

### DISCHARGE SUMMARY

<b>Name</b>	Baby Of GARIMA TRIPATHI	<b>UHID</b>	HNH-00015334
<b>Father/Guardian</b>	Mr AMBREESH KUMAR TRIPATHI	<b>Age/Gender</b>	0 Y 0 M 0 D 5 H/ Male
<b>Address</b>	Basheer Bagh, Hyderabad, Telangana, INDIA, 500029		
<b>IP No</b>	IP26-00006315	<b>Admission Date</b>	09-05-2026
<b>Ref Doctor</b>	Self.		
<b>Discharge Date</b>	12.05.2026		

**Consultant:**

**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
TERM (38 weeks + 1 day)/AGA/BABY BOY/NEONATAL HYPERBILIRUBENIMIA	

**History:** Baby Of GARIMA TRIPATHI is a term (38 weeks + 1 day) baby boy, delivered to a G3P1L1E1 mother by elective LSCS on 09.05.2026 at 09:39 am with birth weight of 3.26 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed

<b>Name</b>	Baby Of GARIMA TRIPATHI	<b>UHID</b>	HNH-00015334
<b>IP No</b>	IP26-00006315	<b>Admission Date</b>	09-05-2026

cord clamping done. Fetal presentation was Breech. Dr. CPAP was given for 10 mins.

**Maternal History:** Mrs. GARIMA TRIPATHI is a 35 years old G3P1L1E1 mother.

P1- 2020- Em LSCS ,BREECH presentation V & H .

E1- 2024- Ectopic pregnancy, Medically managed

G3- PP, Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

**Mother's Blood group is B positive. Baby's blood group is B positive.**

**Examination:** Baby was eutermic (36.5 \*C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

**Anthropometry:**

Weight at birth : 3.26 kgs.  
Weight at discharge : 2.98 kgs.  
Head Circumference : 33 cms.  
Length : 45 cms.

**Investigations:** Enclosed reports.

<b>Name</b>	Baby Of GARIMA TRIPATHI	<b>UHID</b>	HNH-00015334
<b>IP No</b>	IP26-00006315	<b>Admission Date</b>	09-05-2026

**Management:  
Course during hospital:**

**Unconjugated Hyperbilirubinemia:** Baby was noted to have yellowish discoloration of skin on day 2 of life. Total serum bilirubin at 48 hours of life was 11.9 mg/dl with indirect fraction of 11.8 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds. Repeat serum bilirubin at 3 days of life was 9.6 mg/dl with indirect fraction of 9.5 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

**Feeding:** Breast feeding was initiated (First feed was given within 30 minutes), measured feeds were started. Baby tolerated the feeds well.

**Vaccination:** Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	09.05.2026
OPV	Given	09.05.2026
HEPATITIS B	Given	09.05.2026

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:**  
Parents not willing .

**Newborn screening advanced / Newborn sreening-4 :** Sent on 11.05.2026, report awaited.

Name	Baby Of GARIMA TRIPATHI	UHID	HNH-00015334
IP No	IP26-00006315	Admission Date	09-05-2026

**SPO2 : 98% at room air**  
**Red Reflex: Present & Symmetrical**  
**Hip Examination was normal.**

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

**Condition at discharge:** Baby is pink, warm, active and on direct breast feeds + measured feeds.

**Advice:**

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

**Plan:**

- 1. Newborn screening advanced / Newborn screening-4 report to be collected on followup.**
- 2. Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**

Review consultation with Dr. SINDHURA MUNUKUNTLA on Friday(15.05.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

<b>Name</b>	Baby Of GARIMA TRIPATHI	<b>UHID</b>	HNH-00015334
<b>IP No</b>	IP26-00006315	<b>Admission Date</b>	09-05-2026

**Review back to Hospital:** If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

*[Signature]*  
Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website **[www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

*[Signature]*  
**Registrar/Resident/C.M.O**



**Dr. SINDHURA MUNUKUNTLA**  
MBBS, DCH, DNB PEDIATRICS  
66970

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP26-00006315      Admit Date : 09-May-2026      Admit Time : 10:51 AM      UHID : HNH-00015334

**Patient Details :**

Patient Name : Baby Of GARIMA TRIPATHI      Age : 0 D  
Guardian : Mr AMBREESH KUMAR TRIPATHI      DOB : 09-05-2026 10:53 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : Basheer Bagh Hyderabad Telangana INDIA 500029      Phone No : 8858510052/ 9148154900  
E-mail : na@gmail.com

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-HNPDA-415-1      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-415-1      Admission Type : First Visit

**Contact Details :**

Name : Mr AMBREESH KUMAR TRIPATHI      Relationship : Father  
Contact Address : Basheer Bagh Hyderabad Telangana INDIA 500029      Phone No : 8858510052

  
Signature

**Doctor Details :**

Doctor Name : Dr. SINDHURA MUNUKUNTLA      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Self.      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : DC/CC Card      Deposit Amount : 15000.00  
Payor Name : SELFPAY

# CONSENT FOR FORMULA FEEDS



HNH-00015334 IP26-00006315  
Baby Of GARIMA TRIPATHI  
09-05-2026 0 Y 0 M 0 D 11 H (M)  
Dr. SINDHURA MUNUKUNTLA

Patient Name : ..... Age : ..... Gender :  Male  Female



UHID No : ..... Reg. NO. : ..... Department : ..... Date : .....

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

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

..... 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 : Garima

Name : Garima

Relationship with Patient: Mother

Date & Time : 10/5/26

### Witness :

Signature : [Signature]

Name : Swetha

Date & Time : 10/05/2026

### Doctor (who is taking the consent) :

Signature : [Signature]

Name : ~~Dr. Gao~~ Dr. Pralata

Date & Time : 10/5/26



## 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 .....







# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : B/o Garima Tripathi Age : 35y 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 Garima Tripathi Mother's Blood Group : B+ve

Gender :  M  F Blood Group : ..... Birth Weight (gms) : 3.26 kg Length (cms) : .....

Date of Birth : 9/5/26 Time of Birth : 9:39am OFC (cms) : .....

Place of Birth : RCH Estimated Gesth Age : 38+1 week

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35y Ht : 152 Wt : 65 BMI : ..... Married Life : ..... LMP : 14/1/20 EDD : 21/1/20

Conception : Spontaneous or with Rx : .....

Booked at what GA : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : - NT - (N), TIFFA - (N), 14/4/20 - cephalic, AFI - 10.8, doppler - (N)  
- Down's screen +ve -> chorionic villus sampling -> (N)

TT Immunization and Iron / Folic Acid : .....

## MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input checked="" type="checkbox"/> &gt;35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long : .....</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....</p> <p>IUGR - when detected : .....</p> <p>Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....</p> <p>AFI : .....</p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values : .....</p> <p>Compliance with Rx : .....</p> <p>Scans : LGA, TIFFA , Fetal Echo : .....</p> <p>H/o Hypothyroidism : when diagnosed ? Medication? .....</p> <p>Any other Chronic Medical Problems, when detected drugs ? .....</p> <p>( Anemia, SLE, Jaundice, CHD, Heart Disease )</p> <p>Infection : H/O, Fever</p> <p>( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )</p> <p>UTI : when : ..... Any culture : .....</p>
--	--

PPROM : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

G: 3 P: 1 A: L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
I	-	33	3.5	Male	34	
II	-	33	3.5	Female	34	
III	-	33	3.5	Female	34	

**PERINATAL HISTORY**

Treating Obstetrician : Hospital :  Inborn  Outborn

<b>Duration of Labour</b> First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : Specify the reason : Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> 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
	1	1	
	2	2	
	2	2	
	1	2	
	2	2	
<b>TOTAL</b>	<b>7/10</b>	<b>9/10</b>	

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

**Comments :**

- meconium aspiration (+)  
 - DR-CPAP given for 10 min.

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

## History of Present Illness:

Baby cried immediately after birth



- cried, weaned  
cord clamped, 1st vit & given



- meconium aspiration (+)  
[∴ stomach was given & occNS]



- mild tachypnea (+) RR: 50cpm  
SpO<sub>2</sub>: 96%



- PR CPAP given for 10min



- saturations maintaining  
- RR: 50cpm



shifted to mother side

## Investigation details in previous Hospital :

## Feeding History :

Past History :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

VITALS : Temperature : ..... HR : 156 RR : 58 NIBP : ..... CFT : 63sel

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 99.1

Anthropometry : Birth Weight : 3.26 kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....



**HEAD TO TOE EXAMINATION**

<b>HEAD :</b>	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :
<b>Facies :</b> (Any Facial Dysmorphism)	- (N)
<b>NECK and CLAVICLES :</b>	Range of Motion : Asymmetry : Masses :
<b>EYES :</b>	Symmetry : Red Reflex : Discharge :
<b>EARS, NOSE MOUTH and THROAT :</b>	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :
<b>THORAX and BREASTS :</b>	Shape of Thorax : Position of Nipples and Number :
<b>ABDOMEN and UMBILICUS :</b>	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :
<b>GENITALIA :</b>	Labia / Hymen : Testicles/penis : Anus :
<b>HERNIAL ORIFICES</b>	
<b>TRUNK and SPINE :</b>	
<b>SKIN LESIONS :</b>	
<b>EXTREMETIES :</b>	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :

7 (N)

(N)

1 (N)

1 so be checked

(N)

1 (N)

1 (N)

- (N) male genitalia  
 - ? where is the tip of the penis

(N)

**SYSTEMIC EXAMINATION**

**Respiratory System :**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

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

Scoring of respiratory distress if present (Silverman or Downe's) : ..... *mild CRT+*

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

Spo2 : *99%* Auscultation : *(+)* Breath Sounds : *(+)* Added Sounds : .....

**Cardiovascular System :**

HR : *150* BP : *95/50 (+)* Precordial Activity : .....

Femoral Pulses : ..... *no murmurs* Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

**Abdomen :**

Shape : ..... *soft* Hernia orifice : .....

Palpation : ..... Anal Patency : .....

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....

**Nervous System : Higher intellectual functions (Sensorium) :** .....

State of wakefulness : .....

Prechtle Score : .....

**Nerves :**

..... *(2)*

**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 : .....

Diagnosis : Term / 38+1w / male / 3.26 kg / AYA / el. ves.  
- meconium aspiration (+)

**FOOT PRINTS**

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Tharun

Date & Time : 9/5/26 10:45 am

Consultant :

Signature : [Signature]

Name : Dr. Anand M

Date & Time : 9/5/26 10:45

**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 : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :  
1) warm care  
2) DBF every 2nd h <sup>sleeping</sup> <sub>slb</sub>  
3) hourly vitals monitoring near mother side for the next 4 hours

Feeding Plan at the time of shifting :  
4) SBR  
NBS } @ 48 H+OL  
OAE }

Screenings done during NICU Stay :  
5) navigation to be done

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00015334 IP26-00006315  
Baby Of GARIMA TRIPATHI  
09-05-2026 OYOMODOH (M)  
Dr. SINDHURA MUNUKUNTLA

DATE: 9/5/20

garima

### NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	no cleft	No cleft	
2	Pre natal teeth	no	no	
3	Anal opening	Patent	Patent	
4	Genitalia	Ⓝ male genitalia	B/h Testes Descend	
5	Spine	normal	Ⓝ	
6	Red reflex	7 to be checked	B/2 Present	
7	4 limb saturation (before discharge)	checked	Ⓝ	

Tharvi

Ped.Registrar signature

M. Madhira

Ped.Consultant signature



B/o garima

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	U/O/B Dr. Sindhura	
9/5/26 10:30 am	term / 3.26 kg / breech / el. Lues / meconium / male	aspiration / male on the table.
	- head - ears - eyes	
	- oral cavity - (N)	
	- chest - (N)	
	- B/L femorals palpable	Plat
	- B/L testes	1) warm care
	- spine - (N) descended.	2) DBF every 2nd h
	- Paired meconium	3) monitor vitals every hourly x 2 hours
	O/E euthermic	4) normothermia today
	UT/A: good	5) SRR
	AF: flat	MBS
	mecon (+)	OAE
	CRT L 2++	
	SLE - (N)	Vaccination to be done
	<del>NM of foot</del>	<del>Amnion - M.</del>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>9/5/26</del>	BIG OPV Hep B given	
9/5/26 6:50PM	<p>dt/b Dr. Sindhura</p> <p>Term / Breech presentation / Macerated          Aspiration / Male.</p> <p>Baby is intubated.</p> <p>Cry }          Tone } Good.          Activity }</p> <p>SE - vitals stable.</p> <p>SE - WNL</p>	<p>Plan -</p> <p>- Warm care.</p> <p>- CRP / WBC / DAE</p> <p>@ 48 HDL</p> <p>- DBF QAM</p> <p>- Warm care.</p>
	<p><i>Dr. Sindhura</i></p>	<p><i>Dr. Sindhura</i></p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 8AM	S/B Dr. Nazneen / Dr. Varun	
	Term (38+1)   male   3.26 kg   A/GA   St. USG   meconium aspiration	
	Weight - 3000gms (? 2600gms) % w/born - 7.99 Intensive / pink C/A good hemodynamically stable CV - H S W M clear P/A wgt urine ✓ stool ✓ Vaccination ✓	Plan 1. Warm care 2. DBF away 2nd half of 6 hrs 3. Check 4 limb spo <sub>2</sub> 4. Monitor vitals Q4 5. SBR } NBS } 11/05/2026 @ 9:30 am. OAE } NB priyanka.
		M/BT B/BT
		(Dr. Nazneen)

