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DISCHARGE SUMMARY

Name	Baby Of SANDHYA LOYA	**UHID**	HNH-00016297
Father/Guardian	Mr RAMAN LOYA	**Age/Gender**	0 Y 0 M 0 D 16 H/ Male
Address	3-6-175, hyderguda, Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006708	**Admission Date**	01-07-2026
Ref Doctor	SELF		
Discharge Date	04.07.2026		

DR. S. TEJASWI REDDY
MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND INTENSIVIST
APMC/FMR/94068

DR. SPANDANA PASUPULETI
MBBS, MRCPCH
CONSULTANT PEDIATRICIAN AND INTENSIVIST
Reg No: 30925

Diagnosis: FULL TERM(37+3 WEEKS)/ NVD/ DELAYED TRANSITION/ TTNB-NIV/ MALE/ 2.88KG/AGA/ IDM

History : Baby Of SANDHYA LOYA is a term (37 weeks +3 days) / AGA / baby boy of birth weight 2.88 kgs, born to primi mother delivered by NVD (Induced vaginal delivery) on 01.07.2026 at 05:19 pm. Baby had weak cry after birth, cyanosed, and poor tone. Apgar scores and resuscitation details were 5/10 at 1 min, 7/10 at 5 min, 9/10 at 10 mins. Baby improved with stimulation and DR-CPAP, developed respiratory distress for which baby was admitted to NICU

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Rainbow Children's Hospital - for further management.

Maternal History : Mrs. SANDHYA LOYA is a 29 years old primi mother. Mother's blood group is B positive.
G1 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. History of GDM on OHA. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Examination: At the time of admission baby was euthermic and having respiratory distress at room air. His heart rate was 174 /min, respiratory rate was 65/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 2.880 kgs
Weight on Discharge : 2.800 kgs
Head circumference : 34 cms
Length : 47 cms.

Investigations: Enclosed reports.

Management:
DELAYED TRANSITION/TTNB - Non Invasive Ventilation: Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Initial chest X - ray was normal and blood gas analysis showed respiratory acidosis. Blood gas analysis were serially monitored. Baby required

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non invasive ventilation support for 6 hours , later weaned off to CPAP . As baby distress improving CPAP also tapered with in 24 hours of life .Now baby is maintaining saturation at room air without any respiratory distress.

Suspected Sepsis: Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Serum electrolytes and renal function tests were within normal limits. Serum calcium was normal. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 2 days.

Feeding: Once hemodynamically stable, he was started on NG feeds, followed by spoon feeds, which he accepted and tolerated well. At present baby is on demand spoon feeds & direct breast feeds, which he is accepting and tolerating well.

Unconjugated Hyperbilirubinemia: Baby was clinically icteric on day 2 of life . Baby was started on phototherapy given for 24 hours , repeat serum bilirubin planned on followup .

Neurosonogram was : Normal.

Done on 01.07.2026 showed Hb was 14.9 g/dl, WBC- 19070 cells/cumm and platelets - 3.70 lakhs/cumm. Blood group and sensitivity shows no growth after 24 hours of incubation.

Done on 02.07.2026 showed Hb was 16 g/dl, WBC- 14120 cells/cumm and platelets - 3.30 lakhs/cumm. CRP was 5 mg/L. Serum bilirubin was 5.6 mg/dl with indirect fraction of 5.5 mg/dl . S. electrolytes showed Na - 132 mmol/L, K-

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5.9 mmol/L and Cl - 99 mmol/L. Serum creatinine was 0.6 mg/dl. Blood urea was 16 mg/dl. Serum calcium was 9.9 mg/dl. CRP was 5 mg/L.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	04.07.2026
OPV	Given	04.07.2026
HEPATITIS B	Given	04.07.2026

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/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Serum Bilirubin to be done / decided on followup.**

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Review consultation with Dr. S TEJASWI REDDY on (06.07.2026) Monday 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.

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**

Registrar/Resident/C.M.O

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DR. SPANDANA PASUPULETI
MBBS, MRCPCH
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Reg No: 30925

Rainbow Children's Medicare Ltd. Hyderabad Himayathnagar 500029

DR. S. TEJASWI REDDY
MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND INTENSIVIST
APMC/FMR/94068

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA (M)
01-07-2026 0 Y 0 M 3 D
Dr. S TEJASWI REDDY

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	9			
7	Nursing plan of care and handover sheets	2			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations	1			
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in ~~PICU~~ / NICU	3			
37	The Humpty dumpty scale				
38	Braden Q Scale	1+1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	35			

Doc. No. : RCH/ FRM / GENERAL / 126

Signature and Date : 01/07/26

(P.T.O)

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016297 IP26-00006708 Baby Of SANDHYA LOYA 01-07-2026 0 Y 0 M 2 D (M) Dr. S TEJASWI REDDY	1/7/26 @	3/7/26 @
	Transfer Ordered by Dr. Tejaswi reddy	Reason for Transfer Stable.
From Unit NICU	To Unit 3rd floor (30M)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 36	Number of Imaging Films ABG ÷ 5 Chest x-Ray :- (1) NSG :- (1)	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	(1)
2.	Sterile water	(6)
3.	Diapers	3
4.	mini feeding bottle	(1)
5.	Nan-pro Box	(1)

