

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173639 Admit Date : 10-May-2026 Admit Time : 06:37 AM UHID : BAH-00655930

Patient Details :

Patient Name : Baby Of GOLLA VIJAYA LAKSHMI Age : 0 D
Guardian : Mr GOLLA AJAY DOB : 10-05-2026 06:36 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : 202, 6th block, raja pushpa propeTties, laxmi Phone No : 9652712003/ 8790135883
nagar, Attapur Hyderabad Telangana INDIA E-mail : dr.ajaysai@gmail.com
500048

Admission Details :

Bed Type : BASINET Bed No : CRDL-SW-415-1 Ward Name : 4F-BIRTHING CENTRE
Room No : CRDL-SW-415-1 Admission Type : First Visit

Contact Details :

Name : Mr GOLLA AJAY Relationship : Father
Contact Address : Phone No : 9652712003 / 8790135883


Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE Specialisation : NEONATOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELF PAY

BAH-00655930 IP5-00173639
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026 0 Y 0 M 0 D 0 H (M)
 Dr. KAPIL BHAGWATRAO SACHANE



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

BIRTH INFORMATION

Name : Ushla Vijayalaxmi Mother's Blood Group : B+ve
 Gender : M F Blood Group : Birth Weight (gms) : 2.678kg Length (cms) : 49
 Date of Birth : 10/5/26 Time of Birth : 5:32AM OFC (cms) : 34
 Place of Birth : REH Estimated Gesth Age : 37+2

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 28 Ht : Wt : BMI : Married Life : LMP : 23/8/25 EDD : 30/5/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : 36+4 @ REH previously @ Adapur AN Steroids Drugs / Doses :
 Last Scans Details : S/S hb - 36+4, cephalic, AFI - 16cm, ↑ umbilical artery resistance & ↑ the EDF, MCA redistribution, DVN, maternal doppler - high resist. index
 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 / Redistrbution 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

G: P: A: L:

| Sl. No. | Age | GA wks | B.W | Gender | Significant | Details |
|---------|------|--------|-----|--------|-------------|---------|
| | 26mm | | | | | |
| | | | | | | |
| | | | | | | |

PERINATAL HISTORY

Treating Obstetrician : Dr. V. K. S. Hospital : RCH Inborn Outborn

| | |
|---|--|
| <p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : <u>NPOL</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p> | <p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p> |
|---|--|

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

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

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 :



Baby cried immediately after birth
delayed cord clamping done



Routine newborn care
vit K given 1M.O. 5ml



Shifted to mother's side

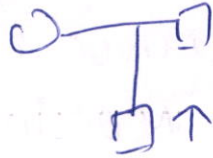
Investigation details in previous Hospital :

Feeding History :



Past

Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 150 RR : 35 NIBP : — CFT : 43ml
Color of the extremities : pink
Jaundice : — Pallor : — SpO2 : 98% RA'

ANTHROPOMETRY: Birth Weight : 2.678 Length : HC : Present Weight :
Ponderal Index : AGA : SGA : LGA :

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Baby Of GOLLA VIJAYA LAKSHMI
10-05-2026 0 Y 0 M 0 D 0 H (M)
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HEAD TO TOE EXAMINATION

| | | |
|---|---|-----------------------------|
| | Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) : | (N) |
| FACIES : (Any Facial Dysmorphism) | | (N) |
| NECK and CLAVICLES : | Range of Motion : Asymmetry : Masses : | (N) |
| EYES : | Symmetry : Red Reflex : Discharge : | force checked |
| EARS, NOSE MOUTH and THROAT : | Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue : | (N) |
| THORAX and BREASTS : | Shape of Thorax : Position of Nipples and Number : | (N) |
| ABDOMEN and UMBILICUS : | Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : | 2A + 2W |
| GENITILIA : | Labia / Hymen : Testicles/penis : Anus : | 1/1 descended |
| HERNIAL ORIFICES | | |
| TRUNK and SPINE : | | (N) |
| 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: 35 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 : room air

SpO₂ : 98.1 Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 150 BP :

Precordial Activity :

Femoral Pulses : (+)

Murmurs : (-)

Other Peripheral Pulses :

Signs of Cardiac Failure :

ABDOMEN:

Shape : (C)

Hernia orifice :

Palpation : (C)

Anal Patency : (+)

Palpable masses : (-)

Umbilical Cord :

Abdominal girth :

First urine passed : 1x

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves : cry / tone / activity - good

MOTOR SYSTEM:

