

**DISCHARGE SUMMARY**

<b>Name</b>	Baby Of NISHATH UNISSA	<b>UHID</b>	HNH-00015603
<b>Father/Guardian</b>	Mr ABDUL BARI	<b>Age/Gender</b>	0 Y 0 M 2 D/ Female
<b>Address</b>	2-2-185/14/1 r k nagar, Amberpet, Hyderabad, Telangana, INDIA, 500013		
<b>IP No</b>	IP26-00006422	<b>Admission Date</b>	25-05-2026
<b>Ref Doctor</b>	Self.		
<b>Discharge Date</b>	29.05.2026		

**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: Female/2700gm/ Female 37weeks/ Em. LSCS IVO abnormal NST/Cried after DR-CPAP/ Delayed transition/ Hypoglycemia**

**History:** Baby Of NISHATH UNISSA is a term (37 weeks) / AGA / baby girl of birth weight 2.7 kgs, born to G3P1D1A1 mother delivered by LSCS (Indication : abnormal NST ) on 25.05.2026 at 12:12 am. Baby did not cried immediately after birth and stimulation. Baby cried after 10 mins of DR-CPAP (PPV). Apgar scores and resuscitation details were 3/10 at 1 min, 8/10 at 5 min. Baby developed respiratory distress and hypoglycemia at 6 hours of life for which baby was shifted to NICU for further management.

# PATIENT TRANSFER FORM

Patient Name & UHID No.		Date & Time of Admission 25/5/26 at 6 AM	Date & Time of Transfer Order 27/5/26 at 11:24 AM
Treating Consultant Name DR. Tejaswi		Transfer Ordered by DR. Tejaswi	Reason for Transfer Baby stable.
From Unit NICU		To Unit 212 2nd floor	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 1		Number of Imaging Films 1	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 checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Aliamed</i>		Name of Person Ordered Transfer	
Patient & Clinical Records Received by : <i>Sis. Priya</i>			
Date & Time of Patient Received : 27/5/26 @ 11:30 AM			

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



**ACTIVITY RECORD AND BILLING**

NH-00015603 IP26-00006422  
Baby Of NISHATH UNISSA  
5-05-2026 0Y0M0D11H (F)  
r. S TEJASWI REDDY

Name: -----

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

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

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
25/5/26	6-AM	LDR	NICU	Pooja / Poojanka
27/5/26	11:30AM	NICU	Ward.	Pooja / Poojanka

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sindhu	27/5/26	2443	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



Date	Investigations	Order No.	Sign
	X-ray	6308 ✓	
25/5/26	RBS (97mg/dl) 7:30am ✓	8799 ✓	R
	RBS (129mg/dl) ✓		
25/5/26	VBG, RBS (137mg/dl)	08818 ✓	
25/5/26	NSG	06324 ✓	Inf
25/5/26	ABG, RBS (113)	8836 ✓	Me
Cross checked by sis Nirmala 25/05/26 at 19:30 pm			
25/5/26	ABG RBS (99mg/dl)	8842 ✓	a
26/5/26	ABG RBS (108mg/dl)	8850 ✓	?
26/5/26	CBP, CRP, calcium	8846 ✓	a
26/5/26	RBS (78mg/dl)	8885 ✓	Me
26/5/26	RBS (80mg/dl)		Me
27/5/26	CBP, CRP	8887 ✓	a
27/5/26	RBS (85mg/dl)	8890 ✓	a
<del>26/5</del>	<del>RBS</del>	<del>8885</del>	
<del>26/5</del>	<del>RBS</del>	<del>8885</del>	
Cross checked by Nirmala sis 27/05/26 at 11AM			
	ABG + VBG - ✗		
	VBG -		
	ABG + VBG - (7)		
	RBS - 11		
	X-ray - 1		
	NSG - 1		



Date	Time	Investigation	Result	Order No.	Signature
25/5/26	-	Blood glucose	-	26008787	Ali
25/5/26	1:26 AM	ABG	-	26008788	Ali
25/5/26	5:30 AM	GRBS	30 mg/dl	8792	Ali
25/5/26	6:30 AM	GRBS	20 mg/dl	8793	Ali
25/5/26	-	CBP	-	26008790	Ali
25/5/26	-	VBG	-	8797	Ali
25/5/26	-	VBG	-	8798	Ali
25/5/26	-	CRP	-	8799	Ali
		Blood cle	-	8799	Ali
28/5/26		CBP, CRP SBR, TST		8926	Ali
29/5/26	6 AM	CBP		8983	Ali
<hr/> (row checked by Sujata on 29/5/26 at 11:00)					





### RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
25/5/26	5:30 Am	30 mg/dl	iv flus	} Con
"	6:30 Am	20 mg/dl	iv flus	
"	7:30 Am ①	97 mg/dl	iv flus	} Jyadh
"	8:30 Am ②	129 mg/dl	iv flus	
"	10: Am ③	137 mg/dl	iv flus	} Nish
25/5/26	6 pm ④	113 mg/dl	iv flus	
25/5/26	10 pm ⑤	99 mg/dl	IVI	ⓐ
26/5/26	5 Am ⑥	108 mg/dl	u	ⓐ
26/5/26	1 pm ⑦	78 mg/dl	iv feeds	ⓐ
26/5/26	8 pm ⑧	80 mg/dl	feeds	ⓐ
27/5/26	6 Am ⑨	85 mg/dl	u	ⓐ

counts checked by Nishamaly sis 27/5/26 at 11:00 Am.



# CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE U



Name: B/o UNNISA Age: NB Gender: Male  Female

UHID.No: Abdul Bari Date: 25/5/26

I Abdul Bari S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o unnisa who is related to me as daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 25/5/26.

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

The doctors have clearly explained to me that my patient B/o ..... 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 : [Signature]  
Name : Abdul Bari  
Relationship with Patient: Father  
Date & Time : .....

**Witness :**  
Signature : [Signature]  
Name : Suf  
Date & Time : 25/5/26

**Doctor (who is taking the consent) :**  
Signature : [Signature]  
Name : Anushe  
Date & Time : 25/5/26

# CONSENT FOR SPECIAL PROCEDURES



Patient Name : .....  
UHID No : .....

NH-00015603 IP26-00006422  
Baby Of NISHATH UNISSA  
5-05-2026 0 Y 0 M 0 D 13 H (F)  
r. S TEJASWI REDDY



Gender:  Male  Female  
Department : paed Date : 25/5

I Abdul Bari S/D/W/O Abdul Gaffar

Here by give consent for procedure of : .....  
For my patient, Named : .....

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

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

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. Spondan

**Patient Attendant :**  
Signature : .....  
Name : Abdul Bari  
Relationship with Patient: Father  
Date & Time : .....

**Witness :**  
Signature : Laumprasana  
Name : Suf  
Date & Time : 25/5/26

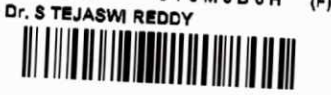
**Doctor (who is taking the consent) :**  
Signature : AJ  
Name : ANUSHA  
Date & Time : 25/5/26

# CONSENT FOR FORMULA FEEDS



Patient Name : ..... HNH-00015603 IP26-00006422 ..... Age : ..... Gender :  Male  Female

UHID No : ..... 25-05-2026 0 Y 0 M 0 D 6 H (F) ..... 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 : ..... *Aliya* .....

Name : ..... *Nishath* .....

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

Date & Time : ..... *25/5/26 6 AM* .....

### Witness :

Signature : ..... *Aliya* .....

Name : ..... *Aliya* .....

Date & Time : ..... *25/5/26 6:00 AM* .....

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

Signature : ..... *A* .....

Name : ..... *ANOSHIA* .....

Date & Time : ..... *25/5/26 6 AM* .....



# డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

యు.హెచ్.ఐ.డి. .... రిజిస్ట్రేషన్ నెం.: ..... విభాగము .....

తేదీ .....