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Jyothi	Dr. Tejaswi reddy

Patient & Clinical Records Received by :
received Sr. Swetha

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

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006708 **Admit Date** : 01-Jul-2026 **Admit Time** : 06:44 PM **UHID** : HNH-00016297

Patient Details :

Patient Name	: Baby Of SANDHYA LOYA	**Age**	: 0 D
Guardian	: Mr RAMAN LOYA	**DOB**	: 01-07-2026 05:19 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-6-175, hyderguda Himayathnagar Hyderabad Telangana INDIA 500029	**Phone No**	: 8008015927/ 8919105375
		E-mail	: 8008015927@email.com

Admission Details :

Bed Type : NICU **Bed No** : NICU1-402 **Ward Name** : 4F -NICU 1

Room No : NICU1-402 **Admission Type** : First Visit

Contact Details :

Name : Mr RAMAN LOYA **Relationship** : Father

Contact Address : 3-6-175, hyderguda Himayathnagar Hyderabad Telangana INDIA 500029 **Phone No** : 8008015927

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
Dr. S TEJASWI REDDY

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ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	6pm	2DR	NICU	Ramya
3/7/26	4:50pm	NICU	3rd floor (30H)	prasanna.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/7/26	CBP, CRP, Blood grouping		
	Blood Culture,	10755	Renuga
1/7/26	① VBG, ② ABG	10754	
"	NSG, X-ray chest	7863	
"	GBS 151 mg/dl	10756	
"	GRBS 134 mg/dl		Renuga
"	③ ABG (POCT) done		
1/7/26	④ GRBS? (96 mg/dL)	10760	
2/7/26	⑤ CBG (POCT done	10761	
2/7/26	GRBS 4 (86 mg/dL)		
2/7/26	⑥ ABG	10771	
2/7/26	GRBS 5 (110 mg/dL)		
2/7/26	CBP, CRP, Electrolytes		
	Urea, Creatine,	10779	
	SBP, Calcium,		
2/7/26	RBS 6 (82 mg/dl)	10814	Sy
	Cross checked by	SV Shivakeela	3/7/26 @4Am
3/7/26	GRBS 7 (84 mg/dl)	10863	
	Cross Checked by SIS (Aroma		3/7/26 12.40

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/7/26	Invasive monitor		3/7/26 4:50pm		
	Oxygen		2/7/26 @7Am		
	C-pap	7:30pm	2/7/26 @7Am	9844	Renuga
	Syringe pump	7:30pm	2/7/26 11pm		
	Cross checked by Sr Shivaleela 3/7/26 @4pm → Lovely Glen				
3/7/26	DSPT	7pm	4/7/26 @11Am	10496	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/7/26	IV placement	1	9848	Divya
	cross checked by sr Shobha 1/7/26 @ 4pm			
~~2/7/26~~ 3	~~IV placement~~	~~1~~	~~10318~~	~~[illegible]~~