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

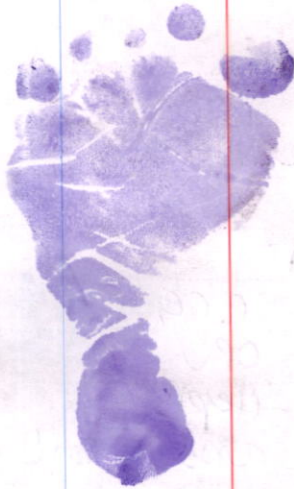
ATNR : Skull and Spine :



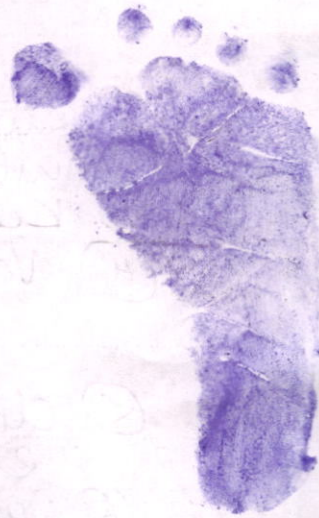
Diagnosis : Term / AUA / male / EML&S (P/NPOZ) / permi
mother / T umb art resistance & cerebral redistribution

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :
Name : Dr. Anurag
Date & Time : 10/5/26

Consultant :

Signature :
Name : Dr. Kapil Bhagwatrao Sachane
Date & Time : 10/05/26
Reg No: TSMC/FMR/19525

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

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

Any Oxygen requirement :

Systemic :

Medications : Plan

- ① Shift to mother's side
- ② Initiate feeds
- ③ Keep baby warm
- ④ Vaccinate today - BCG
 - OPV
 - HepB

Plan during ward follow up :

- ⑤ clinical jaundice assessment @ 24HOL
- ⑥ 48HOL - SBR
 - NBS
 - OAT
- ⑦ trace baby blood group

Feeding Plan at the time of shifting :
 first feeding time: 6 Am to 6:15 Am

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given):
 Doctor Name: Dr. Adwanys
 Date & Time: 10/5/26

Doctor Signature (Handover Taken):
 Doctor Name:
 Date & Time:

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Patient Sticker

BAH-00655930 IP5-00173639
Baby Of GOLLA VIJAYA LAKSHMI
10-05-2026 0 Y 0 M 0 D 0 H (M)
Dr. KAPIL BHAGWATRAO SACHANE



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|-----------------------------------|--|
| 10/5/26 | Seen by Resident | |
| 11:35 AM | 6 H02 / 37+2 / mch / 2678g (A6 A) | Kem. Uses (NPO) / Primi |
| | | Umb. art resistance & cerebral redistribution. |
| | Bt. wt - 2678g | Plant |
| | | - Continue direct breast feeding |
| m | B ⁺ Urine-passed | flb burping every 2-3 hrs |
| B | Motion-passed. | - Warmth care |
| | | ✓ BCG } Today |
| | | ✓ OPV } Today |
| | | ✓ Hep-B } Today |
| | | - Clinical assessment of |
| | | Jaundice @ 24 H02 |
| | | - Trace baby blood group |
| | | - Monitor vitals & Inform |
| | | SOS |
| | | Noted by |
| | | Sachane @ 12 PM. Bharath |
| | | |
| | | |
| | | |
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| | | |

Dr. Kapil Bhagwatrao Sachane
Reg. No: TSMC/FMR/19525



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|---|
| 11/5/26 | Seen by Resident + | |
| 8:15 AM | 27 HOL 37+2 mch 2678 (AGA) Em. LSCS (VAC) / Primi | |
| | | Plan:- |
| | Bt. wt - 2678g | |
| | Today. wt - 2525g | - Start SSPT @ eyes and |
| | 153 (↓ 5-7%) | genitalia covered. |
| M/B+ | | - Measured feeds (EBM+FF) |
| B/O- | TCBR @ 24 HOL - 8.5 | 20 ml q 2hrly (or) |
| | | 30 ml q 3hrly. |
| | urine } motion } passed. | - W/feeding difficulties |
| | | - Monitor vitals and |
| | | Inform SOS |
| | | - SBR } after NBS } @ 48 hrs & 71m OAE } 8 AM |
| | | Noted by Maitha |
| | | |
| | | <u>Bharath</u> |
| | | |
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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|--|---|
| 11/5/26 2:45pm | <u>Afternoon Round</u> | |
| | on RA Accepting DBF, also under SSPT | <u>Plan.</u> |
| | passed urine, stool. P/A - soft | → Continue SSPT at - eyes & genitals covered. |
| | | → DBF 2nd hely. @ 20ml/2nd hely measured feed of milk output is low - from mother. |
| | | → SBR. NBS } at 8AM tomorrow |
| | | → OAE - T/m. |
| | | <u>Positively</u> |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|--|
| 12/5/26 | Seen by Resident | |
| 8:10AM | SIHOL/37+2 mch 2678 (Ag A) | Em. USLS/ Primi (NPO) |
| | Bt. wt - 2678g | Plan: |
| | Today. wt - 2367g | - Continue SSPT eyes and genitalia covered |
| | 311g (↓11%) | - Measured feeds (EBM+FF) |
| M B+ | Motion - 4 times | 25ml q 2 hrsly (or) |
| B O- | Urine - 7 times | 35-40ml q 3 hrsly |
| | SBR - 11.5 (cut off 13.5) | - Trace SBR report. |
| | | ✓ OAE Today |
| | | - Monitor vitals and Inform SOS. |
| | | |
| | | <u>Blotch</u> |
| | | (ont. SSPT) |
| | | SBR T/m 10AM |
| 12/8/26 | OAE - results bilateral PASS | <u>NB sydney</u> |
| | Suggestive of Normal functioning of Outer hair cells | |
| | <u>Dr. Divyanshu Aridhi</u> | |

