

208-2  
PC



### DISCHARGE SUMMARY

<b>Name</b>	Baby Of SAJJA AMRITA TWIN 2	<b>UHID</b>	HNH-00015489
<b>Father/Guardian</b>	Mr KIRAN KUMAR MANDRUMAKA	<b>Age/Gender</b>	0 Y 0 M 0 D 2 H/ Male
<b>Address</b>	H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088		
<b>IP No</b>	IP26-00006373	<b>Admission Date</b>	19-05-2026
<b>Ref Doctor</b>	Self.		
<b>Discharge Date</b>	21.05.2026		

**Consultant:**  
**Dr. SPANDANA PASUPULETI**  
MBBS, MRCPCH  
30925

DIAGNOSIS	ICD CODE
LATE TERM ( 35 weeks + 4 days)/AGA/BABY BOY/DCDA TWIN 2/LBW	

**History:** Baby Of SAJJA AMRITA TWIN 2 is a late term ( 35 weeks + 4days) baby boy, delivered to a G4P1L1A3 mother by elective LSCS on 19.05.2026 at 07:19 am with birth weight of 2.28 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores

Name	Baby Of SAJJA AMRITA TWIN 2	UHID	HNH-00015489
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were 7/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done . Fetal presentation was Vertex.

**Maternal History:** Mrs. SAJJA AMRITA TWIN 2 is a 37 years old G4P1L1A3 mother.

G1 - 2015, LSCS (Ivo Oligo), Male, Wt- 2 kg, A&H

G2 - 2023- MERPC, Ivo Early pregnancy failure

G3 - 2024- MERPC ivo Early pregnancy failure.

G4 - Present pregnancy, Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

**Anthropometry:**

Weight at birth : 2.28 kgs.

Weight at discharge : 2.08 kgs.

Head Circumference : 31 cms.

Length : 42 cms.

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**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

In view of low birth weight, baby's blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 7.5 mg/dl with indirect fraction of 7.4 mg/dl.

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

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

Vaccine Name	Status	Date
BCG	Given	19.05.2026
OPV	Given	19.05.2026
HEPATITIS B	Given	19.05.2026

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

**Newborn screening advanced / Newborn screening-4 :** Parents not willing

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

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

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

**Advice:**

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

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

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

**Plan:**

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

Review consultation with Dr. SPANDANA PASUPULETI on Saturday(23.05.2026) at Himayatnagar with prior appointment(**Review consultation will be charged**).

<b>Name</b>	Baby Of SAJJA AMRITA TWIN 2	<b>UHID</b>	HNH-00015489
<b>IP No</b>	IP26-00006373	<b>Admission Date</b>	19-05-2026

**Warning signs explained in case of in any warning sings follow up tomorrow/immediately.**

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

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

  
Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

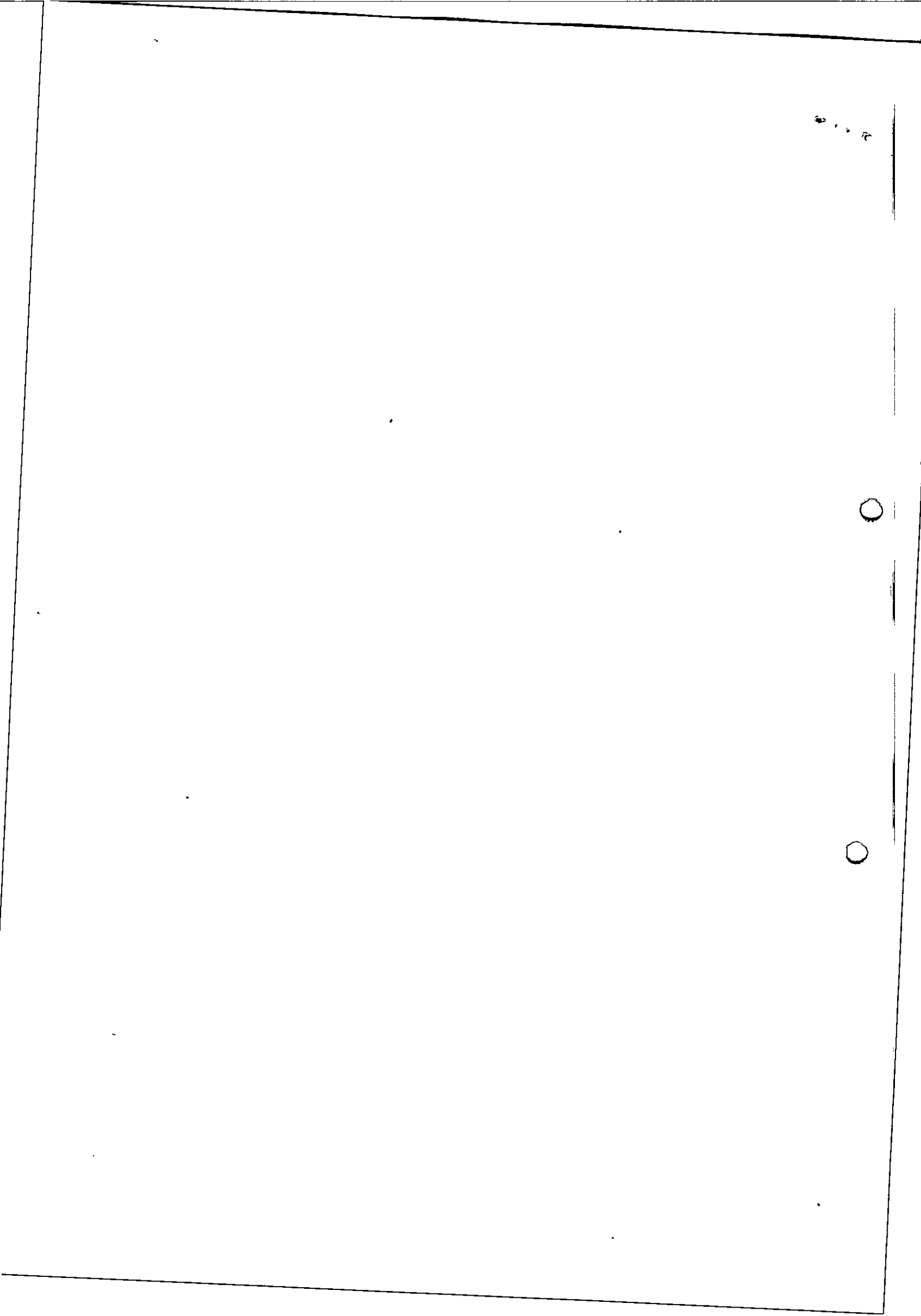
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