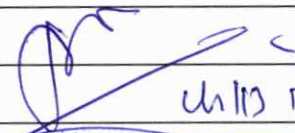


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 10:30 AM	s/p Anesthesia	
	Baby stable accepting feed passed <del>stool</del> stool	M/BT B/BT.
T wt	no other c/o	Adv
3.000 kg 8.1. wt loss	of vitals stable AF OSF CET C31	Recheck wt evening Check Red reflex
	P.A LogA	SBR OAE (11/5) 2x NBS
	TO multi analysis	DBP O2H (good) biceps
	<del>_____</del>	<del>M. Srinivas Munukuntla</del>
	<p style="text-align: center; color: purple; font-size: small;">The Sindhura are Munukuntla        Controlled by IT and other        Dept. No. 1000000000</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 2 pm	S/S Pre Prabhath	
	T (38 <sup>+</sup> °C) / Male / 3.26 kg / AGA / EL-LSCS / Mec.	aspirate
	Baby stable Local redness ⊕	
	T.Wt 3 Kg 87. wt hours	Near prepure acts acceptly feed. No other c/o <u>Plan</u>
	S/S	→ Check wt this
	Vitals Stable	→ Local - T. bact LA BD
	PA 107	→ DBF + FF <del>6</del> = good 6 hrs
	 <p>Child's name</p>	
10/5/26 3 pm	<p>87. wt loss</p> <p>- accepting feed</p> <p>- passing urine</p> <p>o/E: euthermic</p> <p>U/A: good; st: flat</p> <p>mbals: stable</p>	<p><u>Plan</u></p> <p>1) check wt @ 6 pm today</p> <p>2) warm care</p> <p>3) DBF every 2nd h</p> <p>4) send SBR</p> <p>o/E J/M e</p> <p>NBS 10 am</p>
		<p>5) monitor meals</p> <p>6) lactation counselling.</p> <p>Noted by <i>[Signature]</i></p>

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 0 D 11 H (M)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 SAM	<u>ultr re. mammi</u>	
	- T. wt: 40 g ↓	
	- wt loss: 9.2%	
	- sucking feeds well	
	- passing urine	
	<u>o/e</u>	
	euthymic	
	ultra good	<u>Plan</u>
	RF best	1) warm care
	mover ⊕	2) DBF every 2ndh
	vitals: stable	3) send SBR
	S/E - (R)	NBS } 10am
		OAE } today
		4) lactation.
		counseling
		5) monitor vitals

ultra  
 NBS priyanka  
 @SAM

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI (M)  
 09-05-2026 0 Y 0 M 2 D  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5 9:30 AM	<p>ckls Dr - SINDHURA</p>	
	<p>T) 38<sup>+</sup>° wh / Day / 2.26 kg / A4A / E</p>	
	<p>T-14 - 2.960 kg (↓40g)          9.25 - wt low</p>	
	<p>Baby Feathers          on DBF</p>	<p><u>M</u>          1) Warm care          2) DBF j/t keep dry          3) Seal SBR</p>
	<p>C          T } head          R</p>	<p>NBS / STCT          OAR</p>
	<p>R-S-B/LA ⊕          PLA Soft</p>	<p>4) Lactation counseling          5) Monitor Vitals</p>
	<p>B/L Red reflex ⊕</p>	<p><i>Dr. Sindhura Munukunta</i>          Reg. No. 68570</p>
		<p><i>Parvinder</i>  <i>Munukunta</i></p>
		<p>noted by Sr. Sandhya          11/5/26          9:30 AM</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	C/S / b Dr. Varun / Dr. Praveen	
2:30 PM.	<u>Term / AGA / Male.</u>	
	<u>9.2 wt. 1000g.</u>	
	- Baby is pink, <u>enthusiastic.</u>	Plan → - Warm care.
		- DBF Q2H + FF ad lib.
	- (my tone activity) } Good	- TPT / OAE
		↓ ↓ Trace Not done.
	O/E - vitals stable.	- Start DSPT now.
	S/E - WNL.	- Apt. SBR tomorrow as per rounds.
	SBR - 11.9	

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 2 D (M)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:30pm	c/s/by Dr. Dilnaez m	
	T/AGA / Male / NNTA	
	Baby letuc on DSP T	
	<u>vital</u> stable	✓ Tm @ 12pm - SBR
	s/c B/c AC (+) NIVBS	✓ ct feeds
	c/t/A 9000	✓ ct DSP T
		✓ Inform ses
		<u>Dilnaez</u>
	NB -	Madhuri 5pm @ 11/5/26

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
12/05/26 7:30 AM	c/s/b - Dr. Sankartha / Dr. Manjuna	
	Team / Alert / Male / MNS / TT-wt: 3260 gm T-wt: 2980 gm	(920g)
	Baby on DSRT	
	o/b:- Crp Tomf Actualy - good vital stable periodic breeding (P)	
	S/G: 12/5/26 (P)	
		<p style="text-align: center;">Adv</p> <ul style="list-style-type: none"> <li>- Cont. DSRT</li> <li>- SBR @ 12 PM</li> <li>- Cont. feeds</li> <li>- Inform S/G</li> </ul>
	N/B private 12/5/26 @ 7:30 AM	Sankartha

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 2 D (M)  
 Dr. SINDHURA MUNUKUNTLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 <hr style="border: 1px solid black;"/> 11 AM	c/s/by Dr. Sindhu	
	Term /AGA/ Male /NNH	
	- Baby on aspt ↑ 20g Actu (↓)	Noisy breathy (+)
	<u>vital</u> - RR 44/min	- ct aspt - Send SBR c12pm. - DBF only jth hyp + PE
	(RT) B/c AC (+) NIVBS (+) No addl soone	- Inform non
		- Reck RR after 1 hour
		- Naso clear nasal den B/t 2 & 6 hly
	<p style="font-size: 2em; font-weight: bold;">Thurdy Review 4 (d/s).</p>	
	<p style="font-size: 0.8em;">Dr. Sindhu Munukuntla Consultant Paediatrician Reg. No: 68970</p>	<p style="font-size: 1.5em; font-weight: bold; transform: rotate(-15deg);">M. Munukuntla SINDHURA (RT)</p>
		noted by sr. sareddy 12/5/26 @ 11 a.m

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 1pm	c/s/by <u>Dr. Anueh</u>	
	Term / AGA / Male / NINH	
	No tachypn No Retraction.	
	Blk AC ⊕	<u>Plan</u>
	NVBS ⊕	
	No added sounds.	- ⊕ SBR
		- DBR + FF Only
		Jlb keeping
		- Inform sos
	AP	
		noted by
		SVC Sandhya
		12/5/26
		1:pm
12/5 4pm	SBR - 9.6	<u>Plan</u>
		1) D/C Today &
		P/V on Thursday
		Ⓟ


Patient Sticker



Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight ..... Ward .....

<b>DRUG :</b> Nasoclear Nasal				Date Time																		
Dose	Route	Frequency	Start Dt.																			
2 <sup>o</sup>	Nasal.	Q6H4	12/5																			
Name & Signature of the Doctor Starting the Drugs:																						
																						
Additional Instructions:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Dt.																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>Daily Doctor's Endorsement by a Sign</b>																						

Signature  
Name

Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight ..... Ward .....

