ti - 0.31 / Rate = 40

CARDIO VASCULAR SYSTEM

Plan of Care : VT generating - 6.2 ml

- on Fentanyl infusion, on deemed sat.
- HR = 146 BP = 73/46 (55)
  SPO_2 - 100 %
  RR = 40 - ~~A~~ Synchronised

CNS

Neurological Examination : .....

Sedation F

Last Neurosonogram : ..... Any Seizures No

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
P/A distended . NR aspirate 5ml greenish
. Vomiting – 2 times

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Fluconazole	(D)
2.	Inj Paracetamol	(D4)
3.		

Inj Caffeine
Calcirin
Esmapresol
PICC D11
Peripheral D2
Tubings D14

Plan of Treatment :

. Continue current ventilation.
. TV – 120cc/kg/day
Feeds – 4ml constant feed 2hourly
Rest 12.5% TPN
. Keep ET in traction, positioning, gentle physiotherapy
. Suction as needed.
. 2D ECHO today by Dr. Bhargavi
. NSG today

N/F apnea, brady, desat, GI aspirati

Doctor's Name (Handover given) : R
Signature : Rupanjali
Date & Time: 13/4/2026 6:42 am

Doctor's Name (Handover taken) : Sneha
Signature : Sneha
Date & Time: 13/4/26 @ 8:30 am

BAH-00651673 IP5-00171513
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23-03-2026 0 Y 0 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/04/26 8:30 am		Seen by Dr PR
		- Change sedation to MORPHIN T/M
		PI
		- Official Echo by Dr Bhargavi
		↓
		Decide on PDA closure
		↓
		If planned sent pre-procedural labs
		- Pice line - T/M
		- ET traction
		- A3 K1.5 Na2 Ca1
		Noted by Dr Renuka Mrak 13/4/26 9 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/2026 @ 2:45pm	Afternoon Rounds	
	Resp Baby on ventilator. SIMV mode 16-PIP, PEEP-6, Rate-40, FiO2 - 23%, Ti = 0.31 VT = 4.5mL. leak - 0%. ⇓ last gas: 7.48 | 30.2 | 48.6 | 24.3 -0.5. lac - 2.4. Cardiac - Intermittent tachycardia on 2nd course of IV Paracetamol PDA 1mm L→R LA/AO 1:1.42 Neuro.. (F) Grade I IVH P/A - Soft mild distention 0.9mL light green aspirate.	Plan 1) Cont Current ventilation Target SPO2 90-95% 2) TV = 120cc/kg/hr ↓ ↓ ↓ Fluids Infusion Rest 4mL 2nd hrly (58cc/kg/d. 23cc/kg/hr 12.5% TPN 3) R/v to add morphine Tomorrow 4) Picc line plan - Tomorrow 5) Keep GT in traction 6) NSG - Today 7) Positioning Rt up Ubr Supine Lt up Noted by Dr. 13/4/26 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Stool - passed U/O = 2.81cc/kg/h +6.8ml.	8) Gentle chest physiotherapy 9) T/o charting 6th hrly. 10) Watch for Abd. distension Aspirates Brady, desat- 11) ROP - This Thursday Noted by Dr. Sneha 13/2/26
13/02/26 3 pm.	AA - Mild distensible soft.	Plan 1. Continue Current Ventilation 2. Blood gas x once daily. 3. ~~Continue~~ Stop Fentanyl 4. Feeds 4ml/hr constant 5. Trace NSG open Noted by Dr. Sneha 13/2/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4 @ 11:40 pm	Night rounds seen by NL sir	
	C → baby on room mode 17/6 sats 90, FiO_2 21%	plays → continue room mode Target SpO_2 90-95%
	C → HR-154 bpm BP - 76/50 (58) U/O - 3 ml/kg/hr	IV - 120 ml/kg/day → 23 ml/kg/day
	P/A - soft - firm	feed 2 ml/ injection 12.57. 2 hourly TPN
	Bil right groin dressing soiled	• Xray abdomen (KUB)
		→ Positioning
		→ shift to NICU-2
		- R/v changing PICC line.
	Noted by Hemalatha Cab 69 13/4/26 @11.45pm	

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
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14/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 23 **PMA:** 30wks

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ ELBW/ PDS	
2.	pulmonary bleed	
3.	HSPDA - PCM - Thrombocytopenia - PCM	
4.	suspected Sepsis	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP 17→16 PEEP ..... VG ..... Rate 40→35 FiO ..... Oxygen : ..... L/min

Last CXR : ..... SpO: .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.47/33.6/-0.1/24.3

Change over the Last 24 Hours .....

CARDIO VASCULAR SYSTEM

Plan of Care : continue current ventilation

CNS

Neurological Examination : .....

Sedation ..... demised

Last Neurosonogram : Grade I IVH Any Seizures ..... —

cefoxide

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... soft / tolerating feed

..... Urine output adequate

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic	Sl.No.	Drugs	Days
	1.	fluconazole (PI)	
	2.		
	3.		

PCM-D5 Pdroline-D12
inj cefipime PIV-D3
glycerine tubing-D1
~~Esmoprazole~~

Plan of Treatment :

① routine mixed ventilation
target SpO_2 - 90-95%

② TV - 120ml/kg/day
↑ feed 3ml/3hourly
rest 12.5%.TPN

③ Pdroline - today

④ Positioning - R up
L up
supine
} 4 hourly each

⑤ blood gas - OD
ROP - Thursday
GRBS - BD

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

Signature : Rm

Date & Time: 14/4/26

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : A

Date & Time: 14/4/26

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23-03-2026 0 Y 0 M 20 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/4/26 @10:15am		Seen by Dr Pratyush
	Baby on Ventilation SIMV. 16/6, Rate = 35/m Ti = 0.31.	1) chest x-ray - evening 4pm. 2) Ventilator PIP 16 → 15, Rate - 35 → 30
	Gas 7.45 | 33.6 | 54.3 | 24.5 | -0.1 (ac=1:3 GRBS - 78mg/dl	3) positioning { Rt up, lt up, supine } 4hrs
	P/A - 2mL dark green asp (+) abd. distension. II)	4) ET in traction ⊙ Infusion feeds. 5) Start Cyclical feeding 1mL/hr ← 4hr on, 2hr off ↓ after 2 cycles if abdomen soft ↓ ↑ to 2mL/hr ← 4hr on, 2hr off.
		6) Stop. fentanyl Cont. dexmedet.
		7) If chest x-ray - (N) ↓ Stop Sedation in Night ↓ R/v extubation T/m.

Nebulized Dexmedetomidine 14/4/26 11am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		8) Plan Picc line - T/m
		9) CBP, CRP } evening @ 4pm. Chest x-ray
		Neo Resident Incharge Sneha
24/3/2026 @ 1:40pm	Afternoon Rounds	
	Ventilator: Baby on SIMV mode PIP-15, PEEP-6 Rate - 30/min T_I = 0.32 FiO_2 = 23%.	Plan: 1) Cont Current Ventilation Target SPO2 90-95%.
	⊙ No desaturation / No Bradycardia	2) TV = 120 ml/kg/day 1 ml/hr ↑ 4hr on 2hr off ↓ 1 more cycle ↓ f/by 1.5 ml/hr ↑ 4hr on 2hr off if tolerating
	⊙ ongoing PCM 2nd course for PDA closure.	
	⊙ P/A - Soft, mild distension. 2 m/o - light milky green Stool - passed	3) plan of T/m Picc line.
		Neo Resident Incharge 24/3/26 aft

BAH-00651673 IP5-00171513
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23-03-2026 0 Y 0 M 21 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals HR = 146/min RR = 41/min. SpO$_2$ – 95%. BP = 69/53 (58)	4) CBP, CRP, Chest x-ray } at 4pm Today evening 5) if chest x-ray – (N) Plan to extubate 7/m
		6). Positioning Rt up Lt up Supine } 4hrs.
		7) Gentle chest physiotherapy
		8) Blood gas – OD GRBS – BD
		9) ROP on Thursday
		10) I/O charting 6th hrly
		– Sneha.

Visited by Dr. Sudhir on 08/11/26 8pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/4/26 @ 5pm		Seen by Dr. PR 1) after 1 cycle of 1ml/hr ↓ Next cycle NO abd. dist ↓ ↑ feed 1.5ml/hr 4hr on 2hr off 2) Trace CBP, CRP Do chest x-ray Now. 3) if x-ray (N) Stop Sedation at Night Noted by Dr. Amulya 14/4/26 5.3pm Sneha
14/4/2026 @ 8:30pm	Night Rounds DOL - 23 | 26+5 → 30wks Resp: on ventilator. SIMV mode PIP - 15, PEEP - 6 Rate - 30/min FIO2 - 23%	Plan 1) Cont current ventilation Target SpO2 90-95% TV = 120ml/kg/day 1ml/hr Rest 12.5% TPN 4hr on 2hr off

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Ti = 0.32sec. No desaturation NO Bradycardia	~~Next~~ feeding cycle 1.5ml/hr — 4hr on / 2hr off.
	Tachycardia when Baby moves a lot.	3) ~~3~~ Gentle chest physio Positioning Rt up Supine } every 4hrs Lt up
	last gas done in the morning 7.45 | 33.6 | 54.3 | 24.5 | -0.1 | cBC = 1.3	4) ~~4~~ ROP on thursday
	ongoing PCM 2nd course.	5) Plan of Picc line T/m.
	Vitals HR = 151/min SPO2 = 92% RR = 35/min BP = 71/48 (56)	6) ~~6~~ Blood gas - OD GRBS - BD
		7) ~~7~~ I/o charting 6th hrly.
	P/A = Soft mild distension 0.5ml milky asp. Stools - passed	8) ~~8~~ w/f - vitals Brady desat
	Chest x-ray - B/L Congestion + hyperemic lungs (+)	Sneha
	1 Stat dose lasix given	Noted by Hemalatha 016699 14/4/26 @9PM

BAH-00651673 IP5-00171513
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23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00-71513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. M/B Pratyush

15/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 24 **PMA:** 30+1w1d

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW/RDS	Pulm-Hemorrhage.
2.	HS PDA-PCM-Ibupro-PCM	Suspected sepsis
3.	Thrombocytopenia	
4.		
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio2..... Oxygen : ..... L/min

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

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

Change over the Last 24 Hours.....

Baby on SIMV mode
PIP - 15, PEEP - 6
Rate - 30/min
FiO_2 - 21-23%
Ti - 0.31

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 153/min
RR - 57/min
SpO_2 - 98%
BP - 81/52 (61)

No Bradycardia/desaturation
1 dose of lasix given

CNS

Neurological Examination : .....

Sedation — dexmed / fentanyl

Last Neurosonogram : Grade I - IVH (L) Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... U/O = 3.1cc/kg/hr

Stool - passed , +30.1 mL

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

P/A - distended, soft

Total aspirates = 4.2mL light green milk aspirate

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Fluconazole	(F)
2.		
3.		

Caffeine
PCM
Glycerine

Piccline - D13
Tubing - D2

Plan of Treatment :

1) Cont. Current ventilation
Target SpO2 90-95%.
2) TV = 120mL/kg/d ↗ 12.5% TPN ↘ 1.5mL/hr (4hr on / 2hr off)
3) Plan of piccline Today
4) positioning ↔ Rt. up / Lt up / Supine } 4hrs, Gentle chest physio
5) ROP - This thursday
6) I/o charting 6th hrly
7) Blood gas - OD, GRBS - BD
8) w/f - vitals, Brady, desat

Doctor's Name (Handover given) : Y. Sneha
Signature : Sneha
Date & Time: 15/4/2026 8PM

Doctor's Name (Handover taken) : Dr. Aishwarya
Signature
Date & Time: 15/4/26 9AM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

(119)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26 9 AM	Seen by Dr. Prathyush	① ~~Stat~~ Inj Dexa @ 0.15 mg/kg
		② Stat Inj Lasix @ 1mg/kg
		③ 12.5% TPN $A_{3.5}$ L_0 $K_{2.5}$ Na_2 Ca_1 MVI + CEZERAC
		④ TV = 120ml/kg/day 1.5ml/hr [4hr on 2hr off. ↑ 0.5ml every 3rd cycle.
	No inotrops	
	~~No~~ Tiny PDA flow↓	
	CXR - pulmplethora	⑤ Stop PCM after next dose
	No atelectasis	⑥ Extubate to NIV mask @ 1PM → 20/7 rate 50
	RR-15 MAP-6 rate-30	⑦ Stop fentanyl. 0.15 0.45 Ti
		⑧ Post extubation - caffiene - Adrenaline neb back to back
		⑨ FICC line 4pm.
	LCS Rt Amt Abn Alirm Slirm / Lt Amt Abn Alirm Slirm	Noted by Dr. Anusha 15/4/26 10 Am

BAH-00651673 P5-00171513
Baby Of KATTA V SAVGAMITRA
13-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

(120)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26 12:30PM	Extubation Note Baby extubated to NIV, mask interface	Plan 1) NIPPV P - 18/5.5, Rate - 40, Ti - 0.40 2) Gas in 2hrs 2:30pm 3) Restart feeds after gas if extub successful. 4) Dose Adre Neb 5) R/V TPV - 130 ml/kg.
15/4/26 2PM	Afternoon Notes on NIV 18/5.5 rate - 40 FiO_2 - 27%. Ti - 0.4. tolerated extubation HR - 197/min - baby RR - 54/min mouthy?/ SpO_2 - 99%. irritable. Temp - 98.9°C. NPO × 4hrs PA - distended, soft asp - air + clear fluid.	Noted by duty doctor 15/4/26 1PM

BAH-00651673 I 25-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

(121)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	cras now - 7.43/34.9/23.7	Plan
	GRBS - 183 (-0.5/3.7)	① cont NIV 17/5.5 FiO2 to target sats 90-95
	SCR ⊕ ICR ⊕ tachycardia irritable baby ↓ dexmed.	② TV = 120 ml/kg/day
	Adrenaline nebs given(1)	1.5 ml/hr. 12.5 ml - TPN.
	↓	4hr On 2hr Off.
	when calm →	10 sml every 3rd cycle
	HR - 150/min	③ Positioning - Rt up + chest PT / Lt up / supine } 4hrs each
	RR - 50/min	~~④ Stop PCM after next dose.~~
	SpO2 - 93%.	⑤ plan PICC line t/m.
	mild SCR ⊕.	⑥ ROP on thursday.
		⑦ cont dexmed.
	Ds Ashwayni.	Noted by Dr. Deekshitha 15/4/26 4:30pm

BAH-00651673 IP 5-00171513
Baby Of KATTA V SANGA MITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26 4PM.	seen by Dr Pratyush	Plan ① 6PM Xray. ② cyclical feeds 1.5ml [4hr on 2hr off. ↑ 0.5ml every 3rd cycle. ③ Position change - Rt up Lt up supine (4hrs) ④ Cross OD Noted by Dr Sundaram 15/4/26 4:30pm
15/4/26 7PM.	Evening Rounds on NIV 17/6 FiO_2 - 28%. Ti - 0.4 rate - 40 distress settled RR - 52/min SpO_2 - 93%. HR - 133/min ↓ Dexmed	Plan ① cont NIV 17/6 FiO_2 to target SpO_2 90-95%. ② TV = 120ml/kg/day 1.5ml/hr [4hr on 2hr off

BAH-00651673 IP:-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M : 2 D (M)
Dr. MVB Pratyush

123

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26	→ continues	
	Feeds restarted.	TO: 5ml every 3rd cycle.
	PA - soft, mild distension (+).	(3) nbst, 12-5T. TPN.
	NO asp.	(4) URBS OD Urea OD
		(5) POSITION change. Rt up Lt up | 4hrs each Supine
		(6) Plan PICC line tom.
15/4/26 11:45PM		Seen by Dr. Sarat -d/w Dr pratyush Plan:-
		- To give 1 dose of Lasix 0.5mg/kg/dose stat
	Resp - Bilateral air entry (+)	- Continue NIV FiO2-27%, 18/6
	P/A - distended, Soft, Stools passed, NO aspirate.	- TV - 120ml/kg/day ↓ Continue 1.5ml/hr nutrisen feeds 4hrs on 2hrs off

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAM TRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

(24)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		↑ 0.5ml feed every 3rd cycle.
		W/f ↑ Distress, abdomen distension
		Postoccey
		Aneesha
	Noted by Hemalatha 16/4/26 @12am	

IAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 0 M 23 D (M)
Dr. MVB Pratyush

16/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 25 **PMA:** 30+2 weeks

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	~~RDS~~ PT/ EBW/ RDS	
2.	HSPDA – PDA – ~~Ibuprofen~~	
3.	PDA	
4.	thrombocytopenia	
5.	feed intolerance	
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours 18/6.

