

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175943

Admit Date : 03-Jul-2026

Admit Time : 09:35 PM **UHID** : BAH-00660637

Patient Details :
Patient Name : Baby Of AYESHA BEGAM

Age : 0 D

Guardian : Mr MD SHAFEE AHMED

DOB : 02-07-2026 01:00 AM

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : #H.NO 18-13-8/IHC/32 Chandrayangutta
Hyderabad Telangana INDIA 500005

Phone No : 9666199820/ 7207548340

E-mail : nomailid@gmail.com

Admission Details :
Bed Type : NICU

Bed No : NICU 271

Ward Name : 2F-NICU 3

Room No : NICU 271

Admission Type : First Visit

Contact Details :
Name : Mr MD SHAFEE AHMED

Relationship : Father

Contact Address : #H.NO 18-13-8/IHC/32 Chandrayangutta
Hyderabad Telangana INDIA 500005

Phone No : 9666199820 / 7207548340


Signature
Doctor Details :
Doctor Name : Dr. DINESH KUMAR CHIRLA

Specialisation : NEONATAL INTENSIVE CARE

Referring Doctor : Self

Phone No :

Co-Consultant :

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

BAH-00660637 IP5-00175943
 Baby Of AYESHA BEGAM
 02-07-2026 0 Y 0 M 1 D
 Dr. DINESH KUMAR CHIRLA (F)

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

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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
5/7/26	10.12pm	ICU	NICU	[Signature]
5/7/26	4pm	NICU	3rd Floor	[Signature]

Cross Consultation Visit

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

[illegible]

Sushanth

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

3AH-00660637

IPS-00175943

Baby Of AYESHA BECAME

12-07-2026

0Y0M3D

Dr. DINESH KUMAR CHIRLA

(F)

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NEWBORN MONITORING FORM

Date of Birth :

Time of Birth :

Mode of Delivery :

Birth Weight :

Head Circumference : 32CM

Length : 43cm

Red Reflex :

New Born Screening : Not, not welling

TFT

OAE :

Mother's Blood Group :

Baby's Blood Group :

Anomaly Scan :

Vaccination :

[illegible]

[illegible]

3AH-00660837

Baby Of AYESHA BEGAM

IP5-00175943

12-07-2026

0 Y 0 M 2 D

Dr. DINESH KUMAR CHIRLA

(F)



HEAD TO TOE EXAMINATION

HEAD :

Shape / Moulding :

Edema / Bruising :

Size - (H.C.) :

FACIES :

(Any Facial
Dysmorphism)NECK and
CLAVICLES :

Range of Motion :

Asymmetry :

Masses :

EYES :

Symmetry :

Red Reflex :

Discharge :

EARS, NOSE
MOUTH and
THROAT :

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

No cleft

THORAX and
BREASTS :

Shape of Thorax :

Position of Nipples and Number :

ABDOMEN and
UMBILICUS :

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump :

Discharge :

GENITILIA :

Labia / Hymen :

Testicles/penis :

Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :

Deformities :

Hip Joint Examination :

Arms / Legs :

Mobility :



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☒ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 58 SCR / ICR / See - Saw breathing :

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

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

Settings :

SpO₂: 95% Auscultation: BAEC+ Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 152 BP :

Precordial Activity : (N)

Femoral Pulses : b/c equal

Murmurs : No

Other Peripheral Pulses : (N)

Signs of Cardiac Failure : No

ABDOMEN:

Shape : (N)

Hernia orifice :

Palpation : soft, no organomegaly

Anal Patency :

Palpable masses :

Umbilical Cord :

Abdominal girth :

First urine passed :

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves : C/H/A - good

MOTOR SYSTEM:

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :



Any Congenital Anomalies : No.

 Diagnosis : DOL-2 / Term / AGA / Male / pathological jaundice
 Rh-ve pregnancy / Rh isoimmun.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature :

Name : Dr. Poojithe

Date & Time : 2/7/26

Consultant :

Dr. DINESH KUMAR CHIRLA

Signature : Reg. No. :

Name : Dr. DINESH KUMAR CHIRLA

Date & Time : 03/07/2026

PLEASE FILL UP THE FOLLOWING DETAILS

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

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

Any Oxygen requirement : Plan

Systemic :

Medications :

→ TSPT to eyes & genitals covered.
→ IV - 80cc/kg/day → 10% D.
→ Send SBR at 6am T.M.
→ Trace DCT, retic count

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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

Doctor Name: Doctor Name:

Date & Time: Date & Time:

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

BIRTH INFORMATION

Name : B/o Ayesha Begum. Mother's Blood Group : A -ve.
Gender : ☐ M ☒ F Blood Group : A positive Birth Weight (gms) : 2.7kg Length (cms) :
Date of Birth : 2/7/2026 Time of Birth : 4:30 PM OFC (cms) :
Place of Birth : Apollo DRDO, Kanchanbagh Estimated Gesth Age : Term 38⁺5 week
Current Obstetric History : (Booked / Unbooked Case)
Maternal Age : 25y Ht : Wt : BMI : Married Life : LMP : EDD :
Conception : Spontaneous or with Rx :
Booked at what GA : AN Steroids Drugs / Doses :
Last Scans Details : (N) apparently
TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs
Consanguinity : ☐ Yes ☐ No
If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3
H/o PIH (after 20 weeks) / PE
How many Drugs / Doses / Since how long :
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
IUGR - when detected :
Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :
AFI :

H/o GDM/ pre GDM/ on diet or insulin
Controlled or not, recent values, HbA1 values :
Compliance with Rx :
Scans : LGA, TIFFA, Fetal Echo :
H/o Hypothyroidism : when diagnosed ? Medication?
Any other Chronic Medical Problems, when detected drugs ?
(Anemia, SLE, Jaundice, CHD, Heart Disease)
Infection : H/O, Fever
(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
UTI : when : Any culture :

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



PAST OBSTETRIC HISTORY

0.4 P: 2 A: 1 L: 2

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
1, 2	→	Term	→	→	No similar	complaints
3.	abortion	—	MTP			
4.	PP					

PERINATAL HISTORY

Treating Obstetrician : Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) *prev. USG*

LSCS : ☒ Elective ☐ Emergency Indication :

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitaion : ☐ Yes ☐ No

Cord ABG :

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes

TOTAL

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

Snapee II Score

Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker
 3AH-00660637
 Baby Of AYESHA BEGAM
 12-07-2026 0 Y 0 M 2 D
 Dr. DINESH KUMAR CHIRLA (F)


Baby delivered via LSCS

↓
weak cry at immediate birth

↓
Unimproved on DR-CPAP

↓
observed in NICU for 2 hrs

8HOL → shifted to Shalini's Faucha 1/10 jaundice
(TCBR - 9.5 mg/dl)
@ 3HOL

@ 7HOL → 10.8 mg/dl - SBR ⇒ DSPT

15HOL → 12.6 mg/dl → TSPT

24HOL → 13.2 mg/dl.

DCT - positive.

Retic count - 15.28

CRP - 6.

Hb - 13.2

TLC - 35,800

PCV - 40.2 %

PU - 2.6

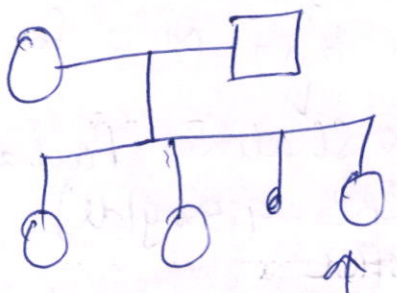
WT loss - 10.3 %

BIND score → 0

Investigation details in previous Hospital :

Feeding History :

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 99.1°F HR : RR : 52 NIBP : CFT : <3sec

Color of the extremities :

Jaundice : Pallor : SpO2 : 96%

ANTHROPOMETRY: Birth Weight : 2.7kg Length : HC : Present Weight : 2.4kg

Ponderal Index : AGA : SGA : LGA :



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 10:15 PM		Seen by <u>Dr. Vinu</u>
		<u>Plan</u>
	Baby on RA.	
	Euthermic.	→ TV - 80cc/kg/day 10% D
	Intermittent opto legs.	To send
		→ WBC Blood c/s
	Vital - HR - 156/min	VBG, Petic, SGT
	RR - 50/min	Blood grouping.
	SpO ₂ - 100%.	→
	O/E - CVS - S4 (+)	- To start TSPT with.
	RS - B/C AED	eyes and genit
	PA - SGT.	→ Trace reports.
		<u>Plan</u> . D/w Dr. Pratyush
	→	Continue TSPT
	→	TV - 80cc/kg/day 10% D
	→	Trace PCT, Petic count.
	→	Send SBR at 6 am.
	→	Monitor vitals
	Dr. Pratyush	

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

Day in NICU: Day of Life: 40 40 L PMA: 38 45

Term ☐ Preterm ☐ Gestation: Term Corrected Gestational Age: Today's Weight: 2.489

Problems	
S.No.	Current
1.	Term / AGA
2.	pathological jaundice
3.	Rh is negative pregnancy / Rh immunisation
4.	
5.	
6.	