నేను శ్రీ/శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె/కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Nishath Unissa Age : 31y 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 Nishath Unissa Mother's Blood Group : O+ve.  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.7kg Length (cms) : 46cm  
 Date of Birth : 25/5/26 Time of Birth : 12:12 AM OFC (cms) : 35cm  
 Place of Birth : Rest Home Estimated Gesth Age : 37 wk

Current Obstetric History (Booked / Unbooked Case)  
 Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 23/5/25 EDD : 10/6/26  
 Conception : Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : Single Cephalic M-Ant high / AFI 2u cm ! EFW 2.366g  
AC 3.1. Dopple (D) ! TT Immunization and Iron / Folic Acid :

### 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</b> : when diagnosed ? Medication? ..... 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 : .....
--	---

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



**PAST OBSTETRIC HISTORY**

G: ..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
91					IVFD @ 28w h/o 6pm on diet.	
92					mixed miscarriage @ 11w6c SERPC done (triploidy)	
93					PR, spont conception	

**PERINATAL HISTORY**

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

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : <u>Ab @ NST</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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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
	0		
	1		
	0		
	1		
<b>TOTAL</b>	3/10	8/10	

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

Comments :  
Asym.

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints : G3 P1 D1 A1 @ 37w6c @ BOH @ EARLA for Em LSC @ 11w6c ab @ NST.



His.

Baby delivered via Em cesu

↓  
did not cried Imm after Birth  
Looks limp / Cyanosed / poor Respiratory Eff

↓  
stimulate / wau / dry don  
no cry ↓

PEEP & DR CPAP Given for 10 min.

↓  
Activity Improved  
colour Improved  
Respiratory Eff Improved

↓  
Now Baby Pink / good Resp Effort  
HR = 162/min

↓  
SpO<sub>2</sub> = 98%  
shyly moths side.

Investigation details in previous Hospital :

BOH  
K/K/O hypothyroid.  
P/O APLA

Feeding History :



Past history :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

*Acynosis*

VITALS : Temperature : *36.5* HR : *166* RR : *52* NIBP : ..... CFT *2.35 C*

Color of the extremities : *Acynosis*

Jaundice : ..... Pallor : ..... SpO2 : *98%*

Anthropometry : Birth Weight : *2.74* Length : ..... HC : ..... Present Weight : .....

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



**HEAD TO TOE EXAMINATION**

<b>HEAD :</b>	Fontanelles : Sutures : Shape / Moulding : Edema / Bruising : Size - (H.C.) :	①
<b>Facies :</b> (Any Facial Dysmorphism)		②
<b>NECK and CLAVICLES :</b>	Range of Motion : Asymmetry : Masses :	Normal
<b>EYES :</b>	Symmetry : Red Reflex : Discharge :	to chlk
<b>EARS, NOSE MOUTH and THROAT :</b>	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	③
<b>THORAX and BREASTS :</b>	Shape of Thorax : Position of Nipples and Number :	④
<b>ABDOMEN and UMBILICUS :</b>	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2A + IV
<b>GENITILIA :</b>	Labia / Hymen : Testicles/penis : Anus :	⑤
<b>HERNIAL ORIFICES</b>		⑥
<b>TRUNK and SPINE :</b>		⑦
<b>SKIN LESIONS :</b>		
<b>EXTREMETIES :</b>	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	⑧



**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 :**

Shape : ..... Hemia orifice : .....

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

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

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

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

State of wakefulness : .....

Prechtle Score : .....

**Nerves :**

.....  
.....  
.....

**Motor System :**

Passive Tone : .....

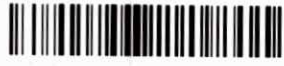
Active Tone : .....

Neonatal Reflexes : .....

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

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

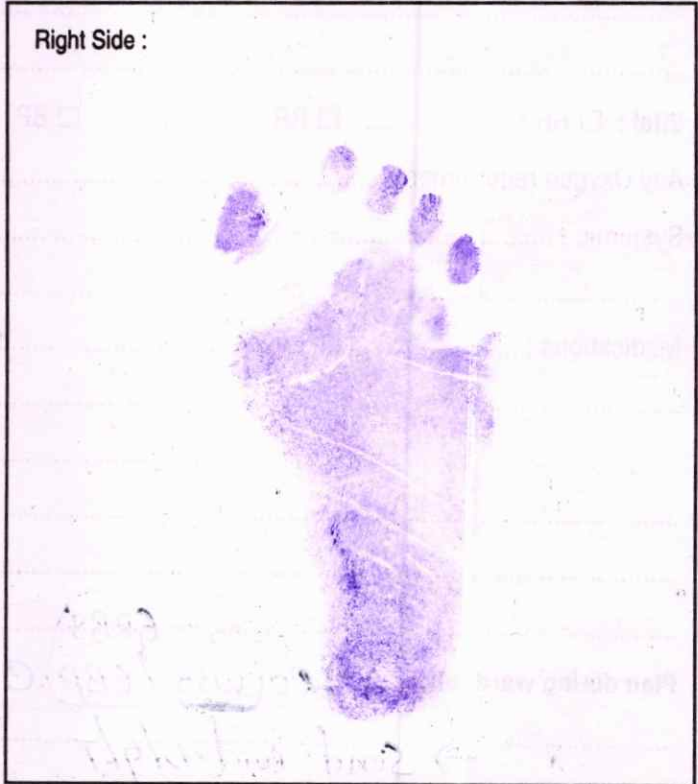
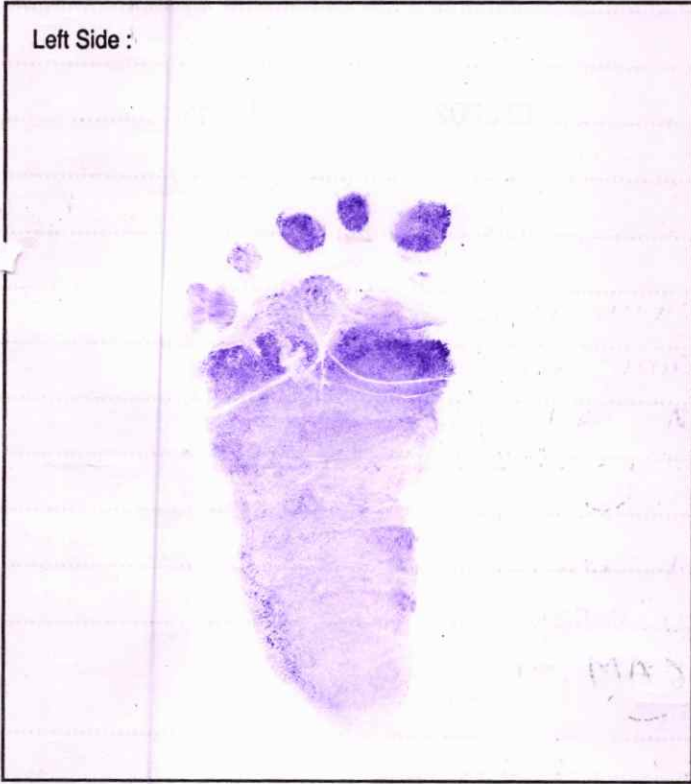
ATNR : ..... Skull and Spine : .....



Any Congenital Anomalies : .....

