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Your Right to a Safe Delivery

DISCHARGE AT REQUEST SUMMARY

Name	Baby Of DEEPIKA ORUGANTY	**UHID**	HNH-00016236
Father/Guardian	Mr RAGHU PRANEETH	**Age/Gender**	0 Y 0 M 2 D/ Female
Address	FLAT NOV 1006 C BLOCKN HONER AQUANTIS, Serilingampally, Hyderabad, Telangana, INDIA, 500019		
IP No	IP26-00006679	**Admission Date**	29-06-2026
Ref Doctor	SELF		
Discharge Date	01.07.2026		

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: Moderate preterm(33wk+3d)/AGA/Baby girl/CIAB/1.860kg/RDS/PROM(17hrs)/LBW

History: Baby Of DEEPIKA ORUGANTY is a preterm (33 weeks+3 days) / AGA / baby girl of birth weight 1.860kgs, born to G2P1L1A1 mother delivered by LSCS (Indication : Fetal distress with bradycardia) on 29.06.26 at 06:52am. Baby cried immediately after birth. Apgar scores and resuscitation details were 8/10

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at 1 min, 9/10 at 5 min. Baby developed respiratory distress after birth for which baby was shifted to Rainbow Children's Hospital - Himayathnagar NICU for further management.

Maternal History : Mrs. DEEPIKA ORUGANTY is a 26 years old G2A1 mother.
G1 - 2024 - IVF conception, MTP at 20 weeks in view of Klinefelter mosaicism/ trisomy 7 - confirmed with amniocentesis. Underwent MERPC + SERPC
G2 - Present Pregnancy, IVF Conception
She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Hypothyroidism/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Baby blood group B POSITIVE and Mother blood group A POSITIVE.

Examination: At the time of admission baby was euthermic and maintaining saturations at room air. Her heart rate was 142 /min, respiratory rate was 60 /min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies. Baby had respiratory distress after birth and hence shifted to NICU for further management.

Weight on Admission : 1.860kgs
Weight on Discharge : 1.7kgs
Head circumference : 31 cms
Length : 43 cms

Investigations: Enclosed reports.

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Management:

RDS/ HMD - Non Invasive Ventilation: Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Baby was loaded with Inj. Caffeine and continued on maintenance dose. Chest X-rays and blood gas analysis were serially monitored. The following day baby removed from NIV and taken on room air. Now baby is maintaining saturation at room air without any respiratory distress.

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

Unconjugated Hyperbilirubinemia: Baby developed jaundice on 24 hrs of life. Baby was started on double surface phototherapy. Baby serum bilirubin at 24 hrs of life was 6.4 mg/dl with indirect fraction of 6.3mg/dl. Baby's serum bilirubin levels were serially monitored which showed decreasing trend. baby last serum bilirubin was done on 01.07.26 was 6.1mg/dl with indirect fraction of 6 mg/dl. It doesnot comes in phototherapy range and hence phototherapy stopped.

Neurosonogram was done on 30.06.2026 which was normal.

VBG showed pH of 7.54, pCO2 of 30.5 mmHg, pO2 of 170 mmHg, HCO3 of 26.5 mmol/L and BE of 3.9 mmol/L.

NP1: Hb was 17.2 g/dl, WBC- 9610 cells/cumm and platelets - 3.11

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lakhs/cumm. S. electrolytes showed Na - 136 mmol/L, K- 5.9 mmol/L and Cl - 107 mmol/L. Serum creatinine was 0.9 mg/dl. Blood urea was 37 mg/dl. Serum calcium was 9.9 mg/dl. CRP was 5.0 mg/L. Serum bilirubin was 6.4 mg/dl with indirect fraction of 6.3 mg/dl.
Blood culture 24 hours no growth incubation.

Repeat Hb was 15.4 g/dl, WBC- 15230. cells/cumm and platelets - 3.3 lakhs/cumm.