Clinical Assessment
Baby on Room air Icterus @ bill, palms & soles Hemodynamically stable No Arching / no high pitch cry Tone @ RBS: 11.7 mg/dL SPo₂: 99% PR: 126 bpm RR: 43 bpm BP: 74/39 (53) mmHg BIND: 0

Medications Used
OC (4) - No Jaundice in previous babies admission - Anti D received @ 2nd baby → 28 weeks

Plan of Care:

- 1) Continue Tspt with eye & genital care
- 2) IV = 90cc/kg/day → 10% Dextrose @ 8ml/hr (243ml) → IVIg @ 50ml
- 3) SBR @ 12:30pm
- 4) ²⁴ Cerebral monitoring IFT
- 5) Trace Retic count

Doctor's Name (Hand over given): Poojitha

Signature: Poojitha

Date & Time: 4/7/26

Doctor's Name (Hand over taken): Saiteja

Signature: Saiteja

Date & Time: 4/7/26

Date & Time	Progress Notes	Doctor's Order
4/7/26 10 AM		Seen by Dr. Pratyush
		1) Trace exact GA
		2) T SPT with eye & genital care till 12pm
		3) SBR @ 12:30pm + CBP
		4) Trace Retic
		5) Based on report DAPT
		Half feed & half fluid
		Repeat SBR @ 10pm
		6) CBP } (TIm) 6 AM SBR }
		Noted by Sis Pratyusha 4/7/26
		Sai

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 3pm	seen by Afternoon rounds - Baby on DSPT - gctenve @ Tone @ Arm @ BIND score: @ On Room air Hemodynamically stable SpO₂: 99% PR: 129/min RR: 42/min passed urine & stool Ref: 12. DCT: 4+	Plan 1. DSPT with eye and genital care 2. IV = 100 cc/kg/day ↓ 23ml @ 4 paladi feed 3. Rlv = SBR (T/m) - CBP 4. Vital monitoring 3rd hourly
4/7/26 11:40pm	Night Rounds	Noted by Sis. Prapath 4/7/26 dy Sal SBR } T/m. CBP } Continue DSPT. Give 30 30 ml 3rd hourly full paladay



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 02-07-2026 0 Y 0 M 4 D (F)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: 2 Day of Life: 64 HOURS PMA:

Term ☐ Preterm ☐ Gestation: 38¹⁵ w/m Corrected Gestational Age: Today's Weight: 2.62 kg

(↑ 137 g)

Problems			CA 137
Overview	S.No.	Current	Past Problems
	1.	Term / AHA	
	2.	Pathological jaundice	
	3.	Rh- Negative isoimmunisation	
	4.		
	5.		
	6.		
Clinical Assessment	Baby on DSPT - hemodynamically stable. passing - urine (stool). - accepting feeds well. full patetax =!		30 HOURS 38 HOURS 44 HOURS 62 HOURS 15.5 → 15.4 → 11.5 → 11.1 TSP1 TSP1 TSP1 DSPT =! HR - 133/min SpO ₂ - 94% - Rectal count - 12
	Medications Used	1mg meropenem - D ₂	

Plan of Care: Trace SBR / CBP
 → continue DSPT C eyes & genitalia covered!
 - TU - 100 cal/kg/day - 23ml @ 2nd hourly - full pataclat feeds

Doctor's Name (Hand over given): Parva

Signature: Parva

Date & Time: 5/2/26

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

Doctor's Name (Hand over taken):

Signature:

Date & Time:

Patient Sticker

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

Day in NICU: Day of Life: PMA:

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

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

Doctor's Name (Hand over given):

Signature:

Date & Time:

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

Doctor's Name (Hand over taken):

Signature:

Date & Time:

3AH-00660837
 Baby Of AYESHA BEGAM
 12-07-2026 0 Y 0 M 2 D
 Jr. DINESH KUMAR CHIRLA (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 8:50am	CLS/B - Dr DK	Plan → Shift to room C DSP1 - TV - 100cc/kg/day - 23ml/kg - full palade → RLV - SBR - 11m morning Pauan
5/7/26	<u>Shifting Notes</u> self ventilating on RA vitality stable taking full palade well. Issues of hypotension, 23ml/kg DCT full, Reti 12-1, Rh-re setup TUBE given SBR - 15.5 → 15.4 → 11.5 → 11.7	Plan ① Shift to room ② cont DSP1 ③ TV = 100ml/kg/day full palade ④ 11m SBR + NBS @ 7 AM ⑤ Trace final cl - stop antibiotics

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling Notes	
	By Dr. Dinesh	
	Baby and mother has Rh incompatibility for which Bilirubin is increasing due to hemolysis.	
	SBR increased post shifting to room. we will repeat in evening	
12/07/2026 5:00 PM	CLAB LEGEND DAL-5 SRTS LCCS Rh -ve pregnancy / GUP 24A. ↓ Dxpt. Extrinsic / Pink. CL/A: good papular rash over chest + trunk Hemodynamic stable. Good perfusion warm peripheries.	Plan 1. CL Dxpt with eyes and genitalia covered. 2. Trace Snd SBR now 3. Stop antibiotics. 4. If SBR is increasing trends then shift to now, if decreasing trends then csp. 5. Trace SBR 6. 20-25ml / 2nd hourly. <i>[Signature]</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7	SBR 5B.8	Plan
		1. change to SSPT.
		2. Repeat SSPT t/m Tan
		Noted by Laxey @ 6:20 PM
7/4/26 @ 9am	Morning Rounds	
	DOL-6 (38+5 wks) G4P2A1 B.Wt = 2.7kg	Plan
	MBG / A-ur	1) Continue SSPT
	BBG / A+ve	with eyes & genitalia covered
	Baby on SSPT	
	active	
	taking feeds well	2) measured feeds
	lithemic	20-25ml 2nd hrly
	Populac rash over	
	chest & trunk (+)	3) vacuum
	Vitals Stable	monitor Temperature
	Urine / Passed	vitals
	Stool	
	SBR 13.0 < 12.5	



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Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

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RESULT SHEET

Date	3/7/26	4/7/26	4/7/26	5/7/26	6/7/26	6/7/26	7/7/26
Time	10:40	6:41 Am	12:30 Pm	4 Pm	9:52	4:55 Pm	
Hb	11.8		14.1	12.7			
PCV	36.4		44.2	39.3			
RBC	3.43		3.95	3.7			
WBC	24.10		24.67	18.59			
N/L	62.6/29.5		60/25	59.7/25.4			
Platelets	339		298	340			
CRP	5.0						
ESR							
PCT							
RBS							
Na	139						
K	4.5						
Cl	108						
Ca/Mg	8.5						
Phosphate							
Urea	23						
Creatinine	0.8						
ALP							
SGPT							
SGOT							
T.Bill/Conj	15.5 < 0.6 14.9	15.4 < 0.9 14.5	11.5 < 0.6 10.9	11.7 < 0.5 11.2	15.1 < 1	13.8 < 0.6 13.2	13.0 < 0.6 12
T.Protein		Exchange = 19 cut off					
S.Albumin							
S.Globulin							
A/G Ratio	Rec - 12%						
Uric Acid							
S.Amylase							
Sr.Lipase							
Blood Lactate							
S.Cholesterol							
PT/INR							
APTT							
CSF Protein / Sugar							
Cells							
N/L							

(F)

[illegible]

Patient Sticker

RBS CHART

[illegible]

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NICU Shifted to: 3rd floor (C 200m)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>INJ. MEROPENEM</u>	<u>108 mg</u>	<u>IV</u>	<u>TID</u>	<u>.</u>	☒ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. D. Chirala

Date & Time: 5/7/26

Nurse Name & Signature: Navaneetha

Date & Time: 5/7/26 @ 3 pm



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
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Additional Instructions:																			

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



REGULAR PRESCRIPTIONS

Weight. 2.6 Ward.

DRUG : INJ MEROPENEM				Date Time																
Dose	Route	Frequency	Start Date																	
108mg	IV	TID	9/7/26	6am	11/1	3am														
Name & Signature of the Doctor Starting the Drugs:				FAIR 2pm 10pm 12/1																
Additional Instructions:				4mg/kg/dose																
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ MEROPENEM				Date Time																
Dose	Route	Frequency	Start Date																	
108mg	IV	TID	9/7/26	6AM	11/1	3am														
Name & Signature of the Doctor Starting the Drugs:				FAIR 2pm 10pm 12/1 STOP 6/7/26																
Additional Instructions:				4mg/kg/dose																
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Weight. Ward.

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7/26	2:14 PM	2mg IVIG	1g/kg	IV	[Signature]	Abhinav Naranatha
			0.5ml/kg/hr → for 1hr			
			↓			
			1ml/kg/hr → for 1hr			
			↓			
			2ml/kg/hr → for 1hr			
			↓			
			4ml/kg/hr (rest)			

Weight. Ward.

NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 3/7/26

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☒ Other: _____

Reason for Admission: Neonatal Jaundice

Admission Diagnosis: Neonatal Jaundice

Accompanied By: ☒ Parent ☐ Guardian ☐ Other Name: _____

Primary Language: ☒ Telugu ☐ English ☒ Hindi ☐ Other Specify _____

Do you require an interpreter? ☐ Yes ☐ No

Allergies: ☐ Yes ☒ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: _____

If yes, identify _____

Source of Information: ☒ Family ☐ Others, Specify _____

Past Medical History	Past Surgical History	Last Hospital Admission
Nil	Nil	✓

Significant History	Family History: _____
---------------------	-----------------------

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list, _____

Was the child's birth normal? ☐ Yes ☒ No If No, please describe problems: _____

Are the child's immunization up to date? ☒ Yes ☐ No

Current Medications	Taking Medications? ☒ Yes ☐ No If yes, Fill the reconciliation form Medicine brought to the hospital? ☒ Yes ☐ No
---------------------	--

Observations:

Birth Weight: 2.7 kgs Head Circumference: _____ cm Length: _____ cm

☒ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: B+ve Baby: A+ positive

Feeding: ☒ Breast Feeding ☐ Formula ☐ Both

Maternal Details: Age: 25 years, PARA: _____ Gestation: _____ Weeks, _____ Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes

☐ PH / Pre Eclampsia ☐ Others, Specify: _____

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

Indication: _____

**Newborn Assessment:**

Temp: 99.3 F HR 140 /Min RR 38 /Min BP SpO₂: 97-1

Pain Score (Follow N Pass and Document)

Fall Risk Intervention Done: ☐ Yes

Risk of Pressure Sore: ☐ Yes ☐ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☐ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☒ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☒ Pink ☐ Meconium Stain ☐ Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method
☐ Feeding Problem ☐ Special Diet ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Cultural & Spiritual Needs: ☐ Yes ☐ No If Yes, specify..... Inform consultant for positive criteria.

Social History: Lives With

Siblings in household ☐ Yes ☐ No (if yes How Many?)

All Information Obtained From ☐ Patient ☐ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

- ☐ ID Band in situ
- ☐ Bedside safety explained
- ☐ NICU Routine: Doctor's rounds/Medication time
- ☐ Visiting policy explained

Orientation given to: ☐ Family ☐ Others

Name of Person Orientation was given to:

Orientation not given Reason:

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify



Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis:

.....

.....

Nurse Signature:

Nurse Name:

Date & Time:

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

.....

.....

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☒ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others:

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge:

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge:/...../.....

Discharge to ☐ Home ☐ Other:

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature:

Nurse Name:

Date & Time:

BAH-00660637 IP5-00175943
 Baby Of AYESHA BEGAM
 02-07-2026 0 Y 0 M 3 D (F)
 Dr. DINESH KUMAR CHIRLA



MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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 Baby Of AYESHA BEGAM
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 (F)
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

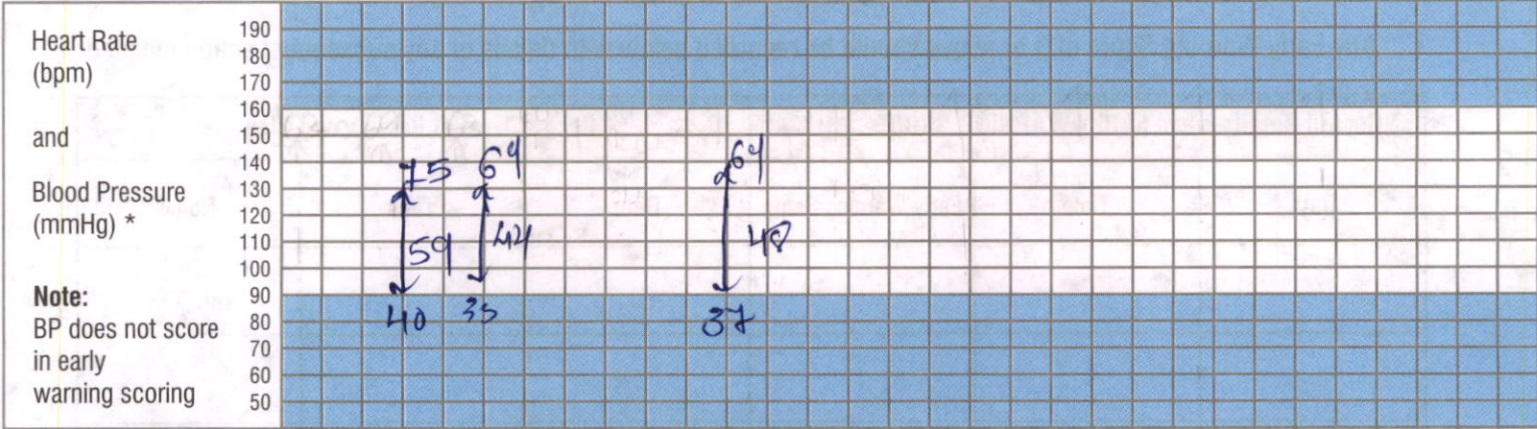
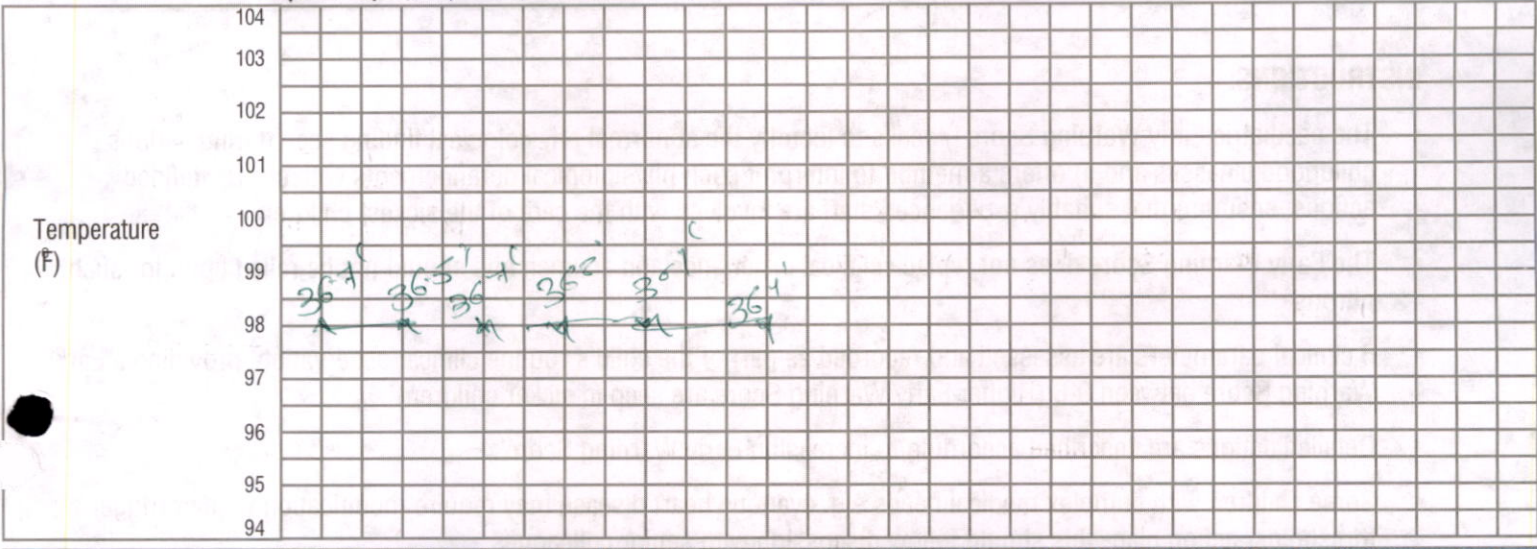
Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)																								
Learning Barriers: <table border="0"> <tr> <td>1. No Learning Barriers</td> <td>4. Language Barrier</td> <td>7. Impaired Thought Process/Cognitive limitations</td> <td>10. Financial Difficulties</td> <td>13. Cultural/Religion Practice</td> </tr> <tr> <td>2. Physical Impairment</td> <td>5. Educational Level</td> <td>8. Responsibilities at Home</td> <td>11. Beliefs and Values</td> <td>14. Others (Specify)</td> </tr> <tr> <td>3. Emotional Barriers</td> <td>6. Desire / Motivate to Learn</td> <td>9. Cultural Differences</td> <td>12. Impaired Vision/ or Hearing</td> <td></td> </tr> </table>										1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	
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Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed																								
Mechanism/s to overcome barrier/s: <table border="0"> <tr> <td>1. None</td> <td>3. Reassurance & Support</td> <td>5. Respect values & beliefs</td> <td>7. Other, Specify</td> </tr> <tr> <td>2. Obtain translator</td> <td>4. Teach Family / Others</td> <td>6. Respect Cultural / Religion Preference</td> <td></td> </tr> </table>										1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference								
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Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review																								