Diagnosis : *Term / AGA / ♀ / 2.7kg / delayed transition /  
hypothyroid & APLA mother.*

**FOOT PRINTS**



Resident Doctor :  
Signature : *Al*  
Name : *Anushe*  
Date & Time : *25/5/26 1 AM*

Consultant :  
Signature :  
Name :  
Date & Time :

**PLEASE FILL UP THE FOLLOWING DETAILS**

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



**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up : <sup>GRBS</sup> 200 VBG / CBP @ 6 AM.  
→ send cord B/G/T  
→ Wau Care  
→ DBF Only j/h bumping  
→ vaccination BCG, OPV, Hep B  
→ Norm ses

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00015603 IP26-00006422  
Baby Of NISHATH UNISSA  
25-05-2026 0 Y 0 M 0 D 6 H (F)  
Dr. S TEJASWI REDDY

DATE :

25/5/26



## NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft lip palate	No.	
2	Pre natal teeth	No	No	
3	Anal opening	Patit	Patit	
4	Genitalia	(n)	(n)	
5	Spine	(n)	(n)	
6	Red reflex	to check		
7	4 limb saturation ( before discharge)			

  
Ped.Registrar signature

Ped.Consultant signature

( )

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 6 AM	c/s/hy. Dr. Anush / Dr. Alekh Term / AGA / Female / delayed transition	
	⇒ Sucky good.	2.7kg =
	vital HR = 104/min SpO <sub>2</sub> = 98% PFT < 3sec	GRBS - 30 Activity / tone - Good. Euthic / pink ↓ Given formula feed 15ml
	S/E (Pls) B/LA/E (+) NVRB (+)	→ Recheck @ 6:30 AM → Warm core
	(VUS) sur (+) no mucus	→ 2BF + FF (15ml) only flb humping
	A	→ B/G/T. → Monitor vitals
		→ GRBS. BID (for 1 day)

Noted by N. Malasik  
 25/5/26 at 6 AM





2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7 AM	c/s/by <u>Dr. Anuha</u> .	
	<p><u>VBG</u> <math>PIO_2 = 50.8\%</math>  <math>PH = 7.3</math></p>	<p>start CPAP  <math>PEEP = 6</math>  <math>FIO_2 = 25\%</math></p>
	<p>→ <u>DO CXR</u></p>	
	<p>→ send CRP &amp; Bile</p>	
	<p>→ start by Ampicillin &amp; 17 GENTAMYCIN!</p>	
	<p>→ Repeat VBG plan after rounds.</p>	
	<p>▲</p>	
25/5/26 9 AM	c/s/by <u>Dr. Spandan</u> .	
	<p>if Next by RBS ↓          (M)          ↓          start feed</p>	<ul style="list-style-type: none"> <li>- at CPAP</li> <li>- GRMS daily</li> <li>- at Antibiotic</li> <li>- (i) CRP</li> <li>- VBG @ 10 AM</li> <li>- at 60ml/kg/day</li> <li>- NSG now</li> </ul>
p. Sh	<p>30ml/4d          ↓          feed</p> <p>60ml/4d          ↓          1g/kg</p>	<p>Started by Nishath S          25/5/26 at 7 AM (PT.O)</p>



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9:20 AM	<u>Counselling Note</u>	(Dr. Spondana)
=>	Baby shift to NICU	Mottler
=>	GRBC 30	asym ↓
		feed ↓
		2.0 mg/dl ↓
		↓
		Given 10% D Bolus
		start on IV fluids
=>	Baby start on CPAP	→ ct
	<u>PCO<sub>2</sub> = 59</u>	
=>	CXR = good	
=>	VBG shown low Ca =>	started on Ca correction
=>	started on IV Antibiotics.	
=>	Ⓡ CRP / Biclp.	
=>	Plan <u>MSG</u> today.	
->	Im plan to Report to CBP	
->	Now Baby on IV / 4	10:00 GRBCs - good ↓
		start IV fluids
->	stay 3-4 days. (if going well)	
	needed. minimum	
->	if sick / repeated low sugars =>	May need longer stay



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	* After deliv. → <u>delayed transition</u>	
		↓ Stimulate } Baby Improved Dr CRAP } <u>aft 10 mins</u>
	P. 4	Aut
25/5/26	<u>CI to Dr. Spandana</u>	
10:30am	4KBS at 10am → 136.	
		↳ started on 30ml/kg/day feeds.
	- vitals: stable	
		1) ct. iv fluids +
		2) O4 feeds - 4me/2nd h.
		3) Rest ct. as per Kx chart.
		Note

4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 2:30pm	<p>↳/13 Dr. Manvi</p>	
	<p>- on CPAP</p>	
	<p>PEEP: 6.5</p>	
	<p>PiO<sub>2</sub>: 25%</p>	
	<p>- tolerating feeds well</p>	
	<p>- stools ✓</p>	
	<p>- urine ✓</p>	
	<p><u>OLE</u></p>	
	<p>HR: 132bpm</p>	<p><u>Plan</u></p>
	<p>RR: 40cpm</p>	<p>1) ct CPAP</p>
	<p>SpO<sub>2</sub>: 96%</p>	<p>2) TV - @ 90 ml/kg/day</p>
	<p>Bp:</p>	<p>gradually ↑ feeds</p>
	<p>RS: RDE ⊕</p>	<p>&amp; tapie fluids</p>
	<p>PIA: soft</p>	<p>- 04 feeds 7ml/2ndh</p>
		<p>↑ 2ml after every alternate feed</p>
		<p>3) ct antibiotics</p>
		<p>4) ct blood ds</p>
		<p>5) CBG at 6pm</p>
		<p>6) monitor vitals</p>
	<p><i>[Signature]</i></p>	
		<p>dated by Nimala sis</p>
		<p>25/5/26 at 2:30pm</p>



Baby of Nishath Unissa

HNH-00015603 IP26-00006422  
Baby Of NISHATH UNISSA  
25-05-2026 0 Y 0 M 0 D 17 H (F)  
Dr. S TEJASWI REDDY



Female

3




### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/05/25 19:30 PM	Dr. S Chandana	
	CPAP - pressure - coming down PEEP - 5cm	
	off CPAP - tomorrow morning	
	- SpO2 - normal	
	2x feeds / Feed 10mls 2 hourly 20mls full feeds.	
	→ LRP - 9 < 10	Abx - started
	tomorrow CRP / LRP	
	CRP ↑ - stable → ↓	
	Bc - repeat 48 hours awaiting duration Abx will decided.	
	NICU - 3 days	
	[Signature]	[Signature]



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/5/26 12 AM	<p>CL/B Dr. Varun / Dr. Pranav</p> <p><del>Turn / RA / Female / Delayed transition /</del></p> <p><del>PDS</del></p>	
	<p>on room air.</p>	
	<p>Maintaining sat., no signs of apnea &amp; bradycardia</p>	
	<p>- Accepting feeds well.</p>	
	<p>- O<sub>2</sub> - HR - 142/min.          RR - 50/min.          SpO<sub>2</sub> - 97% @ RA</p>	<p>Plan - 2nd O<sub>2</sub>          feeds alternate          feed.</p>
	<p>S/E - WNL.</p>	<p>ct. Abx.          - Trace blood/c.</p>
		<p>- CBP / cap / VS<sub>4</sub> /          tomorrow morning          6am.</p>
		
		<p>Noted by Laxmi          25/5/26          12 AM</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 5 AM	<p><u>C/S/B</u> <u>Dr. Pranav / Dr. Valmiki</u></p>	
	<p>Term / A♂ / Female / Delayed Transition / 2-7 kg / Hypoglycemia            T.Wt - 2.48 kg (w 220g) - (8.1% Wt loss)  <u>with</u></p>	
	<p><u>Labile Substitutions</u>            SpO<sub>2</sub> - 88-93% on RA            RR - 58/min            HR - 155/min            BP - 52/37/42 mmHg</p>	<p><u>Ph</u>            1) SOS - Low flow O<sub>2</sub>                if not maintaining Sat            2) <u>Fix</u> CALCIUM GLUCONATE                correction</p>
	<p>Milk SCA @            Accepty feeds.</p>	<p>3) CBP, CRP, Sr. Calcium ) Now</p>
	<p>U-O - 175 ml in 24 h            (2-7 ml/kg/h)</p>	<p>4) <u>Inj</u> Ampicillin &amp; <u>Tet</u> <u>blood</u> <u>CSF</u>                <u>By</u> <u>Centocor</u>      <u>is</u> <u>fresh</u></p>
	<p>R-S - B/LDE @            PLA - soft.</p>	<p>5) Feed - 20 ml/oral</p>
		<p>6) <u>Inj</u> <u>SOS</u></p>
		<p><u>Pharm</u></p>
		<p><u>Noted by</u> <u>Caro</u>  <u>26/5/20</u>  <u>5AM</u></p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
26/5/26	S/B Dr. Sreyhan / Dr. Tejaswi	
10:30 AM	Tcm / AGA / Female / Delayed transition / 2.7kg	
	TTNB / Hypoglycemia	Plan
	T.wt = 2.48kg	
	(220g wt loss)	- Toy S/E - 2nd 2 <sup>nd</sup> C
	(8.1%)	
	Baby Apathetic	- Trace Serum Calcium
	HR - 137/min	
	SpO <sub>2</sub> - 96%	- CL AMPICILLIN
	BP - 49 / 36 (91)	GENTAMICIN
	CVS - S1C @	- Trace Blood C
	CRT = 3sec	
	P1 - BL - ACC @	- Add Calcium
	PLA - 20%	- Monitor vitals
	CMS -	
	Spont movements @	
	cry @	