Signature

VERIFIED BY Name

<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
<b>DRUG :</b>				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

HNH-00015334 IP28-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 0 D 0 H (M)  
 Dr. SINDHURA MUNUKUNTLA



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

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

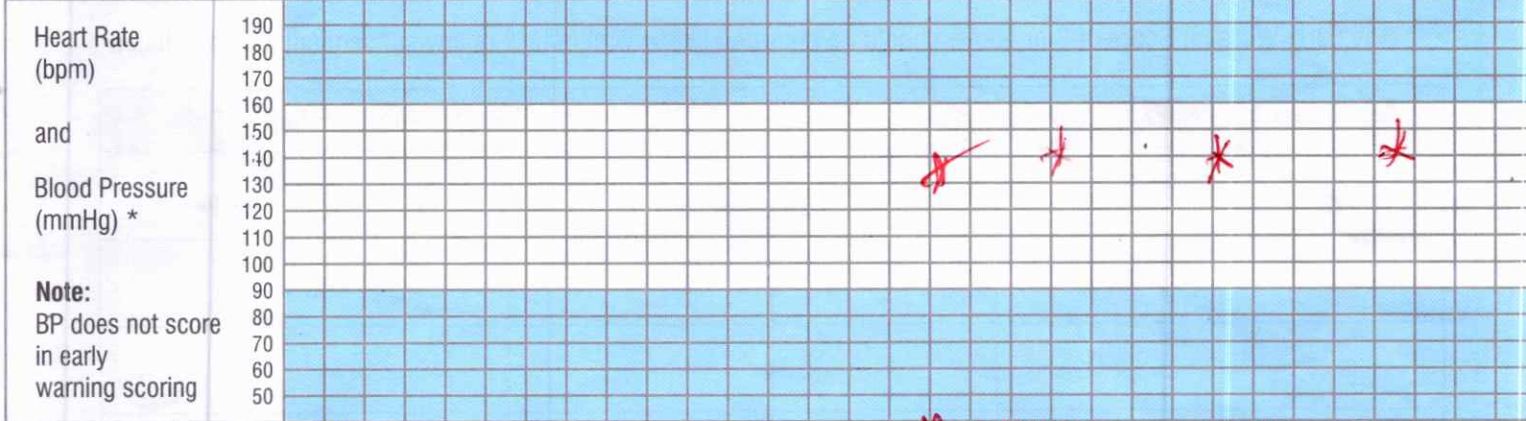
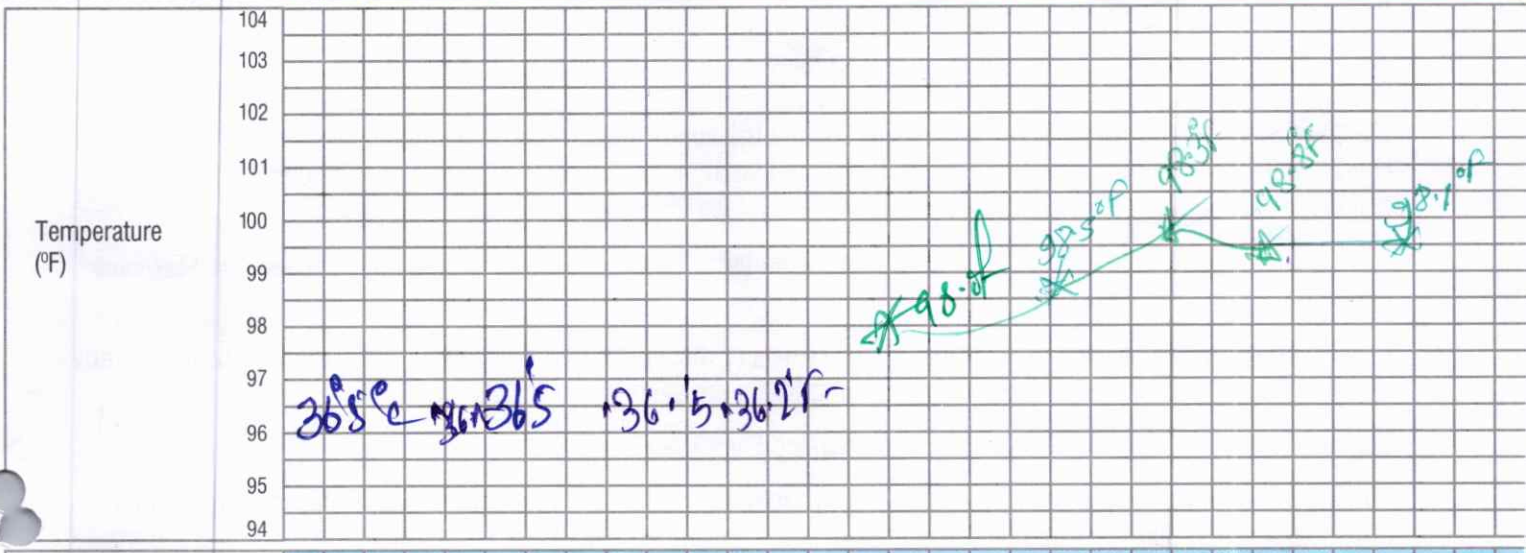
# RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 09/05/2026 Time: 10 AM 11 AM 12 PM 1 PM 2 PM 3 PM 4 PM 5 PM 6 PM  
 Doctor/Nurse/Family Concern? PM 2 PM 4 AM 6 AM



Resp Distress	Mod/ Severe None / Mild	
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	99% 99% 99% 99% 99% 100% 99% 99% 99%
Conscious Level	Normal / Altered	
GCS *		5/15
TOTAL SCORE	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		A C C C C C C C C

**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

- 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about-(child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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)

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2028 0 Y 0 M 0 D 11 H (M)  
 Pati Dr. SINDHURA MUNUKUNTLA