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

  
**Registrar/Resident/C.M.O**

**Dr. SPANDANA PASUPULETI**  
MBBS, MRCPCH  
30925





**ADMISSION SHEET**

**Registration Details :**



Admission No : IP26-00006373      Admit Date : 19-May-2026      Admit Time : 08:08 AM      UHID : HNH-00015489

**Patient Details :**

Patient Name : Baby Of SAJJA AMRITA TWIN 2      Age : 0 D  
Guardian : Mr KIRAN KUMAR MANDRUMAKA      DOB : 19-05-2026 07:19 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : H.NO: 5-1/C SRI VAISHANAVI ENCLAVE,  
Kachivani Singaram Hyderabad Telangana  
INDIA 500088      Phone No : 9000530546/ 8179751512  
E-mail : NA@GMAIL.COM

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-HNPDA-412-2      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-412-2      Admission Type : First Visit

**Contact Details :**

Name : Mr KIRAN KUMAR MANDRUMAKA      Relationship : Father  
Contact Address : H.NO: 5-1/C SRI VAISHANAVI ENCLAVE,  
Kachivani Singaram Hyderabad Telangana INDIA  
500088      Phone No : 9000530546

  
Signature

**Doctor Details :**

Doctor Name : Dr. SPANDANA PASUPULETI      Specialisation : NEONATOLOGY  
Referral Doctor : Self.      Phone No :  
Co-Consultant :

**Payment Details :**

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

12. 11. 1963

17. 11. 1963



# CONSENT FOR FORMULA FEEDS



Patient Name: HNH-00015489 IP26-00006373  
Baby Of SAJJA AMRITA TWIN 2 Age : ..... Gender :  Male  Female  
19-05-2026 0 Y 0 M 0 D 1 H (M)

UHID No : ..... No. : ..... Department : ..... Date : .....  
Dr. SPANDANA PASUPULETI

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

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

..... I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.

### Patient Attendant :

Signature : *Amirita*

Name : Amirita

Relationship with Patient: Mother

Date & Time : .....

### Witness :

Signature : *Neelash*

Name : Neelash

Date & Time : @ 7pm 19/5/26

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

Signature : *Dr. Naipureya*

Name : Dr. Naipureya

Date & Time : 19/5/26



**డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం**

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

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

తేదీ .....

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

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

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

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము .....

సంతకము .....

పేరు .....

పేరు .....


వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము .....

సంతకము .....

పేరు .....

# PATIENT TRANSFER FORM

HNH-00015489      Patient No. IP26-00006373 Baby Of SAJJA AMRITA TWIN 2 19-05-2026      0 Y 0 M 0 D 1 H (M) Dr. SPANDANA PASUPULETI 		Date & Time of Admission <i>19/5/26 @</i>	Date & Time of Transfer Order <i>19/5/26</i>
		Transfer Ordered by	Reason for Transfer <i>Dr. Spandana</i>
From Unit <i>pse - past</i>	To Unit <i>208</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>25</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>—</i>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :    Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Chandrashekar</i>		Name of Person Ordered Transfer <i>Dr. Spandana</i>	
Patient & Clinical Records Received by : <i>Madhvi</i>			
Date & Time of Patient Received : <i>@ 2:22pm 19/05/26</i>			

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

6 2 1

7 3 2 1

1 1 1

1

1

1

1



1



1

2 1

2 1 2 1

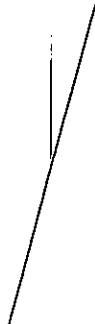
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1

2 1 1 1

1

1









T360 Sajja Amrita Twin-2

**NEONATAL IN-PATIENT MEDICAL RECORD**

**ADMISSION INFORMATION**

Mother's Name : Sajja Amrita Age : 37 Father's Name : ..... Age : .....  
 Date of Birth : 19/05/26 Date of Admission : 19/05/26 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 : T360 Sajja Amrita Twin-2 Mother's Blood Group : O +ve  
 Gender :  M  F Blood Group : O +ve Birth Weight (gms) : 2280 gm Length (cms) : .....  
 Date of Birth : 19/05/26 Time of Birth : 7:19 AM OFC (cms) : .....  
 Place of Birth : RCH, Himgal Nagar Estimated Gesth Age : 35 + 7d

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : 37 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : ..... AN Steroids Drugs / Doses : Yes @ 29/09/ and 30/09  
 Last Scans Details : Breech / AL-20x / EFW-1779 gm / AFL-5.1  
placenta - Right lateral lobe TT Immunization and Iron / Folic Acid : .....

**MATERNAL RISK FACTORS**

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



**PAST OBSTETRIC HISTORY**

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	2015		3.2 kg	Male	LSCC (1/1/10 Oxyphedonin)	
	2023				MGRPL (1/1/10) Gestat pregnancy failure	
	2024				MERPLC (1/1/10) (Early pregnancy failure)	

**PERINATAL HISTORY**

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

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : <u>rescu</u></p> <p>Specify the reason : <u>Safe confinement</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced. <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

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

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

	1 Minute	5 Minutes	10 Minutes
	1	2	
	2	2	
	1	1	
	2	2	
	1	2	
<b>TOTAL</b>	7/10	9/10	

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

Late preterm (35 w + 4 d) / Male / DCDA twin - 2 /  
TS wt: 2280 gm / AUA / CIAR / BL. LSC  
(LTSW)

History of Present Illness:

Baby boy twin - 2 delivered by C.S. @ 19/05/26 7:19 AM  
↓  
Cried immediately after birth  
↓  
Delayed cord clamping done  
↓  
Routine newborn care given  
↓  
Vit - K - given  
↓  
Shifted to another side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Late preterm (35 w + 4 d) / Male / OODA twin 2  
TB. wt: 2280 gm / AUA / CAB / EC. WU

VITALS : Temperature *38.0°C* HR : *160/min* RR : *40/min* NIBP : ..... CFT : *Normal*

Color of the extremities : ..... *pink*

Jaundice : ..... *⊖* Pallor : ..... *⊖* SpO2 : *98.7 @ RA*

Anthropometry : Birth Weight : *2280 gm* Length : *420 mm* HC : *310 mm* Present Weight : .....