*dated by Sreyanjy  
 26/5/26  
 @lora*

B/o Nisheth



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
26/5/22 11:15 AM	Counselling. Noty.	
	- Baby maintaining saturation in room air	
	- Spoon feed started now - 20ml/2 <sup>nd</sup> h	
	- VBL - normal today	
	- on IV Antibiotics	
	- Blood sugar - Normal today	
	- CBP - Repeat - 1.4 lbcy Platelets (CRP - 9.3 → 20 (today))	
	- Clinically baby is better.	
	- Repeat CBP, CRP - Tomorrow	
	- Baby disconnected from CPAP in the morning.	
	- Can try direct Breastfeeding	
	- A/GU - normal.	

*[Handwritten signature]*

*[Handwritten signature]*  
Dr. Teja



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	SIB Dispendona / Disengles	
3PM	Δ Ten / AcA / F / Delayed transitions TTNB / Hypoglycemia	
	HR - 133/min	P6
	SpO <sub>2</sub> - 95% on RA	- DBF + PSIF 20w/24h
	BP - 51/42 (44)	- cf AMPICILLIN
	CM - SIB (A)	GENTAMICIN
	CAT - 38%	
	H - DL (A) (A)	- Trace Blood G <sup>+</sup> - 48h
	P(A) 50%	- cf CALCIUM
	CM: - Spont. movements (P)	- Monitor vitals
	Cry (P)	
		Note by Saipig 26/5/26 @ 3pm



Baby of Nishath Unissa

Female.



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
26/5/26 18:05pm	Dr. <u>spandana</u>	
	<u>SVIA</u>	
	Feeds - Full feeds	
	continue breast feeding	
	CRP - (9) → (20) increased	
	<u>Blood culture</u> - awaiting	
	<u>CRP/CRP</u>	
	<u>Abx</u> - continue	
	Thursday morning - room shifting.	
	<u>Ant</u>	<u>PH</u>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	s/b Dr Prabhath	
10pm	T/AGA / ♀ / Delayed transition	TTNB / Hypoglycemia
	Baby stable	
	-10ml	20cc Nan pro Q2H Adv
		-DBF + SF 20cc Q2H
	no clo	-CT Ampic genta
	o/g vital stable	
	AF OSF	- Trace Blood c/s 48h
	PA soft	- CT Calci
		- Plan to Rpt CBP CRP
		(6am)



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/05/26 11:30 AM	6/5/16. Dr. Dilavaz / Dr. Subhulk	
	Term Apgar 1/7 / delayed transition / T & NB / Hypoglycaemia	
	Baby Guthrie Breast 20ml 2nd hourly feeds (GPII + WFF) passing normal stool	
	O/S vitals & Guthrie HR 120/min	
	TSP: 98 / 36 mmHg SpO2: 99% @ RA	
		Acls
		- 20ml 2nd hourly feeds Cont. Ampicillin / Gentamycin
		- Trace Blood Cls - To send CBP, CRP @ 6 AM
		- Monitor vitals and Temp 4x
		Subhulk



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26 12PM	<p>Ch. 16. Dr. Nishath / U. Prashant</p> <p>Femal (ANA) ♀ / delayed transition / TTNB</p> <p>Baby Gutbourne</p> <p>Accepting feeds</p> <p>passing normal meconium</p> <p>O/E: Cal-vitamins Gutbourne</p> <p>HR = 120/min</p> <p>SpO<sub>2</sub> 94% O<sub>2</sub> 2L, RR = 38/min</p> <p>Cry/Tone/Activity - good</p> <p>S/S: NAD</p>	<p>Hydroxyzine</p> <p>B.Wt. 2.7kg</p> <p>T.Wt. 2.80</p>
		<p>Abx</p> <ul style="list-style-type: none"> <li>- Dose of SP 2nd hourly (20mg)</li> <li>- Ty: Ampicillin</li> <li>  Clotrimazole</li> <li>- Truse Biotin</li> <li>- Truse Pyt CSP, CSP</li> <li>- Muncha vitales Infusion</li> </ul>
		<p>Sinhth</p>

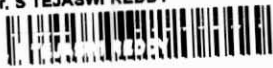


### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	B/o Nishath	COUNSELLING
10 AM	-	
	- Not sucking on breast.	
	- Taking SF well.	
	-	
	- $\uparrow$ O <sub>2</sub> support.	
	-	
	- Plt. - 1.28 lacs, Crp - 5, Blood clt - ve	
		↓
		stop Abx.
	-	
	- Tomorrow morning USP again.	
	-	
	- Shift out to mother's side.	
	-	
	- Tomorrow D/c if platelets <u>going</u> on repeat	
	USP.	
	Best	
		Tejans
		Dr. Tejans

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Varun / Dr. Tejaswi	
<del>27/5/26</del>	<del>SHIFTING NOTES</del>	
10:30 AM	Term / AGA / T/W/B / ? Septis	
	- SW on support.	
	- Feeding of milk.	
	- NOT sucking on breast properly.	
	- Passing urine & stools.	
	S/E - vitals stable	Plan - Ct. D3F + 8F
	S/E - WNL.	- Ct. Antibiotics
		All blood c/s → sterile for 48 hrs.
		- Repeat CBP tomorrow morning.
<del>27/5/26</del>	BCG	- Shift out to mother's side.
	OPV	- Vaccination today.
	Hep-B } given	- GNBC Q12H to continue.
		[CBP] T/m
		[SBR] 6am
		[NBS] 6am
		n/b priyanka



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 12pm	<u>Lactation care plan</u>	
	<ul style="list-style-type: none"> <li>- well formed breast &amp; Nipple's</li> <li>- cobstun seen</li> <li>- baby suck &amp; latch observed</li> <li>- baby is not sucking continuously, start sucking with strong stimulation.</li> </ul>	
	<u>Adv:-</u>	
	<ul style="list-style-type: none"> <li>- DBF</li> <li>- Aim for deep latch as demonstrated in cross cradle position</li> </ul>	
	<ul style="list-style-type: none"> <li>- mother have good milk supply + FF (SOS)</li> <li>- make baby suck 15-20 mins on each side with continue stimulation.</li> </ul>	
	<ul style="list-style-type: none"> <li>- Demand feeding do not exceeds 2-2 1/2 hours as per early hunger cues.</li> </ul>	
		<p>Sathya Lakshmi                  Dietitian &amp; Lactation                  12:5 PM</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5	C/S/IS Dr. Narpunya.	
2:30 PM	T (AGA) (TTNB) delay transition) Hypoglycemia.	
	On room Air.	plan
	Tolerating feeds. well	- Cont. Ampicillin } till Gentamycin } B/C
	C/T/A - Good.	repeat
	RIS   NAD	- Repeat CBP tomorrow
	PIA	- GRBS @ 12H
	✓ S ✓	SBR } tomorrow NBS } 6am CBP }
		- Monitor vitals
		Deef



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>27/5/26</del>	S/B Dr. Spandana	
<del>8 Am</del>	DTu / AUA /	
	Further	Ph
	CNS - S & S @	- CDP
	R-BLC - ACF @	- CRP
		- T1H
		- SBT
		- TET
	PTA 50%	
	CTA good.	- AMPICILLIN
		- GENTAMICIN
<del>28/5/26</del>	S/B Dr. Seetha	
<del>7:30 Am</del>	DTu / AUA /	
	Hypoglycemia	TFNB / Delayed Transition
		Plan
	T.Wt: - 2.28kg	- DBFSE 2nd
	Baby (200g wt loss @)	
	Cumulative - 15% wt loss	Trace Report
	Baby Euthemic	
	CNS - S & S @	Trace Blood C - 48%
	R-BLC - ACF @	
	PLA 50%	Plan to stop Antibiotics & discharge
	CTA good.	