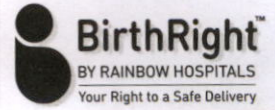
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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|--|--|
| 12/5/26 4:30PM | Seen by Resident 59 HOL / 37+2 mch | Resident 2678 (AGA) / Em. LSCS / Primi |
| | urine } motion } passed | Plan: - Continue SSPT & eyes and genitalia covered. |
| m B+ B 0- | ↓ SSPT since 9:30 AM Euthermic, pink Hemodynamically stable c/T/A - Good. | - Measured feeds as advised |
| | | - SBR Tomorrow 10 AM - Monitor vitals and Inform SOS. |
| | | Bharath NB Jyothy/Resident |
| | Seen by Resident | |
| 13/5/26 8:20 AM | 75 HOL / 37+2 mch | 2678 g (AGA) / Em. LSCS / Primi |
| | Bt. wt - 2678g Yest. wt - 2377g Today wt - 2374g 79g ↑ | Plan: - Continue SSPT & eyes and genitalia covered |
| m B+ B 0- | urine - 11 times Stools - 12 times ↓ SSPT : 48 hours | - Measured feeds (EBM + FF) 25-30ml q 2 hrly (ox) 35-40ml q 3 hrly |
| | | - Send SBR Today @ 10 AM - Monitor vitals and Inform SOS |
| | SBR @ 76 HOL - 12 [cut off - 16.5] | Discharge Pls 2 days Bharath |

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 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026 0 Y 0 M 1 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE



RESULT SHEET

| | | | | | |
|---------------------|--------------------|----------------|--|--|--|
| Date | 12/5/26 | 13/5 | | | |
| Time | | 10AM | | | |
| Hb | | | | | |
| PCV | | | | | |
| RBC | | | | | |
| WBC | | | | | |
| N/L | | | | | |
| Platelets | | | | | |
| RP | | | | | |
| ESR | | | | | |
| PCT | | | | | |
| RBS | | | | | |
| Na | | | | | |
| K | | | | | |
| Cl | | | | | |
| Ca/Mg | | | | | |
| Phosphate | | | | | |
| Urea | | | | | |
| Creatinine | | | | | |
| ALP | | | | | |
| SGPT | | | | | |
| SGOT | | | | | |
| T.Bill/Conj | 11.5 < 0.2 11.3 | 125 04 11.6 | | | |
| T.Protein | | | | | |
| S.Albumin | | | | | |
| S.Globulin | | | | | |
| A/G Ratio | | | | | |
| Uric Acid | | | | | |
| S.Amylase | | | | | |
| Sr.Lipase | | | | | |
| Blood Lactate | | | | | |
| S.Cholesterol | | | | | |
| PT/INR | | | | | |
| APTT | | | | | |
| CSF Protein / Sugar | | | | | |
| Cells | | | | | |
| N/L | | | | | |

MULTI-DISCIPLINARY PLAN OF CARE FORM

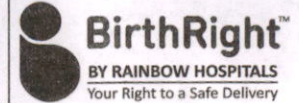
Date

New born baby

| Date Time | Discipline | Type | Patient Needs / Problem List | Goal | Plan / Intervention | Signature | Team Verification |
|----------------|---|---|------------------------------|-----------------------------|--------------------------|---------------|--|
| | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: | <input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op | | | | | <input type="checkbox"/> Nursing <input type="checkbox"/> Others: |
| <i>10/5/26</i> | <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others: | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op | <i>DBF & warm care</i> | <i>↳ burping hardly</i> | <i>↳ plan for safety</i> | <i>Sharda</i> | <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Others: |
| | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: | <input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op | | | | | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: |
| | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: | <input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op | | | | | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: |
| | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: | <input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op | | | | | <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others: |



