NICU

DISCHARGE SUMMARY

Name	Baby Of MOHAMMADI BEGUM	**UHID**	HNH-00016341
Father/Guardian	Mr MIRZA ADIL ALI BAIG	**Age/Gender**	0 Y 0 M 3 D/ Male
Address	19-2-17/8 misrigunj, Falaknuma, Hyderabad, Telangana, INDIA, 500053		
IP No	IP26-00006735	**Admission Date**	04-07-2026
Ref Doctor	Dr Awais Mirza		
Discharge Date	07.07.2026		

DR. S. TEJASWI REDDY MBBS, MD (Paed) DM Neonatology CONSULTANT PEDIATRICIAN AND INTENSIVIST APMC/FMR/94068	**DR. SPANDANA PASUPULETI** MBBS, MRCPCH CONSULTANT PEDIATRICIAN AND INTENSIVIST Reg No: 30925

Diagnosis: TERM (37 WEEKS)/APPROPRIATE FOR GESTATIONAL AGE/MALE/BIRTH WEIGHT-2.6KGS/TRANSIENT TACHYPNOEA OF NEWBORN/NEONATAL HYPERBILIRUBINEMIA

History : Baby Of MOHAMMADI BEGUM is a term (37 weeks), outborn baby boy of birth weight 2.6 kgs, born to mother delivered by LSCS (Indication: previous LSCS) on 02.07.2026 4:50 PM at Fathima hospital. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Baby developed respiratory distress (RR>80/min and subcoastal retractions) after birth, for which baby was shifted to NICU (outside hospital) and started on O2 support with nasal prongs with 2 lit/min. In view of worsening distress, baby was later kept on NIV support and started on empirical IV antibiotics. In view of further worsening of distress, baby was referred to higher centre. Baby came to Rainbow Children's Hospital, Himayathnagar for further

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management.

Maternal History : Mrs. MOHAMMADI BEGUM has non consanguineous marriage.
G4 P2 L2 A1
G4 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.
Mother's blood group is A+ve

Examination: At the time of admission baby was euthermic, tachypnoeic (RR > 90) and saturations of 96% at O2 support with nasal prongs (2lit/min). His heart rate was 140 /min, respiratory rate was 90/min and has subcostal and intercostal retractions. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight at Birth : 2600 gms
Weight at Discharge : 2460 gms

Investigations: Enclosed reports.

VBG showed pH of 7.29, pCO2 of 48.8 mmHg, pO2 of 41 mmHg, HCO3 of 21.2 mmol/L and BE of -2.9 mmol/L.

Initial hemogram showed Hemoglobin of 15.7gm%, White Blood Cell count of 16430 cells/cumm, platelet count of 3.32 lakhs/cumm and C-Reactive Protein

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of 5.0 mg/l. SBR of 9.9 mg/dl with indirect fraction of 9.8 mg/dl, Serum electrolytes showed sodium of 140 mmol/L, potassium of 4.4 mmol/L & Chloride of 106 mmol/L. Serum Creatinine was 0.9 mg/dl.

Repeat hemogram showed Hemoglobin of 15.1 gm%, White Blood Cell count of 14180 cells/cumm, platelet count of 3.39 lakhs/cumm and C-Reactive Protein of 5.0 mg/l. Blood Urea was 19 mg/dl. Serum Calcium was 9.5 mg/dl. Blood culture was 48 sterile.

2D echo shows

* Situs solitus levocardia.
* Normal sized cardiac chambers.
* PFO L< R shunt.
* No PDA
* Left arch, no COA.

Chest X-ray was normal.

Management:

Transient tachypnoea of newborn - Non Invasive Ventilation: Baby was nursed in thermoneutral environment and continued on non invasive ventilatory support. Initial chest X - ray (done outside) was suggestive of TTNB and blood gas analysis showed respiratory acidosis. Baby was initial kept on HFNC (flow 6l/min , Fio2 25%). In view of worsening distress, baby was kept on NIV (PEEP 6.5, PIP 18, Fio2 25%). 2D ECHO done on 14/07/2026 was normal. Blood gas analysis were serially monitored. Baby was gradually weaned off from NIV to CPAP on day 2 of admission as blood gas and distress improved and to room air subsequently on day 3 of admission. Repeat Chest X ray done on 06/07/2026 was normal. Bedside USG lung done showed mild

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consolidations on the left posterior lung. Hence Baby was started on nebulisations (Budecort and Hyperneb), prone positioning and chest physiotherapy.

Baby was screened for sepsis and started on IV fluids and IV antibiotics (INJ PIPTAZ) after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram was Hb 15.7, WBC 16,430 (N/L 76/12), Platelets 3.32 lakhs and CRP were 5. Serum electrolytes were within normal limits. Blood culture sent was sterile and hence IV antibiotics were stopped after 2 days.

FEEDING: Once hemodynamically stable, baby was started on OG feeds, increased feeds gradually, which he accepted and tolerated well. At present baby is on spoon feeds and direct breast feeds, which he is accepting and tolerating well.

NEONATAL HYPERBILIRUBINEMIA: In view of clinical icterus, TCB done on 05/07/2026 was 13.2. Hence DSPT was started and given for 24 hrs.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	07.07.2026
OPV	Given	07.07.2026
HEPATITIS B	Given	07.07.2026

SPO2 : 99% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

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

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

Medication during hospital stay:
Inj. Piptaz
Neb with Budecort
Neb with Hyperneb with 3% NS

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

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

Review consultation with Dr. S TEJASWI REDDY on (09.07.2026) Thursday at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review back to Hospital: If baby is not feeding continuously for > 6 hours,

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If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

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

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

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date :

(PTO)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006735 **Admit Date** : 04-Jul-2026 **Admit Time** : 12:43 AM **UHID** : HNH-00016341

Patient Details :

Patient Name	: Baby Of MOHAMMADI BEGUM	**Age**	: 0 D
Guardian	: Mr MIRZA ADIL ALI BAIG	**DOB**	: 03-07-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 19-2-17/8 misrigunj Falaknuma Hyderabad Telangana INDIA 500053	**Phone No**	: 9000035057/ 8328231102
		E-mail	: aijazbaig@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : ER01 **Ward Name** : GF -EMERGENCY

Room No : ER01 **Admission Type** : First Visit

Contact Details :

Name : Mr MIRZA ADIL ALI BAIG **Relationship** : Father

Contact Address : 19-2-17/8 misrigunj Falaknuma Hyderabad Telangana INDIA 500053 **Phone No** : 9000035057

Signature

Doctor Details :

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

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 50000.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

HNH-00016341 IP26-00006735
Name: - Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/07/26 ~~3/7/26~~	1:2AM	~~ER~~ NICU	NICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DD- Swetha	4/7/26	11420	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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INVESTIGATIONS

