

**DISCHARGE SUMMARY**

<b>Name</b>	Baby Of SRIBHASHYAM KIRANMAYEE	<b>UHID</b>	HNH-00015601
<b>Father/Guardian</b>	Mr A.V.S PRASAD	<b>Age/Gender</b>	0 Y 0 M 0 D 16 H/ Male
<b>Address</b>	FLAT NO:401,SREE VINAYAKA ENCLAVE,ROAD NO:8 PNR COLONY,AMEENPUR, Ramachandra puram, Sangareddy, Telangana, INDIA, 502032		
<b>IP No</b>	IP26-00006420	<b>Admission Date</b>	24-05-2026
<b>Ref Doctor</b>	SELF		
<b>Discharge Date</b>	27.05.2026		

**Consultant:**

**Dr. S TEJASWI REDDY**

MBBS, MD Pediatrics, DM Neonatology  
APMC/FMR/94068

DIAGNOSIS	ICD CODE
TERM (37 weeks + 6 days)/AGA/BABY BOY	

**History:** Baby Of SRIBHASHYAM KIRANMAYEE is a term (37 weeks + 6 days) baby boy, delivered to a primi mother by emergency LSCS on 24.05.2026 at 04:50 pm with birth weight of 2.94kgs 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 cord clamping done. Fetal presentation was Vertex.

<b>Name</b>	Baby Of SRIBHASHYAM KIRANMAYEE	<b>UHID</b>	HNH-00015601
<b>IP No</b>	IP26-00006420	<b>Admission Date</b>	24-05-2026

**Maternal History:** Mrs. SRIBHASHYAM KIRANMAYEE is a 30 years old primi mother.

G1 - Present pregnancy, 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 O positive. Baby's blood group is O positive.**

**Examination:** Baby was euthermic (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 : 2.94 kgs.  
Weight at discharge : 2.80 kgs.  
Head Circumference : 47 cms.  
Length : 35 cms.

**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

Serum bilirubin at 48 hours of life was 8.9 mg/dl with indirect fraction of 8.8

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mg/dl.

**Feeding:** Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk, measured feeds were started. Baby tolerated the feeds well.

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

Vaccine Name	Status	Date
BCG	Given	25.05.2026
OPV	Given	25.05.2026
HEPATITIS B	Given	25.05.2026

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:** To be done on follow up.

**Newborn screening advanced :** Sent on 27.05.2026, report awaited.

**SPO2 : 99% 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.

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**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 : Report to collect on follow up.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**

Review consultation with Dr. S TEJASWI REDDY on Friday (29.05.2026) at Himayatnagar with prior appointment (**Review consultation will be charged**).

**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.

Name	Baby Of SRIBHASHYAM KIRANMAYEE	UHID	HNH-00015601
IP No	IP26-00006420	Admission Date	24-05-2026

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 / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

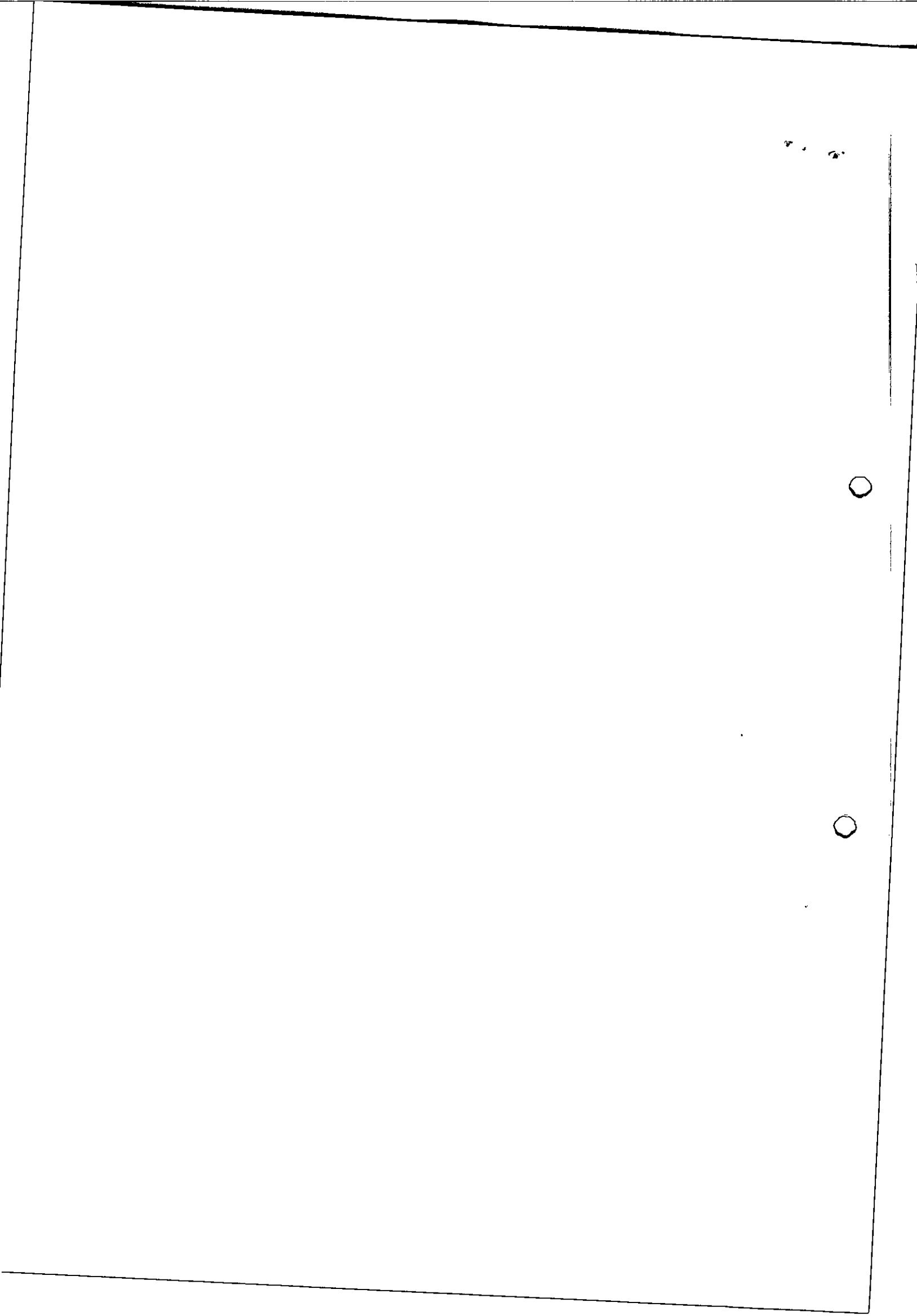
You can also take appointments at any time by going **online** to our website [www.rainbowhospitals.in](http://www.rainbowhospitals.in)



*P. Tejaswi*

Registrar/Resident/C.M.O

**Dr. S TEJASWI REDDY**  
MBBS, MD Pediatrics, DM Neonatology  
APMC/FMR/94068



ADMISSION SHEET

Registration Details :



Admission No : IP26-00006420      Admit Date : 24-May-2026      Admit Time : 05:40 PM      UHID : HNH-00015601

Patient Details :

Patient Name : Baby Of SRIBHASHYAM KIRANMAYEE      Age : 0 D  
Guardian : Mr A.V.S PRASAD      DOB : 24-05-2026 04:50 PM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : FLAT NO:401,SREE VINAYAKA ENCLAVE,  
ROAD NO:8 PNR COLONY,AMEENPUR      Phone No : 6301396965/ 9550378324  
Ramachandra puram Sangareddy Telangana      E-mail :  
INDIA 502032      SRIBHASHYAMKIRANMAYEE@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 A.V.S PRASAD      Relationship : Father  
Contact Address : FLAT NO:401,SREE VINAYAKA  
ENCLAVE,ROAD NO:8 PNR      Phone No : 6301396965  
COLONY,AMEENPUR Ramachandra puram  
Sangareddy Telangana INDIA 502032