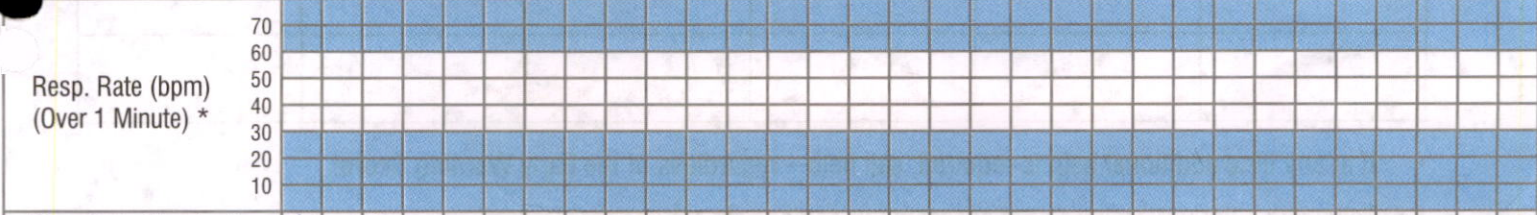
INFANT (<1 year)
Children's Observation &
Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10 10 12 2 6 8
Doctor/Nurse/Family Concern? PM PM PM PM PM PM



Heart Rate (Number) 169 137 136 134 125 147



Resp Rate (Number) 41 49 57 52 36 53

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 100% 100% 100% 100%

Conscious Level Normal Altered N N N Y N N

GCS * C C C C C C

TOTAL SCORE Number of shaded boxes 1 1 1 1 1 1

Pain Score 0 0 0 0 0 0

Observer's Initials P P P P P P

ACTIONS
NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

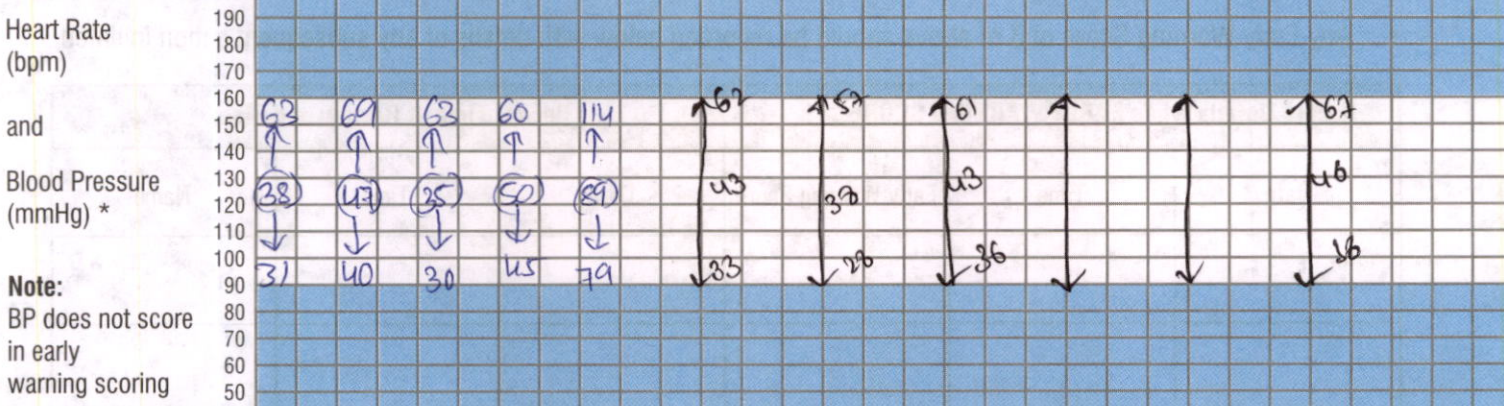
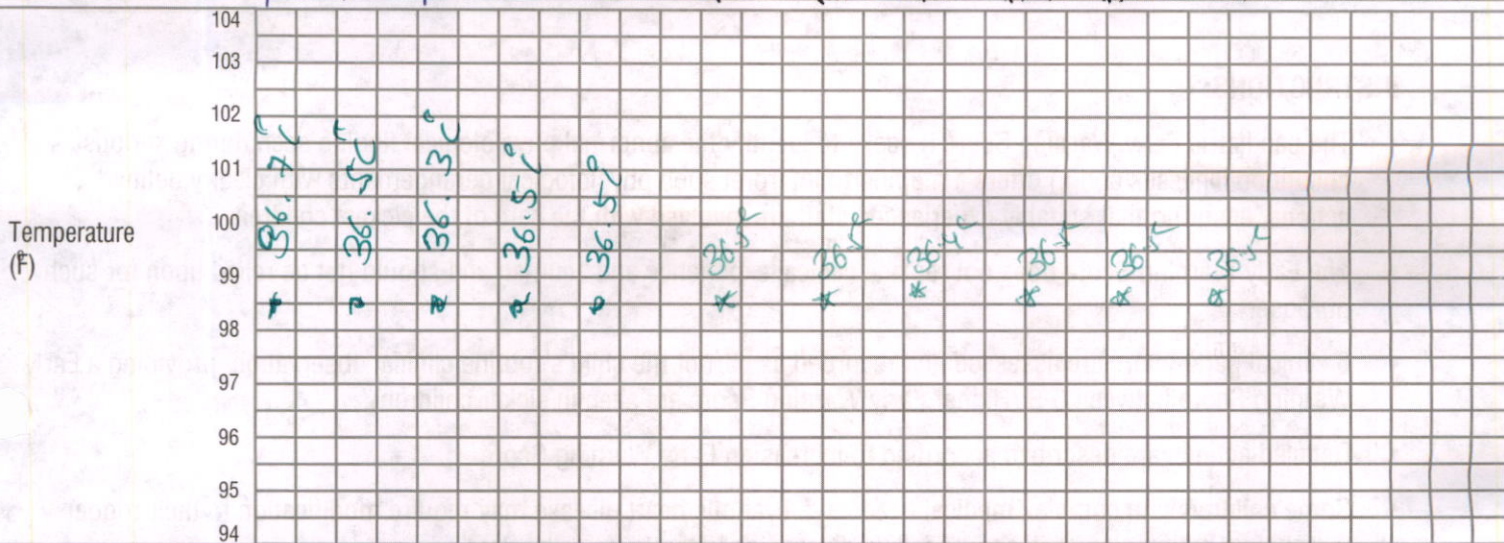
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S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 10 12 2 4 6 8 10 12 2 4 6
 Doctor/Nurse/Family Concern? PM AM AM AM AM PM PM AM AM AM AM



Heart Rate (Number) 156 159 148 159 183 129 131 144 137 142 144



Resp Rate (Number) 50 37 48 38 47 53 47 52 44 54 50

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100 100 97 100 100 96% 97% 90% 100% 99% 98%

Conscious Level Normal Altered C C C C C C C C C C C

GCS * 1 1 1 1 1 1 1 1 1 1 1

TOTAL SCORE Number of shaded boxes 1 1 1 1 1 1 1 1 1 1 1

Pain Score 0 0 0 0 0 0 0 0 0 0 0

Observer's Initials

ACTIONS
 NB: Scores 3 should be recorded overleaf
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

5/7/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8	10	12	2	4	6	10	2	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	AM	AM	AM
Temperature (F)	101.5	101.5	101.5	101.5	98.5	98.5	98.5	98.5	98.5

Heart Rate (bpm)	154	160	148	148	136	138b/m	135b/m	140b/m	141b/m
Blood Pressure (mmHg) *	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70	110/70
Note: BP does not score in early warning scoring									

Resp. Rate (bpm) (Over 1 Minute) *	38	49	37	48	41	36b/m	31b/m	38b/m	30b/m
Resp Rate (Number)	38	49	37	48	41	36b/m	31b/m	38b/m	30b/m

Resp Mod/ Severe Distress None / Mild									
Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0	0
O ₂ Saturations (%)	98	100	99	100	98	99	98	100	98
Conscious Level	C	C	C	C	C	C	C	C	C
GCS *	15	15	15	15	15	15	15	15	15
TOTAL SCORE	1	1	1	1	1	1	1	1	1
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	AD	AD	AD	AD	AD	AD	AD	AD	AD

ACTIONS	Score 1 : Continue normal observation by staff nurse
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BAH-00660637 IP5-00175943

Baby Of AYESHA BEGAM

02-07-2026

0 Y 0 M 3 D

(F)

Dr. DINESH KUMAR CHIRLA

No. : RCH / FRM / CLINICAL / 124



6/7/26

INFANT (<1 year)