ANY OTHER INFORMATION

RBS – 7
ABG – 5
ABG – 1
X-ray – 1
Cross checked done by Divya 3/1/26 1pm

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

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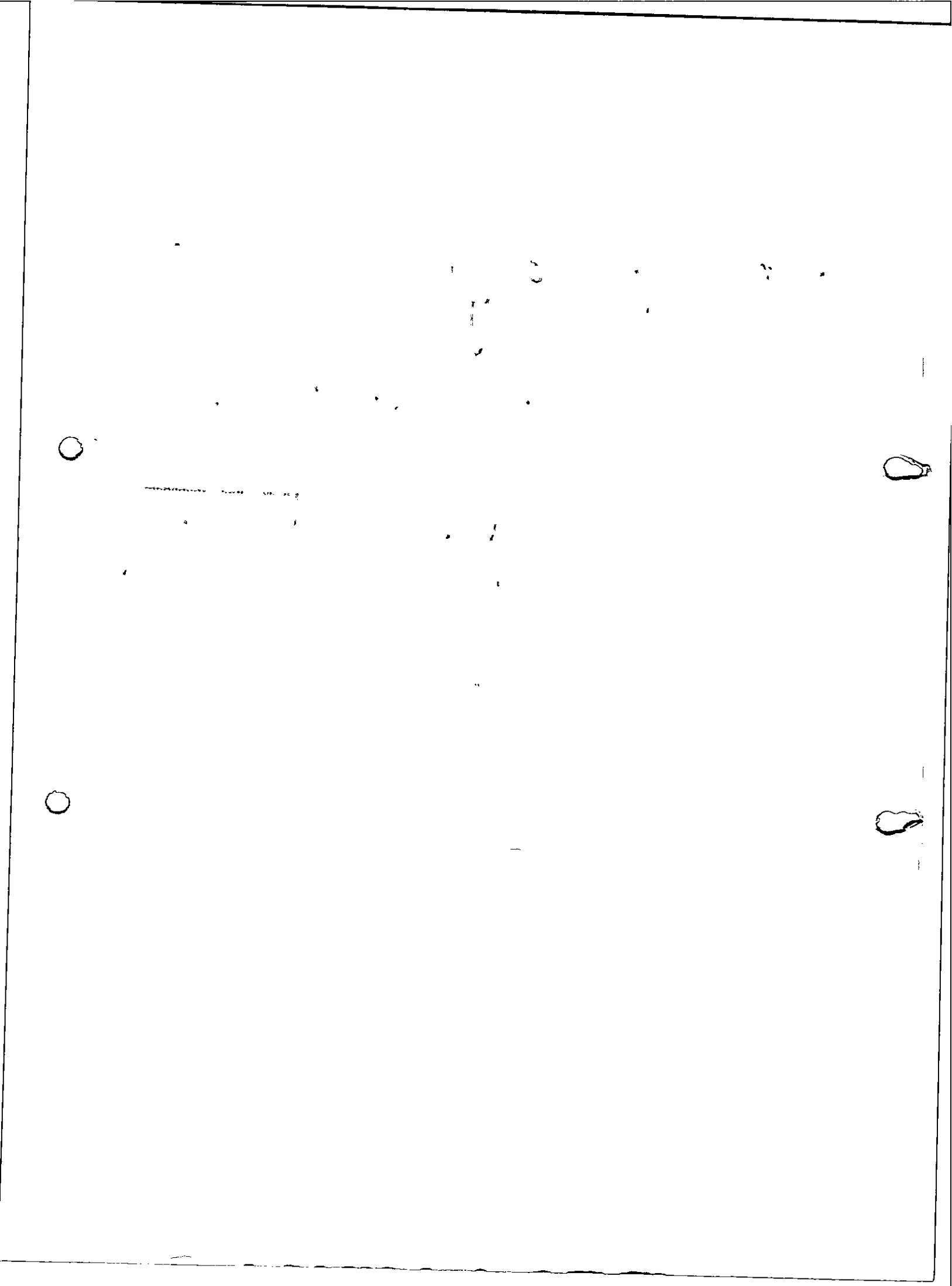
RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
1/7/26	6pm 1	151 mg/dl	10%. Dextro	
"	8pm 2	134 mg/dl	"	
1/7/26	10 pm. 3	96 mg/dL	10%- Dextro	
2/7/26	12 Am 4	86 mg/dL)	"	
2/7/26	6 Am. 5	110 mg/dL)	10%. Dextro	
2/7/26	6pm 6	82 mg/dl	"	Sy
3/7/26	6 Am 7	84 mg/dL	Spoon feeds	SE
	Cross Checked done by Dhanya 3/7/26 @1pm.			



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

Name: ..... Age: ..... Gender: Male ☑ Female ☐

UHID.No : ..... Date: 1/7/26

I ..... Ramana ..... S/o, D/o, W/o ..... B/o sandhya ..... hereby declare that our patient Mr. / Ms. ..... B/o sandhya ..... who is related to me as ..... Son ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on ..... 1/7/26 .....

The doctors have explained to me in a language understood by me that my child has following health related issues :

..... Respiratory distress .....

..... Tachypnea .....

..... delayed transition .....

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

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

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

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

I give my consent to the team of doctors to go ahead and admit the child B/o :.....

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : .....

Name : ..... Ramana Loya

Relationship with Patient: ..... Father

Date & Time : 01/07/26 6pm

Witness :

Signature : ..... Jyothi

Name : ..... Jyothi

Date & Time : 1/7/26 6pm

Doctor (who is taking the consent) :

Signature : .....

Name : ..... Dr. Naipunya

Date & Time : ..... 1/7 ..... 6pm

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

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రోగి పేరు ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి .....

నేను ..... చి .....

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ .....

..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

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

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు.

ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR SPECIAL PROCEDURES

Rainbow® Children's Hospital
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HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D3H (M)
Dr. S TEJASWI REDDY

Patient Name : ..... Gender: ☑ Male ☐ Female

UHID No : ..... Department : NICU Date : 1/7/26

I Raman. loya S/D/W/O B/o sandhya

Here by give consent for procedure of : NIV.

For my patient, Named : B/o sandhya.

The doctors have clearly explained to me that the procedure has following possible complications:

Pneumothorax.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

pressure support
oxygenation support

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Tejaswi

Patient Attendant :

Signature :

Name : Raman Loya

Relationship with Patient: father

Date & Time : 01/01/26 : 9:35

Witness :

Signature : Jyothi

Name : Jyothi

Date & Time : 1/7/26 6pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Naipunya

Date & Time : 1/7

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

C...FORMULA FEEDS

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Patient Name : B/O Sandhya Age : ..... Gender : ☑ Male ☐ Female

UHID No : HNH-00016297 Department : pediatrics Date : 1/7/26

I Mr / Mrs. : Raman Loya aged ..... years, hereby declare that I have admitted my ☑ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 1/7/26 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 : .....

Name : Raman Loya

Relationship with Patient: Father

Date & Time : 0/0s 6pm

Witness :

Signature : Jyothi

Name : .....