15/5/26 MB-Moufushu





**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>25/05/26</del> 2 PM	<p>OBIS. Dr. Subash / Dr. Varun</p> <p>T Baby Euthic                      putting air / neosium</p>	
	<p>Ag / Ven / Abn. dy - good                      Hemodynamically stable</p>	<p>T Blood C/S - Stable</p>
	<p>STB / N/A</p>	
		<p><u>Adv</u></p> <ul style="list-style-type: none"> <li>- DBF + FF (3ml) 2nd hourly</li> <li>- Stop IV Antibiotics</li> <li>- CBR (Repeat T/m)</li> <li>- NIT warm cam</li> <li>- Remove Cannula</li> </ul>
<del>25/5/26</del> 6:30 PM	<p>d/s/by Dr Tejawi</p>	<p>Subash</p>
	<p>- Baby Euthic</p>	
	<p>vital stable</p>	<p>DBF + FF Only j/h keeping</p>
	<p>S/E NAD.</p>	<p>Im 6AM - CBR</p>
		<p>Hyorn (sos)</p>
		<p>N/B Suprign</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<del>29/5/26</del> 7am	<u>2/5/26 - Dr. Reddy</u>	
	Term / Female / AUA / TTNB / Insulin dependent <u>Ole-</u>	
	Cry Tone Activity } good.	<u>Advise:-</u>
	<u>He</u>	① DRF + FF O2 H
	C us no P/A } good.	② CRP to doc ③ Trace - B/C
		<del>+</del> →



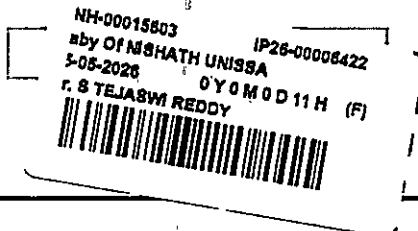
### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5	C/SIS for Tejaswi	
9:00 AM	T/AGA/TINB/AGA	neonatal thrombocytopenia
	on room air.	plan
	R/S	DBF & FF. Q2H
	PIA NAID	Plan d/s
	CBP - (N) - Platelet - 1/21,000	
	- CBP on follow up	Tejans
	- CBP on Monday	Dr. Tejans









# DRUG CHART

Date of Admission: ..... 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 **I** 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)

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

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

DRUG : <u>1g AMPICILLIN</u>				Date Time	<u>25/5</u>	<u>26/5</u>	<u>27/5</u>
Dose	Route	Frequency	Start Date				
<u>135mg</u>	<u>iv</u>	<u>BD</u>	<u>25/5/26</u>	<u>10pm</u>	<u>10pm</u>	<u>10pm</u>	
Name & Signature of the Doctor Starting the Drugs:				<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">STOP</div> <u>28/5/26 @ 10AM</u>			
Additional Instructions:				<u>10 min</u> <u>5ml DW in 500mg vial - (100mg/ml) Give (1.35ml + 8.7ml NS) over 1 hour.</u>			
Daily Doctor's Endorsement by a Sign							

DRUG : <u>1g GENTAMYCIN</u>				Date Time	<u>25/5</u>	<u>26/5</u>	<u>27/5</u>
Dose	Route	Frequency	Start Date				
<u>13mg</u>	<u>iv</u>	<u>OD</u>	<u>25/5/26</u>	<u>10AM</u>	<u>10AM</u>	<u>10AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">STOP</div> <u>28/5/26 @</u>			
Additional Instructions:				<u>2ml - dilu in 8ml NS =&gt; (10mg/ml)</u> <u>Give 1.3ml over 30 min</u>			
Daily Doctor's Endorsement by a Sign							

DRUG : <u>NASOCLAR SALINE</u>				Date Time	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>
Dose	Route	Frequency	Start Date					
<u>20</u>	<u>p/w</u>	<u>4<sup>th</sup> hly</u>	<u>26/5</u>	<u>10AM</u>	<u>10AM</u>	<u>10AM</u>	<u>10AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>2 PM</u> <u>6 PM</u> <u>10 PM</u> <u>2 AM</u>				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

DRUG : <u>Syp. CALCIMAX Play</u>				Date Time	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>
Dose	Route	Frequency	Start Date					
<u>2ml</u>	<u>oral</u>	<u>BD</u>	<u>26/5</u>	<u>10AM</u>	<u>10AM</u>	<u>10AM</u>	<u>10AM</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>2 PM</u>				
Additional Instructions:				<u>CALCIUM (5ml/250g)</u>				
Daily Doctor's Endorsement by a Sign								



Date Time	Nurse Sig.	Date Time	Nurse Sig.	Date Time	Nurse Sig.	Date Time	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.	Date Time	Nurse Sig.	Date Time	Nurse Sig.	Date Time	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	7:15AM	1g Ca gluconate	(6ml + 6ml NS) over 20min	iv	Al	Al Laxmi
26/5	5:15AM	1g CALCIUM GLUCONATE	(6ml + 6ml 5% D)	iv over 1 hour	Tran	Laxmi D

Signature

VERIFIED BY: K





### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>New born baby</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify: .....				
BACKGROUND	Date	<u>25/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>26/5/26</u>	
	Shift	<u>8pm</u>	<u>8am</u>	<u>8am</u>	<u>N</u>	<u>8am</u>	
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Diet:	<u>DBR</u>	<u>DBR</u>				
	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	
RECOMMENDATIONS	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</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	
	Vital Signs:	Temp: <u>36.5</u>	<u>36.5</u>	<u>36.5°C</u>	<u>36.4</u>	<u>36.5°C</u>	<u>36.5°C</u>
	Res:	<u>42</u>	<u>28</u>	<u>35b/m</u>	<u>34b/m</u>	<u>36b/m</u>	<u>49b/m</u>
	SpO <sub>2</sub> :	<u>97</u>	<u>99</u>	<u>96%</u>	<u>95b/m</u>	<u>94b/m</u>	<u>99%</u>
	Pulse:	<u>156</u>	<u>138</u>	<u>140b/m</u>	<u>170b/m</u>	<u>137b/m</u>	<u>140b/m</u>
	BP:				<u>50/20</u>		
	LOC:	<u>LDR</u>	<u>LDR</u>	<u>NICU</u>	<u>NICU-1</u>	<u>NICU</u>	<u>NICU</u>
	Fall Risk Score:						
	Pain Score:						
Skin Integrity	<u>good</u>	<u>good</u>	<u>good</u>	<u>good</u>	<u>good</u>	<u>good</u>	
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:							
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>NBM</u>	<u>DBR</u>					
Critical Lab Test / Values:							
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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>Yes</u>	<u>Yes</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:							
Handed Over By Name :	<u>Alex</u>	<u>Jyothi</u>	<u>Alex</u>	<u>Lam</u>	<u>Jyothi</u>	<u>Saipriya</u>	
Signature / ID :	<u>Alex</u>	<u>Jyothi</u>	<u>Alex</u>	<u>Lam</u>	<u>Jyothi</u>	<u>Saipriya</u>	
Date:	<u>25/5/26</u>	<u>25/5/26</u>	<u>25/5/26</u>	<u>25/5</u>	<u>26/5/26</u>	<u>26/5/26</u>	
Time:		<u>4:30pm</u>	<u>8pm</u>	<u>8am</u>	<u>4:30pm</u>	<u>8pm</u>	
Taken Over By Name :	<u>Jyothi</u>	<u>Nisha</u>	<u>Lam</u>	<u>Jyothi</u>	<u>Saipriya</u>	<u>Nicitha</u>	
Signature / ID :	<u>Jyothi</u>	<u>Nisha</u>	<u>Lam</u>	<u>Jyothi</u>	<u>Saipriya</u>	<u>Nicitha</u>	
Date:	<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>	<u>26/5/26</u>	
Time:	<u>8am</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
<b>BACKGROUND</b>	Date	26/5	27/5				
	Shift	NL	MM				
	Medical Condition (Any special condition to be noted):	—	—				
	Diet:	—	—				
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	—	—				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp: 36.5°C	36.5°C				
		Res: 30 bpm	30 bpm				
		SpO <sub>2</sub> : 100%	98%				
		Pulse: 147	153				
		BP: —	—				
		LOC: —	—				
		Fall Risk Score: —	—				
	Pain Score: —	—					
	Skin Integrity: —	—					
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:	—	—				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:	—	—				
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	—	—					
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Nikita	Syozul				
Signature / ID :		[Signature]	[Signature]				
Date:		26/5/20	27/5				
Time:		8 AM	11:30 AM				
Taken Over By Name :		Syozul	[Name]				
Signature / ID :		[Signature]	[Signature]				
Date:		27/5/20					
Time:		[Time]					