PATIENT / FAMILY EDUCATION RECORD



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

Identified Education Needs :

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Terapy (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 Barries | Teaching Tools | Mechanism/s to overcome barrier/s | Understanding | | |
| 10/5/26 | 7AM | 7 | Infection control measures | M/F | 1 | 0 | 1 | 2 | | Suanda |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 : | 1. No Learning Barries | 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 Barries | 6. Desire / Motivate to Learn | 9. Cultural Difference | 12. Impaired Vision / or Hearing | | | | | | |
| Teaching Tools Used : | A : Audio | D : Demonstration | V : Video | O : Oral | P : Printed | | | | | |
| Mechanism/s to overcome barrier/s : | 1. None | 3. Reassurance & Support | 5. Respect values & beliefs | 7. Other, Specify..... | | | | | | |
| | 2. Obtain translator | 4. Teach Family / others | 6. Respect Cultural / Religion Preference | | | | | | | |
| Understanding : | 1. Verbalizes Understanding | 2. Demonstrates Understanding | 3. Needs Review | | | | | | | |

Patient Sticker

IP5-00173639
Baby Of GOLLA VIJAYA LAKSHMI
10-05-2026
Dr. KAPIL BHAGWATRAO SACHANE
O Y O M O D O H (M)



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name:

Date of Birth: 10/5/26 Time of Birth: 5:32 AM Gender: Male Female

Birth Weight: Kgs HC: 34 cm Length: 49 cm

Meconium in Liquor: Yes No Cried at Birth: Yes No

Term / Pre-term / Post-term:

Resuscitated: Yes No Blood Group: Mother: (Blue) Baby:

Feeding: Breast Feeding Formula Both First Feed Time: 6am to 15 AM

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 36.60F °C HR: 138 /Min RR: 40 /Min BP: SpO₂: 100

Pain Score: 0 (Follow N Pass)

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

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

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

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

Vitamin K 1 mg IM Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Suande

Signature: [Signature]

Date & Time: 10/05/26 3:30 PM

ADU
 BAH-00655930
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026
 Dr. KAPIL BHAGWATRAO SACHANE