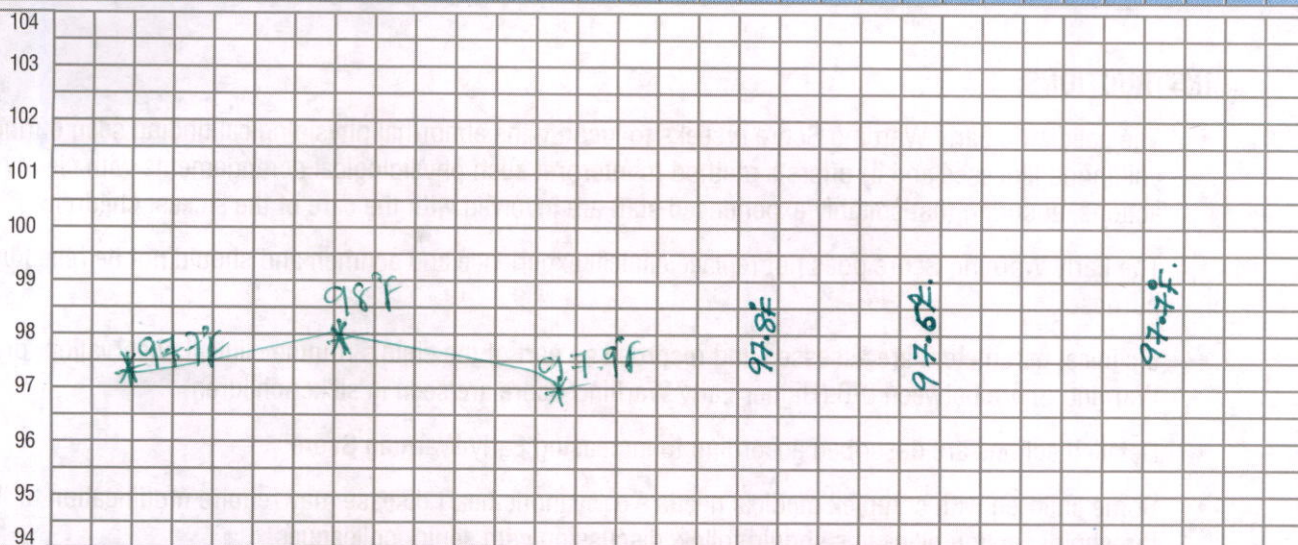
Children's Observation &
Early Warning Scoring Chart
 Pratiksha
Rainbow
Children's
Hospital
It takes a lot to treat the little.

 BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 10am 2pm 6pm 10pm 2am 6am

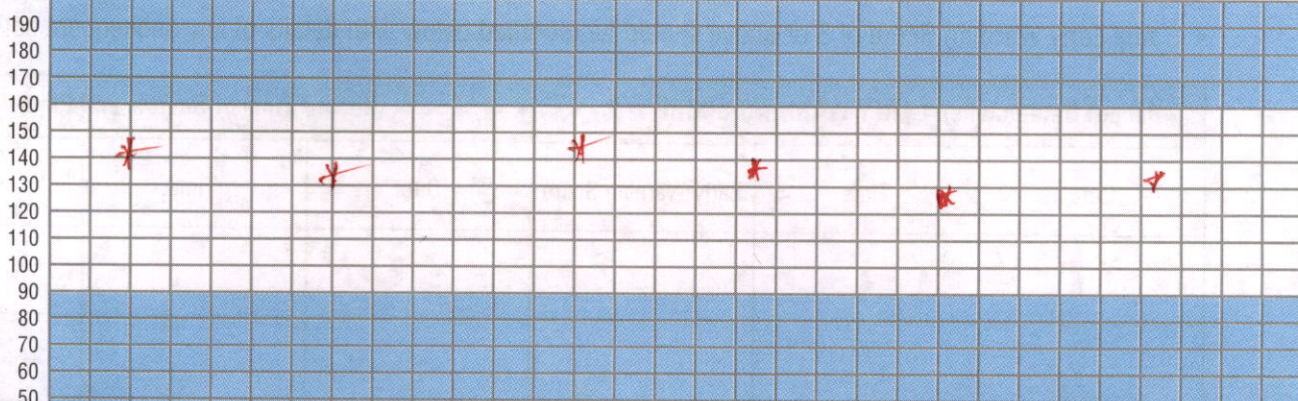
Doctor/Nurse/Family Concern?

 Temperature
(°F)

 Heart Rate
(bpm)

and

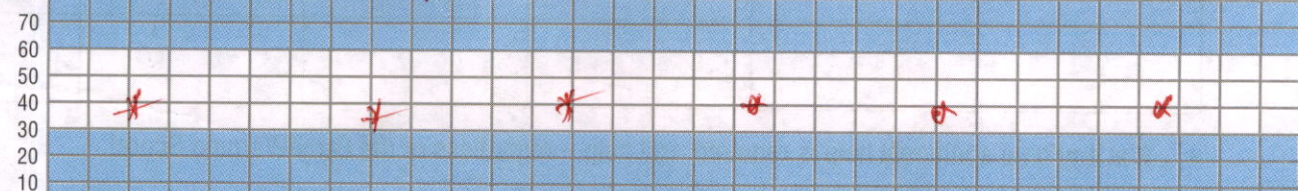
 Blood Pressure
(mmHg) *

Note:

 BP does not score
in early
warning scoring


Heart Rate (Number)

147bpm 136bpm 144bpm 124bpm 132bpm 142bpm

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


Resp Rate (Number)

40bpm 38bpm 40bpm 38bpm 38bpm 38bpm

 Resp Mod/ Severe
Distress None / Mild

N N N N N N

 Receiving O₂ (l/min)
O₂ Saturations (%)

99% 100% 99% 100% 100% 99%

 Conscious Normal
Level Altered

N N N N N N

GCS *

15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

0 0 0 0 0 0

Pain Score

0 0 0 0 0 0

Observer's Initials

[Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

ACTIONS

Score 1 : Continue normal observation by staff nurse

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

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

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

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

NB: Scores 3 should be recorded overleaf

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min., then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

FLUID CHART

Sheet No. : ①

3/7/26

TV = 80cc/kg/day
 B. wt = 2.7 kgs.
 TF = 18ml

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm		IV									
	09:00 pm		10% dext									
	10:00 pm		8ml							13ml		
	11:00 pm		8ml									
	12:00 am		8ml							10ml		
	01:00 am		8ml									
Total Intake : 32ml						Total Output : 23ml						
	02:00 am		8ml	IV								
	03:00 am		8ml	3:40 AM IVIG Injection			passed			8ml		
	04:00 am		8ml	1.3ml								
	05:00 am		8ml	2.7ml						15ml		
	06:00 am		8ml	5.4ml			passed					
	07:00 am		89ml	10.8ml						7ml		
Total Intake : 68.2ml						Total Output : 30ml						
Total 24 hrs. Intake		41.6 cc/kg/day										
Total 24 hrs. Output		2.2 cc/kg/hr.										

FLUID CHART

Sheet No. : 2

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

TV - 80 cc/kg
BWT - 2.7 kg
TF - 18 ml

2/7/20		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route	NG	Diarrhoea	Vomit	Drainage	Urine			
			IV Mouth I.V	N.G							
	08:00 am	9ml	10.8ml							1	
	09:00 am	9ml	10.8ml								
	10:00 am	9ml	Stop	Passed				25ml			
	11:00 am	9ml	P								
	12:00 pm	9ml	O								
	01:00 pm	Nurse	6.5ml	5ml	Passed			27ml			
Total Intake :					Total Output :						
	02:00 pm	6.5ml									
	03:00 pm	Nurse	6.5ml	5ml	No Fun			15ml			
	04:00 pm	6.5ml									
	05:00 pm	Nurse	Stop	23ml	Passed			13ml			
	06:00 pm										
	07:00 pm	Nurse		23ml	No Fun			10ml			
Total Intake :					Total Output :						
	08:00 pm										
	09:00 pm	Nurse		23ml	-			13ml			
	10:00 pm										
	11:00 pm	Nurse		23ml	Passed			-			
	12:00 am										
	01:00 am							15ml			
Total Intake :					Total Output :						
	02:00 am	Nurse		20ml	-						
	03:00 am							11ml			
	04:00 am										
	05:00 am	Nurse		30ml				15ml			
	06:00 am										
	07:00 am	Nurse		25ml				8ml			
Total Intake : 258ml					Total Output : 152ml						

Total 24 hrs. Intake

99cc

Total 24 hrs. Output

2.4



FLUID CHART

Sheet No. : ③

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

TV - 100cc/kg/day
 Swt - 2.626kg
 TF - 33ml

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am	Nasop 33ml					Passed			25ml		
	10:00 am											
	11:00 am											
	12:00 pm	Nasop 33ml					passed			10ml		
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	Nasop 33ml					Passed			15ml		
	04:00 pm											
	05:00 pm											
	06:00 pm	Nasop 30ml					✓			✓		
	07:00 pm											
Total Intake :						Total Output : M-2 U-2						
	08:00 pm											
	09:00 pm	Nasop 30ml					✓			✓		
	10:00 pm											
	11:00 pm	FF 30ml										
	12:00 am											
	01:00 am	DBF										
Total Intake :						Total Output : m-1 U-1						
	02:00 am											
	03:00 am	DBF								✓		
	04:00 am											
	05:00 am	DBF										
	06:00 am						✓					
	07:00 am	DBF								✓		
Total Intake :						Total Output : m-1 U-2						
Total 24 hrs. Intake			taken									
Total 24 hrs. Output			m-6 U-7									