RR 40.

Intermittent Tachycardia (P) to 160

HR 136/m

BP 73/39/52 HR 54/m

SPO2 99%.

CARDIO VASCULAR SYSTEM

Plan of Care :

CNS

Neurological Examination : .....

Sedation Present

Last Neurosonogram : Left side GMH-I Any Seizures No.

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... Stools → Passed

..... Sml Aspirate P/A → soft, distended

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

..... 6.4cc/kg/hr

..... - 25ml.

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

	Sl.No.	Drugs	Days
Antibiotic	1.	Flucloxacillin	(P)
	2.		
	3.		

Caffeine
Glycerine

Plan of Treatment :

→ Continue current NIV.

→ Target SpO2 90-95%.

→ TF-150cc/kg/day 12.5%DPN

→ Cyclical oral → Ursofalk 10.5ml every 3rd cycle

→ Positioning → Right, Left, Supine } 4hrs each

→ RW PICC line

→ Blood Gas OD. CBG BD

→ NO chest activity

→ Monitor vitals.

→ NO chest activity

→ Rep - Thursday

Doctor's Name (Handover given) : RAM

Signature : .....

Date & Time: 14/4/26

Doctor's Name (Handover taken) : Y. Sneha

Signature : .....

Date & Time: 16/4/26 @ 8:30 am

BAH-00651673 IP5-0J171513
Baby Of KATTA V SANGAMITRA
23-04-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

(125)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/26		Seen by DrPR
10:30AM		→ ↓ PIP-35
		PIP → 17.
	weight - 900 gms.	PEEP - 6.
		→ T/m Lasix 0.5mg/kg Stat
		→ Positioning as Planned
		→ PICC Line today
		→ ROP - Today
		→ TV - 120cc/kg/day
		A3 4 Na2 K2 Ca,
		→ 1/ml every 2nd Albarak. cycle
		PR (PRAD)
		Noted by Sis Pratyush. 16/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 23 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/26 @ 2:10PM	Picc line Notes	
	Under Strict aseptic precautions Site cleaned & draped. Picc line inserted through 24G cannula Initial fixation at 11.5cm. final position Confirmed by X-ray pushed in by 1cm. final fixation at 12.5cm.	
	Vitals Stable throughout procedure	
		Plan
		1) Connect Hep NS to the line
		2) Strict ANTT
		3) Give Vancomycin 1gm through Old Picc on lig & Remove!
		Sneha
		Noted by Sis Priyanka 16/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 23 D (M)
Dr. MVB Pratyush

(127)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/2026 @ 2:30pm	Afternoon Rounds	
	Resp:	Plan
	Baby on NIV with mask	1) cont. NIV with mask w/f - Apnea, Brady, desat
	PIP = 17, PEEP-6→6.5	
	Rate - 35/min	Target SpO_2 90-95%.
	FiO_2 - 28%.	
	No desaturations/ Bradycardia	2) TV = 120ml/kg/day
	Minimal Subcostal retractions	3ml/hr 4hr on 2hr off Rest 12.5% TPN
	Intermit - tachypnea	Cyclical feed
	Vitals	(CT 1ml every alternate cycle)
	HR = 131/min	3) Positioning RtUp Supine Lt up 4th hrly
	RR = 56/min	with Gentle chestphysio
	SpO_2 - 94%	
	BP = 80/53(62)	
	P/A - Soft tolerating feeds well	4) Remove old PICC line in leg
	Urine =	
	Stool - passed	5) T/m - lasix 0.5mg/kg stat
	ROP - zone 1 No plus	6) Gas - OD GRBS - BD
		7) I/o charting 6th hrly

Noted by Sis Priyanka

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

(P.T.O)

-00651673 IP5-0017151
: Of KATTA V SANGAMITRA
3-2026 0 Y 0 M 23 D (M)
MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		dr Roy
		T/M
		~~cap~~ cap
		remove I/D picc line
		Tomorrow - CRP
16/04/26		Adv
	On NIV →	• continue NIV ē mask
	PIP/PEEP 17/6.5	W/F ↑ RD, apnea,
	RR = 40	brady SPO2 target 90-95%
	Ti = 0.40	
		• TV - 120 cc/kg/day
	• Tachypnea (+)	
	• SCR (+)	3ml/hour Rest 12.5%
	SAS - normal (+) 6	continuous TPN
	Scare flaring up	cyclical feed
	S	4 hours ~~off~~ on
	- P/A - soft, distended	2 hours off
	Aspirate - milk 0.5ml	- ↑ 1ml every alternate cycle
	On TPN - 12.5%	- ~~Rt~~ Positioning - Rt lat / Supine / left lat — 4hrs each
		I/O - 2.2 cc/kg/hour

I-00651673 IPS-00171513
y Of KATTA V SANGAMITRA
/3-2026 0 Y 0 M 23 D (M)
MVB Pratyush

(129)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		① Gentle physiotherapy
	On goins vancomycin	② T/M - Lasix 0.5 mg / kg / stat
		- Gas - OD GIRAS - BD
		7) I/O charting 6th hourly
		8) plan to remove old pice line after vancomycin dose - CRP - T/M Rupanjab
		Noted by Sis Pratyush 16/4/26
		C/S LB RSK
		→ Dont wean setting
		→ PRBC 6cc
		Noted by Hemalatha 016699 16/4/26 @ 8.40PM

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

(P.T.O)

H-00651673 IP5-00171513
by Of KATTA V SANGAMITRA
03-2026 0 Y 0 M 23 D (M)
MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
T6/04/20		
	↓ under aseptic precaution the iv line is removed.	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/24/26		Seen by Dr. Prathu ↑feeds 0.5ml/kg BD. Cyclical ↑TV = 140ml/kg/day (TF = 8ml/hr. 4hr on 2hr off)
18/24/26 12PM	See Afternoon Rounds	
	on CPAP 6cm/21%. ICR ⊕ intermittent tachypnea ⊕ HR - 162/min SpO_2 - 93% RR - 67/min	Plan ① cont CPAP 6cm consider Ranvs (RV) ② TV = 120ml/kg/day. 4ml/hr - 4hr on 2hr off ↑0.5ml BD TF = 8ml/hr.
	Tolerating feeds well. PA - soft, non distended	③ 12.5% TPN 4 A_3 Potphos 0.3 NNJ + CCLEECOL
	baby fighting mask.	④ Positioning - Rt up Lt up supine } 2hrly each.
	Dr Ashwary	Noted by SIS Jyoti

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26 @ 3:15pm		Seen by Dr. VS 1) Continue CPAP with mask.
	P/A – mild distension Soft	2) Continue infusion feeds ↑ 0.5mL BD
		3) positioning to comfy Sneha
		reviewed by Dr. Rajesh 18/4/26
19/4/26 @ 2:30am	Night Rounds	Plan
	Baby on CPAP with mask PEEP – 6 FiO_2 = 21%	1) Cont CPAP PEEP-6 Target SpO_2 90-95%
		2) TV: 140mL/kg/day
	No Bradycardia No desaturation Tolerating feeds well 1 mL clear aspirate at 10pm	4.5mL/hr 12.5% TPN 4hr on 2hr off

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

17/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 26 **PMA:** 30+3

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: 87

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ELBW / RDS	
2.	HSPDA – PCM - Thrombocytopenia	
3.	PCM	
4.	Thrombocytopenia.	
5.	feed intolerance	
6.		

Today's Weight : 877 G

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2:.....

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

Change over the Last 24 Hours..... On NIV – 7/6.5

Rate - 40

Ti = 0.4

Inotropes (+)

SCR (+)

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 146
SPO_2 = 97%
RR = 54

– No brady desat

CNS

Neurological Examination : (N)

.....Sedation.....

Last Neurosonogram : .....Any Seizures..... NO

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... P/A - Distended but soft

Aspirate ml / kg

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Fluconsale (P)	
2.		
3.		

Caffeine
glycerine

Plan of Treatment :

- Continue NIV ⓒ Mark
- TV - 120 cc/kg/day → 4 ml / rounds feed, 4 hours - On
  2 hours off
  ↑ 1 ml every alternate feed
- Positioning Rt Supine Lft] UP
- Gentle physiotherapy
- Inj 0.5 mg/kg/stat - (M)
- Gas - OD
- ARBs - BD
- CRP] today

Doctor's Name (Handover given) : (D)

Signature : Rupinder

Date & Time: 17/04/26

Doctor's Name (Handover taken) : Y. Sneha

Signature : Sneha

Date & Time: 17/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Abdomen - Soft mild distension	3) positioning Rt up lt up Supine } 4hr each
	Vitals HR = 163/min Tachycardia - on movement.	4) Ilochaining 6th hr
	RR = 43/min with SCR (+)	5) Gas alternate day RBS - OD
	SpO_2 - 97%, BP = 97/65(76) Intermittent - Hypertensive readings	6) monitor vitals
	P/A - Soft	
	U/O - 2-7cc/kg/day +43.9ml	Inotropes

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 28. PMA: 30+5

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age: ~~26~~

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT/ELBW/RDS	Thrombocytopen
2.	H8DDA - PDA - Ibupro - PCM	
3.	feeds intolerance.	
4.		
5.		
6.		

Today's Weight : 862 gm ↑ 10gm.

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

Baby on CPAP PEEP-6cm with mask
FiO_2 - 21 /
No Bradycardia
No desaturation.
Tolerating feeds
Intermittent Hypertension

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 156/min
RR = 67/min.
SpO_2 - 100% l.
BP = 97/65(75)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : (+) Grade I IVH .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... U/b+

.....

Stool passed

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

.....

Total aspeak.

.....

P/A - soft, distended

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj. fluconazol (P)	
2.		
3.		

Caffeine
Glycerin
Domperidone

PICC - D3

Plan of Treatment :

1) Continue CPAP PEEP - 6.
Target SpO_2 90-95%.

2) TV = 140ml/kg/day
TF = 8ml/hr.
- 5ml/hr 4hr on 2hr off
- 10.5ml BD feeds
- Rest - 12.5% TPN

3) Gas - alternate day
RBS - OD

4) positioning - Rt up, Lt up, Supine } each 4hrs

5) Hourly 6th hrly

6) w/f vitals
Brady, desat, apnea

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

Signature : Sneha

Date & Time: 9/4/26

Doctor's Name (Handover taken) : Dr Ashwarya

Signature :

Date & Time: 9/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

(139)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26 10 AM.	seen by Dr Pratyush.	
		Plan
		① cont 3ml/hr - 4hrly 2hr off evening - +1ml
		② RW Rams in evening OCN.
		③ Gas ~~daily~~ twice weekly
		④ send NP_2 + Gas on tuesday.
		⑤ Positioning - supine - Rt up - lt up 4hrs
	Dr Aishwarya	Noted by SIS Priyanka 19/4/26
2:12PM	Afternoon	
	~~BA~~ 2ml - Rx feed aspirates ⊕ milk	Adv ① CPAP Mask Repositioned (Distress ↓)
		① continue CPAP ; Mask i/v/o Respiratory
	Passed stool ⊕	
CPAP	Mild RD ⊕ & SCR ⊕	② RW RAMs
Peep: 5	SpO_2 - 92	③ NP_2 + g on Tuesday
FiO_2 = 21	HR: 170/min	
	RR: 64/min	④ positioning - Supine / RT up / Lt up 4hrs
	BP: 75/61	⑤ ~~IV~~ feeds
Noted by SIS		continue 5ml/hr

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26	NICU secondary	
HPM.		
	on CPAP 5cm mask.	
	HR- 171/min	Plan
	RR- 57/min	① cont CPAP mask 5cm
	SpO_2 - 100%.	② TV = 140 ml/kg/day
	Mild SCR (+)	6 ml/hr - 4hr on
	Active baby	2hr off
	tolerating feed.	↑ 1ml BD
	PA- soft, distended.	③ Cras twice weekly
	Stools passed.	CRBS OD
	NG asp- clear 5ml.	④ Tuesday 21/4
		- Cras
		- NP_2
		⑤ Positioning Rt up / supine / Lt up } 4hrs
		Noted by Vishnupriya. 19/4/26 @11pm.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 29. **PMA:** 30+6.

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW / RDS	Thrombocytopenia
2.	HsPDA - PCM x2 + Ibuprofen	
3.	Feed intolerance	
4.	(R) grade I IVH.	
5.		
6.		

Today's Weight : 871 gm ↑ 9gm. cockleg

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : .....Spo;.....

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

Change over the Last 24 Hours..... CPAP 6cm 21-1. mask

No brady desat

nnd SCR (A)

1 e/o ↑ resp distress yday → cont mask.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 157/min

SpO_2 - 100%.

RR - 55.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : ..... (R) grade I IVH Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output 3 ml/kh ml/kg/hr Stools : 5 t.

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency: 7ml/hr [4hr on 2hr off

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

Abdominal Examination: • soft, non distended.

KPO Na asp — Nil clear.

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Fluconazole (P)	
2.		
3.		