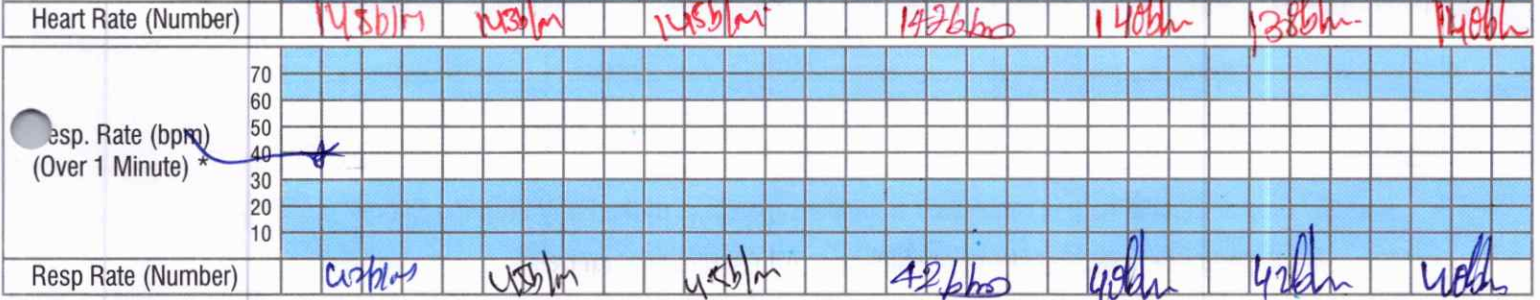
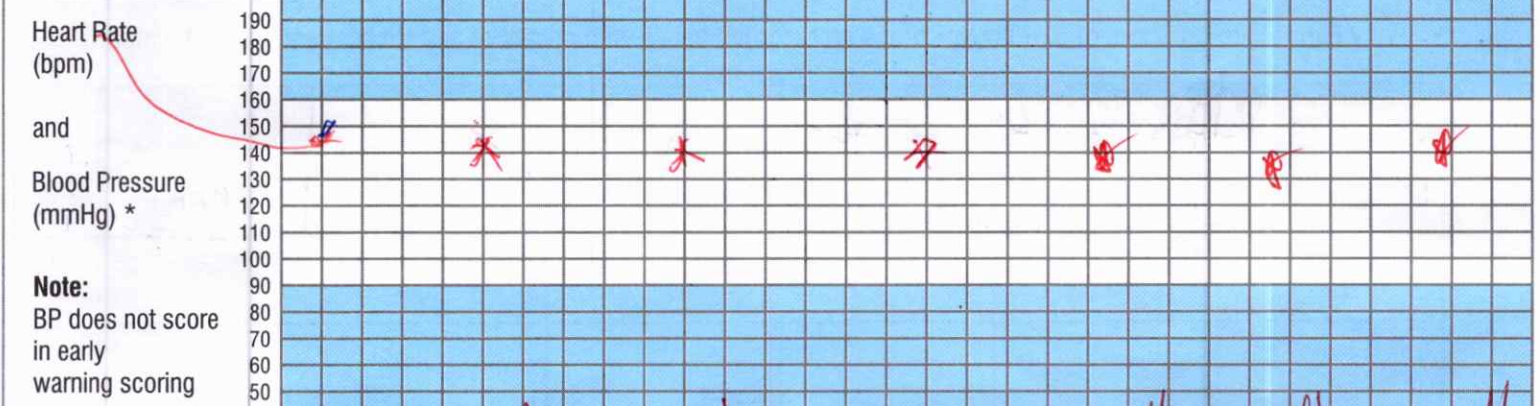
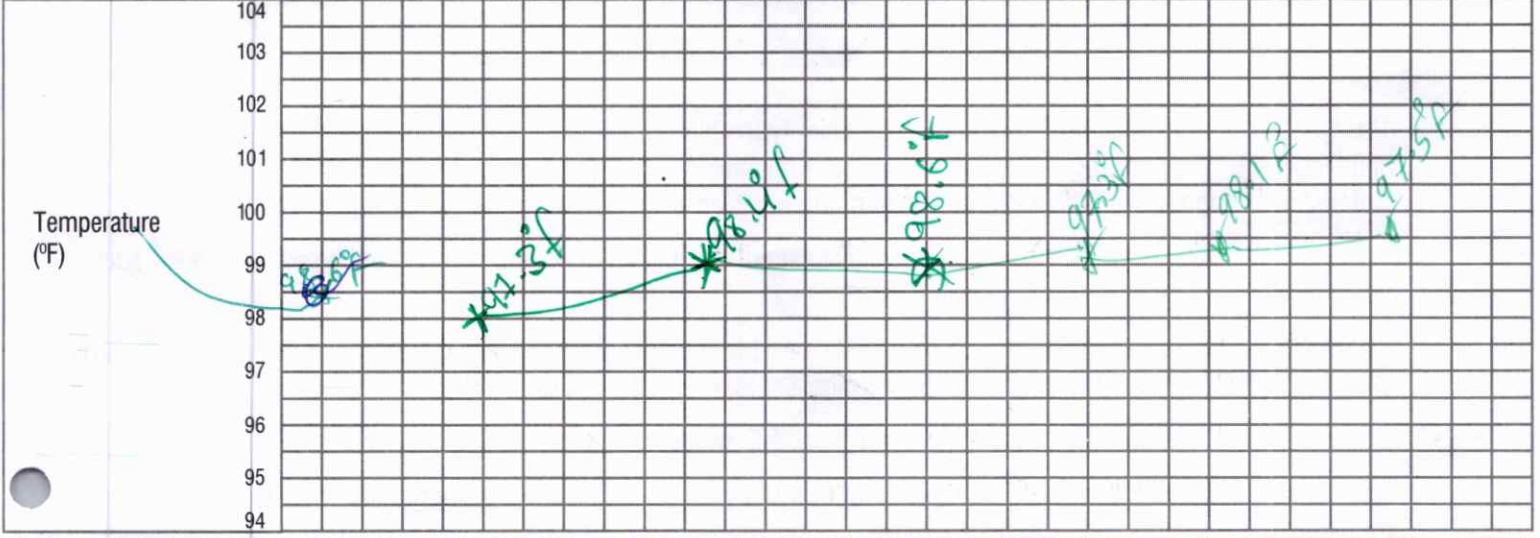
RM / CLINICAL / 124

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



**WARNING SCORE: CHILDREN'S UNIT**

Date: 11/5/26 Time: 10am 2pm 6pm 10pm 2Am 6Am  
 Doctor/Nurse/Family Concern? DN



Resp Distress	Mod/ Severe	None / Mild
Receiving O <sub>2</sub> (l/min)		
O <sub>2</sub> Saturations (%)		
Conscious Level		
GCS *		

<b>TOTAL SCORE</b>	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	<u>DN</u>

- 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

- 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.