Date & Time : 9/7/26 6pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Naipunya

Date & Time : 1/7/26 6pm

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016297 IP26-00006708 Baby Of SANDHYA LOYA 01-07-2026 0 Y 0 M 0 D 2 H (M) Dr. S TEJASWI REDDY	1/7/26 @	1/7/26 @ 6pm.
	Transfer Ordered by DR. prashanthi	Reason for Transfer
From Unit LDR	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 2	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis. Lalitha	DR. prashanthi
Patient & Clinical Records Received by : Renuja 1/7/26 6pm.	
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-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

DATE :

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)		
2	Pre natal teeth	No		
3	Anal opening	(P)		
4	Genitalia	Male		
5	Spine	(N)		
6	Red reflex			
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
Dr. S TEJASWI REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ~~R~~ SANDHYA LOYA Age : 29y10m 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 : Baby of Sandhya loya

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 1/07/2026 ~~2~~ g Time of Birth : 5:19 pm

Place of Birth : Rch, Himayathnagar.

Mother's Blood Group : B+

Birth Weight (gms) : 2.880 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37+3w

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29y10m Ht : 159 cm Wt : 58.1 kg BMI : ..... Married Life : 1y2 year LMP : 15/10/25 EDD : 18/7/26

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : No

Last Scans Details : 22/6/26 SLIUF, Cephalic, AFI - 8.3cm Pl-Ant, high AFI - 7.3 EFW - 2.6 kg (29/6) (3.6+2.wk)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin GDM on OHA

Controlled or not, recent values, HbA1 values : Ased @ GMO.

G.G.T.T @ - 19/149/138 on T Glycomet SR 500mg OD

1 Glycomet SR 850mg OD

Compliance with Rx : Good

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

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

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

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Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

G : 1 P : 0 A : 0 L : 0

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1		37+3				

PERINATAL HISTORY

Treating Obstetrician : Dr. PADMAJA .Y Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation) Delayed 3:30-5 pm

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☑ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☑ Yes ☐ No

Cord ABG : RBG → Next page. pH 7.16 Lac 3 17.8

VBG at 20 mins - PCO2 - 73.2

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
TOTAL			

1 Minute	5 Minutes	10 Minutes
0	1	2
2	2	2
1	2	2
1	1	2
1	2 1	1
5/10	7 8/10	9/10

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

Comments :

- DR - CPAP @ 10mins →
- Laboured breathing persistent →
  Shifting to NICU

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Term 37+3 Primi Gravida | GDM on OHA | AFI 7.6 29/6 | Delayed 2nd Stage

Patient Sticker

History of Present Illness:

TERM | GDM on OHA |
37+3

↓

Delayed 2nd stage of labour

↓

Weak cry at Birth

↓

Tone - limp, Colour - Blue, Activity. Grimace +

↓

Drying → Stimulation

↓

Cry, Tone, Colour improved

↓

laboured breathing +

DOWNE'S — RR(1), Cyanosis(2), Retractions (2), Grunting (2)
Air entry (0) → 7/10

↓

Cordgas: PH 7.18
PCO_2 - 58.6 HCO_3 17.4 Lac - NA

Shifting to NICU under warm Chain with DR CPAP

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

H/O HTN
Oesophageal Cancer

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 174 RR : 65 NIBP : 70/40 CFT : <3 sec

Color of the extremities : Acrocyanosis.

Jaundice : ⊖ Pallor : ⊖ SpO2 : 97% at room.

Anthropometry : Birth Weight : 2800 gm Length : HC : Present Weight :

Ponderal Index : AGA : 10th - 50th centile, Fenton's SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	Scalp Swelling + Caput
	Sutures	
	Shape / Moulding :	
	Edema / Bruising :	+
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		No
NECK and CLAVICLES :	Range of Motion :	Normal.
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	Not done
	Red Reflex :	
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	(N) shape
	Periauricular Pits / Tags :	no
	Nasal shape / Patency :	Patent
	Palate :	no cleft
	Gums :	N
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	N
	Position of Nipples and Number :	Symmetrical
ABDOMEN and UMBILICUS :	Shape :	(N)
	Organomegaly :	no
	Bowel Sounds :	+
	Umbilical Stump :	2A + IV
	Discharge :	NO
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	Bl descended Testis.
	Anus :	
HERNIAL ORIFICES		Patent
TRUNK and SPINE :		(N)
SKIN LESIONS :		NO
EXTREMETIES :	Fingers / Toes :	
	Arms / Legs :	
	Deformities :	N
	Mobility :	
	Hip Joint Examination :	NO DPH.

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Nasal flaring
- SCR
- ICR
- SSR

Mention If baby has Respiratory distress : RR : 65 SCR / ICR / See - Saw breating :

Scoring of respiratory distress if present (Silverman or Downe's) : 7/10

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

Settings : 18 PIP 6 Peep

Spo2 : 98% Auscultation : NVBS+ Bilat+ Breath Sounds : Clear Added Sounds : no

Cardiovascular System :

HR : 179 BP : 70/40 Precordial Activity : (N) Shape.

Femoral Pulses : B/L Equal feet Murmurs : no

Other Peripheral Pulses : Signs of Cardiac Failure : no

Abdomen :

Shape : Normal Hernia orifice : no

Palpation : Soft Anal Patency : Patent

Palpable masses : no Umbilical Cord : 2A+1V.

