

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 0 D 11 H (F)
 Dr. DINESH KUMAR CHIRLA

①

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ACTIVITY RECORD FOR BILLING

Name : Blo-Chikati Kiranmai

UHID No. : 654000 IP No : 172641 Consultant : DR. NIK Dept : NICU

Date of Admission : 16/4/26 Time : _____ Date of Discharge : _____ Time : _____

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

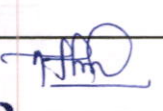
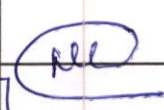
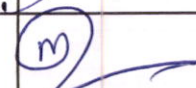
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/4/26	CXR	019570	}
	CBU, PTINR, Blood grouping	26038642	
	Blood culture.	26038642	
	VBG, RBS	26038641	
12/4/26	VBG, RBS	26038668	} Niran
11/4/26	ABG, RBS	BA26038958	
	X-ray	BA265-019624	} 
	X-ray	R265-019749	
	ABG-RBS	BA26038958	
	X-ray ABG-RBS	BA265-019765	
17/4/26	NP, PTINR,	26039034	}
	VBG, RBS	26039035	
	VBG, RBS	26039159	
18/4/26	X-ray	019786	
18/4/26	NSU	2265019955	} 
	X-ray AP/LAT	R265019957	
	S.E, CBR, SBR Pt/APP7	26039398	
	ABN ① RM.	26039397	
	ABN ①	26039433	} 
	ABN, ①		
	ABS	26039450	
	ABS		
12/4/26	CAP	26039461	} 

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/4/26	Inv. monitors	17/4/26			
	ventilators	@ 1:30 am		9563326	Nurepaie
	Syr pump - (2)				
	Syr pump - (1)	17/4/26		9563500	(Nure)
18/4	Inv. monitors				
	ventilators	17/4/26		9563326	(Nure)
	Syr pump - (2)	@ 1:30 am			
	Syr pump - (1)			9563500	
	DSPT	18/4/26 @ 1 am		9565248	
19/4	Inv. monitors	17/4/26			
	ventilators	@ 1:30 am		9563326	(Nure)
	Syr pump - (2)				
	Syr pump - (1)			9563500	
	DSPT	18/4/26 @ 9 am		9565248	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/4/26	Conscious Sedation	①		
	W placement	① ①		
	UAC, UVC line.	①	9563320	
17/4/26	Ext Intubation	①		
17/4/26	Blood tx	①	9563658	
17/4/26	TPN	①	9564687	
18/4/26	Blood Tx	①	9565490	
18/4/26	IV Ig transfusion	①	9569364	
Aug				

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



2

ACTIVITY RECORD FOR BILLING

Name : B/o - Chikati Kiranmai

UHID No. : 654000 IP No : 172641 Consultant : DR. D.K. Dept : NICE

Date of Admission : 16/4/26 Time : _____ Date of Discharge : _____ Time : _____

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

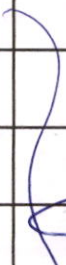
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	<u>Dr. Bhargava</u>	<u>18/4/26</u>	<u>09540291</u>	<u>(m)</u>
2				
3				
4				
5				
6				
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8				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/4/26	SE, H	26039501	
	VBG, RBS	26039565	
	CBP, urea, creat	26039566	
	VBG, RBS	26039565	
19/4/26	Chest x-ray	020013	
19/4/26	ABG, RBS	26039653	
19/4/26	ABG, RBS	26039712	
19/4/26	PT/APTT, CRP	26039713	
20/4/26	ABG, RBS	26040101	
20/4/26	CBP, PT/APTT	26040100	
20/4/26	RBS	26040236	
20/4/26	Chest x-ray	65-020199	
20/4	VBG RBS	26040344	
20/4	RBS	26040320	
21/4	CBP, CRP, SE	26040379	
21/4	VBG RBS	26040318	
21/4/26	ABG, RBS	26040540	
21/4/26	2D Echo	00299	
21/4/26	VBG, RBS	26040726	
22/4/26	VBG, RBS	26040707	
22/4/26	CBP	26040708	
22/4/26	PCT	26040818	
22/4/26	ABG, RBS		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/4/26	SSPT	19/4/26 @ 9 AM		9567893	M
20/4/26	Inv. monitor	16/4/26			
	Syr pump - ②	11:30 AM		9563326	
	Syr pump - ①			9563500	
	Ventilator			9563326	NE
	SSPT	19/4/26 @ 9 AM		9567893	
	Syr pump ①				
	G. Incubator	19/4/26 @ 10:30 PM		9568154	NE
21/4	G. incubator			9568153	
	Syr. Pump			9568153	
	Syr Pump			9563499	
	Syr Pump			9563326	
	Syr Pump			9563326	
	oscillator			9570231	
	Inv. monitor				
22/4	oscillator			9570231	
	Syr Pump			9563326	
	Syr Pump			9563499	
	Syr Pump			9568153	
	Syr Pump			9568153	
	G. Incubator			9568153	
	Inv. monitor			9563326	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/4/26	Blood transfusion	①	9569626	(M)
20/4/26	TPN	①	9569620	(M)
22/4/26	Blood transfusion	①	9572542	(M)
22/4/26	TPN	①	9572541	(M)

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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16-04-2026 0 Y 0 M 7 D (F)
Dr. DINESH KUMAR CHIRLA



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ACTIVITY RECORD FOR BILLING

Name : B/o

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

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

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

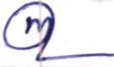
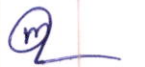
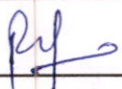
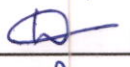
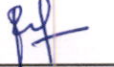
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/4/26	NSG	020605	
22/4/26	USG	020605	
22/4/26	ABG, RBS	26041083	
22/4/26	septicaemia panel (PCR)	26041078	
22/4/26	VBG, RBS	26041237	} Digeslin
23/4/26	VBG, RBS	26041250	
23/4/26	Electrolytes	26041238	
23/4/26	Blood C/S. CBP.	26041429	
23/4/26	ABG, RBS	26041483	
23/4/26	Chest x-ray	020774	
24/4/26	VBG, RBS	26041656	
24/4/26	ABG, RBS - (2)	26041783	} Ryl
24/4/26	NSG	R265-020944	
24/4/26	CBP	26041782	
24/4/26	CXR	R265-021021	
25/4/26	ABG, RBS	26042015	
25/4/26	ABG, RBS	26042278	
25/4/26	ABG, RBS		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/4	Inv monitor	24/4		9563326 9576231	Dagesh
	Oscillator			9576231	
	Syr Pump			9563326	
	Syr Pump			9563326	
	Syr Pump			9563499	
	Syr Pump			9568153	
	G. Incubator			9568153	
24/4	Inv monitor			9563326	Dagesh
	Oscillator	24/4/26 @ 8:18am	24/4/26 @ 10am	9576231	
	Syr Pump			9563326	
	Syr Pump			9563326	
	Syr Pump			9563499	
	Syr Pump			9568153	
	G. Incubator			9568153	
24/4/26	Ventilator	24/4/26 @ 10am		9576328	Pf
25/4/26	Inv monitor	17/4/26		9563326	D
	Syb pump - (1)	17/4/26		9563499	
	Syb pump - (2)	17/4/26		9563326	
	Syb pump - (3)	17/4/26		9563326	
	Syb pump - (4)	19/4/26		9568153	
	G. Incubator	19/4/26		9568153	
	Ventilator	24/4/26		9576328	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/4/26	Picc line	①	9514700	m

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

4

BAH-00654000 IP5-00172641
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 16-04-2026 0 Y 0 M 8 D (F)
 Dr. DINESH KUMAR CHIRLA



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ACTIVITY RECORD FOR BILLING

Name : B/O Kiranmai

UHID No. : BAH-00654000 IP No. : 00172641 Consultant : Dr-D.K Dept : NICU

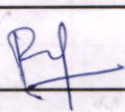
Date of Admission : 16/4/26 Time : _____ Date of Discharge : _____ Time : _____

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. Sru Phani Bhargava	25/4/26	9580166	 Page 17
2				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/4/26	ABG, RBS	26042527	pf
26/4/26	CBP	26042528	pf
27/4/26	ABG, RBS	26042610	pf
27/4/26	ABG , TFT, CBP	26042636	pf
27/4/26	SE	26042662	pf
25/4/26	2D - echo	R265 - 021318	pf
27/4/26	VBG, RBS	26042922	pf
28/4/26	Urea, Creat, SE, Poy, Trecity	26043040	pf
28/4/26	ABG, RBS	26043039	pf
28/4/26	sgot, sgpt	26043206	pf
28/4/26	x-ray	Q21583	pf
28/4/26	ABG, RBS	26043296	pf
28/4/26	ET cl8	26043221	pf

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/4/26	Inv monitor	17/4/26		9 563326	}
	Syb pump - (1)	17/4/26		9 563499	
	Syb pump - (2)	17/4/26		9 563326	
	Syb pump - (3)	17/4/26		9 563326	
	Syb pump - (4)	19/4/26		9568153	
	Eq. Incubator	19/4/26		9 568153	
	Ventilator	24/4/26		9576328	
27/4/26	Inv monitor	17/4/26		9563326	}
"	Syb pump (1)	17/4/26		9563499	
"	Syb pump (2)	17/4/26		9563326	
"	Syb pump (3)	17/4/26		9 563326	
"	Syb pump (4)	19/4/26		95681 53	
"	Eq. Incubator	19/4/26		9 568153	
"	Ventilator	24/4/26		9576328	
28/4/26	Inv monitor	17/4/26		9 563326	}
"	Syb pump (1)	17/4/26		9 56 3499	
"	Syb pump (2)	17/4/26		9 5 8 3 326	
"	Syb pump (3)	17/4/26		9 563326	
"	Syb pump (4)	19/4/26		9 568153	
"	Eq. Incubator	19/4/26		9568153	
"	Ventilator	24/4/26		9576328	

[illegible]

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 0 M 9 D (F)
Dr. DINESH KUMAR CHIRLA



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ACTIVITY RECORD FOR BILLING

Name : B/o Kiranmai

UHID No. : BAH-00654000 IP No : IP5-00172641 Consultant : Dr. D.K Dept : NICU

Date of Admission : 16/4/26 Time : _____ Date of Discharge : _____ Time : _____

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

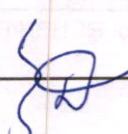
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
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8				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/4/26	CBP, CRP, ABG, RBS	26043410	
29/4/26	ABG, RBS	260433664	Denika
30/4/26	VBG, RBS	26043798	Pl
30/4/26	ABG, RBS	26043939	Denika
1/5/26	VBG, RBS	26044128	Pl
1/5/26	ABG, RBS	26044371	J Denika
"	S/E	26044372	
2/5/26	VBG, RBS	26044470	Pl
"	2D echo	265-022416	
"	ABG, RBS	26044707	
"	X-ray	265-022279	
"	Blood c/s	26044595	
2/5/26	VBG, RBS	26044759	Pl
3/5/26	VBG, RBS	26044836	Pl
"	ABG, RBS	26045006	
4/5/26	VBG @ RBS @ Pl		Pl
4/5/26	RBS	26045116	Pl
"	ABG, RBS	26045423	
	CXR	R265022653	
4/5/26	ABG, RBS	26045450	Pl
4/5/26	CXR	R265-022701	Pl
5/5/26	ABG, RBS	26045508	Pl
"	RBS	26045774	
"	NPI 26045570	26045570	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/4/26	Inv monitor	17/4/26		9 563326	      
	Syb pump - (1)	17/4/26		9 563499	
	Syb pump - (2)	17/4/26		9 563326	
	Syb pump - (3)	17/4/26		9 563326	
	Syb pump - (4)	19/4/26		9 568153	
	G. Incubator	19/4/26		9 568153	
	Ventilator	24/4/26		9 576328	
30/4/26	Inv. monitor	17/4/26		9563326	      
	Syringe pump - (1)	17/4/26		9563326	
	Syringe pump - (2)	17/4/26		9563326	
	Syringe pump - (3)	17/4/26		9563499	
	Syringe pump - (4)	19/4/26		9568153	
	G. Incubator	19/4/26		9568153	
	Ventilator	24/4/26		9576328	
5/5/26	Inv. monitor	17/4/26		9563326	      
	Syringe pump - (1)	"		"	
	" - (2)	"		"	
	" - (3)	"		9563499	
	" - (4)	19/4/26	5/5/26 @ 9pm	9568153	
	G. Incubator	"		"	
	Ventilator	24/4/26		9576328	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/4/26	TPN	(1)	9584527	py
30/4/26	Blood Transfusion	(1)	9585693	Denika
2/5/26	Partial TPN	(1)	9588877	Q
4/5/26	Partial TPN	(1)	9591678	Q

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00654000 IP5-00172641
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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. Souphani Bhargava	5/5/26	9593391	Rf
2	kv prasad	7/05/2026	09596209	roopa.
3				
4				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
5/5/26	RBS	26045866	gpt
6/5/26	UBq, RBS	26045861	
5/5/26	ad - echo	R265-022862	pt
6/5/26	X-ray	R265-023041	g
6/5/26	RBS	8486046173	
6/5/26	UBq, RBS	8426046216	g
6/5/26	CBP	8426046212	
4/5/26	UBq	8426046216	g
4/5/26	RBS	8426046213	
2/5/26	C-X-ray	86523075	g
1/5/26	S-E, CBP, PA, HLP	26046371	
1/5/26	Point of	26046431	g
1/5/26	CBP	26046500	
8/5/26	UBq, RBS	26046565	g
8/5/26	CBP	26046568	
8/5/26	UBq, RBS	26046662	g
8/5/26	UBq, RBS	26046988	
9/5/26	CBP, CBP	26046985	g
9/5/26	UBq, RBS	26046988	
9/5/26	C-X-ray	R265-023422	g
9/5/26	UBq [Doppel] Abdomen	R265-023447	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/5/26	Inv. monitor	17/4/26		9563326	Pf
	Syringe pump ①	"		"	
	" ②	"		"	
	" ③	"		"	
	" ④	17/4/26			
	G. Incubator	19/4/26		9568153	
	Ventilator	24/4/26		9576328	
21/5/26	Inv. monitor	17/4/26		9563326	Susmita
	Syr pump ①	"		"	
	②	"	21/5/26 at 8 PM	"	
	③	"			
8/5/26	G. Incubator	19/4/26		9568153	
	ventilator	24/4/26		9576328	
	Inv. monitor	17/4/26		9563326	Susmita
	Syr pump ①				
	G. incubator	19/4/26			
	ventilator	24/4/26		9576328	
21/5/26	Inv. monitor	17/4/26		9563326	Susmita
	Syr pump	17/4/26		9563499	
	G. incubator	19/4/26		9568153	
	ventilator	24/4/26		9576328	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
7/5/2026	ROP screening	①	9596208	poofa
8/5/26	Blood transfusion	①	9598270	fy

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



BAH-00654000 IP5-00172641
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18-04-2026 0 Y 0 M 23 D (F)
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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
10/5/26	VBG, RBS	26042461	[Signature]
10/5/26	CXR	R265-023620	[Signature]
11/5/26	CBP, CRP, SOA	26047691	[Signature]
11/5/26	VBG, RBS	26047690	[Signature]
11/5/26	SE	26047788	[Signature]
11/5/26	2D-echo	R265-023864	[Signature]
11/5/26	VBG, RBS	26048046	[Signature]
12/5/26	VBG CRBS	R6048164	Deeny
12/5/26	CXR	023886	Deeny
12/5/26	VBG, RBS	26048406	Kousur
13/5/26	VBG CRBS	26048511	Deeny
13/5/26	CAR	024036	Deeny
13/5	Calcium, P ₅₀₄ , ALP, TAT	26048683	Deeny
14/5	VBG CRBS	26048866	Deeny
14/5	CBP, S/G	26048917	Deeny
14/5	POF	9608262	Deeny
14/5	CMV QUANTITAT PM	26049056	Deeny
14/5	RBS	26049102	Deeny
15/5	CRBS VBG	26049152	Deeny
15/5	RBS (2)	26049450	Deeny
16/5	VBG CRBS	26049541	Deeny

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/5/26	inv. monitor.	17-4-26		9563326	Submika
	ventilator	24-4-26		9576328	
	syr pump	19-04-26		9563499	
	G. incubator.	19-4-26		9568153	
11/5/26	inv. monitor	17-4-26		9563326	Deem
	ventilator.	24-4-26		9576328	
	syr pump	17-4-26		9563499	
	G. incubator.	19-4-26		9568153	
12/5/26	inv monitor	17/4/26		9563326	Deem
	ventilator	24/4/26		9576328	
	Circle incubator	19/4/26		9568153	
	Syr pump	17/4/26		9563499	
13/5/26	monitor	17/4/26		9563326	Deem
	ventilator	24/4		9576328	
	Circle incub	19/4		9568153	
	Syr pump	17/4		9563499	
14/5/26	monitor	17/4/26		9563326	Deem
	vent	24/4		9576328	
	Circle incub	19/4		9568153	
	Syr pump	17/4		9563499	
16/5	monitor	17/4		9563326	Deem
	vent	24/4		9576328	
	Circle incub	19/4		9568153	

cederocof /

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/5/26	neb & O ₂	(1)	9600936	JA
10/5/26	Neb	(1)	9601763	RJ
11/5/26	neb & O ₂	(1)	9602263	b
11/5/26	Neb	(1)	9603356	RJ
12/5/26	Neb	(1)	9603980	Deene
12/5	Neb	(1)	9605012	Wyn
12/5	Neb	(1)	9606784	Wyn
12/5	Neb	(1)	9607412	Dee
14/5	Neb	(1)	9608536	Wyn
15/5	Neb	(1)	9609058	Deene
15/5	Neb	(1)	9610241	Wyn
16/5	Neb	(1)	9610810	Deene

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



①

BLOOD COLLECTION CHART - NICU

S.No	Date	Time	How Much ML blood collected	Total	Grand Total	Sister Name	Signature
①	17/4/26	2:30 am	VBu, RBS	0.2	0.2	Nue	
②	17/4/26	3 am	Blood culture VBu, RBS, CBP, PT/APT	3 ml	3.2	Nue	
③	17/4/26	4:30	RBS	0.1	3.3	Nue	
④	17/4/26	6 am	VBu, RBS	0.3	3.6	Nue	
⑤	17/4/26	11 am	VBu, RBS	0.3	3.9	Atulree	
⑥			VBu, RBS	0.3	4.2	Atulree	
⑦	17/4/26	10 pm	VBu, RBS, CBP, PT/APT	2 ml	6.2	Nirupane	
⑧	18/4/26	11 am 4 pm 7 pm	ABG, RBS - ③	0.9 ml	7.1 ml	Mousumi	
⑨	18/4/26	4 pm	CBP, SBA, SE, CRP PT/APTT	2 ml	9.1 ml	Mousumi	
⑩	18/4/26	11 pm	VBu, RBS	0.2	9.3	Nirupane	
⑪	19/4/26	6 am	VBu, RBS, CBP, SE	1 ml	10.3	Nirupane	
⑫	19/4/26	9 am	ABG, RBS	0.2 ml	10.5 ml	Mousumi	
⑬	19/4/26	3 pm	ABG, RBS, CRP, PT/APTT	1.7 ml	12.2 ml	Mousumi	
⑭	19/4/26	8 pm	VBu, RBS, RBS	0.3	12.5	Nirupane	
⑮	20/4/26	3 pm	PT/APTT, CBP, RBS	1.5 ml	14 ml	Mousumi	
⑯	21/4/26	6 am	CBP, CRP, SE, ABG, RBS	1 ml	15 ml	Digga	
⑰	21/4/26	2 pm	ABG, RBS	0.2 ml	15.2 ml	Mousumi	
⑱	22/4/26	6 am	CBP, ABG, RBS	0.7 ml	15.9 ml	Digga	
19	22/4/26	6 pm	PCR ABG, RBS	1.7 ml	17.6 ml	Mousumi	
20	22/4/26	11 pm	ABG, RBS	0.2 ml	17.8 ml	Digga	



BLOOD COLLECTION CHART - NICU

S.No	Date	Time	How Much ML blood collected	Total	Grand Total	Sister Name	Signature
21	24/4/26	10pm	ABG, RBS 0.2ml	0.2ml	18.2ml	Diff	Q
22	25/4/26	6am	ABG, RBS 0.2ml	0.2ml	18.2ml	Diff	Q
23	26/4/26	6pm	ABG, RBS 0.2ml	0.2ml	18.4ml	Diff	Q
24	26/4/26	6pm	CBP ABG, RBS	1ml	19.4ml	Diff Poja	Q
25	27/4/26	6am	CRP TFT ABG RBS	1ml	20.4ml	Diff	Q
26	28/4/26	6am	Urea Creat, Glc, Poy Frecty ABG, RBS	1ml	21.4ml	Diff	Q
27	28/4/26	1pm	SGOT, SGPT	0.5ml	21.9ml	Dendank	Q
28	28/4/26	6pm	ABG, RBS	0.2ml	22.1ml	Dendank	Q
29	29/4/26	6am	CBP, CRP, ABG RBS	1ml	23.1ml	Diff	Q
30	29/4/26	6pm	ABG, RM	0.2ml	23.3ml	Dendank	Q
31	30/4/26	6am	ABG, RBS	0.2ml	23.5ml	Poja	Pf
32	1/5/26	6am	ABG, RBS	0.2ml	23.7ml	Poja	Pf
33	30/4/26	6pm	ABG, RM	0.2ml	23.9ml	Dendank	Q
34	1/5/26	6pm	S/C ABG, RM	0.7ml	24.6ml	Dendank	Q
35	2/5/26	6am	ABG, RBS	0.2ml	24.8ml	M. Poja	Pf
36	2/5/26	12pm	Blood C/E ABG, RBS	0.7ml	25.5ml	Diff	Q
37	2/5/26	11pm	ABG, RBS	0.2ml	25.7ml	Poja	Pf
38	3/5/26	6am	ABG, RBS	0.2ml	25.9ml	Poja	Pf
39	4/5/26	3am	RBS	0.01ml	-	Poja	Pf
40	4/5/26	3pm	RBS, ABG	0.2ml	26.1ml	Diff	Q
41	4/5/26	9pm	ABG, RBS	0.2ml	26.3ml	Poja	Pf



Date & Time	Progress Notes	Doctor's Order
12/10/2023		
2 AM	<u>Intubation Notes</u> Under sterile aseptic conditions baby was intubated with 2.5 size ET tube & fixed at 6.5.	
2 AM	<u>VAC Insertion notes</u> 2.5 Fr VAC size was placed & fixed at 12. Confirmed Radiologically & backflow Present → Connect to Hepax	
2 AM	<u>VVC Insertion Notes</u> 4 Fr VVC was placed & fixed at 6. Confirmed Radiologically & back flow Present	
		<u>Plan</u> → Connect Hepax 4 Fr VVC



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order	
	<u>BP centiles</u>			
	5th	25th	50th	75th
SBP	22	36	44	60
DBP	18	23	22	35
MAP	21	22	33	43
<u>RESPIRATORY NOTES</u>				
Baby was given one dose of curasol through BT tube in 24 hours, baby remained stable throughout the Procedure				
<u>Plan</u>				
→ connect to SIPPV tube				
→ Gas after 2 hours				
→ Chest xray after 6 hrs				
<u>Noted by</u> <u>allimpur</u> <u>012-267</u>				



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 640L PMA:

Term ☐ Preterm ☐ Gestation : 26 15 Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	Extreme Rt / ELBW	
	2.	RDS / close surfactant	
	3.	PEEP	
	4.	Hypoglycemia	
	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 FiO ₂ Oxygen : L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours: <u>On SIPPV mode</u> <u>18/6, RR = 90/min</u> <u>FiO₂ 0.3</u> <u>One RFP given</u> <u>HR 132</u> <u>SpO₂ 95%</u> <u>MAP 8-9.5</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>BP - 30/24/29</u> <u>HR 132</u> <u>SpO₂ 95%</u> <u>MAP 8-9.5</u>

CNS	Neurological Examination :
	Sedation: <u>Keftan</u>
	Last Neurosonogram : Any Seizures:

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: <i>p/a -> 8/10 moderate</i> <i>6.10 -> 3.3 cc/kg/hr</i>			
	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.	4.
			<i>8/10</i>	<i>my lab</i>

Plan of Treatment :

- > Continue SpO2 monitor
- > Target SpO2 90-95%
- > IV - 8cc/kg/day 10% D A2 Gas
- > Feed 0.5ml q3 hrs
- > Gas } ABHLY
- > If MAP > 8 } Plan 2nd dose of suspectant
- Pao2 > 30%
- > Target mean BP 26-32 mmHg
- > Target Pao2 35-45 mmHg
- > Neurological screening at 12Hr
- > Do chest ABHLY

Doctor's Name (Handover given) : *RAH*

Signature : *[Signature]*

Date & Time : *17/4/26*

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

Signature : *[Signature]*

Date & Time : *17/4/26*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8Am	Changed to SIPPV + VG VG → 5ml/kg Pmax 24 PEEP 6 RR 40/min to 6.3sees.	
17/4/2026 @10am		Seen by Dr. Dinesh 1) Repeat chest x-ray. 2) 18/5 $Ti > 0.33$ Rate = 50 ↓ Repeat Gas in 1hour. SIPPV + VG → SIPPV. 3) ↓ Humidity - 85%. 4) Target P_{CO_2} 35-45mmHg with $PH \geq 7.2$



3.18

(6)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		5) Target MBR 21-27 mmHg (26 ± 2 mmHg)
		6) Stop - fentanyl.
		7) Tv = 80 ml/kg/d
		8) NPI } 9 pm PT, INR }
	Noted by gfbns 014682 19/4/26 10 AM	Sneha
17/4/2026 @ 10:20 am		Seen by Dr. Prathyush
	lung ultrasound	1) Attach IEAT protocol
	Rt Side - A line	
	(L) Side - Score 3	2) 0.5 ml 3rd h/ly
	- Consolidation	
	- B lines	3) Gias 6th h/ly GIRBS 6th h/ly
	Neuro Screen - Normal	4) Neuro Screening lung USG
		Chest x-ray - Now
	Noted by gfbns 19/4/26 10 AM	Sneha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Case discussed with Dr. Prathysesh.
		Start SIPPV + VGi mode VG at 4.5ml/kg.
17th	<u>evening rounds</u>	
2:37 PM	26 ts / 16 hcl / 530gml RDS - 1 dose of Surfactant / PEEP / coagulopathy	
	V → PC-AET 19 / 6 sate - 50 FiO2 - 28.7 VTE - 2.5 - 2.9 (4.5 - 5ml/kg) gas - 7.35 (28.3) - 9.1 (19.7) lac - 7.5	seen by Dr. Prathysesh → continue PC-AE 19/6 monitor VTE → sos - 2nd dose. surfactant
	C-HR - 136bpm BP - 30 / 21 (25) v/o - 8.8 ml/kg - 13ml No ionotrope	→ TV - 80ml/kg/day 10% TPN feed - 0.5ml / 3 hours → target MAP - 25-30



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - NO obvious distention	→ monitor Cereb / VTE
		→ NP1 PT-INA } @ 9 PM
		→ new ABG - 5 PM ↓ ph on increase TV
		→ ABG } slowly RBS } ↓ p. monitor
	26 kcal by 10/04/26 10:00 AM	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26 9:20pm	<u>Surfactant Administration</u> Under strict aseptic conditions. Inj Curosurf 1.5ml is given. with Procedure is uneventful. HR = 136/min SPO₂ = 99% on PC ^{SIMV} mode E Fio₂ = 30% P_{insp} = 19 Ti = 0.28 RR = 80 PEEP = 6. BP = 30/20(25) mmHg.	<u>Plan:</u> To do CXR after 6hrs. Dr. Ramya
17/4 2:11PM	seen by Dr. Pratyek → PC = Almode ↑ PIP - 25 / PEEP - 6 target VTE - ≥ 2.1 4-6ml/kg → TTV - 90ml/kg/d → FFP (SOS) next → Gas @ 4am, if persistent ↑ Hypertensive, to consider HPOV (PTO) notified my Nirupama 012769	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	• HFO + VG @ 1.5ml/kg.	
		• If PT-INR, APTT deranged, consider FFP transfusion
		• Trace NP1 Report
		Dr. Ramya
17/4 @ 11:50 PM	<u>Night rounds</u>	<u>Plan</u>
	Baby on PC-AE mode 22L6	→ continue PC-AE mode do ABG at 1AM
	Tachypnea ⊕ - rate - 50 → 55 fio2 - 0.2	↓ HFOV - (SOS)
	UTE - 1.7 - 2.0	
	ser ⊕ LFT ⊕ NF ⊕ gas - 7.18 / 34 / 7.6 / 17.2	→ TV - 90ml/kg/day 10% TPN feed 0.5ml 3x daily
	C → HR - 126 bpm	
	Bp - 28 / 18 (23)	→ Trace report ↓ FFA (SOS)
	U/O - 4.4ml/kg/hr	
	p/A - mild distress	→ NS holds 5ml/kg C&B target MAP - 25 - 30mm → -11- PPS - 60 - 150mg → monitor vitals

noted by
Nethaiah
01/27/26

for monitor

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/4 02:20 AM	baby on PC-AE mode - 22% rate - 60 VTE - 1.6 ml / 1.7 ml gas - 7.20 / 5.5 / 5.8 / 16 rehabilitation - better INR - 3.3. BP - (20) IUC - collapsed	Plan → continue PC-AE ↑ rate - 55 → 60 → FFP to give ↓ if BP low → NS bolus - 5ml/kg → start adrenaline 0.1 if still hypotension possible. → do apt ABG gas 3 hours
12/4 05:17 AM	ABG - 7.016 / 95.3 / - 6.7 / 16.4	for manual do w Dr. pratyush → change to HFOV. Vg (1.8 ml/kg) MAP - 12, PEEP - 10 → 14 → do - pause illumination test → do ABG gas CXR - after 1 hour

noted by
Nirupama
012767

for manual
Dr. Nandhu



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	520mm gan pH 7.0 res 91 2vrt Alim H 3lmm + consolidation Sub pleu. Nsh - (2) Transilluminator - negative	(Plan) → Hfo 4vrt 1. Bulely → To monitor workup AP MAP 1-12 → gan and CXR @ 30min / 1hr → To taper sel by according for next gain Ry
	noted by 10/2/26	



2

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 31 H 0 L PMA:

Term ☐ Preterm ☒ Gestation : 26+5 wks Corrected Gestational Age: 26+6 wks

OVERVIEW	Problems :	
	S.No.	Current
	1.	ERT ELBW / FGR
	2.	2 dose surfactant
	3.	MV → HFOV
	4.	Hypotension
	5.	Leucopenia (Hemoabocytopenia)
	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 ^{MAP-12} PEEP ^{1.5 ml/kg} VG ^(1.8 ml/kg) Rate ^{freq-11} FiO ₂ ^{Sp-26} Oxygen ¹⁹ L/min
	Last CXR : ^{today} Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : 7.25 / 57.9 / -5.3 / 19.1
	Change over the Last 24 Hours : 2 dose of surfactant given SIMV + PS → AC-ALV HFOV mode FPP given PIPTA2 → meopenam adrenaline started

CARDIO VASCULAR SYSTEM	Plan of Care : continue HFOV + VG
------------------------	--

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: 3.9 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: <i>no obvious distension</i>			
	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.	<i>neoprenal</i>	<i>D1</i>	
	2.	<i>phenobarb</i>		
	3.	<i>ing^o cefixim</i>		
Plan of Treatment : ① continue HFOV 1500 mL (1.5 mL/kg) keep ET ⁱⁿ position ② TV - 90 mL/kg/day - 10% TPN feed - 0.5 mL / 3 hourly ③ Dlocharling 6 hourly ④ ABG] - 6-8 hourly ABG] ⑤ target ABP - 23-30 mmHg if MAP > 35: 10 - 1-4 mL/kg wean adrenaline ⑥ monitor SpO₂ / PaO₂ / PaCO₂ <u>Targets</u> SpO₂ - 90-95% PaO₂ - 45-50 mmHg pH > 7.2 PaCO₂ - 40-50 mmHg				

 Doctor's Name (Handover given) : *Dr. Manu*

 Signature : *[Signature]*

 Date & Time: *18/4/22*

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

 Signature : *[Signature]*

 Date & Time: *18/4/22*



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Urology
		Continue HFO. v.h.
		1.6ml/kg
		ET location
		Value to 100% SpO2
		Exaggerated
		0.5ml 3Hr
		San 6h
		San 8H
		Tow T. A2: 5hr
		can
		Continue Pheny
		Trace culture
		k/w
		? intermittent
		Postop seeds
		Notified By
		N. Suresh
		01/2/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/26 1:39 AM		Seen by Mr. Dr. Sir
		→ HFOV - 1:1:1 FIO ₂ 12 T ₁ 20 (2ml)
		→ Sedation hold day
		→ TV - 100ml/kg/day 0.5ml 3rd hrly
		→ Maternal history for infection
		→ Monitor SpO ₂ / SpHb
		→ PT, INR - evening Gras.
		→ Gras - 6th hrly GRBS
		→ Adrenaline ongoing
		→ R/v on NBSG official

Noted by
 Dr. Dinesh Kumar Chirala
 16/4/26
 1:40 AM

Dr. Sir

BAH-00654000 IPS-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 0 D 20 H (F)
 Dr. DINESH KUMAR CHIRLA