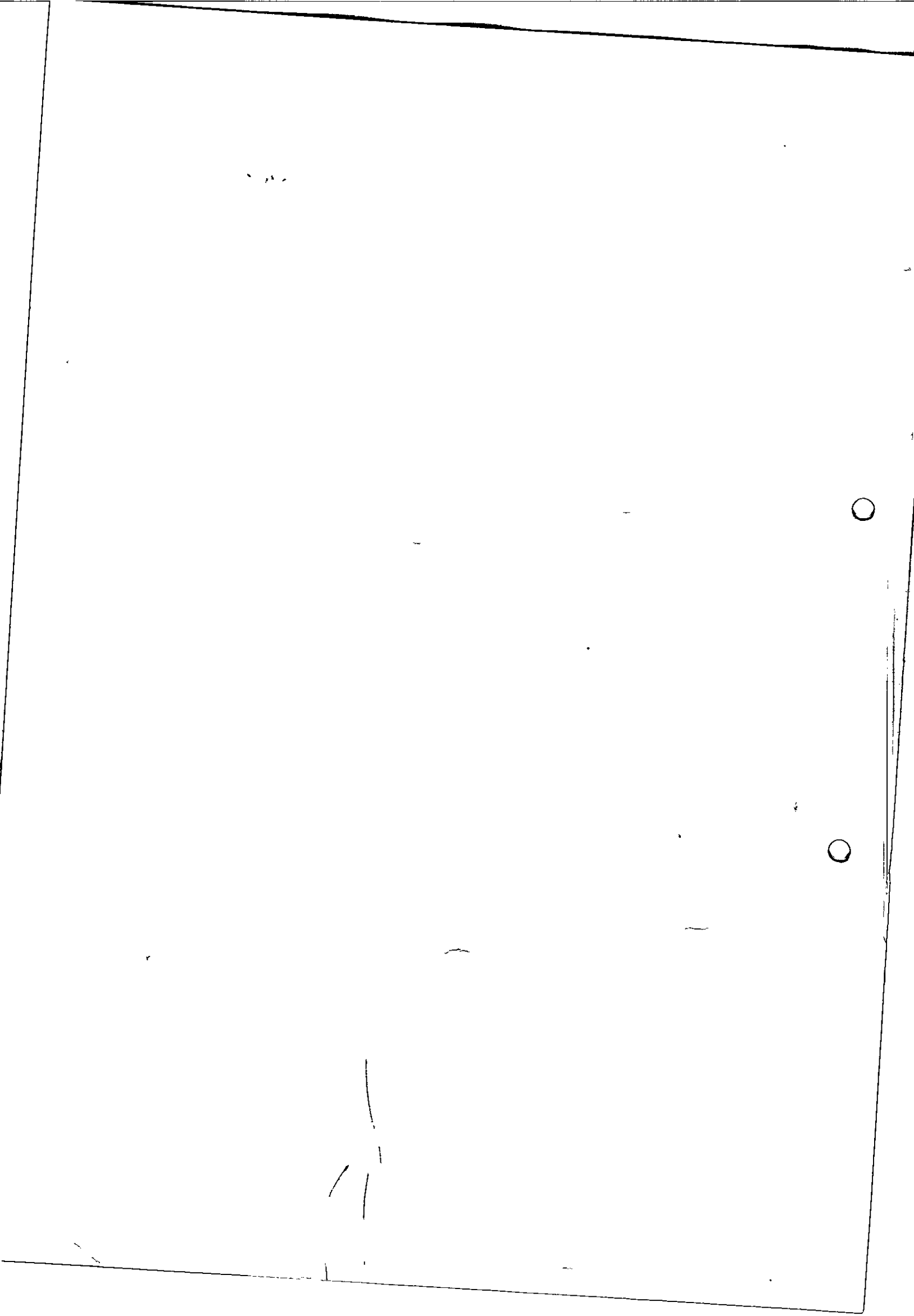
  
Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY      Specialisation : NEONATOLOGY  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card      Deposit Amount : 10000.00  
Payor Name : SELFPAY



# CONSENT FOR FORMULA FEEDS



HNH-00015601 IP26-00006420  
Baby Of SRIBHASHYAM  
24-05-2026 0 Y 0 M 0 D 6 H (M)  
Dr. S TEJASWI REDDY



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 : *[Signature]* .....

Name : *S. Kiranmayee* .....

Relationship with Patient: *Mother* .....

Date & Time : *25/5/26 @ 10:30 AM* .....

### Witness :

Signature : *[Signature]* .....

Name : *Dinya* .....

Date & Time : *25/5/26* .....

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

Signature : *[Signature]* .....

Name : *Dr. Prerna* .....

Date & Time : *25/5/26* .....



# 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)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....


వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....

# PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015801 IP26-00006420 Baby Of SRIBHASHYAM 24-05-2026 OYOMODOH (M) Dr. S TEJASWI REDDY 		Date & Time of Admission 24/5/26 @	Date & Time of Transfer Order 24/5/26. at 10:50pm
		Transfer Ordered by Dr. Tejaswi Reddy	Reason for Transfer obs
From Unit pre-past	To Unit 310	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Chunba Kaly		Name of Person Ordered Transfer Dr. Tejaswi Reddy	
Patient & Clinical Records Received by : Divya 24/5/26 @ 11PM			
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



Date	Time	Investigation	Result	Order No.	Signature
24/5	5:20pm	Blood grouping	-	8700	<del>AKHIL</del>
24/5	4:55pm	ABG	-	8782	<del>AKHIL</del>
			Cross checked done 24/5/20 9:00pm		
25/5/26	5:pm	SIBP, NBS	<del>700000</del>	<del>700000</del>	Sandhya
		<del>Blood group</del>		8870	
		NBS	700000	700000	
			Cross checked done by Supriya		
			10:09am @ 27/5/26		



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

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

### BIRTH INFORMATION

Name : B/o Kiranmayee Mother's Blood Group : O+ve  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.900kg Length (cms) : .....  
 Date of Birth : 24/5/26 Time of Birth : 4:50pm OFC (cms) : .....  
 Place of Birth : RCH HMNR Estimated Gesth Age : Prime - 37+6

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 1/9/25 EDD : 8/6/26

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

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

Last Scans Details : (1st) Singleton / cephalic / (pl) - RT lateral E. poste cord insertion ss. marginal upper end post plaut TT Immunization and Iron / Folic Acid : ✓ Dopph (w)

### MATERNAL RISK FACTORS

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



**PAST OBSTETRIC HISTORY**

U: ..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
pp-	Spontaneous					

**PERINATAL HISTORY**

Treating Obstetrician : Dr. Padmaja Hospital : .....  Inborn  Outborn

<b>Duration of Labour</b> First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : ..... Specify the reason : <u>decrease fetal movement</u> 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 : ..... Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No Cord ABG : ..... Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....
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**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
<u>7/10</u>	<u>9/10</u>	

TOTAL

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

Comments :

Amynoria

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

Primi / 37+6wk / decreased fetal mvt / Em US.





Past History :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

VITALS : Temperature : 36.5 HR : 154 RR : 56 NIBP : CFT : 23sec

Color of the extremities : Cyanosis

Jaundice : Pallor : SpO2 : 95%

Anthropometry : Birth Weight : 2.94kg Length : 47cm HC : 36cm Present Weight :

Ponderal Index : AGA SGA : LGA :



**HEAD TO TOE EXAMINATION**

s :

Sutures  
Shape / Moulding :  
Edema / Bruising :  
Size - (H.C.) :

*lc*

Facies :  
(Any Facial  
Dysmorphism)

*n*

NECK and  
CLAVICLES :

Range of Motion :  
Asymmetry :  
Masses :

*lc*

EYES :

Symmetry :  
Red Reflex :  
Discharge :

*to check*

EARS, NOSE  
MOUTH and  
THROAT :

Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

*lc*

THORAX and  
BREASTS :

Shape of Thorax :  
Position of Nipples and Number :

*n*

ABDOMEN and  
UMBILICUS :

Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

*n*

GENITALIA :

Labia / Hymen :  
Testicles/penis :  
Anus :

*B/L feet descent*

HERNIAL ORIFICES

*n*

TRUNK and SPINE :

*n*

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :  
Arms / Legs :  
Deformities :  
Mobility :  
Hip Joint Examination :

*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) : .....