Chest x-ray shows:
Subtle bilateral diffuse granular opacities noted, likely in keeping with RDS of prematurity.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	01.07.2026
OPV	Given	01.07.2026
HEPATITIS B	Given	01.07.2026

Feeding: Once baby was hemodynamically stable, she was started on OG feeds and once the baby is off CPAP spoon feeds were started which she accepted and tolerated well. At present baby is on spoon feeds, which she is tolerating well.

Advice:
Keep baby clean and warm.
Continue kangaroo mother care.

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Continue demand paladay feeding as advised.
Immunization as per schedule.
Syp. Calcimax (5ml/250mg) 1 ml orally thrice daily till 3kg.
Vitamin D3 drops(1ml-800IU) 0.5ml per oral once daily till further advice.

Plan:
BERA to be done after 3 months.
ROP screening after 2 weeks.

Parent/ Attender

Review consultation with Dr. S TEJASWI REDDY on 03.07.26 (Friday) at OPD with prior appointment **(Review consultation will be charged).**

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed, increased icterus and any abnormal movements.

In case of emergency, 9154865030, emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow Banjara Hills OR Rainbow, Vikrampuri or Clinic at Madhapur, just dial one toll free number **18002122.**

I was explained about feeding techniques, handling, positioning and other aspects of care of premature baby along with the risks related to prematurity like aspiration, hypothermia and infection. All the discharge advice and medications have been explained to me by Dr..... in a language that I can understand and I acknowledge.

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Registrar/Resident/C.M.O

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Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP26-00006679 **Admit Date** : 29-Jun-2026 **Admit Time** : 08:13 AM **UHID** : HNH-00016236

Patient Details :

Patient Name	: Baby Of DEEPIKA ORUGANTY	**Age**	: 0 D
Guardian	: Mr RAGHU PRANEETH	**DOB**	: 29-06-2026 06:52 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NOV 1006 C BLOCKN HONER AQUANTIS Serilingampally Hyderabad Telangana INDIA 500019	**Phone No**	: 8019641866
		E-mail	: na123@rainbowhospitals.in

Admission Details :

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

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

Contact Details :

Name : Mr RAGHU PRANEETH **Relationship** : Father

Contact Address : FLAT NOV 1006 C BLOCKN HONER AQUANTIS Serilingampally Hyderabad Telangana INDIA 500019 **Phone No** : 8019641866