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26 @ 12pm	Gas = 7.26 / 41.1 / 69.1 / 17.7 / -7.8 / 3.8 elec = 143 / 2.5 / 24 $ica^2 = 1.23$	Seen to Discussed with Dr. P. ① ↓ freq to 11 Send Dr-electrolytes in evening with ABG, PT, INR <u>Sneha</u>
18/4/26 @ 1:45pm	U/O = 14.4 cc/kg/hr. ⇒ - 33.9 ml Sod = 143 BP = 23/11 (16) GIR : 5.7 $4.08 + 1.7 ⇒ 5.78$	Discussed with Dr. Nilesh 1) ↑ T _u = 110 ml/kg/day ↓ ↓ 10 ml/kg 100 cc/kg/day 25% D • 12% TPN Fresh TPN @ 12.5% feeds @ 0.5 ml 3rd hrly 2) Recheck RBS = in 1 hour <u>Sneha</u> noted by Digeshwari 09990 12:10pm 18/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/04/2026 5pm		Seen by Dr VS
		1) Cont. Current ventilator
		2) Gas at evening 5pm
		↓
	Discoloration of (R+) toes	3) Adjust settings accordingly
		4) Bolus of 5ml/kg over 1 hour.
		5) Iloprost 4 hourly
		6) Start Dobutamine @ 4ug/kg/min
		7) GIRBS with Blood gas & SOS
		R/o with
		8) S/c } at 5pm PT INR } SBR }
		Noted by Dr. Sneh
		Signature: [Signature]
		18/4/26 11pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26 @ 3:30pm		Discussed with Dr.
		1) chest x-ray Now.
		2) Start Dobutamine at 4ug/kg/min
		3) warm the left limb
		4) Apply Nitric patch (Anobis) ointment
		noted by Devesh 0990 184126 3:35pm Sneha
18/4/26 @ 4:30pm	<u>Evening Rounds</u>	<u>Seen by Dr. Dinesh Sir</u>
	hypotension ⊕	1) 1 stat dose of Hydrocortisone ⊙ 0.5mg/kg
	Gras 7.17)	2) HFO → P-Ac mode → HFO + UGc
		5mg/kg
		3) 5ml/kg NS-Bolus over 30min.
		4) monitor BP.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		5) Cardiac - 2D Echo
		6) AFU + VGR
		↓ ABG in 2 hrs
		7) ↑ TV = 130 ml/kg/day
		8) CBP S/E PT, INR. SBR
		} Now
18/4/26 @ 4pm		Noted by Dr. Sneh 18/4/26 4:45pm Sneha Discussed with Dr. DK
		1) ASK for CRP in same sample.
	TLC = 2910 ANC = 1600	2) Trace - B/c/s
		3) No Need of GCSF
	152 / 2.8 / 128	4) Give IVIG 1 dose.
		5) Start Lipo Amphot-B Vancomycin
		6) Give FFP

19

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		7) Sr. electrolyte rest after 6hrs ↓ 6hrs with next gas.
		8) I/O charting 6th hrly.
		9) monitor BP.
		10) Adrenaline $\geq 0.4 \mu\text{g/kg}$ consider Noradrenaline.
		10) Dobutamine Continue
18/4/26 7pm.	Evening Round	noted by Dr. Sreeja 18/4/26 7pm
	Resp: Baby on HFO+VG VG 2mb/kg MAP - 12 - Preq - 11 I:E = 1:1 Amp - 16/26 DCO ₂ = 11 Fio ₂ - 25% ↓ last gas 7.19/4.2 - 15.8/10.1/3 3.3-lac. 149/2.6/127 ca ²⁺ 1.43	Plan 1) Cont. Current ventilat Target SPO ₂ 90-95% 2) TV = 130mb/kg/day ↓ 0.5mb 8th hrly feed 3) To give FFP → IV Ig 1g/kg

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cardiac - No tachycardia	4) Target MAP 25-33mmHg
	HR = 143/min	if ≥ 33 mmHg
	BP = 42/25 (83)	wean adren } Inform doctor
	$\downarrow$ Adrenaline	< 21 $\uparrow$ Adrenaline doctor
	0.3 $\rightarrow$ 0.2 - 0.1 μ g/kg/hr	5) S/E in next gas 12pm.
	SPO ₂ - 93%	
	$\downarrow$	
	Neuro - Normal NSG	6) Dobutamine ongoing
	Cardiac - No Bleed	
	Large PDA - 3mm	7) Target DO ₂ 9-13
	CPA/NO 1 $\rightarrow$ RSH	inform if < 7 13.
	RUSP - 30mmHg	
	GIBVF - (mod PPHN)	8) Target GRBS 60-150mg/dl
	Ivc - (N)	
	P/A - Soft tolerating feeds	9) meticulous asepsis cluster can.
	Balance - 43-3ml	
	(lost 6mls)	10) Target Pco ₂ 35-45mmHg
	8.1cc/kg/hr	
		11) Start lipo

Noted by
 Dr. Chirli
 06/06/26
 18/4/26
 4pm



21

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26 @ 8pm	Diastolic Hypotension Fio ₂ requirement at 25.1	Seen by Dr. NK 1) VG 1 → 1.1 ml MAP 12 → 11 Maintain ↓ MAP as Fio ₂ req decreases. After 6hrs upto MAP-10. 2) If not improving Go to 12-MAP 3) if 727 MBP → wear. Accept upto 21mmHg ↓ MBP 27 ± 2 4) if Hypotension ↓ R/v on hydrocortisone. after 12hrs of 1st dose. 5) Do not cover limbs 6) ABG at 1am 7) Add 1mg/kg/day Kcl. (if urea, creat - N)

Noted by
 Nrupama
 012769



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		8) T/m mng CBP S/e- GABG GRBS
		9) Taj. vit K. 0.2mb IV.
		10) If ↑ trend <u>Sneha</u> Bilirubin Start Biliblanker
18/4/26 @ 11:10pm	<u>NIGHT ROUNDS</u>	
	Resp: on Ventilator.	Plan
	HF0 + VG	1) Cont. Current ventilation Target SpO ₂ 90-95%.
	VG = 1.1ml, I:E = 1:1 MAP = 11, FiO ₂ = 28% AP = 18/26, Freq = 11	2) TV = 130ml/kg/day 0.5mb 3 hourly 0.6 feeds
	↓ Dco ₂ = 13-14, leak = 0%.	12.5% TPN.
	No tachycardia No asynchrony ongoing phototherapy	Including all Blood Products and IVIG
		3) Next ABG, GRBS at 1am

Noted by
Nirupama
12/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	FFP transfused ongoing IVIG infusion ongoing Dobutamine @ 4mcg/kg/min @ off - Adrenaline	3) Tm morning CBP S/e ABG GRBS
	→ <u>Vitals</u> → HR = 138/min RR SPO ₂ - 91% BP = 35/18(26)	4) If ↑ trend of Bilirubin in blood gas Start Biliblanket.
	@ U/O = 8.1cc/kg/hr - 43.3ml	5) Target MBP 27±2 If <21 → Start adrenaline with 1.5mg/kg → 0.1mg/hr wean if MBP > 27.
	P/A - Non distended mild dyscoloration (+)	if Hypotension persist. Consider 2nd Hydrocort 12 hours after 1st dose
		6) monitor limb perfusion regularly
		7) Rlv to add 1mcg/kg/day kcal.
		8) S/e with next Gas.
		9) monitor Dco ₂ , SpHf,

noted by
 Nirupama
 01/27/26

3

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 57 HOURS PMA: 27 weeks

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

Problems :		
S.No.	Current	Past Problems
1.	EPT/ELBW/FGIR	
2.	RDS - 2 dose Surfactant	
3.	MV - HFO	
4.	Hypotension, Coagulopathy	
5.	Leucopenia, Thrombocytopenia	
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..... 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 HFO + VG (VG = 1.1mb = 2mb/kg) MAP 12 → 11 → 10, freq = 11 Amplitude = 16/25	

CARDIO VASCULAR SYSTEM	
Plan of Care :	HR = 138/min RR = SpO₂ = 91% BP = 37/21(28) FiO₂ = 25% Hyp ① Hypotension ② 1FFP ③ 1IVIG ④ Antibiotics upgrade 2 NS Bolus Adrenaline Stopped 1 dose Hydrocort

CNS	
Neurological Examination :	 Sedation..... N.O
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: 2/0 = 7.7 cc/kg/hr - 34.7 ml 5.6 cc/kg/hr - 34.7 ml. GRBS - 143 mg/dl														
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS PIA - Soft No distension Slight discoloration														
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :														
	INFECTION	Antibiotic	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Sl.No.</th> <th style="width:40%;">Drugs</th> <th style="width:10%;">Days</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Meropenem</td> <td>D₂</td> </tr> <tr> <td>2.</td> <td>liposomal Amphotericin-B</td> <td>D₂</td> </tr> <tr> <td>3.</td> <td>Vancomycin</td> <td>D₂</td> </tr> </tbody> </table>	Sl.No.	Drugs	Days	1.	Meropenem	D ₂	2.	liposomal Amphotericin-B	D ₂	3.	Vancomycin	D ₂
Sl.No.	Drugs	Days													
1.	Meropenem	D ₂													
2.	liposomal Amphotericin-B	D ₂													
3.	Vancomycin	D ₂													
Plan of Treatment : 1) Cont current HFO settings Target SpO₂ 90-95%. 2) TV = 130 ml/kg/day 0.5 ml 8th hrly → 12.5% TPN. 3) Trace - CBP, B/c/s. 4) Target MBP 27 ± 2 mmHg, If < 21 - start with if ²⁴733 wear off adrenaline adrenaline, 5) Target Pco₂ 35-50 mmHg if pH 7.2 6) Target GRBS - 60-150 mg/dl 7) ABG - 6th hrly, GRBS - 6th hrly 8) Stool charting 6th hrly 9) monitor vitals															

Doctor's Name (Handover given) : Y. Sneha
 Signature : Sneha
 Date & Time : 19/4/25

Doctor's Name (Handover taken) : Shub
 Signature : Shub
 Date & Time : 19/4/25



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/2026 @ 7:45am.		Seen by Dr. NK.
		1) Cont. Ventil = HFV + VGi. freq $\downarrow$ 12, MAP $\downarrow$ 11. VGi (Keep MAP 11) (Plan to $\downarrow$ to MAP-10 if chest x-ray Good)
		2) Target MBP 27 ± 2
		3) chest X-ray - Now
		4) Start 15ml/kg 10% ISO + 20ml/kg.
		5) TTV = 140ml/kg/d. including medication. Blood products, feeds. Sneha
	Noted by Nrupena 012767	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/2026		Seen by Dr. Dinesh Sir
		1) $VGI = 1.8 \text{ ml/kg}$
		2) $TU = 140 \text{ ml/kg/day}$
		3) Send PT, INR aPTT CRP - } Today Afternoon
		4) Plan & give Platelet transfusion
		5) Add colistin
		I/O charting 6th hr
		Target NBP $27 \pm 2 \text{ mm}$
		Allow P_{CO_2} upto 50 mm if $\text{PH} > 7.2$
		Gras } 6th hrly GRBS }
		monitor Sr-electrolytes Hb in gay
		ET in traction

noted by
 nurse
 19/4/26
 @ 11:00 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26	seen by Dr. Pratyush	Plan ① monitor S/E & Hb in gas if Hb < 10, plan URC ② SDR transfusion now. ③ ET in traction
19/4/26 2:15 PM	63 HOL - on HFO + VG (1.8ml/kg) FiO ₂ - 28%, MAP - 11, Freq - 12, Amplitude - 25 DCO ₂ - 15, SpO ₂ - 96% PR - 151/min BP - 41/25 (32)	Plan: - continue current ventilation - TV - 140ml/kg/day 120ml/kg 12.5% TPN 20ml/kg 10% ISO-p - feed 0.5ml 3rd hourly

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PlA - soft, Discolouration @, NO aspirate,	- Blood Gas, RBS } Gta hourly
		- Keep ET in traction
	- urine - 3.5 ml/hr like - stool - not passed	- w/f Hb, electrolytes, SBR in gas.
		- To give SDP transfusion,
		- To allow pCO₂ upto 50 mmHg, if pH > 7.25
		- To send CRP, PT, INR, APTT } now.
		- If Hb < 10 in gas, to give RBC transfusion
		- I/O charting 6th hourly
		Target MBP - 27 ± 2 mmHg
	Noted by Monisha 19/4/26	Aneelo



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	19/4/26 3:00 PM	cl o/w Dr. pratyush
	Blood gas - 7.14 / 40.1 / 65.2 Hb - 9.5, Na ⁺ /K ⁺ /Ca - 140/2.7/1.39	plan: - To ↑ 10% ISO-P to 30ml/kg. - To give 1 LPRC transfusion - TV - 140ml/kg/day ↳ including Blood products. 110ml/kg 30ml/kg 10/12.5% TPN 10% ISO-P + Medication + Tuberculous + Blood Products. - To send Post transfusion gas & serum electrolytes
	Noted by Moresani 14/4/26	Anude

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26 HPM	Night Rounds	- seen by Dr. Saad
	HFOV + Vg	
	f _q - 12	Plan:
	MAP - 13	
	ΔP - 21	
	f _{IO₂} - 32%	
	Vg - 2ml/kg	- continue current ventilation
	→ Had multiple e/o desat today.	
	Received LRBC + SDR + PFP	f _{IO₂} - 32%,
	today i mid BT laserx	MAP - 13,
	HR - 155	Freq - 12,
	BP - 45/29 (36) (~50th)	Amplitude - 28
	SpO ₂ -	
	on adrenaline	- Target SpO ₂
	on dobutamine @ 2mcg/kg/min	90 to 95%
	IO - 47-7/30 (+17.7)	
	Uo - 5.9ml/h	- Restrict TV - 120ml/kg/day
	nas - 7.128/43-7/15.8/ - 10.2/4.0	
	NPO currently	45ml/kg (blood products)
	PA - distended, soft to firm	20ml/kg (medication)
	skin discoloration ⊕	23ml/kg (Tubing)
		12.5% TPO (4.5ml/kg)
		30ml/kg
		104-ISO P
	Issues: → Issues:	
	- ↑ f _{IO₂} requirement	Continue NPO
	- Intermittent desaturation	
	- Oedema ⊕	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Abdomen distension ⊕ Discolouration ⊕ Last RBS - 180 meq/dl;	post transfusion gas at 2:00 pm along with serum electrolyte
	Hb - 9.5 → IRBC transfusion done. Plt - 32,000 → one SDP given INR - 2.2 → one FFP given.	Target MBP - 27 ± 2 mmHg. I/O charting 6th hourly ongoing Dobutamine infusion.
	CRP - 71 → 52 PLA - firm, distended	Target pO₂ - 35 to 50 mmHg.
	Screening NSG - Normal (NO evidence of IVH)	Noted by Nareema 012767
	lung ultrasound - Rt Lt	



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

20/4/26 (4)
DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 81 HoL PMA: 27+1

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

Problems :		
S.No.	Current	Past Problems
1.	EPT ELBW FGR	Anemia
2.	RDS - 2 doses of surfactant	coagulopathy
3.	MV - HFO	hypotension
4.	Suspected sepsis	
5.	Neutropenia	
6.	Thrombocytopenia	

Today's Weight :

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent :	
Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐	
Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min	
Last CXR : Spo ₂ :	
ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:	
Change over the Last 24 Hours.....	
- on HFO + VG, (2ml > 1.8ml/kg)	
FiO ₂ - 28%,	
MAP - 11 > 12 > 13,	CRP - 71 > 52
frequency - 12,	DCO ₂ - 15,

Plan of Care :	
Amplitude - 25 > 28,	
- Issues of intermittent desaturation with	↑ FiO ₂ requirement
SpO ₂ - 93%,	- one CRBC transfusion
PR - 144/min	- one FFP given
BP - 50/31 (39)	- one SDP given
	Added collistin.

Neurological Examination :	
Sedation.....	
Last Neurosonogram : (3)	Any Seizures.....
- Issues of hypotonia	GIR = 5.8 mg/kg
Added 0.7 mg/kg Pd in ongoing Iso P.	

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : 6.6 ml/kg/hr Stools : not passed
	IV Fluids - Type of IVF : @ ml / hr (negative - 10.3u)
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details : Calories:.....
Abdominal Examination:..... last RBS - 64mg/dl	

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
Plt - distended /
Discolouration present

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :		
	Sepsis screen:.....		
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :		
	Sl.No.	Drugs	Days
	1.	Trj. meropenem	D3
2.	lipo-ampho-B	D3	
3.	Vancomycin	D3	
Antibiotic	collistin	D2	
Trj. caffeine citrate			
- ongoing Dobutamine - 4mcg/kg/min.			

Plan of Treatment :
- continue HFO + VB
- Target SpO ₂ - 90 to 95%
- TV - 140ml 1k/day
intraosseous (23ml/kg)
12.5% TPN (20ml/kg)
30ml/kg (10% ISO-P)
(GIR - 5.8ml/kg)
- feeds to restart 0.5ml 3rd hourly
- Blood gas 6th hourly
RBS
- Target MBP - 27 ± 2 mmHg
- Target RBS - 60 to 150 u/dl
- 10% cholesty 6th hourly
- w/ abdomen distension
- Rlv CBP today
- Target PCO ₂ - 35 to 50 mmHg
if pH > 7.25

Doctor's Name (Handover given) : Anu	Doctor's Name (Handover taken) : Fair
Signature : Anu	Signature : Fair
Date & Time : 20/4/26	Date & Time : 20/4/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26		Seen by Dr PR
9:20 PM		→ Feeds - 11, 26 PLo2 upto 40 → 606 D 18ml/kg
		→ IV - 1ml/cc/kg/day 150% TPN 12.5% TPN
	PN- 12.5% TPN 20cc/kg/day A3 L2 Na, K, Ca, MV 10.5 Glucose 0.3	Infusions 18ml/kg/day meds 20mg/kg/day feeds 0.5ml 3hrly (8ml/kg/day)
		→ Add Glycerine suppository
		→ Chest xray in Afternoon @ 3 PM
		→ Gas 2hrly GRBS 2hrly
		→ NSA Screening 8 AM
		→ CBP 8h after, INR
		with Afternoon Evening Cos.

rolled by
Nurse
20/4/26
@ 8 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ Ball blood clts
	<u>2 Pells</u>	
	Contractility → (w)	→ CRP
	mild-moderate PPHN	SE } Tm
	30 mmHg	GBP
	PDA → Bidirectional	1.8 mm
	1.8 mm.	
	mild RV	→ to consider
	asthmatic	milestone if
	Dysfunction	↑ Oxygen
	(w) LV function	requirements
20/4/26	Afternoon rounds	Plan
11:50 PM	On HFO + VG (2ml/kg)	→ continue HFO + VG
	MAP-13	→ target SpO ₂ 90-95%
	Freq-11	→ to - (wacc) 13/day
	AP-25	0.5ml/kg 3hly
	Flow-25% Dlo ₂ → 14	rest 12.5% TPO
	8/A → soft	→ Chest x Ray @ 3pm
	Stools → Passed	
	no aspirates	
	discoloration @	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HR 140/min SpO ₂ 94% BP 103/25/34 U.O → 6.2 cc/kg/hr	→ Cas GRBS } Ob & hely
	Blood c/s → N/A x 8 hrs GRBS +	→ NSR Screening Test → CBP PT aPTT now Cas CBP → CRP SC } T/m
		→ Target MBP → 22 ± 2 mmHg → SpO ₂ chest Ob hely.
		→ monitor vitals # (Par2)

Washed
by
20/4/26
@ 8pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>NIGHT ROUNDS</u>	
<u>20/4/26</u>		<u>Plan</u>
8:30pm	On HFO + NG (2ml/kg) MAP → 13 DP-28. Resp → 22 Pao2 → 28% Pao2 → 15 P/A soft 1ml milkly Aspirate Stools passed deburated (+) improving	→ continue HFO + NG → target spo, 90-98% → TV + 100% O2/day 0.5ml/kg/h Rest 15% FPO → Gas } HFOs } 28% → NSH screening in
	HR-153/min spo2 98% RR-41/23/31 U.O → 62cc/kg/h HFOs → 62mg/kg	→ GSP CPR S/G } in
	One SOP given	→ Rocker 28% → monitor vitals
		HFOs
		Noted by Dageshri 09990 20/4/26 8:25pm

FIGURE NOTES AND BOOKS ORDER

noted by
D. J. S. S.
00000
20/4/26
10:45pm

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D5 PMA: 27+3

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	Left Elbow / FHR	Aneuro
	2.	RDS → 2dose Surfactant	Coagulopathy
	3.	mv-HFO	Hypotension
	4.	Suspected sepsis	
	5.	thrombocytopenia, leucopenia	
	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 ₂Oxygen :L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours..... <u>On HFO + VA (1.8ml/kg)</u>
	<u>one SPP given</u> <u>MAR-13</u> <u>one vel correction</u> <u>Reg-12</u> <u>given</u> <u>DP-28/14</u> <u>HR - 162</u> <u>PO2 - 13</u>

CARDIO-VASCULAR SYSTEM	Plan of Care : <u>SpO₂ - 96%</u> <u>BP - 44/24/34</u> <u>any drug</u>
------------------------	---

CNS	Neurological Examination : Sedation..... Last Neurosonogram : <u>(2)</u> Any Seizures.....
-----	--

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 @ 10am	DOL-5 on HFOV + VGi = 1.8ml/kg MAP = 12.0, ΔP = 15/25 DCO₂ - 10, I:E 1:1 freq - 12 FiO₂ - 28% ↓ SpO₂ ⊕, No desaturation HR = 154/min SpO₂ - 93% BP = 43/22 (81) ⊙ last gas 7.31 46.2 87.9 22.1 -2.3 LAC - 2.0 (34K) 1SDP given Yesterday on fentanyl Sedation Hb = 10.3 3.80 (22%) 105 CRP 71 → 52 → 18 Slc = 134 3.8 112 U/O = 6.8cc/kg/hr - 4.6ml on TV = 150cc/kg/day P/O - Stool - not SP 1ml Mucky GRBS-83, G/R = 9.9	Plan ⊙ Cont - Current Ventilation ⊙ TV = 150cc/kg/day ↓ 0.5ml 3rd hrly 15% T & N R/V NSG - Screening today ⊙ Gas GRBS } TID. ⊙ R/V on G-CSF (ANC - 867) noted by me 21/4/26 @ 10am Sreher

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 @ 10am		Seen by Dr. Prathayash
		1) Cont Current - Venti ↓
		if Next Gas
		Pco ₂ 35-45
		with PH 7.3
		↓ freq = 12 → 11
		2) Keep ET in traction
		3) monitor Dco ₂
		4) Plan to ↓ VGr to 1.5mb/kg in Night if Gas well
		5) Tu = 150mb/kg/day ↓ feeds 10-5mb 2nd hrly 3rd hrly
		6) Picc line - T/m
		7) 1 dose Gi-CSF
		8) Intermittent fentanyl Asynch / Moving lot Stop. Dobutamine

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		10) N8G - Tomorrow
		11) Gas } TID GRBS }
		12) T/m - CBP. ↓ if <10 → GRBC plan
		not 1-04 B 1000 not @ 1000 Sneha
21/4/26 @ 3:23 PM	<u>Afternoon Rounds</u>	<u>Seen by Dr. Prathap</u>
	Baby on Ventilator +HFO + VGI (1.8 ml/kg) ↓ freq - 12, MAP - 12, I:E 1:1 ΔP = 10/25 FIO ₂ = 13%, Dco ₂ = 10	① ↑ VGI to 2 ml/kg monitor - Dco ₂ → ΔP.
	Stool - passed	② ET Suction Now.
	Skin - Break @ (Rt) dorsum of ankle.	③ Cyclical fentanyl TV = 150 ml/kg/day 0.5 ml 2nd half - feed 12% 15% 90%
	U/O = 11 cc/kg/hr - 18.8 ml	④ T-Bact Ointment



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		6) NGG- Tomorrow
		7) If Next 6hrs $\uparrow$ Net Negative Balance $\downarrow$ $\uparrow$ TVolume.
		8) Start Sedation Cyclical.
21/4/26 @ 4:40pm	<u>Evening Rounds</u>	Noted by me 21/4/26 @ 4:40pm Sneh
	② Baby on Ventilator. HFO+ VGI (1.8ml/kg $\rightarrow$ 2ml/kg) Freq-12, MAP-12, I:E=1:1 FiO ₂ = 28% ΔP = 8/28 - 8/25	Plan X) Cont HFO+ VGI. VGI 2ml/kg Target SpO ₂ 90-95%
	last gas: 7.21/60.7/52.8/20.5/-3.3 Lac 1.1 cat2 = 1.34	2) TV = 150ml/kg/day $\downarrow$ 0.5ml 15% TPN. andhrly
	No desaturation. No tachycardia No Hypotension	if Used Negative Balance consider $\uparrow$ Total volume 3) Sedation cycling

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>vitals</u> : HR = 147/min BP = 40/20 (28) SPO₂ = 95% mild SCR (+) PIA - soft morning 2ml clear-light Brown ^{Brown} aspirate U/O = 11 cc/kg/hr - 18.8ml feeds - 0.5ml 2nd hrly	4) NSG - Tomorrow 5) CBP - Tomorrow (if Hb < 10 - CRBC plan) 6) Gas } TID GRBS } 7) Plan of PICC line T/m 8) Keep ET fraction 9) I/O charting 6th hrly 10) w/f - vitals, Brady desat Sneha Noted by maxson 21/4/26 @ 5pm

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D6 PMA: 27+4 wks

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	Epil ELBW / FGR
	2.	RDS - 2 dose Surfactant
	3.	LMV-HFROV
	4.	suspected sepsis
	5.	leucopenia / thrombocytopenia
	6.	PDA
	Past Problems	
		Aemia
		coagulopathy
		hypotension

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 <u>24</u> PEEP <u>12</u> VG <u>12</u> Rate <u>12</u> FiO ₂ <u>0.25</u> Oxygen <u>25</u> L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>7.24 / 55.3 / -2.9 / 21.3</u>
	Change over the Last 24 Hours: <u>Leucopenia - 1 GCSE</u>
	

CARDIO VASCULAR SYSTEM	Plan of Care : <u>continue current ventilation.</u>
------------------------	---

CNS	Neurological Examination :
	Sedation: <u>Fentanyl</u>
	Last Neurosonogram : <u>(N)</u>
	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: <i>distended stool - passed (1) 3ml milky aspirate</i>														
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS														
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :														
	INFECTION	Antibiotic	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Sl.No.</th> <th style="width:40%;">Drugs</th> <th style="width:10%;">Days</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Meropenam - 8h</td> <td rowspan="4" style="vertical-align: middle; text-align: center;"> <i>inj cefixime citrate Glycine</i> </td> </tr> <tr> <td>2.</td> <td>Liposompho-B</td> </tr> <tr> <td>3.</td> <td>Vancomycin</td> </tr> <tr> <td></td> <td>Colistin - 14</td> </tr> </tbody> </table>	Sl.No.	Drugs	Days	1.	Meropenam - 8h	<i>inj cefixime citrate Glycine</i>	2.	Liposompho-B	3.	Vancomycin		Colistin - 14
Sl.No.	Drugs	Days													
1.	Meropenam - 8h	<i>inj cefixime citrate Glycine</i>													
2.	Liposompho-B														
3.	Vancomycin														
	Colistin - 14														
Plan of Treatment : <i>① Continue HFOV + VG (2ml/kg) Target SpO₂ - 90-95.</i> <i>② TV - 160ul/kg/day ~ 15% TPN. feed - 1ml/2 hourly ↑ kcal - iUTPN</i> <i>③ ABG } TLD</i> <i>RBS } TLD</i> Targets CRP - 25-30 RBS - 60-180 U/O - 1-4ml/kg <i>④ CBP - Trace - if Hb < 10 LPBC Transfusion</i> <i>⑤ INSG - today</i> <i>⑥ Pseuine - today x</i>															

Doctor's Name (Handover given) : *Dr. Manikla . e*

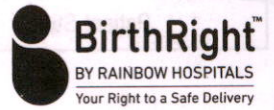
Signature : *[Signature]*

Date & Time: *22/4/26*

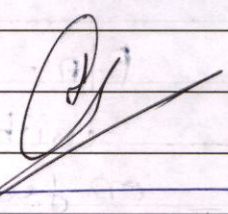
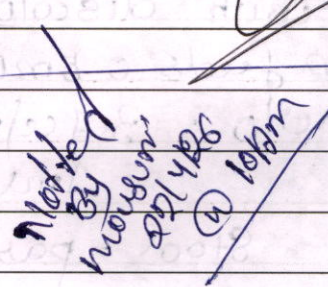
Doctor's Name (Handover taken) : *Y. Sneha*

Signature : *[Signature]*

Date & Time: *22/4/26*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/01/26 9:30AM		seen by Dr Sir
		send for procalcitonin
		CRP - tomorrow
		USG abd - today
		Fluoridating shower
		ABG PSS } 12 hourly
		
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/26 @ 4:50pm	Afternoon Rounds	
	Baby on HFO + VG VG = 2ml/kg Freq - 12, MAP - 12 ΔP = 9/25 clear upto - 20% DCO ₂ = 12-13 No desaturation / Bradycardia No Hypotension	Plan
	vitals HR = 152/min RR = SPO ₂ - 92% BP - 43/19 (29)	1) Continue HFO + VG. Target SPO ₂ 90-95% 2) GV = 160ml/kg/day 0.5ml/2nd hrly 15% TPN
	P/A - Soft, mild distens with discoloration on feeds 0.5ml 2nd hrly ③ U/O = 3.7cc/kg/hr - 1ml Stool - passed off Inotropes Stopped Vancomycin	3) Blood gas } BD GIBS 4) USG - abdomen } Today NRG 5) Tlc charting 6th hrly 6) CRBC transfusion today ↓ NPO during transfusion 6-2hrs post transfusion Blood gas
		7) w/f - Brady, desat

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/26 @ 3:45 pm		Seen by Dr PR
		1) $Tu = 160 \text{ mg/kg/day}$
		20 mg/kg Rest
	NSG - Normal	LRBC 15% TPN
	USG - abd - Normal	
	Discussed in ID round	2) LRBC tran
	↓	3) Ask for PCR in the
	Asked for Repeat Blood Culture	Blood culture (Previous)
		4) T/m - Picc line
		5) Send B/c's with Picc line T/m
		Noted by mousami 22/4/26 @ 8 pm
		Sneha

Date & Time	Progress Notes	Doctor's Order
22 Jul 2026 @ 11:40pm	<u>Night Rounds</u>	
Resp:	Baby on ventilator. HFO + VGr VGr 1.8ml/kg → 2ml/kg 0.9ml → 1.1ml frequency - 12 MAP - 12 ΔP = 9-10/25 Fio ₂ = 25% leak = 0%, Dco ₂ - 15↑	Plan 1) Cont current ventilator monitor Dco ₂ Target SPO ₂ 90-95% 2) TV = 16ml/kg/day ↓ ↓ feeds 15% TPN. 0.5ml 2nd hrly
last Gas:	7.21 / 69.5 / 48.6 / 22.8 Base - 0.3 Lac - 1.1. Na ⁺ = 139 / 2.6 / 140 / ica ² 1.62	3) Blood gas? BD GIRBS
No desaturation / No Bradycardia No Tachycardia No Hypotension Off Inotropes		4) Trace - Blood Per panel (Septicemia panel) 5) T/m - Piccline Bld's to be sent with Piccline
	Noted by Dr. [Signature] 22/7/26 6:17pm	Fluochloring 6th hrly

Date & Time	Progress Notes	Doctor's Order
	<u>vitals</u> HR = 160/min SpO₂ = 98% BP = 42/20 (30) Perf = 1.9 P/A = soft mild distension mild discoloration U/O = 4 cc/kg/hr + 1 ml ↓ + 1.9 ml	7) w/f - distress A synchron Abd. disten Brady, des 8) w/f - clinical sign of hb-PDA, shock, - sepsis Noted By Diges 22/4/26 @ 11:50pm. Inchen

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D7 PMA: 27+5wks

Term ☐ Preterm ☒ Gestation : 26+5wks Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT/ELBW/FGIR	Coagulopathy
	2.	RDS- 2dose Surfactant	Hypotension
	3.	MV- HFO	Hypokalemia
	4.	Suspected Sepsis	
	5.	leucopenia, thrombocytopenia	
	6.	TDA, Anemia	

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.....

