

BAH-00656843

IP5-00174091

Baby Of BAYU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 29am		Seen by Dr. Nitesh
	RVSP - 60 TAPSE - 1.6 RA/RV dilated PDA BD shunt No cyanotic cTD.	→ Continue HFV. MAP - 15 PEEP - 10 DP - 35 FiO ₂ - 70%
	Bladder	→ Mean FiO ₂ till 60% then + iNO by 5ppm 6th hly.
	USG Bladder - full	→ ABC, RBS } 6th hly. @ 6am
		→ TV - 80 cc/kg/day (include all) 5ml/kg hly 10% O ₂ + CaS feed
		→ Trace reports
		→ Send Blood culture. Start Meropenam
		→ Target SBP > 60 mmHg.

21/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : DOL-3 PMA:

Term Preterm Gestation : Term Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	<u>Term / LGA</u>	
2.	<u>Suspected sepsis</u>	
3.	<u>PPH, severe PPHN</u>	
4.	<u>HFOV + iNO</u>	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂.....

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours on HFOV - FiO₂ - 93%, f - 10, ΔP - 35
asynchrony @ → 1 Pentanyl. MAP - 15, DCO₂ - 30
very iNO - 20ppm, wiggle @
UAC, UVC @, urinary catheter @

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 198/min
rec -
 BP - 53/38 (45)
 SpO₂ - 92%
corrected Ca²⁺ - 86.

CeBS - on Adrenaline
Not Adrenaline
Dobutamine
Stat - Hydrocortisone given

CNS

Neurological Examination :

Sedation Fentanyl

Last Neurosonogram : Any Seizures +

FLUIDS STATUS NUTRITION

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

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

IV Fluids - Type of IVF : @ ml / hr

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

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

Abdominal Examination:.....

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:.....

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	SI.No.	Drugs	Days
	1.	Inj. Meropenam	D7
	2.	Inj. Colistin	D1
	3.		

Tubings - D1
IV line D1.
D2
UAC } D2
OVC } D2

Plan of Treatment :

- Continue tFOV + iNO.
- TV - 80cc/kg/day. => 10% D + Ca5 [including med, conotropes]
- Continue adrenaline ~~req~~ ^B
Not adrenaline
Dobutamine.
- LRBC transfusion today.
- ~~Recommendation to~~
ABC, 7th hly.
RBS
- I/O charting 6th hly ~~that~~ strictly
- ECHO - today
- NSA - today + ~~screening abdomen~~

Keep NPO for transfusion

Doctor's Name (Handover given) : Popple

Signature : [Signature]

Date & Time : 21/5/26

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

Signature : [Signature]

Date & Time : 21/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10:30 am	DOL-3 / Term / MCL (+)	Seen by Dr. Vijayanand → Continue HFV + iNO
	Req- 8. MAP-15 DP-42	→ Blood gas - 6 th hly. Next at 2pm. → Monitor OI's
	Extravasation injury.	→ Continue sedation → Intermittent muscle relaxants. → MBP 45-55 mm Hg. → R/v milkinone later. → NSG today. → Rv - 80cc/kg/day. → S/E, Ca ²⁺ , Mg ²⁺ with evening gas. → Start Mupinelt for extravasation injury. → Do not wean. → Rocuronium stat dose now -

Dr. VIJAYANAND JAMALPURI
 Reg. No: 40526

(A)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>SpO₂ - 95% PR - 170/ceen BP - 72/52(60)</p>	<p>TV - 80ml/kg/day [including blood products]</p>
	<p>- Dobutamine infusion - 6mcg - Adrenaline - 0.5mcg - Nor Adrenaline - 0.2mcg - ongoing UBC transfusion.</p>	<p>↓ ↓ fluid to 7.5% Dextrose - 7.5% ISO-P + 3ml/kg calcium gluconate + 0.2ml/kg magnesium</p>
	<p>RBS - 310mg/dl GIR - 4.1 mg/kg ↓ 3.01 mg/kg</p>	<p>Blood gas? RBS } 6th hourly.</p>
	<p>- Rocuronium - given. NSG - Normal</p>	<p>2 Echo cardiac assessment today - ongoing cardiology review.</p>
	<p><u>Issues</u> - severe PPHN - Hyperglycemia - Bil pedal edema, Extravasation injury - Stool - not passed - Urine output - 1.3ml/kg</p>	<p>Send Serum - Electrolytes, Calcium, Magnesium along with evening blood gas. Trace blood clots. Target MBP - 45 to 55 mmHg.</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 @ 8:30 am	NIGHT ROUNDS	
	Resp Baby on HFO + iNO iNO @ 25 → 20 ppm MAP - 15, DP = 48, freq - 8 I:E = 1:2 FiO ₂ - 80% SpO ₂ - 90% last Gas : No asynchrony wiggle upto umbilicus + 8ml/kg ca + 0.2ml/kg 7.33 49.0 127 24 0.3 ↓ OI - 7 lac = 2-3 Cardiac BP = 62/44(51) 50th - 95th cent Adrenaline 0.4 → 0.3 mcg/kg/h Dobutamine 6 mcg/kg Norad - Stopped HR = 165/min U/O = 2.1 cc/kg/hr + 129ml Neuro - NSG - Normal Fentanyl 1 + 1ml/hr.	Plan 1) Continue Current ventilation Target SpO ₂ 90-95 FiO ₂ > 21% 2) TV = 8ml/kg/day including All Blood prod 7.5% SPO-P feed 3ml 3rd hrly MAS -
		3) Blood gas } 6th hrly RBS -
		5) Target 42-55 wean Adrenaline if MBP > 55 mmHg
		6) I/O charting 6th hr 7) Target RBS 60-100mg/dl noted by J. G. M. T. E. 21/5/26 eg 1200 (P.T.O)