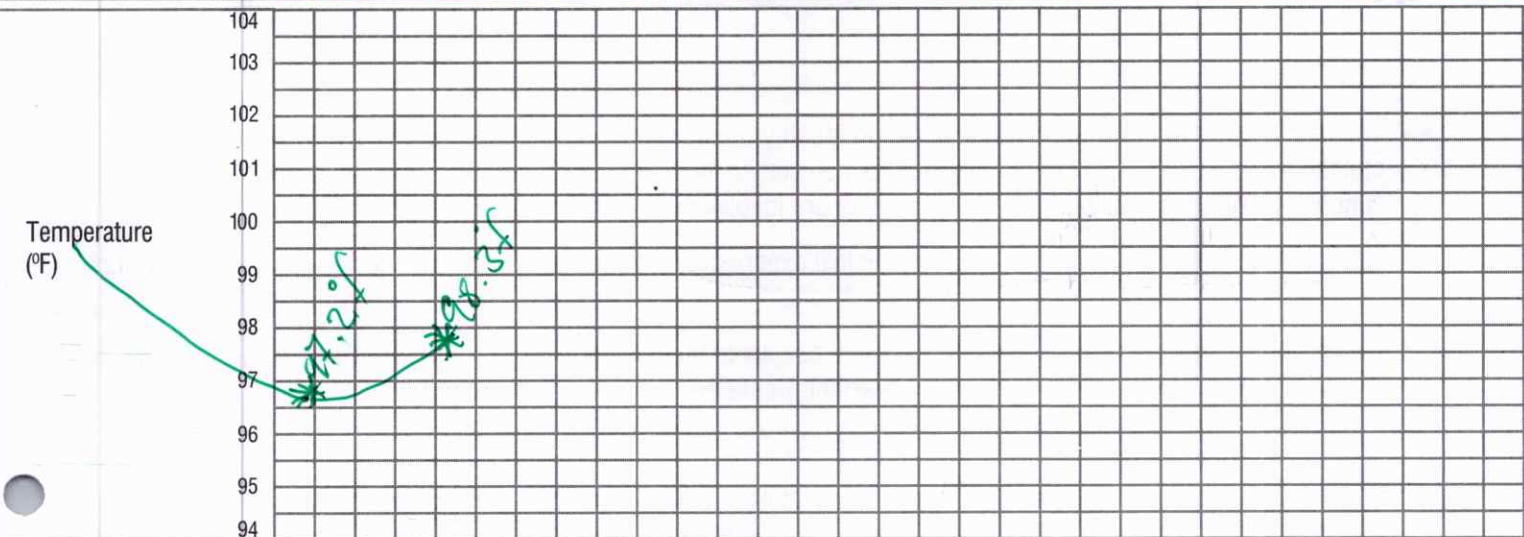
<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>BACK GROUND :</b> Child (X) was admitted on (XX 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 12/5/26 Time: 10am 2pm

Doctor/Nurse/Family Concern?



Heart Rate (bpm)	190	
and	180	
Blood Pressure (mmHg) *	170	
	160	
	150	
	140	*
	130	
	120	
	110	
	100	
	90	
	80	
	70	
	60	
	50	

**Note:**  
BP does not score in early warning scoring

Heart Rate (Number) 125b/m 125b/m

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

Resp Rate (Number) 125b/m 125b/m

Resp Distress | Mod/ Severe | None / Mild

Receiving O<sub>2</sub>(l/min) | O<sub>2</sub>Saturations (%) 99% 99%

Conscious Level | Normal | Altered

GCS \*

<b>TOTAL SCORE</b>	
Number of shaded boxes	
Pain Score	<u>0</u> <u>0</u>
Observer's Initials	<u>[Signature]</u> <u>[Signature]</u>

- 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: 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION:</b> 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>B</b>	<b>BACK GROUND:</b> 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)
<b>A</b>	<b>ASSESSMENT:</b> 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.
<b>R</b>	<b>RECOMMENDATION:</b> 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. 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							
9/5	08:00 am										
	09:00 am	DBF									
	10:00 am										
	11:00 am	DBF									
	12:00 pm										
	01:00 pm	DBF									
<b>Total Intake :</b> taken					<b>Total Output :</b> Not passed						
9/5	02:00 pm										
	03:00 pm	DBF									
	04:00 pm	DBF									
	05:00 pm	DBF									
	06:00 pm										
	07:00 pm	DBF									
<b>Total Intake :</b>					<b>Total Output :</b> passed.						
9/5	08:00 pm	DBF									
	09:00 pm										
	10:00 pm	DBF									
	11:00 pm										
	12:00 am	DBF									
	01:00 am										
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-1						
10/5	02:00 am	DBF									
	03:00 am										
	04:00 am	DBF									
	05:00 am										
	06:00 am	DBF									
	07:00 am										
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-2						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
10/5/26			Mouth	I.V	N.G								
	08:00 am	DBF											
	09:00 am	DBF											
	10:00 am	DBF											
	11:00 am	DBF											
	12:00 pm	DBF											
	01:00 pm												
<b>Total Intake :</b>					<b>Total Output :</b>								
10/6/26	02:00 pm	DBF											
	03:00 pm	DBF											
	04:00 pm	DBF											
	05:00 pm	DBF											
	06:00 pm	DBF											
	07:00 pm	DBF											
<b>Total Intake :</b>					<b>Total Output :</b>								
10/5/26	08:00 pm	DBF											
	09:00 pm	DBF											
	10:00 pm	FF											
	11:00 pm	DBF											
	12:00 am	FF											
	01:00 am	FF											
<b>Total Intake :</b>					<b>Total Output :</b>								
10/5/26	02:00 am	DBF											
	03:00 am	FF											
	04:00 am	FF											
	05:00 am	DBF											
	06:00 am	FF											
	07:00 am	FF											
<b>Total Intake :</b>					<b>Total Output :</b>								

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 2 D (M)  
 Dr. SINDHURA MUNUKUNTLA



# 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.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
14/5/26		1	Mouth	I.V	N.G							
	08:00 am	1	DBF + FF									
	09:00 am	0	FF						✓			
	10:00 am	1	DBF + FF				✓				0	DB
	11:00 am	1	FF									
	12:00 pm	1	DBF + FF							✓		
	01:00 pm	1	FF									
<b>Total Intake :</b> Taken					<b>Total Output :</b> U-2 M-1							
14/5/26	02:00 pm	1	DBF + FF									
	03:00 pm	1	DBF + FF									
	04:00 pm	0	DBF + FF				✓					
	05:00 pm	1	DBF + FF								0	DB
	06:00 pm	1	DBF + FF									
	07:00 pm	1	DBF + FF									
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-1							
14/5/26	08:00 pm	1	DBF + FF									
	09:00 pm	1	DBF + FF									
	10:00 pm	0	DBF + FF				✓					
	11:00 pm	1	DBF + FF									
	12:00 am	1	DBF + FF									
	01:00 am	1	DBF + FF									
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-1							
12/5/26	02:00 am	1	DBF + FF									
	03:00 am	1	DBF + FF									
	04:00 am	0	DBF + FF				✓					
	05:00 am	1	DBF + FF									
	06:00 am	1	DBF + FF									
	07:00 am	1	DBF + FF									
<b>Total Intake :</b>					<b>Total Output :</b> U-2 M-2							

**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.

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												
	09:00 am	DRF + FF								✓			
	10:00 am						✓						
	11:00 am												
	12:00 pm	DRF + FF								✓			
	01:00 pm												
<b>Total Intake :</b> Taken						<b>Total Output :</b> U-2M-1							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 0 D 0 H (M)  
 Dr. SINDHURA MUNUKUNTLA