Abdominal girth : First urine passed : passed

Meconium passed : passed.

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : Cry, Tone, Activity Good.

Prechtle Score :

Nerves :

Jr

Jr

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

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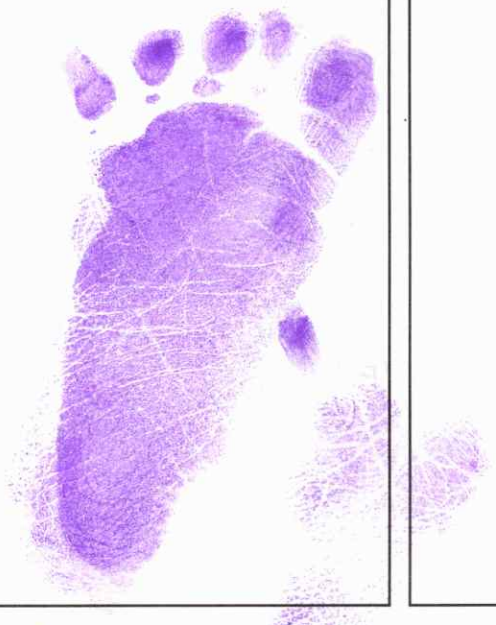
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

Any Congenital Anomalies : .....

Diagnosis : Term / AGA / TTNB / IDM.
2743

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr. Prashanti

Date & Time : 1/7/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Term / AGA / TTND / IDM

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : DR CPAP → NIV (NIPPV) < 18 PIP, 6 PEEP

1) Inj. VITAMIN K
2) Inj. Ampicillin
3) Inj. GENTAMICIN
4) IVF 1 of Dextrose, Ca2 @ 60ml/kg.
5) NIV < 18 PIP, 6 PEEP

investigations:
- Blood Grouping
- GRBS 0, 2, 4, 6, 12, 24, 48 & 72 hrs of life.
- CBC, CRP, Blood c/s, VBG
- NSG, Chest XRAY.

Plan during ward follow up:

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
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Baby of Sandhya Loya.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/26 18.30pm.	Dr. Spandana	
	Breathing support - fast breathing	
	NIV - Pressure.	
3 days	↓ 2hours / Bloodgas	
	CPAP - 2hours	
	↓	
	CVBA.	
	RR / Rp - normal.	
	Feeds - NO feeds	IV fluids
	Head swelling -	NCCT Brain done
	IV Abx. - to cover any infection	
	CRP/ CRP/ Blood culture - report awaited	
	BC - 48hours	
	NCCT day -	4-5 days - minimum
	if any clinical deterioration - may could be escalated	

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Regd No: 30925

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D3H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCH /FRM / CLINICAL / 088

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01-07-2026 0Y0M0D2H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Dr Prashanti
		c/s/B - Dr Spandana
1/7/26	Term/AGA/LBM/TTNB	
7.15 pm.	NSG verbal by Dr Sudeep.	
		Plan
-	Generalised Edema +	
-	Subdural fluid (+) 7mm extending to (R) side	- IVF 10% D₁₀ @2
-	x/o internal bleed	- Blood Grouping
		- GRBS - 5:19 pm (GRBS @3)
	o/E	8:19 pm 2h
	V. tals stable	- 11:19 pm 6h
	RR - 38/min	- 5:19 Am 12h
		- 5:19 pm 24h.
		- " 48h
	S/E →	" 72h.
	WNL	- X/SG - done
		- CXR ray
		- VBG at 8pm.
		- Trace investigations

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7 10:00pm	CA/13 Dr. Naipunya	Dr. pranav
	T/ACA/Male/ TTNB/IDM	Delayed Transition
	on CPAP.	Plan
	FiO_2 - 21%	
	PEEP - 6.	- Cont Ampicillin
		- Gentamycin
	Vitals - HR - 118bpm	
	RR - 52cpm	- Cont TV - 60ml/kg/day
	SpO_2 - 98%	
	U/O/P. -	- GRBS monitoring
		- (T) CRP
	GRBS - 96.	Blood Cly
	U/S	- VBG. 12:00AM.
		- Monitor vitals
		Neo
		Noted by Nikitha 1/7/26 @ 10:00pm

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 6:30 Am	c/s/B Dr. Pranav / Dr. Naipunya	
	FT / 37+3 wk / NVD / 2.88 kg / AGA / Boy / Delayed Transition — TTND/ 1D M	
	T-Wt — 2.88 kg Same Wt.	Plan 1) Trial off CPAP
	on CPAP — FiO_2 - 21% PEEP — 6 cm	2) Inj Ampicillin Gentamycin
	Vitals HR - 118/min SpO_2 - 100% RR - 48/min BP - 59/40 mmHg	3) IVF - 10% D 4) Plan to start feed - 5ml/kg/day Target :- 15ml/kg/day
	Baby Active R-S-B/L ACE(+) P/A - Soft	5) Term Blood c/o 6) Monitor Vitals
	Passed Urine Meconium	Noted by Nikitha 2/7/26 @6:30 Am Pranav