FLUID CHART

Sheet No. : 4

6/7

TV - 80cc kg
BW - 2.7 kg
TF

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

		Intake			Output					IV Site	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	
			Mouth	I.V	N.G						
6/7	08:00 am									0	Halka
	09:00 am	DBF								0	
	10:00 am									0	
	11:00 am	DBF								0	
	12:00 pm									0	
	01:00 pm	DBF								0	
Total Intake :					Total Output : u - 2m - 2						
6/7	02:00 pm	FF 30ml								0	Halka
	03:00 pm									0	
	04:00 pm	DBF								0	
	05:00 pm									0	
	06:00 pm	DBF								0	
	07:00 pm									0	
Total Intake :					Total Output : u - 2m -						
6/7	08:00 pm	DBF								0	Sushanta
	09:00 pm	FF 20ml								0	
	10:00 pm									0	
	11:00 pm	DBF								0	
	12:00 am									0	
	01:00 am	DBF + FF 25ml								0	
Total Intake :					Total Output : u - 1 m - 1						
6/7	02:00 am									0	Sushanta
	03:00 am	DBF								0	
	04:00 am									0	
	05:00 am	DBF + FF 30ml								0	
	06:00 am									0	
	07:00 am									0	
Total Intake :					Total Output : u - 1 m - NP						
Total 24 hrs. Intake		Taken									
Total 24 hrs. Output		m - 4, u - 6									

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/7/26

Assessment: Baby on RA

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10pm	→ Assess the baby condition.	11pm	→ Assessed the baby condition.	Baby is stable.
12Am	→ Monitor the vitals.	1Am	→ Monitored the vitals.	
2Am	→ Baby on Room air.	3Am	→ Baby on room air.	
4Am	→ Ensure safety.	5Am	→ Ensure safety.	
6Am	→ Maintain skin integrity.	7Am	→ Maintained skin integrity.	
8Am	→ provide comfortable position.	8Am	→ provided comfortable position.	

Re-Assessment: Re-assessment done.

Special Notes: Gt continue 10-1 dextrose and Inj. IVIG 4 hours.

Nurse Signature: [Signature]

Nurse Name: Navaneetha

Date & Time: 3/7/26 @ 4:20pm



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 4/7/26

Assessment: Baby on Room air / NNT

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the baby condition	9 AM	Assessed the baby condition	Now baby is maintaining saturation in Room air
10 AM	Monitor vitals	11 AM	Monitored vitals	
12 PM	Maintain I/O chart	1 PM	Maintained I/O chart	
2 PM	Plan for SBR	3 PM	SBR CBP done	
4 PM	To give feed	5 PM	5ml feed started	
6 PM	To give medication	7 PM	Medication given as per doctor order	

Re-Assessment: Re assessment done

Special Notes: Fluid stopped Full pallor. Feed given

Nurse Signature: [Signature]

Nurse Name: Princy

Date & Time: 4/7/26 @ 8 PM

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 4/7/26

Assessment: Baby is on RA

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the Baby General Condition	8pm	Assessed the Baby General Condition	Baby is stable
10pm	maintain ILO chart	10pm	maintained ILO chart	
12Am	monitor vital sing	12Am	monitored vital sing	
2Am	TO Given feed 2nd hourly	2Am	TO Given feed 2nd hourly	
4Am	Provided comfort position	4Am	Provided comfort position	
6Am	at mouth and eyes care given	6Am	mouth care and eyes care given	
8Am	Administered medication as per Doctor order	8Am	Administered medication as per Doctor order	

Re-Assessment: Done

Special Notes: RBS - DD

Nurse Signature: [Signature]

Nurse Name: Kavya

Date & Time: 4/7/26 @ 8pm-8am



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 05/05/2026

Assessment: Baby is on room air. NNT

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8am	Assess the Baby's general condition	8am	Assess the Baby's general condition	Room air
10am	Monitoring vitals	10am	Monitoring vitals	OK
12pm	Medication given as per doctor's order.	12pm	Medication given as per doctor's order.	well
2pm	1st hourly feeds given	2pm	1st hourly feeds given	
4pm	Medication given as per doctor's order.	4pm	Medication given as per doctor's order.	
8pm	Plan shifting	8pm	per doctor's order.	

Re-Assessment: Blashed for abdominal, distended. Bready, Secret

Special Notes: Shifting plan.

Nurse Signature: Priyanka

Nurse Name: Priyanka

Date & Time: 05/05/2026 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 5/7/26

Assessment: NNY

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10PM →	Assess the general condition of baby	10pm →	Activity good assess condition & checked the vitals	
12am →	Educate the mother about feeding	12am →	Mother was learning about feeding	
2am →	Plan for antibiotics	2am →	ing meopenam Admini-	
4am →	Plan for safety	4am →	ster	
6am →	SBR, NRS Sendel mke	6am →	side are hairs	
			SBR, NRS, have to make	Continue Same

Re-Assessment: baby was active

Special Notes: SBR, NRS

Nurse Signature: M

Nurse Name: Maitha

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

BAH-00660637
Baby OF AYESHA BEGAM
02-07-2026
Dr. DINESH KUMAR CHIRLA
IP5-00175943
(F)

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 6/7/26

Assessment: NNT

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	* Assess the general Condition of baby	8:10AM	* Assessed the general Condition of baby	Baby is stable
10AM	* Monitor vital signs & Record	10:10AM	* Monitored vital signs & Recorded	
12pm	* Maintain Ilo chart	12:10pm	* Maintained Ilo chart	
2pm	* Ensure Safety	2:10pm	* Ensured safety	
6	* Educate the mother about feeding	6:10PM	* Educated the mother about feeding	

Re-Assessment: Baby is doing well.

Special Notes: SBR @ at 5PM

Nurse Signature: Latha

Nurse Name: Latha

Date & Time: 6/7/26 @ 7PM

BAH-00660637
Baby Of AYESHA BEGAM
02-07-2026 0 Y 0 M 3 D
Dr. DINESH KUMAR CHIRLA (F)

NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 7/7/26 @ 8pm

Assessment: Baby is on SSPT.

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess Baby's general condition.	8:10 pm	Assessed Baby seems active, sleep well.	Baby on SSPT.
10pm	ensure safety.	10:10 pm	provided out care.	
12am	monitor vitals.	12:10 am	monitored vitals.	
2am	maintain good nutritional status.	2:10 am	Feeding assessment DEF + FF	
4am	warmth care.	4:10 am	Covered genital.	
6am	SBR	6:10 am	Educated patient about procedures.	
8am	Patient family education.	8:10 am		

Re-Assessment: 7am - SBR

Special Notes: Trace - SBR.

Nurse Signature: Sush

Nurse Name: Sushanthi

Date & Time: 7/7/26 @ 8am

BAH-00660637 IP5-00175943
Baby Of AYESHA BEGAM
02-07-2026 0 Y 0 M 4 D (F)
Dr. DINESH KUMAR CHIRLA



Shift

☐ Night

NURSING CARE RECORD

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. D.K. Department: 3rd Floor Date of Admission: 2/7/26

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☒ Not Known				
	NNS		If Yes Specify:				
BACKGROUND	Area	Shift Time	3rd Floor 5PM-8PM	3rd Floor 8PM-8PM	3rd Floor 8PM-8PM	3rd Floor 8PM-8PM	
	Medical Condition (Any special condition to be noted):		NA	NA	NA	NA	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	98.0°F	97.9°F	97.7°F	98.1°F	
		Res:	38b/m	31b/m	40b/m	40b/m	
		SpO ₂ :	99%	98%	100%	100%	
		Pulse:	132b/m	135b/m	148b/m	128b/m	
		BP:	-	-	-	-	
	Fall Risk Score:	0/10	0/10	0	0		
Pain Score:	0	0	0/10	0/10			
Recommendations	Safety Needs:	crib care	crib care	crib care	crib care		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Others Specify:	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	NA	NA	NA	NA		
Post Operative Procedure Special Orders:		NA	NA	NA	NA		
Handed Over By Name :		Dr. D.K.	Maitha	Latha	Sushantini		
Signature :		Dr. D.K.	(M)	Latha	Su		
Date:		5/7	6/7/26	6/7	7/7/26		
Time:		@8PM	@8am	@8PM	@8am		
Taken Over By Name :		Maitha	Latha	Sushantini	P. Jatti		
Signature :		(M)	Latha	Su	P. Jatti		
Date:		5/7	6/7	6/7	7/7		
Time:		@8PM	@8am	@8PM	@8am		