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF: @ ml/hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination: **GRBS - 116 mg/dl**
U/O = 2.1 cc/kg/hr
514 ml

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days	
	1.	Mecoperem	D ₅	Tubercog D ₁
	2.	Colistin	D ₂	Inferon - D ₂
	3.			UVC } D ₃ UAC } Cafu

Plan of Treatment :

- 1) Continue HFO + iNO
- 2) Tu = 80cc/kg/day - 7.5% 580-P + 3mb/kg Ca-gluconate
- 3) Blood gas feed 3ml grd_h + 0.2mb/kg Magnesium
 6th hourly
 RBS
- 4) Ongoing Cardiac review
- 5) Trace Blood c/s
- 6) Target MBP = 45 to 55 mmHg
- 7) No charting 6th hourly
- 8) monitor vitals

Doctor's Name (Handover given) : **T. Srecha**

Signature : **Srecha**

Date & Time: **22/5/26**

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

Signature : **Mantho**

Date & Time: **22/5/26**

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 Baby Of BAVU LATHA (F)
 19-05-2026 0 Y 0 M 2 D
 Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 10:36 AM		seen by Dr. Vijayanand sir
		<input checked="" type="checkbox"/> HFOV - MAP-15 PEEP - 8 - ΔP-45
		<input checked="" type="checkbox"/> OI \leq less than 10 wear PNO - 6 hours by SPM.
	lung - soft	
		<input checked="" type="checkbox"/> if MAP - 55 mmHg wear adenalat
		<input checked="" type="checkbox"/> ABG - 3 hours
		<input checked="" type="checkbox"/> U/O - monitor 6 hours
		<input checked="" type="checkbox"/> ↑ feed 5ml 3 hours
		<input checked="" type="checkbox"/> chest X-ray - 10 m
		<input checked="" type="checkbox"/> remove catheter
		NOC BY KANUJ (R586) 22/5 @ 10:36 AM Dr. Vijayanand Jamalpur 19-05-2026

PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
22/5		Afternoon rounds
22/5		
	Dg term / MAS + PPHW / hypotension	
	N → baby on HFOV MAP-15	plan
	freq-8, ΔP-45 FiO ₂ -60%	continue HFOV MAP-15 ΔP-45
	PNO-20 → 15 ppm Pco ₂ -72 VT _f -9.2	wean PNO-6g sppm every 30 mins Pf
	C → HR-145 bpm	DI < 10.
	Bp-55/32 (46) v/o-1.5 ml/kg/hr	TV-20 ml/kg/day 7.5% Iso + ca ₃ Mg 0.2
	o/a adre-0.2 mg/kg	feed-5ml/kg
	dobutamine-6 mcg/kg	wean adrenaline Pf-MBP > 50 mmHg
	HA - to clear any feed soft	target MBP-40-47 mm
		blood ARG } slowly RBS
		chest x-ray - to follow Rlo CBP } Plan LCP
		full blood culture monitor labs
		Dr. Manthra

~~NOTED BY
 KANT (1758)
 22/5
 @ 2 PM~~

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 11:50 PM	Night Rounds	PLAN
	Baby on AFO + iNo	→ Continue current ventilation
	iNo @ 9 → 5 ppm.	• HFV: MAP-15, DP-35
	Frg. - 9	• wean iNo by 5 PM
	MAP - 15 FiO ₂ - 60%	• Stay 6 hours if OI < 10.
	ΔP = 35	
	I:E 1:2.	
	Last Gen - pH - 7.383	• Less as planned.
	pCO ₂ - 41.3	
	pO ₂ - 114	
	lac - 0.8, Base - -0.4	• ABA) 8th hour
	K ₂ - 2.4,	GRBS)
	OI - 7.8	
		• TV - 80 ml/kg/day
	Vital - RR - 121	7.51.150-p + G3 Mg 0.2
	SpO ₂ 98%	Feed 5ml @ 3 hourly
	BP - 65/45 (54)	
	U.O. 1.8 celly/hr.	• EXR - Tm.
	On - Dobutamine 6mg/kg/hr	• Trade blood clots.
		• Monitor vitals
		Noted by Sub 24/5/26
		22/5/26 Dr. N. Prakash
		@ 11:42

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 Dr. VIJAYANAND JAMALPURI



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 5 PMA:

Term Preterm Gestation : term Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Term LGA / MAS	Hypotension
2.	severe PPHN	Hyperglycemia
3.	suspected sepsis	Anemia
4.		
5.		
6.		

Today's Weight :

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂.....