Caffeine
Glycerine
Domperidone PRN D4.

Plan of Treatment :

(1) cont CPAP 5cm
(RT) Rams.

(2) TV = 140 ml/kg/day → 7ml/hr [4hr on 2hr off.
↑ 7ml BD, TF = 8ml/hr

(3) Gas twice weekly
GRBS OD.

(4) T/m - Gas c NP2

(5) Positioning - Rt up
supine } 4hrs.
Lt up

Doctor's Name (Handover given) : Dr Ashwarya

Signature :

Date & Time: 20/4/26

Doctor's Name (Handover taken) : Faiz

Signature :

Date & Time: 20/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

(131)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/2026 @ 10:50		Seen by Dr. Prathyush
		1) PIP - 15 Rate - 30 PEEP - 6.5 NIV.
		2) Cyclical feeds Keep 5ml/hr ↑ 4hr on 2hr off Constant
		3) R/v on CPAP - T/m.
		4) Positioning { Rt up, Lt up, Supn } 4hr
		5) Ask for Ca^{+2}, PO_4^{-2} ALP in same sample ↓ if not possible. ↓ T/m - NP2
		6) Gas - alternate day GRBS - OD
		Sneha
		Noted by Sis Jayalakshmi 17/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

(132)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26 1PM	Afternoon Notes	
	on NIV 15/6·5	
	T_i - 0·4	Plan
	FiO_2 - 23%.	① cont NIV
	rate - 30/min	② stop current feeding cycle
	HR - 164/min	③ (RW) before next cycle.
	SpO_2 - 96%	④ TV = 120ml/kg/day 12-5%. TPN
	RR - 63/min	⑤ (RW) CPAP t/m
	SCR (+) VCR (+)	⑥ Centre physio-therapy.
	Abdo distended but ~~soft~~ firm.	⑦ Cross all day CRBS OD
	Cyclical feeds ongoing	⑧ Positioning - Rt up, - Lt up, - Supine } 4hrly
	2nd light yellow ~~stool~~ passed stools	
	↓	
	~~o/e~~ - baby had 1 large vomiting yellow colour ~50ml.	
	Post which PA - soft distension reduced.	
	Ca = 10·1	
	ALP = 329	
	PO_4 = 2·1	

Noted by
SR Pratyush
17/4/26

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

(133)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26	seen by Dr. Pratyush	Plan ① NIV → CPAP 6·5cm ② cont ~~co~~ domstal ③ Feeds 3ml/hr [4hr on / 2hr off ④ T/m add Potphos to TPN Noted by Sis Priyanka 17/4/26
17/4 @ 11:24pm		seen by Dr. pratyush ↓ CPAP — 6 ↑ feed · gavage-wise cycle Dr Dinesh
	Noted by Homeopathic 016699	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

(134)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26.	Night round	
11 PM.		PM.
	Baby on CPAP	
	PEEP-6, FiO_2-21%.	1) Continue CPAP
	No New issues	
		2) ↑feeds. ↑ Feed 4ml/kg/dose 8th cycle
	Spo2-97%.	TV-120 ml/kg/day.
	HR-189/min	12-5% TPN
	RR-31/min	
	BP-90/52(66).	
		3) TFN Add potphos to TPN
		4) Gas alternate day
		5) RBS-TID
		6) Pertin is advised TID
	Noted by Hemalatha 17/4/26 @11-30PM	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

18/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 27 **PMA:** 34+4

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT/ ELBW/ RDS	
2.	USPDA - PCM - Ibuprofen	
3.	Thrombocytopenia	
4.	Feed intolerance.	
5.		
6.		

Today's Weight : 852 gm (25 gm ↓)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP 6 VG..... Rate..... Fio2 21%. Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: NIV — P CPAP mask.

Change over the Last 24 Hours 5-5cm → 6cm'

No Desaturation/ Bradycardia/ Apnea.

1 episode of small vomiting

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%.
HR - 159/min
RR - 43/min
BP - 81/50 (64)

SURB.
ICRB

CNS

Neurological Examination : .....

Sedation Deprived.

Last Neurosonogram : ..... Any Seizures No

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....

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

.....

Aspirates — 2 ml — light yellow

4 ml - light Brown

4 ml - clear.

10 ml.

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

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

Inj fluconazole
Inj- Caffeine
Lacycerine suppository
Dompersdone suspension

PICC D2.

Plan of Treatment :

1- Continue CPAP - PEEP-6. FiO2-21%.

2- TV. 120 ml/kg/day 12-5% TPN on 4 ml/hr cyclical feeds 4 hours on 2 hours off

3. Add potphos to TPN

4. Inj alternate day

5. RBS OD

6. monitor urine

7 - Positioning — R lat - 4 hours
L lat - 4 hours
supine - 4 hours

N - Restricted

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

Signature : .....

Date & Time: 18/4/26

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : .....

Date & Time: 18/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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RESULT SHEET

(3)

Date	6/4/26	7/4/26	7/4/26	8/4/26	10/4/26	11/4/26
Time	5:46	8am	6:15pm	9:30am		
Hb	8.7			11.8		
PCV	28.8			39.3		
RBC	2.90			4.01		
WBC	32.54			32.19		
N/L	78.6 / 12.4			74.3 / 13.1		
Platelets	404			429		
CRP				5		
ESR						
PCT					1.48	
RBS						
Na						
K						
Cl						
Ca/Mg		10.2 /				
Phosphate		3.9				
Urea			63			
Creatinine			0.9			
ALP		311				
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

2636312

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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(2)

RESULT SHEET

Date	31/3/26	2/4/26	2/4/26	3/4/26	4/4/26	5/4/26
Time	@1pm		5:40pm	@8PM	6AM	6AM
Hb		9.9	11.1		10.7	
PCV		32.6	35.5		35.0	
RBC		3.11	3.67		3.57	
WBC		52.99	40.61		20.76	
N/L		73/8.7	72.4/13.4		71.0/18.7	
Platelets		646	437		432	
CRP		5.0	5.0			
ESR						
PCT		>	5.72			1.54
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	42					
Creatinine	1.2					
ALP				234		
SGPT				16		
SGOT				57		
T.Bill/Conj	8.8<0.1 / 8.7			5.1<0.1 / 5.0		
T.Protein				5.8		
S.Albumin				3		
S.Globulin				2.8		
A/G Ratio				1		
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate			PRP			
S.Cholesterol						
PT/INR		21/1.6	19/1.5			
APTT		43	39			
CSF Protein / Sugar						
Cells						
N/L						

Date	31/04/26	2/4/26				
Time		5:19 pm				
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	PCT → 5.72					
T4	4.93					
T3	59.09					
TSH	3.63.					

Culture and Sensitivities : Blood culture 31/03/26 No growth after 48 H

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

(1)

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RESULT SHEET

Date	23/3/26	24/3/26	25/3/26	26/3/26	27/3/26	29/3/26
Time		7:22 AM	6:30 am	7:08 Am	7 am	7 Am
Hb	11.4	12.8	11.1		12.4	10.8
PCV	37	41.7	37.1		40.5	33.6
RBC	3.38	3.91	3.40		3.79	3.27
WBC	GCSF 2.10	8.88	14.90		26.31	39.64
N/L	25.7/64	37.6/9.5	81.7/4.6		63.4/11.9	53.9/12.4
Platelets	2.68 1a	205	204		209	290
CRP		36.0	22		5.0	5.0
ESR						
PCT						
RBS						
Na		137			135	
K		5.5			4.0	
Cl		112			115	
Ca/Mg		7.0/			9.1/	
Phosphate						
Urea		56			124	110
Creatinine		1.0			1.0	1
ALP						
SGPT						9
SGOT						22
T.Bill/Conj		4.4<0.1 4.3			7.0<0.1 6.9	
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	PPP 24/1.9			20/1.5		
APTT	63			43		
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/3/26 Time: 12pm

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

Blood Bank Issue No: BAH-00651673 → 26-00370 Date of Collection: 17/2/26 Date of Expiry: 16/2/27

Date & Time of Starting Transfusion: 12pm Planned duration of Transfusion: 30 min

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Digeshwari Nurse 2: Srija.

Before starting transfusion vitals: Temp: 36.7°C HR: 161 RR: ..... BP: 38/22 SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
23/3	15 Min	151	36.7°C	37/21	96	–	–	–	–
23/3	15 Min	161	36.7°C	38/20	97	–	–	–	–
23/3	30 Min	159	36.7°C	40/20	100	–	–	–	–
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No issues during transfusion

Name of the Incharge-Nurse: Sdng

Signature of the Incharge-Nurse:

Date & Time: 23/3/26

Name of the Nurse: Digeshwari

Signature of the Nurse: Digeshwari

Date & Time: 23/3/26 12pm

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

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RAINBOW HOSPITAL BLOOD BANK

Road No. 2, Bajara Hills , Hyderabad

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

O

Rh(D) POSITIVE

FRESH FROZEN PLASMA

~~160 - 180 ml~~ 180ml

Prepared from Blood collected with Anticoagulant Citrate Phosphate Dextrose Adenine Solution U.S.P. 63 ml

CAUTION

1. Do not use if there is any visible evidence of deterioration
2. Storage temperature(-18) degrees centigrade or below
3. Shelf life one year
4. Before use FFP must be thawed with agitation in a water bath between 30 to 37 degrees Centigrade.
5. Use immediately or store thawed FFP between 2-6 degrees centigrade and use within 24 hours after thawing if delay is encountered.
6. Should not be refrozen after thawing.
7. Do not add any other medicine to the blood.
8. Use Pyrogenic Clean, Sterile pyrogen free disposable transfusion set with filter.
9. Do not dispense without prescription.
10. Check blood group on the label and group before administration.
11. Cross match before use.
12. Transfusion criteria ABO compatible
13. For 'O' group only (whether haemolysins are present or not and if they are the blood must be administered only to receipients of Blood group 'O')

Blood Bag No.

26-00370

Date of Preparation

17/02/26

Date of Expiry

16/02/27

Negative for Hbs Ag, HIV I & II, HCV VDRL, & MP

Please Note : it is advised that this Blood Bag which is stored in our Blood Bank refrigerator at ideal temperature must be transfused immediately without further storing it. This Blood Bank bears no responsibility if this bag is further stored with out transfusion.

Prepared from a Voluntary Blood Donor / Replacement Donor

B(O) Rh-(D) Positive

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

Oral Consent

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

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Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: B/o Sangamitra Age: 13 Hrs Gender: Male ☐ ~~Female~~ ☐

UHID.No : BAH-00651673 Date: 23/3/26

Type of Blood Product:

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

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time 24/3/26 .....

~~Doctor~~ Witness (Who is talking the consent)

Signature: .....

Name: Diffi .....

Date & Time 23/3/26 @ 9pm .....

~~Witness~~ Doctor

Signature: .....

Name: T. Pavani .....

Date & Time 24.03.26 .....

Rainbow® Children's Hospital
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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే దాత ప్లేటిలెట్స్ ☐ Whole Blood

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

నేను ..... త్రిలో అడ్మిట్ అయి

ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా ంగీకారం తెలుపుతున్నాను.

దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ ఐ ియా మరియు సిఫ్లిస్

లక్షణాలు లేవని పరీక్షించి బడినది పరీక్షలో కనబడని అనేక

ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదు క్తుల మార్పిడికి సంబంధించిన

ప్రతిచర్యలు సోకే ప్రమాదం తెలెత్తవచ్చు అని నేను అర్థం

చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నా .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాల ్న డాక్టర్ ద్వారా నాకు

వివరించబడ్డాయి. చికిత్స చేస్తు ఉత్పత్తులు ప్యాక్ చేయబడిన

ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, కారము తెలుపుతున్నాను.

నాకు పూర్తిగా అర్థమగు భాషలో న ను

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

.....

పేరు .....

తేదీ మరియు సమయము .....

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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 30 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

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

Unit No.: BAH26-00644
Blood Group: O Rh Positive
Collection Date: 22/Mar/2026
Expiry Date: 03/May/2026

O Positive

BIACH&RI BLOOD BANK
25 Gy INDICATOR
IRRADIATED
OPERATOR
DATE: 22/3/26

ter Without Warming. 2) Shake Gently Before Use. 3) Do Not edication. 4) Check Blood Group on Label & Recipient's ame Before Administration. 5) Use Sterile Transfusion Set) Do Not Dispense Without Prescription. 7) Do Not Use if Visible Evidence. 8.) Store Between 2° C to 6° C. 9)

Issue Label / CrossMatching Report

nt : BABY.OF.KATTA V SANGAMITRA -
t's Blood Group :O Rh Positive
Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
No.: BAH-00651673 Wd-Bed No.:
LR-PRBC Pedia-1
oup : O Rh Positive Issue Dt : 23/Mar/2026
BAH26-00644 Colln. Dt :22/Mar/2026
ching Report:Compatible Exp. Dt :03/May/2026
X-matched by: K. Alok Issued By : B.Abhishek

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: ..... Age: ..... Gender: Male ☐ Female ☐

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

Type of Blood Product:

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

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: Father

Date & Time ~~Father~~ 23/3/26

Doctor (Who is talking the consent)

Signature: Srilu

Name: Y-Sneha

Date & Time 23/3/26

Witness

Signature: Dageshwari

Name: Dageshwari

Date & Time 23/3/26

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: B/o Sanghamitra Age: 19/M Gender: Male ☑ Female ☐

UHID.No : Date: 6/4/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☑ Red Blood Cell (LRBC)
- ☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: D. Chiranjeevi

Date & Time 06/04/26 1:30pm

Doctor (Who is talking the consent)

Signature: .....

Name: Y. Sneha

Date & Time 6/4/26 1:30pm

Witness

Signature: .....

Name: Bharathi

Date & Time 6/4/26 1:30pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/6/26 Time: 1:56 pm

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

Blood Bank Issue No: BBH26-00750 Date of Collection: 31/5/26 Date of Expiry: 12/5/26

Date & Time of Starting Transfusion: 6/6/26 1:56 pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Dr. Snehal Nurse 2: Sis Bharathi

Before starting transfusion vitals: Temp: 98.6F HR 120 RR: 45 BP: 54/35(42) SpO_2 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
1:56 pm	15 Min	170	98.6F	54/35(42)	97%	No	–	–	–
2:15 pm	15 Min	120	98.6F	54/35(42)	96%	No	–	–	–
2:30 pm	30 Min	166	98.5F	75/63(68)	89%	No	–	–	–
3 pm	30 Min	182	98.6F	51/35(41)	95%	No	–	–	–
3:30 pm	30 Min	177	98.7F	59/39(47)	98%	No	–	–	–
4 pm	1 Hr	174	98.5F	57/39(44)	98%	No	–	–	–
5 pm	1 Hr	184	98.6F	51/41(43)	92%	No	–	–	–
6 pm		167	98.5F	62/38(46)	97%	No	–	–	–

Comments: During transfusion time no issue

Name of the Incharge-Nurse: Shweta Name of the Nurse: Bharathi

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

Date & Time: 6/6/26 6 pm Date & Time: 6/6/26 6 pm

BIACH&RI OPERATOR vd DATE: 6 / 4 /26
BLOOD BANK

Rainb... D.No.8-2... 25 Gy INDICATOR [redacted] IRRADIATED ...2,

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 30 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. SAGM Solution.