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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	
						15/5	9/5	10/5	10/5	11/5	11/5	11/5		
							Ni	PS	Ni	morng	ES	Ni		
						Procedure →								
<b>Crying Irritability</b>	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	-	-	-	-	-	-	-	-	
<b>Behavior State</b>	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)	-	-	-	-	-	-	-	-	
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-	-	-	-	-	-	-	
<b>Extremities Tone</b>	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	-	-	-	-	-	-	-	-	
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-	-	-	-	-	-	-	
<p><b>Premature Pain Assessment: Scoring</b>        +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</p> <p><b>Intervention</b>        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</p>														
	<b>Gestational Age / Corrected Age</b>													
	<b>Total Pain / Agitation Score</b>													
	<b>Intervention</b>													
	<b>Effectiveness</b>													
<b>Signature</b>														

## NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
<b>How to use</b>	<ul style="list-style-type: none"> <li>• Observe the infant for a minute before selecting a score for each behavior.</li> <li>• Stimulate the infant and observe and select a score for each behavior.</li> <li>• Select only one numeric value (Highest) per behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Observe the infant for a minute before selecting a score for each behavior.</li> <li>• Select only one numeric value per behavior.</li> </ul>
<b>Scoring/ Documentation</b>	<ul style="list-style-type: none"> <li>• Sedation scores are negative scores only</li> <li>• Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age)</li> <li>• NPASS Sedation total score has a range from 0 to -10 possible.</li> <li>• Document total NPASS Sedation score in the medical record.</li> </ul>	<ul style="list-style-type: none"> <li>• Pain/Agitation scores are positive scores only</li> <li>• Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria.</li> <li>• Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score.</li> <li>• NPASS Pain/Agitation total score has a range from 0 to 13 possible.</li> <li>• Document the total NPASS Pain/Agitation score in the medical record</li> </ul>
<b>Interpretation</b>	<ul style="list-style-type: none"> <li>• Desired levels of sedation vary according to the situation.</li> <li>• Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> <li>• "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> <li>• Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea</li> </ul> </li> <li>• "Light sedation": goal score of -5 to -2</li> </ul> </li> <li>• Reassess patient per frequency in local sedation policy</li> <li>• A negative score without the administration of opioids/ sedatives may indicate: <ul style="list-style-type: none"> <li>• The premature infant's response to prolonged or persistent pain/stress</li> <li>• Neurologic depression, sepsis, or other pathology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does not provide pain intensity rating.</li> <li>• Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> <li>• Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).</li> <li>• Reassess patient per frequency of local pain policy.</li> <li>• If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.</li> </ul> </li> </ul>

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 OYOMODOH (M)  
 Dr. SINDHURA MUNUKUNTLA



# BRADEN 'Q' SCALE



Date: 9/12/2018 10/5  
 Time: MB NI HS 10/1

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
<b>FRICION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

<b>TOTAL SCORE</b>	20	30	20	23
<b>Evaluator's Name</b>	Q	HW	g	25

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	<b>Support Surfaces</b> (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	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



# NURSING CARE RECORD

Date: 9/5/26

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	Nurse Name & Signature
Morning	8AM	Assess the pt condition	8AM	Assessed the baby condition	Baby is stable	maintain Ilo chart & record	Akiti
	2PM	→ monitor the vitals & record → DBF 2nd hourly & breastfeed → provide warm cover to the baby.	2PM	→ maintained Ilo chart & record → provided warm cover.			
Afternoon	2PM	Assess the baby condition	2PM	Assessed the baby condition	Stable	Rechecked vitals	Sri
	8PM	Monitor vitals & record Maintain Ilo chart Provide the comfort position.	8PM	Monitored vitals Maintained Ilo chart Provide comfort position.			
Night	8AM	Assess the baby condition	8PM	Assessed the baby condition	Baby is stable now	Rechecked vitals	Kv
	8AM	Monitor vitals Maintain Ilo chart DBF 2nd hourly	8AM	Monitored vitals Maintained Ilo chart DBF 2nd hourly given			

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 09:00:11 H (M)  
 Dr. SINDHURA MUNUKUNTLA



# NURSING CARE RECORD



Date: 10/15/26

**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	Nurse Name & Signature
Morning	8AM to 8PM	<ul style="list-style-type: none"> <li>→ Assess the Baby condition</li> <li>→ monitor vitals &amp; record</li> <li>→ maintain I/O chart</li> <li>→ DBF freey 2nd hly</li> </ul>	8AM to 8PM	<ul style="list-style-type: none"> <li>→ assessed the baby condition</li> <li>→ monitored vitals &amp; recorded</li> <li>→ maintained I/O chart</li> <li>→ DBF 2nd hly</li> </ul>	→ baby is stable	→ rechecked vitals.	[Signature]
Afternoon	DAY						
Night	8PM to 8AM	<ul style="list-style-type: none"> <li>Assess the baby condition</li> <li>monitor vitals &amp; record</li> <li>maintain I/O chart</li> <li>DBF + ff 2nd hly</li> <li>SBR, NBS, OAE Tm @ 10AM</li> </ul>	8PM to 8AM	<ul style="list-style-type: none"> <li>Assessed the baby condition</li> <li>monitored vitals &amp; record</li> <li>maintained I/O chart</li> <li>DBF + ff 2nd hly</li> </ul>	Baby is stable now	Re-checked vitals.	[Signature]

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI  
 09-05-2026 0 Y 0 M 2 D (M)  
 Dr. SINDHURA MUNUKUNTLA

# NURSING CARE RECORD



Date: 11/5/2026

- 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	Nurse Name & Signature
Morning	8am	<ul style="list-style-type: none"> <li>→ Assess the baby condition</li> <li>→ DBF + ff every 2nd hourly</li> <li>→ Monitor vitals</li> <li>→ SBR, NBS, OAC Today 10:am</li> </ul>	8am	<ul style="list-style-type: none"> <li>→ Assessed the baby condition</li> <li>→ monitored vitals</li> <li>→ maintained I/O</li> <li>→ DBF + ff every 2nd hourly</li> </ul>	Baby is stable.	Rechecked vitals	
Afternoon	2pm	<ul style="list-style-type: none"> <li>- Assess the baby condition</li> <li>- Monitor vitals</li> <li>- Today DSPT</li> <li>- DBF + ff every 2nd hourly</li> </ul>	2pm	<ul style="list-style-type: none"> <li>- Assessed the baby condition</li> <li>- monitored vitals</li> <li>- Today DSPT</li> <li>- DBF + ff every 2nd hourly</li> </ul>	Baby is stable	Rechecked vitals	
Night	8pm	<ul style="list-style-type: none"> <li>- Assess the baby condition</li> <li>- Monitor vitals &amp; records</li> <li>- Maintain I/O chart</li> <li>- DBF + ff 2nd hourly</li> <li>- Continue DSPT</li> </ul>	8pm	<ul style="list-style-type: none"> <li>- Assessed the baby condition</li> <li>- monitored vitals &amp; records</li> <li>- maintained I/O chart</li> <li>- DBF + ff 2nd hourly</li> <li>- T/m plan SBR @ 12pm</li> </ul>	Baby is stable now	Rechecked vitals	