Ponderal Index : ..... AGA : *✓* SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

②

**SYSTEMIC EXAMINATION**

**Respiratory System :**

**Breathing Pattern :**  Regular  Periodic  Shallow  Gasping

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

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

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

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

**Cardiovascular System :**

HR : 160/min BP : ..... Precordial Activity : .....

Femoral Pulses : BSA felt Murmurs : nc

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

**Abdomen :**

Shape : ..... Hernia orifice : .....

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

Palpable masses : ..... Umbilical Cord : 20A + 10V

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

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

State of wakefulness : .....

Prechtle Score : .....

**Nerves :**

..... Normal

**Motor System :**

Passive Tone : .....

Active Tone : ..... Normal

Neonatal Reflexes : .....

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

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

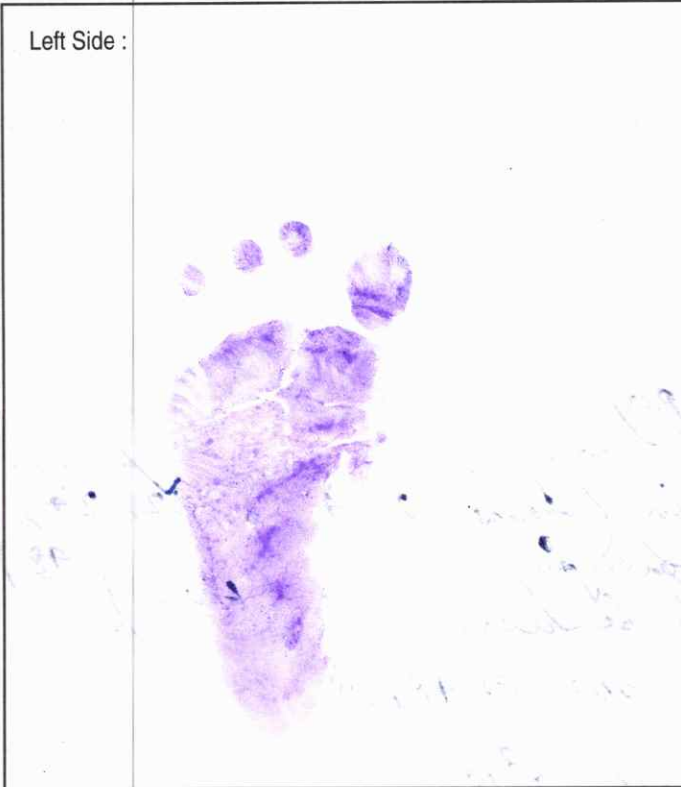
ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : ..... *No* .....

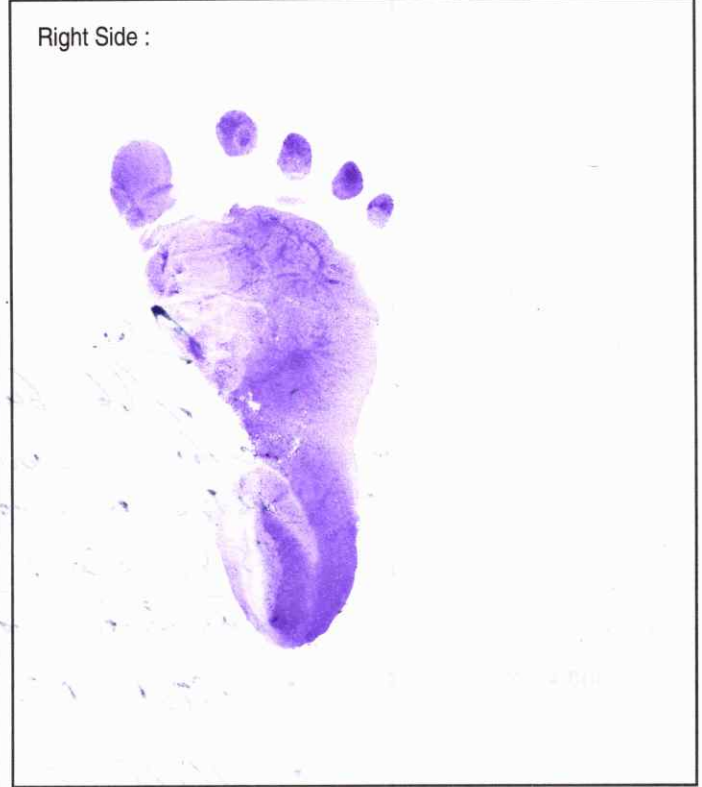
Diagnosis : ..... *Lactiputium (35W + 2d) / Male / TB. ctr. 2500g /*  
..... *ACHT CIAB / DCDA twin-2 / EL. LCM* .....

**FOOT PRINTS**

Left Side :



Right Side :



**Resident Doctor :**

Signature : ..... *Srinanth* .....

Name : ..... *Dr. Srinanth* .....

Date & Time : ..... *19/05/26, 7:19AM* .....

**Consultant :**

Signature : ..... *Dr. Spandana Pasupuleti* .....

Name : ..... *Dr. Spandana Pasupuleti* .....

Date & Time : ..... *14/5/26 7:44AM* .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

- Adm
- DTSE / No Surgery
- Newborn warm care
- CRTS monitoring (Hours - 2, 4, 6, 12, 24, 36, 48)
- Baby blood grouping (HOL)
- Vaccinations to be done

Plan during ward follow up : .....

- STB, NTP, GAE @ 48HOL
- Shift to mother side.