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 9:30A	c/s/d Dr Tejaswi	
	FT / AGA / NVD / 2.88 kg / Bay / Delay Transition / 10m	
	Sma WT -	
		Pl
	SV on RA	1) Start OG feed
	No RD	5ml / Q3
		Inc 5ml / 4th day
	Start feed	Target - 15-18ml
	Vitals	2) NP1 @ 5:30pm
	HR - 110 bpm	
	SpO_2 - 98%	3) Cot. Aspirin, Bevitamin
	RR - 50 bpm	
	BP - 62/41 (48)	
		4) Term Blood CC
	Passed Urine & Meconium	5) SNBS Monitoring
		6) Monitor Vitals
		Pl

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. S TEJASWI REDDY

B/o Sandhya.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26. 9.50 Am.	Counselling Note.	
	- Baby initially started on NIPPV → B/O of Respiratory distress (c/o/o difficult delivery)	
	↑ CO_2 initially UBG PCO_2 (70 → 30-40)	
	→ Now changed NIPPV → CPAP → tapered stopped.	
	→ distress Improving.	
	→ Baby → started feeding (NG tolerance). NG → till Evening	
		↓ By Evening spoon trial.
		↓ By Tuesday OBF trial.
	→ If all things going well / No further distress plan to shift mother side in 1/2 days.	
	→ Initial Injection marking - (n). Today [NPI] sample plan.	

Dr. S. TEJASWI REDDY
Registration No: 940**

Dr Tejaswi

2/07/26

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 21 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 2pm	c/s/by- Dr Anuradha	
	T/AGA / 2.88kg / ♂ / Delayed transition	
	- R/o RD.	
	- Baby on RA	
	HR = 140/min	Plan 5 → 10ml.
	SpO2 = 100%.	- 6q feeds - 10ml/Q2hrly.
	BP = 64/34 (44)	(Target feed 33-34wk → 15ml.
	RR = 58/min	- IV fluids 4ml/hr ↓ 2ml/hr.
	S/E	- N/P1 sample - (T).
	RS: B/L AC (+) NVBS (+)	- ct Antibiotics. Cf No vomiting
	CVS: S1S2 No murmur	- (T) B/C/P
		- 6 RBS Monitoring.
		- Monitor vitals.
	Al.	
		Lavanya sarma 2/7/26 @ 2pm

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Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 21 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/b. Dr. Spandana	
02/07/26 6:45 AM	Baby on Room air O4 feeds (one 2nd hourly	
	O/E:- Vitals: Euthermic HR:- 120/min SpO_2:- 99% @ RA BP:- 63/38 mmHg RR:- 40/min	Repeat CRP-s
		Adv - O4 feeds (target 15ml)
		- IV Antibiotics (Ampicillin/Gentamycin)
		- Inform SBOG c/s
		- Monitor vitals and Inform SOS
		(for Dr. Spandana)
		noted by Nikitha 2/7/26 6:45PM

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 21 H (M)
Dr. S TEJASWI REDDY

Baby of Sandhya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/07/26 4f.30pm.	Dr. Spandana	
	SVDA.	
	Feeds - 10ml - 15ml - establish	
	spoon feeding	
	mmm - spoon feeding	
	evening - Mgt and mom	
	Sunday - discharge.	NP1 Fr RL - negative
		Mgt Abx.

Dr. Spandana Pasupuleti
Consultant Neonatologist & Pediatrician
Reg. No: 30925

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 1L: 3a Am	S/B Dr. Sreejesh	
	D Tcu/AGA/ NVD/	TTNB / Delayed transition
	Baby Euthermic	PG
	HR - 136/min	- OG feed ~~SBF~~ - 15ml/2nd L → 18-20ml/ 2nd
	SpO2 - 100%	& Ty spoon feed
	BP - 61/39(46)	- Stop IV fluids
	CVS - S1S2+0	
	CRT < 3s	- Monitor vitals
	R - BS - AEB	
	Tolerating feeds	
	T 37.5°C	
		Noted by Nikitha 3/7/26 @11:30Am

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00016297
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D3H (M)
Dr. S TEJASWI REDDY
IP26-00006708

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 7:10 Am	S/B Dr. Sreejha / Dr. Archana D Term / AGA / NVD / TTNB / Delayed transition	
	Euthermic HR - 126/min SpO2 - 98% on RA CVS - S1 S2 (+) CR Tc 3s RI - BL - ACE (+)	Plan - SLF - 18 - 20 - 12 hrly - Accepting spoon feeds well. - Monitor vitals. Noted by Nikitha 3/7/26 @ 7:20 Am
3/7/26 10 am	d/B Dr. Tejaswi Term / AGA / NVD / TTNB / delayed transition	
	- on Room air - urine ✓ - stools ✓ - tolerating feeds well O/E intakes : HR: 136 RR: 46 cpm SpO2 : 100%. S/E - (N)	Plan 1) Ct spoonfeeds - 20 ml / 2nd hrly from the mother 2) Shift by evening. 3) monitor intakes.