Date	Investigations	Order No.	Sign
4/07/26	VBG (4)	10894	
	GRBS (4)	10894	
4/7/26	ABG (2)	10912	
4/7/26	GRBS (2) (110 mg/dL)		
4/7/26	CBP, CRP, blood culture.	10901	
	cases checked by Nirmala Sis 4/7/26 at 8:45Am		
4/7/26	2D Echo	07980	
4/7/26	ABG (3)	0949	
4/7/26	CBP, CRP, Electrolytes, Urea, Creatinine, SBP, Calcium	0958	
4/7/26	ABG, RBS (85 mg/dl) (5)	0967	
4/7/26	ABG (5) RBS (4) (92 mg/dl)	10978	
5/7/26	ABG (6) RBS (3) (108 mg/dl)	10999	
5/7/26	ABG (1) RBS (6) (80 mg/dl)	11002	
6/7/26	ABG (8) RBS (7) (131 mg/dl)	11038	
6/7/26	RBS (8) (96 mg/dl)	11051	
	(cross checked done by Dhanya 6/7/26 @ 7Am		
6/7/26	ABG	11062	
	X-ray chest	80055	
5/7/26	TCB ↗ H-12.2 C-13.2	11021	
7/7/26	RBS (92 mg/dl)	11149	

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MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/7/26	HFNC ✓	12:45 AM	4:00 AM	10564	Nurse
4/7/26	syringe pump ✓	12:45 AM	6/7/26 5pm		
4/7/26	Invesive monitor ✓	12:45 AM	7/7 10AM		
4/7/26	C-PAP ✓	4:00 AM	6/7/26 11:30 PM		
	Cross checked by Sis. Nirmala 4/7/26 at 8:45 Am.				
4/7/26	oxygen ✓	12:45 AM	6/7/26 11:30 AM	10582	prasanna
5/7/26	DSPT	1 PM	6/7/26 1pm	10887	
5/	~~TCB~~ ~~HC~~ ~~RBS~~ 2	~~1 PM~~		~~1~~	
	Cross checked by pooja 6/7/26 at 6pm				

VBG - 1
ABG - 8
RBS - 9
2decho - 1
x-ray - 1

Checked by Bhavani 7/8/26 9AM

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03-07-2026 0 Y 0 M 0 D 23 H (M)
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PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
4/7/26	Iv placement	1	10565	
	cross checked by Nirmala's 4/7/26 at 8:45pm			
6/7/26	IV placement	1	11074	
	cross checked by Nirmala's on 7/7/26 at 8am			
6/7	Nebulization	1	11426	
7/7	Neb T O2	3	11425	
7/7	Neb T O2	2	11425	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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(1)

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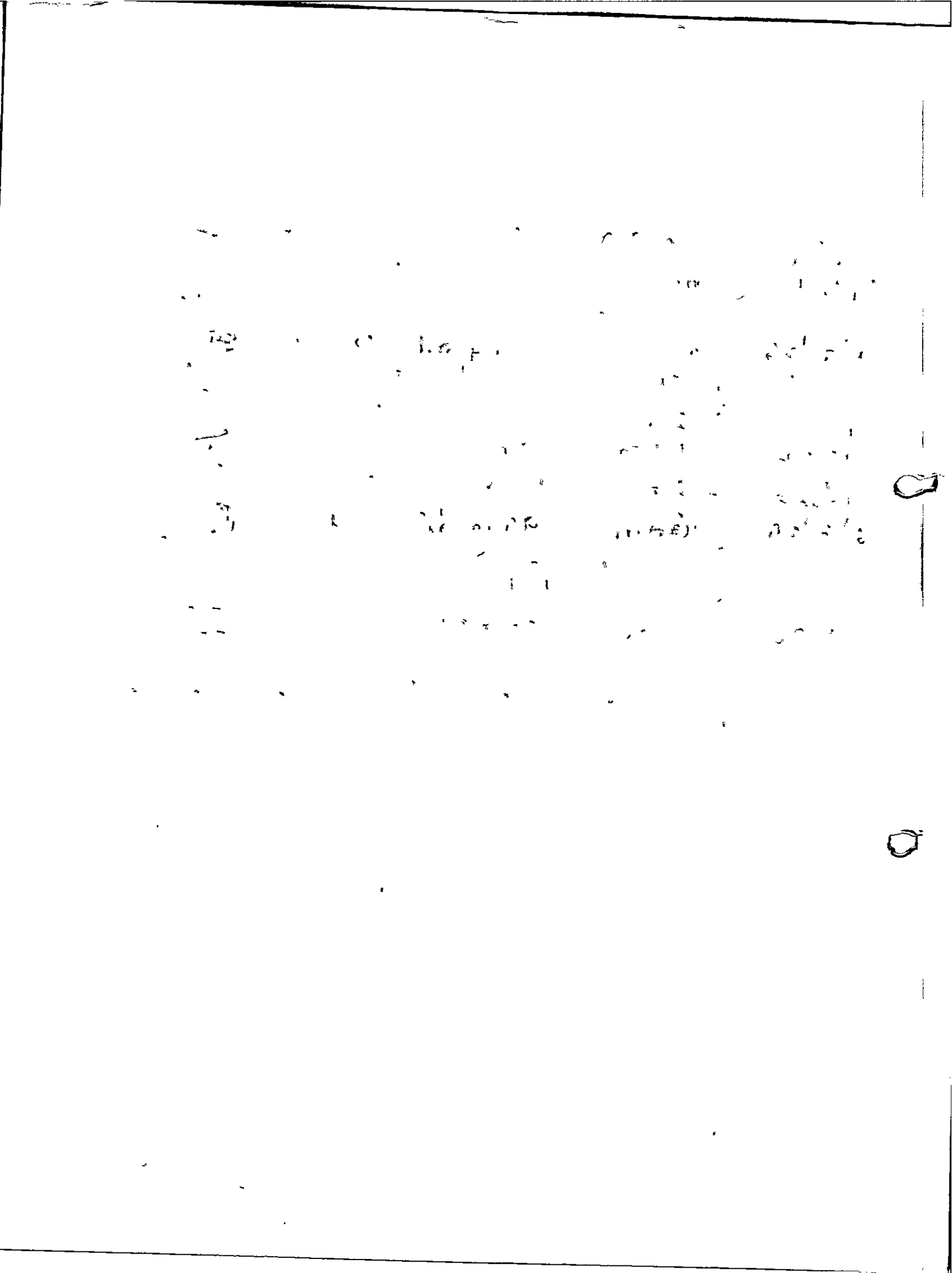
RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
4/7/26	(1) ~~8~~ AM	76 mg/dl	10% Dext	
4/7/26	(2) ~~8~~ AM	110 mg/dL	10% Dextro	
	cross checked by Nirmalasis 4/7/26 8:46 AM			
4/7/26	(3) 12 ~~AM~~	85 mg/dl	10% dex	
4/7/26	(4) 4 PM	92 mg/dl	IV fluids	
5/7/26	(5) 12 AM	108 mg/dl	IV fluid	
5/7/26	(6) 4 AM	80 mg/dl	"	
6/7/26	(7) 12 AM	131 mg/dl	"	
6/7/26	(8) ~~6~~ AM	96 mg/dl	"	
	Cross checked by pooja s/7/26 at 6pm			
7/7/26	(9) 6 AM	92 mg/dl	Stop	
	cross checked by Nirmalasis on 7/7/2026 at 8:25 AM			



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03-07-2026 0 Y 0 M 4 D (M)
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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
6/7/26	00.00			(1)
	01.00	Budecort Neb		11426
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00	Hyper Neb given		
	13.00	Budecort Neb		(3)
	14.00			
	15.00			11425
	16.00			
	17.00			
	18.00	Hyper Neb given		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
7/7/26	00.00	Hyper Neb Given		(2)
	01.00	Budecort Neb		1425
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

Name: ..... Age: 1D Gender: Male ☐ Female ☐

UHID.No : ..... Date: 4/7/26

I mohammed mirza adil ali S/o, D/o, W/o mohammed begum hereby declare that our patient Mr. / Ms B/o: mohammed begum who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 4/7/26

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

RESPIRATORY DISTRESS / TTNB

The doctors have clearly explained to me that my patient B/o . BEGUM 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 : BEGUM ..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature : .....