O

Rh Positive

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

Unit No.: BAH26-00750
Blood Group: O Rh Positive
Collection Date: 31/Mar/2026
Expiry Date: 12/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. ...fusion Set ...Not Use if ...9) ...cal

Issue Label / CrossMatching Report

Patient : **BABY.OF.KATTA V SANGAMITRA -**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:

Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No.:**BAH26-00750**
XMatching Report:Compatible
X-matched by: R.RAMESH

Issue Dt : 06/Apr/2026
Colln. Dt :31/Mar/2026
Exp. Dt :12/May/2026
Issued By : R.RAMESH

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

LRBL

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/4/26 Time: 12:15pm

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

Blood Bank Issue No: BAH.26-00.250 Date of Collection: 31/3/26 Date of Expiry: 12/5/26

Date & Time of Starting Transfusion: Planned duration of Transfusion: 4 hrs

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Devadarsh Nurse 2: sis. Jeyshila

Before starting transfusion vitals: Temp: 36.6°C HR 189 RR: 45bpm BP: 80/50(60) SpO_2 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2/4/26	15 Min	196	36.6°C	80/47 (59)	97%	–	–	–	–
2/4/26	15 Min	183	36.6°C	82/54 (63)	99%	–	–	–	–
2/4/26	30 Min	180	36.5°C	81/34 (51)	95%	–	–	–	–
2/4/26	30 Min	168	36.7°C	86/41(55	97%	–	–	–	–
2/4/26	30 Min	180	36.7°C	89/49(61)	93%	–	–	–	–
2/4/26	1 Hr	190	36.7°C	88/54 (67)	95%	–	–	–	–
2/4/26	1 Hr	168	36.8°C	87/45 61	95%	–	–	–	–

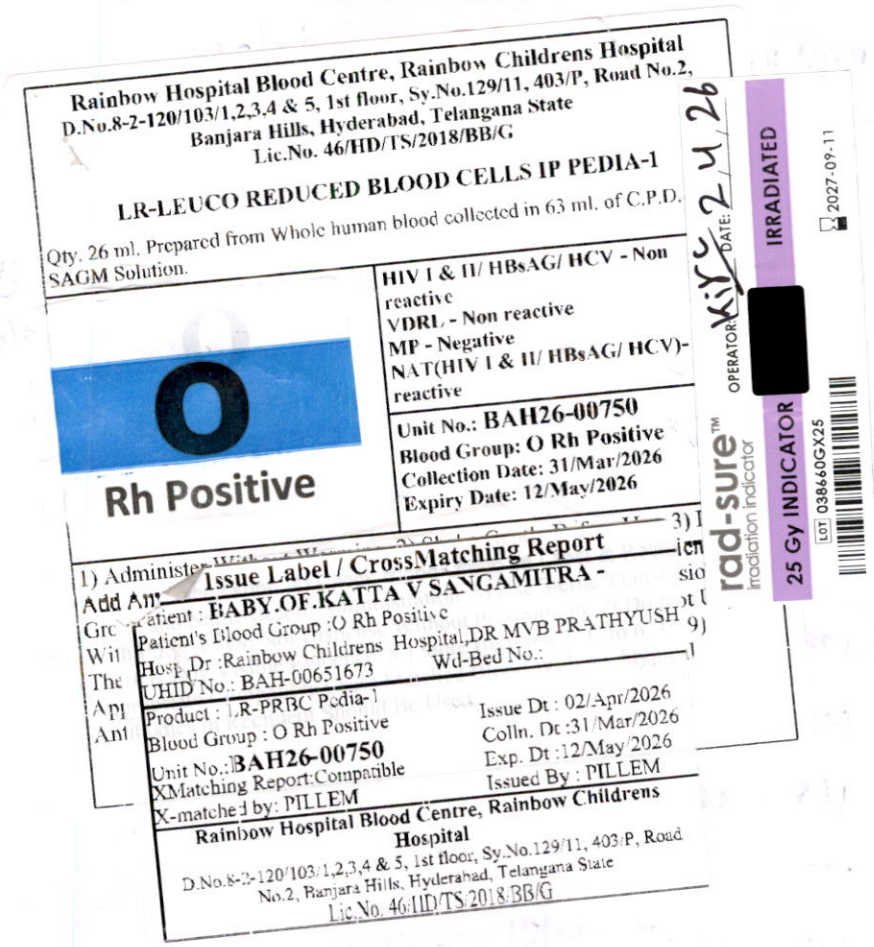
Comments: No reactions During Transfusion

Name of the Incharge-Nurse: Stilcans Name of the Nurse: Devadarsh

Signature of the Incharge-Nurse: Sh Signature of the Nurse: DS

Date & Time: 2/4/26 Date & Time: 2/4/26 4:15pm

Docu. No. : RCHBH /FRM / CLINICAL / 078



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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 26 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. SAGM Solution.

O
Rh Positive

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

Unit No.: BAH26-00750
Blood Group: O Rh Positive
Collection Date: 31/Mar/2026
Expiry Date: 12/May/2026

1) Administe... 3)
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Issue Label / CrossMatching Report

Patient : BABY.OF.KATTA V SANGAMITRA -
Patient's Blood Group :O Rh Positive
Hosp. Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:
Product : LR-PRBC Pedia-1
Blood Group : O Rh Positive
Unit No.:BAH26-00750
XMatching Report:Compatible
X-matched by: PILLEM
Issue Dt : 02/Apr/2026
Colln. Dt :31/Mar/2026
Exp. Dt :12/May/2026
Issued By : PILLEM

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

OPERATOR: Kiran DATE: 2/4/26
IRRADIATED
rad-sure™ irradiation indicator
25 Gy INDICATOR
LOT 038660GX25
2027-09-11

CONSENT FOR BLOOD TRANSFUSION

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BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

Name: ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : .... Date: 2/4/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☑ Red Blood Cell, LRBC irradiated +TVTP
- ☐ Others .....

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time 2/4/26 12Pm

Doctor (Who is talking the consent)

Signature: .....

Name: Y. Sneha

Date & Time 2/4/26 12Pm

Witness

Signature: .....

Name: .....

Date & Time 2/4/26 12:15Pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

.....

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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CONSENT FOR BLOOD TRANSFUSION

Name: B/O Katta V. Sangamitra Age: D+0 Gender: Male ☑ Female ☐

UHID.No : 651673 Date: 2/4/26

Type of Blood Product:

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

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

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

.....

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

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time 2/4/26 6:30pm

Doctor (Who is talking the consent)

Signature: Sneha

Name: Y. Sneha

Date & Time 2/4/26 8:30 P.M.

Witness

Signature: .....

Name: .....

Date & Time 2/4/26 8:30A

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

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

☐ క్రయో ప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

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

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అ[illegible] ర రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమా[illegible] పసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ[illegible] .....

....

పైన పేర్కొన్న అన్ని ప్రవ[illegible] కిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికి[illegible] /లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర ర[illegible]) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగ[illegible] ్నాను

సహాయకుడు(అటెం[illegible]

సంతకము ..... [illegible] కం .....

పేరు ....

తేదీ మరియు సమయము ..... తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసు[illegible]

సంతకము .....

పేరు .....

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

FRESH FROZEN PLASMA B.P (I)

Qty. 25

O

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

Unit No.: **BAH26-00366**
Blood Group: O Rh Positive
Collection Date: 17/Feb/2026
Expiry Date: 17/Feb/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add Any Medication. Ambank Blood Group on Label & Recipient's Group ar[illegible] With Filt[illegible] There is [illegible] 9)rcsuspe[illegible] Plasma. Between [illegible]

Issue Label / CrossMatching Report

Patient : **BABY.OF.KATTA V SANGAMITRA -**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:
Product : FP-1
Blood Group : O Rh Positive Issue Dt : 02/Apr/2026
Unit No.:**BAH26-00366** Colln. Dt :17/Feb/2026
XMatching Report:ABO Compatible Exp. Dt :17/Feb/2027
X-matched by: PILLEM Issued By : PILLEM

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

FPP

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/4/26 Time: 8:30 Am

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

Blood Bank Issue No: BAH 26-00366 Date of Collection: 17/2/26 Date of Expiry: 17/2/26

Date & Time of Starting Transfusion: Planned duration of Transfusion: 3 onits 3

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Devadarsini Nurse 2: Srilaxmi

Before starting transfusion vitals: Temp: 36.6°C HR 126 RR: 45 BP: 83/43(59) SpO_2 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2/4/26	15 Min	188	36.6°C	90/39(60)	99%	–	–	–	–
2/4/26	15 Min	192	36.6°C	83/47(57)	98%	–	–	–	–
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction during transfusion

Name of the Incharge-Nurse: Shrilaxmi Name of the Nurse: Devadarsini

Signature of the Incharge-Nurse: Sl Signature of the Nurse: Des

Date & Time: 2/4/26 9Am Date & Time: 2/4/26 9Am

Docu. No. : RCHBH /FRM / CLINICAL / 078

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

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

UHID No : 651673 Department : NICU-1 Date : 23/3/26

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

Here by give consent for procedure of : Acc line insertion

For my patient, Named : .....

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

Bleeding

Infection

Migration

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

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

Name of the Doctor performing the procedure: DR NIGESH R.

Patient Attendant :

Signature : .....

Name : DEVARA CHERU LAVYA

Relationship with Patient: Father

Date & Time : 23/3/26 2PM

Witness :

Signature : Dageshwari

Name : Dageshwari

Date & Time : 23/3/26 2PM

Doctor (who is taking the consent) :

Signature : .....

Name : DR NIGESH R

Date & Time : 23/3/26, 3PM

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

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.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-006...
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sangeeta ..... Gender: ☒ Male ☐ Female

UHID No : 051673 ..... Department : NICU ..... Date : 23/3/26

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

Here by give consent for procedure of : Intubation, surfactant .....

For my patient, Named : .....

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

- Bleeding.
- Pneumothorax

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

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

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : DEVARA GOPALAYYA

Relationship with Patient: Father

Date & Time : 23/3/26 2pm

Witness :

Signature : Rageshwari

Name : Rageshwari

Date & Time : 23/3/26 2pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr NIKESH R

Date & Time : 23/3/26, 2pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sangamitra Gender: ☐ Male ☐ Female

UHID No : 651673 Department : Date : 23/3/26

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

Here by give consent for procedure of : Umbilical artery & vein catheterisation

For my patient, Named : .....

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

Infection
Migration
Bleeding

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

IV - Cannula

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

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : OBVARA CHENNAVVA

Relationship with Patient: father

Date & Time : 23/3/26 2pm

Witness :

Signature : Digeshwari

Name : Digeshwari

Date & Time : 23/3/26 2pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr NILESH R

Date & Time : 23/3/26, 2pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

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.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

OSVD card

picc line

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sangamitra Gender: ☑ Male ☐ Female

UHID No : ..... Department : NICU Date : 2/4/26

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

Here by give consent for procedure of : piccline

For my patient, Named : .....

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

- Bleeding, Infection, Displacement

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

IV cannula - Infection

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

Name of the Doctor performing the procedure: Dr. Nilesh

Patient Attendant :

Signature : Completed

Name : MV Sangamitra

Relationship with Patient: Mother

Date & Time : 2/4/26 4pm

Witness :

Signature : (1) (2)

Name : (1) Devidarmath

Date & Time : 2/4/26 4pm

Doctor (who is taking the consent) :

Signature : Sneha

Name : Y. Sneha

Date & Time : 2/4/26 4pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

premicath

(PUR - XRO / ORX / RXC)

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

Catheter with splitting needle / Cathéter avec aiguille scalpable / Catéter con aguja pelable / Katheter mit spaltbarer Stahl-Kanüle / Catetere con ago spaccabile / Katheter met splitbare naald / Cateter com agulha descartável / Kateter med gjelbar nål

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

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

VYGON GmbH & Co. KG

Made in Germany

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

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

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

28G / 1Fr 20 cm

premicath

VYGON

Rainbow® Children's Hospital
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Docu. No. RCH

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sragnika Gender: ☑ Male ☐ Female

UHID No : 651673 Department : NICU Date : 2/4/26

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

Here by give consent for procedure of : E.T intubation

For my patient, Named : .....

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

Bleeding, Bradycardia.

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

Resp. failure

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

Name of the Doctor performing the procedure: Dr. Mamtha

Patient Attendant :

Signature : .....

Name : Dr. V. Sangamitra

Relationship with Patient: Mother

Date & Time : 2/4/26 7AM

Witness :

Signature : .....

Name : Devendra

Date & Time : 2/4/26 7AM

Doctor (who is taking the consent) :

Signature : .....

Name : Y. Sneha

Date & Time : 2/4/26 7AM

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

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

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.....

.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

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

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

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

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

BIRTH INFORMATION

Name : B/o Sanghamitra. Katta..

Gender : ☑ M ☐ F Blood Group : O positive

Date of Birth : 23/3/26 Time of Birth : 6:46 am

Place of Birth : RCH, Banjara

Mother's Blood Group : B positive

Birth Weight (gms) : 830g Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 26+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 26/8/25 EDD : 2/6/26

Conception : Spontaneous or with Rx. : Spontaneous Betnasol

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2 doses of steroid ~ 20/3/22-12:30pm ~ 21/3/22-12:30pm

Last Scans Details : 19/3/26 → SDP=5, cephalic, EFW = 940gm, placenta-posterior TT Immunization and Iron / Folic Acid : Mgso4 LD flb MD (on 20&/3/26)

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE - Seed HVS Cs

How many Drugs / Doses / Since how long : .....

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

- Chronic HTN x 3yrs

IUGR - when detected : - G Labetalol (100mg BD)

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

AFI : Last scan on 20/3/26 → 26+2, Doppler-N, AFI-0, EFW-717g,

PPROM - since 20/3/26, ↳ started on tab Azithromycin & Metrozole

Mother (20/3/26) → WBC-10.98, Hb-10.2, Plt -

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

Controlled or not, recent values, HbA1 values : ..... - Gestational diet

Compliance with Rx : .....

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

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

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever

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

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

PPROM : Duration : 3 days ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

BAH-00651673 IP5-0017151S
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

PAST OBSTETRIC HISTORY

2 P: 1 A: L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	- 2019	- Preterm (pre-eclampsia)	→ 32 weeks			- Male - 1.9kg - AGA
						- NICU stay 5 days.