IP5-00173639

Doc. No. : RCHB / FRM / CLINICAL / 124

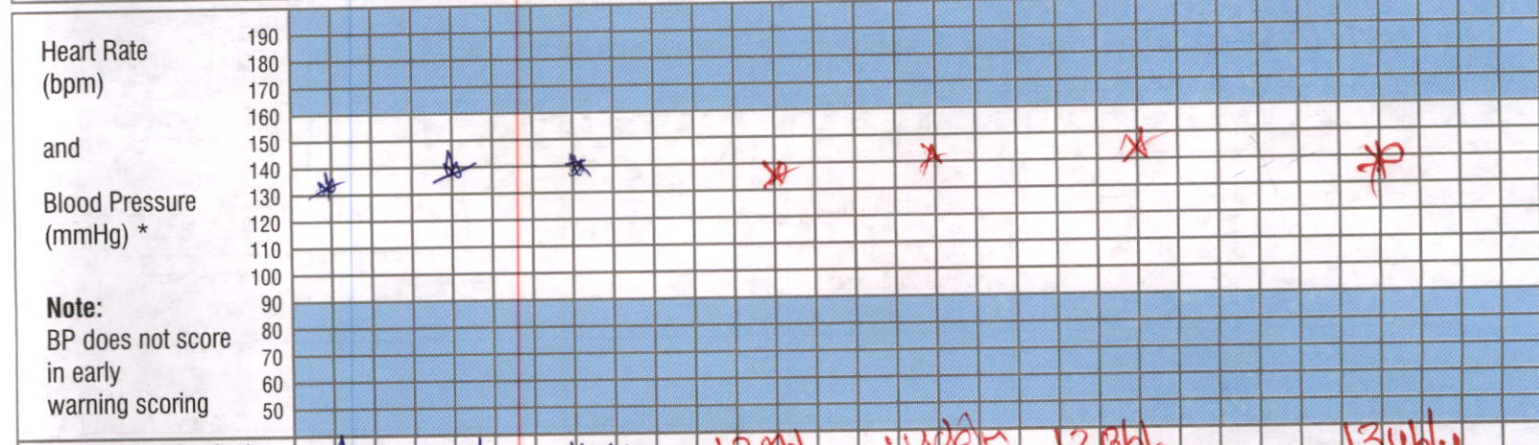
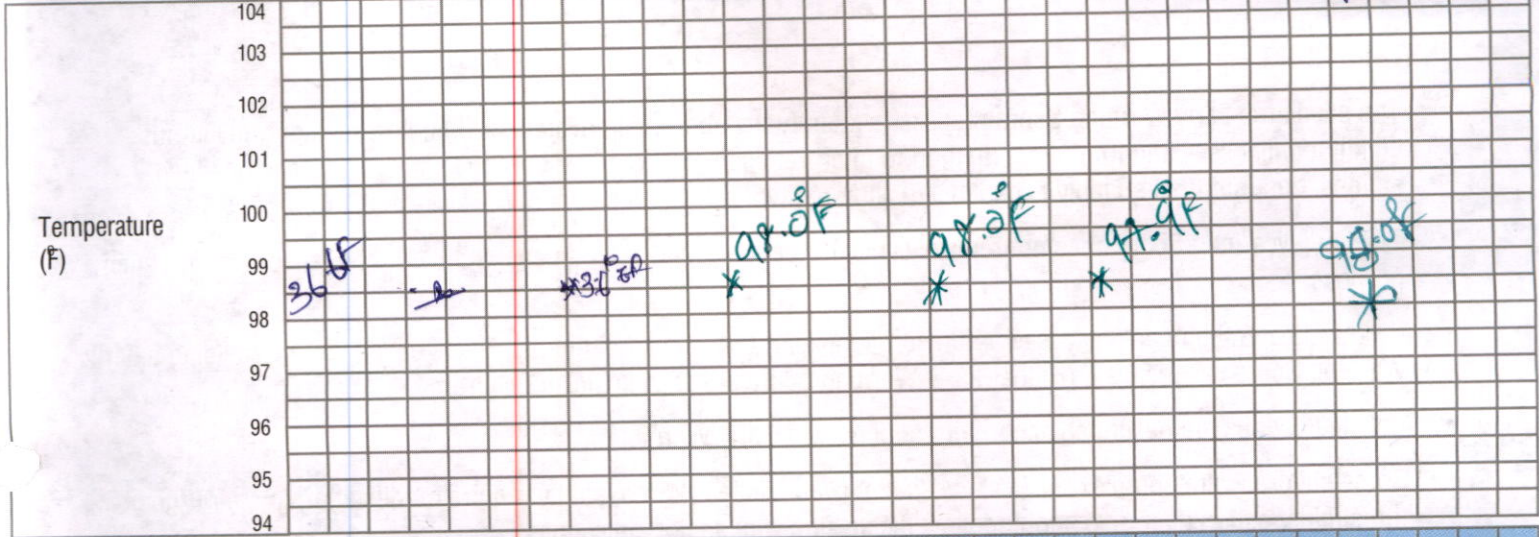
INFANT (< 1 year)
Children's Observation & Early Warning Scoring Chart

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

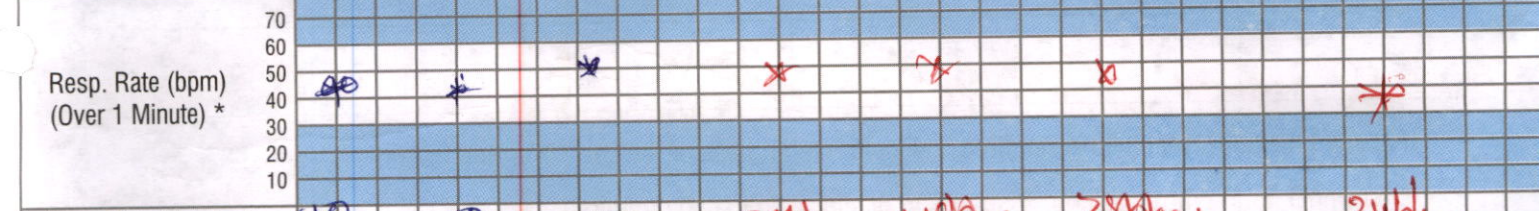
BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10.05.26 Time: 6:30 AM 8:30 AM 10 AM 12 PM 2 PM 6 PM 10 PM
 Doctor/Nurse/Family Concern?