Baby HFO + VG (1.8mlb → 2ml/kg)
 f_{res} 12, MAP-12
 ΔP = 10/25
 FiO₂ - 25%, I:E 1:1

CARDIO VASCULAR SYSTEM	Plan of Care :
	HR = 162/mcu RR = 30/min BP = 41/20 (29) SpO₂ = 98% DCO₂ = 15 1 RBC transfusion

CNS	Neurological Examination :
	Sedation: <u>fentanyl</u> Any Seizures:

Last Neurosonogram : Normal

FLUIDS STATUS NUTRITION	Balance: 12.1ml	
	☐ NPO ☐ NG Feeds Wt. Gain:	Head Circumference:
	Input: 82.1ml (+/-) 75	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: A3 L Na2 K2 5CA1	Calories:	
Abdominal Examination:	U/O = 58ml/1hr/4hr	
GRBS		

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
P/A mtd distension
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	Inj. Caffeine citrate Glycerine
	1.	Meropenem - D4		
2.	Lipo-Ampho-B - D4			
3.	Colistin - D5			

Plan of Treatment :	1) Continue HF0+UGr (2mb/kg) Target SPO₂ 90-95% 2) TU = 160mb/kg/day ← 0.5mb 2nd hr Rest 15%, TPN 3) Trace - Blood Septicemia PCR panel 4) Blood gas, GRBS - BD 5) I/O charting - 6th hrly 6) Picc line today - To send B/C/S while doing Picc line 7) w/f - vitals, Brady, desat w/f clinical signs of sepsis, h/s-PDA 8) RIV CBP
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Doctor's Name (Handover given) : J. Sreha	Doctor's Name (Handover taken) : J. Sreha
Signature : Sreha	Signature : J. Sreha
Date & Time : 23/4/26 @ 6am.	Date & Time : 23/4/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26		seen by Dr PR
9:45 AM		✓ UA → 1.8 ml/kg ✓ 1 ml orally ✓ 1 mEq/kg over 12 hours ✓ trace septum ✓ Pch Panel. ✓ Reticule with Blood clots Today ✓ CBT. ✓ Gas } GABs } BD ✓ Ca, K3 Na2 mvi or Celcelo 0.3ml ✓ noted by nurse 23/4/26 @ 10 AM, fair.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26		Afternoon rounds
2:00 PM		
	HFO + VG (1.8 ml/kg) FiO₂ - 25%, MAP - 12, Freq - 12, Ampli - 25 Leak PCO₂ - 10, - 0%. SpO₂ - 96% PR - 160/min BP - 45/20 (31) PIA - soft,	Plan: Continue HFO + VG (1.8 ml/kg) Target SpO₂ - 90 to 95%. TV - 160 ml/kg/day 1 ml 2nd hourly + Rest 15% TPN. Trace Blood PCR panel [expected by evening 5:00 PM] To send CBP, Blood clts } along } c Pline I/O - charting 6th hourly Blood Gas PBS } BD
	Crine - 6.2 ml/kg/hr, Stool - not passed.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- on cyclical sedation - off ion drops - ongoing kcl correction	- Target mBP - 27 ± 2 mmHg - Target RBS - 60 to 150 u/dl - Target <u>Accepted</u>
23/4/26 3:00 PM		Seen by Dr. PR
		Plan:
		Trace CBP & look for platelet count
23/4/26 3:10 PM		<u>Accepted</u>
	<u>Pice line notes</u> Under sterile aseptic condition Pice line Placed in the Right leg & fixed at 1/4, confirmed radiologically & backflow, <u>Plan</u>	
23/4/26 7:00 PM	<u>UVC removal</u> Under strict aseptic condition UVC removed and tip noticed	→ Connect Hepas → Give vancomycin, Remove UVC

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26		
10:45 PM	Night rounds	Seen by Dr. Sreet
	- on HFOV + VG C/s milk	Plan:
	FiO ₂ - 28%, MAP - 11 freq - 12/ Sp = 8/25/ I:E = 1:1 DO ₂ - 9, leak - 0% (Intermittently upto 25%)	- Continue current ventilation - TV - 160 ml/kg/day ↓ Feed 1ml 2nd hourly + Rest 15' TPN
	- last blood gas - 7.32/51/43 lac - 1.7/ Base - 0.8 HCO ₃ - 24 K ⁺ - 2.3 [abnormal] TPN K ⁺ - 3	- Blood gas } - RBS } 12th hourly.
	PA - soft, No distension,	- Ilo - chancing 6th hourly - R/W CBP to send tomorrow evening - Trace Repeat blood chs



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- stool - passed - urine - 4.4 ml/hr	- Target SpO_2 - 90 to 95% - Target msp - 27 ± 2 mmHg
	Blood PCR - <i>Klebsiella</i> isolated. [carbapenem sensitive] ↓ - stopped colistin, lipo-ampho-B. - cyclical sedation - off ionotropes.	- Target RBS - 60 to 150 $\mu\text{g/L}$ - w/f sizes of PDA. - w/f electrolytes & Bilirubin in ga. - R/V LP tomorrow.
		Noted By Dr. J. J. J. 23/4/26 10:50pm. Anest

BAH-00854000 IP5-00172641
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 0 M 7 D (F)
Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

24/4/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D8 PMA: 27+6

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	<u>CPT / ELBW / FGR</u>	<u>PDA, Anemia,</u>
	2.	<u>RDS - 2 doses of Surfactant</u>	<u>Coagulopathy</u>
	3.	<u>MV - HFO</u>	<u>Hypokalemia</u>
	4.	<u>Klebsiella isolated sepsis</u>	<u>Hypotension</u>
	5.	<u>Leucopenia</u>	
	6.	<u>Thrombocytopenia</u>	

Today's Weight :

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

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

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

Last CXR : Spo₂.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.35/46/48.3

Change over the Last 24 Hours.....
NaHCO₃ - 131/31.53, lac - 1.7,
- on HFOV + VG (1.8 mL/kg) Base - 0.2, HCO₃ - 24.
FiO₂ - 25%,
MAP - 12 > 11, - PICC line placed

Plan of Care :

freq - 12, ΔP - 11/25, Pao₂ - 10,
SpO₂ - 96%,
PR - 158/min
BP - 44/24 (36)
Blood PCR
↓
Klebsiella isolated.

Neurological Examination :

Sedation: pentobarbital

Last Neurosonogram : (5) Any Seizures:

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : <u>6.7</u> ml/kg/hr Stools <u>passed</u>
	IV Fluids - Type of IVF : @ ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details : Calories:.....
Abdominal Examination:..... <u>PLA - soft</u> <u>NO distension</u>	

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.	Mertopenem	D8
	2.	fluconazole	(P)	<u>Trig caffeine citrate</u> <u>Glycerine</u> <u>UAC - D8.</u> <u>PICC - D1</u> <u>line</u>
	3.			

<u>Plan of Treatment :</u> - continue HFO + VG (1.8 ml/kg) - TV - 160 ml/kg/day - 1 ml 2nd hourly Rest 15% TPN. - Blood Gas RBS } 12th hourly - Ilo. charting 6th hourly - Trace Blood clt (23/4/26) - R/V LP today - R/V CBP today evening. - w/f electrolytes in Blood gas. - Target SpO ₂ - 90 to 95% - Target MBP - 27 ± 2 mmHg - Target RBS - 60 to 150 mg/dl. - w/f signs of POA.
--

Doctor's Name (Handover given) : <u>Dr. Anurag</u> Signature : <u>[Signature]</u> Date & Time : <u>24/4/26</u>	Doctor's Name (Handover taken) : <u>Dr. Sneha</u> Signature : <u>[Signature]</u> Date & Time : <u>24/4/26</u>
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/2026 @ 9am		Plan
	Resp : HFO + VGr (1.8 ml/kg) MAP - 11, freq - 12 Amp - 8.5/25, DCO ₂ - 10 FiO ₂ - 25%	1) Cont HFO + VGr Target SPO ₂ 90-95%
	Last Gas : 7.35/46/48.3/24.0/0.2 lac = 1.7 131/108 3.0/108 1.53	2) TV = 16 ml/kg/day ↓ 1 ml 2nd h x 15% TPN.
	Plt = 71 → 54. Hb = 12.8 (7.6/4) NO Tachycardia upto 165-170/min NO Hypotension NO Inotropic requirements	TPN A3 L2 Na2 K3 Ca, MVI celece 3) Rlv on CBP 3LE 4) Rlv on CP
	Vitals HR = 165/min SPO ₂ = 94% BP = 46/28 (37)	5) Trace B/c/s - (23/4/26)
	P/A - Soft discoloration (+) Aspirates = Nil Stool - Passed U/O = 6.7 cc/kg/hr - 4ml	6) monitor electrolytes in Blood gas 7) w/f Signs of PDA, Sepsis
		Noted by M. Poopa 24/4/26 @ 9am Sneha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @ 10:15am		Seen by Dr. Dinesh
		1) Neuro Sonogram - Today
		2) Ventilation HFO + VGr ↓ changed to PC-ACT + VGr VGr (5ml/kg)
		3) monitor - leak, PIP ↓
		4) Gas after 2 hours
		5) CBP - evening
		6) feeds 1.5ml 2nd hrly
		Sneha
		Noted by M. Poorna 24/4/26 @ 10:15am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/2026 @ 12:45 PM	Afternoon	Rounds.
	① Ventilation PC-Ac + VGi mode. VGi - 5ml/kg PIP = 13-15/18, PEEP-5 Rate = 50, TiO-30 ↓ Last Gas 7.34/52.4/47.9/25.6/2.5 Lac = 1.9 elec = 130/2.7/104 1.49 - Ca²⁺	Plan. 1) Cont. Current Ventilation Target SpO₂ 90-95% monitor VT, PIP. 2) TV: 16ml/kg/day 1.5ml 2nd hrly full OG feed 15% TPN 3) CBP in the evening
	① Tachycardia Settled ② No Hypotension off Inotropes N8G - Normal	4) Gas } GIRBS } BD.
	Vitals HR = 157/min RR = 70/min SpO₂ - 92% BP = 37/24(30)	5) GIRBS at 2pm.
	U/O = 4.4ml/kg/hr (1um6 in 6hrs) No aspirates P/A - Soft. Stool - passed	6) Accept Pco₂ upto 60 if PH > 7.2.
	GIRBS-54 → changed TPN	7) No charting 6th hrly
		8) Trace B/C/S - 28/4/26 monitor electrolytes, Gcs
		9) w/f Signs of PDA, Lpss



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @ 8pm.		Seen by Dr. VS PC-ACT+VG
	Retractions (+)	1) ↑ VG 5ml/kg → 5.5ml/kg PEEP ↑ 5 → 6.0
	GRBS - 140mg/dl	2) Blood gas - BD GRBS - BD
		3) TV = 160ml/kg/day ↓ 1.5ml 2nd hrly
		4) Review on CBP T/m
		5) Flocharting 6th hrly
		6) One Blood gas at 10 pm.
		7) chest x-ray 80 g Sneha
		Noted by M. Pooja 24/4/26 @ 3pm



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		cls/B → Rmmeda
24/4/26	<u>DICHTROUNDE</u>	<u>Plan</u>
9am	ON PCAL +UG (Sine/12) Pmax - 16/18 PEEP - 6 BP 50 mild retractions (+)	→ continue PCAL +UG → target SpO ₂ 90-95% → TV - 16cc/kg/day
	P/A → no distension Stool → passed Aspirates - nil	1.5ml/kg/hypot Rest 1.5% TPA
	HR 162/min RAE SpO ₂ - 93% BP - 36/21/30	→ No chest X-ray → Gas } CABG } BP
		→ monitor vitals → ECG CBF T/A # RDS
		Noted by DIP 017029 24/4/26 @ 9:30pm

IP\$-00172641

16-04-2026

0Y0M8D

(F)

Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

25/4/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 29 PMA: 28 week

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	Sept/EBW/PLR	PDA, Anemia
	2.	RDS → 2 doses of Surfactant	Coagulopathy
	3.	MV → HLCo	Hypokalemia
	4.	Infection	Hypotension
	5.	Leucopenia	
	6.	Thrombocytopenia	

Today's Weight :

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

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

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

Last CXR : Spo₂ :

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

Change over the Last 24 Hours: On PLAR + VLA
5 ml/kg
8 max - 16/18
U to - 4.9 cfm/hr PEEP - 6
CROSS - RR 30

Plan of Care : 5/0 → (+lyml) fr 20 Base
HR - 157/min
RR -
SPO₂ - 95%
BP - 42/24/30

Neurological Examination :

Sedation: Fentanyl

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:..... P/A → soft Aspirates → 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	Drugs	Days	Dry caffeine citrate Glycine Plec-D2 OAC-D8
	1.	Meropenem	D8	
2.	Plavazone	(P)		
3.				

Plan of Treatment :
→ Continue PC-AE + vca. Tubing - D8 → Target SpO2 90-95% → TV - 160 ml/cy/day 1 sneeze only Rest 15% TPN → Gas } Q12 hourly APBS } → Trace blood U/s (23/4) → RLV CBR → No chart oblique → Target mBP → 27 ± 2 mmHg → Monitor vitals

Doctor's Name (Handover given) : FAU2

Signature : [Signature]

Date & Time : 25/4/26

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

Signature : [Signature]

Date & Time : 25/4/26 at 9:30am



RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/2026 @ 9:30 am	<u>Rounds</u> DOL-9/26+5 → 28wks Baby on Ventilator. Pc-Ac+VG VG (5.5ml/kg) PIP = 15-18/20 (18 → 120) PEEP - 6 FiO ₂ - 25% No desaturations Leak - variable	<u>Plan</u> 1) Cont Pc-Ac+VG VG = 5.5ml/kg monitor leak, PIP req VG delivery Target SPO ₂ 90-95%
	last Gas: 7.84/47.6/62.6/24.2 0.3 lac = 1.7 elec = 134/8.1/109 icat ² = 1.54	2) Tu = 16ml/kg/day 1.5ml/2ndhrly 15% TPN Rlv to ↑ to 2ml 2ndhrly
	⊙ Cardiac: No tachycardia MBP at 25th centile NO desaturation No Inotropic requirem ^t	3) Gas } 12th hrly GRBS 4) Review to Send CBP, TFT, S/e
	<u>vitals</u> HR = 158/min RR = 70/min SPO ₂ = 98% BP = 41/16 (26)	5) Trace B/C/S (28/4) 6) I/O charting 6th hrly
		7) Target Pco ₂ upto 60mmHg if PH > 7.25
		8) monitor vitals

Noted by
M. Poofa

25/4/26
@ 9:30 am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - soft mild distension No aspirates Stool - Passed (3 times - 10) TV = 160ml/kg/day U/O = 4.9cc/kg/hr. +14.8ml	a) on antibiotic meropenem Dg Target GRBS 60-150mg/dl
	GRBS - 99mg/dl @ GUR 10.7	Noted by M. Poorna 25/4/26 @ 9:30am Sneha
25/4/26 @ 10:15	B/C/S = No growth for	Seen by Dr. Dinesh
		1) Ventilator UGI = ↓ 5ml/kg
		2) antibiotic for 2 days
		3) Nutritional Calculation
		4) No CBP Today
		5) ↑ feeds 2ml 2nd hrly
	Noted by M. Poorna 25/4/26 @ 10:15am	Sneha



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/2026 @ 1 PM	<u>Afternoon Rounds</u>	<u>Plan</u>
	Baby on Ventilator.	
	PC-AC + VGI.	1) Continue Current Ventilation
	VGI = 5ml/kg	Target SpO ₂ 90-95%.
	PIP = 15-16/20	
	PEEP - 6.	2) TV = 16ml/kg/day
	Rate - 50/min	↓
	FiO ₂ = 30% - 25%.	2ml 2nd hly 15% TPN
	③ MAP = 7.5, leak upto 40%. Full OG feeds	res
	↓	(Full ECM)
	NO Bradycardia/desaturation	3) Cycling of Sedation
	NO Tachycardia	fentanyl
	MBP = 40/17 (27)	
	NO Inotropic require	4) R/L on Gending CBP,
	Incubator wt = 610 g	TFT Tomorrow.
	NSGI - Normal	
	<u>Vitals</u>	5) Antibiotic Course of
	HR = 155/min	2 days
	RR = 61/min	
	SpO ₂ = 94 95%.	6) Target MBP 27 ± 2 mmHg
	BP = 39/17 (24)	7) Target GRBS 60-150mg/d
		Target
	PIA - Soft, mild distension	8) Accept PCO ₂ upto 60 mmHg
	Suited ET plaster	if PH > 7.25
	No aspirates	9) Nutritional Calculation
	Stool - passed	Today
	U/O =	10) Gas, GRBS - BD



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		1) I/O charting 6th hrly
		2) w/f - Brady, desaturation
		Sneha
		Noted by M. Poofa 25/4/26 @ 2pm
25/4/2026 1pm	BBP - 40/17 Diastolic hypotension No murmur	Cardiac assessment today look for 15/17/11A
		Noted by M. Poofa 25/4/26 @ 1pm

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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4 04:27PM		seen by Dr. vijay'sir
		→ continue current ventilation do not wean VG
		→ cardiovascular assessment today.
		→ feed - 2ml/2 hours
		→ CBP SE TFT
		⇒ review blood tones
		Noted by M. poorna 25/4/26 @4:35pm
		Dr. nandhu

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4 10:57 PM	Night rounds D9 1.26 weeks (530 gm)	
	Baby on PC-AE +ug (smelka)	Plan
	PEEP - 6.5 rate - 50 fio2 - 25%	Continue PC-AE +ug target spo2 90-95%
	Leak - 40% when baby moving	TV - 150 ml/kg/day 1500 TPN
	Pnau - 20/14-13	feed smelka slowly
	Gas - 7.36 / 5.1 / 304 / 26.8	Stocharling slowly
	C → HR - 170 bpm BP - 39/18 (27) U/O - 5.3 ml/kg/h +	gas y RBS } BD monitor vitals
	p/A - NO distension	
	BP centile	clear
	5m 25m 50m 95	Dr. Nandu by dated by Dipak 01/03/26 25/4/26 elipm
	SBP 40 47 54 71	
	DBP 18 25 32 49	
	MBP 25 32 39 56	



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26/3/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D10 PMA: 28+1

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPTL ELBW / FGR	Leucopenia / Anemia
	2.	RDS - 2 dose of surfactant	Coagulopathy
	3.	MV - HFOV - Neo	Hypokalemia
	4.	Klebsiella sepsis	Hypotension
	5.	Thrombocytopenia	
	6.		

Today's Weight :

VENTILATORY SUPPORT : ☐ Yes ☐ No - Day # of Vent :

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ AC ☒ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP 20/45-13 PEEP 6 VG 5ml/kg Rate 50 FiO₂ 45 Oxygen : L/min

Last CXR : variable leak Spo₂ :

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

Change over the Last 24 Hours: Intermittent diastolic hypotension (+)

Plan of Care : continue PC-Ac + VG mode

Neurological Examination :

Sedation: fentanyl - cyclo

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: mild distension eff NO aspirate	

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	D10/21	ly caffeine intake glycerine Preline - A3 GAE - D10 D10 feeding - D10
	2.			
	3.	Flucan	(P)	

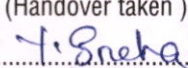
Plan of Treatment :	① continue AC-AC TUG (5ml/kg) do not wear VG Target SpO₂ - 90-95% ② TV - 150ml/kg/day - 15% TPN feed - 2ml/2 hourly ③ ABG] 12 hourly RBS ④ Electrolyte 6 hourly ⑤ Ph - CBP] 4hr SE TFT
	Targets MBP - 32 ± 25 if < 25 start adrenaline (1.5mcg/kg PCO₂ - 55-60 mmHg if PH > 7.2

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

Signature : 

Date & Time : 26/4/25

Doctor's Name (Handover taken) : Sneha

Signature : 

Date & Time : 26/4/25 @ 9:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @10am	DO-L-10 $\rightarrow$ 28+1 Rounds. Resp: Pc $\rightarrow$ AC + VGr VGr = 5ml/kg = 2.6ml Rate = 50 $\rightarrow$ 45 FiO₂ = 30% PIP = 16/20 PEEP = 6.0 ① Last Gas: 7.35/45.4/24/-0.2/2 lac = 1.1 131/8.1/100 iO₂ = 1.71 Hb = 10.2 meopenem U/O = 4.7cc/kg/hr +13.9ml Stool-passed. ② No aspirates. B/C/S = 2ubrs No growth GRBS-99 <u>Echo:</u>	1) R/U on CBP today TFF, S/E. 2) T feeds 2.5ml 2nd hrly 3) R/U on hS-PDA management 4) Tu = 150 150cc/kg/day 5) Blood gas } 12th hrly RB S 6) T/o charting 6th hrly <u>Snakes</u> Noted by M. Poopa 26/4/26 @10am



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @ 3:30pm	Afternoon Rounds	
	Resp Baby on Ventilator. Pc-Ac+UGr	Plan 1) Cont. Assist Ventilation Target SpO ₂ 90-95%
	UGr = 5 → 5.5 ml/kg Cilvilo ↑ wOB, - SCR E Fig - requirement.	2) T _v = 15 ml/kg/day 2.5 ml 2nd h-ly Rest 15% TPN
	PIP = 18-19/20. PEEP = 6 MAP = 8.4, FiO ₂ = 30% Leak - variable	3) Evening ABG. CBP. GRBS
	2 Decho = 2mm PDA L → R. Diastolic flow reversal at DAO Intermittent Diastolic Hypotension off Inotropes	4) T/m = 3/E, TFT.
	vitals HR = 164/min RR = 58/min BP = 89/19 (29) SpO ₂ = 91% PIA - soft. - Stool - passed. U/O = 4.7 cc/kg/hr. + 3.4 ml.	5) w/f - clinical Signs of PDA
	EBM = 2.5 ml 2nd h-ly	6) I/O charting 6th hr 7) w/f - desaturation, Bradycardia
		8) Target MBP = 32 ± 2 mmHg Target diastolic Accept up min = 18.
		9) chest X-ray 80%

Noted by
N. Pooja
26/4/26
@ 3:30pm

Dr. P.T.O.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @ 8:30pm	<u>Night Rounds</u>	
	<u>Resp:</u>	<u>Plan</u>
	Baby on ventilator.	1) Cont. Ventilator
	PC-AC+VG mode	with Current Settings
	VG = 5.5ml/kg	Target SPO ₂ 90-95%
	PIP = 18-20/20, PEEP - 6	
	MAP - 8, leak - variable	2) TV = 150ml/kg/d
	Rate 45 → 40	↓
	PiO ₂ = 30%	2.5ml Rest
		2nd hrly 15% TPN
	last Gas.	3) T/m - S/E, TFT to send
	7.36/43.8/23.4/-0.1	4) A Gas - BD, GRBS - SD
	lac = 3.3	5) Gas after 6hrs
	PO ₂ - 29.1	(at 12:00am)
	Hb = 10.6 = S/E = 129/38/105	6) No charting 6th hrly
	GRBS - 6.9mg/dl	7) Target MBP 82 ± 2mmHg
	Cardiac - No requirement of	Accept upto 25mmHg
	Inotropes	8) Target GRBS 60-160mg/dl
	No Tachycardia	9) w/o Brady, desat
	HR = 158/min	tachycardia
	RR = 54/min	Hypotension
	SPO ₂ = 95%	10) chest x-ray (S.O.S)
	BP = 39/19(28)	11) monitor vitals
	U/O = 7.7cc/kg/hr	
	PA - Soft, Stool pass	
	mild distension	
	No aspirates	

Noted by

M. Poja

26/4/26

@ 8:30pm

Sneha



27/4/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : PMA: 28+2wks

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

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELBW / FGR	Leucopenia / Anemia
2.	RD 3-2 doses Surfactant	Coagulopathy
3.	MV - HFO - MV	Hypokalemia
4.	Klebsiella SepSce	Hypotension
5.	Thrombocytopenia	
6.	BS-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 : 7.38/4.5/25.4/1.4/1.6
Change over the Last 24 Hours :	12.9/8.5/9.7/1.52
	on P _c -AC+VG
	VG = 5.5ml/kg
	PIP = 16/20, PEEP = 6
	RR = 40/min

CARDIO VASCULAR SYSTEM	
Plan of Care :	HR = 161/min RR = 63/min SPO ₂ = 91% BP = 42/19(29)

CNS	
Neurological Examination :	Sedation : Fullanyl-cyclone
Last Neurosonogram :	Any Seizures : Normal

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:.....	Calories: 0/0 = 4.7 kcal/kg/hr. +12ml
P/A - mild distension. No aspirate	

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	D11/2	Inj. caffeine citrate
	2.	fluconazole	(P)	Glycerum Pice-Du
	3.			UAC - D11
				Tubung - D11

Plan of Treatment :	1) Continue Current ventilation Target SpO_2 90-95% 2) $Tu = 150ml/kg/day$ $\leftarrow$ 2.5ml 2nd hrly 3) Trace - B/E, TFT. Rest 15% TPN $\uparrow$ 3ml 2nd hrly 4) Gas, GRBS-BD 5) Illo charting 6th hrly 6) Target MBP $32 \pm 2mmHg$ Accent upto 25mmHg 7) Target GRBS 60-160mg/dl 8) Woff- Brady. desat 9) R/v on chest x-ray monitor vitals
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Doctor's Name (Handover given) : Y. Sreen
Signature : *[Signature]*
Date & Time : 27/4/26

Doctor's Name (Handover taken) : Dr. Anil Kumar
Signature : *[Signature]*
Date & Time : 28/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Wt = 4.1 kg	
	Stool passed	
25/4/26	seen by Dr. Dinesh / Dr. Pratyush	Plan
		① target pO_2 50-60 pH 7.35-7.45
		② RW to change to SIMN + ug PS + Ug.
		③ TV = 150 ml/kg/day 2ml Δ pH
		Rest, 15% TPN
		④ cont Abx for 21 days.
	Dr. Anurag	
		Noted by M. Pooja 25/4/26 @ 10am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 2PM	Afternoon Rounds on SMV + Ps (12) + kg (5-smul/kg) PIP - 29-12 PEEP - 6: Ti - 0.3. FiO2 30.1. RR - 40. HR - 170/min SpO2 - 93%. BP - 41/17 (28) diastolic hypotension (+) tachycardia (+) → no hyperdynamic chest pulsations. pentanil cycling ongoing baby active spontaneous eye opening & limb movements (+) Incubator wt = 620gm. on 3ml q4h feeds PA - soft, non distended stools passed. u/o - 5mls I/O - 19.3/16 (+3.3)	Plan ① cont current ventilation ② TV = 150ml/kg/day 3ml q4h on feeds rest - 15% TPN + meds + infusions ③ nas CRBS ④ Target MAP 32 ± 2 mmHg. ⑤ w/t S70 HSPDA. ⑥ cont hy droperidone ⑦ I/O q4h ⑧ monitor vitals Noted by H. Pooya 27/4/26 @ 2pm



Date & Time	Progress Notes	Doctor's Order
27/4/26	seen by Dr. Pradyumn	<u>Plan</u> ① 4m S/E urea + creat. ② If WOB persistently ↑ after suctioning, (R) to shift back to PE AZ. ③ If persistently low DBP, $\bar{c}$ HR > 180, consider PDA closed
	Dr. Pradyumn	Noted by M. Pooja 27/4/26 @ 5pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26	Night rounds	
12:15 AM		
	On SIMV + PS + VG (14) (5ml/kg) FiO ₂ - 25% Leak - 24% last gas - 7.33/53/57 P ₉₀ - 2, P ₉₂ 25.5 SpO ₂ - 94% PR - 176/min	plan - - continue SIMV + PS + VG, - Blood gas } RBS } BD - feed 3.5ml and hely from 7m, - Trace final bloods - Tolerating feeds. - Ilo - Overbalance 5.3ml - corea creatinine serum electrolyte } This phosphate } morning. free Ty } - w/ leak
		Amel
		Adm by Dr. P. S. S. 28/4/26 017039 @ 12:30am

BAH-00654000
Baby Of CHIKATI KIRANMAI
16-04-2026
Dr. DINESH KUMAR CHIRLA
IP5-00172641
0 Y 0 M 9 D
(F)

28/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D12 PMA: 28+3

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT / ELBW / FGR	Anemia / Leucopenia
	2.	RDS - 2degs of Surfactant	Coagulopathy
	3.	MV - HFO - MV	Hypokalemia
	4.	Klebsiella Sepsis	Hypotension
	5.	Thrombocytopenia	
	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 ₂ Oxygen : L/min
	Last CXR : Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>7.33/53.7/67.1</u> Change over the Last 24 Hours <u>Hb-10.2, 130/3.8/1.59,</u> <u>2.6/26.1</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>14/20, PEEP-6, RR-40, Ti-0.30</u>
	<u>SpO₂-94%</u> <u>PR-170/min</u> <u>BP-40/15(26)</u> <u>Issues</u> <u>-Intermittent diastolic</u> <u>hypotension</u>

CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : <u>(B)</u> Any Seizures <u>cyclical</u>

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : <u>9.6</u> ml/kg/hr Stools : <u>passed</u>
	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
<u>p/a - soft /</u>
<u>no distension</u>

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.	<u>Mercopenem</u>	<u>12/21</u>
	2.	<u>fluconazole</u>	<u>(p)</u>	<u>Fuj. caffeine citrate</u> <u>Glycerine</u>
	3.			<u>PICC-D5</u> <u>UAC-D12</u> <u>Tubicex-D12</u>

Plan of Treatment : - Continue current ventilation - Target SpO₂ - 90 to 95% - TV - 150ml/kg/day ↓ 3ml 2nd hely OG feeds + - Rest 15% TPN - Blood gas } 12th hourly - RBS - Flt. charting 6th hourly - Trace reports [Free T₄, phosphate, ser. Elec, uric acid] - R/v Thyroid report [TSH-19] T₄ - Trace final blood c/s	- w/f Tachycardia.
--	--------------------

Target mBP - 30 mm Hg Doctor's Name (Handover given) : <u>Anusha</u> Signature : <u>Anusha</u> Date & Time : <u>28/4/26</u>	Doctor's Name (Handover taken) : <u>Y. Sneh</u> Signature : <u>Sneh</u> Date & Time : <u>28/4/26</u>
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26 10:10 am		Seen by Dr. Pratheesh
		1) Tomorrow - Chest x-ray
		2) $Tv = 150 \text{ ml/kg/day}$ $\uparrow 3.5 \text{ ml/kg}$ 2nd hrly $\downarrow Tv = 140 \text{ ml/kg/day}$
	Echo - Persisting h's Pofunds $\uparrow 3.5 \text{ mm}$ $LA/AO = 1.6:1$	3) Suction $\rightarrow$ if Persisting Rlv to change to Pc-Ac.
		4) Ventilation - SIMV + VGT + PS $\downarrow PS - 12$ Rate - 40.
		5) Gas - BD GRBS - BD.
		6) change OG tube Today
		7) Any clinical deterioration Consider closure.
		8) Positioning.
		Noted by Daudament 10:30 AM 017293
		Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26 @ 11am		Seen by Dr. Dinesh
		1) Position the flow sensor
		2) Continue T _{iv} = 150mc/kg/day ↓ Increase Sodium Correction to 7meq/kg/day.
		3) Chest X-ray Now.
		4) Add potphos in TPN T/m.
28/4/26 @ 4pm		Discussed with Dr. Dinesh / Dr. Prathmesh
		1) to Start Pcm for hs PDA
		2) Ask SGOT, SGPT in Same Sample

Notokhy
Dandam
1120pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/2026 @ 4:40pm	Afternoon Rounds	Plan
	① Respiration Baby on Ventilator SIMV + VGI + PS VGI - 5.5ml/kg PS = 12 PIP = 16-20, PEEP = 6 FiO₂ = 26%	1) Continue SIMV + VGI + PS PS - 12 VGI = 5.5ml/kg PIP = 16/20, PEEP = 6 Target SpO₂ 90-95%
	last Gas: 7.33 / 53.7 / 67.1 / 26.1 / 2.6 lac = 1.2	2) TV = 150ml/kg/days 3.5ml 2nd h rly Rest 15% TPN
	Ongoing T Sodium Supplementation Cardiac: Intermittent Diastolic Hypotension = MIBP at 5th centile fS-PDA Starting paracetamol No Inotropes HR = 170/min SpO₂ = 91% BP = 43/18 (28) p/R = Soft No aspirates Stool passed	3) Gas - BD GRBS - BD 4) Trace SGOT, SGPT 5) Flo charting 6th h rly 6) Wt - Resp distress leave vitals
		Noted by Dr. Dinesh Kumar Chirala 28/4/26 nm Sneha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26 @ 5:20pm		Seen By Dr. Prathyush.
		1) Oral Suction ET Suction ↓ Send ET culture Sens
		2) T/m - CBP. CRP.
		Not fed by ① Demand 28/4/26 6pm Sruha
28/4/2026 @ 1am	<u>Night Rounds</u>	<u>Plan</u>
	Resp on Ventilator SIMV + VGT + PS PS = 12, VGT = 5.5ml/kg PIP = 16/20 PEEP - 6. Intermittent diastolic Hypotension. Intermittent Tachycardia (+)	1) cont. Current Ventilation Target SpO ₂ 90-95% 2) Tu = 150ml/kg/day ↓ 30ml 2nd hly full feeds 15% TPN 3) T/m - potphos in TPN

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Your Right to a Safe Delivery

29/4/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : D13 PMA: 28+4.