Name : MIRZA HABEEB ULLAH BAIG

Relationship with Patient: FATHER

Date & Time : 04-07-2026 1AM

Witness :

Signature : .....

Name : Nikitha

Date & Time : 4/7/26 @ 1AM

Doctor (who is taking the consent) :

Signature : .....

Name : DR. VARUN.

Date & Time : 1AM 4/7/26 1AM

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o BEGUM

Gender : ☐ M ☐ F Blood Group : A+ve

Date of Birth : 2/7/26 Time of Birth : 4:50 PM

Place of Birth : FATIMA HOSPITAL, HYD.

Mother's Blood Group : A+ve.

Birth Weight (gms) : 2600 gms Length (cms) : 46

OFC (cms) : 35

Estimated Gesth Age : .....

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 19/10/25 EDD : 25/7/26

Conception : Spontaneous or with Rx. : spontaneous conception.

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

Last Scans Details : .....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

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PAST OBSTETRIC HISTORY

G: 4 P: 2 A: 1 L: 2

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

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

1 Minute	5 Minutes	10 Minutes
8	9	

TOTAL

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

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (37 wks) | AGA | Male | 2.6 kgs | TTNB.

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

Baby born via El. LSCS on 3/7/26 @ 4:50 PM
↓
CIAB
↓
APGAR 8, 9.
↓
RR - 80, SpO2 - 100% on 2lpm
↓
RBHOL
↓
R. distress worsened.
↓
started on NIV - 40% FiO2 & Inj. TAXIM & Amikacin
↓
Referred to higher centre i/v/o persistent respiratory distress @32 HOL.

Investigation details in previous Hospital :

Hb - 16.9
TLC - 20.2k
Plt - 3.5lacs.
CRP - 1.3

Feeding History :

Past History :

Family History :

Socio Economic History :

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 37°c HR : 140 RR : 90 NIBP : CFT : <3sec.

Color of the extremities : N.

Jaundice : — Pallor : — SpO2 : 100% on 2L O_2

Anthropometry : Birth Weight : Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) N

NECK and CLAVICLES :
Range of Motion :
Asymmetry : N
Masses :

EYES :
Symmetry :
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : N
Palate :
Gums :
Lips :
Tongue :

horax :

BREASTS : Position of Nipples and Number :

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :
(N)

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :
(N)

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 90 SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

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

Settings : 21. RA O2.

SpO_2 : 100% Auscultation : ..... Breath Sounds : NVBS (+) Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....
Precordial Activity : .....
Femoral Pulses : .....
Murmurs : .....
Other Peripheral Pulses : .....
Signs of Cardiac Failure : .....

Abdomen :
Hernia orifice : .....
Shape : .....
Anal Patency : .....
Palpation : .....
Umbilical Cord : .....
Palpable masses : .....
First urine passed : .....
Abdominal girth : .....
Meconium passed : .....

ıal 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 : .....

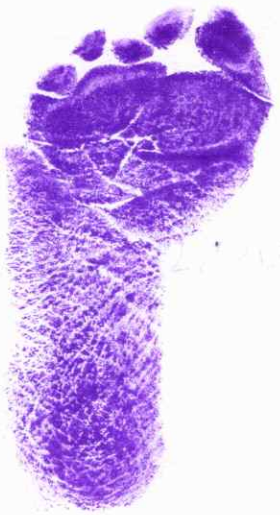
.....

Diagnosis : .....

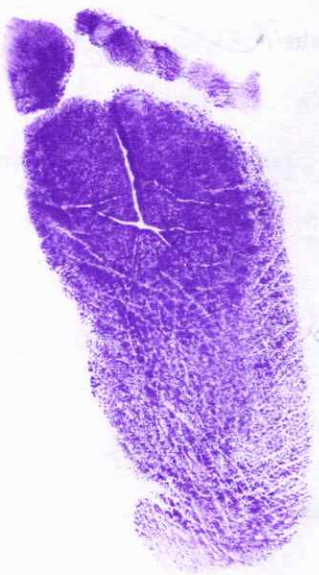
.....

FOOT PRINTS

Left Side :



Right Side :



Dr. S. TEJASWI REDDY
Registration No: 94068

Resident Doctor :

Signature : .....

Name : Dr. VARUN.

Date & Time : 4/2/26 1 PM

Consultant :

Signature : .....

Name : Dr. Tejaswi reddy

Date & Time : 4/2/26 1 PM

Information given by: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No ☐ NA

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: .....

Final Diagnosis: .....

CBP, CRP, Blood C/S.
Inj. PIPTAZ
IVF
HFNC @ 2 lpm.
NIBS sliding

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

CONSENT FOR FORMULA FEEDS

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Bb. Muhammadi Begum

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

Patient Name : ..... Age : 1d Gender : ☑ Male ☐ Female

UHID No : ..... Department : NICU Date : 03/07/26

I Mr / Mrs. : Mirza Hadeed Ullah Baig 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 : .....

Name : MIRZA HADEED ULLAH BAIG

Relationship with Patient: FATHER

Date & Time : 04-07-2026

Witness :

Signature : .....

Name : Nikitha

Date & Time : 4/7/26 @ 1 AM

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

CONSENT FOR SPECIAL PROCEDURES

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HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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

UHID No : ..... Department : NICU Date : 4/7/26

I Mirza Adil Ali Begum S/D/W/O Mohammed Begum

Here by give consent for procedure of : HFNC, NIV CPAP

For my patient, Named : .....

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

Hypoxia / Aspiration

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: .....

Patient Attendant :

Signature : Habeeb

Name : MIRZA HABEEB ULLAH BAIG

Relationship with Patient: FATHER

Date & Time : 04-07-2026 1 AM

Witness :

Signature :

Name : Nikitha

Date & Time : 4/7/26 @1 AM

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time : 4/7/26 @1 AM

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Mohammadi Begum Gender: ☑ Male ☐ Female

UHID No : Department : Paediatrics Date : 4/7/2026

I maaza adil Ali baig S/D/W/O mohammed begum

Here by give consent for procedure of : CPAP

For my patient, Named :

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

Hypoxia

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

If persistent RD → Invasive ventilation

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. T Tejaswi

Patient Attendant :

Signature : Shabab

Name : Mirza Shabab Ulah Baig

Relationship with Patient: FATHER

Date & Time : 04-07-2026 4:52pm

Witness :