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : EM: LSCS

Specify the reason : G1V1O. preterm onset of labour

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : 7.24/51/35/-4.8 pt.3 UVO sample

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	
HEART RATE	Absent	< 100 Minutes	> Minutes	1	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	1	
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	1	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	0	1	
			TOTAL	4/10	6/10	

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

Comments :

- HVS - No growth (No Bacteria / Yeast)
- U/C/S - No growth.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Equipment check done
↓
warmer pre-heated
↓
Delivered by EM. LSCS
↓
didnot cry immediately after birth,
NO efforts,
HR<100
↓
Started PPV
↓
After 2 min of PPV, Heart rate improved (>100),
But I/v/o. poor spontaneous efforts Continued PPV for 3 min.
↓
Spontaneous efforts present,
HR >100,
perfusion improved
↓
Connected to DR-CPAP and shifted to NICU for further management.

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 98 HR : 145/min RR : NIBP : CFT : 3 sec

Color of the extremities : Acrocyanotic

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

	es : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	N
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : Discharge :	To be checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2A + 1V
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : 6/10

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

Settings : .....

Spo2 : 96% @ CPAP Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Femoral Pulses : Felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : present

Umbilical Cord : 2A + 1V Present

First urine passed : NO

Meconium passed : passed

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

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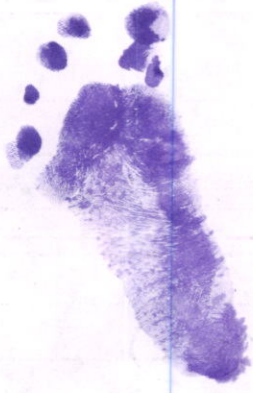
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

Diagnosis : Extreme preterm / ELBW / delayed transition / RDS / PPROM (3days) / IDM

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Dr. Anusha / Dr. Anusha

Name : Anusha

Date & Time : 22/3/26

Consultant :

Signature :

Name : Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

Date & Time : 23/3/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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.

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Plan:

Medications : .....

- Shift to NICU.
- plan Surfactant & intubation (SOS)

Plan during ward follow up :

- TV - 80ml/kg/day.
- CAC, UVC insertion.
- To send CBP, PT, APTI, INR, Blood cls, Gas, RBS } NOW.

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

Screenings done during NICU Stay :

- CXR along with central lines.
- RBS 6th hourly.

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

AH-00651673 IP5-00171513
aby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 12 D (M)
r. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26. 2:50pm	Afternoon Round.	
	On NIV :- FiO2 - 30%., PIP - 20 PEEP - 6, Rate 50. No beady / desat since morning 10am.	Plan.
	Vitals: HR - 180/min. RR - 42/min SpO2 - 99%. BP - 50/34(40)	→ Continue current ventilation
	P/A - soft. mildly distended.	→ TV - 150cc/kg/day & ml/hr (120cc/kg) ~ 2hrs off. + Bolus 30cc (URBC+FFP+Meds)
	Blood c/s - NG @ 48h. urine c/s - NG @ 24h PCT - 34.4 IL-6 - 110.65	→ Send blood gas at 8pm → Send CBP, S/E, Septic PCR repeat, Cgas. Sample } at 8pm → Positioning :- Rt up - 4h ~ Supine - 4h → Nasal & oral suction 4th hrly → w/f beady / desat Noted by Nurses 06/05/26 @ 3pm Poojitha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Chest Rx
		CBP
		→ CRP Stat
		T. P/O PT/APTT
		NMN 18/6/40
6/5/26 @ 11:20 am	Night Rounds	
	Baby on NIV.	Plan
	PIP = 18, PEEP - 6	1) Continue NIV
	Rate - 40	18/6, Rate 40/min
	FiO_2 - 30%	Target SpO_2 90-95%
	NO Bradycardia	
	No desaturations	2) TV = 150 cc/kg/day
		↓ ↓
	Vitals HR = 156/min	120 cc/kg Rest 30 cc/kg
	RR = 70/min	8ml/hr LRBC
	SpO_2 = 96%	4hr on FFP
	BP = 70/42(52)	2hr off meds

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A = Soft distended.	2) Send CBP, CRP } T/m.
	Tolerating feeds.	4) positioning Rt lat - 4hr Supine - 4hr.
	Stool passed	
	No aspirates.	5) Gas - OD
	U/O = 2.8cc/kg/day	GRBS - BD
	+47.3ml.	6) Trace - Septicemia panel. PCR.
		7) Nasal Suctioning regularly.
		8) I/o charting 6th hrly
		9) C/f - Brady, desat

Noted by Hajera 7/9/26

Sneha

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 45 **PMA:** 33+3

Term ☐ **Preterm** ☑ Gestation : 26+5wks Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme PT / ELBW.	HS-PDA closed.
2.	RDS → Evolving CLD.	
3.	Apnea of Prematurity	
4.	Sepsis	
5.	Left sided T Pvi changes	
6.		

Today's Weight : 1.065 ↑15g

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

Baby on HIV,
PIP = 18, PEEP - 6, Rate - 40,
FiO_2 - 25%.
No episode of Bradycardia

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 148/min
SpO_2 - 93%.
RR - 45/min
BP - 72/47 (55)

(Bradycardia episode on Suctioning / mask displacement

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:.....

.....

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

.....

Abd - Soft

.....

Mild distension

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj. Meropenem	D4
2.	Inj. Colistin	D4
3.		

Inj. caffeine

Supplements - HOB

Pdulise - D_3

Plan of Treatment :

1) Continue Current ventilation
   Target SPO_2 90-95%.
2) TV = 150ml/kg/day [8ml/hr ✓ 4hr on / 2hr off.
   Rest medications.
3) Trace - CBP, CRP
4) Positioning Rt up - 4hrs, ~~Lt up~~ Supine - 4hrs
5) Gas - OD, GRBS - BD
6) Trace - Septicemia PCR panel.
7) Nasal, oral Secretions to be cleared regularly
8) I/O charting 6th hrly
9) W/f Brady desat

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

Signature : Sneha

Date & Time: 6/5/26

Doctor's Name (Handover taken) : Dr ABhavya

Signature : .....

Date & Time: .....

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23-03-2026 0 Y 1 M 13 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 10pm	Seen by Dr. Pratyush	Plan
		① LP today. ✓
		② Trace Sepsis PCR
	Pl - 92K	③ TV = 150ml/kg/day
	CRP 57	8ml/hr [4hr on / 2hr off]
		8.5.
		④ Gas OD
		CRBS BD
		Noted By Bhavani 2/5/26 @ 10Am
3/5/26 2:30PM	Afternoon Round.	
	on NIV - 17/6.	Plan.
	Rate - 35, FiO2 - 25%.	→ Continue current ventilation
	No brady/desat.	
	Vitals -	→ TV - 150cc/kg/day
	HR - 125/min	8.5ml/hr - 4hrs on (EBM) / 2hrs off
	RR - 52/min.	
	SpO2 - 96%.	
	BP - 79/44(55)	→ Trace CSF reports, Septicemia panel
		→ Gas - OD
	P/A - Soft	RBS - BD
		→ Positioning - Rt up - 4h / supine - 4h
		Noted By Bhavani 3/5/26 @ 3PM.
		→ Regular nasal & oral suction
		Poopli

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 @ 3:54PM	Lumbar puncture notes	
	under all aseptic precaution lumbar puncture done at L3-L4 level and 2-3ml CSF was collected, procedure was uneventful	
	RBS-	Plan → send CSF analysis and culture → R/ Ranitidine
7/5 @ 5:19PM		Seen by Dr. Nilesh Sir
	poor chest rise	NIV → 7/5 @ 30-sale → TV - 150 ml/kg/day 8 hrly (34ml) 2nd feed onwards → CBG, RBS OD
	Noted By Blawan 7/5/26 @6pm	

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23-03-2026 0 Y 1 M 13 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3 @ 10:16 PM	Night round	Seen by Dr. Vinod
	On NIV Rate - 30/17/6/26%. No brady, desaturation/feeds well No vomiting. Vitals - HR - 147 RR - 50/min SpO_2 - 95%.	- Continue NIV Rate - 30 PIP - 17 PEEP - 6. FiO_2 - 26%. - Feeds - 8.5ml/4hrs on 2hr off. - Position - RT φ 4hrs Supine 4hrs. - w/f brady/desaturation - CBG/RBS/OD
	Noted by Hajira 10:20pm	Dr. Ramya

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
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23-03-2026 0 Y 1 M 13 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 46. **PMA:** 33+4.

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extr. PT / ELBW.	HS - PDA Closed
2.	RDS → Evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	Left sided PVL changes.	
6.	Meningitis.	

Today's Weight : 1.100 kg (↑ 35gm)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO_2.....Oxygen : .....L/min

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

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

Change over the Last 24 Hours..... Baby on NIV, rate = 30
PIP = 17.
PEEP = 6
FiO_2 = 28%.
Bs. Desat episodes (+), not maintaining $\leq FiO_2 \leq 26\%$.

CARDIO VASCULAR SYSTEM

Plan of Care : HR = 148/min
RR = 54/min
SPO_2 = 96% on NIV.
BP = 68/38 (49) mm Hg.
U/O = 2.9 ml/kg/hr
S/O = 5 times
RBS - 112 mg/dl

CNS

Neurological Examination : ..... } CTA fair
Last Neurosonogram : ..... Sedation ..... } NO
Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:..... PA : soft, distended.
.....

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

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Meropenam. D5	
2.	Inj Colistin D5	
3.		

Furosemide 3% NaCl.
Ossopan-D T-Bact
Glycerine Caffeine
Orofer XT. 1
Budecort PICC – D4
~~Caffeine~~

Plan of Treatment :

- Continue NIV ventilation
  Target SPO_2 90-95%.
- IV @ 150 ml/kg/day → 8.5 ml/hr (4hr on / 2hr off)
  → Rest medications
- Positioning (Rt up / left up) 4hr each
- Gas - OD
- GRBS - BD
- Nasal, oral secretions to be cleared regularly.

Doctor's Name (Handover given) : Ramya
Signature :
Date & Time: 8/5/26, 7am.

Doctor's Name (Handover taken) : Pooja
Signature :
Date & Time: 8/5/26.

Patient Sticker

(22)

Rainbow Children's Hospital
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Your Right to a Safe Delivery

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
8/5/26		Seen by Dr Pratyush
	10am	→ NIV – 16/6. Rate – 30.
		→ Trace Septicemia panel.
		→ R/v CPAP tomorrow Taper NIV as tolerated.
		→ Nasal & oral suction – 4th hrly
		→ Rt up – 4h. Lt up – 4h Supine – 2h.
		→ CBP, CRP – T/M
		→ TV – 130cc/kg/day 9hrs on 9ml/hr 15hrs off (130cc/kg/day) +20cc/kg/day – Meds
		→ NSG – T/M.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Chandana 0207408 8/5/26 @ 10:30 Am

Patient Sticker

(23)

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
8/1/26 2pm.		Afternoon Round.
		On NIV - 16/6.
		Rate - 30.
		No brady/desat.
		Vitals
		HR - 148/min
		RR - 44/min
		SpO2 - 97%.
		BP - 72/44 (54)
		P/A - Soft.
		Blood culture - NG@48H.
		Urine culture - NG@24H.
		Plan
		→ Continue NIV wean as tolerated
		→ TV - 150cc/kg/dose 9ml/kg - 4hrly on - 2hrly + HMF
		→ Trace CSF culture Trace septicemia panel.
		→ Send CBP, CRP T/M
		→ NSG - T/M
		→ Nasal oral Suction
		→ Positioning - Head up - 45° - Head up supine
		→ w/f brady/desat
		Noted by Chandana 8/1/26 @3pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 8:30pm	Night Round.	
	on NIV · 16 → 14	
	PEEP – 6 cm.	
	Rate – 30., FiO2 – 23%.	
	NO beady/ desat.	
		Plan.
	Vitals.	
	HR – 164/min.	→ Continue NIV.
	RR – 52/min	
	SpO2 – 94%.	→ TV – 150cc/kg/day
	BP – 79/36 (52)	9ml/hr – 1hr on 1hr off
		+HMF
	P/A – Soft.	
		→ Trace CSF culture.
	Septicemia panel – negative	→ Send CSF PCR now
	CPDP injury – grade I	→ Send CBP & T/m CRP / 6am
		→ NSG – tomorrow
		→ Regular nasal & oral suctioning
		→ Positioning – Rt cup – 4th – Lt cup – 4th supine – 2h.
		→ w/f beady/ desat.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

B/o Sangamitra

9/5/26.

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 47 **PMA:** 33+5

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT	ELBW	hs PDA closed
2.	RDS - Evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	(L) sided PVL changes	
6.	Meningitis	

Today's Weight : 1135g (↑ 35g)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO_2..... Oxygen : ..... L/min

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

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

Change over the Last 24 Hours..... on NIV - 14|6.

Rate -30.

Septicemia ? -ve panel

No beady | desat

Grade 1 CPAP injury

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 169/min

RR - 58/min

SpO_2 - 98%.

BP - 79/45(56)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : (L) PVL changes Any Seizures NO

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:..... • TV - 150cc/kg/day.....
.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
.....
P/A - distended, soft
.....

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj. Meropenam	D6
2.	Inj - Colistin	D6
3.		