HNH-00015603 IP26-00006422  
 Baby Of NISHATH UNISSA  
 25-05-2026 0 Y 0 M 0 D 6 H (F)  
 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

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

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time
						25/5/26	25/6/26	25/5/26	25/5/26	26/1/26	26/5/26	26/5/26	27/5/26
						12A	11:30	12	11	11	11	11	11
	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>	Yes	Yes	Yes	37 w	37 w	37 w	37 w	37 w	37 w	37 w	37 w	
	<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>

NH-00015803 IP26-00006422  
 sby Of NISHATH UNISSA  
 5-05-2028 0 Y 0 M 0 D 13 H (F)  
 r. S TEJASWI REDDY

1



# CHECKLIST FOR THROMBOPHLEBITIS

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	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	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	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	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	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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0	0	
Signature of the Nurse				[Signature]			[Signature]			[Signature]			

**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 : [Signature] Name : N. Prasad

Signature of Ward In Charge :  
 Signature : [Signature] Name : Bhavani

## CHECKLIST FOR THROMBOPHLEBITIS

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										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
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										
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 of Ward In Charge :

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

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

Patient Sticker

# CHECKLIST FOR THROMBOPHLEBITIS



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										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
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 of Ward In Charge :

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

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

# CHECKLIST FOR THROMBOPHLEBITIS

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										
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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
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 of Ward In Charge :

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

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

HNH-00015603 IP26-00006422  
 Baby Of NISHATH UNISSA  
 25-05-2026 0 Y 0 M 0 D 6 H (F)  
 Dr. S TEJASW REDDY



# BRADEN 'Q' SCALE



Date : 25/5/26 25/5 25/5/26 26/5  
 Time : 12AM 8AM 52 21

10

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.	1	1	1	1
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
<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."	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	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


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

<b>TOTAL SCORE</b>	23	25	23	28
<b>Evaluator's Name</b>	ap	FA	16	15

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

# PATIENT TRANSFER FORM

NH-00015603 IP26-00006422  
 by Of NISHATH UNISSA  
 5-05-2026 0 Y 0 M 0 D 13 H (F)  
 r. S TEJASWI REDDY



UHID No.		Date & Time of Admission <i>25/05/2026 11:05 AM</i>	Date & Time of Transfer Order <i>25/05/26 6:45 AM</i>
Treating Consultant Name		Transfer Ordered by <i>Dr Anusha</i>	Reason for Transfer <i>Hypoglycaemia</i>
From Unit <i>Pre-post</i>	To Unit <i>Nice</i>	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File <i>30</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>Knives</i>	<i>1</i>	
2.			
3.	<i>Wipes</i>	<i>1</i>	
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Spc Anasi</i>		Name of Person Ordered Transfer	
Patient & Clinical Records Received by :			
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

**GENERAL CONSENT FOR TREATMENT**

Patient Name: Baby Of NISHATH UNISSA Age : 0 Y 0 M 0 D 0 H  
IP No: IP26-00006422 Sex: Female  
Consultant: Dr. S TEJASWI REDDY Ward/Bed No: 4F -OT/CRDL-HNPDA-412-1

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:.....)

3 If 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: Abdul Bari

Relationship: Father

Date: 25/05/2025

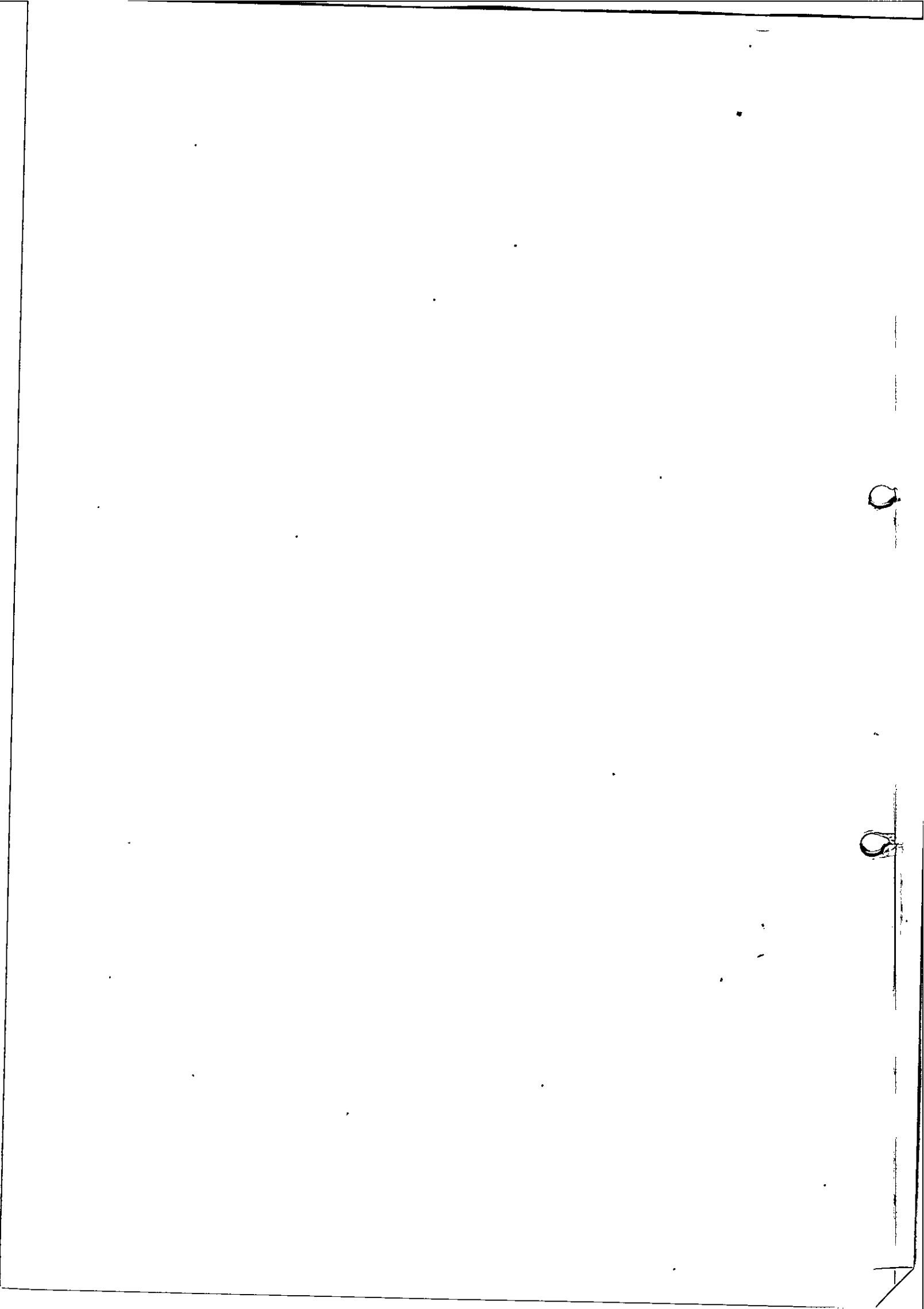
Time: 1:05 Am.