Heart Rate (Number) 130bpm 140bpm 140bpm 138bpm 140bpm 138bpm 134bpm



Resp Rate (Number) 40 40 50 38bpm 40bpm 38bpm 34bpm

Resp Mod/ Severe Distress None / Mild - - N N N N N

Receiving O₂(l/min) O₂Saturations (%) 100% 98% 99% 98% 100% 98% 98%

Conscious Level Normal Altered N N N N N N N

GCS * 15/15 15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE
 Number of shaded boxes - - 0/ 0/ 0/ 0/ 0/

Pain Score 0 0 0 0 0 0 0
 Observer's Initials S S S S S S S

- 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: 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) |

BAH-00655930 IP5-00173639
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026 0 Y 0 M 0 D 0 H (M)
 Dr. KAPIL BHAGWATRAO SACHANE

No. : RCHBH / FRM / CLINICAL / 124

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

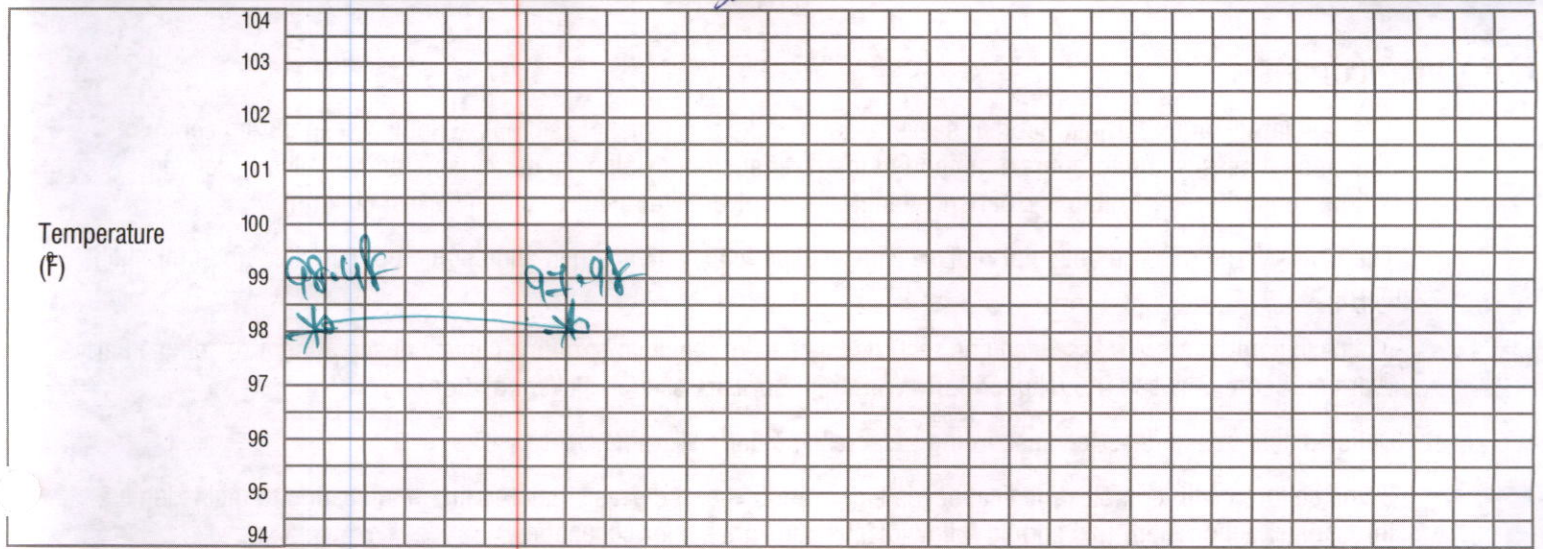
Pratiksha
Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 2am 6 10

Doctor/Nurse/Family Concern? an an an



| | | |
|-------------------------|-----|---|
| Heart Rate (bpm) | 190 | |
| | 180 | |
| | 170 | |
| | 160 | |
| and | 150 | * |
| | 140 | * |
| Blood Pressure (mmHg) * | 130 | |
| | 120 | |
| | 110 | |
| | 100 | |
| Note: | 90 | |
| BP does not score | 80 | |
| in early | 70 | |
| warning scoring | 60 | |
| | 50 | |

Heart Rate (Number) 146bpm 146bpm

| | | |
|-------------------|----|---|
| Resp. Rate (bpm) | 70 | |
| | 60 | |
| | 50 | |
| (Over 1 Minute) * | 40 | * |
| | 30 | * |
| | 20 | |
| | 10 | |

Resp Rate (Number) 32bpm 34bpm

Resp Distress Mod/ Severe None / Mild N N

Receiving O₂ (l/min) 0.1 100%

O₂ Saturations (%) 99.1 100%

Conscious Level Normal Altered N N

GCS * 15/15 15/15

TOTAL SCORE
 Number of shaded boxes 0 2

Pain Score 1 1

Observer's Initials K K

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

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

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 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| 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) |
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BAH-00655930 IP5-00173639
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026 0 Y 0 M 1 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