Patient Sticker

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	BACKGROUND	Area					
	Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:					
	Res:						
	SpO ₂ :						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
	Recommendations	Safety Needs:					
Physiotherapy		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:							
Special Diet:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:							
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time	
						4/7	4/7	5/6	5/6	6/7	6/7				
						6am	1230	6pm	7pm	10am	8pm				
						Procedure →					SaO ₂	AP ₅	R ₂	-	RBS
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	1	1	1	1	1				
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	1	1	1	1	1				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	1	1	1	1	1	1				
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	1	1	1	1	1	1				
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	1	1	1	1	1				
	Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age					Gestational Age / Corrected Age - +1 +1 49 36+5 wks 38+5 wks									
	Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 - No Intervention Pain Score greater than 3 - Intervention					Total Pain / Agitation Score 1/10 3/10 2/10 2/10 0/10 0/10									
						Intervention Deep Sedation NA Deep Sedation NA NA NA									
						Effectiveness Good NA NA NA NA NA									
						Signature [Signatures]									

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	- Observe the infant for a minute before selecting a score for each behavior. - Stimulate the infant and observe and select a score for each behavior. - Select only one numeric value (Highest) per behavior.	- Observe the infant for a minute before selecting a score for each behavior. - Select only one numeric value per behavior.
Scoring/ Documentation	- Sedation scores are negative scores only - Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) - NPASS Sedation total score has a range from 0 to -10 possible. - Document total NPASS Sedation score in the medical record.	- Pain/Agitation scores are positive scores only - Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. - Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. - NPASS Pain/Agitation total score has a range from 0 to 13 possible. - Document the total NPASS Pain/Agitation score in the medical record
Interpretation	- Desired levels of sedation vary according to the situation. - Discuss and determine sedation goal with provider. "Deep sedation": goal score of -10 to -5 - Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea "Light sedation": goal score of -5 to -2 - Reassess patient per frequency in local sedation policy - A negative score without the administration of opioids/ sedatives may indicate: - The premature infant's response to prolonged or persistent pain/stress - Neurologic depression, sepsis, or other pathology	- Does not provide pain intensity rating. - Any score greater than 3 indicates the possibility of the presence of pain in the infant - Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). - Reassess patient per frequency of local pain policy. - If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.



THE HUMPTY DUMPTY SCALE

4/7 4/7 5/7 6/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3				
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1		1	1	1	1
Cognitive Impairments	Not Aware of Limitations	3					1
	Forget Limitations	2	2	2	2	2	2
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	✓
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2	2				
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
TOTAL			15	12	12	12	12

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓	✓	✓	✓	✓
Call device within reach	✓	✓	✓	✓	✓
Wheels Locked	✓	✓	✓	✓	✓
Room free of clutter	✓	✓	✓	✓	✓
Adequate Lighting	✓	✓	✓	✓	✓
Wheel Chair Support	X	X	X	X	X
Other Intervention(s) Specify	X	X	X	X	X
Nurse's Name :	Nandini	Nandini	Nandini	Nandini	Nandini
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date :	4/7	4/7	5/7	5/7	6/7
Time :	6am	6pm	6am	8pm	10am



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4.				
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1				
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not Aware of Limitations	3					
	Forget Limitations	2	2				
	Oriented to own Ability	1					
	History of Falls or Infant - Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2.				
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1				
Medication Usage	Sedatives (excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1				
TOTAL			12.				

Intervention :

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

High Risk Humpty Dumpty Score = 12 or above

Bed in low position	✓						
Call device within reach	✓						
Wheels Locked	✓						
Room free of clutter	✓						
Adequate Lighting	✓						
Wheel Chair Support	X						
Other Intervention(s) Specify	X						
Nurse's Name :		Sushanta					
Signature :		su					
Date :		8/7					
Time :		10pm.					

3AH-00660637
Baby Of AYESHA BEGAM
12-07-2026 0 Y 0 M 2 D
Dr. DINESH KUMAR CHIRLA (F)

CHECKLIST FOR THROMBOPHLEBITIS

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 3/7/26			DAY-2 4/7			DAY-3 5/7/26			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			+	-	-	-	-	-	-	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			-	-	-	-	-	-	-	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			-	-	-	-	-	-	-	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			-	-	-	-	-	-	-	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			-	-	-	-	-	-	-	
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Sowmya Name : Sowmya

Signature of Ward In Charge :

Signature : S.S. Shivalakshmi Name : S.S. Shivalakshmi

3AH-00660637 IP5-00175943
 Baby Of AYESHA BEGAM
 12-07-2026 0 Y 0 M 2 D (F)
 Dr. DINESH KUMAR CHIRLA



BRADEN 'Q' SCALE

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

					Date :	4/7	4/11	5/11	5/11
					Time :	6AM	6PM	6PM	10PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	2	2	2	2	
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	2	2	2	2	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	1	1	1	1	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3	
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: Is on liquid diet or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
TOTAL SCORE					13	13	13	13	
Evaluator's Name					ADP	ADP	ADP	ADP	

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

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

BAH-0060637

IP5-00175943

Baby Of AYESHA BEGAM

02-07-2026 0 Y 0 M 3 D

(F)

Dr. DINESH KUMAR CHIRLA



BRADEN 'Q' SCALE

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

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

					Date :	6/7	6/7		
					Time :	1049M	10PM		
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e:tremitry position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		2	2		
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		2	2		
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		1	1		
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		3	3		
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		3	3		
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3		
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		3	3		
TOTAL SCORE						17	17		
Evaluator's Name						Katta	Surya		

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA :	3/7/26		Diagnosis :	Neonatal Jaundice		Surgery / Procedures :	NFI		
	Allergies :	NFI		Post OP Day :	NFI					
	Date :	3/7/26	4/7/26	5/7/26	05/8/26					
	Area	N3	N1CUB	N3	N3					
	Shift Time	8pm-8pm	8pm-8pm	8pm-8pm	8pm-8pm					
Diet :	10% dextro		Nanpro		Nan 8%0		Nanpro			
Ventilation (RA, NP, NIV, VENTI)	RA		RIA		RA		RA			
INVASIVE LINES	1.	IV-(2)		IV-line		IV-line		IV-line		
	2.	OG-(1)								
	3.									
	4.									
ASSESSMENT	Infusions / Transfusions	10% dextro		NA		NA		NA		
	PU Prophylaxis	NA		NA		NA		NA		
	DVT Prophylaxis	NA		NA		NA		NA		
	Vitals	BP	67/50(60)		77/55(50)		57/28(38)		67/40(55)	
		PR	158 b/min		144 b/min		154		150 b/min	
		RR	29 b/min		48 b/min		35		40 b/min	
		SpO ₂	100%		99%		100%		99%	
		Temp	36.7°C		36.9°C		36.7°C		36.8°C	
	Pain Score	1/10		3/10		3/10		3/10		
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert		conscious		Alert		Alert		
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact		Intact		Intact		Intact		
	Restraints If any	NA		NA		NA		NA		
Fall Risk (Vulnerable (Y/N) if yes score)	Yes		Yes		Yes		Yes			
(Ambulation, walking, moving with assistance, bed ridden)	Moving		Bed ridden		moving		moving			
ADL (Dependent / Non-Dependent)	Dependent		Dependent		Dependent		Dependent			
Critical Lab Test / Values (if any)	NA		NA		NA		NA			

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

RECOMMENDATIONS	Investigations Procedures	Date :	3/7/26	4/7/26	4/7/26	5/7/26		
		Area	N3	NICU3	N3	N3		
		Shift Time	10pm-8pm	8pm-8am	8pm-8am	8am-8pm		
		Ordered / Planned	NP:	SBR	SBR	NP		
			Blood	CBP Tm	CBP			
			Culture					
		Due	NP:	NA	NA			
Reports Pending	Blood	Blood						
	culture	C/S						
	reports							
Referrals (If any)	NP:	NA	NA					
	Remarks (Special Interventions like, Drainage Tube flushing etc.)	NP:	NA	NA	NA			
Handed Over By Name :		Navarone	Navarone	Navarone	Navarone			
Signature :		[Signature]	[Signature]	[Signature]	[Signature]			
Date :		4/7/26	4/7/26	5/7/26	5/7/26			
Time :		@ 8am	@ 8pm	@ 8am	@ 8pm			
Taken Over By Name :		Navarone	Navarone	Navarone	Navarone			
Signature :		[Signature]	[Signature]	[Signature]	[Signature]			
Date :		4/7/26	4/7/26	5/7/26	5/7/26			
Time :		@ 8pm	@ 8pm	@ 8pm	@ 8pm			

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

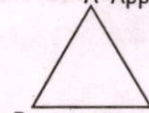
Admitting Doctor : Dr. Dinesh Date : 3/7/26
 Type of Admission: ☐ OPD ☒ ER ☐ Referral (if referral, Doctor's Name:
 Start Time of Assessment: Weight: 2.48 kg
 Allergic History:

Chief Complaints:

40 yellowish discoloration of skin & eyes

Pediatric Assessment Triangle

A Appearance - TICLS



B

C Circulation

Breathing

☐ ↑ WOB

☐ ↓ WOB

☒ Normal

☐ Gasping / Apnea

☐ Normal

☐ Abnormal

Pallor ☐

Cyanosis ☐

Mottling ☐

Bleeding ☐

Initial Physiological Status: ☒ Stable ☐ Unstable

☐ Life Threatening
☐ Non Life Threatening

Any urgent interventions needed: ☐ Yes ☐ No

If Yes

Significant Past History: Mother received Anti-D

Medication History: IV Pibz, O₂, TSP, IV fluid

Relevant Investigations: ALT ⊕, CAT, Retic count 15, SBR-13.2, CAP WBC - 32,000

Primary Assessment

Airway

☒ Open
☐ Maintainable
☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☐ No

If Yes

Breathing

Rate: SpO₂ on FiO₂

Rhythm:

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR

☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry:

Palpation Findings (If necessary)

Any urgent interventions needed: ☐ Yes ☐ No

If Yes



Circulation

HR: 100/min

CFT ☒ Central ☒ Peripheral

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

BP: mmHg

Pulse Volume: ☒ Central ☒ Peripheral

If in Shock: ☒ Compensated ☒ Hypotensive

Muffled Heart Sound: ☐ Yes ☒ No

Engorged Neck Veins: ☐ Yes ☒ No

Murmurs: ☐ Yes ☒ No

Liver Span:

ECG:

Any Signs of Heart Failure: ☐ Yes ☒ No



Disability

GCS: ☒ AVPU:

Pupils: ☒ Responsive ☐ Non-Responsive

Size ☐ Right ☐ Left

Active Seizures: ☐ Yes ☒ No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Exposure



Temp.: 98°F

Any Rash: ☐ Yes ☒ No,

If yes describe the rash

Active bleed

Lacerations ☐ Abrasions ☐ bruises ☐

Describe:

Any urgent interventions needed: ☐ Yes ☒ No

If Yes

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest
☐ Shock - Compensated ☐ Hypotensive ☐
☐ Cardiopulmonary Arrest ☒ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

CRP
 SOR
 PCT
 Rebc count
 CRP
 Phased I/e

SR
 Khawar
 3/12/16

Treatment Planned:

TSPIT
 feed + fluid

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): Team / NNS / Ph - ne pneumonia /

Assessment done by
 Name of the Doctor: Shambhu

Signature: Shambhu

Date & Time: 3/12/16

Sr. Doctor on Duty (If necessary) susp. sepsis

Name of the Sr. Doctor:

Signature:

Date & Time:

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A-ve Baby's Blood Group: A+ve Sheet No: ①

Gest Age: Birth Weight: 2.7 kgs

Date: <u>5/7/26</u>	Date: <u>5/7/26</u>	Date:
DOL <u>D2</u> Weight <u>2.489 kgs</u>	DOL <u>D3</u> Weight <u>2.626 ↑ 137g</u>	DOL Weight
Problems: <u>Neonatal jaundice</u>	Problems: <u>Neonatal jaundice</u>	Problems:
Rs. <u>30-60 bl/min</u> Exam <u>done</u> Vent. Setting <u>RA</u> ABG } <u>done</u> CXR } <u>done</u>	Rs. <u>30-60 bl/min</u> Exam <u>done</u> Vent. Setting <u>RA</u> ABG } <u>done</u> CXR } <u>done</u>	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>120-160 bl/min</u> BP <u>63/37</u> Map <u>(40)</u> Cap Refil <u><2-3 seconds</u>	CVS <u>Normal</u> HR <u>120-160 bl/min</u> BP <u>63/42</u> Map <u>36</u> Cap Refil <u><2-3 sec</u>	CVS HR BP Map Cap Refil
F/E/N <u>80cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 } <u>done</u> K BUN } Cl Crea } Hemat HB: } WCC } Plats } Transfusion }	F/E/N <u>80cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 } <u>done</u> K BUN } Cl Crea } Hemat HB: } WCC } Plats } Transfusion }	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>-5 - 3/7/26</u>	C/s Results <u>-5 - 3/7/26</u>	C/s Results
CRP Antibiotics <u>Inj: Meropenem</u>	CRP Antibiotics <u>Inj: meropenem</u>	CRP Antibiotics
Med	Med	Med
Neuro: <u>NA</u>	Neuro: <u>NA</u>	Neuro:
Assessment <u>done</u>	Assessment <u>done</u>	Assessment
Plan <u>IV Ig plan</u>	Plan <u>IV Ig plan</u>	Plan

①



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CONSENT FOR BLOOD TRANSFUSION

Name: B/O Ayesha Begum Age: 2 days Gender: Male ☐ Female ☒
UHID.No : _____ Date: 04/07/2026

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

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

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

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

Patient (Or Patient Relative / Guardian):

Signature: Shafee
Name: SHAFEE AHMED
Date & Time: 04/07/2026

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Bopthi
Date & Time: 4/7/26

Witness

Signature: [Signature]
Name: Navasetha
Date & Time: 4/7/26

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID, సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

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

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



CONSENT FOR FORMULA FEEDS



Patient Name : B/o Ayesha Begum Age : 2 days Gender : ☐ Male ☒ Female

UHID No : 666687 Reg. No. : 175943 Department : NEON Date : 02/07/2026

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

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

02/07/2026 I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : Suresh

Name : SURESH ANAND

Relationship with Patient: FATHER

Date & Time : 02/07/2026 @ 10pm

Witness :

Signature : Navya

Name : Navya

Date & Time : 4/7/26 @ 10pm

Doctor (who is taking the consent) :

Signature : Dr. Prashant

Name : Dr. Prashant

Date & Time : 29/7/26 @ 10pm

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. రిజిస్ట్రేషన్ నెం.: విభాగము

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/ BAH-00660637 IP5-00175943
Baby OF AYESHA BEGAM
02-07-2026 0 Y 0 M 2 D (F)
Dr. DINESH KUMAR CHIRLA
UHID.No : 04/07/2026 Date: 04/07/2026

I B/ S/o, D/o, W/o AYESHA BEGAM hereby
declare that our patient Mr. / Ms. AYESHA BEGAM who is related to me as Mother is
getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 04/07/2026
The doctors have explained to me in a language understood by me that my child has following health related issues :

The doctors have clearly explained to me that my patient B/o AYESHA BEGAM during his / her stay
in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical
ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line
placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure
shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is
implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures
performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of
infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o AYESHA BEGAM
in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various
procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.
The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : Shafae
Name : SHAFEE BEGAM
Relationship with Patient : Mother
Date & Time : 04/07/2026

Witness :

Signature : Navaneetha
Name : Navaneetha
Date & Time : 04/07/2026

Doctor (who is taking the consent) :

Signature : Dr. Poornima
Name : Dr. Poornima
Date & Time : 04/07/2026

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

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

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

రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి బి
నేను

అనే బాలుడు / బాలిక యొక్క బికిట్స్ మేరకు రేయిన్స్ బిల్డ్ ఆసుపత్రిలోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ

..... నాడు పూర్తి సమ్మతితో వేర్పాడిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

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

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

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

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

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

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

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము సంతకము

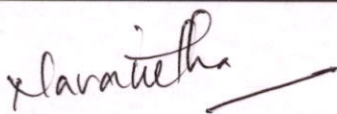
పేరు పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) తేదీ మరియు సమయము

సంతకము

పేరు

PATIENT TRANSFER FORM

Patient Name & UHID No. BAH-00660637 IP5-00175943 Baby Of AYESHA BEGAM 02-07-2026 0 Y 0 M 1 D (F) Dr. DINESH KUMAR CHIRLA 		Date & Time of Admission 3/7/26 @ 1:35pm	Date & Time of Transfer Order 3/7/26 @ 10:12pm
		Transfer Ordered by Dr. Rahul	Reason for Transfer Admission
From Unit ER	To Unit NICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 21	Number of Imaging Films no	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	IOD	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Bhavana		Name of Person Ordered Transfer Dr. Rahul	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received :			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



PATIENT TRANSFER FORM

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Patient Name & UHID No. <i>B/o. Ayesha.</i>		Date & Time of Admission <i>3/7/26</i>	Date & Time of Transfer Order <i>5/7/26</i>
Treating Consultant Name <i>Dr. NB</i>		Transfer Ordered by <i>Dr. NB</i>	Reason for Transfer <i>Baby is stable.</i>
From Unit <i>NICU</i>	To Unit <i>3rd floor</i>	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File <i>(37)</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over <i>Other</i>			
Sl.No.	Item Name	Quantity	
1.	<i>Diapers</i>	<i>7</i>	
2.	<i>Naspro</i>	<i>1</i>	
3.	<i>Feeding bottles</i>	<i>2</i>	
4.	<i>Baby wipes</i>	<i>1</i>	
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring <i>K. Navaneetha</i>		Name of Person Ordered Transfer <i>Dr. Sowmya.</i>	
Patient & Clinical Records Received by : <i>Sis. Sowmya</i>			
Date & Time of Patient Received : <i>5/7 @ 5:10 PM</i>			

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready

Baby wipes in butterfly 7/5/26
 delete 5/7/26