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7 2:00pm	C/s/13 Dr. Naipunya	
	On room Air.	Plan
	Vitals - HR-120/pm - RR-42 - SpO_2-98%	- Cont SF 20ml/2nd hourly - ~~Chart~~ - Shift to ward
	R/s - BL AE (+) P/A - soft, NT	
3/A 2:00pm	Shifting Notes	
	B/o Sandhya loya, Term/AGA/ delayed transition c Transient tachypnea of Neo born. Shifted to NICU in view of Respiratory distress, started on NIV → CPAP → RA. 09 feeds started baby tolerated feeds well Now Baby on spoon feeds 20ml/2nd hourly. As baby is stable Shifted to ward	
		Dr

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/2026 10:15am	Counselling	
	Baby is doing good.	
	Swelling → ↓↓.	
	Off Oxygen → maintaining well	
	taking feeds well.	
	↓	
	Mother feed. give → (2 to 4 times)	
	↓	
	Shift the baby with you to room side.	
	Tomorrow morning → BCG, OPV, Hep B.	
	↓	NBS.
	plan (D)	

Dr. S TEJASWI REDDY
Registration No: 94068

Dr. Tejas

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26. 5 20pm.	C/s/by Dr Anush	
	Tcm/ sdyed	Transfusion/.
	S° ~~AAB~~	
	Baby clinically Icteric till.	
		advise J,
		~~start~~ DSPT
		~~Tm~~ plan SBR. NBR.
	Al.	
		NB Syringa

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 7AM.	c/s/b	Dr. Vasuma
	Term | NVD | AGA | TTNB | NNH.	
	- DDPT.	
	- Pink - Euthermic O/E - Vitals stable. T.W - 2800 gms (↓20) Y.W - 2820 B.W - 2880 O/P -	Plan - Home care. - Vaccination today - Plan SBR/NBS - Ct. DSPT. - Ct. SF + OBF. Noted by Swathi

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 14 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 9:30 Am	S/B Dr. Spandana	
	Term/NVD/AGA/TTNB/NNH	
		Adv
	under DSPT	
	Euthermic	• Discharge
	Accepting well orally	• Warm care
		• DBF 2 hourly fb burping
	u/p passing adequately	• Ct DSPT until discharg
	s/p	
	Cry, tone, Activity } good	
	clinically stable	noted by Sr. Sandhya 14/7/26 9:30 a
	BCG, OPV, HepB } given	

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 30935

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
Dr. S TEJASWI REDDY

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DRUG CHART

Date of Admission: 1/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 2.8 kg Ward. .....

DRUG : Inj. AMPICILLIN

Dose	Route	Frequency	Start Date
150mg	IV	Q12h	1/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions: 0-7 days 50 mg/kg IV @ 8h

Date/Time: 1/7 | 2/7 | 3/7

6 AM | 2 PM | 10 PM | 2:30 PM

STOP

Daily Doctor's Endorsement by a Sign

DRUG : Inj. GENTAMYCIN

Dose	Route	Frequency	Start Date
15mg	IV	Q24H	1/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti

Additional Instructions:

Date/Time: 1/7 | 2/7

8 PM | 5 PM

STOP

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

Patient Sticker

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

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

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

Signature .....

VERIFIED BY (Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 2.8kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/07/2026	6:45 pm	IVF 10% Dextrose +	IV	7.2 ml/hr			3/7		
		5ml Calcium Gluconate (TV - 60ml/kg/day)							

VERIFIED BY : Name ..... Signature .....

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D3H (M)
Dr. S TEJASWI REDDY

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: B+ve Sheet No: 1

Gest Age: ..... Birth Weight: 2.880 kg

Date: 2/7/26	Date: 3/7/26	Date: 4/7/26
DOL D1 Weight 2.880 ↓ 120 gm	DOL D2 Weight 2.820 ↓ 40 gm	DOL D3 Weight 2.800 kg
Problems: RDS	Problems: RDS	Problems:
Rs. 30-60 b/m Exam Done Vent. Setting C-PAP ABG CXR ↓ OSOS	Rs. 30-60 b/m Exam Done Vent. Setting RA ABG CXR ↓ OSOS	Rs. Exam Vent. Setting ABG CXR
CVS HR 120-160 bpm BP 71/44 Map 53 Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 110 mg/dL U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 84 mg/dL U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment
Plan	Plan	Plan

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: .....

Gest Age: ..... Birth Weight: .....

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 3 H (M)
Dr. S TEJASWI REDDY

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RESULT SHEET

Date	1/7/26	2/7/26				
Time						
Hb	14.9	16.0				
PCV	~~716~~	44.5				
RBC	4.11	4.47				
WBC	19.07	14.12				
N/L	48.42	58.35				
Platelets	370.	330				
CRP	05	05				
ESR						
PCT						
RBS						
Na		132				
K		5.9				
Cl		99				
Ca/Mg		9.9				
Phosphate						
Urea		16				
Creatinine		0.6				
ALP						
SGPT						
SGOT						
T.Bill/Conj		5.6.				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

/ CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 2/07/26 Time: 6 PM 10pm 2AM 6AM

Doctor/Nurse/Family Concern?

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

98.3 F 98.2 F 98.1 F 98.2 F

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

Note: BP does not score in early warning scoring

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

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

Resp Rate (Number): 40bpm 40bpm 40bpm 40bpm

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)		100%	99%	99%	100%
Conscious Level	Normal / Altered			
GCS *				
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials					

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
3/7/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
3/7/26	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
04/7/26	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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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.