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00015489 IP26-00006373  
Baby Of SAJJA AMRITA TWIN 2  
19-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. SPANDANA PASUPULETI

T56 Sajja Amrita - twin - 2

DATE: 19/05/26

### NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	Normal	Normal	
2	Pre natal teeth	No	No	
3	Anal opening	⊕	⊕	
4	Genitalia	Normal Male	Normal	
5	Spine	Normal	Normal	
6	Red reflex		B/L Present	
7	4 limb saturation ( before discharge)	} yet to be checked		

*Sinhath*

Ped.Registrar signature

Ped.Consultant signature



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26	c/s/by. Dr. Anuabe	
1:15pm	Late pr (35+4)	Male / <sup>DCDA</sup> Twin 2 / 2.880 kg / CIAB
	Baby active / euthic / Euglycic / pink.	
	Sucking - good.	
	. Urine stools - yet to pass.	Plan
	e/T/A good	nas can
		DBF Qibh jlb buy
		(FF) sos
		Ⓣ Cord BGT
		Send sample c umbil
		vaccination pend.
		check 4 limb spo.
	Af	- Mfon sos.
	19/5/26	- 9 RBJ Monitoring
	BCG	
	Opv	
	Hep-B } given	
	} stb	

HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 Q Y O M O D 21 H (M)  
 Dr. SPANDANA PASUPULETI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 7pm	<p style="text-align: center;"><u>CB/BS Dr. Spandana</u></p> <p>Late PT (35<sup>+</sup>wk) / Boy 1 DCOA - Twin 2 / 2-28kg / LBSW /</p> <p>GRBS - (R)</p> <p>Passed Urine &amp; Stool</p> <p>Baby Euthermic</p> <p>Cry } Tone } Good Activity }</p> <p>R-S - B/LAE (R)</p> <p>PIA - Soft</p>	<p style="text-align: center;">Plan</p> <ol style="list-style-type: none"> <li>1) Hum care</li> <li>2) DBF jlb burping OR + FF.</li> <li>3) Twin cord BLSIT</li> <li>4) GRBS Monitoring</li> <li>5) Monitor Vitals</li> <li>6) SBR/NBS/OAC @ 48 hrs</li> <li>7) SOS - Naso clon drip</li> </ol> <p style="text-align: right;">Plan</p>
20/5 4:30pm	<p style="text-align: center;"><u>CB/BS Dr. Prasad</u></p> <p>Issue - Vomiting - milky vomit</p> <p>Baby Ujjan Vigor</p> <p>CFT &lt; 3m</p> <p>PIA - Soft, Non distend</p> <p>Passed Urine &amp; Stool</p>	<p style="text-align: center;">Plan</p> <ol style="list-style-type: none"> <li>1) Add Nasal drip</li> <li>2) CT DBF jlb burping OR + SOS - FF</li> <li>3) CT - rest 2m</li> </ol>

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

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
20/5/26 8am	<p>chb/TS Dr. Pranam / Dr. Plekhyga</p> <hr/> <p>Late PT (35+4 wk) / Boy / Twin 2 / 2-28 kg / LBRW</p> <p>Feed Intolerance</p> <p>T- wt - 2100 gm</p> <p>wt loss - 6.4%</p> <p>Baby Enteral Vomiting ⊕</p> <p>Cry } Goal</p> <p>Tone } feed intolerance ⊕</p> <p>Activity } e.</p> <p>Passed Vire &amp; Mecon</p>	<p>m/OT</p> <p>B/OT</p> <p>Plan</p> <ol style="list-style-type: none"> <li>1) Warm care</li> <li>2) DBF jlb bulging 2x</li> <li>3) GRS Monitoring</li> <li>4) SBR } on 21/5 @ 6am</li> <li>5) NBS</li> <li>6) OTE</li> </ol>
	<p>On DBF + FF</p> <p>Vomiting ⊕</p> <p>gut up ⊕</p>	<ol style="list-style-type: none"> <li>5) Monitor V&amp;H</li> <li>6) JCS - N/A clean</li> <li>7) DOMSTAL sym</li> <li>8) FF - ~ 15ml/24h</li> </ol>
20/5/26 10am	<p>chb re-Tejaswi</p> <p>feed intolerance</p> <p>T-wt: 6.4%</p>	<p>Plan</p>
	<p>3 episodes of vomitings ⊕</p> <p>OTE</p> <p>enthusmic</p> <p>UT/A: good</p> <p>vitals: stable</p>	<p>Plan</p> <ol style="list-style-type: none"> <li>1) warm care</li> <li>2) DBF every 2ndh (20mg) [15ml].</li> <li>3) SBR } on 21/5 6am</li> <li>4) NBS</li> <li>5) OTE</li> <li>4) U - 4RBS monitoring</li> <li>5) U - domstol.</li> </ol>





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 7:40 AM	s/o Dr. Pallath / Dr. Sreedan LPT (35 <sup>th</sup> wk)   0	Twin-2 / 2-28 (kg) L3W
	Baby stable accepts feed passed urine No stool	M / 0 <sup>+</sup> B / 0 <sup>+</sup>  <u>Adv</u>
	ofc vital stable AP 084	(1) Warm core
	NA ofc	(2) DBF Q2H NIFCC
	<del>T. wt 2.220 kg (12 gm wt gain) Cumulative - 80gms</del>	(3) SBK / 21/5 tan OAG NBS
	<del>T. wt 2.080 kg (20 gm wt loss) Cumulative - 8.7% wt loss</del>	(4) CT GRBS Morbidity
	<del>T. wt 2.080 kg (20 gm wt loss) Cumulative - 8.7% wt loss</del>	(5) CT - Post test
	<del>T. wt 2.080 kg (20 gm wt loss) Cumulative - 8.7% wt loss</del>	Trace SBK
	<del>T. wt 2.080 kg (20 gm wt loss) Cumulative - 8.7% wt loss</del>	13-507

HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 0 Y 0 M 0 D 21 H (M)  
 Dr. SPANDANA PASUPULETI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	<u>delr - Dr. Tejaswi</u>	
11:20am		
	Late Preterm / Twin - II	
	CSAB / LW.	Advice
	D/L - 8.77.	<u>2</u>
	<u>Ole-</u>	Discharge today
	Baby stable.	Review day after tomorrow.
	Cry	d OAD
	to good.	<u>Dr Tejan</u>
	Activity	

Dr. S. TEJASWI REDDY  
 Registration No. 94068

HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 0 Y 0 M 0 D 21 H (M)  
 Dr. SPANDANA PASUPULETI



Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

<b>DRUG :</b> DOMSTAL SYRUP				Date Time	20/5/21/5																				
Dose	Route	Frequency	Start Dt.																						
0.4ml	PO	8 <sup>th</sup> hly	20/5	6AM	5PM																				
Name & Signature of the Doctor Starting the Drugs: <i>P. Ram</i>																									
Additional Instructions: 1ml = 1mg 0.2mg/kg																									
<b>Daily Doctor's Endorsement by a Sign</b>																									
<b>DRUG :</b>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
Name & Signature of the Doctor Starting the Drugs:																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									
<b>DRUG :</b>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
Name & Signature of the Doctor Starting the Drugs:																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									
<b>DRUG :</b>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
Name & Signature of the Doctor Starting the Drugs:																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									