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours.....

iNO → 15 → SPPM
 HFOV - MAP-15 f_{IO2}-55%
 f_{EV}-9
 ΔP-35

Plan of Care : Continue HFOV + iNO

Neurological Examination :

Sedation: flexair

Last Neurosonogram : N Any Seizures:

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference: 1.2 new kg / hr

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

IV Fluids - Type of IVF: @ ml / hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination: soft tolerating feeds

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

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	meropenem colistin	P3
	2.		
	3.		

mupirocin

Plan of Treatment :

① continue HFVV + INO
 rupper 900 - 6y - 1PPM every 4hr hourly
 fuses fio2 - 100% to 40%

② 70 - 90ml/kg/day - 7.5% drop + ca3 mg/0.2
 feed - 5ml 3hourly
 pl - increase - feed - 5ml 3hourly

③ pl - wear - dobutamine add nitroglycerin / sildenafil

④ ARV } 2 hourly
 PRS }

pl - shift to vic-3

⑤ trace blood culture

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

Signature : [Signature]

Date & Time : 23/5/26

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

Signature : [Signature]

Date & Time : 23/5/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 10:17 AM		seen by Dr. vijayanand sir
		→ continue HFOV
		if OI < 10
		decrease INO
		by 1 ppm & slowly
		→ remove VVC
		→ put 2nd peripheral line
		→ continue fentanyl
		→ T feed oral & slowly
		→ do sideway!
		→ do churning & slowly.
		→ any further clinical changes
		take culture
		add up samples

Noted by
 Arun 015366
 10:25 AM - 23/5/16

Dr. VIJAYANAND JAMALPURI
 S.No: 40526
 take culture
 add up samples



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 11:55pm	UVC removal	
	Under strict aseptic precautions UVC has been removed and tip noted	
		Depth
	Afternoon rounds	
23/5/26 1:30pm		plane
	- on tfov + lno (4ppm)	- continue tfov + lno
	SPO ₂ - 94% PR - 118b/min BP - 78/55 (65)	FiO ₂ - 50%, MAP - 14, freq - 9, Sp - 35, Dco ₂ - 562, leak - 0
		If OI < 10, Decrease lno 1ppm every 4th hourly
	- on fentanyl sedation, et benatril infusion	<p>Moved by Arun 015/26 19-05-2026</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<p>← TV - 90ml/kg/day ↓ 10ml 3rd hly [↑ 5ml 6th hourly] TF = 50ml</p>
	<p>Urine output - 1.5ml/kg/hr stool - passed (soft)</p>	<p>← No. chattering 6th hourly.</p>
		<p>→ If further clinical deterioration, take Blood c/s and add lipo-Amphe-B</p>
	<p>Blood c/s - no growth after culture;</p>	<p>← Blood gas } 8th hourly. PBS</p>
		<p>← next blood gas at 2:00 PM</p>
		<p>← RW shift to nice - 3.</p>
		<p><u>meek</u></p>

Noted by
 Aem 015666
 2PM - 23/5/26

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 Baby Of BAVU LATHA (F)
 19-05-2026 0 Y 0 M 3 D
 Dr. VIJAYANAND JAMALPURI



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 3:20pm		Seen by Dr. Vijayanand
		→ Continue current ventilation
		→ Blood gas 6 th hely (next at 1pm)
		→ Mean <u>iNO</u> 1ppm/4 th hely
		→ Continue Sildenafil
		→ Feed 15ml/6 th hely.
		→ Continue fentanyl.
		→ Mean MAP tomorrow & aim conventional by Monday.

Noted by
 A/CN 015566
 3:30pm 23/5/26

Propitri

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	Night rounds	
12:00 AM	<p>- on HFOV & INO (1)</p> <p>fio₂ - 50%, freq - 9, MAP - 14, Ap - 35, I:E = 1:2,</p> <p>SPO₂ - 94% PR - 134 (acc) BP - 56/44 (50)</p>	<p>Plans:</p> <p>- continue current ventilation HFO + INO -</p>
	<p>- ongoing solderable feeding infusion</p>	<p>- ↓ INO 1 ppm every 4th hourly</p> <p>- Blood gas } RBS } 6 to 8 hourly</p>
	<p>urine - 2ml/4hr stool - passed</p>	<p>- TV - 90ml 1st day ↓ 20ml 3rd hourly [↑ 5ml 6th hourly] TF = 50ml</p> <p>- If any clinical deterioration, take blood c/s & add tipo-cuplo - 8</p>

noted by [signature]
 sent to [signature]
 23/5/26
 11:00 AM



24/5/26



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 6 PMA:

Term Preterm Gestation : Term Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	<u>Term / AGA</u>	<u>Hypotension</u>
2.	<u>MAS</u>	<u>Hyperglycaemia</u>
3.	<u>Severe PPHN</u>	<u>Anemia</u>
4.	<u>Suspected sepsis</u>	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂.....

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours..... - ON HFOV
FiO₂ - 50%
freq - 9,
MAP - 14,
AP - 35, I:E = 1:2,

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO₂ - 96%
PR - 141/min
BP - 56/40 (49)

CNS

Neurological Examination :

..... Sedation fentanyl

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

FLUIDS STATUS NUTRITION

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

Input : / (+/-) Output : ml/k/d Urine Output : 2.5 ml/kg/hr Stools passed

IV Fluids - Type of IVF : @ ml / hr

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

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

Abdominal Examination:.....

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

PLA soft

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:.....

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

INFECTION	Antibiotic	Sl.No.	Drugs	Days	- ongoing & detectable tubercosis
		1.	Mergemem colistin	} 7 days	
2.					
3.					