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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Date: 3/2/26

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							
Afternoon							
Night	8pm 8AM	-Assess the Baby Condition - monitor vitals & I/O chart -) DBF + H give 2nd day		-) Assessed the Baby Condition - monitored vitals & I/O chart -) DBF + H given 2nd day	Baby is stable	Reached with	

Patient Sticker

HNH-00016297 IP26[illegible]06708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

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							
Afternoon							
Night							

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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				Date :	3/7			
				Time :	13			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	2			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	2			
				TOTAL SCORE	17			
				Evaluator's Name	S			

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

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

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
Dr. S TEJASWI REDDY

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	1/7/26 E2	1/7/26 N1	2/7/26 M6	2/7/26 E2	2/7/26 N1	3/7/26 M5
	Medical Condition (Any special condition to be noted):	T/RD	T/RD	T/RD	RDS	RDS	RDS
	Diet:	—	—	—		—	—
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	NIV	NIV	R/A	R/A	R/A	R/A
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.6°C	36.6°C	36.5°C	36.5°C	36.6°C	36.5°C
	Res:	30 b/m	24 b/m	38 b/m	42 bpm	30 bpm	30 bpm
	SpO_2:	100%	100%	100%	100%	100%	100%
	Pulse:	126	131 bpm	116 bpm		126 bpm	120 bpm
	BP:	59/45	—		—	—	—
	LOC:	—	—	—	—	—	✓
	Fall Risk Score:	—	—	—	—	—	✓
	Pain Score:	—	—	—	—	—	✓
	Skin Integrity	—	—	—	—	—	✓
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	✓
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—		—	—	
	Critical Lab Test / Values:	—	—		—	—	
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent		Dependent			
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	
Handed Over By Name :		Ramya	Nikitha	Jyothi	prasanna	Nikitha	
Signature / ID :							
Date:		1/7/26	2/7/26	2/7/26	2/7/26	3/7/26	
Time:		8 pm	8AM	8pm	8pm	8AM	
Taken Over By Name :		Nikitha	Jyothi	prasanna	Nikitha	Jyothi	
Signature / ID :							
Date:		1/7/26	2/7/26	2/7/26	2/7/26	3/7/26	
Time:		8pm	8AM	2pm	8pm	8AM	

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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					Date : 1/7/26	1/7/26	2/7/26	2/7
					Time : 8pm	8pm	8AM	8pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	2	2	2	2
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	25	25	25	25
				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	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 2 H (M)
Dr. S TEJASWI REDDY

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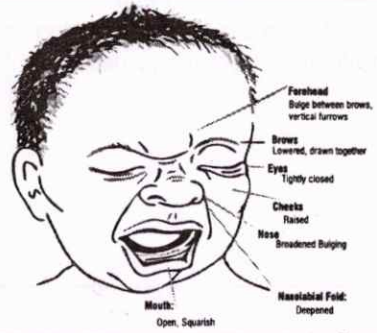
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						1/7/26	1/7/26	2/7/26	2/7/26					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						8pm	8pm	SA	8pm					
					Procedure ➡	—	—	—	—					
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA					
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA					
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA					
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA					



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age	37+3 weeks	37+3 weeks	37+1 weeks	37+3 weeks										
Total Pain / Agitation Score	—	—	—	—										
Intervention	—	—	—	—										
Effectiveness	—	—	—	—										
Signature														

Docu.No: RCH /FRM/CLINICAL/094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0 Y 0 M 0 D 21 H (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

CHECKLIST FOR THROMBOPHLEBITIS

2/7/26

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

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

Signature of Shift In Charge :

Signature : Bhavani Name : Bhavani

Signature of Ward In Charge :

Signature : Bhavani Name : Bhavani

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		–	✓	
Excess Rainout (Efferent Tubing) Drained		–	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil		–	✓	
Gas Bubbling Continuously		✓	✓	
Water Level at Desired Level in Bubble Chamber.		✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		–	✓	
Moustache Suitable and Effective		–	✓	
Nasal Bridge Intact		–	✓	
Septum Intact		–	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Renuga	Nikitha	
Signature of the Nurse:				
Date & Time:		1/7/26 at 8pm	1/7/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Patient Sticker

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Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

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Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Rainbow Childrens Hospital-Himayatnagar
Iren's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of SANDHYA LOYA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP26-00006708**	**Sex:**	**Male**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**4F -NICU 1/NICU1-402**

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 [illegible]o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for [illegible]surance 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 [illegible]rance. In case of failing the submission, I will pay 200/- Rs.
(Receivers 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: Laxman Loya
Relationship: Father of baby
Date: 1/07/26 Time: 6:44
Witness Name:
Witness Signature:

Patient Address:
3-6-175, hyderguda Himayathnagar
Hyderabad Telangana INDIA 500029

HNH-00016297 IP26-00006708
Baby Of SANDHYA LOYA
01-07-2026 0Y0M0D2H (M)
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BILLING POLICY

- Billing cycle: - With effective from 1st 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.

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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.
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