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





208 Twin-2

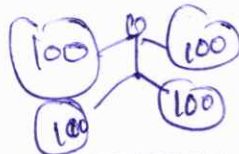
# RESULT SHEET



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



HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. SPANDANA PASUPULETI



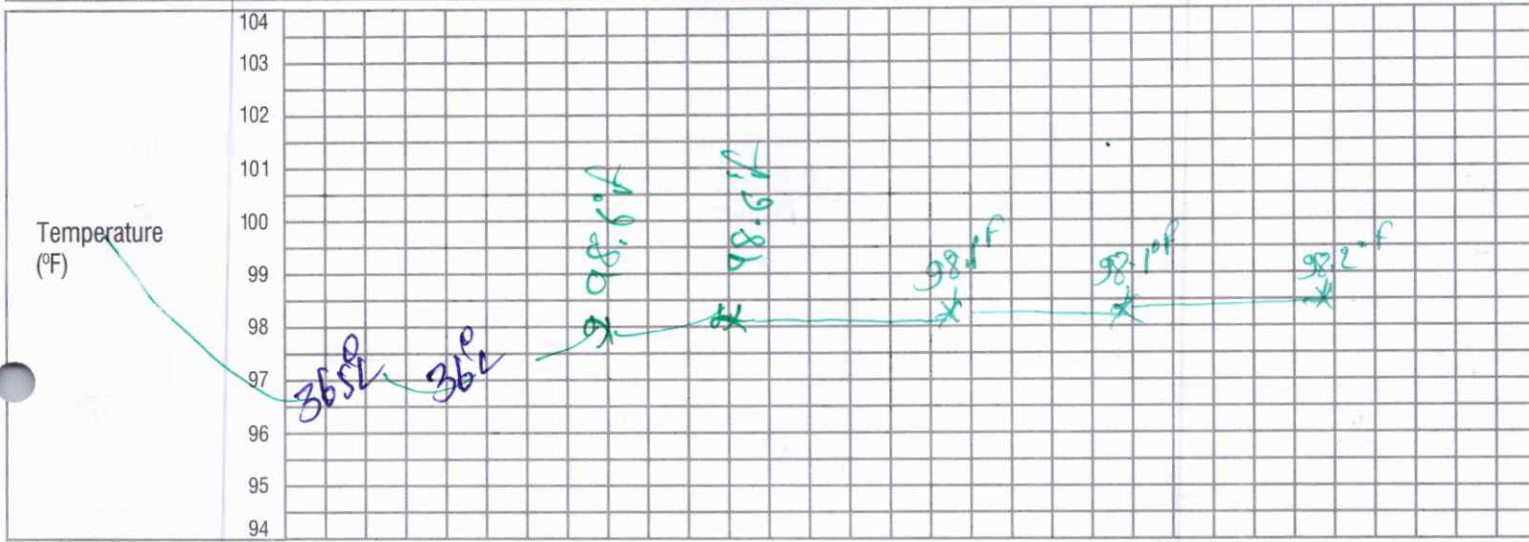
Doc. No. : RCH / FRM / CLINICAL / 124

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



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

Date: 19/05/26 Time: 8 AM 10 AM 2 PM 6 PM 10 PM 2 AM 6 AM  
 Doctor/Nurse/Family Concern? \_\_\_\_\_



Heart Rate (bpm) and Blood Pressure (mmHg) \*  
**Note:** BP does not score in early warning scoring

Heart Rate (Number): 150, 150, 148b/m, 147b/m, 140b/m, 135b/m, 132b/m

Resp. Rate (bpm) (Over 1 Minute) \*  
 Resp Rate (Number): 40, 40, 40b/m, 40b/m, 40b/m, 40b/m, 40b/m

Resp Mod/ Severe Distress None / Mild  
 Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%): 100%, 100%, 100%

Conscious Level Normal / Altered  
 GCS \*

**TOTAL SCORE**  
 Number of shaded boxes: 0, 0, 0, 0, 0, 0, 0  
 Pain Score: 0, 0, 0, 0, 0, 0, 0  
 Observer's Initials: [Handwritten initials]