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

**Cardiovascular System :**

HR : ..... BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

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

**Abdomen :**

Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

**Nerves :**

**Motor System :**

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

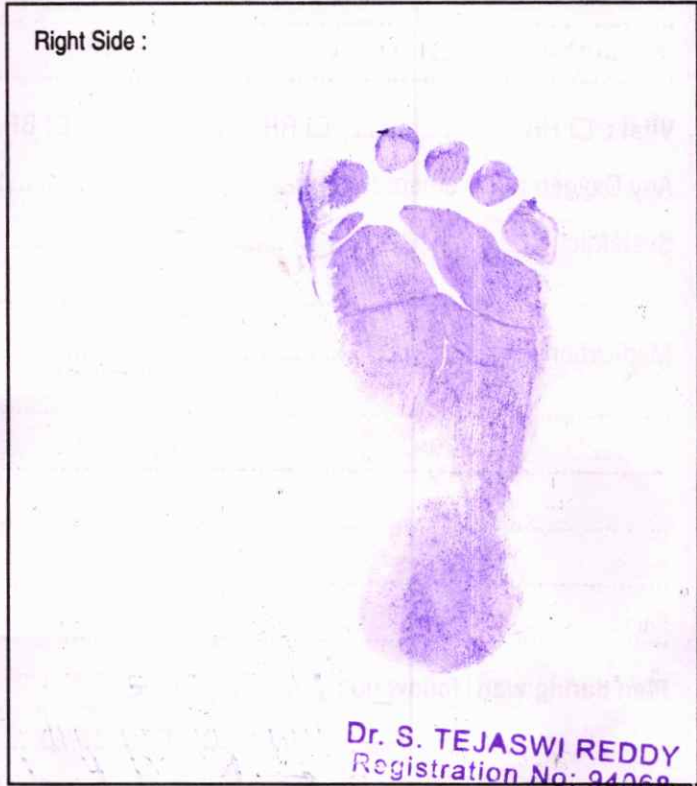
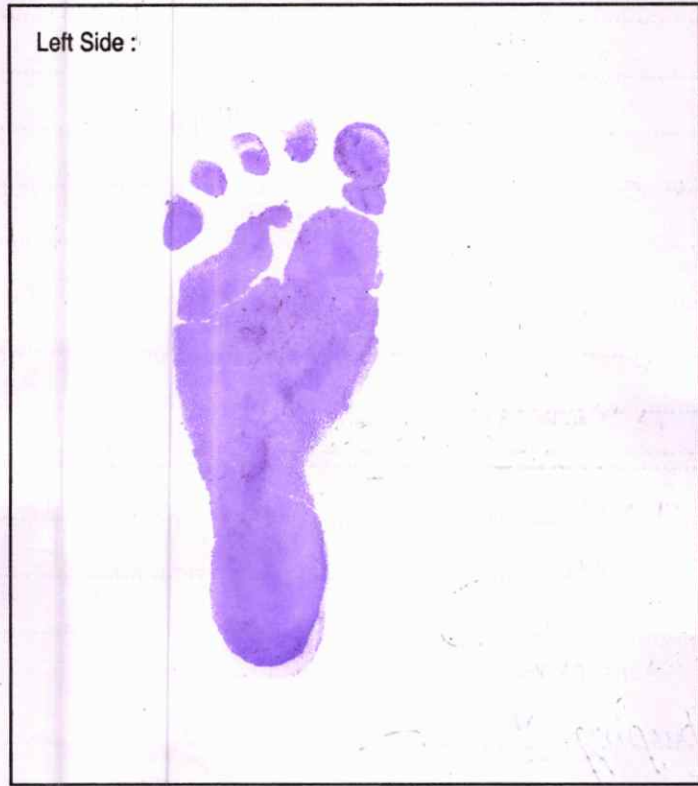
Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Any Congenital .....  
Diagnosis : Tesm /AGA / Male / CIAB / 2.9kg

**FOOT PRINTS**

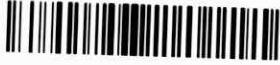


Resident Doctor :  
Signature : [Signature]  
Name : Anub  
Date & Time : 24/5/26

Consultant :  
Signature : [Signature]  
Name : Dr. Tejasw  
Date & Time : .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

- Name of the referring Doctor : .....
- Name of the referring Hospital : .....  
Address : .....  
Contact Numbers : .....
- Contact Details of the referring Doctor : .....  
Mobile No. : ..... E-mail ID : .....
- 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 : *Wasm Care*

- DBF Only jlb keeping
- Send cond of ft
- send samples @ ushol (SOL, NBS, OAE)
- Check 4 limb spec
- chek spec aft. home
- vacinate BCG / OPV / Hep B

Feeding Plan at the time of shifting : .....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 OYOMODOH (M)  
 Dr. S TEJASWI REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>25/5/26 8:30 AM.</p>	<p>c/s/hy Dr Anuha / Dr Alekhy.</p>	
	<p>Ten / AGA / Male / CIAB.</p>	
	<p>Temp 38.20. wt lax 6g.</p>	<p>M/B/G + O+ve B/B/G.T. Sample clotted</p>
	<p>c/I/A good.</p>	<p><u>Plan</u></p>
	<p>vital stal</p>	<p>✓ <del>CT</del> DBF Qly/h/h hum</p>
	<p>subj well</p>	<p>✓ scan car</p>
	<p>stc BkAC (+)</p>	<p>-(+) B/G [T X]</p>
	<p>(Pls) NIVBS (+)</p>	<p>✓ chele 4 limbs po</p>
		<p>✓ vaccination pendy</p>
		<p>✓ Hyform sos.</p>
		<p>✓ send BGT, SBR, MBS OAE control</p>
		<p><u>NB Sunanda</u></p>

HNH-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 DYOMOD 6H (M)  
 Dr. S TEJASWI REDDY



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:30am	US/B es. spandana	
	4% wt loss.	
	- all feeding feeds well ✓	
	milk ✓	
	stools ✓	
	O/E : euthymic	
	UTI : swab	Plan
	PF : gut	1) warm care
	mucus ⊕	2) DBF may need to
		3) vaccination to be
		done
		4) SBR
		NBS } at 48 HCL
		ODE }

Dr. Spandana Pasupuleti  
 Consultant Neonatologist and Paediatrician  
 Reg. No. 30925

*[Handwritten signature]*

25/5/26

BCG  
 OPV  
 Hep-B given

*[Handwritten signature]*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 1:40 PM	S/B Dr. Sneghan D Tern / AAA / Moh / CEAB Plog	
	Baby Gulhermi WS - S <sub>11</sub> S <sub>10</sub> M - BLU - ACEA	DBF + Bumpig 2 <sup>nd</sup> L SBR, NBS, OAE @ 5PM on 26/5/26
	PIA - 20g CTA - good.	warm care  <del>M - 1st</del> <del>NB Maha</del>
25/5/26 4:40 PM	S/B Dr. Tejaswi: D Tern / AAA / Moh / CEAB	Plog
	Baby Gulhermi WS - S <sub>11</sub> S <sub>10</sub> M - BLU - ACEA	DBF + Bumpig 2 <sup>nd</sup> L SBR } NBS } @ 5PM OAE } on 26/5/26
	PIA - 20g CTA - good	warm care  <del>Red return to be checked</del>  <del>NB - M... @ 5PM</del> Dr. Tejaswi

Dr. S. TEJASWI REDDY  
 Registration No: 90308

HNH-00015601 IP26-00006420

Baby Of SRIBHASHYAM

24-05-2026 0 Y 0 M 0 D 6 H (M)

Dr. S TEJASWI REDDY



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 7 AM	<u>CS/BS D. Pranam / D. Vaidya</u>	
	Term 1444 / 2-94 kg / Male / CS/BS	
	T-WT -	
	Baby on DBF+FF Passing Vires & Meconium Baby Renthelomic	<p>Ph</p> <ol style="list-style-type: none"> <li>1) Wm Cx</li> <li>2) DBF / 16 bulging Awt+FF</li> <li>3) SBR NBS Blood group } @ 5pm</li> <li>4) OAE - Today</li> <li>5) To check red light</li> <li>1) Monitor Vitals</li> </ol>
	Cry } Tone } Good Activity }	
	R-S - B/LAEP PLA - Soft	
		Noted by <u>tejusshoo</u> @ 7 AM <u>26/5/26</u> JR



## PROGRESS NOTES AND DOCTOR'S ORDER

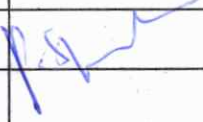
Date & Time	Progress Notes	Doctor's Order
26/5/26 11 AM	cf/s/hy Dr Tejan.	
	TC / ASA / 2.9ulkg / Male.	
	vital stal	
	c/TA speed	
	Baby Euthic & - Mild lctn.	✓ Red reflex to chel Evening ✓ Sample c 5pm = DBF Ok jlb Suping = Hormon sas
		Dr Tejan
		NB - Supriya 26/5/26 @ 10 AM

Dr. S. TEJASWI REDDY  
 Registration No. 25058

HNH-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 0Y0M0D6H (M)  
 Dr. S TEJASWI REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 3:10 PM	SIB D. Spondana D Term (AGA/M) CTAB	PLg
	Baby full term	
	CNS - Sx Sx @	DBL + Bujing 2nd k
	R-B LI-AT @	SRA WBS } @ SPm hoo
	PIA - ok	
	CTA good	warm len
	P.S. 	
	noted by S. Sanchetty	
	26/5/26	
	3:10 PM	

Dr. Spondana Pasupuleti  
 Consultant Neonatologist and Paediatrician  
 Reg. No: 30925

HNH-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 0 Y 0 M 2 D (M)  
 Dr. S TEJASWI REDDY



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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/26 8 AM	S/B Dr Prabhath / Dr Subhanth	TS wt: 2900 gm
	T / AGA / ♂ / CIAB	T. wt: 2800 gm (9.7% wt loss)
	Baby Euthemic accepting feed pale lips No c/o	Adv DBF + Q2H E good burps
	of vital stable CRT < 3s. PA soft	Wason Gue. Noted by mother 8:00 AM
27/5/26 10:30 AM	S/B by Dr Tejaswi	Subhanth
	T / AGA / ♂ / CIAB	
	Baby Euthic pink	Ad
	vital stable	DBF + FF. Qly flb burp
	c/a good	RIA Jriday Wason Gue. Monh vital.
<p>Dr. S. TEJASWI REDDY          Registration No: 94068</p>		<p>To check Red Reflex before discharge</p> <p>Dr. Tejaswi          10:50 AM @ 27/5/26</p>