Signature : Jyothi

Name : Jyothi

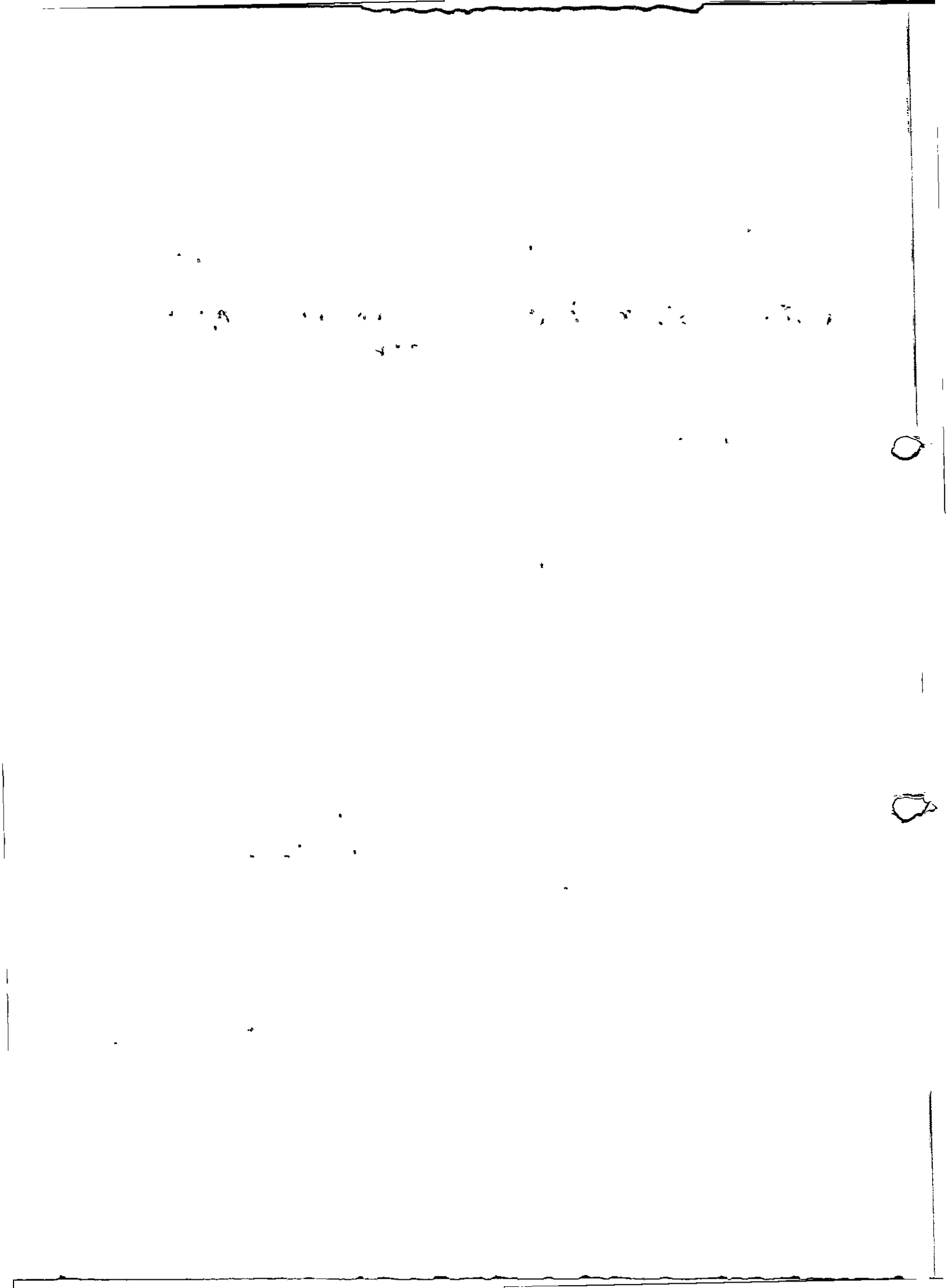
Date & Time : 4/7/26 4:52pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Archana

Date & Time : 4/7/26



HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling	
	Baby delivered yesterday.	
	Baby b. wt → 2.6kg	
	Shifted to NICU	immediately after birth.
	2 lit ↑ Oxygen →	Saturation:
		> 90%.
	+	
	↑ tachypnoea. →	pressure support.
		NIV.
	PCO_2 → (48)	→ HFNC
		6 lit.
	room air. ←	

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	① Infection: → CBP, CRP, Blood c/s.	→ antibiotics.
		Pipla ↓. Stop.
	② TTNB. → 4 hrs	→ Normal.
	③ 2D Echo.	→ Screening.
	Dr. S. TEJASWI REDDY Registration No-94068 Dr Tejan	2. kakab

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

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Clin. D. Sushanth	
04/07/26 2 AM	Term (37w) / AGA / Male / 2.6kg / TTN	
	T. Baby on HFNC flow - 6 lit/min / FiO_2 - 21%	
	O/E:- Euthermic HR - 154/min SpO2 - 97% @ HFNC RBS - 80/mg S/E RS:- BCAE @ Subcostal retractions @	
		Hydr - To send CBP, CRP, Blood Cx - HFNC - Inj PIPTAZ - IV fluids - TSBwork gas @ 6 AM - Monitor vitals and strict I/O Sushanth
		Noted by Nirmalasis 4/7/26 at 2 AM

1-00016341 IP26-00006735
y Of MOHAMMADI BEGUM
17-2026 0 Y 0 M 1 D (M)
B TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/07/26 9AM	Baby on HFNC	
	O/E: vitals:-	
	HR:- 190/min	
	SpO2:- 97% @ HFNC	
	RR:- 65/min (tachypnea+)	
	S/E:- RR: TBLAG+	
	Successful retraction+	
		Adv
		- Start NIV (PEEP - 6 / PIP 16 / FiO2:- 25%)
		- Rest continue same
		- Blood gas at 6 Am
		Sanketh
		Noted by Nirmala SS 4/7/26 at 4 AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Clue. D. Sankeerthi / D. Vamsy	
4/7/26 @ AM	Term (37w) / AGA / Male (B.wt: 2.6 kg) / TTNB.	
	T Baby on NIV PEEP:- 6.5 / FiO2: 25% / RR:- 18 / Euthermic	
	O/E:- vitals:- HR:- 140/min SpO2:- 99% on NIV TP:- 54/47 mmHg RR:- 60/min	
	SVG. RS:- BCAG ⊕ Subcostal retractions ⊕	Adv - Cont. NIV - IV fluids (10% D) @ 6cc/kg/hr - Inj PIPTAZ - Trans blood cl. - Monitor vitals 4th Infusion SVC - 2D Echo today
		Noted by Nikitha 4/7/26 @ 8AM

INH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM (M)
13-07-2026 0 Y 0 M 1 D
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/O LSCS. O. Tejaswi	
04/07/26 10 AM	Term (32+) / AGA / Male / B.wt 2.6 kg / TTNB	
	Resp on NIV PEEP: 6.5 / PIP - 18 / FiO2: 25%	
	O/E Vitals Stable HR: 138/min SpO2: 99% @ NIV RR: 60/min	
	S/E: Mild Bilateral Subconjunctival Hemorrhages	
		Adv - Cont NIV - IV fluids (10% D) - INJ. PIPTAZ - Trans PCoad ch - 2D Echo today - Monitor vitals and Inform SOS
		Noted by Laxmipriyanka 4/7/26 @ 10 AM

NH-00016341 IP26-00006735
aby Of MOHAMMADI BEGUM
3-07-2026 0 Y 0 M 1 D (M)
r. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 10:10 AM	S/B Dr. Spandana	
	Term/AGA/MCH/TTNB	
	on NIV [FiO_2 - 28%. PIP - 18 PEEP - 6.5	Adv.
	Enteric on 5cc feeds	• 2D-ECHO Today • Blood gas @ 12 pm ↓ NIV Change support accordingly.
	o/e vitally stable	• feeds ↑ 1cc/6 hourly
	o/e wnl	• Gt piptaz
	Dr. Spandana	
	Noted by	Laxmiprasanna 4/7/26 @ 10:20 Am