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	BPT / ELBW / FGR	Anemia / leucopenia
	2.	RDS - 2 doses of Surfactant	Coagulopathy
	3.	MV - HFO - MV	Hypokalemia
	4.	Klebsiella Sepsis	Hypotension
	5.	LS - PDA → PCN - 1st course	
	6.	Thrombocytopenia	

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 ₂Oxygen :L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours. <u>7.35 / 51.2 / 76.5 / 26.4 / 2.8 / Lac-1.0</u>
	<u>Baby on SIMV + PS (12) + VLA 5.5ml/kg</u>
	<u>PIP - 14/20, PEEP - 6</u>
	<u>Rate - 40</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>HR = 166/min</u> <u>RR = 47/min</u> <u>minimal SCR</u> <u>SPO₂ = 94%</u> <u>FiO₂ = 26%</u> <u>Stalled Perc course for LS-PDA</u> <u>BP - 44/21 (32)</u>

CNS	Neurological Examination :
	Sedation <u>Cyclical fentanyl</u> Last Neurosonogram : <u>Normal</u> Any Seizures <u>None on 4hrs off</u>

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>TU = 150ml/kg/day</u> <u>U/O = 4.5cc/kg/hr</u> <u>+15ml</u> <u>GIRBS - 7mg/dl</u>				
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS <u>Plt Soft, non-distended</u> <u>Tolerating feeds</u>				
INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :				
	Antibiotic	SI.No.	Drugs	Days	
	1.	2.	3.		
			<u>Mecopenem</u> <u>Fluconazole</u> <u>PCM</u>	<u>D13/2</u> <u>(P)</u> <u>D2</u>	<u>Inj. Caffeine citrate</u> <u>Glycerine</u> <u>Picc - D6</u> <u>BAC - D13</u> <u>Tubing - D13</u>
Plan of Treatment : 1) continue current ventilation Target SpO₂ 90-95%, 2) fentanyl cycling - 4hr on 4hr off 3) <u>TU = 150ml/kg/day</u> <u>8.5ml 2nd hrly</u> <u>full O or feed</u> 4) Blood gas, GIRBS - 12th hrly 5) <u>U/O</u> charting 6th hrly 6) Trace - CBP, CRP 7) Trace final B1cLc 8) Target MAP <u>80 ± 2mmHg</u> 9) Add - potphos TPN today					

Doctor's Name (Handover given) : Y. Sneha
 Signature : Sneha
 Date & Time : 29/11/2026

Doctor's Name (Handover taken) : PAW
 Signature : [Signature]
 Date & Time : 29/11/2026

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26		Seen by Dr. PR
11 AM		
		→ Continue current ventilation
		→ If needed consider LAC, If tachycardia of Afib, sequence
		→ unlabeled feed
		→ Gas BD
		→ Az L1 Na2 Pot Phos.
		A2 L1 Pot Phos 0.3ml/kg
		→ A2 L1 Na2 Pot Phos 0.3ml/kg
		Noted by Dr. Dinesh Kumar 29/4/26 11:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26 2PM	Afternoon Ronda	
	ON SIMV + PS + VG	Plan
	VG 55ml/kg	
	PS 12	→ Continue SIMV + PS + VG
	Vmax - 12/20	
	PEEP 6.	→ target SpO ₂ 90-95%
	RR 40	
	P/A → soft	→ IV - 150cc/kg/day
	Aspirates → oral	umbilical OH
	Stools → passed	Rest 18/TPW
	HR - 162/min	→ Continue PCN for HPP HEPDA
	SpO ₂ - 44%	→ HV LBBB if Tachycardia, O ₂ Requirement
	RI - 40/24/31	→ Fentanyl/Cyclical
	V.O. → 3cc/kg/hr	Urgent
	CRBS → 79mg/dL	phr off
	Issues of leak	→ Gas } BD
		CRBS } BD
		→ Target MAP 32 ± 2mmHg
		→ No chest physio
		→ monitor vitals

Abhishek
 Dandam
 29/4/26
 2PM

29/4/26
 2PM
 (P.T.O)



Date & Time	Progress Notes	Doctor's Order
2:15pm	leak $\oplus$ to -80%.	<u>C/S/B</u> $\rightarrow$ Rev L $\rightarrow$ changed to smu + ps 17 18 / 6. ps $\rightarrow$ 12. RR-40.
2:20pm		$\rightarrow$ Rev changed to re-Aenocle 18/6. RR-40. br $\rightarrow$ 0.3.
29/4/26 3:40pm		<u>C/S/B</u> $\rightarrow$ Rev $\rightarrow$ $\otimes$ tachycardia RR $\rightarrow$ 30%, Rn for LASE. trace H (Fur) A. led by D. ended 29/4 4pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4 @ 10:40 PM	Niglasound A13 / 26+5 ~ 28+4 w hr /	
	V → balsey on PC-AE 171.6 rate-40	plan
	SpO ₂ - 30.1. VTE - 2.9 "uak 60"	Continue PC-AE 171.6
	gas - 7.39 / 41.3 / 0.6 / 24.8	target spo ₂ - 90-95.
	C → HR - 164 bpm Rr - 50 / 30 (40) C/O - 3 w/kg/hr	TV - 150 ul/kg/day 150. TPN feed 4 ml/2 hourly
	A/A - no obvious distension	CRBC Transfusion to crossmatch
		→ fentanyl - cyclical 4 hr 4 mg
		→ gas JBA RBS
		→ monitor vitals
	Noted by M. Poopa 29/4/26 @ 10:40 PM	Dr. Manthra

3019126.

Term ☐ Preterm ☒ Gestation : 26+5 Corrected Gestational Age: _____

Problems :		
S.No.	Current	Past Problems
1.	ELT / ELBW / FAR	Anemia / Leucopenia
2.	RDS - 2 doses of Surfactant	Coagulopathy
3.	MV - Mfo - MV	Hypokalemia
4.	Klebsiella Sepsis	Drasolr Hypotension
5.	HSPDA - PCM - 1st course	- Hypoglycemia on <u>CR</u> <u>15:TPN</u>
6.	Thrombocytopenia	- Anemia - 1st

Today's Weight :

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

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

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

Last CXR : Spo₂ :

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

Change over the Last 24 Hours..... PH: 7.369 / 41 132-3 / 23 / 2.7
PCO₂ PO₂ HCO₃ lac

on PC-Ac mode

- PEF = 17 PEEP = 6
f = 40 RR = 30

CARDIO VASCULAR SYSTEM	Plan of Care :	HR: 168/min - on PCM for HBPDA SpO ₂ : 95 BP: 49/22 (34)
------------------------	----------------	--

CNS	Neurological Examination :
	Sedation..... <i>cyclorh Pontanyl</i>
	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>TV: 150 ml/kg/day</u> <u>U/O: 4.2 ml/kg/day</u> <u>CRBS: 79 mg/dl</u>																	
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS <u>Plg. soft Distend, MLI, Rkt soft</u> <u>- Tolate Feeds</u> <u>- NO MH activities, passed stool (+)</u>																	
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width:5%; text-align: center; vertical-align: middle;">INFECTION</td> <td rowspan="4" style="width:5%; text-align: center; vertical-align: middle;">Antibiotic</td> <td style="width:10%;">Sl.No.</td> <td style="width:40%;">Drugs</td> <td style="width:10%;">Days</td> <td rowspan="4" style="width:30%; vertical-align: top;"> <u>2x Caprene</u> <u>Allycenne</u> <u>PCC - D2</u> <u>UNC - D14</u> <u>Tetrag - D14</u> </td> </tr> <tr><td>1.</td><td><u>Meropenam-D14/D21</u></td><td></td></tr> <tr><td>2.</td><td><u>Plavoxole (Propylaxis)</u></td><td></td></tr> <tr><td>3.</td><td><u>pem - (D3)</u></td><td></td></tr> </table>				INFECTION	Antibiotic	Sl.No.	Drugs	Days	<u>2x Caprene</u> <u>Allycenne</u> <u>PCC - D2</u> <u>UNC - D14</u> <u>Tetrag - D14</u>	1.	<u>Meropenam-D14/D21</u>		2.	<u>Plavoxole (Propylaxis)</u>		3.	<u>pem - (D3)</u>
INFECTION	Antibiotic	Sl.No.	Drugs	Days			<u>2x Caprene</u> <u>Allycenne</u> <u>PCC - D2</u> <u>UNC - D14</u> <u>Tetrag - D14</u>											
		1.	<u>Meropenam-D14/D21</u>															
		2.	<u>Plavoxole (Propylaxis)</u>															
		3.	<u>pem - (D3)</u>															
Plan of Treatment : 1) continue current ventilator <u>Target SpO₂ = 90-95%</u> 2) <u>LRBC transfusion - NPO</u> 3) <u>TV - 150 ml/kg/day</u> < 15x TPN 4) <u>cycloal pentanyl</u> 5) <u>Blood gas</u> } <u>12 hrly</u> <u>CRBS</u> 6) <u>Elb Chewing = Gmly</u> 7) <u>Trace ET c/s</u> 8) <u>trace Blood MBP target</u> <u>32 ± 2 mm</u> 9) <u>TPN today</u> <u>atlas Pot Phos</u>																		

Doctor's Name (Handover given) : Dr. Sarath
 Signature :
 Date & Time : 30/4/26

Doctor's Name (Handover taken) : Y. Sneha
 Signature :
 Date & Time : 30/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26 @ 10:00 AM		Dr. Dinesh Seen by Dr. Prathy LRBC transfusion ↑ feeds = 4.5 ml/2nd hourly after transfusion Noted by Dandant 30/4/26 10:30 PM Incha
30/4/2026 @ 1:30 PM	Afternoon Rounds Resp : Baby on Ventilator. Pc-AC & VG removed PIP = 17, PEEP = 6, Rate = 40/min FiO ₂ = 28% Ongoing LRBC transfusion	Plan 1) Cont - Current ventilation Target SpO ₂ 90-95% 2) TV = 15 ml/kg/day 13 ml/kg 20 ml/kg 45 ml/kg 65 ml/kg Rest 15% TPN 10% ISO-P 3) 2 hrs post LRBC Do Blood gas 4) Blood gas GIRBS BP
	ET Suction - light Brown Secretion Baby - Pink, active PCM-D₃ for hs-PDA No Inotropic req BP - Stable, No Hypotension	

Noted by
Dandant
30/4/26
2 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Vitals</u> - AR = 170/min RR = 64/min SPO₂ = 91% BP = 54/31 (u) P/A - soft, no distension NPO Neuro - Normal	Post Gas Start feeds - 2ml 2nd hly 2 feeds if tolerating - No sup/ No distension ↑ feed to 4ml 2nd hly Flaccid 6th hly Trace + t/c Target MBP 32 ± 2 mmHg Target GIBBS 60-100 mg/dl w/f vitals, leak Inform SOS <u>Sneha</u> Seen by Dr. Prathyush 1) feeds after blood gas 2ml - 2 half feed ↓ (after 2 feeds) 4ml 2) T/m - Cardiological assessment

30/4/26
 @4pm

Noted by
 Dr. Sneha
 30/4/26
 4:30pm

Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26 @ 8pm		Seen by Dr. Nilesh ↓ PIP-16 If maintaining well ↓ change to SIMV+PS PIP-18, PEEP-6 Rate-40/min PS-12
		Noted by M. Pooja 30/4/26 @ 8pm
1/5/26 12:30AM	<u>NIGHT ROUNDS</u> PC-AL-44g 16/6 RR-40 Fio ₂ -30% P/A-50/4 stools - passed Aspirates - null HR-162 SpO ₂ -93% BR-57/28/39	plan → Continue PC-AL mode → Target SpO ₂ 90-95% → TV-150cc/kg/day ↓ 50ml/kg stim orally resb-100%TPR Gas ARDS } BD



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 15 PMA: 28+6

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

Problems :		
S.No.	Current	Past Problems
1.	<u>ECG / ELBW / Vte</u>	<u>Anemia</u>
2.	<u>Pts - 2 dose Suspectat</u>	<u>Coagulopathy</u>
3.	<u>MV + HB - mv</u>	<u>Thyroidal anemia</u>
4.	<u>Clebsiella sepsis</u>	
5.	<u>HBPDA → PCm</u>	
6.	<u>theology spence</u>	

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.....	
<u>One LRBC transfusion</u>	
<u>changed to SIMV + PS</u>	
<u>18/6, RR 40</u>	
<u>PS 12</u>	
<u>FiO₂ 0.30 sec</u>	

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>HR 155/min</u>
	<u>SpO₂ 95%</u>
	<u>BP 53/31/41</u>
	<u>GID →</u>
	<u>CRBS → 68mg/dL</u>

CNS	
Neurological Examination :	Sedation <u>Cyclical Pentobarbital</u>
Last Neurosonogram : <u>(2)</u>	Any Seizures <u>no</u>

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, tolerating feeds Aspirates → 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.	Mesoran	15/12	Dyscuffenic Glycerine
	2.	Flucanazole	(1)	
	3.	PCm	24	

Plan of Treatment :

Plan

- Continue current ventilation
- target SpO₂ 90-95%
- TV - 1500/10/day, 4ml/kg/hr or
Rest 150/TPN
- Gas 3 BP
- No chest x-rays
- No ECG
- Cardiology assessment today
- send s/e with next lab.

Doctor's Name (Handover given) : RAU

Signature : [Signature]

Date & Time : 17/5/26

Doctor's Name (Handover taken) : [Signature]

Signature : Rupanjali

Date & Time :

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/1/26		1st/2nd Dr PR
11AM		→ Cardiology assessment +/-
		→ IV + 50cc/15/ds
		↓
		Feeds = 40cc/15/ds
		Meds = 2cc/15/ds
		IS
		Infusion = 20cc/15/ds
		→ TPN - 15%
		Na ₂ K ₂ A ₁ B ₁
		→ S/O with next cas.
		ff
		Noted by
		Deendamma
		017243
		1/5/26
		11:30 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 1:20 pm	<u>Afternoon</u>	<u>Plan</u>
	- On PC - SIMV + PS mode	- Continue Current ventilation
	- PIP = 18 - PEEP = 6 - Ti: 0.30	- TV - 150 cc / kg / day 4.5 ml EBM
	PS = 6	Change.
	- above 6	Rest 15% TPN
	peep	Gas / CRBS / BD
	SIMV - rate 40/min	S/E next gas.
	VTi generating - 3-4	Rupture
	intermittent discontinue	CARDIAC ASSESSMENT
	- No brady, dead self	T/M
	- On 4.5 ml feeds	Noted by
	- 2harmy, P/A - safe	Devidamma
	- No feed intolerance	11/5/26
	- Harmy. Hemodynamics	@ 1:20 pm
	stable	
	HR	

Date & Time	Progress Notes	Doctor's Order
1/5/26 8:00pm	<u>Night Rounds</u>	<u>Plan</u>
	A → on PC-SIMV + PS mode	— continue current ventilations
	• PIP = 18, PEEP = 6, Rate = 40	— TV = 150 cc/kg/day
	• PS = 12, Fio ₂ = 24% up to 35	4.5 ml — 2 hourly EBM
		• OG feeds.
		— R _{sol} 15% TPN
	Last - Gas → 7.39 / 41.8 / 44.9	— GAS / BD
	PH Pco ₂ PO ₂	GABs
	del 1.5 / HCO ₃ = 24.3	— S/E — (Trace)
	B → HR = 154	— Plan for Cardiac
	C → SPO ₂ = 100% → <u>labile SPO₂</u>	assessment — T/M.
	BP = 51/29 (39) (25 th - 50 th)	
	U/O = 4.4 cc/kg / hour	
	+ 6.6 ml positive balance	
	— (x) Feeds — tolerated	
	P/A — soft	
	GABs. — 99 mg/del	
	(a) 15% TPN	
	— on inj Meropenem 2014.	
		Noted by M. Pooja 1/5/26 @ 8pm
		Ruprajil



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 16 PMA: 29 weeks

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	ExPT / ENBW / FGR
	2.	RDS - 2°S
	3.	Klebsiella Sepsis
	4.	HSPDA - PEM on gais
	5.	thrombocytopenia.
	6.	
Past Problems		Anaemia coagulopathy Hypo calcemia

Today's Weight :

VENTILATORY SUPPORT : ☐ Yes ☐ No - Day # of Vent :

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

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

Last CXR : Spo₂ :

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: On SIMV (PE) + PS mode

Change over the Last 24 Hours: PIP - 13 → 17 (PS - 6) | VT, generating
PEEP - 6 | 4-5 ml/kg
Rate - 40 → 35

Last gas - Ph - 7.40, PCO₂ - 34.2, PO₂ 92.6
Lac 1.1 / BE - -2.8 / 22.4

Plan of Care :

HR - 158
 SPO₂ - 100
 BP - 50/32 (40)

Paracetamol 8g Tadar

Neurological Examination : (N)

Sedation: (N)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 @ 10 am		Seen by 1) Today chest x-ray 2) Today Bk/s to send 3) ↓ PG = 10, Rate = 30. PIP - 16 4) Rlv for extubation on Monday. 5) Rlv on NBS 6) ↑ feed 5mb <u>Snuka</u> 2nd hrly
2/5/26 @ 12:30 pm	? Myoclonic Jerks noted in all four limbs with Subcostal retraction with Tachycardia HR - 171/min desaturation. ↓ checked GIBS 50mg/dL. GIR = 1.8 + 5.2 = 7	2/5/26 01:03:39 2/5/26 @ 10 am discussed with Dr Prath 1 Botus 2mg/kg 10% Dext ① Suction, do a Gas check ical inger. ② Optimize G/R.



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/2026 12:45pm	GIR = 9.1	↑ TV = 160 ml/kg/day make TPN at 25%. feeds @ 5ml 2nd hly GRBS - 6th hly Sruha Fed by Dr. Prathap 01/05/2026 2:10pm
2/5/2026 @ 4:30pm	<u>Evening Rounds</u> Respiratedn: Baby on Pc-SIMV mode + PS PS = 10, PIP-16, PEEP-6. Rate = 80/min FiO ₂ - 25%. GRBS 50 → 75 mg/dl GIR 7 → 9.1 Vitals HR - 157/min RR - 65/min	Seen by Dr. Prathap Plan 1) Current Ventilation - Cont Target SpO ₂ 90-95%. 2) TV = 160 ml/kg/day 5ml 2nd hly 25% TPN 3) Gas - BD GRBS - 8th hly 4) w/g - abnormal movements

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	$SpO_2 = 92\%$ $BP = 51/28(39)$	5) Trace - B/c/s
	P/A - Soft No distension No aspirates Stools - passed	6) RTU on NBS 7) RTU on extubation on Monday 8) Ilocharting 6th h r/w 9) w/f - apnea, Brady, desat <u>Sneha</u>
3/5/26 2 am	<u>Right lung</u> on p-simv mode $Ps - 10$, $Pimp - 16$ $PEEP - 6$, $Rate - 30$	Noted by Dr. P. Prakash 2/5/26 4:36 pm Seen by Dr. Pratyush Continue current ventilation
		Noted by M. Poja 3/5/26 6 am



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5 02 AM	night round	plan
	baby on stomachs	
	mode 16/6	Continue slow feed
	sat - 30	Target SpO ₂ 90-95%
	FiO ₂ - 30%	
	gas - 7.35 / 39 / 3.1	TV - 160ml/kg/day
	21.7	feed - 5ml/kg
	C-SPR-157 Sp4	seen 25.7 TPA
	Bp-49 / 27 / 36	
	4-7ml/kg	gas - BD
		GRBS - TID
	PIA - tolerating feeds	monitor vitals
	PBS - 70	
		Noted by M. Pooja 3/5/26 @2am
		Dr. Nair

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.	ExPT/ELBW/PLR	Anemia
	2.	RDS → 2 nd	Coagulopathy
	3.	plebsella xps	
	4.	HSPDA →	
	5.	thrombocytopenia	
	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 SIMV mode
16/6, RR-30/min
FiO₂-25%
HR-167/min
ti-0.30sec
SpO₂-98%

Cardio Vascular System

Plan of Care :

BP-54/30/40
bio →
HR →

CNS

Neurological Examination :

Sedation..... no fentanyl

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 → tolerating feeds A/P/S → 63mg/dL U.O → 4.7ml/kg/hr			
	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.		Drug meropenem	Day 1/2
2.		Drug Pivmecillinam	(P)	
3.				
Plan of Treatment : → continue current ventilation → target SpO₂ 90-98% → FiO₂ - 170cc / us/day, 5cm H₂O, Rest 25% FiO₂ → Dochaet 0.6ml/kg → Gas BD CRBS 0.8ml/kg → Free blood clots → monitor vitals				

Doctor's Name (Handover given) :

Signature :

Date & Time: 3/5/26

Doctor's Name (Handover taken) :

Signature :

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 9:30 PM	<u>NIGHT ROUNDS</u>	<u>cl/B → m weeks</u>
	On SIPRA	<u>Plan</u>
	16/6	
	RR-30	→ Continue SIPRA mode
	SpO ₂ -95%	→ Plan extubation if m
	P/A → tolerating feeds	→ Keep NPO from 6 AM
	HR-165/m	→ Continue on feeds till
	SpO ₂ -92%	4 AM, Rest 25% HR
	BP-53/31/41	
	CRBS → 9 mg/dL	→ No chills
		→ has BP
		→ CRBS a gwh
		→ free blood/c
		→ monitor vitals
		(Sign)
	Noted by M. Pooja 3/5/26 @ 9:30 PM	

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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:

Problems :		
S.No.	Current	Past Problems
1.	<u>Sept EUBW / RHR</u>	<u>HSPDA</u>
2.	<u>RDS > 20%</u>	<u>Aneuro</u>
3.	<u>1clbseibk</u>	<u>conjugulopathy</u>
4.	<u>thrombocytopen</u>	
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 FiO ₂ Oxygen : L/min
Last CXR :	 Spo ₂ :
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>SIPPV</u> <u>16/6, Pn 30/2</u> <u>HR-155/</u> <u>SpO₂-98%</u> <u>BP-96/2/38</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	

CNS	
Neurological Examination :	
Last Neurosonogram :	<u>(N)</u> Sedation <u>NO</u> Any Seizures <u>NO</u>

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 → tolerating feeds	

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 :			
	SI.No.	Drugs	Days	Any Caffeine P. Bechomment Glycerin Suppository
	1.	arg meropenem	18/12/21	
	2.	arg Fluconazole	(P)	
Antibiotic	3.			

Plan of Treatment : → Continue current ventilation → Target SpO ₂ 90-95% → Plan extubation today → NPO from now → SV → change to 170cc/10s/day GIR-118 → Gas BD 18/12/21 → GIRs 28 L/h → Trace blood Ue → No chest ablu
--

Doctor's Name (Handover given) : <i>Prave</i> Signature : <i>Prave</i> Date & Time: <i>4/1/26</i>	Doctor's Name (Handover taken) : <i>Y. Sneha</i> Signature : <i>Sneha</i> Date & Time: <i>4/5/25</i>
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @ 10am		Seen by Dr. Dinesh
		1) Plan of Extubation to NIV.
		<u>Sneha</u>
4/5/26 @ 1pm	<u>Extubation Notes</u>	
	Under aseptic precautions - ET was Suctioned and Removed.	
	Baby was taken on NIV = PIP-18	NIV with mask.
	PEEP-6	
	Rate -40/min	Plan
	Fio ₂ - 30%.	
	Fi = 0.4.	1) Blood gas at 3pm
	<u>Vitals</u> :- HR = 181/min	2) chest x-ray at 7pm (after 6 hrs)
	RR = 45/min	
	SPO ₂ = 96%.	3) w/f - Apnea, Brady, desat
	BP = 50/29 (30)	4) Positioning
		5) clear oral & nasal secretions as required
		<u>Sneha</u>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @ 2:58 PM		Seen by Dr. Prathyush
		1) Suction - Nasal Oral
		NIV = 20/6.5, RR - 45,
		2) Change to VN 500
		3) Suction regularly
		4) 4pm - X-ray 3:30pm - Blood gas.
		5) positioning Rt up - 2hr Lt up - 2hr Supine - 2hr.
		6) Chest physiotherapy.
		Noted by Diff 01/05/26 4/5/26 @ 3 PM
4/5/26	<u>Afternoon Rounds</u>	<u>Plan</u>
	Resp	
	Baby on NIV	1) Continue NIV.
	20/7, Rate - 45/min	(80%) Sibilation
	Ti = 0.40	
	Subcostal retractions (+)	2) Positioning

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Feeding requirement upto = 50% ↓	3) T.U = 170ml/kg/day ↓ bmb 2nd hrly Rest. Fuel 25% TPN
	Cardiac - Tachycardia (+) No Hypotension	
	NSG - Normal	4) Gas - BD GRBS - 8th hrly
	Vitals HR = 181/min RR = 87/min SPO ₂ = 89% BP = 67/44 (54)	5) Trace - B/c/s 6) I/O charting 6th hrly
		7) w/ Apnea, Brady, des
4/5/26 @ 6:50pm	<u>Intubation Notes</u>	<u>Intubation</u>
	Baby on NIV - 20/7, Rate - 45/min SPO ₂ - 85-89% Deep SCR (+) RR - 75/min Tachycardia	Rate - 45/min SPO ₂ - 50% A0 ₂
	Baby was intubated with 3 Size ET tube fixed at 6cm.	<u>Plan</u>
	B/I air entry (+) Vitals Post intubation HR = 142/min SPO ₂ = 98% BP = 60/38	1) Blood gas in 2 hrs (9pm) 2) chest xray - Tomorrow

Noted by
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Started on MV SIMV + PS PS-12, PIP-16, PEEP-6 Ti = 0.32 Rate - 40 / FiO₂ - 28 /	<u>Sneha</u>
4/5/26 9PM	Seen by Dr. Nitasha	<u>Plan</u> ① chest Xray now ② cont SIMV + PS ③ Trace blood g/s.
	<u>Dr. Nitasha</u>	Noted by M. Pooja 4/5/26 @ 9pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/2026 @11:40pm	<u>Night Rounds</u> <u>Resp:</u> Baby had extubation failure Reintubated → had Brady, desaturation ⊖ Pulled out tube by 0.5cm fixed at 6cm. on SIMV+PS = PIP-16. PEEP-6. PS-12, Fi=0.32 Rate = 40/min FIO ₂ = 30% ↓ last Gas = 7.87/44.2/113/24.6/0.4. lac = 2.0 ⊖ Cardiac: No Inotropes Intermittent tachycardia HR = 167/min PR = 70/min SCR ⊕ FIO ₂ = 96% BP = 50/28 (38) P/A - Soft, Tolerating feeds	<u>Plan</u> 1) Continue Current Ventilation Target SpO ₂ 90-95% 2) TV = 170ml/kg/day ↓ 6ml 2nd hrly feed Rest 25% TPN 3) Gas - BD GRBS - 8th hrly 4) Trace - B/C/S. 5) I/O charting 6th hrly 6) Suction as required 7) monitor vitals. 8) w/g - Brady, desaturation Noted by M. Pooja 4/5/26 @11:40pm Sruha



5/5/26

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.	ExPT / ELBW / FGR.	Hs-PDA.
	2.	RDS - 2° Surfactant	Anemia
	3.	Klebsiella (PCR-Panel)	Thrombocytopenia
	4.	Extubation failure	Coagulopathy
	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.....FiO ₂Oxygen :L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG :
	Change over the Last 24 Hours..... SIMV+PS PS-12, PIP-16, PEEP-6-5 Ti=0.32 Rate = 40 → 35/min FiO ₂ = 26%

CARDIO VASCULAR SYSTEM	Plan of Care : HR=165 ① Extubation failure ②
------------------------	---

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 = 5.3cc/kg/hr
GRBS = 80mg/dl

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
P/A - Soft, Non distended

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :		
	Sepsis screen:.....		
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :		
	Antibiotic	Drugs	Days
	1. Meopenem 2. fluconazole 3.	D19 (P)	Inj. Caffeine citrate Glycerine Suppository Tubing - D4 Incubated - D4 Picc line - D12 UAC - D18 Iv cannula - D5

Plan of Treatment :

- 1) continue current ventilation, Target SpO_2 90-95%
- 2) TV = 170 ml/kg/day ← 6mb 2nd hrly
Rest - 25% TPN
↑ feeds = 6.5mb 2nd hrly
- 3) Gas - BD, GRBS - 8th hrly
- 4) I/O charting 6th hrly
- 5) Suction as required
- 6) monitor vitals
- 7) Wf - Brady, desaturation
- 8) Target MBP 32 ± 2 mmHg
- 9) Target GRBS 60-150 mg/dl
Accept PCO_2 upto 55 mmHg if pH 7.2

Doctor's Name (Handover given) : Y. Sneha	Doctor's Name (Handover taken) :
Signature : Sneha	Signature :
Date & Time : 5/5/26	Date & Time :

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		CLB → Dr. Dinesh
9:40 AM		→ Feed 6.sml orally
		→ VAC Removal
		→ NP, Trm Today
		→ 2Relho
		Noted by Dr. 017039 @ 9:45 AM
5/5/26	Afternoon Rounds	Plan
	On SIMV+PS.	→ Continue current ventilation
	PS → 12	→ target SpO ₂ 90-95%
	16/5	→ TV 120 cfm/day
	RR 35/min	Feed 6.sml orally on
	P/A → to breathing beads	Rest 25% RR, 8T → 8.sml
	Stools → Passed	→ 2Relho today
	Aspirates → nil	
	HR 121/min	
	SpO ₂ 94%	
	SV 53/30/41	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CrBS → 8mg/dL U.O → 5.5ml/kg/hr	→ Recv NPI reports
	Blood clts →	→ Gas OD GrBS → 8mg/dL
		→ Monitor vitals
		4 (Rory)
		Noted by Dippi 017059 5/5/26 @ 12:30pm
	Night rounds	
5/5/26 11:30 PM	- on SIMV + PS fio ₂ - 30%, 16/5.5, PS - 12, RP - 35, Tri - 0.470.6	place. → Continue current ventilation → TV - 170ml/kg/day feed 6.5ml 2nd half

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 20 PMA: 29+1

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

Problems :		
S.No.	Current	Past Problems
1.	ExPT / ELBW / FGR	HSPDA closed
2.	RDS - 2° Surfactant	Anemia
3.	Klebsiella (PCR)	Intraventricular
4.	Extubation failure	Coagulopathy
5.		
6.		

Today's Weight : 640 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.....FiO ₂Oxygen :L/min
Last CXR :	Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>SIMV + PS</u> <u>16/5.5, rate 35, PS - 12</u> <u>Last gas - 7.33/54/28.8/2.1/2.4/24.9</u> <u>BE HCO₃</u>

Cardio Vascular System	
Plan of Care :	<u>HR = 180</u> <u>SpO₂ = 92%</u> <u>RR = 60</u> <u>BP = 38/67 (74)</u>

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

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/kg/d Urine Output : 5.2 cc/kg/hr Stools :
	IV Fluids - Type of IVF : @ ml / hr (+25ml P6S (iv))
	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 Merapenum	8 D 1/2	Inj Caffeine
	2.	Inj Fluconazole	(*)	Cyclical fentanyl
	3.			Picoline-D13

Plan of Treatment :
- Continue current ventilation
- TV - 170 cc/kg/day feeds → 7ml - 2hourly (TF - 8.5 ml)
- CHAS - OD → Rnt 251-7PN
- CRBS - BID → R/V for BD
- I/O chart - Gm hourly
- W/F RA, desat, brady
- Target MBP = 32 ± 2 mmHg.

Doctor's Name (Handover given) : Dr. [Signature]	Doctor's Name (Handover taken) : Dr. [Signature]
Signature : [Signature]	Signature : [Signature]
Date & Time : 6/5/20	Date & Time : 21/5/20

Date & Time	Progress Notes	Doctor's Order
6/5/26 10:55am		Seen by Dr. Reayquist → IV - 170cc/kg/day 1ml/2nd hly ↑ 0.5ml/OD (TF-8.5m) → Rest 30cc/kg/day 100. 2g/kg aminover → ROP tomorrow → Remove PICC line tomorrow. → Gas - OD. RBS - BD. Noted by Dr. P. 6/5/26 2:11pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 3 PM	seen by Dr Pratyush	Plan ① 6m ROP ② sedate the baby SOS ③
6/5 6:14 PM	evening rounds baby on SIMV + PS mode - 16 → 17 P/A PEEP - 6 → 6.5 rate - 35 gas - 7.33 / 57 / 2.4 / 24.9 C-TR - 164 bpm Bp - 60 / 40 (47) U10 - 5.5 mg / 100 ml P/A - to waiting feed	plan → continue SIMV + PS mode target SpO ₂ - 90-95% → TV - 120 ml/kg / 24g feed - 7ml 2 hourly + Amnion - 2g / 100 ml → gas - O ₂ → HBS - R/D → Elo checking should → remove Acetone - tonometer → ROP - Plan

Noted by
 Dipha C
 6/5/26
 6:14 PM

Dr. Manabdas (P.T.O.)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 at 8:54pm	<u>Night Rounds</u> Baby on SIMV + PS mode. PIP - 18, PEEP - 6.5 Rate = 35. MAP - 7.3. Ti = 0.32. Leak = 2%. Last Gas - mo ↓ Recurrent desaturation FiO ₂ - 40%. Intermittent tachypnea Subcostal retractions (+). No tachycardia. BP = 73/44 (51)	discussed with Dr. Prathmesh. 1) Cont - Current Ventilation. Target SpO ₂ 90-95% 2) if TRD / desaturations change Pc-Ac mode 3) Do a Blood gas. ↓ if Blood Hb < 10. Send CBP. ↓ if Hb < 9 Plan LRBC transfusion. 4) S ₁ = 170 mg/kg/d feed 7ml 2nd hrly + Amroven - 2g/kg Gas - OD GRBS - BD
	<u>Vitals</u> HR = 171/min RR = 44/min SpO ₂ - 90% BP = 87/46 (61)	
	Tolerating feeds. Stools - passed.	I/O charting 6th hrly Remove Pico line T/m BP T/m S ₁ 170 mg/kg/d feed 7ml 2nd hrly + Amroven - 2g/kg Gas - OD GRBS - BD



Date & Time	Progress Notes	Doctor's Order
9/26 10:30 PM	Glas 7.26/67.6/47.7 25.4/3.2/1.7 frequent desaturation with SCR (+)	Discussed with Dr. Pra charged to PTV mode. PIP=18, PEEP=6.5 TI=0.32 ↓ noted by Submittal 01.3.43 04.6.15.28 10:45 PM Snela

7/5

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.	EPT / EABW / FGR.	HSPDA - closed - PAM
	2.	RDS - 2 ^o surfactant	Anemia
	3.	Klebsiella (PCR +ve)	Thrombocytopenia
	4.	Extubation failure	Coagulopathy
	5.		
	6.		

Today's Weight :

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

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

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

Last CXR : Spo₂.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.24 / 72.5 / 21 / 2.1 / 1.3.

Change over the Last 24 Hours: SIMV → PTV

PIP - 18 → 19 → 20

PEEP - 6.5

FiO₂ - 30 → 40.

CRBS - 7h

Rate - 35 → 45 /min.

Plan of Care : Had multiple e/o desaturation without bradypnea overnight.

seclusions ↓

Neurological Examination :

..... Sedation.....

Last Neurosonogram : Any Seizures.....

CRBS-74.