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

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

## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

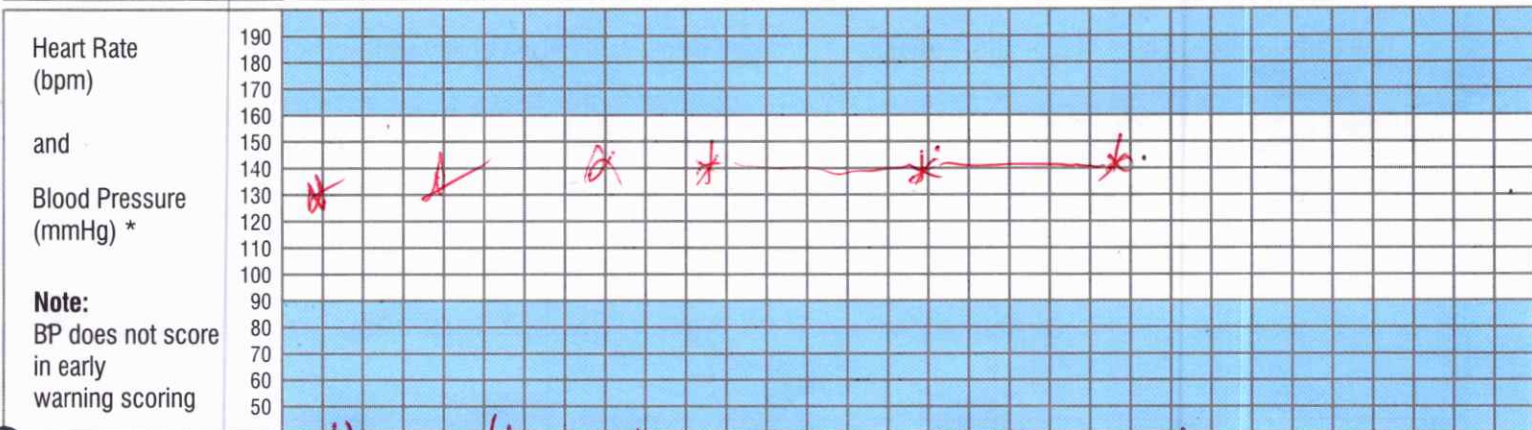
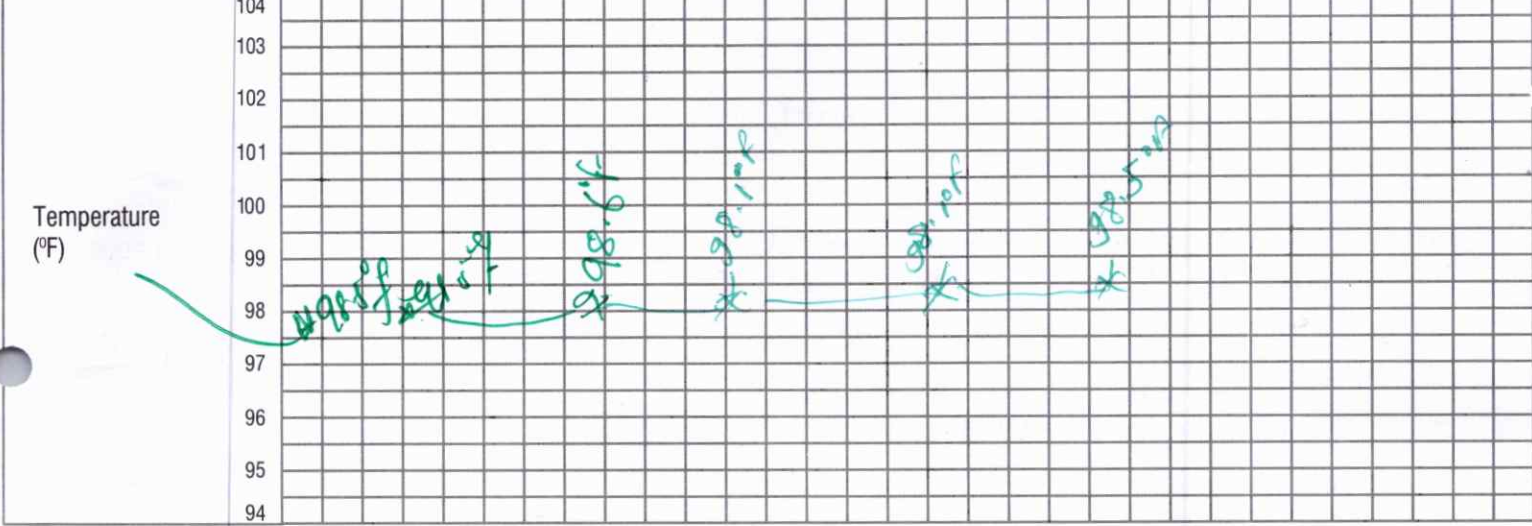
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

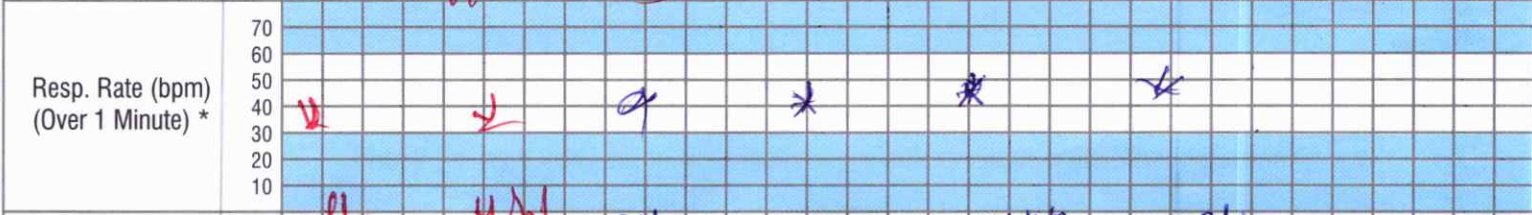
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 25 Time: 10 AM 2 PM 6 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern? PM PM PM



Heart Rate (Number) 135bpm 140bpm 145bpm 140bpm 142bpm 141bpm



Resp Rate (Number) 40bpm 40bpm 40bpm 40bpm 41bpm 42bpm

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS \* 0 0 0 0 0 0

**TOTAL SCORE** Number of shaded boxes 0 5 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials [Signatures]

**ACTIONS**

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

NB: Scores 3 should be recorded overleaf

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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<b>A</b>	<b>ASSESSMENT :</b> I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

- The paediatric Early Warning Score (EWS) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
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- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
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Date	Time	Early Warning Score	Date	Time	Name

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<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



# FLUID CHART

Sheet No. : 10 .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
19/5/26	08:00 am	DBF											
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
19/5/26	02:00 pm	DBF											
	03:00 pm												
	04:00 pm	DBF											
	05:00 pm												
	06:00 pm	DBF											
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	08:00 pm	DBF+FF											
	09:00 pm												
	10:00 pm	DBF+FF											
	11:00 pm												
	12:00 am	DBF+FF											
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
19/5	02:00 am	DBF+FF											
	03:00 am												
	04:00 am	DBF+FF											
	05:00 am												
	06:00 am	DBF+FF											
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 0 Y 0 M 0 D 21 H (M)  
 Dr. SPANDANA PASUPULETI



# FLUID CHART

Sheet No. : .....

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
20/4	08:00 am											
	09:00 am		DBFT FF				✓					
	10:00 am		DBFT FF									
	11:00 am		DBFT FF									
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
20/5	02:00 pm		DBFT FF				✓					
	03:00 pm		FF									
	04:00 pm	0					✓					
	05:00 pm		DBFT FF									
	06:00 pm											
	07:00 pm		DBFT FF									
<b>Total Intake :</b>					<b>Total Output :</b> U-3 M-2							
	08:00 pm		DBFT FF									
	09:00 pm											
	10:00 pm	0	DBFT FF									
	11:00 pm											
	12:00 am		DBFT FF									
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b> U-3 M-2							
	02:00 am		DBFT FF									
	03:00 am											
	04:00 am	0	DBFT FF									
	05:00 am											
	06:00 am		DBFT FF									
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b> U-3 M-2							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 0 Y 0 M 0 D 9 H (M)  
 Dr. SPANDANA PASUPULETI



# FLUID CHART

Sheet No. ....