HNH-00015801 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 0 Y 0 M 0 D 0 H (M)  
 Dr. S TEJASWI REDDY



305



100% 99%  
 100% 100%

**RESULT SHEET**

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

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.Bill/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					





100%  
 99%  
 99%

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

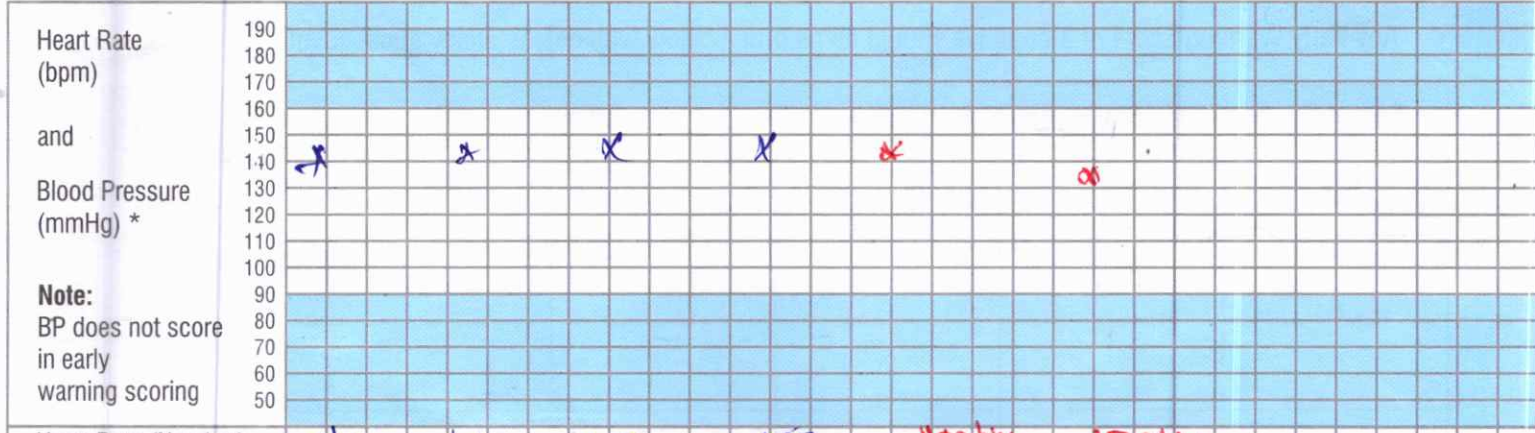
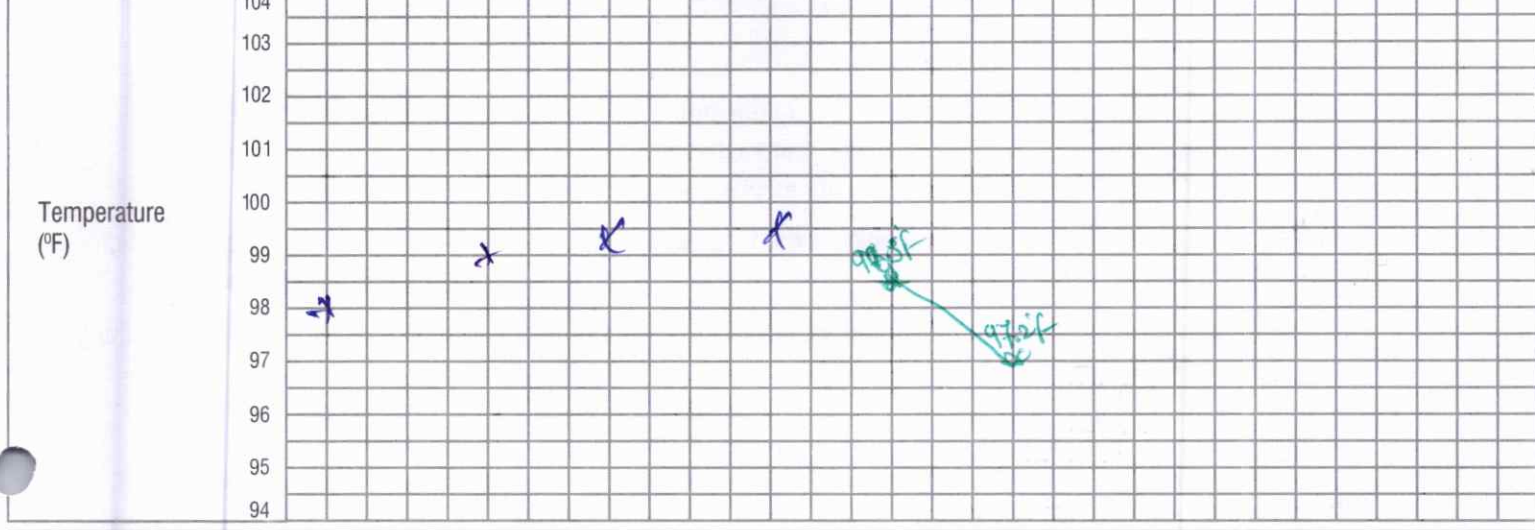
140 - 99% - 100%  
 138 - 100%



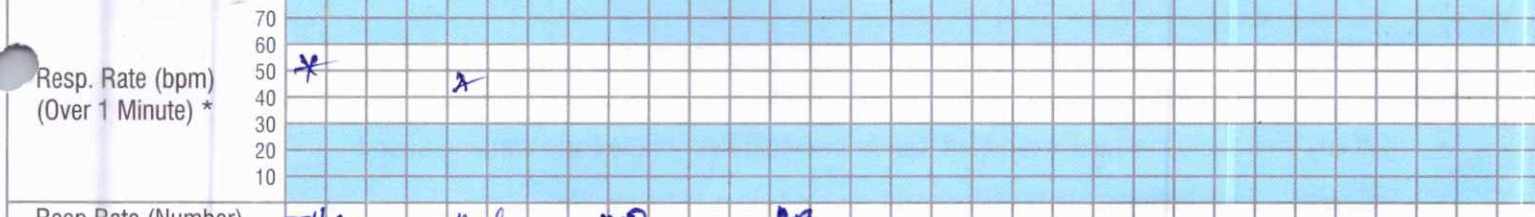
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 24/5 Time: 5pm  
 6am 9am 11pm 3am 7am

Doctor/Nurse/Family Concern?