FLUIDS STATUS NUTRITION	☐ NPO ☒ NG Feeds Wt. Gain: Head Circumference: <u>45</u>			
	Input: / (+/-) Output: ml/k/d Urine Output: ml/kg/hr Stools: <u>1+</u>			
IV Fluids - Type of IVF: @ ml/hr				
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: <u>7ml</u> Frequency: <u>Q2H</u> FF = <u>8</u>				
TPN: ☐ Yes ☐ No - If yes, details: <u>257 TPN</u> Calories:				
Abdominal Examination: <u>soft, non distended</u>				
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.	1mg nurophen 20/24	1mg caffeine 4mg arine supp 4mg clonal pentanhl.	
	2.	1mg Fluconazole (LP)		
	3.			
Incubator 0 Pile 0.14. Tubing 0.6				
Plan of Treatment :				
① cont current ventilation				
② TV = 170ml/kg 2day 7.5ml 10.5ml OD [rest 200 2g/kg Amikoven				
③ Gas OD Penta 0.2 CURBS BD Hep NS 0.2				
④ ROP today				
⑤ Remove Pile line today				

Doctor's Name (Handover given) : Dr Ashwariya

Signature : _____

Date & Time: 7/5/26.

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

Signature :

Date & Time: 7/5/20

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26	B/O Kihannai → Baby is stable on ventilator → CBR, CRP, explained, borderline Anemia → PDA closed → Cleaned Ventilator Settings → Plan to shift to NICO-2 → To review intubation	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26	B/O Kiranmaji - We will plan for extubation today - Post extubation - 3 days very important - We slowly gradually decrease - On respiratory support as the baby - Saturated	N Ramkumar P
	Rupnjal	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>Plan</u>
		→ Plw - CRP / PO4 / ALP / Electrolyte
7/5 @ 9:40 AM		seen by Dr. Pratyush Sir
	Echo - continuing TR jet 15-20 mmHg PAA - 50	ATV - 19/6 rate - 50 CRP in same sample +
	US - B/L - coarctation B line with subpleural consolidation RTS Left	PO4 / ALP / Electrolyte send now → Plw - CRP. → Plw - Preline - tomorrow → CRG - BD → ROP - today → review - Anti-BPD measures
		Noted by Dr. Pratyush Sir 01/05/26 @ 9:00 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 4:59 PM		seen by Dr. Nilesh
		→ continue current ventilation
		19/6 rate - 50
	HL-186	→ add. Ciproampho-B
		→ shift to FC4
		→ CBP - with CBG to monitor
		→ remove Psteline
		→ Trace ET culture
		blood culture
		→ W/K tachycardia
		Dr. Manthra
		→ check temperature
		Noted by Dr. Nilesh
		017039
		7/5/25
		@ 5 PM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31.5 7 PM	evening notes	plan
	Baby on PTV-mode	
	19/6 rate-50	→ Continue PTV-mode
	FiO ₂ -35-40%	19/6
		Target SpO ₂ 90-95%
	Intermittent desaturation	
	On stimulation	→ TV-170 u/kg/dg
	gas-7.41/44.2/4.1/27.4	feed-7ml slowly
	→ HR-173 bpm	(150 u/kg/dg)
	Intermittent	→ 20 u/kg medication
	Tracheal dig	
	Bp-85/67 (73)	→ Trace blood culture
	(upper limb)	ET culture
	VP-5.2 u/kg/hr	→ shift to FC
		ERP with CEG-TH
	p/A no obvious	→ CEG-OD
	distension	GPBS-ED
		monitor vitals
	add colistin	
	lipo amplicin	Dr. Maulan
		Noted by Dr. 017039
		7/5/25
		8 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 10PM	night sounds D21/ 26 + 5 / 530 gful	
	N → baby on PTV-mode 19/6 sat - 50 fio ₂ - 27%	play → continue PTV-mode 19/6 sat - 50 target spo ₂ - 90-95%
	Intermittent deceleration on moving	TV - 170 cals/kg/day feed - 7.5 ml / 2 hourly (150 cals/kg) 20 cals/kg - medication
	C → HR - 170 bpm (moving) Bp - 73/48 (55) U/O - 5.2 cals/kg/hr + 10.6 ml	→ CBP / tomorrow C (CBP) / tomorrow
	P/A - to waiting feeds stool passed	→ CBP UPRS } BD → monitor vitals
	PR5 - 89	noted by Subash 01/3/2026 19PM

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 22 PMA: 29 + 6 wks

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPH/EEBW / Fgt	HSPDA - closed PCM
	2.	ADS - 2 dose sugartail	Aemia
	3.	Klebsiella (P of Pre)	Thrombocytopenia
	4.	ventilation failure	Coagulopathy
	5.		
	6.		

Today's Weight :

Ventilatory Support : ☒ Yes ☐ No - Day # of Vent :
 Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
 Ventilator Settings : PIP 19 PEEP 6 VG Rate 50 FiO₂ Oxygen : L/min
 Last CXR : 7/5/26 Spo₂
 ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
 Change over the Last 24 Hours:
CP-115 → added colistin
clp amphot-B
sent blood culture et cultures

Plan of Care : continue PTN-mode

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: *soft to touch, g feed*
7.5ml 2 hourly

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

.....

PRs - 89 -

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

INFECTION		Sl.No.	Drugs	Days	
Antibiotic	1.		<i>meropenem - D21/24</i>		<i>iv cefixime</i>
	2.		<i>colistin</i>		<i>glycine</i>
	3.		<i>ipodiampho B D2</i>		<i>incubator - D2</i>
					<i>feeding - D7</i>

Plan of Treatment :

① continue current ventilation
 target SpO_2 - 90-95%

② TV - 7.5ml/kg/dg
 feed 2ml 2 hourly
 C160ul/kg → 200ul/kg / medication

③ CRg - OD
 CRBS - OD

④ trace CRp / blood culture / ET culture
 confirmation

check - weighing machine
 weight

Dr. Manjha

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

Signature : *[Signature]*

Date & Time : *8/5/26*

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 1PM	Afternoon Notes on PTV - PEEP - 6 PIP - 18 Rate - 45 FiO ₂ - 28.1 Ti - 0.32 HR - 159/min RR - 64/min SpO ₂ - 96.1 BP - 72/48 (37). Auscultation.	Ran ① cont current ventilation ② TV = 150 ml/kg/day NPO for transfusion 10-150-P. ③ X/M - CXR - CBP - CRP
	NPO now for transfusion PA - soft, non distended	④ ROP next Thursday ⑤ Fortification from X/M
	D ₂₁ Neopenex D ₂ colistin D ₂ Upo-ampho	⑥ CBA OD GRBS OD ⑦ Trace ET blood.] 45
	IV cannula ① hand - D, ② leg - D, Incubator D ₇ . Tubings D ₇	Noted by M. Poja 8/5/26 @1pm
	wt = 700gm.	

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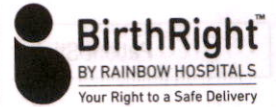
Noted by
M. Pooga
8/5/26
@ 4:40 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26. 3pm	Night Round. baby is currently on PTV. FiO_2 - 25%. PIP-18, PEEP-6. Rate - 45, Ti 0.32 Ongoing CRBC transfusion • Issues of hypertension > 95 th centile	Plan. Continue current ventilation → TV - 150 cc/kg/day 10% Iso P.
	Vitals: HR - 152/min RR - 56/min. SpO ₂ - 93%. BP - 97/71 (80) (> 95 th) U/O - 4.6 ml/kg/hr Balance +15.7 ml.	→ Send post transfusion gas at 9:30pm. If (N) then start half feed - 4ml feed if tolerating then give 8ml feed/advance.
	P/A - Soft; but distended. Stools - passed.	→ R/V justification tomorrow → Send CBP, CRP - 7am 6am CXR - 7am 6am → R/V USG dopplers. → R/V cyclical sedation. → Gas, EBS - 00 → W/t brady/decat

7. DINESH KUMAR CHINESE



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Noted by
M. Pooja
8/5/26
@ 4pm



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[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 22 PMA: @ 30 wks -

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

Problems :		
S.No.	Current	Past Problems
1.	ExPT/ELBW/FCR	hSPDA closed Pcm
2.	RDS-2 dose surfactant	Thrombocytopenia
3.	Klebsiella (PCR +ve)	Coagulopathy
4.	Extubation failure	
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 <u>17</u> PEEP <u>6</u> VG <u>40</u> Rate <u>30</u> FiO ₂ <u>30</u> Oxygen : L/min
Last CXR :	<u>9/5/26</u> PTV mode. Spo ₂ :
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG :
Change over the Last 24 Hours :	<u>on PTV mode.</u>
	<u>LRBC transfused 40/0 Hb 9.4.</u>
	<u>uneventful, feeds restarted -</u>
	<u>intermittent hypertension (>95th centile)</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>HR - 140/min</u> <u>Wb</u>
	<u>RR - 42/min</u> <u>CRBS</u>
	<u>SpO₂ - 92%</u>
	<u>BP - 69/40(50)</u>

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:..... <i>Soft, tolerating feed</i>

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	SI.No.	Drugs	Days
	1.	Mecopenam	D22	<i>Inj. Caffeine</i> <i>Glycerine</i> <i>Cyclical Fentanyl</i> <i>uh on</i> <i>Incubator D₂₇</i> <i>uh off</i> <i>Rubing D₂₈</i> <i>IV line</i>
	2.	Colistin	D3	
	3.	Lipo Ampho B		

Plan of Treatment :	- Continue current ventilation, Target SpO₂ 90-95%. - TV - 180cc/kg/day. - Feed - 8ml/2nd hly. (160cc/kg/day) → 200cc/kg/day (Medication) - Trace EBP, CRP. - CRU, CRBS → OD. - Trace Blood culture, ET culture - w/f ready (desat) - RV fortification (24h post CRSC) - ROP next Thursday - w/f hypertension if persistent RLV USG doppler.
---------------------	--

Doctor's Name (Handover given) : <i>Dooptie</i>	Doctor's Name (Handover taken) : <i>Dr. Maithe</i>
Signature : <i>[Signature]</i>	Signature : <i>[Signature]</i>
Date & Time : <i>9/5/20 2am</i>	Date & Time : <i>9/5/20</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 8:20 am		Seen by Dr. Peatyush
		Don't keep ET in fraction
		Noted by N. Pooga 9/5/26 @ 8:20 AM
9/5 12:14 PM	evening rounds	
	D23) 26 + 5 →	30w kg / plan
	V → baby on PTV-mode	Continue PTV-mode
	PIP-17 → 16	16/6 1
	Resp-6	Target SpO ₂ - 90-95%
	sat-40,	
	fIO ₂ -30%	
	PBS-78	TV - 185ml/kg/d
	gas - 7.35/48.4 / 1.7/28	feed B. 5ml/kg C 1.5ml/kg T 0.5ml daily till 10.5ml
	C → HR-135bpm	medications
	Bp - 59/49 (52)	
	U/O - 4.5ml/kg/hr	
	PIA - to creating feeds	→ add HMF 1/4 tomorrow morning (P.T.O.)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 @ 2:26 PM	USG - Doppler	Start oral supplements per 24 hours of LBCL
		→ ROP - Thursday.
		→ CBG 4 RBs JDD
		→ monitor vitals
		→ for, maintain
		Noted by M. Pooja 9/5/26 @ 2:26 PM
9/5/26 @ 3:10 PM		Seen by Dr. Vyayanand
		1) Continue Current ventilation
		2) Cont full feeds
		3) Start oral Supplements T/m.
		4) off desaturation
		Noted by M. Pooja 9/5/26 @ 3:10 PM
		Dr. Sreha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 10PM	<u>Night Rounds</u> on PTV PIP 16 PEEP 6 rate 40 FiO ₂ 28% HR-149/min SpO ₂ -94% RR-53/min ET scultums ⊕ ET c/s ⊕ Acinetobacter Tolerating feeds 8.5ml @ 2H. PR. PA soft stool passed vomiting x. D ₃ colistin. D ₂ cefepazone + sulbactam IV line D ₂ Incubator D ₀ Tubings D ₈ . USG Abdo - aortic thrombus ↳ started enoxaparin	<u>Plan</u> ① Cont PTV ② TV= 16sml/kg/day 8.5ml @ 2H feed rest medication FF=10.5ml ③ Start oral supplements tonight 7m HFA ④ CBG } on CRBS } ⑤ ROP next Thursday ⑥ cont IV Abx Noted by Submita 01348 9/5/26 10PM. Dr. Anurag



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 @ 11:45pm	desaturations (+) on ventilator. 16/6 ↑ PIP - 18. rate = 40/min	Seen by Dr. Nitesh
	① Auscultation BAE (+), clear murmur (+) ↓ ② Chest RISE (+)	1) Ventilation ↑ PIP = 18, PEEP = 6 Target SpO ₂ 90-95%
		2) T/m HMF
		3) TV = 165 ml/kg/day 8.5ml and h-cy feed FF = 10.5ml.
		Noted by Su 5 min 01/5/26 9:15pm at 11:45pm.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 24 PMA: 30 + 1

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPH / ELBW / PLUR
	2.	RDS-2°S
	3.	Klebsiella rck sepsis
	4.	VAP - Acinetobacter
	5.	Intubation failure
	6.	Aortic thrombus
		Past Problems
		Anemia
		HSPDA - PCM
		Thrombocytopenia
		Coagulopathy

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 <u>18</u> PEEP <u>6</u> VG <u>40</u> Rate <u>25</u> FiO ₂ <u>25</u> Oxygen : L/min	
	Last CXR : <u>inadequate expansion</u> Spo ₂ : <u>93%</u>	
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : <u>7.36/48.2/24.7/1.8/1.0</u>	
	Change over the Last 24 Hours : <u>multiple e/o desats.</u>	
	<u>↑ PIP 16 → 18.</u>	
	<u>ET secretions (A) → colistin neb.</u>	
	<u>ECs acinetobacter → added cefepime</u>	
	<u>CSH A+P - acetic</u>	
	<u>esulbactam.</u>	

CARDIO VASCULAR SYSTEM	Plan of Care : <u>thrombus</u>	
	<u>started enoxaparin</u>	
	<u>HR - 132/min</u>	
	<u>SpO₂ - 96%</u>	
	<u>RR - 40/min</u>	
	<u>murmur (+)</u>	

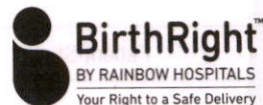
CNS	Neurological Examination :	
	 Sedation	
	Last Neurosonogram : Any Seizures : <u>-</u>	

CRBS - 71

FLUIDS STATUS NUTRITION	☐ NPO ☒ NG Feeds Wt. Gain: Head Circumference:														
	Input: / (+/-) Output: ml/kg/d Urine Output: <u>(4.2)</u> ml/kg/hr Stools: <u>3+</u>														
	IV Fluids - Type of IVF: @ ml/hr														
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: <u>8.5ml</u> Frequency: <u>q2h</u>														
TPN: ☐ Yes ☐ No - If yes, details: Calories:															
Abdominal Examination: <u>Soft, non distended tolerating feeds.</u>															
Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS															
INFECTION	Risk of Sepsis / Suspected Sepsis / <u>Proven Sepsis</u> <u>ET - Acinetobacter</u>														
	Sepsis screen:														
	Blood culture ☐ Urine culture ☐ ET culture ☒ Fungal Culture ☐ LP ☐ CSF:														
	Antibiotic	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Sl.No.</th> <th style="width:40%;">Drugs</th> <th style="width:10%;">Days</th> <th style="width:45%;"></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td><u>Colistin</u></td> <td><u>D4</u></td> <td rowspan="3"> <u>by cephtriaxone</u> <u>cefepime</u> <u>cyclical pentam</u> <u>4h on</u> <u>ossepan-D</u> <u>4h off</u> <u>in line D3</u> <u>Incubator D1</u> <u>Tubing D4</u> </td> </tr> <tr> <td>2.</td> <td><u>cefepime + sulbactam</u></td> <td><u>D2</u></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>	Sl.No.	Drugs	Days		1.	<u>Colistin</u>	<u>D4</u>	<u>by cephtriaxone</u> <u>cefepime</u> <u>cyclical pentam</u> <u>4h on</u> <u>ossepan-D</u> <u>4h off</u> <u>in line D3</u> <u>Incubator D1</u> <u>Tubing D4</u>	2.	<u>cefepime + sulbactam</u>	<u>D2</u>	3.	
Sl.No.	Drugs	Days													
1.	<u>Colistin</u>	<u>D4</u>	<u>by cephtriaxone</u> <u>cefepime</u> <u>cyclical pentam</u> <u>4h on</u> <u>ossepan-D</u> <u>4h off</u> <u>in line D3</u> <u>Incubator D1</u> <u>Tubing D4</u>												
2.	<u>cefepime + sulbactam</u>	<u>D2</u>													
3.															
Plan of Treatment :															
① cont PTV mode & same settings															
② TV = <u>180ml/kg/day</u> ↓ feed 9ml q2h meds 20cc PF = <u>10.5ml</u>															
③ there cont Abx															
④ ROP next tuesday															
⑤ suction as required															
⑥ start 1/4th HMF today <u>(RT)</u>															
⑦ CBG <u>OD</u> CRBS															

Doctor's Name (Handover given) : Dr. Arun
 Signature : [Signature]
 Date & Time: 10/5/26

Doctor's Name (Handover taken) : Dr. Manuella
 Signature : [Signature]
 Date & Time: 10/5/26



Date & Time	Progress Notes	Doctor's Order							
10/5/26	seen by Dr - Dinesh								
		Plan							
		① t/m CRP							
		CRP							
		② 20 echo t/m							
	<i>[Signature]</i>	Noted by							
		M. Pooja							
		10/5/26							
		@ 10am							
	<u>Abnormal sounds:</u>								
	on PRV	Adv							
	<table border="0"> <tr> <td>Flow - 21</td> <td rowspan="5"> </td> <td rowspan="5"> SpO₂: 92% HR: 144/min RR: 21/52 (SB) </td> </tr> <tr> <td>PEEP - 18</td> </tr> <tr> <td>FiO₂ - 6</td> </tr> <tr> <td>Flow - 21</td> </tr> <tr> <td>P - 40</td> </tr> </table>	Flow - 21		SpO ₂ : 92% HR: 144/min RR: 21/52 (SB)	PEEP - 18	FiO ₂ - 6	Flow - 21	P - 40	① continue current ventilation ② TV: 180ml/kg/day Feed: 9ml/2hrly Rebs 20 + h/m HMP ③ CRP 2 t/m CRP SE ④ 20 Echo - t/m ⑤ ROP. ⑥ Gay 2 on CRSO ⑦ ROP. This Thursday ⑧ continue Enoxaparin ⑨ continue colistin reb
Flow - 21		SpO ₂ : 92% HR: 144/min RR: 21/52 (SB)							
PEEP - 18									
FiO ₂ - 6									
Flow - 21									
P - 40									
	• Tolerated Feeds. Rabel G (10/5) • Resp distress ④ - mild • ATR - good								
	Plan mild distress But soft								
		Noted by							
		M. Pooja							
		15/26							

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5 11:43 AM	<u>weight 2000g</u> A24 / 2865 → 30 + 1000g / 530g	
	V → baby on PTV mode 18 / 6 2000-40 FiO2 25 UTE - 2.5ml	Plan → continue PTV-mode Tweeter sp, 90-95%
	gas - 7-36 / 48 / 1.8 / 24.9	→ TV - 1800ml/kg/day
	C → HR - 160 bpm BP - 78 / 43 (1.57) U/O - 4.2 ml/kg/h	→ 9ml / 2000g → 0.5ml/kg → 2000g medicals
	p/A to 1000g feeds	→ 200-1000g
		→ CBP → CRP → SE } TLM
		→ echo - this
		→ monitor vitals
		Noted by Sushon 29 01/342 11/5/26 11:43 AM

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 25 PMA: 30+2

Term ☐ Preterm ☒ Gestation : 26+3 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPHLEBW / FGR	Klebsiella sepsis
2.	PAS - 2 close suspected	HSPDA - PCM
3.	plebsiella	Thrombocytopenia
4.	VAR - Acinetobacter	coagulopathy
5.	entubation failure	
6.	Bornic Hisonibw	

Today's Weight : 740 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 <u>17</u> PEEP <u>6</u> VG Rate <u>40</u> FiO ₂ <u>30%</u> Oxygen : L/min
Last CXR :	Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>7.35 / 57.3 / 2.9 / 25.4</u>
Change over the Last 24 Hours.....	

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>Continue current ventilation</u>

CNS	
Neurological Examination :	
Sedation.....	<u>fenbutyl-cyclital</u>
Last Neurosonogram : <u>(P)</u>	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:..... <i>soft / no creaking feeds.</i>	

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	SI.No.	Drugs	Days
	1.	Colistin	- D5	Pyrazinamide
	2.	Cefepime	- D3	glycerol
	3.	Sulfamethoxazole		cyclical febrile
				occlusion

Plan of Treatment :

① Cont PTV - mode with PIP 17ls
Target SpO₂ - 90-95%.

② TV - 180ml/kg/dg → feed - 9.5ml/kg/dg
↓
20ml/kg
medication

③ Pop - 10ml/kg

④ added 1/4 unit

⑤ CRG 200

Doctor's Name (Handover given) : <i>Dr. Aravind</i>	Doctor's Name (Handover taken) : <i>Dr. Aravind</i>
Signature : <i>[Signature]</i>	Signature : <i>[Signature]</i>
Date & Time : <i>11/5</i>	Date & Time : <i>11/5/20</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 11:20 AM		seen by Dr. pratyush
		plan:
		change to SIMV + ps by evening.
	blood c/s NA x 48 hrs	Trace final blood c/s
		Give one stat dose of brix Co. 5 mg (by)
		Stop this Thursday.
		<u>Auth</u>
		Noted by M. Pooja 11/5/26 @11:30 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	Afternoon records	
1:15 PM		
	on PTV mode,	plans
	FiO ₂ - 30% 16/6 RR - 35/min Ti - 0.32	can change to SIMV + ps mode in the evening.
	SpO ₂ - 98% PR - 165/min RR - 35/min BP - 86/68 (75) [> 95th centile]	TV - 180 ml/kg/day 9 th feed 2nd help + 1/4th IMF
	on Enoxaparin	Rest medication.
	Blood gas	BSS } OD.
	Blood clts - no growth for 48 hrs.	Rop test Tuesday
		ILo. chertney 6th hourly.
		keep ET clts printed report in file.

Noted by
 M. Poja
 11/5/26
 @ 1:15 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 3 PM	Appt seen by Dr. Pratyush	Plan
		① change to SIMV+Ps after evening
		② antibiotics Dr Tyler.
		Noted by Blood gas at 7:00pm.
		M. Pooja 11/5/26 @ 3pm
11/5/26 6:30 PM		Plan
		→ stop cefoperazone + sulbactam -
		→ Add Tigecycline -
		→ To continue Tigecycline and cellistin
		Noted by M. Pooja 11/5/26 @ 6:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26		
11:15pm	Night rounds	
		- seen by Dr. Nilesh
	- on PTV mode,	Plan 2
	- Issues of Brady,	
	Desaturation on	- Continue current
	Simv + ps mode	ventilation [PTV mode]
	↓	↑ PIP to 18;
	So changed to pTV mode	- Target SpO ₂ - 90 to 95%
	[FiO ₂ - 21%, 17/6, RR - 35]	
	PIP - 16 > 17 > 18, PEEP - 6	- TV - 180ml/kg/day
	SpO ₂ - 95%	↓
	PR - 67b/min	9.5ml feed
	RR - 70/min	2nd hely
	BP - 81/57 (66)	[160ml/kg/day]
	PLA - soft	Rest medication.
	- Stools - passed	- Blood gas → 12th hourly
	- Urine - 6.4ml/kg/hr.	RRS → 500
		- ROP this Thursday
	last blood	- Ilo-cherry 6th hourly
	gas - 7.42/42/49.	
	Base - 2.9	- Discuss with
		Hemostasis people about
		in enoxaparin

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:

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELOW / FGR	HSPDA - PCM
2.	RDS - 2 doses surfactant	Thrombocytopenia
3.	VAP - Acinetobacter	coagulopathy
4.	Extubation failure	
5.	Aortic Thrombus / Hypertension	
6.	Klebsiella sepsis	

Today's Weight : 760 gms

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 ₂Oxygen :L/min	
Last CXR : Spo ₂ :	
ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>7.50/34.1/50.2</u>	
Change over the Last 24 Hours.....	
<u>- on PTV > SIMV + PS > PTV</u> <u>[1/1/10 - grades 2 desaturatory]</u> <u>FiO₂ - 30%, PIP - 18 > 15, PEEP - 6 > 5,</u>	

Plan of Care :	
RR - 35/min	- stopped cefo + sulba.
SpO ₂ - 98%	- Added theophylline
PR - 148/min	
BP - 82/53(64) [79 percentile]	

Neurological Examination :	
Sedation.....	<u>pentamidate</u>
Last Neurosonogram : <u>(B)</u>	Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools : <i>passed</i>
	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
<i>PLA - ede</i>

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:.....			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Sl.No.	Drugs	Days	
	1.	<i>Colistin</i>	<i>D6</i>	<i>Tij + caffeine</i>
2.	<i>Tigecycline</i>	<i>D1</i>	<i>Glycine</i>	
3.			<i>ossopan D</i>	
			<i>Colistin neb</i>	
			<i>- Tij Enoxaparin</i>	

Plan of Treatment :
- continue current ventilation. - TV - 180ml/kg/day ↓ feed 9.5ml 2nd hourly + rest medication [160ml/kg] - Blood Gas 12th hourly - PPS OD - Rop this Tuesday. - Flo - charty 6th hourly - Rlv with Haematology department about charty to W Enoxaparin.

Doctor's Name (Handover given) : *Dr. Aneel*
 Signature : *Dr. Aneel*
 Date & Time : *12/5/16*

Doctor's Name (Handover taken) : *Dr. Nandhu*
 Signature : *[Signature]*
 Date & Time : *12/5*

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 04:30 PM	afternoon round	seen by Dr. pratyush
	U- baby on PTV mode	continue: PTV - mode
	16/5	PIP-17
	VTE-2.4 / 2.9	mean PIP
	rate-35	intermittent sedation
	fid-40%	
	C→ 42-141 bpm	Doppler - tomorrow
	Bp- 59/48 (52)	TV-180ml/kg/dg
	v/o- 4.1ml/kg/hr	feed- 10ml/2hr
	PTA tolerating feed	rest medication
		Le gas-BP
		Le PPS-op
		Pop- Thursday
		monitor vitals
		manilla
		marked B.7
		Koushik
		60654000
		18/4/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 9pm.	Night Round	
	on PTV - mode -	
	PiO ₂ - 35%, PIP - 16	Plan -
	PEEP - 5, Rate - 35	
	Ti - 0.32	→ Continue Current ventilation
	Intermittent desaturations with self pick up.	
	Intermittent hypertension	→ TV - 180 cc/kg/day
	st - No constipation	Feed - 10ml 2nd half + 1/4 rest medication. HMP
	- Tolerating 10ml 2nd half feed; no aspirates	
	P/A - soft	→ USC doppler - 1m.
	- On Fentanyl sedation.	→ Cyclical sedation - 4h on - 4h off
	Vitals	→ ROP - Thursday
	HR - 147/min	
	RR - 56/min	→ Gas - BD
	SpO ₂ - 100%	RBS - OD
	BP - 67/36(4x)	
	U/O - 3.6ml/kg/hr.	→ ROP - Thursday
	Positive balance - 24.5ml	
	Last gas:	→ I/O charting 6th half
	pH - 7.35, pCO ₂ - 47.5mm	→ Monitor vitals
	pO ₂ - 48.7, Lac - 1.2	
	BE - 1.2	
	on Ceftriaxone	
	Piggyback	
	Piggyback	

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Date & Time	Progress Notes	Doctor's Order
	1. Patient's condition is stable.	1. Continue current treatment.
	2. Patient is on a clear liquid diet.	2. Monitor patient's vital signs.
	3. Patient is on a low-sodium diet.	3. Administer pain medication as needed.
	4. Patient is on a low-fat diet.	4. Administer antibiotics as prescribed.
	5. Patient is on a low-sugar diet.	5. Administer IV fluids as needed.
	6. Patient is on a low-protein diet.	6. Administer oxygen as needed.
	7. Patient is on a low-fiber diet.	7. Administer blood pressure medication as needed.
	8. Patient is on a low-salt diet.	8. Administer heart rate medication as needed.
	9. Patient is on a low-sodium diet.	9. Administer cholesterol medication as needed.
	10. Patient is on a low-sugar diet.	10. Administer diabetes medication as needed.
	11. Patient is on a low-fat diet.	11. Administer thyroid medication as needed.
	12. Patient is on a low-protein diet.	12. Administer iron supplement as needed.
	13. Patient is on a low-fiber diet.	13. Administer vitamin D supplement as needed.
	14. Patient is on a low-salt diet.	14. Administer calcium supplement as needed.
	15. Patient is on a low-sodium diet.	15. Administer potassium supplement as needed.
	16. Patient is on a low-sugar diet.	16. Administer magnesium supplement as needed.
	17. Patient is on a low-fat diet.	17. Administer zinc supplement as needed.
	18. Patient is on a low-protein diet.	18. Administer selenium supplement as needed.
	19. Patient is on a low-fiber diet.	19. Administer copper supplement as needed.
	20. Patient is on a low-salt diet.	20. Administer manganese supplement as needed.
	21. Patient is on a low-sodium diet.	21. Administer chromium supplement as needed.
	22. Patient is on a low-sugar diet.	22. Administer cobalt supplement as needed.
	23. Patient is on a low-fat diet.	23. Administer nickel supplement as needed.
	24. Patient is on a low-protein diet.	24. Administer boron supplement as needed.
	25. Patient is on a low-fiber diet.	25. Administer vanadium supplement as needed.
	26. Patient is on a low-salt diet.	26. Administer molybdenum supplement as needed.
	27. Patient is on a low-sodium diet.	27. Administer silicon supplement as needed.
	28. Patient is on a low-sugar diet.	28. Administer phosphorus supplement as needed.
	29. Patient is on a low-fat diet.	29. Administer sulfur supplement as needed.
	30. Patient is on a low-protein diet.	30. Administer chlorine supplement as needed.
	31. Patient is on a low-fiber diet.	31. Administer bromine supplement as needed.
	32. Patient is on a low-salt diet.	32. Administer iodine supplement as needed.
	33. Patient is on a low-sodium diet.	33. Administer fluorine supplement as needed.
	34. Patient is on a low-sugar diet.	34. Administer neon supplement as needed.
	35. Patient is on a low-fat diet.	35. Administer helium supplement as needed.
	36. Patient is on a low-protein diet.	36. Administer lithium supplement as needed.
	37. Patient is on a low-fiber diet.	37. Administer beryllium supplement as needed.
	38. Patient is on a low-salt diet.	38. Administer magnesium supplement as needed.
	39. Patient is on a low-sodium diet.	39. Administer calcium supplement as needed.
	40. Patient is on a low-sugar diet.	40. Administer potassium supplement as needed.
	41. Patient is on a low-fat diet.	41. Administer sodium supplement as needed.
	42. Patient is on a low-protein diet.	42. Administer chlorine supplement as needed.
	43. Patient is on a low-fiber diet.	43. Administer bromine supplement as needed.
	44. Patient is on a low-salt diet.	44. Administer iodine supplement as needed.
	45. Patient is on a low-sodium diet.	45. Administer fluorine supplement as needed.
	46. Patient is on a low-sugar diet.	46. Administer neon supplement as needed.
	47. Patient is on a low-fat diet.	47. Administer helium supplement as needed.
	48. Patient is on a low-protein diet.	48. Administer lithium supplement as needed.
	49. Patient is on a low-fiber diet.	49. Administer beryllium supplement as needed.
	50. Patient is on a low-salt diet.	50. Administer magnesium supplement as needed.
	51. Patient is on a low-sodium diet.	51. Administer calcium supplement as needed.
	52. Patient is on a low-sugar diet.	52. Administer potassium supplement as needed.
	53. Patient is on a low-fat diet.	53. Administer sodium supplement as needed.
	54. Patient is on a low-protein diet.	54. Administer chlorine supplement as needed.
	55. Patient is on a low-fiber diet.	55. Administer bromine supplement as needed.
	56. Patient is on a low-salt diet.	56. Administer iodine supplement as needed.
	57. Patient is on a low-sodium diet.	57. Administer fluorine supplement as needed.
	58. Patient is on a low-sugar diet.	58. Administer neon supplement as needed.
	59. Patient is on a low-fat diet.	59. Administer helium supplement as needed.
	60. Patient is on a low-protein diet.	60. Administer lithium supplement as needed.
	61. Patient is on a low-fiber diet.	61. Administer beryllium supplement as needed.
	62. Patient is on a low-salt diet.	62. Administer magnesium supplement as needed.
	63. Patient is on a low-sodium diet.	63. Administer calcium supplement as needed.
	64. Patient is on a low-sugar diet.	64. Administer potassium supplement as needed.
	65. Patient is on a low-fat diet.	65. Administer sodium supplement as needed.
	66. Patient is on a low-protein diet.	66. Administer chlorine supplement as needed.
	67. Patient is on a low-fiber diet.	67. Administer bromine supplement as needed.
	68. Patient is on a low-salt diet.	68. Administer iodine supplement as needed.
	69. Patient is on a low-sodium diet.	69. Administer fluorine supplement as needed.
	70. Patient is on a low-sugar diet.	70. Administer neon supplement as needed.
	71. Patient is on a low-fat diet.	71. Administer helium supplement as needed.
	72. Patient is on a low-protein diet.	72. Administer lithium supplement as needed.
	73. Patient is on a low-fiber diet.	73. Administer beryllium supplement as needed.
	74. Patient is on a low-salt diet.	74. Administer magnesium supplement as needed.
	75. Patient is on a low-sodium diet.	75. Administer calcium supplement as needed.
	76. Patient is on a low-sugar diet.	76. Administer potassium supplement as needed.
	77. Patient is on a low-fat diet.	77. Administer sodium supplement as needed.
	78. Patient is on a low-protein diet.	78. Administer chlorine supplement as needed.
	79. Patient is on a low-fiber diet.	79. Administer bromine supplement as needed.
	80. Patient is on a low-salt diet.	80. Administer iodine supplement as needed.
	81. Patient is on a low-sodium diet.	81. Administer fluorine supplement as needed.
	82. Patient is on a low-sugar diet.	82. Administer neon supplement as needed.
	83. Patient is on a low-fat diet.	83. Administer helium supplement as needed.
	84. Patient is on a low-protein diet.	84. Administer lithium supplement as needed.
	85. Patient is on a low-fiber diet.	85. Administer beryllium supplement as needed.
	86. Patient is on a low-salt diet.	86. Administer magnesium supplement as needed.
	87. Patient is on a low-sodium diet.	87. Administer calcium supplement as needed.
	88. Patient is on a low-sugar diet.	88. Administer potassium supplement as needed.
	89. Patient is on a low-fat diet.	89. Administer sodium supplement as needed.
	90. Patient is on a low-protein diet.	90. Administer chlorine supplement as needed.
	91. Patient is on a low-fiber diet.	91. Administer bromine supplement as needed.
	92. Patient is on a low-salt diet.	92. Administer iodine supplement as needed.
	93. Patient is on a low-sodium diet.	93. Administer fluorine supplement as needed.
	94. Patient is on a low-sugar diet.	94. Administer neon supplement as needed.
	95. Patient is on a low-fat diet.	95. Administer helium supplement as needed.
	96. Patient is on a low-protein diet.	96. Administer lithium supplement as needed.
	97. Patient is on a low-fiber diet.	97. Administer beryllium supplement as needed.
	98. Patient is on a low-salt diet.	98. Administer magnesium supplement as needed.
	99. Patient is on a low-sodium diet.	99. Administer calcium supplement as needed.
	100. Patient is on a low-sugar diet.	100. Administer potassium supplement as needed.