Witness Name: Yaseen ali Khan

Witness Signature: 

Patient Address:

2-2-185/14/1 r k nagar Amberpet  
Hyderabad Telangana INDIA 500013





## BILLING POLICY

- **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.

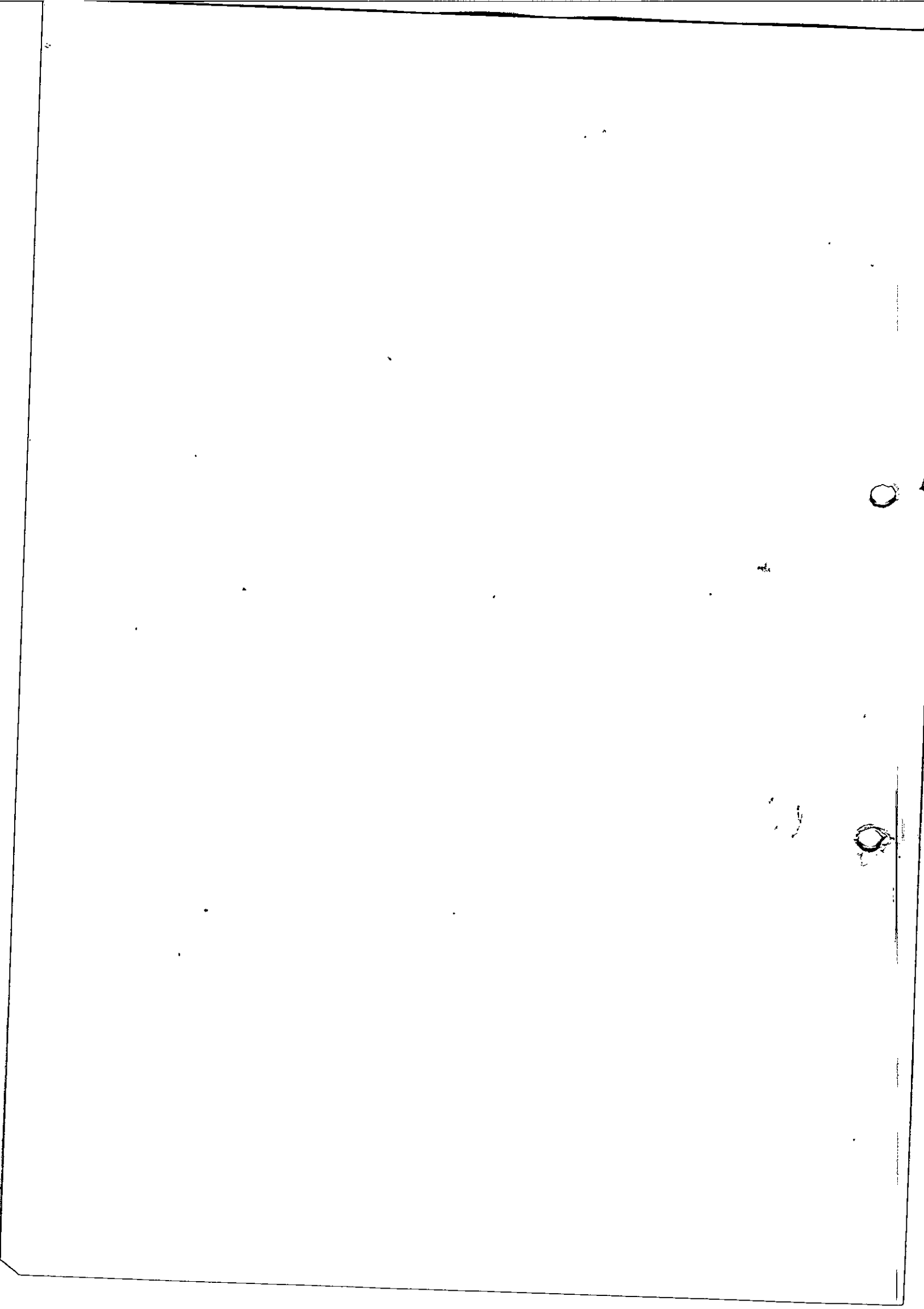
-----  
Name & signature of Patient/Attendant

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

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

### RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.  
Corporate Office: 8-2-19/1/A, Dault 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





INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: 0+ve Baby's Blood Group: 0+ve Sheet No: .....  
 Gest Age: 37 weeks Birth Weight: 2.7 kgs

Date: <u>25/5/26</u>	Date: <u>26/5/26</u>	Date: <u>29/5/26</u>
DOL <u>NIB</u> Weight <u>2.7 kgs</u>	DOL <u>D1</u> Weight <u>2.480 kg</u>	DOL <u>D2</u> Weight <u>2.480</u>
Problems:	Problems: <u>fearm</u>	Problems: <u>fearm</u>
Rs. <u>30-60 b/m</u> Exam Vent. Setting ABG CXR	Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>CPAP</u> ABG CXR <u>850s</u>	Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>R1A</u> ABG CXR <u>850s</u>
CVS HR BP Map Cap Refil	CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>50/28</u> Map <u>(36)</u> Cap Refil <u>2</u>	CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>69/45</u> Map <u>(53)</u> Cap Refil <u>2 sec</u>
F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 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 HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>85 mg/dL</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 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 <u>Done</u>	Assessment
Plan	Plan <u>GRBS with hmg</u>	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 Refill	CVS HR BP      Map Cap Refill	CVS HR BP      Map Cap Refill
F/E/N T. Fluids CC/kg/day I/O/RBS: U Output:      (CC/kg/hr) Exam T. Bil/D Na HcO3 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 HcO3 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 HcO3 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



100%  
 100%  
 100%  
 100%



### RESULT SHEET

Date	25/5/26	26/5/26	27/5/26	28/5/26	29/5/26
Time	5:59 pm	9:47 pm	7 AM		
Hb	16.7	17.7	17.8	16.6	16.2
PCV	47.6	49.4	49.6	48.2	44.8
RBC	4.56	4.84	4.94	4.56	4.52
WBC	24.37	13.26	10.16	8.43	8.81
N/L	53/40	65.7/27.2	48.9/38.9	32.4/51.6	29.2/50.5
Platelets	167	144	128	112	121
CRP	9.3	20	5.0	13.0	
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj			6.4 ← 0.0		
T.Protein			6.3		
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					





## 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: 28/5/26	Time: 10pm	2pm	6pm	10pm	2AM	6AM
Doctor/Nurse/Family Concern?						
Temperature (°F)	104	103	102	101	100	99
	98	98	97.5	97.5	98.5	97.5
Heart Rate (bpm)	190	180	170	160	150	140
and	150	140	130	120	110	100
Blood Pressure (mmHg) *	135	135	135	135	135	135
Note: BP does not score in early warning scoring	90	80	70	60	50	
Heart Rate (Number)	147b/m	148b/m	146b/m	146b/m	156b/m	132b/m
Resp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20
Resp Rate (Number)	40b/m	42b/m	40b/m	40b/m	40b/m	40b/m
Resp Distress	None / Mild					
Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)	100%	100%	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	TS	TS	TS	TS	TS	TS
<b>ACTIONS</b>	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

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Record Details when <b>EARLY WARNING SCORE &gt; 3</b>			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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<b>B</b>	<b>BACK GROUND:</b> Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
<b>A</b>	<b>ASSESSMENT:</b> I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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<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.
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# FLUID CHART

Sheet No. : 9 .....