Plan of Treatment :

- Continue HFOV,
- Target SpO₂ - 90 to 95% ..
- TV - 90ml/kg/day
- ↓
- Feed 25ml 3rd hourly + Rest 7.5% ISO-P
- ↑ 5ml feed 6th hourly [TF = 50ml]
- Blood Gas } 8th hourly
- RBS }
- No. charting 6th hourly
- Review to shift to NICO-3

Doctor's Name (Handover given) : Amit

Signature : [Signature]

Date & Time : 24/5/26

Doctor's Name (Handover taken) : Poojitha

Signature : [Signature]

Date & Time : 24/5/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26		Seen by Dr. Vijayanand
9:00 AM		
	Stool-passed.	Plan -
		<ul style="list-style-type: none"> ✓ Continue HFOV ✓ wear MAP by 1 every 8th hourly if $FiO_2 < 50\%$; $OT < 10$;
		<ul style="list-style-type: none"> ✓ Blood gas } 8th hourly RBS }
		<ul style="list-style-type: none"> ✓ - ↓ MAP to 13; ✓ Monitor DO_2
		<ul style="list-style-type: none"> ✓ Continue fentanyl
		<ul style="list-style-type: none"> ✓ Target MAP - 40 to 50 mmHg. ✓ Continue sildenafil infusion.
		<ul style="list-style-type: none"> ✓ RBS 12th hourly. ✓ CBP } CRP } Tm;
		<ul style="list-style-type: none"> ✓ Target SpO_2 - 90 to 95%. ✓ If $SpO_2 > 95\%$, wear off FiO_2 slowly.

Notified by
 Arun 015566
 9AM - 24/5/26

DR. VIJAYANAND JAMALPURI
 Reg. No. 40226

Dr. Arun



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	Night Round.	
	on HFOV FiO ₂ - 45%, MAP - 12. ΔP - 35, PEEP - 9.	
		Plan.
	Last gas: pH - 7.44, pCO ₂ - 39.3 PO ₂ - 68.2, Lac - 1.1 BE → 2.4 O ₂ - 8.5 RBS - 67	→ Continue HFOV. wean MAP by 1/8 th hely if FiO ₂ < 50% & OI < 10.
	Vitals: HR - 114/min. Spo ₂ - 92%. BP - 60/41(50) U/O - 2cc/4hr.	→ IV - 90cc/kg/day. 30ml/3rd hely feed. + Rest - 7.5% ΔP (TF - 50ml) ↑ 5ml/6 th hely.
	P/A - Soft, stools passed.	→ Blood gas - 8 th hely. RBS - 12 th hely.
	ongoing - Sildenafil infusion Fentanyl sedation	→ Blo chaiting 6 th hely. → Continue Sildenafil infusion
	(outside blood culture Carbapenam Resistant E. coli) noted by Aram 015/2026 8 PM - 24/5/26 Propolis	→ Send CBP & tomorrow CRP 6am → Monitor vitals → Monitor DCO ₂

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 11:45		Seen by Dr. Nilesh
	FiO ₂ - 45, MAP - 12 ΔP - 35, f - 9	→ Continue HFOV.
	2x cannula secured	MAP 12 → 11.
	p-240, paco ₂	Rv conventional once FiO ₂ < 40%.
	p/o. 24 ml/kg/hr on 40ml/0.3hr feeds	→ Gas - 8th hily RBS - 12th hily
	copy Copious CT secretions ⊕	→ Trache blood culture
		→ Tr - 90 ml/kg/day Pam OG feeds
		- csp 7 Tm O gas csp
		- change s/dnafil to 0.8hily oral dose 4mg TB
		- send Repeat blood c/s
		- trace blood c/s - (Cult growth & antibiogram.
		→ Try Dexmed m miser
		Noted by Sub with 9 OBS 4/1 24/5/26 P. 20150 (P.T.O)

25/5/20

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 7 PMA:

Term Preterm Gestation : Term Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
1.	<u>Term / AQA</u>		<u>Hypotension</u>
2.	<u>MAS</u>		<u>Hyperglycemia</u>
3.	<u>Severe PPHN</u>		<u>Anemia</u>
4.	<u>Gram negative - Culture</u>		
5.	<u>CCR-E. coli (outside)</u>		
6.			

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :
 Mode of Ventilation : HFNC CPAP Conventional Ventilation : SIMV A/C VG HFOV INO PPM
 Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO₂..... Oxygen : L/min
 Last CXR : Spo₂ :
 ET Secretions : Clear Thick Yellow Last ABG :
 Change over the Last 24 Hours : on PTV mode -
FiO₂ - 40%, PIP - 22, PEEP - 6
Rate - 50
Changed to oral Sildenafil

CARDIO VASCULAR SYSTEM

Plan of Care :
HR - 155/min
RR -
SpO₂ - 97%
BP - 72/54(62)

CNS

Neurological Examination :
 Sedation :
 Last Neurosonogram : (D) Any Seizures : Fentanyl - 3hrs
Dexmed - 3hrs

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF : @ ml / hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination:

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

.....

..... P/A - soft

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	Mecopenam	D5
	2.	Colistin	D5
	3.		

T. Sildenafil

Plan of Treatment :

- Continue current ventilation
- Tr - 90cc/kg/day \Rightarrow 45ml 3rd hly
 \uparrow 5ml 6th hly CTF - 50mg
 + Rest \Rightarrow 5% O2 P
- Blood gas - 8th hly
 RBS - 12th hly
- Trace CBP, CRP
- E/e charting - 6th hly
- Monitor vitals

Doctor's Name (Handover given) : Pospite

Signature :

Date & Time: 25/5/20 7am

Doctor's Name (Handover taken) : Ar Arduya

Signature :

Date & Time: 25/5/20

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BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 4 D (F)
Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:40 AM	seen by Dr. Vijayanand	plan
	2 skin-injury on ① good.	① SIMU + P ₅ (14). 20/6. Ti = 0.4
	UAC D ₅ Tubing D ₄ IV unit D ₁ LD ₂	rate - 40 FiO ₂ - 30%.
		② Replat gas in 30 min
		③ cont oral sildenafil
		④ cont fentanyl & stop dexmed coding.
		⑤ TV = 100 ml/day
		⑥ ① blood c/s.
		⑦ lumbar puncture.
		⑧ Fluid chart
	Noted by laxay 07/05/26 25/5/26 @10am	Dr. Vijayanand Reg. No: 40526