13/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 27 PMA: 30+4

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	ExPT/ELBW/FCR
	2.	RDS - 2 doses Surfactant
	3.	VAP - Acinetobacter
	4.	Extubation failure
	5.	Aortic thrombus, hypertension
	6.	Klebsiella sepsis

Today's Weight :

VENTILATORY SUPPORT : ☐ Yes ☐ No - Day # of Vent :

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

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

Last CXR : 13/5/26 - B/L patchy infiltrates Spo₂ :

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : on PTV mode

Change over the Last 24 Hours : FiO₂ - 4.0, PIP - 18, PEEP - 6.5, Ti 0.35
Rate - 35

Continuous desaturations over night, requiring
FiO₂ up to 4.5, few episodes - self pick up
Intermittent hypertension

Plan of Care : HR - 154/min - UO - 3.6 cc/kg/hr
RR - 52/min - Balance - positive - 59ml
Spo₂ - 93%
BP - 73/49 (57) [at 95th centile]

Last gas :

Neurological Examination :

Sedation :

Last Neurosonogram : (15) 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:..... <i>P/A - soft</i>	

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	
	1.	<i>Inj. Colistin</i>	<i>D7</i>	<i>Inj. Caffeine + HMR</i>
2.	<i>Inj. Tigecycline</i>	<i>D2</i>	<i>Glycerine IV line - D6</i>	
3.			<i>Orsopan D</i>	
			<i>Neob. Colistin</i>	
			<i>Inj. Enoxaparin</i>	
			<i>Tubings - D12</i>	
			<i>Incubator - D4</i>	

Plan of Treatment :	• Continue Current Ventilation • TR - 180 cc/kg/day $\Rightarrow$ Feed 10ml/2nd hly + 1/4 HMR + Rest medication. • USG doppler today. • I/O charting 6th hly. • Position - Lt up - 4h Rt up - 4h. • Gas - BD RBS - OD. • ROP on Thursday. • Monitor vitals.
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Doctor's Name (Handover given) : <i>Poojithe</i>	Doctor's Name (Handover taken) : <i>Dr. Arishwarya</i>
Signature : <i>[Signature]</i>	Signature : <i>[Signature]</i>
Date & Time : <i>13/5/26, 7am</i>	Date & Time : <i>13/5/26</i>

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13/5
210 Aug

seen by Dr. Dinesh sir

→ DART - beginner tomorrow

→ continue PTV-18/6.5

Smartell

Noted By Koushik
13/5/26
10:00am (606542)



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 12:34 PM	expression sounds	
	A27l 26+5 - 30+4 wks	
		plan
	U - baby on PTV-mode 18/6.5	→ Continue PTV-mode 18/6.5
	UTE - 2.9 rate - 35	
	FiO ₂ - 30-40% intermittent desaturation	monitors leak UTE /
	gas - 7.55 / 49.1 / 1.8 / 25	→ Target spo ₂ - 90-95%
		→ Review - to stop Euc Kapsin
	C - HR - 148 bpm	→ stop - tomorrow
	Bp - 53 / 29 (32)	
	U/O	→ Review - 20 echo
	PIA - to creating feed	to rule out PAM
		→ gas RBS } DD
		→ plan - DAPT - tomorrow
		✓ Send CRP / calcium / Phosphorus / TFT + ALP - now
	flu - oral cozine	→ monitor vital TV - 1300 hrs / day
		→ 10ml euc (160ml) 1/2 HMO
		→ 200ml euc 200ml euc



8/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 50 PMA: 33⁺6 w 1 d

Term ☐ Preterm ☒ Gestation : 26⁺5 w 1 d Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	Extreme preterm (<28w)	Hypertension
	2.	Extreme LBW (<1000g)	HSPDA- PCM
	3.	Severe RGR (GFW - <3 rd centile)	Klebsiella - Sepsis
	4.	Evolving CLD	Extubation failure
	5.	CDART completed	
	6.		

Today's Weight : 843g (↑3g)

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 <u>6cm</u> VG..... Rate..... FiO ₂ <u>25%</u> Oxygen : <u>6</u> L/min
	Last CXR : Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours: <u>tried CPAP & RAMS for 2hrs</u> <u>ILVLO - screening - respiratory distress</u> <u>changed to CP Bubble CPAP & mask</u> <u>CP PEEP - 6cm</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>↳ Continue Bubble</u> <u>CPAP & mask</u> <u>CP PEEP - 6cm</u>	<u>SpO₂ - 100%</u> <u>HR - 140/min</u> <u>RR - 33/min</u> <u>- NO bradycardia</u> <u>- NO desaturation</u> <u>- NO Hypertension</u>

CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : <u>NJ</u> Any Seizures.....



PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
	<u>50 DOL</u> <u>BP Centinals</u>	
	5 th 25 th 50 th 75 th	
	SBP 50 57 63 81	
	DBP 24 31 38 55	
	MBP 33 40 46 64	
6/6/26 9:12 am	noted by Arun 015566 9:15 AM - 6/6/26	Seen by Dr-Dinesh Sir → Chest X-Ray now. → ↑ TV - 200cc / 6/6/day.
6/6/26 3 PM	Afternoon Rounds on CPAP 6cm mask Xray - S/O BPD. tolerably feeds Noted by Arun 015566 3:10 PM 6/6/26	Plan ① cont CPAP mask. 6cm ② stat lasix 0.5mg/kg. ③ If worsening distress, do blood gas 2



PROGRESS NOTES AND DOCTOR'S ORDER

119

Date & Time	Progress Notes	Doctor's Order
6/6/26 3 PM	cont RA - soft HR - 150/min SUR (+) ICR (+) RR - 63/min SpO₂ - 95% Noted by Arjun 015566 3:10 PM - 6/6/26	SO2 ↑ to NIV <i>[Signature]</i> <i>[Signature]</i>
6/6/26 8 PM	Night Round. on CPAP mask term. mild SUR (+) ICR (+) HR - 156/min SpO₂ - 96% RR - 56/min tolerating full OH feeds. PA - soft. Passed stools.	Plan ① cont CPAP mask term SO2 ↑ NIV ② TV = 200ml/kg/day 14ml @ 2H. OH feeds ③ blood gas twice weekly ④ RBS OD ⑤ NP₂ - Monday <i>[Signature]</i> Noted by Swetha* 012824 @ 8pm.

	Patient Sticker	WG
--	-----------------	----

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 -	B/o Kiranmai	
	→ CRP elevated repeat cultures sent → on IV antibiotics. → To leave cultures. → on Meropenam & Colistin → on full feeds, fortification to start → LBBc transfusion today	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>B/O Kizannai</u>	
	baby is on ventilator / oxygen level was increased for decontamination	
	+ tomorrow blood test will be done	
	-> chest X-ray taken - showed infection / BPD signs	
	+ ET culture - growing 1	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
11/5/26	B.O. Kiranmai	
Resp:-	currently on ventilator, weaning rates - Explained about BPD changes.	
Feeds:-	- Tolerating well of feeds. - G. suel 2nd hourly -	
Sepsis:-	- ET ds - Acinetobacter isolated. - Continuing antibiotics. - CRP in decreasing trend. - planning to continue antibiotics for 7 days.	
cardiac	- Stable - planer to do repeat 2D Echo today	N. Parashar Amul

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
12/5/26	B/O Kiranmai	
	Baby. ventilator support was tapered yesterday from PTV → SIMV however she had ↑ distress → Xray showed derecruitment for which PTV mode was started yesterday. Antibiotics ongoing for VAP - acinetobacter; to continue for 7-10 days. Once course is done, to repeat cultures & if negative, to start consider steroids. To review USG for aortic thrombus.	
		N. Ramani

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
26/9/26 (a)	<u>B/o Kiranmai</u> By Dr. Prathyush We changed to Conventional Ventilator <u>Cardiac</u> → PDA is present - → if clinically affecting the baby we will try closing it with drug - Today we will do CBP - last Brain Scan - Normal - if BP low / HR variability / lung TBlood flow we will need to close PDA - Antibiotics ongoing - we will try extubation once the baby is on minimal settings of ventilator and tolerating	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26	<u>Counseling done by</u> <u>B/o Kiranmai</u> → Initial 4 days are very important & critical. → Because of BP, sugars, not adequate weight gain → we kept tube in the breathing Pipe. → Baby should be 1.5kg or 3 weeks → till that time we have to support the baby → upto 1.5kg we need to no support the baby. → Baby should be able to maintain this → Surfactant given → helps in breathing → will R/O on 2nd dose → we have kept central line → we will give Proteins, lipids, sugar → Last 2 months immunity will be developed.	<u>Dr Dinesh</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	→ Baby is kept in incubator → Temp, oxygen, Blood Pressure should be maintained → Not everyone can survive → 60% survival chances → 26 weeks → 80-90% chances. → If anyone mother milk is important → Baby might have feeding issues → It's a long Journey → 8-10 weeks Journey	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>14/12/20</u>	<u>Counselling done by Dr Dinesh</u> <u>Dr O Shailaja</u> → Repeat chest xray → shows opening → BP → normal → Given one Blood transfusion → tolerating feeds → Skin on maturity improving → Things are good → urine & stool → pass. → RSG → (N) → Baby will require ventilator → Baby will remain in incubator upto 1kg → will plan to Extubate → will have to see for feeding issues	

BAH-00654000

IPS-00172641

Baby Of CHIKATI KIRANMAI

16-04-2026

0 Y 0 M 7 D

(F)

Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
23/9/26	B/o. Kiranmai	
	Resp:- on same ventilator settings.	
	Card:- - Blood pressure satisfactory	
	Neuro:- - Neuro screening done - normal	
	Feeding:- - Weaning minimal feeds. - slowly increasing feeds.	
	Sepsis:- Blood chs:- - Have sent Blood PCR Sample. - continuing antibiotics and antifungals. - Planning to do PIC line today.	
		Auth
		N. Ramakrishna

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/20	<u>No Parasitology</u>	
	→ Baby is on HFO mode ventilation	
	→ FiO ₂ requirement upto 25-30%.	
	→ X-ray - lung flooding not open full flooded	
	→ Baby tolerating HFO → conventional	
	→ hopefully 2-4 weeks → off ventilator	
	→ PDA also Present → currently doesn't not require meds for that, monitoring BP	
	→ to Crnio → status Added Glycerine today	
	→ Abdomen discoloured yesterday → kept NPO, Restarted feeds today	
	→ Brain is Good.	
	→ will trace Culture Report	
	→ official NS A Tm	
	→ 2 Decks will Repeat Tm	
	→ sepsis (+), Thrombocytopenia (+) N Parvovirus	
	→ Evening CBR will do.	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 51 PMA: 37

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPT / ELBW / Severe FGR.
	2.	Evolving CLD - START
	3.	
	4.	
	5.	
	6.	
		Past Problems
		Hypertension
		HSPDA - PCM
		Klebsiella sepsis
		Extubation failure
		Aortic Thrombus

Today's Weight : 888 gm 115 gm

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: 7.29/43/19.8/-5.0

Change over the Last 24 Hours: 6cm bubble CPAP mask.
SCR ⊕, intermittent tachycardia.
1 ep RV bleed.
No other evidence of bleed/bruising

Plan of Care :

xxvxy - BPD changes

HR - 152/min
SpO₂ - 98.1
RR - 56/min

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: <u>14ml</u> Frequency: <u>Q2H</u>										
	TPN : ☐ Yes ☐ No - If yes, details : Calories:										
Abdominal Examination: <u>soft, non distended</u>											
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Drugs</th> <th style="width: 10%;">Days</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td> <u>ossepan-D</u> <u>onofex XT</u> <u>sop affiene</u> <u>Donustal</u> <u>3% NaCl</u> <u>Budecort neb</u> <u>lanrol</u> <u>alycerine</u> </td> </tr> <tr> <td>2.</td> <td></td> </tr> <tr> <td>3.</td> <td></td> </tr> </tbody> </table>	Drugs	Days	1.	<u>ossepan-D</u> <u>onofex XT</u> <u>sop affiene</u> <u>Donustal</u> <u>3% NaCl</u> <u>Budecort neb</u> <u>lanrol</u> <u>alycerine</u>	2.		3.	
	Drugs	Days									
1.	<u>ossepan-D</u> <u>onofex XT</u> <u>sop affiene</u> <u>Donustal</u> <u>3% NaCl</u> <u>Budecort neb</u> <u>lanrol</u> <u>alycerine</u>										
2.											
3.											
Plan of Treatment : ① cont CPAP mask bcm FiO ₂ to target SpO ₂ 90-95%. ② w/t ↑ distress, S ₀₂ ↓ NN' ③ Trace labs ④ TV = 200ml/kg/day → 14ml Q2H on feeds ↑ fortification ⑤ Blood gas twice weekly ⑥ RBSOD ⑦ No Qbit.											

Doctor's Name (Handover given) : Dr Ashwiny
 Signature : [Signature]
 Date & Time: 9/6/20

Doctor's Name (Handover taken) : Dr. Ashw
 Signature : [Signature]
 Date & Time: 9/6/20

BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 20 D (F)
Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

120

Date & Time	Progress Notes	Doctor's Order
7/6/26 7:30 AM	seen by Dr. Nitaong	Plan ① send PT-INR ② next cont same
		Dr. Nitaong
7/6/26 8:30 AM	seen by Dr. Vijayanand	Plan ① cont CPAP ② w/lt distress ③ daily furosemide ④ w/lt any bleeds ⑤ trace labs ⑥ Nutrition calculation
	O/E - mild CURT Aix entry equal both sides CRT C 3me groin & external genitalia no other signs of bleed. Platelets - 4.85	Dr. Vijayanand
	Noted by Acu 015566 8:30 AM - 7/6/26	

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(P.T.O)

BAH-00654000
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 1 M 20 D (F)
Dr. DINESH KUMAR CHIRLA

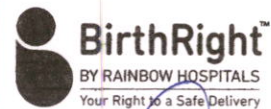
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PROGRESS NOTES AND DOCTOR'S ORDER

122

Date & Time	Progress Notes	Doctor's Order
7/6/26 11 pm	Night sounds	
	Baby on CPAP & mask PEEP @ G	Plan
	RO ₂ 21-25%.	1) Continue CPAP @ G with mask.
	Mantay SPO ₂ 90-100%.	2) TV - 200 ml/kg/day @ 14 ml @ 2.5 & 40°F
	HR - 162/min	3) Monitor vitals w/↑ distal
	RR - 62/min	
	SPO ₂ - 97%.	
	BP - 79/35(51) mmHg	
	Intermittent tachycardia SER @.	
		Noted by Sweetha 012824 7/6/26 @ 11 pm.
08/06	BP centile chart	
	5 th	50 th 95 th
	SBP 51 59	GG 83
	DBP 25 32	39 56
	MBP 34 41	48 65



123



08/06/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 52 PMA: 37⁺1 wk
 Term ☐ Preterm ☒ Gestation : 26⁺5 Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
	1.	Extreme prematurity (ELBW 530g)
	2.	(26 ⁺ 5) Severe FGR.
	3.	Severe BPD (NICHD)
	4.	↳ Received DART
	5.	
	6.	
Past Problems		Hs PDA-PCM Hypertension Klebsiella sepsis Extubation failure Aortic thrombosis

Today's Weight : 862 (↑4gms)

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 ₂Oxygen :L/min
	Last CXR :Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours: <u>Baby on CPAP - GEMask</u> <u>FiO₂ 21-25%</u> <u>Infant on tachypnea (+)</u> <u>SCR (+)</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>X-Ray - BPD changes</u> <u>HR - 163/min</u> <u>RR - 62/min</u> <u>SpO₂ - 98%</u> <u>BP - 63/42 (49)</u>

CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : <u>(N)</u> Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d <u>Urine Output</u> : ml/kg/hr Stools :
	IV Fluids - Type of IVF : @ ml / hr <u>GRBS -</u>
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: <u>14 ml</u> Frequency: <u>2hly</u>
	TPN : ☐ Yes ☐ No - If yes, details : Calories:
Abdominal Examination: <u>Soft distended</u>	

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.			

Plan of Treatment : 1) Continue CPAP @ 6 cmH₂O - Ramp mask Target SPO₂ 90-95% if FiO₂ > 21% 90-100% if FiO₂ @ 21%. 2) TV - 200 ml/kg/day → 14 ml 2hly on feeds 3) GRBS OD 4) CBC twice weekly 5) I/O charting Q4H 6) w/F ↑ distal / bloody PR/PV 7) New BP centile chart.	<u>Target</u> DBP - 41-48 mmHg UO - 1-5 ml/kg/hr GRBS - 60-150 mg/dl
---	--

Doctor's Name (Handover given) : <u>[Signature]</u>
Signature : <u>[Signature]</u>
Date & Time: <u>08/06/26</u>

Doctor's Name (Handover taken) : <u>[Signature]</u>
Signature : <u>[Signature]</u>
Date & Time: <u>08/06/26</u>

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 1 M 20 D (F)
 Dr. DINESH KUMAR CHIRLA



12A

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 9:30AM		Seen by Dr. pratyush
		Plan:
		- Nutrition assessment today.
		- To send PTH, Vit-D ₂
		- if phosphorus MBD, Add Adphos
		Noted By Digeshwar 09990
		Anush
		Afternoon rounds
8/6/26	- on CPAP & mask, PEEP - 6, FiO ₂ - 21 to 30% as required, - on funded & Budecort; SpO ₂ - 96% PR - 146/min RR - 55/min BP - 65/46 (43)	plan: - continue CPAP & mask - Tr - 200ml/kg/day ↓ 14ml 2nd hourly + full full of breast + formula - To trace PTH, Vit-D values, - RBS on - Flo - check & get lower - w/f ↑ retraction



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	nutrition calculation	
12:30 pm	highest wt - 862g feed $\rightarrow$ 14ml 2nd hely $\Rightarrow$ 168ml HMF $\Rightarrow$ 6 sachets $\Rightarrow$ 150mg Ca ossopar-D $\Rightarrow$ @ 1.5ml QID $\Rightarrow$ 6ml $\rightarrow$ 66mg (po4) order-X T $\Rightarrow$ 10ml QID 0.2ml $\Rightarrow$ 2mg	
	cal pro ca po4 fe vit A	
ERM (67/11.1/35) 15/0.2/-)	113 cal 1.8g 59mg 25mg 0.3mg -	
HMF (3.37/10.27) 15.8/9.9/0.3/132.8) ossopar-D	20 1.6g 94.8mg 47.4 1.8mg 797 IU	
order-X T	- - 150mg 66mg - 240 IU	
	- - - 2mg -	
	133 cal 3.4g 304mg 139mg 4.1mg 1037 IU	
perky $\rightarrow$	154 3.9g 2.1:1 353mg 161mg 4.8mg 1203 IU/kg	

BAH-00654801 IP5-00174140
 Baby Of TATIKONDA NAMRATHA
 27-04-2026 0 Y 1 M 11 D (F)
 Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order																				
8/6/26																						
12:45 PM	<u>New BP centrally</u>																					
	<table><tr><td></td><td><u>5th</u></td><td><u>25th</u></td><td><u>50th</u></td><td><u>95th</u></td></tr><tr><td>SBP</td><td>51</td><td>59</td><td>66</td><td>83</td></tr><tr><td>DBP</td><td>25</td><td>32</td><td>39</td><td>56</td></tr><tr><td>MBP</td><td>34</td><td>41</td><td>48</td><td>65</td></tr></table>		<u>5th</u>	<u>25th</u>	<u>50th</u>	<u>95th</u>	SBP	51	59	66	83	DBP	25	32	39	56	MBP	34	41	48	65	
	<u>5th</u>	<u>25th</u>	<u>50th</u>	<u>95th</u>																		
SBP	51	59	66	83																		
DBP	25	32	39	56																		
MBP	34	41	48	65																		
		<u>Amul</u>																				
		<u>Christy</u>																				
		Trace reports																				
		To stop glycerine suppository																				
		To stop Domstal. lonsol																				
		<u>Ry</u>																				



10

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	h. v prasad	4/06/2026	09642754	prof. R. C
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/5/20	RBS	2605478	[Signature]
30/5/20	RBS	2605484	[Signature]
30/5/20	RBS	2605484	[Signature]
30/5/20	NP&I, CAP, IWB	2605487	[Signature]
31/5/20	RBS	26055238	[Signature]
1/6/20	RBS	26055499	[Signature]
2/6/20	RBS	26055848	[Signature]
3/6/20	VBG, RBS	26056138	[Signature]
4/6/20	RBS	26056460	[Signature]
5/6/20	RBS	26056788	[Signature]
6/6	RBS	26057175	[Signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5/26	Invasive monitor	17/4/26		9563326	Pooja
	Girabbee incubator	19/4/26		9568153	
	CPAP	26/5/26		9617029	
	Oxygen				
30/5	Invasive monitor	17/4/26		9563326	Pooja
	Girabbee incubator	19/4/26		9568153	
	CPAP	26/5/26		9617029	
	Oxygen				
31/5	Invasive monitor	17/4/26		9563326	Pooja
	Girabbee incubator	19/4/26		9568153	
	CPAP	26/5/26		9617029	
	Oxygen				
1/6/26	Invasive monitor	17/4/26		9563326	Pooja
	Girabbee incubator	19/4/26		9568153	
	CPAP	26/5/26		9617029	
	Oxygen				
2/6/26	Invasive monitor	17/4/26		9563326	Pooja
	G. Incubator	19/4/26		9568153	
	CPAP	19/5/26		9617029	
	Oxygen	19/5/26		9617029	
5/6/26	Invasive monitor	17/4/26		9563326	Pooja
	G. Incubator	19/4/26		9568153	
	CPAP	19/5/26		9617029	
	Oxygen	19/5/26		9617029	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/6/26	Rop Screening	①	09642752	rooga.K
4/6/26	Nebulization	①	9643222	Pooja
3/6/26	Neb	①	9643695	Pooja
4/6/26	Neb	①	9643696	Pooja
5/6/26	Neb	②	9643696 9643695	Pooja
6/6/26	Neb	①	9645199	✓

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

103

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 9:30AM	seen by Dr. Pratyush	Plan
		① ROP today
		② trace CRP & ESR
		③ SQR transfusion if Hb < 10
		④ DART to be started.
		⑤ send blood CMV PCR quantitative (R/R)
		⑥ start loose BD 200mg/kg/day
		Noted By Houshi (60542) 16/05/26 (10AM)
14/5 @ 2PM	Afternoon round	
	A28 / 26+5 → 30+5 wks	plan
	U → baby on PTV-mode 18/6.5	→ continue PTV-18/6.5
	sat - 35	target SpO ₂ - 90-95
	UTE - 3.4	
	Crat - 28%	→ TV - 180ml/kg/day
	fio ₂ - 35-40%	160ml/kg/day
		10ml/shower
	U → HR - 141 bpm	200ml/kg/day medical
	BP - 67/42 (50)	+ Y4 HMT



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	0/0-	→ PBC-BD
	P/A - to beating feel Soft	→ monitor Bp - /tor HTN
		→ watch for deatnation
		1 hr - 1 hr Dr. manjula
		send blood cmv PCR now
17/5/26.		Seen by Dr. Pratyush
5 PM		→ If baby very deatble Consider Dexmedetomidine
		→ Consider esomeprazole if clinically looking like gastritis
		→ Send blood cmv PCR now
		Propitly

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	seen by Dr. Mitesh	
15/5/26		Rate 30, T ₁ 0.36
	Intermittent Desat ⊕ Hypertension	Add 1kg Essenepran
		Add 3% Na ⁺ 0.3ml. 2x/day (30ml/kg/day)
		Continue DAAZ
		Gas 7 Tm RBS
		BP monitoring.
		Trace blood count report.
		Noted by Deena 01/6/26 15/5/26 2.30P



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5 09:30 AM	night sounds	
		plan
	V → baby on pTV-mode 18/6.5 rate - 30, SpO ₂ - 25%	Continue pTV-mode target SpO ₂ - 90-95%
	gas - 7.36 37.9 -3.2 21.2	570 - 180 ul/kg/dg ✓
		160 ul/kg/dg 20 ul/kg/dg 10 ml / 2 hourly medication
	C → hr 160 bpm Bp - 78 / 57 (62) v/o -	+ 1/4 unit
	p/s - to be able to feeds	→ gas RBS } tomorrow
		→ true blood count - PCR
		Not by Dr. 01/04/26 15/5/26 for = clear Dr. 01/04/26

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15/04/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 28 PMA: 30+5wks

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

Problems :		
S.No.	Current	Past Problems
1.	epf eebw / fgr	PAS - 2 dose of sugental
2.	epolving RGA - MV	NSPDA - PAS
3.	VAP - aminobacter	Aortic thrombus - JTA
4.	intubation failure - DART	klebsiella sepsis
5.		
6.		

Today's Weight :

OVERVIEW

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

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

Ventilator Settings : PIP 18-21 PEEP 6.5 VG: Rate 30 FiO₂ 27% Oxygen : L/min

Last CXR : Spo₂ :

RESPIRATORY SYSTEM

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.36 / 37.9 / -3.2 / 21.2

Change over the Last 24 Hours: intermittent multiple episode of desaturation - increasing
intermittent hypertension
PBS - 192

CARDIO VASCULAR SYSTEM

Plan of Care : continue current ventilation

CNS

Neurological Examination :

Sedation: fentanyl -

Last Neurosonogram : (w) 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 feeds*

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 :

SI.No.	Drugs	Days
1.	<i>inj colistin D8</i>	<i>inj cefixime - HME</i>
2.	<i>inj piperacillin D3</i>	<i>glycerine - esomeprazole</i>
3.		<i>osopara 3 DONAL</i>
		<i>neb colistin IIV - line - 1 - D4</i>
		<i>fu</i>

Plan of Treatment :

① continue PTV-mode
 target SpO₂ - 90-95%
injection - D8
incubator - D6

② TV - 180ml/kg/day
 160ml/kg/day
 10ml 20ml
 + 1/4 HME
 20ml/kg/day medication
 - cloaking shower

③ Plv - colistin

④ trace blood count - PCR.

⑤ gas
 RBS } 00

Doctor's Name (Handover given) : *Dr. Nandhu*
 Signature : *Dr.*
 Date & Time: *15/5/20*

Doctor's Name (Handover taken) : *Dr. Anurag*
 Signature : *Dr. Anurag*
 Date & Time: *15/5/20*

Date & Time	Progress Notes	Doctor's Order
15/5/26		<u>Afternoon procedure</u>
1:00pm	- on PTV mode, F_{IO_2} - 30%, $I\dot{V}$ 16.5, T_i - 0.36, - RR - 30/c/min - SpO₂ - 96%. - PR - 139/c/min - RR - 30/c/min. - BP - 84/67 (73)	<u>Place:</u> - Continue current ventilation - TV - 180 ul/kg/day ↓ 10 ul 12th hourly full OG feeds + 1/4th hmf ↓ 15 15ul/hly medication [160 ul/kg/day] 8 R/Lr collistron nebulisation. 8 R/Lv feeds. - RBS 12th hourly - Blood Gas on - Trace Blood CMV PCR.
Issues:	- Intermittent hypotension	
NSG @	- stopped antibiotics - Urine output - - stools - not passed	
	last RBS - 180 ug/dL.	
		Plotted by [signature] 15/5/26 1pm Amel (Dr Amel)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26		cloths on dinesh
2:00pm		
		Plan:
		Continue collisthu for total of 10 days, and Tizocycline for total 5 days.
		Continue Collisthu nebulisation.
		Auth (Dr Anusha)
15/5/26 3PM		Plan
BP's 79/57mm.		(1) (Rx) Dexamethasone in evening after monitoring BP's.
		(2) cont Antibiotics as planned
		(3) cont feeds
		Noted by Rajesh 15/5/26 8PM



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 29 PMA: 30 + 6 weeks

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT / ELBW / FGR	RDS - 2 doses of Surfactant
	2.	Evolving CLD - MV	HS PDA - PCM
	3.	VAP - Acinetobacter	Aortic thrombosis - HTN
	4.	Extubation failure - on	Klebsiella sepsis
	5.	DART	
	6.	regimen	

Today's Weight :

660 gms

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 6.5 VG Rate 30 FiO₂ 30% Oxygen : L/min

Last CXR : Spo₂ :

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.39 / 35.5 / 72.6

Change over the Last 24 Hours. lac - 3.7 /
Bac - -2.8 /
HCO₃ - 21.9,
RBS - 143 ug/l.

Plan of Care :

SpO₂ - 94%
PR - 137 / min
RR - 30 / min
BP - 86 / 59 (69)

Issues:
- persistent hypertension.

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 : <u>5.3</u> ml/kg/hr Stools : <u>passed</u> IV Fluids - Type of IVF : @ ml/hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: TPN : ☐ Yes ☐ No - If yes, details : Calories: Abdominal Examination:
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Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS <u>P/A - soft</u>
--

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.	Fuj. collistin	D9/10
		2.	Fuj. Tisueglycine	D9/15
	3.			Fuj. Caffeine Glycerine Ossopan-D collistin neb tlmf Esomeprazole 3% Nacl Incub-D7 Tubex-D1 IV liney - D3

Plan of Treatment : - continue pTV mode Target SpO ₂ - 90 to 95% - Tv - 180ml/kg/day ↓ 10ml 2nd haly full or feeds + 1/4 tlmf + 3% Nacl in each feed ↓ 20ml/kg medication - Blood gas OD ↓ To inform if SBP > 95mmHg - RBS 12th hourly ↓ Target RBS 60 to 150mg/dl - Trace blood cmv PCR report. - Ilo charting 6th hourly.

Doctor's Name (Handover given) : Dr. Anil
 Signature : [Signature]
 Date & Time: 16/5/20

Doctor's Name (Handover taken) : Dr. Manish
 Signature : [Signature]
 Date & Time: 16/5/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 2:20 AM		seen by Dr. Dinesh sir
		PTV-mode
		16/17/6 - sat - 30
		check weight
16/5 2:15 PM	Afternoon rounds	16/17/6 - sat - 30
	D29 26+5 → 30+6 wkel	Plan
	V → baby on PTV-mode	Continue PTV-mode
	17/6.5	target spo ₂ - 90-95%
	sat - 30	
	spo ₂ - 27	
	NTE - 3.3	ATV 180ul/kg/day
	Leak - 157.	10ml/kg/day
	1 time bradycardia / deceleration	20ul/kg/day
		full of feed medication
		+ 1/4 HMF
		+ 3% NaCl
	C → HR - 133 bpm	
	Bp - 87/57 (67)	CRH / VAG OD.
	U/O - 9.5 ml/kg/hr	RBS - BD
	- 8.8 ml	
	p/A - NO obvious distension	have blood count for

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 - 8pm	Night Round	
	on PTV mode.	
	PIP-17, PEEP-6.5.	
	Rate-30, FiO ₂ -30%.	
	VTE-4.8, Leak 15%.	Plan
	1 episode of bradycardia → Continue current Ventilation	
	<u>Vitals</u>	
	HR - 127/min.	TV - 180cc/kg/day
	RR - 32/min.	
	Spo ₂ - 92%.	10ml/2nd hly 20cc/kg/day
	BP - 91/62 (72)	full OG feed medication.
		+ 1/4 temf
		+ 3/4 NaCl.
	P/A - soft.	
	U/O - 7.7ml/kg/hr.	
	Balance: negative 14.6 ml.	→ Continue DART
		→ R/V to stop Colistin tomorrow
		→ CBC/UBG - OD
		RBS - BD
		→ Trace blood cmv PCR
		→ Monitor vitals
		→ Check weight tomorrow

Noted by
 Hemalatha
 016699
 16/5/26
 @ 8-10pm

Profith



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17/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 30 PMA: 31 wks

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

Problems :		
S.No.	Current	Past Problems
1.	ExPT/ELBW/FCR.	RDS - 2 doses Surfactant
2.	Evolving CD, IBPD spells - on DART.	hSPDA - PCM
3.	VAP - Acinetobacter	Septic thrombus - HTN
4.	Extubation failure	Klebsiella 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 <u>17</u> PEEP <u>6.5</u> VG Rate <u>30</u> FiO ₂ <u>36</u> Oxygen : L/min
Last CXR :	 Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours	Multiple episodes of desaturation (upto 80%/-) bradycardia (upto 90%) requiring ↑ FiO ₂ transiently Intermittent hypertension.