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

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

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Patient Sticker



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>							



# NURSING CARE RECORD

Date: .....

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	=> Assess the patient => plan for vitals => plan for I/O chart	8AM	-> Assessed the patient condition => maintain vitals & assessed => maintain I/O chart	patient is stable	vitals is normal	Cludy
	10AM		10AM				
	2PM		2PM				
Afternoon	2PM	- Assess the Baby's condition - monitor vitals - maintain I/O chart - Vaccination Done	2PM	- Assessed the Baby condition - monitor vitals - maintain I/O chart	Baby is stable	Rechecked vitals	[Signature]
	8PM		8PM				
Night	8PM	Assess the Baby condition monitor vitals Maintain I/O chart 2nd hourly DBT+FF	8PM	Assessed the baby condition monitored vitals Maintained I/O chart 2nd hourly DBT+FF given	Baby is stable now	Vitalals is normal	[Signature]
	8PM		8AM				

Patient



# NURSING CARE RECORD



Date: 20/5

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm to 8pm	<ul style="list-style-type: none"> <li>→ Assess the baby condition</li> <li>→ monitor vital &amp; record</li> <li>→ maintain I/O chart</li> <li>→ Administer medicines as per drug chart</li> </ul>	8am to 2pm	<ul style="list-style-type: none"> <li>⇒ Assessed the baby condition</li> <li>→ monitored vital &amp; recorded</li> <li>→ maintained I/O chart</li> <li>→ Administered medicines as per drug chart</li> </ul>	⇒ Baby is stable	→ Rechecked vital	
Afternoon	2pm to 8pm	<ul style="list-style-type: none"> <li>- Assess the baby condition</li> <li>- Monitor vital &amp; records</li> <li>- maintain I/O chart</li> <li>- DBF + FF 2nd hourly</li> </ul>		<ul style="list-style-type: none"> <li>- Assessed the baby condition</li> <li>- Monitored vital &amp; records</li> <li>- maintained I/O chart</li> <li>- DBF + FF 2nd hourly</li> </ul>	Baby is stable now	Re-checked vital	
Night	8pm to 8am	<ul style="list-style-type: none"> <li>Assess the Baby condition</li> <li>monitor vital</li> <li>maintain I/O chart</li> <li>2nd hourly DBF + FF</li> </ul>	8pm to 8am	<ul style="list-style-type: none"> <li>Assessed the Baby condition</li> <li>monitored vital</li> <li>Maintained I/O chart</li> <li>2nd hourly DBF + FF given</li> </ul>	Baby is stable now	vital is normal	

HNH-00015489 IP26-00006373  
 Baby Of SAJJA AMRITA TWIN 2  
 19-05-2026 0 Y 0 M 0 D 9 H (M)  
 Dr. SPANDANA PASUPULETI



# NURSING CARE RECORD



Date: 21/5/20

- Goals**
- Maintain Airway and Oxygenation
  - Maintain Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Patient Sticker

# NURSING CARE RECORD



Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							

HNH-00015489

IP26-00006373

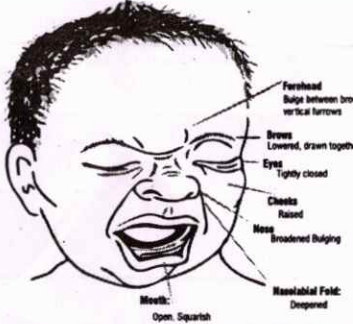
Baby Of SAJJA AMRITA TWIN 2

19-05-2026 0 Y 0 M 0 D 1 H (M)

Dr. SPANDANA PASUPULETI



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

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time					
						19/5	19/5	19/5	19/5	20/5	20/5							
						mb	Se	NI	MB	ENI								
Procedure →																		
<b>Crying Irritability</b>	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	-	-	-	-	-								
<b>Behavior State</b>	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	-	-	-	-								
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-	-	-	-								
<b>Extremities Tone</b>	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	-	-	-	-								
<b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-	-	-	-								
 <p><b>Premature Pain Assessment: Scoring</b>                      +3 if less than 28 weeks gestation age / Corrected Age                      +2 if 28 - 31 weeks gestation age / Corrected Age                      +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p><b>Intervention</b>                      Deep Sedation: Score = -10 to -5                      Light Sedation: Score = -5 to -2                      Pain Score less than or equal to 3 – No Intervention                      Pain Score greater than 3 – Intervention</p>						<b>Gestational Age / Corrected Age</b>	35w	35y	35y	35y	35w	35h						
						<b>Total Pain / Agitation Score</b>												
						<b>Intervention</b>												
						<b>Effectiveness</b>												
						<b>Signature</b>												

## NPASS: Neonatal Pain, Agitation & Sedation Scale

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

# BRADEN 'Q' SCALE

					Date :	19/5	19/5	19/5	20/5
					Time :	7:06	8:2	11:1	12:00
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		2	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		2	4	4	4
Sensory Perception	<b>1. Completely limited:</b> Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	<b>2. Very limited:</b> responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	<b>3. Slightly limited:</b> Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	<b>3. Potential problem:</b> Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.*		4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	<b>3. Adequate:</b> Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
<b>TOTAL SCORE</b>						26	28	28	28
<b>Evaluator's Name</b>						[Signature]	[Signature]	[Signature]	[Signature]

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

Risk Score	Category	Action	<b>Support Surfaces</b> (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



## NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
			If Yes Specify: .....				
BACKGROUND	Date	Shift	19/5	19/5	20/5	20/5	
				M <sub>1</sub>	E <sub>2</sub>	M <sub>1</sub>	E <sub>2</sub>
	Medical Condition (Any special condition to be noted):		-	-	-	-	
	Diet:		-	-	-	-	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		-	-	-	-	-
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 96.5 <sup>o</sup> F	98.6 <sup>o</sup> F	98.6 <sup>o</sup> F	98.7 <sup>o</sup> F	98.6 <sup>o</sup> F
			Res: 46	42b/m	40b/m	40b/m	40b/m
			SpO <sub>2</sub> : 100	100b/m	100%	100%	100%
			Pulse: 156	145b/m	140b/m	140b/m	142b/m
			BP: -	-	-	-	-
			LOC: -	-	-	-	-
	Fall Risk Score:		-	-	-	-	-
Pain Score:		-	0	-	-	-	
Skin Integrity		-	Good	good	good	-	
Recommendations	Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:		-	-	-	-	-
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:		NBP	-	-	-	-
	Critical Lab Test / Values:		-	-	-	-	-
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ADL (Dependent / Non Dependent):		-	-	-	-	-	
Post Operative Procedure Special Orders:							
Handed Over By Name :		Chud	Mamisha	Khushboo	Priyanka	Sulha	
Signature / ID :							
Date:			19/5/26	20/5	20/5/26	21/5/26	
Time:			8pm	8AM	8pm	8PM	
Taken Over By Name :		Mamisha	Khushboo	Priyanka	Sulha		
Signature / ID :							
Date:		19/5/26	19/5/26	20/5/26	20/5/26		
Time:		2pm	8PM	2pm	8PM		