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		<u>Afternoon rounds</u>
1:00 PM		
	- on simv + ps mode	
	FiO ₂ - 27%, PIP - 20, PEEP - 6, PS - 14 Ti - 0.40 RR - 40/min	<u>Plan:</u> Continue simv + ps mode, ↓ RR to ³⁵ 30/min, ↓ PIP to 18
	- last blood gas - 7.52 / 27.9 / 64.8 lac - 1.4, HCO ₃ - 25.8	Target SpO ₂ - 90 to 95%. TV - 100ml/kg/day
	SpO ₂ - 93% PR - 134/min BP - 62/42 (51) RR - 38/min	↓ Full OG feeds ↓ 50ml 3rd hourly [↑ 5ml 6th hourly] [TF = 56ml]
	- Discussed with microbiology team about antibiotics	Blood Gas } 12th hourly RBS

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 3:00 PM	Seen by Dr. Vijayanand Bacteremia in blood etc.	<p>Plan</p> <p>① SIMV PS (10) 15% rate 30</p> <p>② cont oral etidenafl</p> <p>③ aim for extubation t/m.</p> <p>④ stop fentanyl</p> <p>⑤ cont neuro + colistin</p>
	<p>Noted by Kavya (opass) 25/5/26 @ 8 PM</p>	<p>Dr. Anshu</p> <p>Dr. VIJAYANAND JAMALPURI Reg. No: 40226</p>
25/5/26 11 PM	<p>Night Round on SIMV + PS (10-8) PIP - 15 → 14 PEEP - 6 rate - 30 Ti - 0.40 last gas - 7.482/31.3/ 25.3/0.1/1.5</p>	<p>Plan</p> <p>① cont current ventilator</p> <p>② tubes dexmed & stop t/m 4am.</p> <p>Noted by Sumit 01302 25/5/26 @ 10 PM</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HR - 120/min RR - 55/min SpO ₂ - 94%	(3) Plan extubation t/m.
	Intermittently, HR ~ 105 ↓ Dexmed infusion Nunny, fighting the tube. No vomiting. PA - soft. Passed stools.	(4) N - 100ml/kg/day 55ml @ 3H full on feed. NPO before extubation
	CSF - Post-78 Cult - 40 cells - nil	(5) Trace CSF c/s blood sensitivity
	blood c/s - Burkholderia	(6) cont oral sildenafil. neo colistin] PSA
		noted by submit 25/5/26 @ 11 PM.



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 8 PMA:

Term Preterm Gestation : Term Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Term / AUA	Hypotension
2.	MAS / severe PPHN	Hyperglycemia
3.	Culture positive sepsis	Anemia
4.	- CR E-coli (outside)	
5.	- Burkholderia (RCA)	
6.		

Today's Weight :

Respiratory System

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂.....

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours.....
 SIMV + P5 (6 10 → 8)
 PIP 18 → 15 → 14
 PEEP - 6
 rate - 50 → 40 → 30
 FiO₂ - 25%

Cardio Vascular System

Plan of Care :

Dexmed & fenta stopped.
 Plan to extubate
 NPD.
 LP done today

HR - 119/min
 SpO₂ - 92%
 RR - 50/min
 BP - 60/40/49
 (50-95th)

CNS

Neurological Examination :

Sedation

Last Neurosonogram : Any Seizures.....

CRBS.

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/k/d Urine Output 2.3 ml/kg/hr Stools (+)
 IV Fluids - Type of IVF: @ ml/hr
 Feeding: EBM Formula Donor BM Volume: 50ml Frequency: Q3H.
 TPN: Yes No - If yes, details: Calories:
 Abdominal Examination: soft NPO currently for extubation

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

CSF pt - 78
 cells - 0
 cu - 20

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

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	Mecopenem	T. sildenafil IV uni @ 1000 @ D2. Tubing D4. UAC - D7
	2.	coustun } D6.	
	3.		

Plan of Treatment :

① cont current ventilation
 Plan extubation

② TV = 100ml/kg/day
 50ml Q3H.
 NPO currently ~~150-1~~ 7.57.

③ Gas } Q12H.
 RBS }

④ Trace - CSF c/s.
 - blood c/s sensitivity pattern -
 R/V UAC.

Doctor's Name (Handover given) : Dr Adwaryy
 Signature : [Signature]
 Date & Time: 26/5/28 9am

Doctor's Name (Handover taken) : Dr. Proptre
 Signature : [Signature]
 Date & Time: 26/5/28 9am



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9 AM	Extubation notes	
	Baby was extubated to CPAP @ 2 rams Uneventful O/E - on CPAP rams 6cm/29-1. HR - 161/min SpO ₂ - 100% RR - 60/min hoarse voice (+)	Plan ① cont CPAP rams 6cm ② keep on open ③ Restart feeds in shw Blood gas at 11am.
	O ₂ placed - fresh + old bleed (+)	<p style="text-align: right;">Dr. Vijayanand</p>
26/5/26 10:15 am		Seen by Dr. Vijayanand
	IV line - D2 Skin injury over (+) lower limb.	Continue CPAP rams PEEP - 7cm. Blood gas at 11am.
	Notified by Arun 015966 10:20 AM - 26/5/26	Remove arterial line Blood gas OD Add Budecort Neb - BD Dexamethasone IV stat.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<p>→ IV - 100cc of gl day 56ml 68ml 3rd hely 09 feed</p>
		<p>→ Positioning Rt up - 4h Lt up - 4h Supine - 4h</p>
	<p>Prophylax Not by Aug - 21/5/26 10:20 AM - 26/5/26</p>	<p>→ Trace CSF culture → Trace blood culture → Activity pattern Adrenaline neb (80s)</p>
		<p>Dr. VIJAYANAND JAMALPURI Reg. No. 10526</p>