Heart Rate (Number) 140 140 140 138 142bpm 138bpm



Resp Rate (Number) 55 50 40 40

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 99% 100% 100% 99% 100%

Conscious Level Normal Altered

GCS \*

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



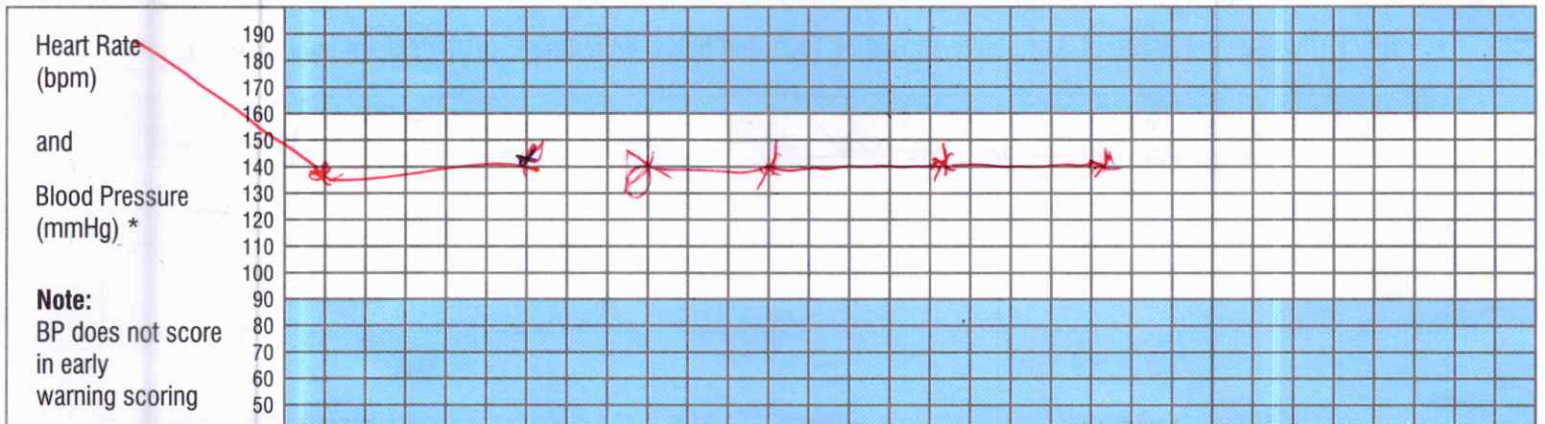
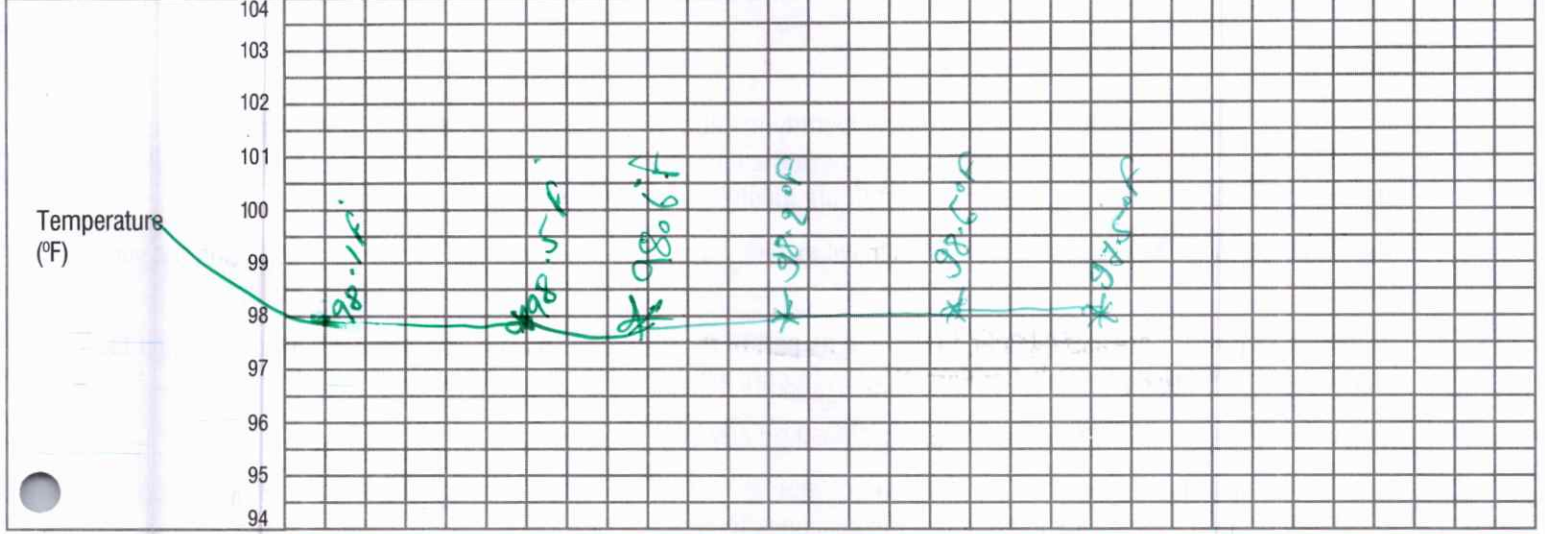
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



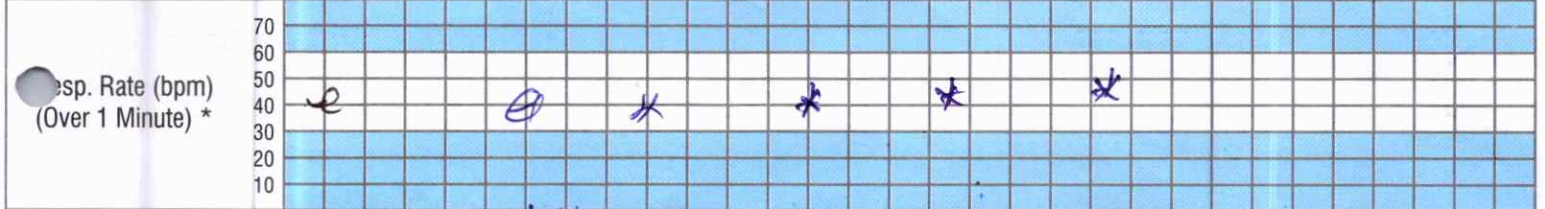
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 25/5/26 Time: 10 AM 2 PM 6 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern? AM AM AM AM AM AM



Heart Rate (Number) 138b/m 144b/m 146b/m 140b/m 142b/m 140b/m



Resp Rate (Number) 40b/m 40b/m 40b/m 40b/m 42b/m 42b/m

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 100% 99% 100% 100% 100% 100%

Conscious Level Normal Altered

GCS \* - -

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

**ACTIONS**  
 Score 1 : Continue normal observation by staff nurse  
 Score 2 : Shift in charge nurse to be informed and continue hourly observations  
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\* 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:

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Date	Time	Early Warning Score	Date	Time	Name

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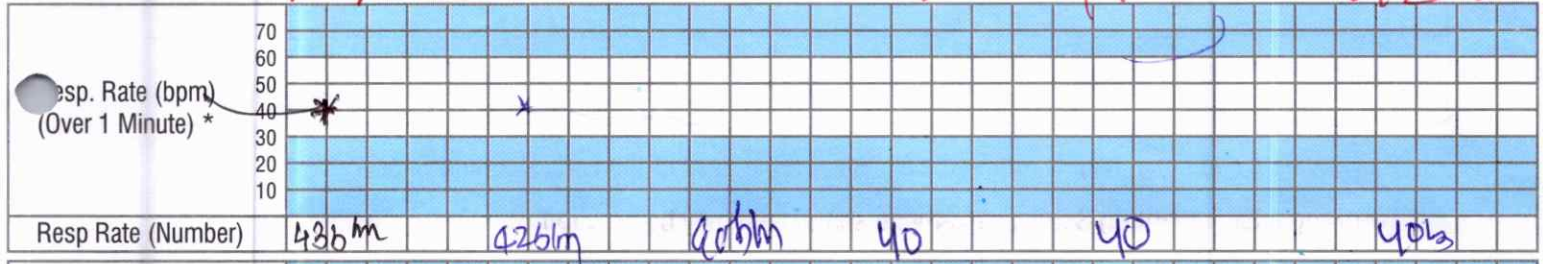
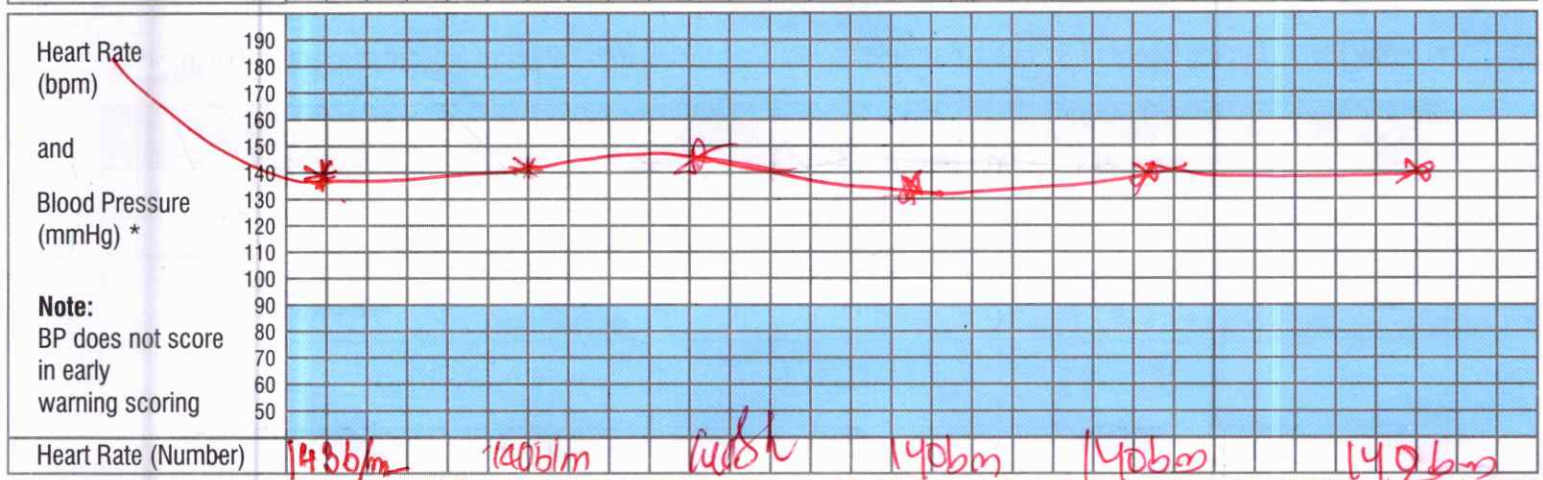
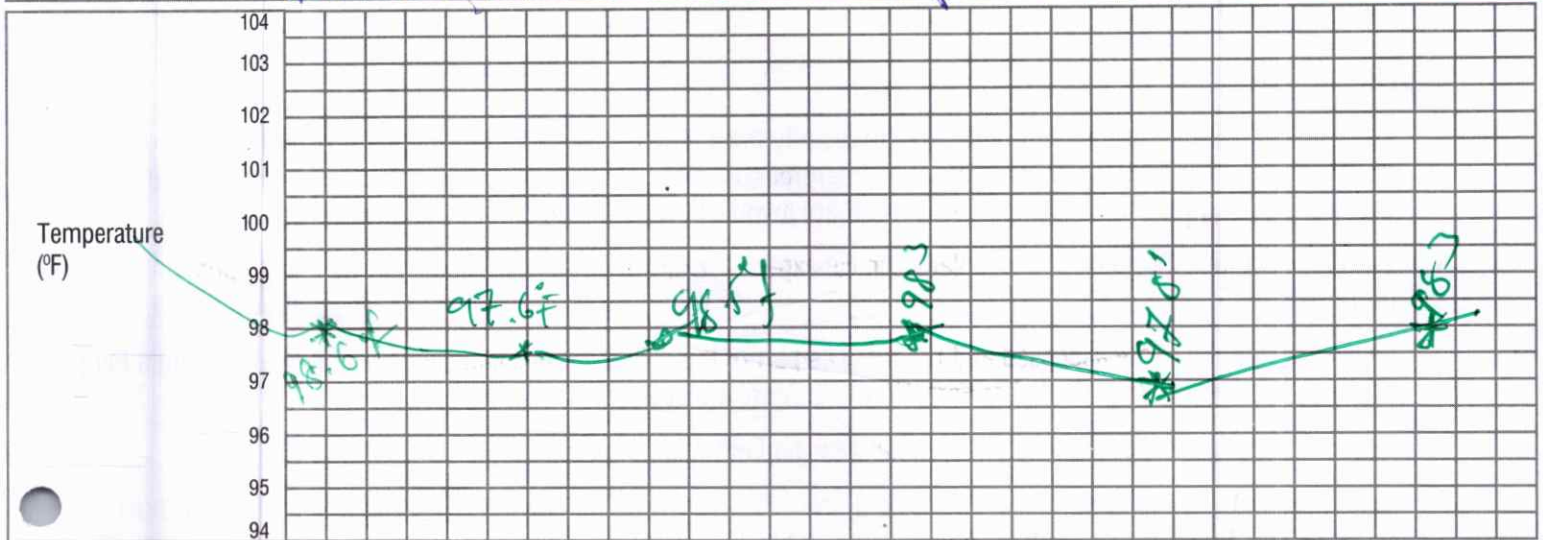
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**INFANT (<1 year)**  
 Children's Observation &  
 Early Warning Scoring Chart