CARDIO VASCULAR SYSTEM	
Plan of Care :	HR - 154/min. v/o RR - 43/min. SpO ₂ - 93% BP - 91/67 (76)

CNS	
Neurological Examination :	 Sedation
Last Neurosonogram :	<u>(N)</u> 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
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.	Juj - Colistin	Didro - Glycerine	Juj - Caffeine, Esomeprazole
	2.	Juj - Tigecycline	Dsl - Oxycodone-D	3-1. NACl.
	3.	.	Meib - Colistin	Incurator D &
			temp.	Tubings - D2
				IV line D4.

Plan of Treatment :	- Continue PTV mode - Target SpO₂ 90-95%. - TV - 180cc/kg/day 10ml/2ad hely + 1/4 temp full on feed. 20cc/kg/day medication. - Blood gas - OD. - GRBS - 12th hely. - Trace blood cmv report - Check weight daily. - Continue DART - R/v antibiotics.
---------------------	---

Doctor's Name (Handover given) : Boguthe

Signature : [Signature]

Date & Time : 12/5/26 7am

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : [Signature]

Date & Time : 12/5/26

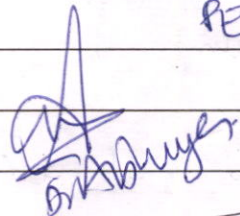
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 10:30 AM.	Seen by Dr. Dinesh.	Plan
		① chest Xray. now
		② Add domstal + lanzol.
	Dr. Dinesh	
17/5/26 2 PM	Afternoon Rounds	Plan
	on PTV - PIP-17	① cont PTV
	PEEP-6.5.	② TV = 180 ml/kg/day
	GO ₂ - 25.	10 ml Q2H 20 ml/kg + 1/4th HMF meds.
	RR - 30/min	③ Coad OD
HR - 132/min NO distress		④ CRBS Q12H
SpO ₂ - 92.		⑤ cont DART D ₄
RR - 30/min		Cefotax D ₁₀ /10
		Tigecycline D ₇₅
	blood CMV - not detected	⑥ Daily wt check.
		⑦ w/c distress
	tolerating full oral feeds	
	PA - soft	
	Stools - passed.	
	no vomiting	
	Xray - good expansion	
	↓ bronchovascular markings	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	Night Rounds Seen by Dr Pratyush Ran	
	On PN AP-17 PEEP-6.5 Rate-30/min SpO ₂ -94.1 Ti-0.36	① consider anti-hypertensives if BP's persistently high
		② cont same settings
		③ TV=180 ml/kg/day
	HR-164/min RR-43/min SpO ₂ -93.7 SCK ① mild	cont ②H + 1/2 unit Post med
		④ ears on
		⑤ CRBS ②H
		⑥ cont DARE
	PA soft tolerating feeds passed stools	monitor BP
		⑦ Daily wt check
		⑧ AP-16 PEEP-6.
	No breds / desat today. BP- 85th centile	
	Noted by Hemalatha 016699 12/5/26 @ 11pm	

18/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 31 PMA: 31+1w 1g

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	ExPT/EUBW / FGR	RDS-2 doses Surfactant
	2.	Evolving CLD, ?BPD Spells	hB PDA - PCM
	3.	UAP - Acinetobacter	Aortic-thrombus - HTN
	4.	Extubation failure	Klebsiella Sepsy
	5.		
	6.		

Today's Weight : 740g

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..... PIP-16, PEEP-6, Ti=0.36,
 RR-30/min
 FiO₂-28%
 Ⓢ Intermittent desaturation
 mild SCR Ⓢ

Plan of Care :
 HR = 147/min
 RR = 46/min
 SPO₂ = 94%
 BP = 64/42 (53)

Neurological Examination :
 Sedation.....
 Last Neurosonogram : Ⓢ Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools : IV Fluids - Type of IVF : @ ml / hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: TPN : ☐ Yes ☐ No - If yes, details : Calories: Abdominal Examination:				
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS				
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :				
	INFECTION	Antibiotic	Sl.No.	Drugs	Days
		1.	Inj. Colistin Di	Inj-caffeine Gemeprozole Glycerine 3% Nacl Ossopan-D Colistin Incubator-Da HMF Tubing P-D3 IV line - D6	
	2.	Inj. Tigecycline D6			
	3.				
Plan of Treatment : 1) Cont Current Ventilator Settings if $FiO_2 \geq 21\%$ Target SpO_2 90-95%. 2) $Flu \geq 180 \text{ mg/kg/day}$ ← 10mg 2nd hourly + $\frac{1}{2}$ HMF Rest medications 3) CBR-OD, GRBS-BD. 4) Target HBP 36-43 mmHg Inform if SBP ≥ 75, HBP $\geq 80 \text{ mm}$ 5) Daily wt check 6) Cont. DART monitor BP. 7) No charting 6th hourly 8) monitor vitals					

Doctor's Name (Handover given) : Sachin
 Signature : [Signature]
 Date & Time : 18/5/26

Doctor's Name (Handover taken) : Dr. Amb
 Signature : [Signature]
 Date & Time : 18/5/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/20 10:30 AM	seen by Dr. Dinesh	Plan check weight ① SIMU + Ps 16/6 PS = 10 rate - 30 ② gas after 4 hours ③ TV - 120 ul/kg/day ④ NP1 - tomorrow today.
	Plotted by unlabeled 18/5/20 10:40 AM	Dr. Manu seen by Dr. Vijayendra Sir
18/5 3:23 PM		→ continue SIMU + Ps → continue DART Dr. Manu
		Plotted by unlabeled 18/5/20 3:30 PM (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 @ 6 PM	evening study	
	baby stable on SIMV + PS mode 15L5 PS - 20 rate - 30 gas - 7.39 / 32.7 f - 4.5f 20.5	plan - continue SIMV + PS mode plan extubation tomorrow stop pincyl from 3 AM - check weight tomorrow
	CR - 180 bpm BP - 90 / 68 (70) v10 - 5.3 ul/kg/min PLA - tolerating feeds	- TV - 180 ul/kg/day 11ml 2 hours + 1/4th HMF - continue DAPT - monitor vitals
		by Dr. vanilhe Noted by 18/5 6:07 PM



0 Y 0 M 29 D

(F)



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

19/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 32 PMA: 31+2W kg

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPH/EUBW / FGR
	2.	evolving CLD / BPD spells
	3.	intubation failure
	4.	
	5.	
	6.	
		Past Problems
		PDS - 2 doses surfactant
		HSPDA - PNI
		VAP - acinetobacter
		ADHICENOCARBUS - HTN
		klebsiella sepsis

Today's Weight :

229 gms

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

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

Ventilator Settings : PIP 14 PEEP 6 VG Rate 30 FiO₂ PS-8 Oxygen : L/min

Last CXR : Spo₂ :

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

Change over the Last 24 Hours:

no deactivation / bradycardia

Plan of Care :

Issues:- hypertension

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					
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :					
	INFECTION	Antibiotic	Sl.No.	Drugs	Days	inf ceftriaxone Esomeprazole glycerine 3% NATel ossopan-D incubator-D/D HMF Tubing-D DART (days) Jlu - D1
			1. 2. 3.			
Plan of Treatment : ① continue current setting plow - incubation to NW - agree send ② TV - 130ul/kg/day - unrel slowly, 1 1/2 od HMF ③ ERh-OD GRBS-BD ④ continue DART ⑤ electrocardiogram slowly ⑥ monitor vitals						

Doctor's Name (Handover given) : Dr. nandhu
 Signature : [Signature]
 Date & Time: 19/5/20

Doctor's Name (Handover taken) : Dr. nandhu
 Signature : [Signature]
 Date & Time: 19/5/20

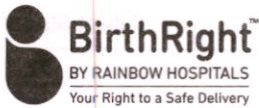
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 2:10 AM		seen by Dr. Dinesh sir
		→ extubate to NIV
		→ monitor vital
		for Dr. manull
	Extubation notes	
19/5/26 12:30 PM	- Under strict aseptic conditions, Baby was extubated to NIV mask; Post extubation vital: SpO₂ - 96% PR - 170/min RR - 47/min Resp - BIL air entry ⊕. Pt - soft, no distension;	Plan: → continue NIV, FiO₂ - 25%, 16Lb, RR - 40/min, Ti - 0.45; → Target SpO₂ - 90 to 95%. → pt continue npo for now. Noted by [Signature]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		plan to do Blood gas at 2:00pm. ↓ if ③ plan to start half feeds [1st feed] ↓ next feed full feeds.
		RBS 12th hourly.
		CXR so after 6 hours evening at 6:00pm.
		continue DART regimen.
		Target SpO₂ - 90 to 95%.
		target MBP -
		Inform if SBP > 75 mmHg
		Target RBS - 60 to 150 cc/kg/d.
		Target urine output - 1 to 5 ml/kg.
		Plotted by unshy Dr. Aneeb ab



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/2026 2 AM		Seen by Dr. Vinu PLAN
	Baby on NIV	
	RaT - 35	→ Continue NIV.
	PIP - 17	RaT - 30
	PEEP - 7 FiO ₂ - 21%	PIP - 16. PEEP - 7.
	- No Brady / tachycardia	→ Continue positioning
	- Ventilating feeds well.	→ Feed - 1ml 2nd hly
	Vital	→ GRBS - BD
	HR - 166	→ Blood gas - OD
	RR - 36/min	→ SpO ₂ charting 6h hly
	SpO ₂ - 96%	→ Monitor Vital.
		Noted by Blawand 20/5/26 @ 3 AM Dr. [Signature]

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 33 PMA: 31 + 3 weeks

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPT / ELBW / FGR
	2.	Evolving CID
	3.	Extubation failure
	4.	
	5.	
	Past Problems	
		RDS - 2 doses Surfactant
		HSPDA - PCM
		VAP - Acinetobacter
		Aspic thrombosis - HTN
		Klebsiella sepsis

Today's Weight : 724 gms (15 gms)

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 / FiO₂ - 23% /
17 / 7 /
RR - 30
Ti - 0.45;

Plan of Care :

SpO₂ - 96%.
PR - 176/min
RR - 55/min

- Intermittent tachypnoea,
Retractions ⊕

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	Drugs	Days
1.			Trig. caffeine
2.			Glycerine
3.			ossopan-D
			Amf
			DART (day 5)

Plan of Treatment :	- Continue MV, 17/7, RR-30/min - Target SpO₂ - 90 to 95%. - TV - 180 ml/kg/day ↓ 11ml end helix + 1/3rd Amf - Blood gas OD - RAS 12th hourly - Ilo-charging 6th hourly - Positioning Rt. UP Lt. UP Supine 4 hours each
---------------------	--

Doctor's Name (Handover given) : Arub

Signature : Arub

Date & Time : 20/5/26

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

Signature : Dr

Date & Time : 20/5/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 1 PM	<u>Afternoon Notes</u> on NIV 15/7 rate - 30/min SpO ₂ - 28.7. SCR (4) → Intermittent tachycardia during movement till 208/min currently, HR - 136/min SpO ₂ - 96.1. RR - 57/min tolerating OR feeds PA - soft, non distended CURBS - 13 - 131. BP - 112 / 73 (88) D5 DART. Hb in gas - 9.3. screaming cardiac - no PDA Xray - B/L hyperemia (today)	20/5/26 1 PM NIV cont NIV 15/7. ensure proper nasal 2 oral suction cont DART 3+2. monitor BP's CURBS Q 2H Chas OD TV = 180ml/kg/day 11ml Q 2H + 1/3 rd HMF. If persistent tachycardia, consider - CRP + CRP - screening cardiac. Casix I/O Q 6H.
		Noted by M. Pooja 20/5/26 @ 1 PM

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Date & Time	Progress Notes	Doctor's Order
20/5/26- 4:45pm	on NW-1517 FiO ₂ 30, Rate - 30.	Seen by Dr. Nilesh
	irritable.	→ Continue NIV Do not wear
	Sleeping echo - NOPDA.	→ Start Dexmedetomidine monitor HR after starting.
		→ If tachycardia persists send Cbp & CRP.
		→ Check humidifier.
		→ Stat dose Lasix (80g)
		dr. man Noted by H. Poja 20/5/26 @4:45pm

18'0

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 7pm.	Night Round	
	Baby is on NIV 15/7, Rate - 30. Fio ₂ - 27%.	Plan.
	Resp → On DART Days RR - 47/min. SpO ₂ - 92% DART - Day 5	→ Continue NIV. Don't wear settings
	Cardiac → Tachycardia ⊕ upto 200. (Started Dexmed. 11/10 irritability) Intermittent HTN. U/o - 3.4 ml/kg/hr	→ TV - 180 ml/kg/day 1st ml/2nd hly + 1/3 time full of feed. → Continue DART → If persistent tachycardia send CBP, CRP.
	GI - on 11ml/2nd hly feed + 1/3 time P/A - soft passed stools.	→ GRBS - BD Gas - OD → Do cherting 6th hly → w/t tachycardia
	Noted by M. Pojja 20/5/26 @7pm	Poojitha



Date & Time	Progress Notes	Doctor's Order
20/5/26. 10:20pm.		Seen by Dr Sauer
		→ Do CBG now, if Hb low & tachycardia persistent → CBP, CRP
		Noted by Shayana 20/5/26 21:00pm.



21/5/28

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 34 PMA: 31+4 wks

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPTLEBW / PGR	RDS - 2 doses Surfactant
	2.	Evolving CLD.	hPDA - PCM
	3.	Extubation failure.	VAP - Acinetobacter.
	4.		Aortic thrombus HTN.
	5.		Klebsiella sepsis
	6.		

Today's Weight : 729g (↑ 5g)

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 : PJP..... 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: <u>on NIV - 15/7, rate - 30, FiO₂ - 23%.</u> <u>Issues of intermittent tachycardia.</u> <u>Improved after Dexmed sedation.</u> <u>Tachycardia while movements & irritability.</u> <u>Intermittent HTN @.</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>HR - 157/min</u> <u>RR - 41/min</u> <u>Spo₂ - 95%</u> <u>BP - 103/76 (86)</u>	<u>U/O -</u> <u>CRBS - 98mg/dl.</u>
------------------------	--	--

CNS	Neurological Examination :
	Sedation: <u>Dexmedetomidine</u> Last Neurosonogram : Any Seizures:



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26		Seen by Dr. pratyesh
9:30AM		
		Plan:
		✓ NPs } T/M.
		TFT, free Ty }
		✓ continue DART
		[change dose from T/M]
	Inceebator - Day 12	✓ ROP next week.
		✓ Nutrition assessment today.
		Amud
		Noted by
		M. Pooja
		21/5/26
		@ 9:30AM

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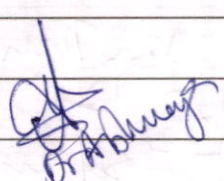
Docu. No. : RCHBH /FRM / CLINICAL / 088

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 3:30PM	seen by Dr Pratyush	Plan
		① Add oxygen T
13/4/26 11PM	Night Note	
	on PTV - PIP 17	
	PEEP 6.5	
	FiO ₂ - 35%	
	Rate 35/min	Plan
	multiple g/o desat.	① cont - same vent settings
	I self pickup	② ROP 2/m
	no bradycardia.	③ DART 4/m
	HR - 157/min	④ carry on RBS
	SpO ₂ - 100%	⑤ TW = 180ml/kg/day
	RR - 55/min	160ml/kg
	tolerating feeds.	10ml q2h
	PA - soft	+ 1/4 HMF
	passed stool	20ml/kg med
	No vomit	⑥ (R) 20ml/kg 4/m
		no lathy
	stopped enoxaparin	Deer
	CRP 6.	olaguz
	MP - 456.	
	Ca - 10.3 P ₀₄ - 3.9.	
	TCT (N)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
21/5/26 12:30 PM.	Nutrition Assessment.			20/2/13		
	TV = 180ml/kg/day = 131.5ml.					
	BMF = 1/3 rd / feed = 4 sachet.					
	Cal	Prot	Ca ²⁺	PO ₄	Fe	Vit D.
EBM (131ml)	88	1.4	46	19.7	0.26	—
BMF (4)	13.5	1.08	63.2	31.6	1.2	5
Ossigen D (3ml)	—	—	75	33	—	120.
Ossigen X (0.2ml)					2mg	
Vit D ₃ (0.5ml)						400
TOTAL	101.5	2.5	184	84	3.4	1051
Req	139	3.45	252	115	4.7	1240
Ca:PO ₄ - 2.18 : 1						
						

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 3:50pm		Seen by Dr. Pradyumn
		Plan:
		- stop vit-D
		- NP2
		TFT
		Free T4
		Blood Gas
		Tlm mag;
		Noted by M. Pooja 21/5/26 @ 3:50pm
21/5/26 4PM	NIGHT NOTE	
	on NIV 15/7.	
	rate - 30	
	FiO ₂ - 21%	
	TI - 0.45	
	HR - 135/min	
	SpO ₂ - 92%	
	RR - 43/min	
		Plan
		① cont NIV 15/7
		② TV = 180ml/kg/day
		11 ml/kg 2H
		+ 1/3rd BMF.
		+ 3-7 NaCl.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 35 PMA: 31+5

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPT/ELBW/ELUR
	2.	Evolving CLD
	3.	Extubation failure.
	4.	
	5.	
	Past Problems	
	1.	RDS-2°S
	2.	hSPDA-PCM
	3.	VAP - Acinetobacter
	4.	Aortic thrombus
	5.	Klebsiella (PCR) sepsis
	6.	

Today's Weight : 731 gm ↑ 29 gm

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: NIW - 15/7

FiO₂ - 21

Rate - 25/min

Ti - 0.45

No brady / desat

Plan of Care :

HR - 160/min

SpO₂ - 93%

RR - 54/min

BP - 96/67 (78)

Neurological Examination :

Sedation: Deemed

Last Neurosonogram : (Image) Any Seizures:

CURBS-100

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input: 125 / (+/-) 68 Output: 157 ml/kg/d Urine Output: 3.9 ml/kg/hr Stools: 11. IV Fluids - Type of IVF: @ ml/hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: 11ml Frequency: Q2H 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 :			
	Sl.No.	Drugs	Days	
Antibiotic	1.			Inj Caffeine
	2.	Tubings D13		Glycerine
	3.	Incubator D1		Oscopan-D
		IV D1		HMF
				Dart D7 (3+3+1)
Plan of Treatment : ① cont NIV ② TV = 180 ml/kg/day → 11ml Q2H + 1/3rd HMF (Max 25ml + 1HMF, give 11ml 2 store rest). ③ can CURBS } OD ④ SPO Q6H ⑤ ROP next week ⑥ Trace NB2 + TFT + eTy. ⑦ Change DART dose to 25mg/kg/day ⑧ change tubings. ⑨ (RV) NSH				

Doctor's Name (Handover given) : Dr Ashwary

Signature : [Signature]

Date & Time: 22/1/20

Doctor's Name (Handover taken) : [Signature]

Signature : [Signature]

Date & Time: 22/1/20 9am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 9pm	Afternoon Round.	
	on NIV.	
	15/7, Rate -25.	
	No brady / desat.	
	Intermittent tachycardia.	Plan.
	Resistant hypertension	
	since last night.	→ Continue NIV
	Vitals	→ TV - 180 ml/kg/day
	HR - 169/min.	11ml/2nd hly.
	RR - 62/min.	[Mix 25ml + 17cmR]
	Spo2 - 93%.	[give 11ml & store rest]
	BP - 91/69 (76)	
	(>95th centile)	→ Continue DART.
	P/A - soft.	→ Rv to give Mifedipine
	DART - Day 7. (3+3+1)	→ NSG today.
	Tubing D1	→ ROP - next week
	Incubator D1	→ Gas 2
		RRS } OD
	Noted by H. Poopa 22/5/26 @ 9pm	→ Monitor vitals
		Popills

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PROGRESS NOTES AND DOCTOR'S ORDER

1mg/kg/day

0.3/dose/BD
 TID.

Date & Time	Progress Notes	Doctor's Order
22/5/26 3pm		Seen by Dr. Beatyush → Discuss with Dr. Shanthi regarding Hypertension & give Nifedipine stat 0.5mg/kg/day 0.3mg/kg. stat.
		Noted by M. Pooja 22/5/26 @ 2pm
22/5/26 11:30pm	Nighttime NM 15/7, 11 - 0.45 Rate - 25 No Brady/Desat HTN > 95th centile. BP - 103/83 (91) SpO2 - 89 - 93% RR - 53/min. Uo - 5.4cc/kg/h Stool - (2) passed	Seen by Dr. vineela plan - Continue NM - TV - 180 ml/kg/day 11 ml @ 2H (25ml + 14ml given 11 ml extra x 2) - Continue DART - Can (NRBS) on.

D.R.

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 6 D (F)
Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/16	B/O Kiranmai	
	tachycardia reduced after mild sedation is deemed.	
	weight gain of 2gms, tolerating feeds to monitor BP's, SOB given anti hypertensive in case of high BP's d/t DART.	
	Review NCA today.	
	by rebound	N. Romley

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

(F)

Dr. DINESH KUMAR CHIRLA



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Pat



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

23/5/26.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 36 PMA: 31+6 wks

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	epit ELBW / FGR /	PDS - 2 dose of surfactant
	2.	evolving CLD - NN - CPAP	HSPDA - PCM
	3.	cutaneous jaundice	VAP - antibiotic
	4.	MON - steroid	Acute thrombocytopenia
	5.	induced	klebsiella sepsis
	6.		

Today's Weight : 735 (74gm)

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 ₂Oxygen :L/min
	Last CXR : Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours..... <u>NIV → CPAP</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>Continue CPAP - 7</u>

CNS	Neurological Examination :
	Sedation..... <u>denied</u>
	Last Neurosonogram : <u>(N)</u> Any Seizures.....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 2pm	Afternoon Round. On CPAP, PEEP -7, FiO ₂ -25%. - Intermittent desaturations & tachypnea, mild SCRF - persistent hypertension. On Nifedipine	
	<u>Vitals</u> HR - 182/min. RR - 48/min. SpO ₂ - 96%. BP - 93/59 (70).	→ Continue CPAP, PEEP 7 → TV - 195 cc/kg/day 12ml/2nd hly [Mix 25ml + 1t MF] Give 12ml from it
	P/A - Soft; tolerating feed. wt gain 4g → 735g	→ Continue Nifedipine but hold dose if SBP < 95 th centile
	Noted by Dr. Dinesh Kumar Chirla ad 2pm	→ w/f hypertension-tachycardia → Monitor vitals → R/V Nephrology referral. → R/V USG abd, doppler, ECG Pap smear.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 3:15pm		Seen by Dr. Pratyush
	→	USG abdomen + doppler - Monday
	→	Nifedipine 0.5mg/kg/dose/TID
	Noted by Dinesh Chirala at 3:15pm	
23/5/26 11:00pm	<u>Night rounds</u>	
	- on CPAP - PEEP 7;	place - continue CPAP.
	- <u>rescess</u> - 2 steroids induced hypertension	- TV - 195ml/kg/day ↓ 12ml suddenly bottle of feed
		- To hold nifedipine dose if SBP < 95th centile noted by Dinesh Chirala @ 11pm

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FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input: / (+/-) Output: ml/k/d Urine Output: <u>3.9</u> ml/kg/hr Stools: <u>paxid</u> IV Fluids - Type of IVF: @ ml/hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: TPN : ☐ Yes ☐ No - If yes, details: Calories: Abdominal Examination:
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Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS <u>plasma</u>
--

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.			

Trj. caffeine
Glycine
oxycodone
HMF

DART-D9
lanzol
domstal
37. Nacl
nicardipine

Plan of Treatment : - continue CPAP, PEEP-6 - TV- 195ml/kg/day ↓ 12ml 2nd hourly - Rop this thuesday - Blood gas } RBS } 00 - Input output charting 6hr hourly - To hold nifedipine if SBP < 95th centile [SBP < 75mmHg]	- USG abdomen Doppler fT/m morning
---	---

Doctor's Name (Handover given) : <u>Dr. [Signature]</u> Signature : Date & Time: <u>24/5/26</u>	Doctor's Name (Handover taken) : <u>Dr. [Signature]</u> Signature : Date & Time: <u>24/5/26</u>
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/8/26 3:10pm	Afternoon Round- on CPAP - 6 No brady/ desat. Intermittent term. On Nifedipine. Vitals: HR - 117/min. RR - 45/min. Spo2 - 98%. BP - P/A - soft.	Plan - → Continue CPAP - 6. → Tr - 195cc/kg/day 12ml/2nd half + fortification [20 25ml + 1 HMF] give 12ml of it & store rest → Continue Nifedipine hold dose if BP < 95th centile → USG abdomen? USG doppler [tomorrow] → ROP on Thursday → Monitor vitals. → w/ tachycardia hyperbunemia

Noted by

gnd
01/05/26

at 3:10pm

Boopilly

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 12:30am	Night Round	
	on CPAP-6 mild SER ⊕	Plan
	persistent hypertension.	→ Continue CPAP-6
	Cetab	→ Continue 12ml/2nd hely.
	HR - 148/min RR - 42/min SpO ₂ - 92% BP - 106/56 (OS) P/A - Soft	+ 1 temp. → Ca q: Hold Nifedipine if MBP > 95th centile
	on Nicardipine.	→ w/f hypertension
		→ USG abd & Doppler
		→ Gas - all day all SOB.
		→ Gas - OD. if Hb < 8 in gas send CBP
		noted by Amathy 26/5/26 @ 12:30Am

25/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 38 PMA: 32¹/₂ wks

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

OVERVIEW	Problems :	
	S.No.	Current
	1.	ExPT / FCBW / FGR
	2.	Evolving CLD - NIV - CPAP
	3.	Extubation failure
	4.	HTN. ? steroid induced.
	5.	
	6.	
		Past Problems
		RDS - 2 doses of Surfactant
		HSPDA - PCM
		VAP - Acinetobacter
		Aortic thrombus
		Klebsiella sepsis

Today's Weight : 708g (+20g) weekly - 132g.

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, PEEP-6

Hypertension

Hb - 8.3 (in CBG)

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 138/min

RR - 48/min

Spo₂ - 92%

BP - 98/72(82)

CNS

Neurological Examination :

Sedation.....

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:40AM		seen by Dr. pratyush
		<u>Plan:</u>
	weekly wt. gain - 32 gms;	- plan to give LRBC transfusion.
	- wt. loss over last 2 days.	
	- ↑ iron requirement	- Place new IV cannula.
	Hb - 8.6 g/l.	
	WBC - 35,850	- USG abdomen & Doppler today.
		- Stop Dexamethasone after day 40.
		- Send CRP now <u>del</u> <u>Arund</u>
		- weekly review; G nutritional assessment G to optimize iron.
25/5/26 10:24AM		<u>ds/b → PEDIC</u>
		→ Plan for LRBC transfusion

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	<u>nutrition calculation</u>	
1:45pm	fresh wt - 73.740gms feed $\Rightarrow$ 12ml 2id hel $\Rightarrow$ 144ml HMF $\Rightarrow$ 6 sachets weekly $\Rightarrow$ 32gms Ossopan 4ml $\rightarrow$ 100mg ca, 44mg, 160IU. Hc-23 length - 32cm order $\rightarrow$ 2mg	
	cal pro ca po4 fe vit-D	
CBM [67/11.1/35] 15/0.21-	93.8	1.5g
	49mg	2mg
	0.28mg	-
HMF [3.32/0.27] 15.8/7.9/0.3 132.8	20	1.6g
	94.8	47.4
	1.8mg	796.8
Ossopan-D (4ml)	-	100mg
order	-	44mg
	-	160IU
	-	160IU
	-	2mg
	-	-
	113.8g	3.1g
	244mg	112mg
	4mg	956IU
Peck	153	4.1g
	329mg	152mg
	5.5mg	1291
	37:1	2.1g

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26 2 PM	Afternoon Rounds on CPAP 8cm / 29% HR - 133/min RR - 80/min SpO ₂ - 93% SAR (+) tachypnea (+) (intermittent) No preedy / desat Tachycardia full on feeds well PA - soft, non distended currently NPO for transfusion CRP - 5 BP - 88/61 (71) 79mm	Plan ① cont CPAP 6 FiO ₂ to target SpO ₂ 90-95% ② Nasal suction now. ③ TV = 190ml / 42 day 12ml @ 2H / NPO + HMF now ④ IRBS as planned ⑤ Post transfusion ↓ 2hrs gas ↓ 10 @ 1/2 feed x 2 ↓ full feeds ⑥ Stop Dexa after D ₁₀ . ⑦ ROP this tuesday.
		Noted by Dr. J. Sanyal 1st 126 @ 2:10pm
		Dr. Sanyal



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 2 PM	<u>NIGHT NOTES</u> on CPAP 6cm /24/.	<u>Plan</u>
	HR- 184/min	① cont CPAP 6cm
	SpO ₂ - 95.	FiO ₂ to target
	RR- 46/min	SpO ₂ 90-95.
	Active, irritabile nasal secretions (+)	② TV = 150ml /y 2da 10 Y. 150-P
	CRBC transfusion uneventful.	do till feeds restarted
	NPO	③ as a 9:30 PM
	PA- 200.	↓
		if ③, 1/2 feed x 2
		↓
		if tolerated, full feeds
		④ stop dexa after D10
		⑤ ROP on Tuesday
		⑥ nasal & oral suction as needed.
25/5/26 @ 11 PM	no aspirals stool-passed	Seen by Dr. Prathish
		1) To Give Nifedipine
		2) feeds Restarted.
		3ml
		↓
		noted 6ml → 12ml
		by another on 26 @ 11 PM
		Sneha

26/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 39 PMA: 32+2

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT/ELBW/FLUR	RDS - 20S
	2.	Evolving CLD - NN - CPAP	ASPDA - PM
	3.	Extubation failure - DART	VAP - acinetobacter
	4.	HTN - steroid induced	Arterial thrombus
	5.		Klebsiella sepsis
	6.		

Today's Weight :

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

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

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

Last CXR : Spo₂ :

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

Change over the Last 24 Hours: on CPAP 6cm 121-257.
irritable, actual - desaturations
↓ decreased
no brady

Plan of Care :

HR - 180/min
SpO₂ - 98.1
RR - 42/min

Neurological Examination :

Sedation:

Last Neurosonogram : ☒ No Any Seizures:

ARBS

FLUIDS STATUS NUTRITION	☐ NPO ☒ NG Feeds Wt. Gain: Head Circumference:			
	Input: / (+/-) Output: ml/k/d Urine Output: ml/kg/hr Stools: <u>st</u>			
	IV Fluids - Type of IVF: @ ml/hr			
	Feeding ☒ EBM ☐ Formula ☐ Donor BM ☐ Volume: <u>12ml</u> Frequency: <u>q2h</u>			
TPN: ☐ Yes ☐ No - If yes, details: Calories:				
Abdominal Examination: <u>soft, non distended</u>				
Other Systems: Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS <u>Hb - 8.6 → received CRBC, neutrophils & thrombocytes?</u> <u>CRP - 5</u> <u>DART 10 days completed</u>				
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.			iv caffeine <u>Donutal</u> clycrin <u>37-Nall.</u> ossopan-D HMF larzel
	2.			
	3.			
Plan of Treatment: ① cont CPAP 6cm, FiO ₂ to target SpO ₂ 90-95%. ② TV = 195ml/kg/day = 12ml q2h + HMF ③ Rof on tuesday ④ I/O q6h ⑤ Nasal & oral suctioning as needed.				

Doctor's Name (Handover given): <u>Dr Adhwaraj</u> Signature: <u>[Signature]</u> Date & Time: <u>28/5/26 8AM</u>	Doctor's Name (Handover taken): <u>Dr. [Signature]</u> Signature: <u>[Signature]</u> Date & Time: <u>28/5/26</u>
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 8:30 AM		Seen by Dr. pratyush
		Plan:
		- Check Temperature
		- If further temperature rises send CBP, CRP
		Amish
26/5 @ 9:48 AM		seen by Dr. Dinesh sir
		CXR
		MFNC if stable clinically
		- do it
		sample I can't
		Dr. Dinesh
	Noted by Ananya (Gp 85) 26/5/26 @ 10 AM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 12:30pm	Afternoon Round	
	on CPAP - 6. mild SCRF	
	Baby is creitable. Ongoing Dexmed	
	DART - Day 10 DART - completed	<u>Plan</u> → Change to HFNC
	Vitals HR - 131/min RR - 59/min SpO2 - 97% BP - 87/75 (78)	→ TV - 195cc/kg/day 12ml/2nd hely [25ml + 1HMF → give 12ml of it]
	P/A - soft	→ Remove one IV line
	USG abdomen (N) No thrombus	→ W/f ready / deset → monitor vitals → nasal suction new Poplite
	Noted by Kavya (P985) 26/5/26 1pm	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP centiles	
	5 th 25 th 50 th 95 th	
	SBP 48 55 62 80	
	DBP 23 30 37 54	
	MBP 31 38 45 63	
26/5/26. 3:20pm	Changed to HFNC-6lit from CPAP.	
	Vitals HR - 190/min RR - 42/min SpO ₂ - 95% BP - 96/65 (96)	Plan → Continue HFNC-6lit Target SpO ₂ 90-95%.
	minimal retractions (+).	→ If increased work of breathing, tachypnea, desaturations then change to CPAP with Ram's Cannula.
Handover given by: Dr. Poopithe -	Noted by Naveen 26/5/26 4pm	→ CBC - SOS on at 7pm → w/f RD.