Patient Sticker



## NURSING SHIFT HAND OVER FORM

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



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 19/5/26 Time of Birth: 7:19 AM Gender:  Male  Female

Birth Weight: 2.280 Kgs HC: ..... cm Length: ..... cm

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

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

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

### Physical Assessment of New Born:

Temp: 36.5 °C HR: 150 /Min RR: 40 /Min BP: ..... SpO<sub>2</sub>: 100

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

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

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

Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes /  No

Neonatal Screening Done: Yes /  No

1. Nutritional Screening: Feeding Problem Yes /  No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes /  No

3. Socio History: Siblings Yes /  No

All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed: Yes /  No

Nurse Name: Chauhan

Signature: CA

Date & Time: 19/5/26

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**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Baby Of SAJJA AMRITA TWIN 2      **Age :** 0 Y 0 M 0 D 0 H  
**IP No:** IP26-00006373      **Sex:** Male  
**Consultant:** Dr. SPANDANA PASUPULETI      **Ward/Bed No:** 4F -OT/CRDL-HNPDA-412-2

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: M. Kirankumar

Relationship: Father

Date: 19/5/26

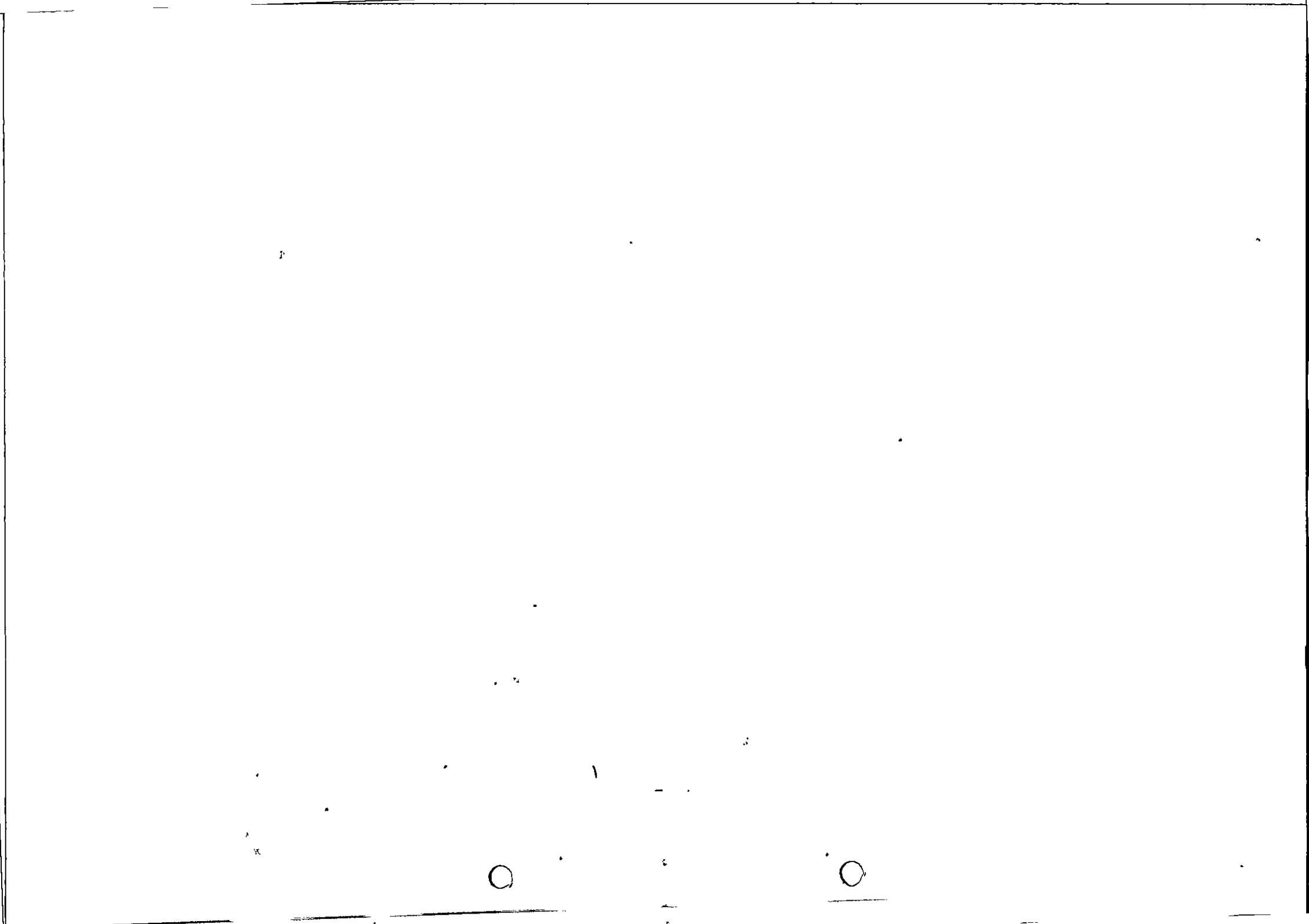
Time: 8:13 Am

Witness Name:

Witness Signature: }

Patient Address:

H.NO: 5-1/C SRI VAISHANAVI  
ENCLAVE, Kachivani Singaram  
Hyderabad Telangana INDIA 500088





## BILLING POLICY

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

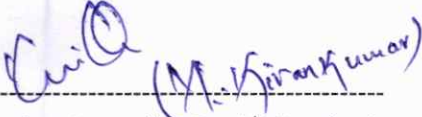
Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested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

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

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

### MODE OF PAYMENT & REFUNDS

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



Name & signature of Patient/Attendant



(Signature of Admission Desk executive)

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

### RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

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