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

Date: 26/5/26 Time: 10:30pm 8pm 10pm 2Am 6pm  
 Doctor/Nurse/Family Concern? AM



Resp Distress	Mod/ Severe None / Mild					
Receiving O <sub>2</sub> (l/min)	O <sub>2</sub> Saturations (%)	100%	100%	100%	100	100
Conscious Level	Normal / Altered					
GCS *		15/15	15/15	15/15		
<b>TOTAL SCORE</b>		0	0	0	0	0
Number of shaded boxes		0	0	0	0	0
Pain Score		0	0	0	0	0
Observer's Initials		<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>	<u>SR</u>

**ACTIONS**

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# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND is 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.
- 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
24/5	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm		DBF										
	07:00 pm												
<b>Total Intake :</b>			Daken			<b>Total Output :</b>							
24/5	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>			Daken			<b>Total Output :</b>							
25/5/26	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>			Daken			<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# 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
			Mouth	I.V	N.G							
25/5/26	08:00 am										0	Hela
	09:00 am	DBF+									0	
	10:00 am	FF - 25ml						MA			0	
	11:00 am							MA			0	
	12:00 pm	DB MA									0	
	01:00 pm	FF									0	
<b>Total Intake :</b>					<b>Total Output :</b>					M-1	U-2	
25/5/26	02:00 pm											Hela
	03:00 pm	DBF+FF										
	04:00 pm							MA				
	05:00 pm	DBF+FF										
	06:00 pm											
	07:00 pm	DBF+FF										
<b>Total Intake :</b>					<b>Total Output :</b>					U-3	M-2	
25/5/26	08:00 pm	DBF+FF										Hela
	09:00 pm											
	10:00 pm	DBF+FF										
	11:00 pm											
	12:00 am	DBF+FF										
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>					U-1	M-1	
26/5/26	02:00 am	DBF+FF										Hela
	03:00 am											
	04:00 am	DBF+FF										
	05:00 am											
	06:00 am	DBF+FF										
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>					U-1	M-2	

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015601  
 Baby Of SRIBHASHYAM  
 24-05-2026  
 Dr. S TEJASWI REDDY

IP26-00006420  
 O Y O M O D 6 H (M)




# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/5/20	08:00 am		DBF +FF							0	}	
	09:00 am								✓	0		
	10:00 am	0	DBF +FF					PA		0		
	11:00 am							PA		0		
	12:00 pm		DBF +FF			✓			✓	0		
	01:00 pm		FF							0		
<b>Total Intake :</b>			TAKEN			<b>Total Output :</b>					02 M-1	
27/5/20	02:00 pm		DBF +FF							0	}	
	03:00 pm		FF							0		
	04:00 pm	0	DBF +FF						✓	0		
	05:00 pm		FF					NA		0		
	06:00 pm		FF						✓	0		
	07:00 pm									0		
<b>Total Intake :</b>						<b>Total Output :</b>						
28/5/20	08:00 pm		DBF +FF								}	
	09:00 pm		FF									
	10:00 pm	0							✓			
	11:00 pm											
	12:00 am								✓			
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>					02 M-1	
26/5/20	02:00 am		DBF +FF								}	
	03:00 am		FF						✓			
	04:00 am	0	+PBF +FF									
	05:00 am	0	FF						✓			
	06:00 am		DBF +FF									
	07:00 am		FF									
<b>Total Intake :</b>						<b>Total Output :</b>					M-2 02	

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2028 0 Y 0 M 2 D (M)  
 Dr. S TEJASW REDDY



# 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 Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	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**



# NURSING CARE RECORD

Date: 24/5/26

- 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
<b>Morning</b>							
<b>Afternoon</b>	2pm	→ Assess the baby condition → monitor the vitals & recorded	3pm	→ Assessed the baby condition → DBF 2nd hourly & breastfeeding → maintained stochart pt & recorded		maintain stochart & record	AKWils
	8pm	→ maintain stochart → provide warm care to the baby	8pm	→ provide warm care to the baby			
<b>Night</b>	8pm to 8pm	⇒ Assess the patient condition ⇒ plan for vitals ⇒ plan for stochart	8pm to 8pm	⇒ Assessed the pt condition ⇒ maintain vitals & record ⇒ maintain stochart 8pm ⇒ DBF 2nd hourly & breastfeeding	patient is stable	vitals is	



# NURSING CARE RECORD

Date: 28/5/26

**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 to 2PM	- Assess the Baby condition - Monitor the vitals - maintain I/O charts - DBF + FF every 2nd hourly - Vaccination done	8AM to 2PM	- Assess the Baby condition - Monitor the vitals - maintain I/O charts - DBF + FF every 2nd hourly - Vaccination done	Baby is now stable	Monitor the vitals	<i>Albu</i>
Afternoon	2PM to 8PM	- Assess the Baby condition - Monitor the vitals - maintain I/O chart - DBF + FF every 2nd Hourly	2PM to 8PM	- Assessed the Baby condition - monitored vitals - maintain I/O chart - DBF + FF every 2nd Hourly	Baby is stable	Re checked vitals	<i>At</i>
Night	8PM to 8AM	- ASSESS the Baby condition - monitor vitals - maintain I/O chart - give DBF + FF every 2nd hourly	8PM to 8AM	- ASSESS the Baby condition - monitored vitals - maintained I/O chart - given DBF + FF every 2nd hourly	Baby is stable now	vitals is normal	<i>Krishna</i>

HNH-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 0 Y 0 M 0 D 6 H (M)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



Date: 26/5/26

**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 to 2pm	<ul style="list-style-type: none"> <li>→ Assess the baby condition</li> <li>→ Monitor the vitals</li> <li>→ maintain I/O chart</li> <li>→ DBF+FF every 2nd hourly</li> </ul>	8am to 2pm	<ul style="list-style-type: none"> <li>→ Assessed Baby condition</li> <li>→ Monitored vitals</li> <li>→ Maintained I/O chart</li> <li>→ DBF+FF every 2nd hourly</li> </ul>	Baby is stable	Re-checked vitals	Anita Ang
Afternoon	3pm to 5pm	<ul style="list-style-type: none"> <li>→ Assess the baby condition</li> <li>→ monitor the vitals &amp; record</li> <li>→ maintain I/O chart</li> <li>→ DBF+FF every 2nd hourly</li> </ul>		<ul style="list-style-type: none"> <li>→ Assessed the baby condition</li> <li>→ monitored the vitals &amp; recorded</li> <li>→ maintain I/O chart</li> <li>→ DBF+FF every 2nd hourly</li> </ul>	Baby is stable	→ Rechecked vitals	S
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 2nd hourly</li> </ul>	8pm to 8am	<ul style="list-style-type: none"> <li>Assess the baby condition</li> <li>maintain vitals &amp; record</li> <li>maintain I/O chart</li> </ul>	patient baby stable	- vitals level	

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 Baby Of SRIBHASHYAM  
 24-05-2026 0 Y 0 M 2 D (M)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



Date: .....