3AH-00656843
 Baby Of BAVU LATHA
 19-05-2026 0 Y 0 M 5 D (F)
 Dr. VIJAYANAND JAMALPURI

IP5-00174091



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		<u>Afternoon rounds</u>
1:00 PM		
	- ON CPAP,	<u>plan:</u>
	FiO ₂ - 30% PEEP - 7;	- Continue CPAP PEEP - 7.
	- Stridor ⊕	- w/ ↑ distress
	SpO ₂ - 95% PR - 165/min	- Target SpO ₂ - 90 to 95%
	RR - 40/min BP - 72/51 (57)	- TV - 120ml/kg/day
	<u>Issues:</u>	↓ 45ml 2nd hourly
	- stridor ⊕	- Full OG feeds
	- oedema over scalp ⊕	- RLV about formula feeds
	- Respiratory distress ⊕	- Positioning - Rt. UP - Lt. UP } 4 hrs
	- Rt. leg extravasation injury	- Supine } 4 hrs
	Blood cl - Burkholderia [s/t to levofloxacin] Resist to meropenem & colistin	- Trace CSF cl.
	Repeat blood cl - no growth after 24 hours	
	UAC - removed;	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 @ 5:39 AM		seen by Dr. vijayanand sir
	<p>Notified by Arjun at 4:56 bpm - 26/5/26</p>	<p>continue CPAP</p> <p>start denarethasone</p> <p>underwell web BA</p> <p>review antibiotics</p> <p>blood gas - (sos)</p>
	Handover given by Dr. Anushe	<p>Handover taken by Dr. Ramp</p> <p>Dr. Ramp</p> <p>Dr. VIJAYANAND JAMALPURI Reg. No: 40526</p>
	Night Rounds	
26/5/26 10 pm	Term 8 DOL B.Wt = 4.54 kg severe MAS / PPHN (severe) / culture true Sepsis E.coli Q, Burcholodovic (Rus)	
	On nCPAP. $\dot{V}_{O_2} = 30\%$ PEEP = 7, PIP = 14	<p>Plan:</p> <p>continue CPAP</p>
	Tachypnea (+) Intermittent	TV = 120 ml/kg/day → 45 ml @ 2H full
	HR = 128/min	OG feeds (Formula)
	RR = 52/min	Positioning ← Rt up / left up / supine
	SPO ₂ = 95% on CPAP	WtA distors, tachypnea, +
	BP = 76/44 (54) mm Hg	Monitor vitals
		No chesty @ 6H



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 2:30am	Tachypnea (RR = 65-70/min) Distress (+)	Plan: → Prone nursing → SOS shift to NIV if tachypnea, distress persistent
		↓
		Start NIPPV mode
		with FiO ₂ = 30%
		PIP = 18
		PEEP = 7.0
		RR = 40
		Ti = 0.50.
		Dr. Ramya
		Noted by Pujitha
		27/5/26
		@2:30am

27/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 9 PMA:

Term Preterm Gestation : Term Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
1.	Term / AGA	Hypotension
2.	MAS / Severe PPHN	Hypoglycemic
3.	Culture positive sepsis	Anemia
4.	→ CR E Coli (Outside)	
5.	→ Burkholderia (RCH)	
6.		

Today's Weight : 4.597 kg

RESPIRATORY SYSTEM

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂ :

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours: ~~Extubated~~ → CPAP PEEP = 7, FiO₂ = 30%
 ↓
 NIPPV mode FiO₂ = 30%, PIP = 8,
 PEEP = 7; RR = 40 /min
 Ti = 0.50

CARDIO VASCULAR SYSTEM

Plan of Care : CIVO distress, tachypnea @ 2:40am

HR = 124/min
 RR = 42/min
 SPO₂ = 96% on NIPPV mode
 BP = 75/40 (53) mmHg

U/O - 2mlk.
 S/O - ramed.
 RBS - 85mg/dl.

CNS

Neurological Examination :
 Last Neurosonogram : } CTA fair Sedation } NO.
 Any Seizures:

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF: @ ml/hr

Feeding: EBM Formula Donor BM Volume: 45ml Frequency: Q2H

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

Abdominal Examination:
PA: Soft / NO distension

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

Edema -

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	Sl.No.	Drugs	Days
		1.	Inj levoflox.	D1
2.				
3.				

Tubing - D6
cannula - D2

Plan of Treatment:

- Continue NIPPV mode with same settings
- Target SpO₂ if P_iO₂ > 21% → 90-95%
- P_iO₂ = 21% → 90-100%
- Continue IV = 120ml/kg/day, 45ml Q2H (Formula + EBM) OC feeds.
- Prone nursing
- RBS, Blood gas → OD.
- Oral suctioning - SOS.
- Trace CSP Gs report
- No Chestig Q6H
- w/p distress, tachy.
- Positioning $\left\{ \begin{array}{l} \text{Rt up} \\ \text{left up} \\ \text{supine} \end{array} \right\}$ ambly.