Furosemide - 3% NaCl
Osropan-D. F.Bact.
Glycerine - Caffeine
Orofer XT
Budecort Neb

Plan of Treatment :

- Continue current ventilation, Target spo2 90-95%
- TV - 150cc/kg/day — 9ml/hr = 4ml on 1300 / 2ml off
  +/+ MF +3% NaCl
  Rest medication
- Trace CSF Biofire PCR
  CSF culture.
- NSG today.
- Trace CBP, CRP.
- w/f brady/desat
- ~~No~~ B/o charting 6th hrly

Doctor's Name (Handover given) : Pooplite
Signature : D
Date & Time: 9/5/26 8am

Doctor's Name (Handover taken) : Dr Aishwarya
Signature :
Date & Time: 9/5/26 9AM

Patient Sticker

(20)

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/5/26		Seen by Dr. Pradyush
7:50 am		→ Ask S/E in same sample.
		CPAP injury (+)
		→ Rejig nasal mask now
		NIV - 13/6
		Rate 25
		→ NSG today (review)
		→ Change to medium size mask now.
		→ Continue Meropenam till Day 10
		Stop Colistin
		→ Change to CPAP Prongs in evening
		Noted by Hajera @8 am 9/5/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/5/26	12PM	Afternoon Notes
		On NIV – 13/6
		Rate – 25
		FiO_2 – 23%.
		HR – 154/min
		SpO_2 – 100%.
		RR – 37/min
		Tolerating feeds
		PA – soft
		Stools passed
		No vomiting.
		Medium size mask kept.
		~~NSAID~~ – Dz/neo 9/10
		Plan
		① send – S/E quantitative ~~NOD~~ – CMV PCR NOD
		② TV = 150 ml/kg/day 9 ml/hr – 4 hr on 2 hr off + 2 ml/hr/cycle
		③ cont NIV change to CPAP in the evening
		④ w/e brady/ desat
		Dr Aishwarya.
		Ask calcium / PO4 / ALP also + TFT on monday.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 @ 3:22pm		seen by Dr. Vijayanand → continue NIV-IS/C change to CPAP-6 → continue full oral feed → Trace CAW electrolytes report Noted by Dr. Vishnupriya 01901 9/5/26 @3:22pm Dr. VIJAYANAND JAMALPURI Reg. No: 40826

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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RESULT SHEET

6

Date	6/5/26	7/5/26	7/5/26	9/5/26		
Time	6:39pm	5:21Am	2:24pm	5:1am		
Hb		12.8		12.9		
PCV		37.4		38.1		
RBC		4.63		4.65		
WBC		13.58		14.20		
N/L		64/19		141		
Platelets		92 ↑		57.4/16.8		
CRP		51.0 ↓		16 ↓		
ESR						
PCT						
RBS						
Na	135			131		
K	4.0			3.3		
Cl	100			100		
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14/1.0					
APTT	32					
CSF Protein / Sugar						
Cells						
N/L						

Date			7/5/26			
Time			2:24pm			
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
colour			colourless			
Appearnace			clear			
PH			8.0			
clot formation			No clot			
CSF protein			427			
CSF Glucose			20			
cell count			95 cells			
cell Type			Polymorhs 20%			
			Lymphocyte 80%			

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

B/O. Sangamitra

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RESULT SHEET

Date	30/4/26	1/5/26	3/5/26	4/5/26	5/5/26	5/5/26
Time	5:22Am		4:28Am	4:24PM	8:33Am	
Hb	7.3 URBC.		11.6	10.1	8.2	8.1
PCV	22.5		35.9	30.6	24.7	
RBC	2.51		4.17	3.64	3.04	
WBC	8.84		11.45	12.41	12.52	
N/L	43.8/29.9		57.5/24.3	73.2/16.0	77.5/10.8	
Platelets	632		98	55	65	
CRP			123	226		
ESR						
PCT						
RBS						
Na	128	134				
K	3.9	3.1				
Cl	99	104				
Ca/Mg	10.3					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						5/5/26
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Procalcitotin						
Interleukin						- 34.4
						- 110.65

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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RESULT SHEET

Date	11/4/26	14/4/26	17/4/26	21/4/26	26/4/26	27/4/26
Time	5AM	4:41PM	7:40AM	5:57AM	3PM	18:41
Hb	11.1	10.8		9.9	9.3	
PCV	34.1	34.8		30.8	28.6	
RBC	3.76	3.74		3.44	3.23	
WBC	8.16	13.83		16.23	12.27	
N/L	60.7/20.2	57.7/22.2		65.3/19.1	55.6/23.5	
Platelets	492	449		802	509	
CRP	—	15	5		5	
ESR						
PCT						
RBS						
Na				132	128	129
K				5.7	3.8	4.2
Cl				105	97	100
Ca/Mg			10.1	10	10.2	
Phosphate			2.1	4.2	3.2	
Urea						
Creatinine					~~371~~	
ALP			329	490	371	
SGPT						
SGOT						
[redacted]Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
ic Acid						
ylase						
se						
tate						
l						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

(3)

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/4/26	6am	88mg/dl	full feed	
30/4/26	6am	83mg/dl	full feed	
1/5/26	12AM	108mg/dl.	full feed	
1/5/26	12.30pm	107 mg/dl	full feed	
2/5/26	6AM	118mg/dl	full feed	
3/5/26	6Am	95mg/dL	full feed	
4/5/26	6Am	145mg/dL	full ful	
5/5/26	6AM	228/215mg/dl	10% IOP	
5/5/26	10:43Am	104 mg/dl	5% IOP	
5/5/26	9 pm	113 mg/dl	5% Iop+ feeds	
6/5/26	6Am	169 mg/dl	5% Iop-	
6/5/26	6pm	93 mg/dl	full feed	
7/5/26	7am	108 mg/dl	ful feed	
8/5/26	6am	112 mg/dl	full feed	
9/5/26	6am	111 mg/dl	full feed	

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

IP5-00171513
A V SANGAMITRA
0 Y 1 M 12 D (M)
ush

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t No: .....

REGULAR PRESCRIPTIONS

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

RUG : HALF SACHET

Dose	Route	Frequency	Start Dt.
-	P/O	Each cycle	5/7

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

Additional Instructions: 1 sachet p/o each cycle

Daily Doctor's Endorsement by a Sign

Date	8/5	9/5
Time	✓	✓

DRUG : SYP-OSSOPAN-D.

Dose	Route	Frequency	Start Dt.
2.1ml	PO	8 8 H	8/5/26

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

Additional Instructions: 80 mg/kg/day

Daily Doctor's Endorsement by a Sign

Date	8/5	9/5
Time	6am Dr. Manjula	2pm Dr. Manjula / 10pm

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
-	P/R	BD	8/5/26

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

Additional Instructions: 0.2 ml + 0.2 ml NS

Daily Doctor's Endorsement by a Sign

Date	8/5	9/5
Time	6AM Dr. Manjula	6PM Dr. Manjula

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED BY : Name

VERIFIED

PTO

Patient Sticker

Sheet No: .....

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BY RAINBOW HOSPITA
Your Right to a Safe Delive

REGULAR PRESCRIPTIONS

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

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.8300g Ward .....

DRUG : Inj. MEROPENEM.

Dose	Route	Frequency	Start Dt.
33mg	IV	BD	29/3

Name & Signature of the Doctor Starting the Drugs: Pooja

Additional Instructions: 40mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4 7/4 8/4 9/4 Late

Shop

DRUG : INJ. PARACETAMOL

Dose	Route	Frequency	Start Dt.
12.5mg	IV	6th hrly	29/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 15mg/kg/dose

Shop

FAD 31/4/26.

Daily Doctor's Endorsement by a Sign

Date/Time: 29/3 30/3 31/3 1/4 2/4 3/4

DRUG : PROCTOGARD

Dose	Route	Frequency	Start Dt.
	LA external	BD	1/4/26

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

Additional Instructions: Local application

Shop

FAD 1/4/26

Daily Doctor's Endorsement by a Sign

Date/Time: 1/4 2/4 3/4

DRUG : INJ. LIPOSOMAL AMPHOTERICIN B

Dose	Route	Frequency	Start Dt.
4mg	IV	OD	2/4

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

Additional Instructions: 5mg/kg/dose

STOP Sneha 4/4/26

Daily Doctor's Endorsement by a Sign

Date/Time: 2/4 3/4 4/4

Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.8kg Ward .....

DRUG : INJ COLISTIN

Dose	Route	Frequency	Start Dt.
33000 IU	IV	TID	2/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
40000 IU IV 8th hourly

Daily Doctor's Endorsement by a Sign

Date/Time: 2/4 3/4 4/4 5/4 6/4 7/4 8/4 9/4 10/4

DRUG : INJ. FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	TWICE WEEKLY	6/4

Name & Signature of the Doctor Starting the Drugs:
Sneha

Additional Instructions:
3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 6/4 7/4 8/4 9/4 10/4 11/4 12/4 13/4 14/4 15/4 16/4 17/4 18/4

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
4mg	IV	OD	7/4

Name & Signature of the Doctor Starting the Drugs:
Sneha

Additional Instructions: (1mg=20mg)
5mg/kg/day

Daily Doctor's Endorsement by a Sign

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

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
0.8mg	IV	INCE DAILY	8/4/24

Name & Signature of the Doctor Starting the Drugs:
DR RAKESH

Additional Instructions:
1mg/kg/dose OD
Give for 2days
Stop after Ibuprofen last dose

Daily Doctor's Endorsement by a Sign

Date/Time: 8/4 9/4

SNDP

VERIFIED Monogram

VERIFIED Monogram

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : INJ. FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	twice wkly	20/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4

stop Nitro 23/4 STOP Sneha 28/4.

DRUG : SYP CAFFEINE

Dose	Route	Frequency	Start Dt.
0.2ml (4mg)	PO	OD	22/4

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

Additional Instructions: 0.5mg/kg/dose 1ml=20ml

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4

DOSE ↑sed 1/5/24

DRUG : HMF SACHET.

Dose	Route	Frequency	Start Dt.
	OG	each cycle	22/4

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

Additional Instructions: ½ sachet in each cycle.

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4

changed.

DRUG : HMF Sachet

Dose	Route	Frequency	Start Dt.
	OG	each cycle	23/4

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

Additional Instructions: 1 sachet in Each cycle

Daily Doctor's Endorsement by a Sign

Date/Time: 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5 4/5 5/5

H O L D

Signature

VERIFIED BY: Name

VERIFIED

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : OSCOPAN-D

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	24/4

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

Additional Instructions: Dr 3ml+125mg 6th @ 80mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time: 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5

VERIFIED

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
1/4	PR	BD	26/4

Name & Signature of the Doctor Starting the Drugs: Poojitha

Additional Instructions: 0.2ml+0.2ml NS.

Daily Doctor's Endorsement by a Sign

Date / Time: 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

VERIFIED

DRUG : DROFER-XT DROPS

Dose	Route	Frequency	Start Dt.
0.3ml	PO	OD	27/4

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 3 mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time: 27/4 28/4 29/4 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

VERIFIED

DRUG : 3% NaCl

Dose	Route	Frequency	Start Dt.
1.5mL	OG	each cycle	28/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3meq/kg/d

Daily Doctor's Endorsement by a Sign

Date / Time: 28/4 29/4 30/4 1/5 2/5

HOLD HOLD SIOD

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 2.8kg Ward .....

DRUG : INJ IBUPROFEN

Dose	Route	Frequency	Start Dt.
0.5mg	IV	Q24hrly	8/4/26

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

Additional Instructions:
5mg/kg/dose Q24hrly
stop after 2 doses

Daily Doctor's Endorsement by a Sign

Date/Time	8/4	9/4
	10:30 pm	

DRUG : INJ IBUPROFEN

Dose	Route	Frequency	Start Dt.
4.2mg	IV	Q24hrly	8/4/26

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

Additional Instructions:
5mg/kg/dose OD
stop after 2 doses

Daily Doctor's Endorsement by a Sign

Date/Time	8/4	9/4
	10:30 pm	Seen

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
12.5mg	IV	Q6hrly	10/4/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	10/4	11/4	12/4	13/4	14/4	15/4
12 pm	X					
6 pm	X					
12 pm	X					
6 pm						

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
Reward	PR	BD	26/3

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
0.2ml + 0.2ml N/S

Daily Doctor's Endorsement by a Sign

Date/Time	11/4	12/4	13/4	14/4	15/4	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4
6am	X												
6pm													

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : DOMPERIDONE SUSP.

Dose	Route	Frequency	Start Dt.
0.2ml	PO	TDS	17/4

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

Additional Instructions: 1ml = 1mg. @ 0.2mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 17/4 18/4 19/4 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5

DRUG : HMF SACHET

Dose	Route	Frequency	Start Dt.
	OG	each cycle	21/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 1/4th SACHET in each cycle.

Daily Doctor's Endorsement by a Sign

Date/Time: 21/4 22/4

DRUG : FUROSEMIDE DROPS

Dose	Route	Frequency	Start Dt.
0.4mg	PO/OG	Alt. day OD	22/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: Alt. day/OD. (0.1mb + 0.9mb DW) 0.5mg/kg/day (1mb = 1mg) → Give 0.4mb of it

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/5 4/5 5/5

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
(0.2ml) 4mg	IV	OD	21/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: (1mb = 20mg) 5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time: 21/4 22/4

STOP Dr Ashwarya

Sneha

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

VERIFIED

DRUG : NEB - BUDECORT

Dose	Route	Frequency	Start Dt.
½ resp	Neb	TWICE DAILY	30/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: ½ respule

Daily Doctor's Endorsement by a Sign

Date/Time: 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

DRUG : Syp CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
0.1ml	PO	OD	2/5

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 8 mg/kg/day - OD
1 ml = 20 mg

Daily Doctor's Endorsement by a Sign

Date/Time: 2/5 3/5 4/5 changed

DRUG : 3% Nacl

Dose	Route	Frequency	Start Dt.
2.5 ml	OG	Each cycle	1/5/26

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 5 mEq/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5

DRUG : DOMPERIDONE 5 kg

Dose	Route	Frequency	Start Dt.
0.2 ml	PO	TDS	17/4

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 1 ml = 1 mg
@ 0.2 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 2/5

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. Bactroban ointment

Dose	Route	Frequency	Start Dt.
	Topical	BD	28/25

Name & Signature of the Doctor Starting the Drugs: RAIS

Additional Instructions: YA

Daily Doctor's Endorsement by a Sign

Date/Time: 02 | 3/5 | 4/5 | 5/5 | 6 | 7/5 | 8/5 | 9/5

DRUG : Inj. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
10 mg	IV	OD	03/5

Name & Signature of the Doctor Starting the Drugs: N - Prathibha.

Additional Instructions: 10 mg/kg/dose x 2 days

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

DRUG : Inj. MEROPENEM,

Dose	Route	Frequency	Start Dt.
40 mg	IV	8 H	03/5

Name & Signature of the Doctor Starting the Drugs: N - Prathibha

Additional Instructions: 40 mg/kg/Dose

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

DRUG : Inj. COLISTIN.

Dose	Route	Frequency	Start Dt.
40,000 units	IV	8 H	03/5

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

Additional Instructions: 40,000 units/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

Stop 9/5/26

VERIFIED VERIFIED BY : Name Signature

BAH-00651873 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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DRUG CHART

Date of Admission: 23/3/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name ..... Sign .....