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 2:45pm	S/B Dr. Sreeghan	
	Δ Term / AGA / male / TTNB / CTAB / 2.6kg	
	on CPAP	Plan
	Euthermic	
	HR - 140/m	- OG feeds 5ml/2nd hrly
	SpO2 - 97%	↑ 1ml 6th hrly
	on RA	- c/f PIPTAZ
	CVS - S1, S2 (+)	- c/f Monitor vitals
	CRT < 3 sec	
	RS - BL - AE (+)	- CPAP - PEEP - 6.5
		FiO2 - 21%
	P/A - soft	
	CNS -	- Monitor vitals
	Spont. movements (+)	
		- c/f IVF D10% @6.5ml
		&
		Change to Iso-P from 5pm @7.4ml
		Dr. Sreeghan
	Noted by Jyothi 4/7/26 @2:45 pm	

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 4:30 PM	S/B Dr Spandana	
	Δ Term/AGA/Mod TTNB / CIAB/ 2.6 kg	
	on CPAP	Plan
	HR - 124/min	- OG feed 8ml / 2nd hrly
	SpO2 - 98%	↳ Alternate feed Increase 2ml
		↓
	CVS - S1, S2 (+)	taper fluid accordingly
	RS - B/L - AE (+)	
		- C/F IVF 10% D50 - P
	P/A Soft	@ 7.4 ml
	~~ET Afeeds~~	
	CNS :-	- CPAP PEEP - 6.5 → 7
	spont. movement (+)	FiO2 - 21%
		- C/F PIPTAZ

Noted by Jyothi 4/7/26 4:30 pm

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 9:30pm	c/s/B Dr. Pranav / Dr. Thanvi	
	FT / El.LSCS / CIAB / RDS / DGA - 2.6kg	
	On CPAP c 7cm PEEP, 21% FiO2	Plan
	Vitals HR - 126/min RR - 82/min SpO2 - 98% BP - 58/37 (44) mmHg	1) On CPAP → change to NIV PIP - 16 / PEEP - 7cm 2) TV - 100ml/kg IVF → 10% D50 - P & dex Feed - 10ml / q2h PN 2ml / Alt feed (4 in 24)
	RD (+) c Tachypnea (+) SCR (+)	3) Inj PIPTAZ
	Passed Urine & Meconium	4) Monitor Vitals.
	Balance → +27ml U.O → 105ml in 12h (3.3ml/kg/hr)	Pranav
	Noted by Saipriya 4/4/26 9:30 pm	

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

4-00016341 IP26-00006735
y Of MOHAMMADI BEGUM
07-2026 0Y0M1D (M)
S TEJASWI REDDY

, Mohammed Begum

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

Date & Time	Progress Notes	Doctor's Order
9/7/26 5:02pm	Counselling MoGs	
	- Baby on CPAP now	
	- on OG feeds - 6ml/2 hrly	
	↳ to be increased gradually	
	- IV Antibiotics to be continued	
	- 2D-Echo - Normal.	
	- Might take 4-5 days of NICU stay.	
	[signature]	Dr. [stamp] Reg No. [signature]

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

(P.T.O)

H-00016341 IP26-00006735
by Of MOHAMMADI BEGUM
07-2026 0Y0M1D (M)
S TEJASWI REDDY

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 12:45 AM	c/s/b Dr. Prasan / Dr. Tham	
	FT / El-LSCS / C/AB / RDS / 2-6 kg / AGA	
	On NIV – PIP – 16	
	PEEP – 7cm	Plan
	Rate → 50 → 45	1) NIV
	FiO_2 – 21%	
		2) TV – 100 ml/kg
	RD (+) – Tachypnea	
	SCR (+) / ICR (+)	C/F – feed @ 10 ml / Q2H
	Vitals	Rest IVF – 10% Iso-P
	HR – 15? /min	Decide on ↑se Feed – T/m
	SpO_2 – 98%	3) Inj PIPTAZ
	RR – 80/min	4) Tsn Blood C/S
	BP –	5) Monitor Vitals
	No Vomiting	
	P/A – Soft	
		Prasan
	Passed Urine & Stool	
		Noted by Sripriya 5/7 12:45 AM

4-00016341 IP26-00006735
y Of MOHAMMADI BEGUM
07-2026 0 Y 0 M 1 D (M)
S TEJASWI REDDY

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 7am	NB Rs. Mamidi	
	FT | RDS | 2.6kg | AGA.	
	- on NIV : PIP : 16	
	PEEP : 6.5	
	FiO_2 : 21%.	
		Plan
	- weight	1) VBG now
	- tolerating feeds well	2) TV - 100ml/kg
		3) feed - 10ml/2nd h.
	O/E	4) Ut. IVF.
	vitals : HR : 132bpm	5) Ut. pipitam
	RR : 60cpm	4) Trace blood ds
	SpO_2 : 100%	5) monitor vitals.
	RP : 56 | 39	
	S/E : P/A : soft	
	Noted by Saipriya 5/7/26 @ 4 AM	

4-00016341 IP26-00006735
y Of MOHAMMADI BEGUM
)7-2026 0Y0M1D (M)
S TEJASWI REDDY

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

Date & Time	Progress Notes	Doctor's Order
5/7	C/S/B Dr Spandana	
4 Am	FT / Bl-LSCS / C/A/S / 2.6 kg / RDS	
		Rx
	On CPAP – 7cm	1) Feed – Tx 1ml/6th hr
	FiO2 – 21%	Cont. CPAP – Todm
		2) TV – 110ml/kg/hr
	Tachypnea ⊕	
	SCR ⊕	3) IV Fluid – 10% D10 – P
	R-S – B/L AE ⊕	
	P/A – Soft	4) Cf. PIPTAZ
		5) Trans blood c/s
	Vitals	6) Monitor Vitals
	HR – 140/min	7) TCBe – Na
	RR – 56/min	
	SpO2 – 98%	Pran
	Plan visit K Stod	
		Noted by Jyothi
		5/7/26 11Am

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 11 AM	Counselling Note (Dr. Spandana)	
	B/O Mohammadi Begum	
	FT / RDS	
	- Baby had RD (distress) overnight - was on NIV Now taken to CPAP	
	- Feed 10ml / Kg/d To 1ml / 6th hourly	
	- Baby looking jaundice -	check TCB & decide Phototherapy if, but will
	- Blood injection, meh- contains antibiotics	
	- Still on & off - fast breathing present, hence continuing CPAP	
	Dr. S TEJASWI REDDY	Noted by Jyoshed 5/7/26 11 Am

Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026 4:30pm	S/B Dr. Nameeu / Dr. Anusha.	
	LSCS / CIAB / 2.6 kgs / RDS / NNJ	
	on CPAP ⟨ PEEP 7 / FiO2 - 21/.	Plan
	RR - 45/min.	(1) ct CPAP
	no distress	(2) ct feeds @ as advised increase by /ml every 6 hourly
	chest clear	
	SpO2 - 97 - 100%.	(3) ct Pipiar
	BP - 61/39 mmHg (46) mmHg	(4) Trace blood c/s
	↓ DSPT.	(5) ct DSPT & eyes and genitals covered
		(6) Monitor intals 4th
	TV = 110 ml/kg/day = 286 ml/day	(Plan Dr Nameeu)
	Feeds (TG=24ml) / Fluids	
	11 ml / 6.4 ml/hr	
	12 ml. / 5.9 ml/hr	
	13 ml. / 5.4 ml/hr	
	14 ml / 4.9 ml/hr	
		Noted by peds 5/7/26 @ 4:30pm

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/2/2026 7am	S/B Dr. Nameen / Dr. Anusha. (D4)	
	FT/LSCS/CLAB/2.6 kgs/RDS/NNS	
	on CPAP — PEEP-6 FiO_2-21%.	Plan
	no RD	(1) ct CPAP → RA/HFNC after noon feeds
	RR-55/min	(2) ct pplar
	chest-clear.	(3) Trace blood c/s
	↓ DSPT.	(4) ct DSPT R/v to stop after 24hrs
	SpO_2-100%	(5) increase feeds by 1ml every 2nd as tolerated
	HR-130/min	
	T. wt-2.460kg (↑40gms) on 14ml 2nd feeds accepting well.	
	u/o-2.9ml/kg/day.	
		Nam (Dr Nameen)
		Noted by Shreya 6/2/26 (2 sams)
	Noted by	

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2026 9 am	S/B Dr Nameen / Dr Anusha Dr Tejam.	
	Baby on CPAP maintaining well chest clear SpO2 - 100%.	Plan (1) off CPAP trial now (2) tt pytar (3) Trace blood c/s (4) Budecort nebs BD (5) increase feeds by 1ml every 8th hrly
6/7/2026 4:30 am	not maintaining spo2 off CPAP	Plan (1) tt CPAP (2) chest xray (3) 2D Echo screening (4)
		Noted by Nawaz 6/7/26 9:30 am

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/26 9:30PM	C/S/B. Dr. Tejasvi	
	Term / CSU / CIAB / 2.6kg / TTNB (? pneumonia) Lt side ACNJ	
	Baby on room air	
	OG feeds	
	O/E: vitals: Sufficient	
	HR: 160/min	
	RR: 50/min	
	SpO2: 92% @ RA	
	RS: BLAE⊕	
	Subcostal retractions⊕	
		Adv
		- OG feeds (↑ 2ml 2nd hourly, 25ml 2nd hourly target)
		- prone positioning
		- Nebulisation
		- Chest physiotherapy
		- Monitor vitals and Inform SR
		- To give spoon feeds (target 25ml / 2nd hourly)
		- Taper IV fluids
		Sd/-
		noted by sipping 6/7/26 @ 9:30 pm

HNH-00018341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

B/o Mohammadi Begum

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/26 10:30 AM	Counselled by Dr Tejaswi	
	Tachypnea (at the right) → Nasal Setter	
	CRP (Bedside) 2D Echo — Normal	
	2D Echo Screeny today	
	Chest x-ray - Normal	
	Lung USG - mild consolidation of Left side (Bedside)	
	Nebulizations	
	- Wean off CPAP → Keep on	O2 @ room air
	- Prone positioning	
	- Chest Physiotherapy	
	- Tolerating feeds	
		Baby will be monitored (24 - 48 HOURS)
		↓ If not Improved
		CT Scan chest
		Other Investigations (Blood)
	Dr. Tejaswi Dr. S. TEJASWI REDDY Registration No. 94068	
		Noted by surgery 6/7/26 @ 10:30A

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/c. Dr. Sushanth	
06/07/26 2:30PM	Term / LSCS / CEART / 2.6kg / TTNB / RNV ? pneumonia	
	Baby on room air	
	OG feeds	
	O/E: vitals Guthrie	
	HR: -160/min	
	RR: 80/min	
	SpO_2: - 97% @ RA	
	BP: 52/34 mmHg	
	S/E:- RS:- B/L AE ⊕	
	Subcostal retraction ⊕	Adv (on 2nd 2nd hourly)
		- OG feeds (25 ml 2nd hourly) target
		- IV Antibiotics Stop
		- prone positioning
		- Nebulisation + Chest physiotherapy
		- Monitor vitals and
		Inform SOS
		Sushanth
		Noted by Shaheda 2:30 Am 6/7

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 6pm	c/s/o Dr Spandana	
	FT / LSCS / CIMB / RDS / 2-6hy / 2 Pneumo / NNT	
	SV on RA	
		Plan
	V: Stable	1) Spoon feed - 25ml / 2hr
	HR - 162/min	
	RR - 32/min	2) Neb t Budecort 3% NaCl
	SpO2 - 94%	
		3) Shift to room
	R-S - B/L AE @	
	PA - Soft	4) Train mother in feed
		5) Chest physio
		6) Monitor Vitals
		7) Vaccinate - T/m is done
		Plan
	noted by Shivaleela 6/7/26 @6pm	

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 10:45pm	c/s/B Dr. Pranav / Dr. Naipunya	
	FT / LSCS / CIAB / RDS / 2.6 kg / AGA / NNT	
	Baby SVon RA	
	Tolerating Spoon fed.	Plan 1) Feed - 25ml/Q3h Spoon feed Try DBF
	Vitals HR - 124 BP - 64/38 (47) RR - 46/min SpO_2 - 96%	2) Neb c Budecort 3% NaCl
	Baby Buttermilk	3) Chest Physio 4) Vaccination - T/m
		5) D/c T/m after round
		Pranav
	Noted by Saipriya 6/7/26 @10:45pm	

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 6:15pm	B/O Mohammadi Begum	
	→ Baby stable on RA	
	→ Accepting feeds well	
	→ Continuing feeds & nebulization	
	→ Need mother to come to NICU to get trained in feeding at least 2-3 feeds Then can shift to mother side room & then plan D/C -T/m	accordingly

Dr. S TEJASWI REDDY

Noted by Shivaleela 6/7 6:15 pm

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 7Am	c/s/b Dr. Pravin / Dr. Naipunya	
	D4-5 / LSCS / C/AB / RDS / 2.6 kg / AGA / NNJ.	
	T-Wt → 2.440 (↓ 20g)	
		P/x
	Baby SV on RA	1) Warm care
	Intermittent Tachypnea	Crib care
		2) Spoon feed - 25 - 30 ml/4.
	Accepting DBF + FF	3) Vaccination before D/c
	vitals	4) Neb c̄ Budecort
	HR - 148/min SpO2 - 96%	3% NaCl
	RR - 30/min	5) Chest physio
		6) Room Shift
	R.S - B/L AE ⊕	SOS - D/C at request
	P/A - Soft	
		Pravin

Noted by saipriya 7/7/26 @ 8 Am

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 8:30 AM	Cl/S/B Dr. Tejaswi	
	LSCS / CIAB / RDS / AGA / NNJ	
	6h room Air	Plan
	Vitals - Stable	- SF 30ml/2nd hourly
		- Vaccination today
	RS - BILAT (+)	- Neb c 3% NS
	P/A - Soft, NT	c budecort BD
		- Chest physio
		- D/c today

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 10 AM	COUNSELING	
	On feeds now.	
	Vaccination today.	
	Discharge today.	