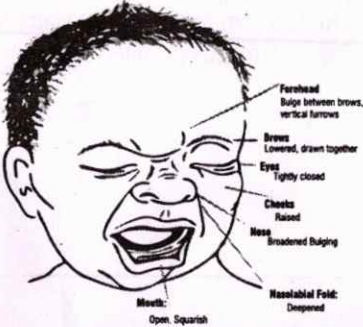
Goals

- 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							
Afternoon							
Night							



## 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	24/5	24/5	25/5	25/5	26/5	26/5	26/5	26/5	
						Time	Time	Time	Time	Time	Time	Time	Time	
						02	04	06	02	01	06	02	04	
						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	0	0	0	0	0	0	0	0	
<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)	0	0	0	0	0	0	0	0	
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0	0	0	
<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	0	0	0	0	0	0	0	0	
<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	0	0	0	0	0	0	0	0	
 <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>	37 weeks	-	-	-	-	-	-	-	-	-	-		
	<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-00015601 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 0Y0M0D0H (M)  
 Dr. S TEJASWI REDDY



# BRADEN 'Q' SCALE



Date : 24/5 24/5 25/5 25/5  
 Time : C2 N1 M6 E2

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.	3	3	3	3
"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.	2	2	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	4	3
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> 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 of 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.	3	3	3	3

**TOTAL SCORE**

**Evaluator's Name**

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

HNN-00015801

IP26-00006420

Baby Of SRIBHASYAM

24-05-2026

OYOMODOH (M)

Dr. S TEJASWI REDDY



# BRADEN 'Q' SCALE



Date : 25/5 26/5 26/5 26/5  
 Time : N1 M6 5 8pm

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.	2	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.	1	1	1	4
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.	4	4	4	4
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.	4	4	4	4
<b>FRICITION-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."	4	4	4	4
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	4
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

**TOTAL SCORE**

24 28 26 28

**Evaluator's Name**

(R) (S) (L) (A)

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 "At Risk" 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 "Moderate Risk" 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 "High Risk" 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 SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>New born</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: .....					
BACKGROUND	Date	Shift	<u>24/5/26</u> E2	<u>24/5</u> NT	<u>25/5/26</u> M6	<u>25/5/26</u> E2	<u>25/5/26</u> N1	<u>26/5</u> M6
	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Diet:		<u>DBF</u>	<u>DBF</u>	<u>DBP</u>	<u>DBF + FF</u>	<u>DBF + FF</u>	<u>DBF + FF</u>	<u>DBF + FF</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>NA</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>97.5 F</u>	<u>98.0 F</u>	<u>98.0 F</u>	<u>98.6 F</u>	<u>98.6 F</u>	<u>98.6 F</u>
			Res: <u>50b/m</u>	<u>20</u>	<u>42b/m</u>	<u>44b/m</u>	<u>40b/m</u>	<u>42b/m</u>
			SpO <sub>2</sub> : <u>99%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>	<u>99%</u>
			Pulse: <u>150b/m</u>	<u>150</u>	<u>145b/m</u>	<u>145b/m</u>	<u>140b/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>-</u>	
		Skin Integrity: <u>good</u>	<u>-</u>	<u>-</u>	<u>Good</u>	<u>-</u>	<u>-</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>-</u>	<u>-</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>NA</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Post Operative Procedure Special Orders:		<u>NA</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Handed Over By Name :		<u>AKSHAY</u>	<u>Chudde</u>	<u>Meha</u>	<u>Manisha</u>	<u>Khusboo</u>	<u>Anusha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>24/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	
Time:		<u>8 AM</u>	<u>8 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 PM</u>	<u>2 PM</u>	
Taken Over By Name :		<u>Chudde</u>	<u>Meha</u>	<u>Manisha</u>	<u>Khusboo</u>	<u>Anusha</u>	<u>[Signature]</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>24/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	
Time:		<u>8 PM</u>	<u>8 AM</u>	<u>2 PM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>[Signature]</u>	

HNH-00015601  
 Baby Of SRIBHASHYAM  
 24-05-2026  
 Dr. S TEJASWI REDDY (M)

IP26-00006420



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <b>NIB</b>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
<b>BACKGROUND</b>	Date	<b>20/5</b>	<b>26/5/2026</b>	<b>26/5/26</b>			
	Shift	<b>E</b>	<b>8pm-5am</b>	<b>Full</b>			
	Medical Condition (Any special condition to be noted):	<b>-</b>	<b>-</b>	<b>-</b>			
	Diet:	<b>DBF</b>	<b>DBF</b>	<b>DBF</b>			
<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 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):	<b>-</b>	<b>RA</b>	<b>-</b>			
	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	
	Vital Signs:	Temp:	<b>98.5 f</b>	<b>97.6 f</b>	<b>98</b>		
		Res:	<b>16/1m</b>	<b>13</b>	<b>10</b>		
		SpO <sub>2</sub> :	<b>100%</b>	<b>100%</b>	<b>100</b>		
		Pulse:	<b>100b/m</b>	<b>156</b>	<b>140</b>		
		BP:	<b>-</b>	<b>-</b>	<b>-</b>		
		LOC:	<b>-</b>	<b>-</b>	<b>-</b>		
	Fall Risk Score:	<b>-</b>	<b>-</b>	<b>-</b>			
Pain Score:	<b>-</b>	<b>-</b>	<b>-</b>				
Skin Integrity	<b>-</b>	<b>wood blood</b>	<b>blood</b>				
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<b>-</b>	<b>-</b>	<b>-</b>			
	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	
	Special Diet:	<b>-</b>	<b>DBF</b>	<b>DBF</b>			
	Critical Lab Test / Values:	<b>-</b>	<b>-</b>	<b>-</b>			
	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	
	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	
	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	
ADL (Dependent / Non Dependent):	<b>-</b>	<b>yes</b>	<b>-</b>				
Post Operative Procedure Special Orders:							
Handed Over By Name :		<b>Shakti</b>	<b>Allo</b>	<b>madh</b>			
Signature / ID :		<b>[Signature]</b>	<b>[Signature]</b>	<b>[Signature]</b>			
Date:		<b>26/5/26</b>	<b>26/5/26</b>	<b>26/5/26</b>			
Time:		<b>8pm</b>	<b>2:20pm</b>	<b>8AM</b>			
Taken Over By Name :		<b>A</b>	<b>Madh</b>	<b>Madh</b>			
Signature / ID :		<b>[Signature]</b>	<b>[Signature]</b>	<b>[Signature]</b>			
Date:		<b>26/5/26</b>	<b>26/5/26</b>	<b>26/5/26</b>			
Time:		<b>8:45</b>	<b>8AM</b>	<b>8AM</b>			

HNH-00015801 IP26-00006420  
 Baby Of SRIBHASHYAM  
 24-05-2026 0Y0M0D0H (M)  
 Dr. S TEJASWI REDDY

DATE : 24/5/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	no cleft lip/p	no cleft lip/palate	
2	Pre natal teeth	no	no	
3	Anal opening	Patent	Patent	
4	Genitalia	B/c testis descended		
5	Spine	(no)	(no)	
6	Red reflex	to check		
7	4 limb saturation (before discharge)			



Ped.Registrar signature

Ped.Consultant signature





## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 24/5/26 Time of Birth: 4:50 PM Gender:  Male  Female

Birth Weight: 2.94 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: ..... 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 °C HR: 150 /Min RR: 55 /Min BP: ..... SpO<sub>2</sub>: 99%

Pain Score: 0 ( Follow N Pass)

Fall Risk Assessment:  Yes  No (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~~