No. : RCHBH / FRM / CLINICAL / 124

12/5/26

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: | 2 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM |
|------------------------------------|-------|-------|-------|-------|-------|-------|
| Doctor/Nurse/Family Concern? | | | | | | |
| Temperature (F) | 99.8 | 99.8 | 99.8 | 97.8 | 98.1 | 98.4 |
| Heart Rate (bpm) | 139 | 141 | 125 | 128 | 136 | 142 |
| Blood Pressure (mmHg) * | 120 | 120 | 120 | 120 | 120 | 120 |
| Resp. Rate (bpm) (Over 1 Minute) * | 30 | 42 | 32 | 30 | 32 | 32 |
| Resp Distress | N | N | N | N | N | N |
| Receiving O ₂ (l/min) | 0 | 0 | 0 | 0 | 0 | 0 |
| O ₂ Saturations (%) | 99% | 99% | 99% | 100% | 99% | 100% |
| Conscious Level | N | N | N | N | N | N |
| GCS * | 15/15 | 15/15 | 15/15 | 15/15 | 15/15 | 15/15 |
| TOTAL SCORE | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of shaded boxes | 0 | 0 | 0 | 0 | 0 | 0 |
| Pain Score | 0 | 0 | 0 | 0 | 0 | 1 |
| Observer's Initials | | | | | | |

ACTIONS

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Patient Sticker

BAH-00655930 IP5-00173639
Baby Of GOLLA VIJAYA LAKSHMI
10-05-2026 OYOMODOH (M)
Dr. KAPIL BHAGWATRAO SACHANE



FLUID CHART

Sheet No. : ①

9/5/26

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

| 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 | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | Total Output : | | | | | | | | | | |
| | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | Total Output : | | | | | | | | | | |
| Total Intake : taken | | | Total Output : NO sweat IV sweat passed. | | | | | | | | | | |
| Total 24 hrs. Intake | | | Total 24 hrs. Output | | | | | | | | | | |

BAH-00655930 IP5-00173639
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026 O Y O M O D O H (M)
 Dr. KAPIL BHAGWATRAO SACHANE

FLUID CHART



Sheet No. : (2)

10/5/26

- 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.

| Date | Time | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|----------|-----------------|-------|-----|-------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--------|
| | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | DBF | | | | | | | ✓ | | | Shobha |
| | 09:00 am | | | | | | | | | | | Shobha |
| | 10:00 am | DBF | | | | | | | | | | Shobha |
| | 11:00 am | | | | | | | | | | | Shobha |
| | 12:00 pm | DBF | | | | ✓ | | | | | | Shobha |
| | 01:00 pm | | | | | | | | | | | Shobha |
| Total Intake : | | | | | Total Output : 0-1 ml | | | | | | | |
| | 02:00 pm | | | | | | | | | | | Shobha |
| | 03:00 pm | DBF | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | DBF | | | | | | | | | | |
| | 06:00 pm | | | | | ✓ | | | ✓ | | | |
| | 07:00 pm | DBF | | | | | | | | | | |
| Total Intake : | | | | | Total Output : 0-1 ml | | | | | | | |
| | 08:00 pm | | | | | | | | | | | Shobha |
| | 09:00 pm | DBF | | | | | | | | | | |
| | 10:00 pm | | | | | NP | | | ✓ | NO | | |
| | 11:00 pm | | | | | | | | | IV | | |
| | 12:00 am | DBF | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | |
| Total Intake : Taken | | | | | Total Output : M-0 U-0 | | | | | | | |
| | 02:00 am | DBF | | | | | | | | | | Shobha |
| | 03:00 am | | | | | | | | ✓ | | | |
| | 04:00 am | | | | | | | | | NO | | |
| | 05:00 am | DBF | | | | NP | | | ✓ | W | | |
| | 06:00 am | | | | | | | | ✓ | | | |
| | 07:00 am | | | | | | | | | | | |
| Total Intake : Taken | | | | | Total Output : M-0 U-2 | | | | | | | |

Total 24 hrs. Intake Taken

Total 24 hrs. Output M-0 U-5

BAH-00655930 IP5-00173639
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026 0 Y 0 M 0 D 0 H (M)
 Dr. KAPIL BHAGWATRAO SACHANE