Dr. Tejaswi
Dr. Tejaswi
Dr. S. TEJASWI REDDY
Registration No: 94068

Mohammado

Noted by Jyothi
7/7/26 @ 10 Am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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DRUG CHART

Date of Admission: 3/07/26 Drug Allergies: NIA ☐ 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)

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

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

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

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

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 2.6 kgs Ward. .....

DRUG : Inj. PIPTAZ

Dose	Route	Frequency	Start Date
260mg	IV	QSH	4/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:
IV infusion over 30 min.

Daily Doctor's Endorsement by a Sign

Date / Time	4/7/26 5PM	6/7
6AM		
2pm		
10pm		

DRUG : Neb ± BUDECORT

Dose	Route	Frequency	Start Date
1nep	neb	BD	6/7

Name & Signature of the Doctor Starting the Drugs: (DNaveen)

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7
1AM		
1pm		

Verified by Dr. Dhakshayani

DRUG : NGT ± HYPERIVETS (3×NS)

Dose	Route	Frequency	Start Date
1/2 capule	NGT	6H	06/07

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	6/7	7/7
12 AM		
6 PM		
12 pm		
6 pm		

Verified by Dr. Dhakshayani

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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

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

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

Signature .....

VERIFIED BY · Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 2.6 kgs. Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7/26	1AM	N 10% Dx + 10ml cefuroxime	IV	8.5 ↓			4/7		
				6.5			4/7		
4/7	5PM	10% ISO-P	IV	5.2 ↓			5/7 0 P.M		
				4					

Signature .....

VERIFIED BY : Name .....

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: ..... Birth Weight: 2.600 kg TCB

Date: 04/7/26	Date: 5/7/26 H-12.2 C-13.7	Date: 6/7/26.
DOL D1 Weight 2.580 ↓ 20 gm	DOL D2 Weight 2.420 ↓ 160 gm	DOL D3 Weight 2.460 ↑ 40 gm
Problems: RDS	Problems: RDS	Problems: RDS.
Rs. 30-60 b/m Exam Done Vent. Setting NIV ABG CXR SOS	Rs. 30-60 b/m Exam Done Vent. Setting (NIV) ABG Done CXR	Rs. 30-60 b/m Exam done. Vent. Setting NIV. ABG done. CXR
CVS HR 120 - 160 b/m BP Map Cap Refil	CVS HR 120 160 b/m BP Map Cap Refil	CVS HR 120 - 160 b/m BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 110 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 80 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: SOS WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 96 mg/dl. U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: SOS. WCC Plats Transfusion
C/s Results CRP Antibiotics Dypiptoze	C/s Results CRP Antibiotics Inj ÷ piptaze	C/s Results CRP Antibiotics Inj-PIPTAZ
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment Done
Plan	Plan 4 RBS - OD	Plan 4 RBS OD.

(2)

BY RAINBOW HOSP. TALS

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: ..... Birth Weight: 2.600 kg

Date: 7/7/26	Date:	Date:
DOL D4 Weight 2.440 kg ↓ 200gs	DOL Weight	DOL Weight
Problems: RDS	Problems:	Problems:
Rs. 30-60 brm Exam Done Vent. Setting Room Air ABG CXR } yes	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR 120-160 brm BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 92 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: } yes WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics Stop	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment	Assessment
Plan GRBS OD	Plan	Plan

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

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RESULT SHEET

Date	4/7/26	4/7/26				
Time						
Hb	15.7	15.1				
PCV	43.5	41.0				
RBC	4.53	4.33				
WBC	16.43	14.18				
N/L	76.0/12.2	65.8/19.2				
Platelets	332	339				
CRP	5.0	5.0				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea		19				
Creatinine		0.9				
ALP						
SGPT						
SGOT						
T.Bill/Conj		9.9				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
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Wt 2-6 kg

WRBS - 76 mg/dL

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EMERGENCY ROOM TRIAGE FORM

Patient's Name : Blo mohammadi Begum Age : 1 days **Gender:** ☑ Male ☐ Female

Date : 3/07/26 Time of Arrival : 11:54 PM

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ..... ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify) .....

Mode of Arrival : ☐ Ambulatory ☐ Wheelchair ☑ Ambulance

Initial Vital Signs: Temp: 98.7°F PR: 141b/m BP: ..... RR: ..... SpO_2: 100 c O2

Chief Complaints: c/o fast breathing since 1 days

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☐ Normal ☑ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS
☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : .....

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☐ Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☑ No
   If yes, State Location: .....
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☑ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- ☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- ☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

- ☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- ☐ The patient should be given a surgical mask immediately, if not already wearing one.
- ☐ Both patient and triage staff should perform hand hygiene.
- ☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : .....

Signature of Triage Nurse : .....

Date & Time : 3/7/26 @ 11:56 Pm

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 3/7/26 Time of arrival : 11:58 PM

Chief Complaints: c/o fast breathing since 1 days RBS: .....

Height : ..... Weight : 2.6 Kg BMI : ..... Head Circumference (<2 years) .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes , identify .....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0 Pain Tool Used: ☐ N Pass ☐ FLACC ☐ Wong Baker

☐ Character N/A ☐ Location — ☐ Frequency — ☐ Duration —

RISK FOR FALL:

☐ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☑ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☑ No
- Uses furniture for support ☐ Yes ☑ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☑ No
- Weak ☐ Yes ☑ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☑ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☐ Escort while ambulating
☐ Assist Patient
☐ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

.....

.....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: ..... (Date/Time): .....

Social History: Lives With family

Siblings in household ☐ Yes ☑ No (if yes How Many?) N/A

Time of Initial assessment completed by ER Nurse : 12 Am

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
	- Assess the pt condition
	- monitor vitals
	- VBG and URBS done

Samples collected by: Jyoti

Samples sent by :

Time: 12 AM

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 140bl.m BP: ..... CFT:	Shift - out from ER to: NICU
RR: 30bl.m SPO_2 : 99 % on	Time of Shift - out: 1:25 AM
GCS: 15/15 Temperature : 98.1	Handover given to: Saipriya
Pain Score: -	(Nurse's Name)
Repeat RBS (if applicable): -	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): N/A

Name of the Nurse : Jyoti

Signature of the Nurse : Jyoti

Date & Time : 4/7/26 @ 12:02 A.m.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016341 IP26-00006735 Baby Of MOHAMMADI BEGUM 03-07-2026 0 Y 0 M 0 D 23 H (M) Dr. S TEJASWI REDDY	4/07/26 @ 12:43 AM	4/07/26 @ 1:25 PM
	Transfer Ordered by Dr. Varun	Reason for Transfer Admission
From Unit GR	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 15	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Shirisha	Dr. Varun

Patient & Clinical Records Received by :
Saipriya 4/7/26 @ 1:40 Am

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

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... NIL ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ~~ER~~ ..... Shifted to: ..... NICU .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Varun .....

Date & Time : ..... 4/07/26 @ 12:43 AM .....

Nurse Name & Signature: ..... Shirisha .....

Date & Time : ..... 4/07/26 @ 1:25 AM .....