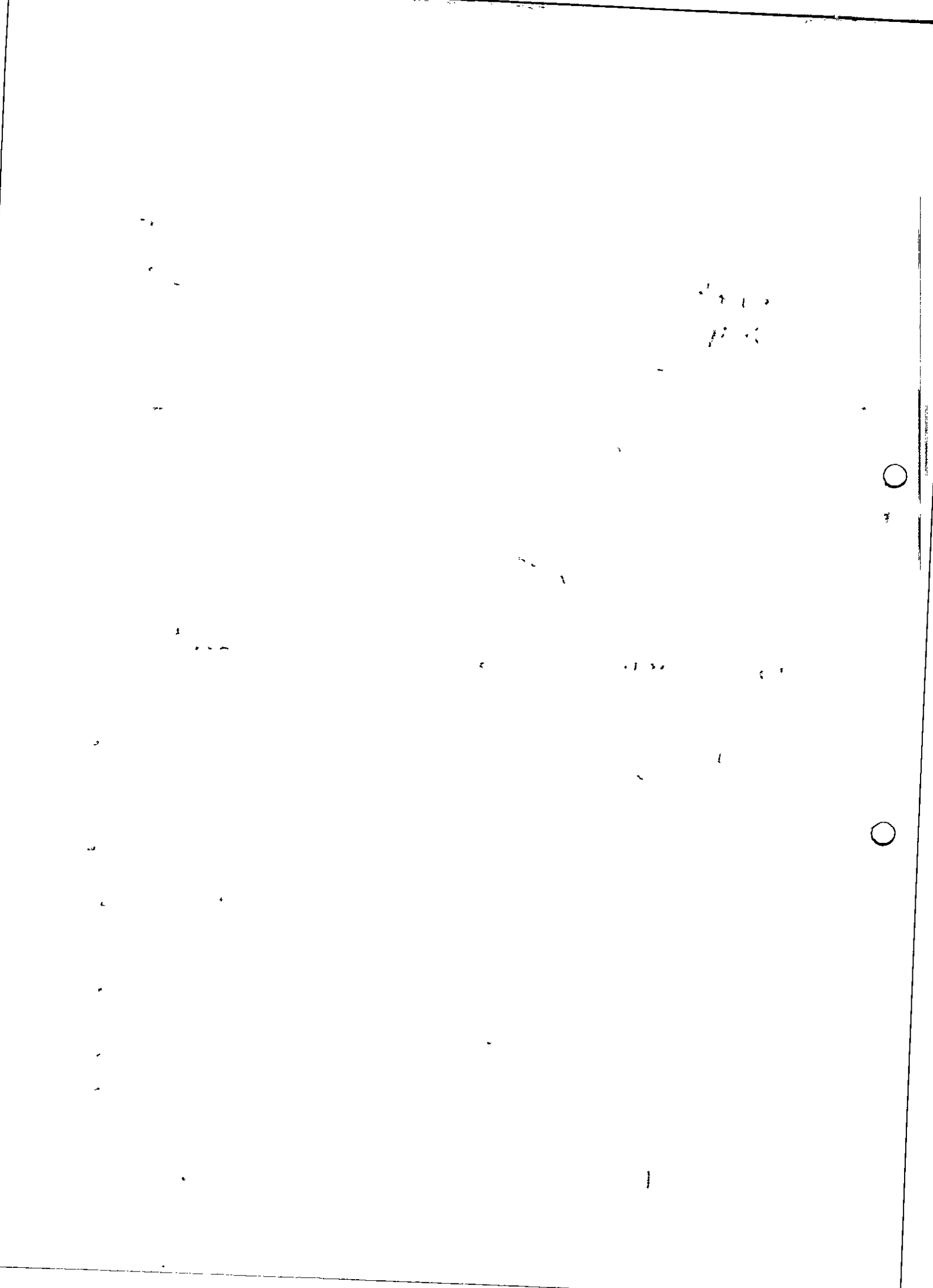
All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed:  Yes / No

Nurse Name: Akshita

Signature: [Signature]

Date & Time: 24/5/26





HNN-00015601

Baby Of SRIBHASHYAM

24-05-2026

Dr. S TEJASWI REDDY

IP26-00006420

0 Y 0 M 0 D 0 H (M)

**GENERAL CONSENT FOR TREATMENT**

Patient Name: Baby Of SRIBHASHYAM KIRANMAYEE Age : 0 Y 0 M 0 D 0 H  
IP No: IP26-00006420 Sex: Male  
Consultant: Dr. S TEJASWI REDDY 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.

(Receivers Signature: *A.V.S Prasad*)

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:

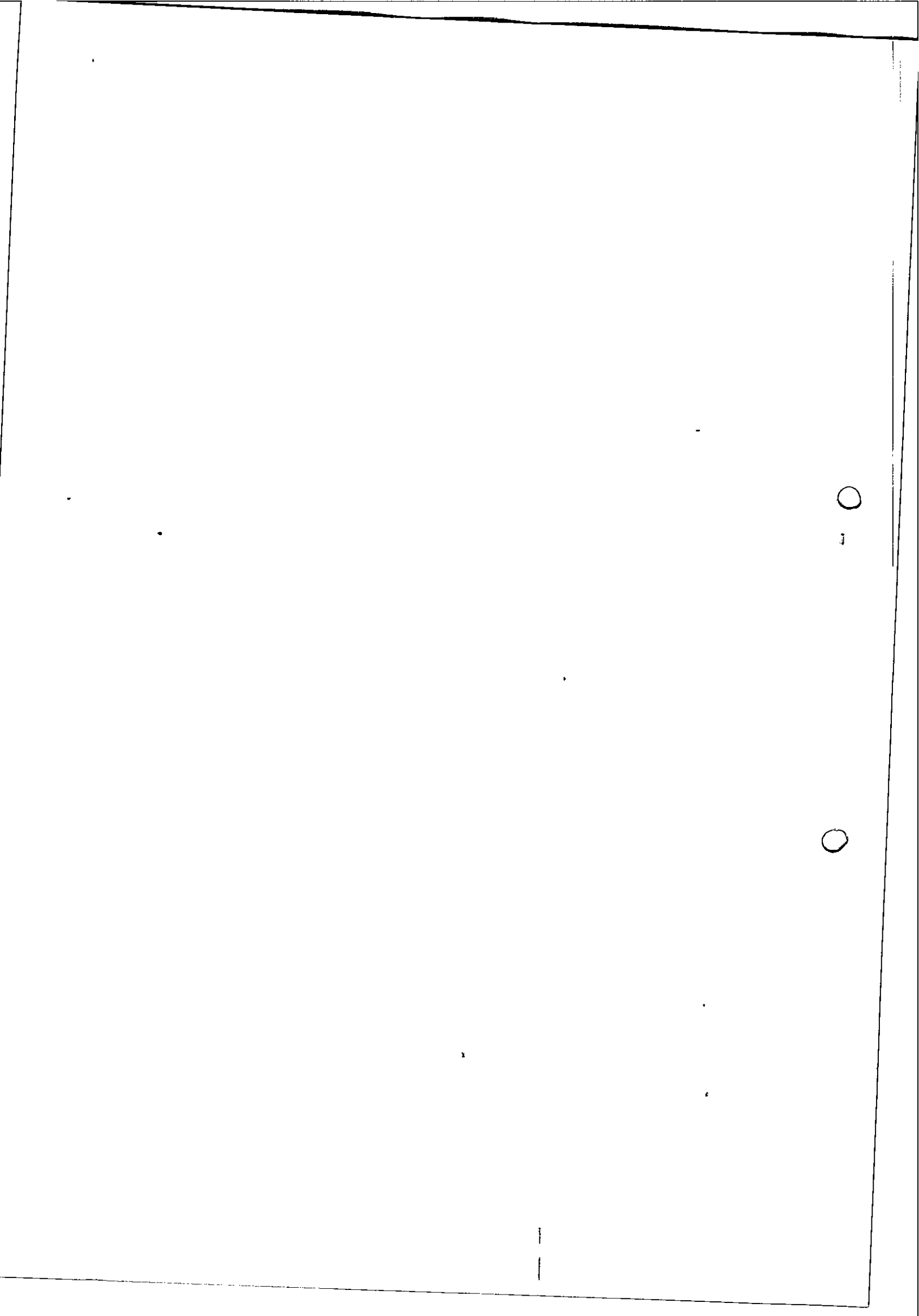
Name: *A.V.S Prasad*Relationship: *Father*Date: *24/05/26*

Witness Name:

Witness Signature: *[Signature]*Time: *12:40*

Patient Address:

FLAT NO:401,SREE VINAYAKA  
ENCLAVE,ROAD NO:8 PNR COLONY,  
AMEENPUR Ramachandra puram  
Sangareddy Telangana INDIA 502032



HNH-00015601

IP26-00006420

Baby Of SRIBHASHYAM

24-05-2026

O Y O M O D O H (M)

Dr. S TEJASWI REDDY



rainbow  
children's  
ospital

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

25  
In Being the Golden Age  
BirthRight Endeavor, Shining Bright

- **Billing cycle:** - With effective from 1<sup>st</sup> January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent 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.

*A.V.S Prasad*

Name & signature of Patient/Attendant

*[Signature]*

(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)