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

Signature : [Signature]

Date & Time: 27/5/26, 8am


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

Signature : [Signature]

Date & Time: 27/5/26



(35) **PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
27/5/26 11:40am.		Seen by Dr. Vijayanand
		Continue NIV. 16/7, Rate 30.
		Prone nursing.
		Continue Budecort.
		Cardiac assessment R/V Sildenafil
		Adrenaline Neb 80s
		TV-140ml/1 day
		Continue Levofloxacin for 1 week.
		<p style="text-align: right;">  Dr. VIJAYANAND JAMALPURI Reg. No: 40526 </p>

Notified by
 Arun 015 566
 11:50 AM - 27/5/26

36 PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/5/26</u>		
<u>1:45 PM</u>		
	<p>Afternoon rounds</p> <p>- on NW</p> <p>F_{IO2} - 21%</p> <p>PIP - 16,</p> <p>PEEP - 7</p> <p>RR - 30/min</p>	<p>plans</p> <p>continue NW 10/7,</p> <p>Target SpO₂ - 90 to 95%</p> <p>TV - 140 uL/kg/day</p>
	<p>- Stable on NW,</p> <p>SpO₂ - 96%</p> <p>PR - 139/min</p> <p>RR - 62/min</p> <p>BP - 84/52(66)</p>	<p>↓</p> <p>52 uL 2nd hourly [EBM / formula feed]</p> <p>Blood Gas RBS good</p>
	<p>- Urine output -</p> <p>- stool - not passed</p>	<p>Adrenaline neb. SOS</p> <p>prone reeking</p>
	<p>Notified by Arjun 015566 1:50 PM - 27/5/26</p>	<p>cardiac assessment today to look for PPHW & RV s/denabil.</p> <p>Dr. Anub [Signature]</p>

37 PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7		Night Round
	on NIV 15/7, Rate - 30. Ti-O ₂ , FiO ₂ - 21%. No desat/beady. No RD	Plan.
	one episode of vomiting. Steida (+)	→ Continue NIV. Target SpO ₂ 90-95%.
	<u>Vitals</u> HR - 160/min RR - 55/min SpO ₂ - 92%. BP - 82/58 (66)	→ TV - 140cc/day. ↓ 52ml 2nd hly [Dial formula]
	P/A - soft stool passed	→ Blood gas RBS OD
	R/S - 20mmHg No PDA	→ R/v Sildenafil 10mg slow
		→ Adrenaline Neb SAs.
	↓ <u>Paracetamol</u>	→ Monitor vitals



28/5/26.

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 10 PMA:

Term Preterm Gestation : Term Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Term ACPA	Hypotension
2.	MAS/ severe PPHN	Hyperglycemia
3.	Culture positive sepsis	Anemia
4.	Burkholderia cepacia	
5.		
6.		

Today's Weight :

Ventilatory Support : Yes No - Day # of Vent :

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

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

Last CXR : Spo₂.....

ET Secretions : Clear Thick Yellow Last ABG:

Change over the Last 24 Hours: on NIV - 15/7, Rate 30, Ti-0.5s
 No breath/ desat.
 Steida ⊕, 1 Adrenaline neb given last night.

Plan of Care :
 RR - 18/min
 RR - 22/min
 SpO₂ 92%
 BP - 81/71 (84)

Neurological Examination :

Sedation.....

Last Neurosonogram : Any Seizures.....

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:

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

IV Fluids - Type of IVF : @ ml / hr

Feeding: EBM Formula Donor BM Volume: Frequency:

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

Abdominal Examination:
p/a - soft
one episode of vomiting felt.

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	Sl.No.	Drugs	Days	
		1.	Inj. Levofloxacin	D7/D7	Mupineat
2.			Sildenafil		
3.			Budecort Neb	Tubing-D7	
				Cannula-D3	

Plan of Treatment :

- Continue NIV.
- IV - 120cc/kg/day → 52ml/2nd half full O2 feed (Formula)
- RBS good. Gas good.
- Continue Budecort Neb.
- Prone nursing
- Rv sildenafil today
- Monitor vitals

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

Signature : *[Signature]*

Date & Time : *28/5/20 7am*

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

Signature : *[Signature]*

Date & Time : *28/5/20*



29 PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 10:16 AM		seen by Dr. vijayanand sir
		CPAP - 7
	skin wound over right foot	blood gas (sos) (no routine blood gas)
		Continue Sudocrem
		stop sildenafil
		Dress the wound
	noted by Acno 15566 10:20 AM - 28/5/26	Cocain drops to add
		Dr. vijayanand JamalPuri
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 2 PM	<p style="text-align: center;"><u>Afternoon note</u></p> <p>on CPAP 7cm Rams</p>	
	<p>HR-150/min SpO₂-99% RR-48/min mid scr (+) otherwise comfortable.</p>	<p style="text-align: center;"><u>Plan</u></p> <p>① cont CPAP 7cm rams FiO₂ to target SpO₂ 90-95%.</p>
	<p>tolerating on feeds PA soft.</p>	<p>② TV=140ml/kg/day 5ml q4h full O₂ PF.</p>
	<p>sildenafil stopped BP-87/54(67) ASM - baby crying. CRT < 3me PP wt.</p>	<p>③ No routine blood gas. ④ CURS OD ⑤ cont budcort nebs.</p>
	<p>mid scider (+)</p>	<p><i>Noted by Arun 01/5/26 2 PM - 28/5/26</i></p>
25/5/26 3:30 PM	<p>Dzefloxi</p> <p style="text-align: center;"><u>Seen by Dr. Vijayanand</u></p>	<p style="text-align: center;"><u>Plan</u></p> <p>① cont CPAP ② O₂ feeds. ③ Budcort nebs</p>