BAH-00851873 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

REGULAR PRESCRIPTIONS

Weight. 0.830g Ward. NICU

DRUG : INJ - MEROPENEM

Dose	Route	Frequency	Start Date
33mg	IV	BD	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 40mg/kg/dose

Date/Time: 23/3 24/3 25/3 26/3 27/3 28/3

STOP

Daily Doctor's Endorsement by a Sign

DRUG : INJ - FLUCONAZOLE

Dose	Route	Frequency	Start Date
2.5mg	IV	TWICE WEEKLY	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose

Date/Time: 23/3 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3

STOP 2/4

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Date
4mg	IV	OD	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: (1mL = 20mg) 5mg/kg/day

Date/Time: 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4

Order Rewritten

Daily Doctor's Endorsement by a Sign

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Date
	PR	BD	26/3

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

Additional Instructions: 0.2ml + 0.2ml NS

Date/Time: 26/3 27/3 28/3 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4 7/4 8/4

Daily Doctor's Endorsement by a Sign

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
[redacted]/3/26	9AM	Inj. Vit K	0.5mg	IV	Sneha	
23/3/26	8AM	SURFACTANT	1.5ml	ET	Sneha	
23/3/26	8AM	CAFFEINE CITRATE	20mg/kg	IV	Sneha	
23/3/26	12pm	Inj. G-CSF	10mcg/kg	IV	Sneha	
		1mL = 300mcg 1mL + 9mL (1mL = 30mcg) Take 0.3ml 5% D				
		+ 2.7ml 5% D Give over 30 min				
23/3/26	2pm	CUROSURF	1.3mL	ET	Sneha	
24/3/26	2am	INJ-CALCIUM GLUCONATE	2mL/kg 1.6mL + 1.6ml 5% D	PICC over 1hr	Sneha	

Signature ..... VERIFIED BY : Nam

BAH-00691679
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

I.V. FLUIDS CHART

Weight. 0.830gm Ward. NICU (1)

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
23/3/26	8pm	TV= 80mL/kg/day 10% DEXTROSE + 3mL/kg Ca.glu	IV	2.4ml	Sneha		24/3/26		
23/3/26	8AM	Inj. HEP NS 1.5mL + 48.5mL 1/2 NS	UAC	0.2ml	Sneha		24/3/26		
23/3/26	9AM	Inj. FENTANYL 2mL + 8mL NS	IV	0.1ml	Sneha		24/3/26		
23/3/26	2pm	Inj. Hep NS 1.5mL + 48.5mL 1/2 NS	PICC	0.2ml	Sneha		24/3/26		
24/3/26	2pm	TV= 90mL/kg/d 7.5%. TPN	PICC	2ml	Sneha		25/3		
24/3/26	2pm	Inj. FENTANYL 2mL + 8mL NS	IV	0.1ml	Sneha		25/3		
24/3/26	2pm	Hep NS. Inj 1.5mL + 48.5mL 1/2 NS	PICC	0.2ml	Sneha		25/3		
24/3/26	2pm	Hep NS Inj 1.5mL + 48.5mL 1/2 NS	UAC	0.2ml	Sneha		25/3		
25/3/26	2pm	TV= 120mL/kg/day 7.5%. TPN	PICC	3ml	Sneha		26/3		
25/3/26	2pm	Fentanyl Inj 2mL + 8mL NS	IV	0.2ml	Sneha		26/3		

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 45 PMA: 33+3

Term ☐ Preterm ☑ Gestation : 26+5wks Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme PT / ELBW.	H/o-PDA closed.
2.	RDS → Evolving CLD.	
3.	Apnea of Prematurity	
4.	Sepsis.	
5.	Left sided & Pvl changes	
6.		

Today's Weight : 1.065 ↑15g

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

Baby on NIV,
PIP - 18, PEEP - 6, Rate - 40
FiO_2 - 25%.
No episode of Bradycardia

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 148/min (Bradycardia episode on Suctioning / mask displacement)
SpO_2 - 93%
RR - 45/min
BP - 72/47(55)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : .....
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
.....
Abd - Soft
.....
Mild distension
.....

INFECTION

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

Antibiotic

Sl.No.	Drugs	Days
1.	Inj. Meropenem	D4
2.	Inj. Colistin	D4
3.		

Inj. caffeine
Supplements - HOB
Pediculine - D3

Plan of Treatment :

1) Continue Current ventilation
Target SpO_2 90-95%.
2) TV = 5ml/kg/day [8ml/hr < 4hr-on / 2hr off.
Rest medications.
3) Trace - CBP, CRP
4) Positioning R+up - 4hrs, ~~L+up~~ Supine - 4hrs
5) Gas - OD, GRBS - BD
6) Trace - Septicemia PCR panel.
7) Nasal, oral Secretions to be cleared regularly
8) Flochatting 6th hrly
9) W/f Brady desat

Doctor's Name (Handover given) : Y. Sneha
Signature : Sneha
Date & Time: 5/5/26

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10:00 AM	Seen by Dr. Pratyush	Plan
		(1) LP today. ✓
		(2) Trace Sepsis PCR
	Pl - 92K	(3) TV - 150ml/kg/day
	CRP 57	8ml/hr [4hr on / 2hr off
		8.5.
		(4) Gas OD
		CRBS BD
		Noted By Bhavani 24/5/26 10AM
24/5/26 2:30pm	Afternoon Round	
	on NIV - 17/6.	Plan:
	Rate - 35, FiO2 - 25%.	→ Continue current ventilation
	No brady/desat	
	Vitals -	→ TV - 150cc/kg/day
	HR - 124/min	8.5ml/hr - 4hrs on (BBM) 2hrs off
	RR - 52/min.	
	SpO2 - 96%.	
	BP - 79/44(55)	→ Trace CSF reports, Septicemia panel
		→ Gas - OD
	P/A - Soft	RBS - BD
		→ Positioning - Rt up - 4h / Supine - 4h
	Noted By Bhavani 24/5/26 2.3pm.	⇒ Regular nasal oral suction

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 @ 3:54PM	Lumbar puncture note	
	under all aseptic precaution Lumbar puncture done at L3-L4 level and 2-3 ml CSF was collected, procedure was uneventful	
	RBS-	Plan → send CSF analysis and culture → IV Ampicillin seen by Dr. Nilesh sir
7/5 @ 5:19PM	Poor chest rise	Soon: NIV → 7/5 @ 30 - rate → TV - 150 ml/kg/day 4 hrly 8.5 ml/kg (34 ml) 2 hrly → CBG OD RBS OD Plan discussed
	Noted By Bhavani 7/5/26	→

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3 @ 10:16 PM	Night round	Seen by Dr. Vinod
	On NIV Rate - 30 / 17 / 6 / 26 % No brady, desaturation Abdomen soft, well No vomiting Vitals - HR - 147 RR - 50/min SpO_2 - 95%	✓ Continue NIV Rate - 30 PIP - 17 PEEP - 6 FiO_2 - 26% ✓ Feeds - 8.5ml / 4hrs on 2hr off ✓ Position change - Rt 4hrs Supine 4hrs. ✓ w/f brady / desaturation CBG / RBS / OD Noted by Haylee 10:20pm Dr. Ramya

(P.T.O)

Patient Sticker

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 46. PMA: 33+4.

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extr. PT / ELBW.	HS - PDA Closed
2.	RDS → Evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	Left sided PVL changes.	
6.	Meningitis.	

Today's Weight : 1.100 kg (↑ 35gm)

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

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

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

Last CXR : ..... Spo: .....

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

Change over the Last 24 Hours..... Baby on NIV, Rate = 30

PIP = 17.

PEEP = 6

FiO_2 = 21%

B/E Desat episodes (F), not maintaining FiO_2 < 21%.

CARDIO VASCULAR SYSTEM

Plan of Care : HR = 148/min

RR = 54/min

SPO_2 = 96% on NIV.

BP = 68/38 (49) mm Hg.

U/O = 2.9 ml/kg/hr

S/O = 5 times

RBS = 112 mg/dl

CNS

Neurological Examination : ..... CTA fair

Last Neurosonogram : ..... Sedation ..... NO

Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

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

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

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

Abdominal Examination:..... PA - soft, distended.

.....

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

.....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture☐ ET culture☐ Fungal Culture☐ LP ☐ CSF :.....

Antibiotic

Sl.No.	Drugs	Days
1.	Inj Meropenam - D5	
2.	Inj Colistin D6	
3.		

Furosemide 3% NaCl

Ossopan-D T-Bact

Glycerine Caffeine

Orofer XT. 1

Budecort PICC - D4

~~Caffeine~~

Plan of Treatment :

- Continue NIV ventilation
  Target SpO_2 90-95%.
- TV 2 @ 150 ml/kg/day → 8.5 ml/hr < 4hr on / 2hr off
  → Rest medication
- Positioning < Rt. up / left up } 4hr each
- Gas - OD
- GRBS - BD
- Nasal, oral secretions to be cleared regularly.

Doctor's Name (Handover given) : Ramya

Signature : .....

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

Doctor's Name (Handover taken) : Pooja

Signature : .....

Date & Time: 8/5/26

Patient Sticker

22

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
8/5/26		Seen by Dr Pratyush
	10am	
		→ NIV – 16/6. Rate – 30.
		→ Trace septicemia panel.
		→ R/V. CPAP tomorrow. Taper NIV as tolerated.
		→ Nasal & oral suction – 4th hrly
		→ Rt up – 4h. Lt up – 4h Supine – 2h.
		→ CBP, CRP – 7/7
		→ TV – 10cc/kg/day 9hrs on 9ml/hr 15hrs off (130cc/kg/day) +20cc/kg/day – Meds
		→ NSG – 7/7.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Chandana 8/5/26 @ 10:30 Am

Patient Sticker

(23)

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
8/4/26 2pm		Afternoon Round
		on NIV – 16/6.
		Rate – 30.
		No brady/desat.
		Vitals
		HR – 148/min
		RR – 44/min
		SpO2 – 97%.
		BP – 72/44 (54)
		P/A – Soft.
		Blood culture – NG @ 48H.
		Clinical Culture – NG @ 24H.
		Plan
		→ Continue NIV wean as tolerated
		→ TV – 150cc/kg/dose 9ml/hr – 4hrs on – 2hrs off + HMF
		→ Trace CSF culture Trace septicemia panel.
		→ Send CBP & CRP 3/7/m
		→ NSG – 7/m
		→ Nasal oral suction
		→ Positioning – Head up – 30° Supine
		→ w/f brady/desat

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Noted by Chandana 8/4/26 @3pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 8:30pm	Night Round.	
	on NIV · 16 → 14	
	PEEP – 6 cm.	
	Rate – 30 · , FiO2 – 23%	
	No beady/ desat	
		Plan.
	Vitals.	
	HR – 164/min.	→ Continue NIV.
	RR – 52/min	
	SpO2 – 94%.	→ TV – 150 cc/kg/day
	BP – 79/36 (52)	9 ml/hr – when on ETT/TMF
	P/A – Soft.	
		→ Trace CSF culture.
	Septicemia panel – negative	→ Send CSF PCR now
	CPAP injury – grade I	→ Send CBP ? T/m CRP ↓ Gain
		→ NSG – tomorrow
		→ Regular nasal & oral suctioning
		→ Positioning – Rt cup – 4h – Lt cup – 4h supine – 2h.
		→ w/t beady/ desat

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

673 IP5-00171513
TTA V SANGAMITRA
0Y0M0D 10H (M)
yush

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DRUG CHART

of Admission: 23/3/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

THE SAFETY OF THE PATIENT

ERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

TOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

RSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

RUG :				Date / Time
Dose	Route	Frequency	Start Date	
octor's Signature		Valid Period	Pharm.	
ditional Instructions:				

DI J :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
dditional Instructions:				

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

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

REGULAR PRESCRIPTIONS

Weight. 0.830g Ward. NICU

DRUG : INJ - MEROPENEM

Dose	Route	Frequency	Start Date
33mg	IV	BD	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 40mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 23/3 24/3 25/3 26/3 27/3 28/3

STOP

DRUG : INJ - FLUCONAZOLE

Dose	Route	Frequency	Start Date
2.5mg	IV	TWICE WEEKLY	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 23/3 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3

STOP 2/4

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Date
4mg	IV	OD	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: (1mL = 20mg) 5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time: 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Date
	PR	BD	26/3

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

Additional Instructions: 10 2ml + 0.2ml NS

Daily Doctor's Endorsement by a Sign

Date/Time: 26/3 27/3 28/3 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4 7/4 8/4

Daily Doctor's Endorsement by a Sign

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.8 kg Ward .....

DRUG : INJ IBUPROFEN

Dose	Route	Frequency	Start Dt.
0.5 mg	IV	Q 24 hrly	8/4/26

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

Additional Instructions: 5 mg/kg/dose Q 24 hrly stop after 2 doses

Daily Doctor's Endorsement by a Sign

Date / Time	8/4	9/4
	10:30 pm	

DRUG : INJ IBUPROFEN

Dose	Route	Frequency	Start Dt.
4.2 mg	IV	Q 24 hrly	8/4/26

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

Additional Instructions: 5 mg/kg/dose OD stop after 2 doses

Daily Doctor's Endorsement by a Sign

Date / Time	8/4	9/4
	10:30 pm	

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
12.5 mg	IV	Q 6 hrly	10/4/26

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 15 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	10/4	11/4	12/4	13/4	14/4	15/4
	12 am	6 am	12 pm	6 pm		

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
	PR	BD	26/3

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 0.2 ml + 0.2 ml N/S

Daily Doctor's Endorsement by a Sign

Date / Time	11/4	12/4	13/4	14/4	15/4	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4
	6 am	6 pm											

VERIFIED BY Name & Signature
VERIFIED

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23-03-2026 0 Y 0 M 10 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

VERIFIED by Signature

DRUG : DOMPERIDONE SUSP.

Dose	Route	Frequency	Start Dt.
0.2ml	PO	TDS	17/4

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

Additional Instructions: 1ml=1mg. @ 0.2mg/kg/dose

Daily Doctor's Endorsement by a Sign

DRUG : +IMF SACHET

Dose	Route	Frequency	Start Dt.
	OG	each cycle	21/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 1/4th SACHET in each cycle.

Daily Doctor's Endorsement by a Sign

DRUG : FUROSEMIDE DROPS

Dose	Route	Frequency	Start Dt.
0.4mg	PO/OG	Alt. day OD	22/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: Alt. day/OD. Co·1mb + 0.9mb DW (1mb=1mg) → Give 0.4mb of (1+1) 0-5mg/kg/day

Daily Doctor's Endorsement by a Sign

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
(0.2mb) 4mg	IV	OD	21/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: (1mb=20mg) 5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date → / Time	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5
DOMPERIDONE SUSP.																			
+IMF SACHET					21/4	22/4													
FUROSEMIDE DROPS						22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5
INJ. CAFFEINE CITRATE					21/4	22/4													

VERIFIED BY : Name .....

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : OSOPTIN-D

Dose	Route	Frequency	Start Dt.
1ml	PO	BD	24/4

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

Additional Instructions: Dr 1ml=125mg Ca2+ @ 50mg/kg/day

Daily Doctor's Endorsement by a Sign

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
?	P/R	BD	26/4.

Name & Signature of the Doctor Starting the Drugs: Poojith

Additional Instructions: 0.2ml+0.2ml NS.

Daily Doctor's Endorsement by a Sign

DRUG : OROFER-XT DROP

Dose	Route	Frequency	Start Dt.
0.3ml	P/O	OD	27/4

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 3mg/kg/day

Daily Doctor's Endorsement by a Sign

DRUG : 3% NaCl

Dose	Route	Frequency	Start Dt.
1.5ml	OGT	each cycle	28/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3meq/kg/d

Daily Doctor's Endorsement by a Sign

VERIFIED Signature

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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REGULAR PRESCRIPTIONS

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

Sheet No: .....