FLUID CHART

Sheet No. : **3**

11/5/26

- All measurements in ml.
- 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 | DBF | | | | | ✓ | | | ✓ | | No | mate |
| | 10:00 am | | | | | | | | | | | IV | mate |
| | 11:00 am | DBF | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | DBF | | | | | | | | | | | mate |
| Total Intake : | | | | | | Total Output : m-1 U-1 | | | | | | | |
| | 02:00 pm | | | | | | | | | | | | shilpa |
| | 03:00 pm | DBF | | | | | | | | ✓ | | | |
| | 04:00 pm | | | | | | | | | | | | shilpa |
| | 05:00 pm | DBF | | | | | | | | ✓ | | No IV | |
| | 06:00 pm | | | | | | ✓ | | | | | | |
| | 07:00 pm | DBF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U-2 M-1 | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | latha |
| | 09:00 pm | DBF | | | | | | | | ✓ | | | |
| | 10:00 pm | | | | | | | | | ✓ | | No | latha |
| | 11:00 pm | DBF | | | | | ✓ | | | | | IV | |
| | 12:00 am | | | | | | | | | ✓ | | | latha |
| | 01:00 am | DBF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U-2 M-1 | | | | | | | |
| | 02:00 am | | | | | | | | | ✓ | | | latha |
| | 03:00 am | DBF | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | No | latha |
| | 05:00 am | DBF | | | | | ✓ | | | ✓ | | IV | |
| | 06:00 am | | | | | | | | | ✓ | | | latha |
| | 07:00 am | DBF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U-2 M-1 | | | | | | | |

Total 24 hrs. Intake taken

Total 24 hrs. Output U-7 M-4

BAH-00655930
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2026
 Dr. KAPIL BHAGWATRAO SACHANE (M)
 IP5-00173839
 0 Y 0 M 1 D

FLUID CHART



Sheet No. : 6

12/5/26

- 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.

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------------|----------|-----------------|--------|-----|-----|--------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 12/5/26 | 08:00 am | | | | | | ✓ | | | | 1 | Jyoti |
| | 09:00 am | EBM 30ml | | | | | ✓ | | | ✓ | no | |
| | 10:00 am | | | | | | ✓ | | | | 1 | |
| | 11:00 am | DBF | | | | | | | | ✓ | 1 | |
| | 12:00 pm | | | | | | ✓ | | | | 1 | |
| | 01:00 pm | DBF | | | | | | | | ✓ | 1 | |
| Total Intake : Taken | | | | | | Total Output : u-2, m-4 | | | | | | |
| 12/5/26 | 02:00 pm | DBF | | | | | | | | | 1 | Jyoti |
| | 03:00 pm | | | | | | ✓ | | | ✓ | 1 | |
| | 04:00 pm | DBF | | | | | | | | | 1 | |
| | 05:00 pm | | | | | | | | | | 1 | |
| | 06:00 pm | DBF | | | | | ✓ | | | ✓ | 1 | |
| | 07:00 pm | | | | | | | | | | 1 | |
| Total Intake : Taken | | | | | | Total Output : u-2 m-2 | | | | | | |
| 12/5 | 08:00 pm | DBF | | | | | | | | | 1 | Jyoti |
| | 09:00 pm | | | | | | ✓ | | | ✓ | 1 | |
| | 10:00 pm | DBF | | | | | | | | | no | |
| | 11:00 pm | | | | | | ✓ | | | ✓ | 1 | |
| | 12:00 am | DBF | | | | | | | | | 1 | |
| | 01:00 am | | | | | | ✓ | | | ✓ | 1 | |
| Total Intake : Taken | | | | | | Total Output : m-3 u-3 | | | | | | |
| 13/5 | 02:00 am | | | | | | | | | | 1 | Jyoti |
| | 03:00 am | EBM 30ml | | | | | ✓ | | | | 1 | |
| | 04:00 am | | | | | | | | | | no | |
| | 05:00 am | DBF | | | | | ✓ | | | ✓ | 1 | |
| | 06:00 am | EBM 30ml | | | | | | | | | 1 | |
| | 07:00 am | DBF | | | | | ✓ | | | ✓ | 1 | |
| Total Intake : Taken | | | | | | Total Output : m-3 u-4 | | | | | | |
| Total 24 hrs. Intake | | | Taken | | | Total 24 hrs. Output | | | m-12 u-4 | | | |

BAH-00655930 IP5-00173639
 Baby Of GOLLA VIJAYA LAKSHMI
 10-05-2025 0 Y 0 M 2 D (M)
 Dr. KAPIL BHAGWATRAO SACHANE

19/5/26



FLUID CHART

Sheet No. : (5)

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 | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|-------|-----|------------------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
| | | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | | | | | | | | | | | |
| | 09:00 am | ORS | | | | | ✓ | | | ✓ | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | ORS | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : 0 - m- | | | | | | | |
| | 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 | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |
| | 02:00 am | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | |
| Total Intake : | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART



Sheet No. :

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

| 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 | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |
| | 02:00 am | | | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output