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 40 PMA: 32+3
 Term ☐ Preterm ☒ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT / ELBW / PGR	RDS - 2's
	2.	Evolving CLD - NIV-CPAP	HSPDA - PCN
	3.	Extubation Failure - DART	VAP - Acinetobacter
	4.	HTN - 2 steroid induced	Aortic thrombus
	5.		Klebsiella sepsis.
	6.		

Today's Weight : 711 gm (↑ 3 gm wt gain) 726g (↑ 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 <u>5</u> VG..... Rate..... FiO ₂ Oxygen : <u>6</u> L/min
	Last CXR : Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours.....
	Tachypnea ⊕ SCR ⊕ Tachycardia ⊕ } HFNC → CPAP No Desaturation / Breaths No Apnea

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>Continue CPAP.</u>

CNS	Neurological Examination :
	Sedation..... <u>Deemed</u>
	Last Neurosonogram : Any Seizures.....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9:30am		Seen by Dr. Pratyush.
		→ Continue CPAP-5-6 FiO ₂ -25%.
		→ Positioning Rt up - 4h Lt up - 4h Prone - 4h
		→ Gentle chest physiotherapy.
		→ Target SpO ₂ 90-95%.
	Noted by Kavya (P/985) 27/5/26 @ 10am	
	Prophyl.	
27/5 @ 9:52AM		seen by Dr. Dinesh sir
		→ CPAP-5 Jk
		→ feed- 12ml 2 hours
	Noted by Kavya (P/985) 27/5/26 @ 10am	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 12PM	Afternoon Rounds on CPAP 5cm. tachypnea ⊕ mild ICR ⊕ SUR ⊕ HR - 153/min SpO ₂ - 96% RR - 93/min in ⊕ up position now. comfortable in prone. BP - 107/78 (88) on nifedipine 0.5mg/kg/dose Q8H (6-2-10) tolerating feeds PA - soft.	Plan ① cont. CPAP 5cm ↑ PEEP in case of persistent tachypnea/ subractions ② nasal & oral suction now & as needed ③ TV = 195ml/kg/day 12ml @ 2H FHF ④ gentle chest PT ⑤ positioning - Rt up - Lt up - prone - supine eths each
		Noted by Kavya 085 27/5/26 @ 12:45PM

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 0 D 20 H (F)
 Dr. DINESH KUMAR CHIRLA

Rainbow
 Children's
 Hospital



CENTRAL LINE INSERTION CARE BUNDLE CHECKLIST

Name: _____ DOB: _____ UHID: _____ DATE: 17/4/26
 Type of Line: PICC Line / UAC / UVC / Other _____

Date of Initial Line Insertion: 17/4/26

One health care professional (nurse) should be watching and supervising the team inserting the central line and alert the team if there is any breach in the following infection control measures.

Dr. Nilesh.

• Perform hand hygiene before insertion	✓
• Use sterile barrier precautions (i.e., mask, cap, gown, sterile gloves)	✓
• Prepare the insertion site with antiseptic solution as per unit protocol	✓
• Spread the sterile drape without contamination	✓
• Clean the site of selected vein site before cannulating	✓
• Place a sterile, transparent, dressing over the insertion site	✓
• Ensure that no blood at insertion site and in the hub of the cannula	✓

monitored by
Abin
17/04/26.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 4PM	seen by Dr. Pratyush	Plan ① taper Dexmed as tolerated. ② positioning
		Noted by Dr. Pratyush 27/5/26 @ 4:04pm
27/5/26 9pm	Night Round. on CPAP, PEEP-5cm. tachypnea (+) mild SCR (+). intermittent desat upto 85% with self pick up	Plan Continue CPAP-5 ↑ PEEP 5cm. TV-195ml/kg/day 12ml/2nd hly + IMF. Nasal & oral suction SOS Positioning Rtup Lrtp Rsup Lsup whs all
	Vitals. HR - 158/min RR - 72/min SpO2 - 92%. BP - 101/66(78)	
	P/A - soft	gentle chest PT Gas - 00/sos RBS - 00.
	Noted by Dr. Pratyush 27/5/26 @ 5pm	
	Poo filtrate	

(P.T.O)

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 41 PMA: 32+4-

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

OVERVIEW	Problems :	
	S.No.	Current
	Past Problems	
	1.	EPT/EUBW/Par
	2.	Evolving CLD NIV → CPAP;
	3.	Extubation failure - DART
	4.	HTN ? Steroid induced
	5.	
	6.	

Today's Weight : 0.739 Kg ↑ 13gm.

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, PEEP - 6cm [5 → 6cm]
issues of tachypnea overnight upto 90
improved on nasal suction
11/10 tachypnea & retractions

Plan of Care :
 HR - 180/min.
 RR - 72/min.
 SpO₂ - 93%
 BP - 103/56 (73)

Neurological Examination :

Sedation: Dexmedetomidine

Last Neurosonogram : (N) Any Seizures:

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	

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.				
Caffeine T. Langel Glycine HMF Orphen XT Onopand 3l. Nall. T. Nifedipine Domstal				

Plan of Treatment :	- Continue CPAP, PEEP 5. - SV-195cc/kg/day $\Rightarrow$ 12ml 2nd hely [25ml EBM + 1HMF] give 12ml - Gas, RBS - OD. - Positioning $\left\{ \begin{array}{l} \text{Prone} \\ \text{Lup} \\ \text{Rup} \\ \text{Supine} \end{array} \right\}$ 2 hrs each - Nasal & oral suction - 4 times daily - gentle chest physiotherapy. - Monitor vitals - w/f ↑ work of breathing
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Doctor's Name (Handover given) : <u>Poojitha</u> Signature : <u>[Signature]</u> Date & Time : <u>28/1/20 7am</u>	Doctor's Name (Handover taken) : <u>Dr. Suresh</u> Signature : <u>[Signature]</u> Date & Time : <u>28/1/20</u>
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9.30am	Noted by Lauzy 28/5/26	cls Lung for twice/week Pain + Suck PRB 16
28/5/26 12PM	on CPAP 6cm tolerating well RR-170/min RR-50/min SpO₂-96% no cannula Dexmed stopped. Baby moving / comfortable. tolerating OR feeds PA-soft.	Plan - cont CPAP 6cm. - TV = 195ml / 4 day Rml @ 2H + 1HMF - was twice weekly CURBS OD - Positioning - Row @ Deep @ Sup 4 hrs - centile chest physio suction as needed.



Date & Time	Progress Notes	Doctor's Order
29/5/26 12:00 AM	<u>1. Result reads</u> - on CRAP, PEEP-5; SPO₂-94% PR-155/ucan RR-54/ucan.	<u>Plan</u> - wff ↑ distress, - To ↑ PEEP, If ↑ distress - - continue till OR feeds. - Positioning $\left\{ \begin{array}{l} \text{Rt. up} \\ \text{Lt. up} \\ \text{supine} \end{array} \right\}$ 4 hrs each. - Blood gas twice weekly; feed Noted by Sis. Prigula 29/5/26 12 AM



29/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : *42* PMA: *32+5*

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

Problems :		
S.No.	Current	Past Problems
1.	<i>EPT / EUBW / FGR</i>	<i>Extubation failure</i>
2.	<i>Evolving LID (PART given)</i>	<i>Aortic Thrombosis</i>
3.	<i>Hypertension</i>	<i>Hypertension</i>
4.		<i>HS PDA - PCM</i>
5.		<i>Aortic Thrombosis</i>
6.		<i>Klebsiella sepsis</i>

Today's Weight : *755 gms (↑ 16 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..... FiO ₂ Oxygen : L/min Last CXR : Spo ₂ : ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : Change over the Last 24 Hours..... <i>on CPAP, PEEP - 5; FiO₂ - 21 to 25%.</i>	
<i>Issues: Hypertension</i>	

CARDIO VASCULAR SYSTEM	
Plan of Care : <i>SpO₂ - 94% PR - 135/min RR - 60/min</i>	

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
PLA-soft

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :		
	Sepsis screen:.....		
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :		
	Antibiotic	Drugs	Days
	1.		
2.			
3.			
		Glyceroine caffeine order XT 3 1. Nacl Domstal	T. lanzol 4mf ossopan-D T. pifedipine

Plan of Treatment :
- Continue CPT, PEET-5 - TV- 195ml/kg/day → 12ml 2nd hly full OR feedg + 42HMF [25ml EBM + 1HMF and give for 2feed] - Blood gas twice weekly - RBS OD - Positioning $\begin{cases} \text{RT UP} \\ \text{left up} \\ \text{prone} \end{cases}$ 4 hrs each - Gentle chest physiotherapy - Ilo chaiting 6th hly - w/f 1 doctor

Doctor's Name (Handover given) : Dr. Anub	Doctor's Name (Handover taken) : Dr. Anub
Signature : Dr. Anub	Signature : Dr. Anub
Date & Time : 29/5/20	Date & Time : 29/5/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 10:00 am	Noted by laxmi (P2485) 29/5/26 @10:00 am	distress NP ₂ on Monday + TPT + PT B.P monitoring
29/5/26 1 PM	Afternoon Notes on CPAP 5cm / 21:1. no brady / desat HR-170/min SpO ₂ -99% RR-74/min mild ICR ⊕ SCR ⊕ tolerating feeds ok. PA-soft. BP-88/60 (69)	Plan ① Cont CPAP 5cm w/ distress. ② TV=195ml/kg/day 12ml full O ₂ + HMF ③ Cus twice weekly AKBS OD ④ Monday- NP ₂ + TPT + PT ⑤ Positioning 2 chest PT ⑥ #1096H

noted by laxmi (P2485)
29/5/26 2 PM



(a)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 11PM	<u>Night Rounds</u> seen by Dr Nishu.	
	on CPAP 5cm /29.1.	<u>Plan</u>
	HR-168/min	① cont CPAP 5cm
	SpO ₂ -93%.	② nasal suctioning &
	RR-50/min	change of nasal
	1CR ⊕ 5CR ⊕ mild.	septum barrier now
	moving; irritability	③ TV= 195ml /2g/day
	PA-soft, non distended	12ml q2h full on
	tolerating feeds.	feeds + HMF
	BP-99/62 (71)	④ gas twice weekly
	29gm.	RB 500
		⑤ monitor BP
		q1
		11/6/26



30/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 43. PMA: 32+6.
Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW	Problems :	
	Current	Past Problems
	S.No.	
	1. EPT / ELBW / PWR	Extubation failure
	2. Evolving LLD (DART given)	Arterial Thrombosis
	3. Hypertension	HSPDA - PCM
	4.	Staphylococcus sepsis
	5.	
	6.	

Today's Weight : 775 (↑ 20 gms)

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 :

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : CPAP 5cm

Change over the Last 24 Hours : mild CR @ 12:00

HR - 170/min
SpO₂ - 93.7
RR - 60/min
BP - 79/58 (46)

Plan of Care :

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

TRAP next Thursday

TRITION

☐ NPO

☒ NG Feeds

Wt. Gain

Input

BAH-00654000
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 12 D (F)
Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/26 2 am.	night sound.	seen by Dr. Saad in
	Baby on CPAP. 2 RAMPs.	
	PEEP 6 cm.	1. porting (stop leone) then
	Flow 2 l.	
	Flow 8 L.	
	Intermittent Tachypnoea	CPAP continue PEEP-6 = RAMP
	Tachycardia (HR > 180/min)	change to mask in night
	HR - 181/min	3. Stool - twice a week
	RR - 65/min	4. GRBS - 01
	BP - 62/39 (47)	5. Gentle chest physio
SE	PIA - soft no distension	6. Rop next week
	Aspirates - nil.	7. Bio charting 6th day
	Stool - passed (2)	8. please Peony's adjustment (Dr. V. Peetukhu)
	Urine output - 3.2 cc/kg	
	on Egm + HMF + 31. May 8.	
	12.5 ml.	
		Noted by Sis Jayash 31/5/26

Doctor's Name

Signature:

Date & Time:



31/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 44 PMA: 33

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EXPT / ELBW / FGR	Extubation failure
	2.	Evoking CUD (DARTSiren)	Aortic thrombus
	3.	Hypertension.	HSPNA - per
	4.		Klebsiella sepsis
	5.		
	6.		

Today's Weight : 790 gm 15gm 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 5 VG..... Rate..... FiO ₂ Oxygen : 6 L/min
	Last CXR : Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : CPAP & PEEP in the night changed to CPAP & PEEP 5
	Change over the Last 24 Hours : Intermittent SPO ₂ tachypnea ⊕ tachycardia ⊕

CARDIO VASCULAR SYSTEM	Plan of Care : continue CPAP.
	SpO ₂ - 95% HR - 122/min RR - 36/min BP - 82/36 (53)

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/26 7:17am		seen by Dr - Pratyush
	1) Repeat CXR	
	2) CPAP & MASK continue PEEP 6. It under recruited in CXR keep PEEP 7.	
		(Dr. Pratyush)
		Noted by Swetha
		012824 31/05/26 @ 7:30am.
31/05/26 3:00pm	on CPAP @ Gem E mark FiO ₂ - upto 25% - HR = 160 RR = 40 BP = 77/38(52) P/A - Sats - minimal lung pneumonia + CLR (+)	Adv - continue CPAP @ Gem E mark FiO ₂ - to target 90-95% - TV - 195 ml/kg/day 12.5ml - 2h/shift + HFM - position Left up Prono Prone

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 1 M 12 D (F)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/15/26		Night rounds
9:45 PM		
	- on CPAP	Plans
	PEEP 6	
		- continue CPAP
	<u>Issues:</u>	PEEP 6
	- taken to HCT	
	hypertension	- IV - 195 mL/kg/day
		↓
		continue full OG feeds
	SpO ₂ 94%	
	PR - 167 L/min	
	BP - 71/59 (63)	- Blood gas twice weekly
		- RBS OD
		- nasal & oral suctioning
		SOS
		Ref

1/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 45 PMA: 33+1

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EXPT / ELBW / FGR	Extubation failure
	2.	Evolving CID (DART counted)	Aortic thrombus
	3.	Hypertension	HSPDA - PCM
	4.		Klebsiella - sepsis
	5.		
	6.		

Today's Weight : 810gms (↑ 20gms) [weekly - 79gms]

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. <u>- on CPAP,</u> <u>PEEP-6, FiO₂ - 21% to 30%,</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>Spo₂ - 95%.</u> <u>PR - 169beats</u> <u>RR - 50beats</u> <u>BP - 71/47(53)</u> <u>- Tachycardia when moving</u> <u>- Intermittent hypertension</u>

CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : <u>(B)</u> Any Seizures.....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5 15:58pm	evening rounds	
	baby hemodynamically	plan
	stable on CPAP - 7 cmH ₂ O	Continue CPAP - 7 target SpO ₂ 90-95%.
	changed from MASK CPAP - 6 to nasal 7	→ IV - 175ml/kg/dg 13ml/2hours full oral feed with full fortification
	C → HR 180bpm BP - 50/38(41) U/O →	→ FBS-OP
	PLA - soft tolerating feeds	→ ROP - threshold → blood gas twice needed
		Noted by Diff. 017039 1/6/26 2:5pm Murali

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 apm	Night Round	
	Baby is on CPAP with Ramix PEEP -7 FiO2 -25%.	
	Issues of tachycardia settled after changing from mask to Ramix issue of intermittent hypertension on nifedipine	Plan?
	Tachypnea (+), int. desat w/ self pickup.	→ Continue CPAP with Ramix PEEP -7 if ↑ resp. distress or desaturations R/v to change to mask.
	Vitals: HR - 172/min RR - 66/min SpO2 - 93% BP - 59/31 (41)	→ TV - 195cc/kg/day 13ml/2nd hly Full OG feed. Full toilet/care.
	P/A - soft	→ ROP - this Thursday
		→ Gas - twice weekly
		→ RBS - OD
		→ Nasal & oral suction - SOS.
	Prophylaxis -	
	Noted by M. Pooja 01/06/26 2:00pm	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 9 PM		Seen by Dr. Nidhi
	mito tachypnea tachycardia (+) improved in Rams	→ Alternate interface Rams - 4 hrs + prone Mask - PEEP - 7 Mask - 4 hrs + supine PEEP - 6 cm
	BP - 51/40 (43). (Below 25 th centile)	→ TR - 195 cc/kg/day
		→ Hold next dose of Nifedipine, to be given only if SBP > 95 th centile i.e. 80 mm Hg
		Noted by M. Pooja 11/6/26 @ 9 PM

Dr. DINESH KUMAR CHIN...

[illegible]



2/6/26.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 26 PMA: 33+2

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

Problems :		
S.No.	Current	Past Problems
1.	EXPT / EUBW / FGR	Extubation failure
2.	Evolving LID (DART ✓)	Aortic thrombus
3.	Hypertension	hspDA - PCM
4.		Klebsiella sepsis
5.		
6.		

Today's Weight : 830 (↑20gm)

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 : <u>on 31/5/26</u>	Spo ₂
ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:	
Change over the Last 24 Hours: <u>on CPAP 2 Rains, PEEP-7cm</u>	
<u>Intermittent tachypnea & tachycardia</u>	
<u>Intermittent HTN</u>	

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>HR - 156/min</u> <u>U/o.</u>
	<u>RR - 62/min</u>
	<u>SpO₂ - 94+</u>
	<u>BP - 76/37 (50)</u>

CNS	
Neurological Examination :	Sedation.....
Last Neurosonogram : <u>(N)</u>	Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/k/d Urine Output: 4.1 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: TV - 195cc/kg/day
PA - soft

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	SI.No.	Drugs	Days
	1.		
	2.		
	3.		

Glycine. T. Langel.
 Caffeine HMF.
 Biofer XT cefepime
 3l. NaCl. T. Nifedipine.
 Domstal.

Plan of Treatment :

- Continue COAP ± PEEP - 7cm. Rami
 Change to mark at 8am
 PEEP 6cm
- TV - 195cc/kg/day
 + 25 Bml 2nd half full OG feeds
 + HMF
 (HMF + 26ml ⇒ give 2 feeds)
- Blood gas twice weekly.
- RBC - OD.
- ROP - Thursday.
- Nasalk oral suctioning ses
- Monitor vitals

Doctor's Name (Handover given) : Dr. Poojitha
 Signature :
 Date & Time: 2/6/26 7am

Doctor's Name (Handover taken) : Dr. Anusha
 Signature :
 Date & Time: 2/6/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 1:20pm	<u>Attention records</u> - ON CPAP & mark - NO Brady, - NO desaturation SpO₂ - 96% PR - 153/min RR - 60/min	<u>Plans</u> - cyclical CPAP & mark & PAMS 1/6 hours each - TV - 195ml/kg/day ↓ Bul 2nd hely bull OG feeds + Hmf - Blood gas twice weekly - ROP this thuesday on 4/6/26. - Nasal & oral Suctioning sos - To withhold Nifedipine if SBP < 95th centile. [sounding]

Noted by
 Dr. 017029
 2/6/26 @ 1:30pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 3:15pm		Seen by Dr. Prathymu
		Continue CPAP Cycling Ramps, mask
		<u>Dr. Prathymu</u>
		Noted by Dippi 2/6/26 @ 3:15pm
2/6/26 10PM	Night Rounds	Plan
	on CPAP mode- 6cm. Intermittent desats (4).	① cont CPAP & Ramps (7am) & mask/cycling
	HR-168/min	② TV=175ml/kg/day
	SpO ₂ -92.	13ml @ 2hr full Oa feed
	RR-60/min	+HMF
	tolerating full Oa feeds	③ ROP this Thursday 4/6/26
	PA safe	④ RBS OP
	BP-84/46 (85)	⑤ monitor BPS
	withheld Nifedipine today	withhold if <95th BP (Nifedipine)
		⑥ blood gas twice weekly



3/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 47 PMA: 33+3

Term ☐ Preterm ☐ Gestation : 28+5 Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT/ERBW / severe FUR	Hypotension
	2.	Gravely CLD (PART V)	Extubation failure
	3.		ASPCA - PENT
	4.		Klebsiella sepsis
	5.		
	6.		

Today's Weight : 840gm (↑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.....FiO ₂Oxygen :L/min Last CXR : Spo ₂ : ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : Change over the Last 24 Hours: <u>CPAP, cycling & ramps (ben) & mask (sun)</u> <u>BP's < 95th, nifedipine on hold.</u> <u>mid CRE (CRT)</u> <u>comfortable in prone</u>
	Plan of Care : <u>12hrly & mask.</u> <u>HR-170/min</u> <u>RR-58/min</u> <u>SpO₂-92%.</u>
CARDIO VASCULAR SYSTEM	
CNS	Neurological Examination : Sedation..... Last Neurosonogram : <u>(N)</u> Any Seizures.....

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 10:12 AM		seen by Dr. Pratyush Sir
		→ CPAP - 6 - mask 7 - ramis cycling slowly
		→ ROP - Tomorrow
		Dr. Manu Chhabra
3/6/26 12:30 PM	Afternoon Round	
	on CPAP with mask. PEEP - 6 cm.	Plan
	Intermittent tachypnea.	→ Continue CPAP - cycling. mask - PEEP - 6. Ranis - PEEP - 7 } slowly
	Vitals HR - 185/min. RR - 62/min SpO ₂ - 97%. BP - 59/37 (44)	→ TV - 195 cc/kg/day. 13 ml 2nd hely + HMF. full OG feed.
	P/A - soft	→ ROP tomorrow
	Prophylaxis	→ Monitor vitals - 1 w/f tachypnea, 2 w/o



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	<u>Night rounds</u> Baby on CPAP $\leftarrow$ FIO_2 23% T-mask PEEP 6cm No Bradycardia No desaturation No Retractions SpO_2: 96% PR: 167/min RR: 50/min BP: 57/31 (39) mmHg S_1S_2 ⊕ BAC ⊕ PIA: soft CRT: 3 sec	<u>Plan</u> 1. Continue CPAP cycling CPAP with mask $\rightarrow$ PEEP 6cm Rams $\rightarrow$ PEEP 7cm } even candle 6:30 2. $\text{TV} = 195 \text{ mL/kg/day}$ ↓ 13 mL @ 4 + 1 Hmt (1 Hmt in 26 mL $\rightarrow$ give 2 feeds) 3. Gai twice weekly 4. GRS once daily 5. Rap Tomorrow 6. Vital monitoring Target if SBP $<$ 95th centile Withhold nifedipine
	Noted by M. Pooya 3/6/26 (210pm)	Shy Sai



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(P.T.O)

IP5-00172641

8-04-2026

0 Y 1 M 12 D

(F)



PROGRESS NOTES AND DOCTOR'S ORDER

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BAH-00654000
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 16 D (F)
Dr. DINESH KUMAR CHIRLA



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 48 PMA: 33⁺4

Term ☐ Preterm ☐ Gestation : 28⁺5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Extreme PT / CLBW	Hyperbilirubin
2.	Severe FGR	Hs PDA - Pcm
3.	Evolving CLD	Klebsiella sepsis
4.		
5.		
6.		

Today's Weight : 0.850 kg (↑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..... FiO ₂ Oxygen : L/min
Last CXR :	Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>CPAP cycling</u> <u>RAMS → PEEP 7cm</u> <u>6th hly cycling</u> <u>mask → PEEP 6cm</u> <u>maintaining well with cycling</u> <u>no RPL/moderation</u> <u>Comfortable in prone</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>SpO₂ : 96%</u> <u>PR : 162bpm</u> <u>RR : 51/min</u> <u>BP : 45/32 (36) mHg</u> <u>CRT < 3 sec</u> <u>U/O →</u>

CNS	
Neurological Examination :	 Sedation.....
Last Neurosonogram :	<u>(A)</u> 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:..... 13ml Frequency: Q2H
	TPN: ☐ Yes ☐ No - If yes, details : Calories:.....
Abdominal Examination: Soft, no distension	

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.	4.
		1) Symp. ossopan-D 2) Glycerine suppository 3) T. nifedipine 4) oloferox 5) Symp. Caffine 6) Domstal suspension 7) Budecort nebs 8) 3% NaCl 9) T. Lansoprazole 10) Hmf		

Plan of Treatment :

- CPAP cycling $\left[\begin{array}{l} \text{RAMS formula} \rightarrow \text{PEEP} \\ \text{Mask} \rightarrow \text{PEEP} \end{array} \right]$ 6th hourly cycling
- Tr = 195cc/kg/day $\rightarrow$ 13ml Q2H + 1Hmf full O2 feed
1Hmf in 26ml give 13ml now, next feed 13ml
- Rop Today
- GAS twice daily
- URRS once daily
- Bp monitoring; If MAP SBP $<$ 95th centile with hold Nifedipine

Doctor's Name (Handover given) : Sai
 Signature :
 Date & Time : 4/6/26

Doctor's Name (Handover taken) : Dr. Arif
 Signature :
 Date & Time : 4/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
2/6 8:30am		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30300 Tv - 19cm lyp 14ml 1221 + HMP 2 ROP TODAY San twice weekly JRU on Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30300 Afternoon rounds - ON CPAP C mark PEEP-6 - NO bradycardia - NO desaturations - BP maintain.
4/6/26		Plans - continue CPAP cycling C mark → PEEP-6 } 6th C RAMS → PEEP-7 } hourly.

PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
4/6/26		Night rounds
10:00pm		
	- on CPAP to mask	Plaus
	FiO ₂ - 21 to 25% required	continue
	SpO ₂ - 94%	CPAP cycled
	PR - 141/min	to mask & RAMS
	RR - 65/min	TV - 195ml/kg/day
		↓
		14ml 2nd hly + 1/2 tms
		Wt ↑ distress.
		To reform if SBP > 95th centile
		[SBP > 80 mmHg]
		Noted by
		M. Pooja
		4/6/26
		@ 10pm



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5/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 49 PMA: 33+5

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

OVERVIEW	Problems :	
	S.No.	Current
	Past Problems	
	1.	Extreme preterm / ELBW
	2.	Severe FGR
	3.	Evolving CLD
	4.	(DART) completed
	5.	
	6.	

Today's Weight : 840 (↓10 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 ₂Oxygen :L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours..... <u>on CPAP, PEEP-7</u> <u>cyclical CRAM's</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>SpO₂ - 96%</u> <u>PR - 144/ueen</u> <u>RR - 55/ueen</u> <u>- NO Bradycardia</u> <u>- NO desaturation</u> <u>- NO Hypertension</u> <u>- Pop done yesterday</u>

CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : <u>(B)</u> 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: *pln - soft*

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
1.	<i>ossopan</i>	<i>Budecort neb</i>
2.	<i>Glycerine</i>	<i>3:1 Nacl</i>
3.	<i>oxfer XT</i>	<i>Tab. lansoprazole</i>
	<i>syr. caffeine</i>	<i>tmf</i>
	<i>domstal</i>	

Plan of Treatment :

- continue CPAP cyclical *RAM's cannula → PEEP-7*
- Mask → PEEP-6*
- RLV to change to CPAP & RAM's
- Tv *190 ml/kg/day*
- ↓*
- 14 ml 2nd hely free OG feeds + 1/2 tmf*
- Rop next week.
- Blood gas twice weekly.
- RBS OD *= wlf ↑ distress*
- Ilo. charting 6th hourly.
- To inform if SBP > 95th centile [SBP > 80 mmHg]
- To change Bp centiles chart.

Doctor's Name (Handover given) : *Dr. Teerhe*

Signature : *Dr. Teerhe*

Date & Time: *5/6/20*

Doctor's Name (Handover taken) : *Dr. Nair*

Signature : *Dr. Nair*

Date & Time: *5/6/20*

PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
5/6/26 9:25am		Seen by Dr. Pratyush
	→	Continue CPAP with mask PEEP - 6cm No cycling if more RD
	→	NP2 on Monday.
	→	TV - 190cc/kg/day 14ml/2nd daily + 1/2 HMP
5/6/26 1:50pm	Afternoon Round	Plan
	on CPAP + mask PEEP - 6cm Tachypnea (+) SCR (+)	→ Continue CPAP + mask consider Cam's if RD ↓
	Vitals HR - 169/min RR - 74/min SpO ₂ - 100% BP - 73/38(50)	→ TV - 190cc/kg/day 14ml/2nd daily + full fortification of feed.
	PIA - soft	→ Give cmc after changing to Cam's
		→ NP2 on Monday
		→ w/o tachypnea

Respiratory

Noted by
SRS Pratyush

PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
		disty Continue CPAP to make to decide on Rams P next cycle Noted by Sister 5/6/26 DR. LIVE PRATHYUSH 5/6/26
5/6/26 11:30pm	Night Round On CPAP to Rams PEEP - 7cm. on prone nursing Intermittent tachypnea (+) upto 80. Vitals HR - 146/min RR - 67/min SpO2 - 95% BP - 64/40 (48) P/A - syl	Plan. + Continue CPAP to Rams PEEP - 7cm → TV - 170cc of day Kernl/2ad hely + debilitation full O2 feeds → Give Kme. → NP2 on monday → w/t tachypnea, retractions → Nasal suction sos



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



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PROGRESS NOTES AND DOCTOR'S ORDER



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Date & Time	Progress Notes	Doctor's Order
6/15/20 10 AM	- Baby is stable on 10 PPM - plan to pray today - If pray is good plan to change to HIVE - DART work is completed - URBE transition given yesterday tolerated. - started feeds after transition and tolerating well - If changed to home and tolerating well plan to start care	
	N. Ray	Dr. Subanya

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

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Counseling



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



30/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 43 PMA: 32+6

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

Problems :		
S.No.	Current	Past Problems
1.	EPT / EUBW / FOUR	Extubation failure
2.	Evolution CLD (OART given)	Arterial thrombosis
3.	Hypertension	HSPDA - PCM
4.		Staphylococcus sepsis
5.		
6.		

Today's Weight : 775 (↑ 20gms)

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.....	CPAP 5cm
	mild SR @ LRT @
	HR - 170/min
	SpO ₂ - 93.7

CARDIO VASCULAR SYSTEM	
Plan of Care :	PR - 60/min
	BP - 79/58 (46)

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
	IV Fluids - Type of IVF:	@ ml/hr	Stools: ++
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: 12ml	Frequency: Q2H	
	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	Drugs	Days	
	1.			Ceftriaxone
2.			Cefepime	
3.			Vancomycin	

Plan of Treatment :
① Cont CPAP 5cm
② TV = 190ml/kg/day → 12ml Q2H full on feeds + HMF (20ml + 1HMF)
③ Blood gas twice weekly
④ CRBS OD
⑤ Positioning - Rt up Lt up prone } 4 hrs
⑥ Remove chest physio
⑦ I/O G0H
⑧ R/v NSG

Doctor's Name (Handover given) : Dr. Arun	Doctor's Name (Handover taken) : Dr. Arun
Signature : [Signature]	Signature : [Signature]
Date & Time: 20/5/26	Date & Time: 30/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	Afternoon Round.	
	on CPAP, PEEP 6cm. intermittent tachypnea. mild ICR(+), SCR(+).	Plan -
	Distress even in prone position.	→ Continue CPAP PEEP - 6cm.
	<u>Vitals</u> HR - 164/min RR - 59/min SpO ₂ - 93% BP - 72/45 (54) Wt -	→ IV - 195cc/kg/day 12.5ml + 13ml 2nd hely + HMF (25ml + 1HMF & give 13ml of it)
	P/A - Soft. BAC (+).	→ Trace CBP, CRP.
		→ Blood gas twice weekly RBS - OD.
		→ Positioning Rkup Lkup } 4 hrs Prone } each.
		→ No charting 6th hely
		→ Gentle Chest physio.
		→ ROP next Thursday
	prophetic	

Noted by
Laney (P298)
20/5/26
@3pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/26 2 am.	night sound.	seen by Dr. Saad in
	Baby on CPAP. = RAMS.	
	PEEP - 6 cm.	
	Flow - 2 L.	1. Porting (RUP LUP Leone) 4 hours
	Intermittent Tachypnoea	
	Tachycardia & CRP, HTN & > 50 mmHg.	CPAP continue PEEP-6 = RAMS
vital s.	Spo - 94%.	change to mask in morning PEEP 5
	HR - 181/min	3. Stool - twice a week
	RR - 65/min.	
	BP - 62/39 (47).	4. GRBS-00
SE	PIA - soft no distension	5. Gentle chest physio
	Aspirates - nil.	6. Rop next week
	Stool - passed (2)	
	Urine output - 3.2 cc/kg/hr	7. Bio charting 6th hour
	on FBM + HMF + 34. NAI	8. please Peony's adjustment (Dr. V. Prakash)
	12-5 ml.	
		Noted by Sis Jayash 31/5/26



31/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 44 PMA: 33

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

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EXPT / ELBW / FGR	Extubation failure
	2.	Evolving CLD (PARTSiren)	Aortic thrombus
	3.	Hypertension.	HSPNA - per
	4.		Klebsiella sepsis
	5.		
	6.		

Today's Weight : 790 gm 15gm 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 <u>5</u> VG..... Rate..... FiO ₂ Oxygen : <u>6</u> L/min
	Last CXR : Spo ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>CPAP 5 cmH₂O in the night changed</u>
	Change over the Last 24 Hours: <u>to CPAP 5 cmH₂O PEEP 5</u> <u>Intermittent SPO₂ tachypnea ⊕</u> <u>Tachycardia ⊕</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>continue CPAP.</u> <u>SpO₂ - 95%.</u> <u>HR - 120/min</u> <u>RR - 36/min</u> <u>BP - 82/36 (53)</u>
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CNS	Neurological Examination :
	Sedation: <u>—</u>
	Last Neurosonogram : Any Seizures: <u>—</u>