DRUG : INJ. FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	twice weekly	20/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose e

Daily Doctor's Endorsement by a Sign

Date/Time: 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4

STOP Sneha 28/4

DRUG : SYP CAFFEINE

Dose	Route	Frequency	Start Dt.
0.2ml (4mg)	PO	OD	22/4

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

Additional Instructions: 20mg/kg/day
Vol = 20ml

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4

DOSE ↑ed 1/5/24

DRUG : HMF SACHET.

Dose	Route	Frequency	Start Dt.
	OG	each cycle	22/4

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

Additional Instructions: ½ sachet in each cycle.

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4 changed

DRUG : HMF Sachet

Dose	Route	Frequency	Start Dt.
	OG	each cycle	23/4

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

Additional Instructions: 1 sachet in each cycle

Daily Doctor's Endorsement by a Sign

Date/Time: 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5 3/5 4/5

8 ÷ 2

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

Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.8kg Ward .....

DRUG : INJ COUSTIN

Dose	Route	Frequency	Start Dt.
33000 IU	IV	TID	2/4

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
4000 o IV 14 labOK

Daily Doctor's Endorsement by a Sign

Date/Time: 2/4 3/4 4/4 5/4 6/4 7/4 8/4 9/4 10/4

DRUG : INJ. FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	TWICE WEEKLY	6/4

Name & Signature of the Doctor Starting the Drugs:
Sneha

Additional Instructions:
3mg/kg/dose

Daily Doctor's Endorsement by a Sign

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

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
4mg	IV	OD	7/4

Name & Signature of the Doctor Starting the Drugs:
Sneha

Additional Instructions: (1mL = 20mg)
5mg/kg/day

Daily Doctor's Endorsement by a Sign

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

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
0.8mg	IV	INCE DAILY	8/4/24

Name & Signature of the Doctor Starting the Drugs:
DR IR NICU
1mg/kg/dose @

Additional Instructions:
Give for 2days
SOD after Ibuprofen last dose

Daily Doctor's Endorsement by a Sign

Date/Time: 8/4 9/4

VERIFIED by Signature
VERIFIED BY : Name

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.8309 Ward .....

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Dt.
33mg	IV	BD	29/3

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
40mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4 7/4 8/4 9/4 late

Shop

DRUG : INJ - PARACETAMOL

Dose	Route	Frequency	Start Dt.
12.5mg	IV	6th hrly	29/3

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 29/3 30/3 31/3 1/4 2/4 3/4

Shop

PAD 31/4/26

DRUG : PROCTOGARD

Dose	Route	Frequency	Start Dt.
1	LA cream	BD	1/4/26

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

Additional Instructions:
Local application

Daily Doctor's Endorsement by a Sign

Date/Time: 1/4 2/4 3/4

Shop after 48 hrs

DRUG : INJ- LIPOSOMAL AMPHOTERICIN B

Dose	Route	Frequency	Start Dt.
4mg	slow	OD	2/4

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

Additional Instructions:
5mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 2/4 3/4

STOP 4/4/26

No. : RCHBH /FRM / CLINICAL / 108

Doc

IP5-00171513
A V SANGAMITRA
0 Y 1 M 12 D (M)
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t No: .....

REGULAR PRESCRIPTIONS

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

RUG : HMF SACHET

Dose	Route	Frequency	Start Dt.
-	P/D	early cycle	5/5

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

Additional Instructions: 1 sachet P/D early cycle

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5	10/5
	✓	✓	✓
	—	✓	~
	✓	~	✓
	✓	~	✓
	✓	✓	✓
	✓		✓
	✓		
	Dr	Dr	Dr

DRUG : Syp. OSSOPAN-D

Dose	Route	Frequency	Start Dt.
1.1ml	PO	Q8H	8/5/26

Name & Signature of the Doctor Starting the Drugs: Pooja

Additional Instructions: 80 mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5	10/5
6am	Haiyu	Haiyu	Haiyu
2pm	Haiyu	Haiyu	Haiyu
10pm	Haiyu	Haiyu	Haiyu
	Dr	Dr	Dr

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
2	P/R	BD	8/5/26

Name & Signature of the Doctor Starting the Drugs: Pooja

0.2 ml + 0.2 ml NS

Additional Instructions: 0.2 ml + 0.2 ml NS

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5	10/5
6am	Haiyu	Haiyu	Haiyu
6pm	Haiyu	Haiyu	Haiyu
	Dr	Dr	Dr

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED VERIFIED BY - Name .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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BY RAINBOW HOSPIT
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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : T. Bactroban ointment

Dose	Route	Frequency	Start Dt.
	Topical	BD	2/3/26

Name & Signature of the Doctor Starting the Drugs: RAU

Additional Instructions: BA

Daily Doctor's Endorsement by a Sign

Date / Time: 2/3 3/3 4/3 5/3 6/3 7/3 8/3 9/3 10/3

DRUG : Inj. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
10 mg	IV	OD	03/3

Name & Signature of the Doctor Starting the Drugs: N - Pratyusha

Additional Instructions: 10 mg/kg/dose x 2 days

Daily Doctor's Endorsement by a Sign

Date / Time: 3/3 4/3 5/3 6/3 7/3 8/3 9/3 10/3

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Dt.
40 mg	IV	8H	03/3

Name & Signature of the Doctor Starting the Drugs: N - Pratyusha

Additional Instructions: 40 mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time: 3/3 4/3 5/3 6/3 7/3 8/3 9/3 10/3

DRUG : Inj. COLISTIN.

Dose	Route	Frequency	Start Dt.
40,000 units	IV	8H	03/3

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

Additional Instructions: 40,000 units/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time: 3/3 4/3 5/3 6/3 7/3 8/3 9/3 10/3

Stop 9/3/26

VERIFIED VERIFIED BY : Name Signature

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
Dr. MVB Pratyush

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Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

VERIFIED

DRUG : NEB - BUDECORT

Dose	Route	Frequency	Start Dt.
½ resp	Neb	TWICE DAILY	30/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: ½ respule

Daily Doctor's Endorsement by a Sign

Date / Time	30/4	1/5	2/5	3/5	4/5	5/5	6/5	7/5	8/5	9/5

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/5/26	4pm	Inj. Caffeine citrate	8mg/kg	IV	Sneha	Kavitha	Swetha
3/5/26	6Am	Inj. Caffeine citrate	10mg/kg	IV	N-Rs	Sairam	
3/5/26	6Am	Inj. Lasix	0.5mg/kg	IV	N-Rs	Sairam	
3/5/26	3pm	Inj. PARACETAMOL	10mg/kg	IV	Rs	Kavitha	Mousumi
5/5/26	12:20pm	IVIG	1g/kg	IV	Sneha	Sneha	
			0.5mg/kg	over 4-6hrs			
			over 60 min ↓ 1mg/kg over 60 min ↓ 2mg/kg rest over 2-4hrs				
6/5/26	5Am	Inj Lasix	1mg/kg	I.V stat	Rs	Kavitha	
6/5/26	9:40am	Inj. CAFFEINE CITRATE	10mg/kg	IV stat over 30 min	Rs	Kavitha	
6/5/26	10:50am	FFP	15ml/kg	IV over 30 min			

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STAT / ONCE ONLY DRUGS

Name: B/o sangamitra

Weight: 0.830 kgs

Sheet No: (2)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/3/26	11am	INJ. LASIX	0.5mg/kg	IV			
31/3/26	6AM	INJ DEXA	0.15mg/kg	IV			
31/8/26	11am	ADRENALINE NEBULISATION	0.5mg/kg	NEB			
1/4/26	11PM	Inj LASIX	0.5mg/kg	I.V			
2/4/26	7AM	NORMAL SALINE	10ml/kg	IV over 1hour			
2/4/26	8:30 AM	FFP	15ml/kg	IV over 45min			
2/4/26	12:15pm	LRBC	20ml/kg	IV over 4hr			
2/4/26	5pm	IVIG	1g/kg	IV over 4-6hrs			
			0.5ml/kg over 1hr				
			1ml/kg over Remaining over 2hrs	Jr. 1hr :			
2/4/26	6:30pm	Inj VANCOMYCIN	10mg/kg	Re hand PICC over 30min			
2/4/26	4AM	Inj-VIT K	1mg	IV			
5/4/26	5 AM	INJ FUROSEMIDE	0.5mg/kg	IV			
6/4/26	11:56pm	LRBC	@20ml/kg	IV over 4hour			
6/4/26	4pm	Inj Lasix	0.5mg/kg	Mid-transfusion			
20/4/26	4pm	Inj Lasix	0.5mg/kg	IV			

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STAT / ONCE ONLY DRUGS

Name: B/o sangamitra

Weight: 0.830 kgs

Sheet No: 3

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
7/4/26	10am	VITAMIN K	0.5mg	I.V.			
7/4/26	10:30 pm	INJ IBUPROFEN	10mg/kg	IV			
10/4/26	12pm	Lasix	1mg/kg	IV			
10/4/26	7:20PM	INJ LASIX	0.5mg/kg	IV			
12/4/26	7pm	INJ - LASIX	0.5mg/kg	IV	Sneha	Hema	
15/4/26	10am	INJ LASIX	1mg/kg	IV		Devika	
15/4/26	10am	INJ DEXAMETHASONE	0.15mg/kg	IV		Devika	
15/4/26	2pm	EPHEDRINE	0.5ml + 2.5ml NS	Neb		Devika	
15/4/26	11:40pm	INJ LASIX	0.5mg/kg	IV		Hema	
16/4/26	2am	INJ - VANCOMYCIN	10mg/kg	PICC	Sneha	Hema	
16/4/26	6AM	Inj Lasix	0.5ml/kg	PICC		Hema	
26/4	5pm	INJ - VANCOMYCIN	10mg/kg	PICC	Sneha	Vidya	
27/4	11pm.	Inj VANCOMYCIN	10mg/kg	PICC		Bharati	
30/4/26	6pm	LRBC	20ml/kg	IV	Sneha	Pavithra	Bharati
30/4/26		Inj. FURDSEMIDE	1mg/kg	over 4hrs IV	Sneha		
30/4/26	9:58pm	Inj-FUROSEMIDE	1mg/kg	IV	Sneha	Bharati	
1/5/26		Inj Caffeine	@ 10mg/kg	I.V			
1/5/26		Inj KCl	1meq/kg over 12hours (0.5ml kcl + 2.5ml 5% Dextrose slowly over 12hours)	IV	NRS		

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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
30/4/2026	12pm	TV = 150ml/kg/day 10% IBD-P + 3ml/kg Ca-glu	IV	3.1	Sneha	Akanksha	1/4		Bhavya
30/4/2026	12pm	3% NaCl 4meq/kg/day 4ml/hr over 24hrs	IV	2.6	Sneha	Akanksha	1/4		Bhavya
3/5/26	12:20 AM	TV = 150ml/kg 10% IBD-P	IV	5.4	Sneha	chn	5/5		chn
5/5/26	8:30AM	TV = 150ml/kg 5% IBD-P	IV	3.1	Sneha	chn	5/5		chn
6/5/26		TV - 150ml/kg/day 10% IBD-P	IV				6/5		
6/5		Inj. Hep NS 1.5ml + 48.5ml ½ NS	PICC						
7/5		Inj. Hep NS 1.5ml + 48.5ml ½ NS	PICC						
8/5		Inj. Hep NS 1.5ml + 48.5ml ½ NS	PICC			chn			
9/5		Inj. Hep NS 1.5ml + 48.5ml ½ NS	PICC						

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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: O+ve Sheet No: 15

Gest Age: 26+5 wks Birth Weight: 830grm

Date: 6/5/26	Date: 7/5/26	Date: 8/5/26
DOL D44 Weight 1.050↓11 grm.	DOL D45 Weight 1.065↑15grm	DOL D46 Weight 1.100↑35grm
Problems: EXPT/RDS/ELBW	Problems: EXPT/RDS/ELBW	Problems: EXPT/RDS/ELBW
Rs. 20-60 b/m Exam Done Vent. Setting NIV ABG done CXR - done	Rs. 20-60 b/m Exam Done Vent. Setting NIV ABG done CXR	Rs. 20-60 b/m Exam Done Vent. Setting NIV ABG done CXR - Nil
CVS Normal HR - 120+160 b/m BP Map Cap Refil <2-3 sec	CVS Normal HR - 120-160 b/m BP Map Cap Refil <2-3 sec	CVS Normal HR 120-160 b/m BP Map Cap Refil <2-3 sec
F/E/N 150 cc/kg/day T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: 8.1 WCC Plats - Transfusion PRBC	F/E/N 150cc/kg/day T. Fluids 155ml CC /kg /day 146 cc/kg/day I / O / RBS: U Output: 78ml (CC/kg/hr) 3 cc/kg/hr Exam done T. Bil/D Na ~~Hc03~~ → 135 K ~~BUN~~ → 4.0 Cl ~~Crea~~ → 100 Hemat HB: WCC Plats Transfusion	F/E/N 150 cc/kg/day T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } Nil
C/s Results No growth after 24 hrs CRP 226 Antibiotics Colistin, meropenem	C/s Results No growth after 48 hrs CRP 226 Antibiotics Colistin, Inj mero	C/s Results NO CRP - 51 7/5/26 Antibiotics colistin, meronem
Med - Syp ossopan - D Inj - caffine Neuro: done	Med Syp ossopan - D Inj caffine Neuro: done	Med Syp ossopan - D Syp oroferon-P Neuro: done
Assessment done	Assessment done	Assessment done
Plan RBS - BD, Gas - OD	Plan RBS - BD, Gas - OD	Plan RBS - OD, gas OD

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 8/5/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	X	X	X	
Gas Bubbling Continuously	NIV	NIV	NIV	
Water Level at Desired Level in Bubble Chamber.	NIV	NIV	NIV	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	NIV	NIV	NIV	
Name of the Nurse:	Chandana	Chandana	Haripriya	
Signature of the Nurse:	ch	ch	ch	
Date & Time:	8/5/26	8/5/26	8/5/26	

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

BAH-00651673 IPS-00171513
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23-03-2026 0 Y 1 M 15 D (M)
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MAINTAINING CPAP / HFNC / NIV

Date: 9/5/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	magnet CPAP	magnet CPAP	magnet CPAP	
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	Vishnupriya	Vishnupriya	Hajera	
Signature of the Nurse:				
Date & Time:	9/5/26	9/5/26	9/5/26	

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

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 8/5	DATE 8/5	DATE 9/5	DATE 10/5	DATE 10/5
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	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	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	1	1	1	1	1
	Total		17	17	17	18	17

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		X	X	X	X	X
	Nurse's Name:		Hafsa	Hafsa	Aisha	Hafsa	Aisha
	Signature:						
	Date:		8/5	9/5	9/5	10/5	10/5
	Time:		8am	8am	8am	8am	8am