NH-00016341 IP26-00006735
aby Of MOHAMMADI BEGUM
)-07-2026 0 Y 0 M 1 D (M)
r. S TEJASWI REDDY

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION

Diagnosis:

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	3/7/26 N1	4/7/26 M5	4/7/26 E2	4/7/26 N1	5/7/26 M5	5/7 (illegible)
Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS	RDS

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36.6°C	36.5°C	36.5°C	36.4°C	36.5°C	36.6°C
Res:	34 b/m	40 bpm	40 bpm	45 bpm	46 bpm	46 bpm
SpO_2:	100%	100%	100%	100%	100%	100%
Pulse:	153 b/m	131 bpm	132 bpm	141 bpm	128 bpm	129 bpm
BP:	—	53/32 (38)	—	—	54/36/44	58/37
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	yes	yes	yes	yes	yes	yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Nikitha	prasanna	Jyothi	Saipriya	Jyothi	Laxmi
Signature :						
Date:	4/7/26	4/7/26	4/7/26	5/7/26	5/7/26	6/7
Time:	8 Am	8pm	8pm	8 Am	8pm	8pm
Taken Over By Name :	prasanna	Jyothi	Saipriya	Jyothi	Dhu	Laxmi
Signature :						
Date:	4/7/26	4/7/26	4/7/26	5/7/26	5/7	6/7/26
Time:	8 Am	8pm	8pm	8 Am	8pm	8pm

IH-00016341 IP26-00006735
by Of MOHAMMADI BEGUM
-07-2026 0 Y 0 M 1 D (M)
S TEJASWI REDDY

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	6/7/26 M5	6/7/26 N1	7/7/26 M6			
	Medical Condition (Any special condition to be noted):	–	–	–			
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.6°C	36.5°C	36.5°C			
	Res:	71b/m	45 bpm	38 bpm			
	SpO_2:	100%	94%	98-1.			
	Pulse:	131b/m	137bpm	13nbpm			
	BP:	59/39	69/38(47)	–			
	Fall Risk Score:	–	–	–			
	Pain Score:	–	–	–			
Recommendations	Safety Needs:	–	–	–			
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	–	–	–			
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	–	–	–			
Post Operative Procedure Special Orders:		–	–	–			
Handed Over By Name :		Laxmi	Saipriya	Jyothi			
Signature :							
Date:		6/7/26	7/7/26	7/7/26			
Time:		8pm	8am	8pm			
Taken Over By Name :		Saipriya	Jyothi				
Signature :							
Date:		6/7/26	7/7/26				
Time:		8pm	8Am				

BRADEN 'Q' SCALE

(1)

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					Date :	4/7/26	4/7/26	4/7/26
					Time :	[illegible]	[illegible]	[illegible]
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.		4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4
					TOTAL SCORE	24	28	28
					Evaluator's Name	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

Patient ID

BRADEN 'Q' SCALE

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					Date : 5/7/26	5/7/26	6/7	6/7
					Time :	04	05	N1
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	24	24	21	21
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

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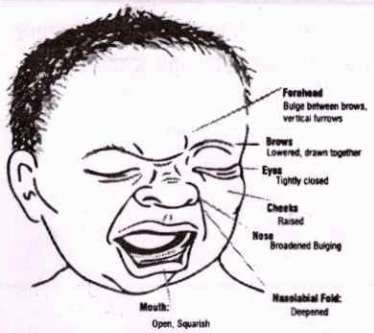
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
							M5	E2	N1	M5	A4	M5	N1	M6
					Procedure ➡	—	—	—	—	—	—	—	—	—
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	A4	NA	NA	NA
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	A4	NA	NA	NA
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	A4	NA	NA	NA
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	A4	NA	NA	NA
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	A4	NA	NA	NA



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age	37+ week	37+ wks	37+ wk	37+ wks	37+ wk	37+ wks	37+ wks	37+ wk	37+ wk
Total Pain / Agitation Score	—	—	—	—	—	—	—	—	—
Intervention	—	—	—	—	—	—	—	—	—
Effectiveness	—	—	—	—	—	—	—	—	—
Signature									

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

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by Of MOHAMMADI BEGUM
07-2026 0 Y 0 M 1 D (M)
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(1)

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CHECKLIST FOR THROMBOPHLEBITIS

3/7/26 4/7/26 5/7/26.

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0		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	
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	
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	
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	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			0	0	0	0	0		0	
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : Nirmala

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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CHECKLIST FOR THROMBOPHLEBITIS

6/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	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							
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							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0							
			Signature of the Nurse										

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

Signature of Shift In Charge :
Signature : Bhavani Name : B

Signature of Ward In Charge :
Signature : Bhavani Name :

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 3/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply			✓	
Flow Between 5-7 Litres / Min			✓	
Humidifier Temperature Correct (36.5-37.5*C)			✓	
Humidifier Water Level Correct			✓	
Proper Oxygen Tubing From Blender to Humidifier.			✓	
Tubing Correctly Placed (Position & Leak)			✓	
Excess Fainout (Afferent Tubing) Drained			✓	
Excess Rainout (Efferent Tubing) Drained			—	
Temperature Probe away from Heat / Cover with Aluminium Foil			—	
Gas Bubbling Continuously			—	
Water Level at Desired Level in Bubble Chamber.			—	
INTERFACE:				
Nasal Prong / Mask Correct Size			—	
Nasal Prong/ Mask Correctly Placed			—	
Hat Fits Snugly			✓	
Moustache Suitable and Effective			✓	
Nasal Bridge Intact			✓	
Septum Intact			✓	
POSITION:				
Head Position Correct			✓	
Head Roll - Correct Size and Position			✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring			✓	
Oro Nasal Suctioning Documentation			✓	
OG Tube in SITU			✓	
Baby Comfortable			✓	
Chest Retractions			✓	
Name of the Nurse:			Nikitha	
Signature of the Nurse:			N	
Date & Time:			3/7/26	

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

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV ✓

Date: 4/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✗	✗	✗	
Excess Fainout (Afferent Tubing) Drained	✗	✗	✗	
Excess Rainout (Efferent Tubing) Drained	✗	✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✗	✗	✗	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	prasanna	Nagu	Saipriya	
Signature of the Nurse:	[illegible]	[illegible]	[illegible]	
Date & Time:	4/7/26	4/7/26	4/7/26	

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

Docu. No. : RCH /FRM / CLINICAL / 179

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
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MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✗	✗	✗	
Excess Fainout (Afferent Tubing) Drained	✗	✗	✗	
Excess Rainout (Efferent Tubing) Drained	✗	✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✗	✗	✗	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	[illegible]	[illegible]	[illegible]	
Signature of the Nurse:	[signature]	[signature]	[signature]	
Date & Time:	4/7/26	4/7/26	5/7/26	

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

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Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 2 D (M)
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CH[illegible]
MAINTAINING CPAP / HFNC / NIV

Date: .....

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

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

Rainbow Childrens Hospital-Himayatnagar

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

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of MOHAMMADI BEGUM**	**Age :**	**0 Y 0 M 0 D 23 H**
IP No:	**IP26-00006735**	**Sex:**	**Male**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**GF -EMERGENCY/ER01**

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

Signature of Patient/Relative:

Name: MIRZA HABEEB ULLAH BAIG

Relationship: FATHER

Date: 04-07-2026 Time:

Witness Name:

Witness Signature:

Patient Address:

19-2-17/8 misrigunj Falaknuma
Hyderabad Telangana INDIA 500053

HNH-00016341 IP26-00006735
Baby Of MOHAMMADI BEGUM
03-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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25 of being the guiding light Nurturing Smiles, Shining Bright

BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

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Name & signature of Patient/Attendant (Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.
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