Patient Sticker

# NURSING CARE RECORD



Date: 12/5/26

**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	Re-Assessment	Nurse Name & Signature
Morning	8am ↓ 2pm	→ Assess the baby condition → monitor vitals → maintain O <sub>2</sub> → continue DSPT → SBR @ 12:pm.	8am ↓ 2pm	→ Assessed the baby condition → monitored vitals → DBF + ff every 2nd hly	Baby is stable → Trace SBR Report	Rechecked vitals	<i>[Signature]</i>
Afternoon							
Night							



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>New born</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: _____						
	Surgery / Procedure:	Post OP Day: _____						
BACKGROUND	Date	<u>9/5/26</u>	<u>9/5/26</u>	<u>10/5/26</u>	<u>10/5</u>	<u>11/5/26</u>	<u>11/5/26</u>	
	Shift	<u>MC</u>	<u>NI</u>	<u>NR</u>	<u>NI</u>	<u>RRNG</u>	<u>E2</u>	
	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>-</u>	<u>DBF</u>	<u>DBF+FR</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.3F</u>	<u>98.1F</u>	<u>98.4F</u>	<u>97.3F</u>	<u>97.2F</u>	<u>98.6F</u>
		Res:	<u>80b/m</u>	<u>80b/m</u>	<u>80b/m</u>	<u>60b/m</u>	<u>42b/m</u>	<u>42b/m</u>
		SpO <sub>2</sub> :	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>150b/m</u>	<u>140b/m</u>	<u>140b/m</u>	<u>140b/m</u>	<u>145b/m</u>	<u>142b/m</u>
		BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
		LOC:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
		Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Pain Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>0</u>		
Skin Integrity	<u>good</u>	<u>good</u>	<u>good</u>	<u>-</u>	<u>-</u>	<u>Good</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Post Operative Procedure Special Orders: <u>-</u>								
Handed Over By Name :		<u>Aksh</u>	<u>Pooja</u>	<u>Suzetha</u>	<u>Priyanka</u>	<u>Sandhya</u>	<u>Manisha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>9/5</u>	<u>10/5</u>	<u>10/5/26</u>	<u>11/5/26</u>	<u>11/5/26</u>	<u>11/5/26</u>	
Time:		<u>8pm</u>	<u>8AM</u>	<u>8pm</u>	<u>8AM</u>	<u>2pm</u>	<u>8pm</u>	
Taken Over By Name :		<u>Pooja</u>	<u>Suzetha</u>	<u>Priyanka</u>	<u>Sandhya</u>	<u>Manisha</u>	<u>Priyanka</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>9/5/26</u>	<u>10/5/26</u>	<u>10/5/26</u>	<u>10/5/26</u>	<u>11/5/26</u>	<u>11/5/26</u>	
Time:		<u>8PM</u>	<u>8AM</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	

HNH-00015334 IP26-00006315  
 Baby Of GARIMA TRIPATHI 0 Y 0 M 2 D  
 09-05-2026 Dr. SINDHURA MUNUKUNTLA (M)



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <span style="font-size: 1.5em; color: blue;">NID</span>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....				
	Surgery / Procedure:		Post OP Day:				
<b>BACKGROUND</b>	Date	Shift	11/5/20 NI	12/5/26 MVG			
	Medical Condition (Any special condition to be noted):		-	-			
	Diet:		-	-			
<b>ASSESSMENT</b>	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		-	-			
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:	97.3f	97.3f			
		Res:	20b/m	20b/m			
		SpO <sub>2</sub> :	100%	100%			
		Pulse:	140b/m	140b/m			
		BP:	-	-			
		LOC:	-	-			
		Fall Risk Score:	-	-			
Pain Score:	-	-					
Skin Integrity	-	-					
<b>Recommendations</b>	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:		-	-			
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:		-	-			
	Critical Lab Test / Values:		-	-			
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ADL (Dependent / Non Dependent):		-	-			
Post Operative Procedure Special Orders:		T/M 12pm SOB	-				
Handed Over By Name :		Priyanka	Sandhya				
Signature / ID :		<i>[Signature]</i>	<i>[Signature]</i>				
Date:		12/5/20	12/5/26				
Time:		8AM	2PM				
Taken Over By Name :		Sandhya					
Signature / ID :		<i>[Signature]</i>					
Date:		12/5/26					
Time:		8					



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Garima

Date of Birth: 9/5/26 Time of Birth: 9:39 AM Gender:  Male  Female

Birth Weight: 3.26 Kgs HC: ..... cm Length: ..... cm

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

Term / Pre-term / Post-term: .....

Resuscitated:  Yes  No Blood Group: Mother: B+Vp. Baby: .....

Feeding:  Breast Feeding  Formula  Both First Feed Time: .....

AFFIX MOTHER'S  
IDENTIFICATION LABEL

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

Indication: .....

### Physical Assessment of New Born:

Temp: 36.5 °C HR: 156 /Min RR: 58 /Min BP: ..... SpO<sub>2</sub>: 100%

Pain Score: ..... ( 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 I.M. 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: Chandrabala

Signature: CF

Date & Time: 9/5/26

# PATIENT TRANSFER FORM

HNH-00015334      IP26-00006315 Baby Of GARIMA TRIPATHI 09-05-2026      0 Y 0 M 0 D 0 H (M) Dr. SINDHURA MUNUKUNTLA 	Date & Time of Admission 9/15/26 @ 10:15 AM	Date & Time of Transfer Order 9/15/26 @ 3:13 PM
	Transfer Ordered by Dr. Sindhura	Reason for Transfer OBL
From Unit pnespos h	To Unit (307)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File Nil	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.	NA	
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring Madhumita @ Madhu	Name of Person Ordered Transfer Dr. Sindhura	
Patient & Clinical Records Received by : [Signature] 9/15/26 @ 3:13 PM		
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

HNH-00015334 IP26-00006315  
Baby Of GARIMA TRIPATHI  
09-05-2026 0 Y 0 M 0 D 0 H (M)  
Dr. SINDHURA MUNUKUNTLA



## BILLING POLICY

- From 1<sup>st</sup> January 2020, Our billing cycle to be start from 12 PM to 12 PM, patient will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

### MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only ), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

-----  
Name & signature of Patient/Attendant

-----  
(Signature of Admission Desk executive)

**NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.**

### RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914

email : [info@rainbowhospitals.in](mailto:info@rainbowhospitals.in)

[www.rainbowhospitals.in](http://www.rainbowhospitals.in)

**GENERAL CONSENT FOR TREATMENT**

Patient Name: Baby Of GARIMA TRIPATHI Age : 0 Y 0 M 0 D 0 H  
IP No: IP26-00006315 Sex: Male  
Consultant: Dr. SINDHURA MUNUKUNTLA Ward/Bed No: 4F -OT/CRDL-HNPDA-415-1

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.  
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.  
(Recipients Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.  
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: *Ambareesh Kumar Tripathi*

Relationship: *Father*

Date: Time:

Witness Name: *[Signature]*

Witness Signature:

Patient Address:  
Basheer Bagh Hyderabad Telangana  
INDIA 500029