①

BED SIDE CHECK LIST FOR NURSES

Date:	21/5	21/5	22/5	22/5	22/5	23/5	23/5	24/5	24/5
Doctor's Orders	✓	Followed	Follow	Followed	Follow	✓	Followed	✓	✓
Carried out or not	✓	DOCE	DOCE	DOCE	DOCE	✓	DOCE	✓	✓
Bed Side									
Structured Handover done	✓	DOCE	DOCE	DOCE	DOCE	✓	✓	✓	✓
IV Site	yes	Present	yes	Present	yes	✓	✓	✓	✓
Central Lines	✓	Present	yes	Present	yes	✓	✓	✓	✓
Arterial Lines	✓	YES	yes	Present	yes	✓	✓	✓	✓
Feeding Catheter	✓	YES	yes	Present	yes	✓	✓	✓	✓
Urinary Catheter	✓	YES	yes	NO	no	x	x	x	x
Skin Care	✓	Give	given	Given	given	✓	given	✓	✓
Eye Care	✓	Give	given	Given	given	✓	given	✓	✓
Mouth Care	✓	Give	given	Given	given	✓	given	✓	✓
Sterillum Bottle, Stethoscope	no	YES	yes	YES	yes	✓	yes	✓	✓
Suction Bottle (Should be clean & empty)	✓	YES	yes	YES	yes	✓	yes	✓	✓
Intubation Tray	no	NO	no	NO	no	x	no	x	x
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	no	NO YES	yes	YES	yes	✓	yes	✓	✓
Ventilator Tubing, (Any Water, Blood)	no	NO	no	NO	no	x	no	x	x
Humidification	✓	NO	no	NO	no	x	no	x	x
Check all Infusion (Labelling, Correct Preparation)	✓	YES	yes	YES	yes	✓	yes	✓	✓
Chest Physio & Neb	no	NO	no	NO	no	x	no	x	x
Handed Over By Name :	Ashu	Karaj	Somraj	Karaj	Somraj	Arun	Somraj	Arun	Somraj

Checked & Handover given by
 Name of the Nurse : Ashu
 Signature : Ashu
 Date & Time : 21/5/26 6am

Checked & Handover taken by
 Name of the Nurse : Karaj
 Signature : Karaj
 Date & Time : 21/5/26 8am

BAH-00656843 IP5-00174091
Baby Of BAVU LATHA
19-05-2026 0 Y 0 M 2 D (F)
Dr. VIJAYANAND JAMALPURI



1



ACTIVITY RECORD FOR BILLING

Name : Blo Badu Latha

UHID No. : 656843 IP No. : 174091 Consultant: Dr. Vj Dept : _____

Date of Admission: 21/05/26 Time : _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : 10 Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/5/26	N/P I, Blood culture	BA2605477	[Signature]
	CRP Blood grouping, P/abp/11		
	CRP	R265-025497	
	Albumen, magnesium	BA26051005	
21/5	VBG (2)	26051590	[Signature]
21/5	RBG (2)		
	ABG	26051614	[Signature]
21/5	ABG	26051680	[Signature]
21/5	RRR	26051882	[Signature]
21/5	CRD	26052536	[Signature]
	MSG		
21/5	ABG, RRR	26051882	
21/5	MSG	26052556	
21/5	ABG, RRR	26051882	
	S/E, Co, MgSO ₄	26051876	
	2D ECHO	265-022676	
21/5/26	ABG, RRR	BA-2605169	[Signature]
22/5/26	ABG, RRR	BA26651970	[Signature]
22/5	ABG, RRR	26052280	
22/5/26	ABG, RRR	26052322	[Signature]
23/5/26	S.E, CRP, CRD.	26052393	
27	ABG, RRR	26052892	
27	CRP	R265028891	[Signature]

MEDICAL EQUIPMENT (WARD & ICU)

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	Inv. monitor.	21/5/20		9618516	[Signature]
	Oscillator.				
	Nitric oxide.				
	Syng pump ①				
	Syng pump ②				
	Syng pump ③				
	Syng pump ④			9618518	
	Syng pump ⑤			9618520	
				9618522	
				9618526	
22/5/20	Inv. monitor.	21/5/20		9618516	[Signature]
	Oscillator.				
	Nitric oxide				
	Syng pump ①				
	Syng pump ②				
	Syng pump ③				
	Syng pump ④			9618518	
	Syng pump ⑤			9618520	
				9618522	
				9618526	
23/5/20	Inv. monitor.	21/5/20		9618516	[Signature]
	Oscillator.				
	Nitric oxide				
	Syng pump ①				
	Syng pump ②				
	Syng pump ③				
				9618518	
				9618520	
				9618521	

BAH-00656843 IP5-00174091
 Baby Of BAYU LATHA
 19-05-2026 0 Y 0 M 2 D (F)
 Dr. VIJAYANAND JAMALPURI



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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26		Seen by Dr. Sarat.
	on HFOV + iNO. 20ppm	→ Continue HFOV + iNO
		→ Send. ABC.
		NP1, Mg ²⁺
		Blood culture.
		PT, APTT.
		→ Get Chest X-Ray.
		→ LD Echo now.
		→ Neurological screening.
		→ Fentanyl sedation to start.
		Start. → Continue Adrenaline
		→ Start Meopenam.
		→ IV - 80ml/kg/day 10% D + 3ml/kg Calcium gluconate