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**



# FLUID CHART

Sheet No. : 2

- 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			
27/5/26	08:00 am												
	09:00 am		ML										
	10:00 am		ML										
	11:00 am		ML		NA								
	12:00 pm		ML					NA					
	01:00 pm		ML										
<b>Total Intake :</b>						<b>Total Output :</b>						V-2	m-1
28/5	02:00 pm												
	03:00 pm		DBL										
	04:00 pm		TRH										
	05:00 pm												
	06:00 pm		DBL										
	07:00 pm		TRH										
<b>Total Intake :</b>						<b>Total Output :</b>							
27/5	08:00 pm												
	09:00 pm		DBF+FF										
	10:00 pm												
	11:00 pm		DBF+FF										
	12:00 am												
	01:00 am		DBF+FF										
<b>Total Intake :</b>						<b>Total Output :</b>							
28/5	02:00 am												
	03:00 am		DBF+FF										
	04:00 am												
	05:00 am		DBF+FF										
	06:00 am												
	07:00 am		DBF+FF										
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# FLUID CHART

Sheet No. : ..... 3 .....

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
28/5	08:00 am											
	09:00 am		DBF+FF				✓			✓		
	10:00 am											
	11:00 am		DBF+FF				✓			✓		
	12:00 pm		DBF+FF							✓		
	01:00 pm									✓		
<b>Total Intake :</b> <i>200ml</i>					<b>Total Output :</b> <i>0-3 M-2</i>							
28/5	02:00 pm		DBF									
	03:00 pm		-FF									
	04:00 pm											
	05:00 pm		DBF									
	06:00 pm		-FF									
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
29/5	08:00 pm											
	09:00 pm		DBF+FF				✓					
	10:00 pm		FF									
	11:00 pm											
	12:00 am		DBF+FF				✓			✓		
	01:00 am		FF									
<b>Total Intake :</b>					<b>Total Output :</b>							
29/5	02:00 am											
	03:00 am		DBF+FF				✓					
	04:00 am		FF									
	05:00 am											
	06:00 am		DBF+FF									
	07:00 am		FF									
<b>Total Intake :</b>					<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.

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	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>							

<b>Total 24 hrs. Intake</b>	
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<b>Total 24 hrs. Output</b>	
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HNH-00015603 IP26-00006422  
Baby Of NISHATH UNISSA  
25-05-2026 0 Y 0 M 0 D 6 H (F)  
Dr. S TEJASWI REDDY



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Nishath Unissa Mother's Name: Nishath Unissa

Date of Birth: 25/5/26 Time of Birth: 12:12 AM Gender:  Male  Female

Birth Weight: 2.700 Kgs HC: 35 cm Length: 46 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: 36.5 °C HR: 166 /Min RR: 52 /Min BP: ✓ SpO<sub>2</sub>: 100

Pain Score: ..... (Follow N Pass)

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

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

Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry

Skin:  Pink  Meconium Stain  Others, Specify: .....

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

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Alini

Signature: Alini

Date & Time: 25/5/26 12:12 AM

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HNH-00015603 IP26-00006422  
 Baby Of NISHATH UNISSA  
 25-05-2026 0 Y 0 M 0 D 6 H (F)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



Date: 24/5/22

**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	8am	- Assess the patient condition - plan for vital & relieved	8am	- Assessed the baby condition - Maintain vital & relieved	- patient stable	- vital normal	
	8pm	- plan for DBF - plan for - flochaed	8pm	- DBF good hourly - maintain flochaed			



# NURSING CARE RECORD

Date: 27/5/26

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	8 AM	Assess the baby condition - Monitor vitals & record - maintain I/O chart - Give medication as prescribed by doctor 2 pm - plan vaccination today	11 AM	Assessed the baby condition - Monitored vitals & record - maintained I/O chart - Given medication as prescribed by doctor 2 pm - vaccination done hd	Baby is stable now	Re-checked vitals	[Signature]
Afternoon	2 pm	Assess the baby condition monitor vitals & record maintain I/O chart provide the comfortable position. Medication given as per doctor order. 8 pm CBR, SBR, NBS, IAF	2 pm	Assessed the baby condition monitored vitals & record explained I/O chart provided the comfortable position Medication given as per as doctor order.	Baby is stable. vitals normal.	monitor vitals maintain I/O chart	[Signature]
Night	8 pm	Assess the baby condition → Monitor the vitals. → provide comfortable position. 8 AM → DBTFF give 2nd hourly	8 pm	Assess the baby condition. → monitored the vitals. → provided comfortable position. → DBTFF given 2nd hourly.	Baby is stable now	Reassessed the vitals	[Signature]



# 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 vitals & record → maintain I/O chart → Administer medication as per drug chart	8am to 2pm	→ Assessed the baby condition → monitored vitals & record → maintained I/O chart → Administered medication as per drug chart	→ baby is stable	→ Rechecked vitals	(S)
Afternoon	2pm to 8pm	Assess the Baby condition. Monitor vitals Maintain I/O chart + Drug Give as per Drug chart.	2pm to 8pm	Assessed the Baby condition monitored vitals Maintained I/O chart + Drug given as per Drug chart.	Baby is stable now	Rechecked vitals	(S)
Night	8pm to 5am	→ Assess the pt condition. → monitor the vitals. → maintain I/O chart. → drugs give as per drug chart.	8pm to 5am	→ Assessed the pt condition. → Monitored the vitals. → Maintained I/O chart. → drugs given as per drug chart.	→ Baby is stable now	→ Rechecked the vitals	(S)

HNH-00015603 IP26-00006422  
 Baby Of MSHATH UNISSA  
 25-05-2026 0 Y 0 M 2 D (F)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



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							



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <span style="font-size: 2em; color: blue;">NB</span>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: .....					
BACKGROUND	Date	Shift	27/5 MB	27/5 E2	27/5 M	28/5 PM	28/5 E2	28/5 P
	Medical Condition (Any special condition to be noted):			-	-	-	-	-
Diet:			-	-	-	-	-	-
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):	-		-	-	-	-	-
	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:	97.8°F	98.2°F	98.1°F	98.2°F	98.1°F	98.1°C
		Res:	20b/m	20b/m	20b/m	20b/m	14b/m	14b/m
	SpO <sub>2</sub> :	100%	99%	100%	99%	99%	100%	
	Pulse:	140b/m	140b/m	141b/m	138b/m	140b/m	140b/m	
	BP:	-	-	-	-	-	-	
	LOC:	-	-	-	-	-	-	
	Fall Risk Score:	-		-	-	-	-	-
Pain Score:	-		-	0	-	-	-	
Skin Integrity	-		-	Good	-	-	Good	
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:	-		-	-	-	-	-
	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:	-		-	-	-	-	-
	Critical Lab Test / Values:	-		-	-	-	-	-
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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):	-		-	-	-	-	-	
Post Operative Procedure Special Orders:								
Handed Over By Name :		Prayanka		Sreer	mahi	suvar	Supriya	Mahi
Signature / ID :		[Signature]		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		27/5/26		27/5	28/5/26	28/5/26	28/5/26	29/5/26
Time:		2pm		8pm	8am	2pm	8pm	8am
Taken Over By Name :		Sreer		mahi	suvar	supriya	mahi	suvar
Signature / ID :		[Signature]		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		27/5/26		27/5/26	28/5/26	28/5/26	28/5/26	29/5/26
Time:		2pm		8pm	8pm	8pm	8pm	8am



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date	29/5/26						
	Shift	M6						
	Medical Condition (Any special condition to be noted):	—						
	Diet:	—						
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	—						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.8°C					
		Res:	34 b/m					
		SpO <sub>2</sub> :	98%					
		Pulse:	138 b/m					
		BP:	—					
		LOC:	—					
	Fall Risk Score:	—						
Pain Score:	—							
Skin Integrity	Good							
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	—						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	—						
	Critical Lab Test / Values:	—						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	—							
Post Operative Procedure Special Orders:		—						
Handed Over By Name :		Suman						
Signature / ID :		[Signature]						
Date:		29/5/26						
Time:		8pm						
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								