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

HNH-00016236
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

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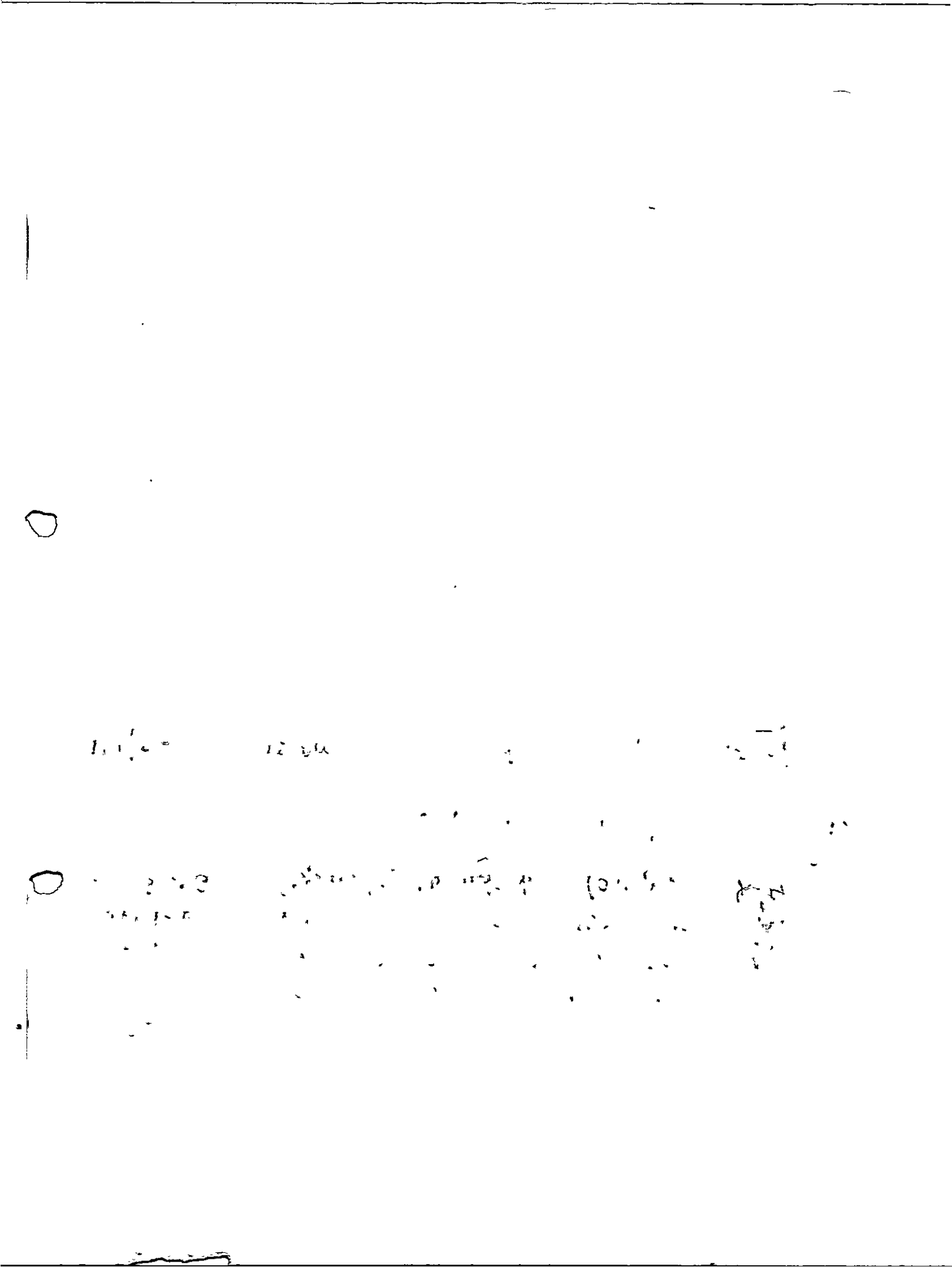
RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/6/26	8 Am (1)	118 mg/dl	10% Dex	SH
29/6/26	4 pm (2)	101 mg/dL	10% Dex	
30/6/26	12 Am (3)	96 mg/dl	10% Dex	
30/6/26	8 Am (4)	111 mg/dl	10% Dex	
30/6/26	4 pm (5)	100 mg/dl	10% Dex	
	Cross Checked done by Bhavya. 30/6/26 @ 6pm.			
1/7/26	12 Am 6	120 mg/dl	10% Dex	

Docu. No. : RCH/FRM / CLINICAL / 185



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HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. S TEJASWI REDDY

ACTIVITY RECORD FOR BILLING

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

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	8 AM	OT	NICU	Jyothi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sweta	1/7/26	9754	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/6/26	X-ray	2704	
	CBP, CRP, Blood group	10567	
	Blood culture		
29/6/26	① RBS [118 mg/dl] VBG	10571	
29/6/26	ABG.	7746	
	Cross checked done by Dhanya 29/6/26		
29/6/26	② GRBS	10647	@ 4pm
30/6/26	CBP. CRP. electrolytes		
30/6/26	urea. creatinine	10643	
30/6/26	SBR. calcium		
30/6/26	③ GRBS. [96 mg/dL]	10647	
30/6/26	④ GRBS. (111 mg/dL)	10647	
30/6/26.	2D Echo.	7815	
30/6/26.	⑤ RBS (100 mg/dl)	0688	
	Cross checked done by Dhanya 30/6/26 @ 6pm		
30/6/26	~~SP~~ TCB (Head 9.4, Chest 9.5)	10696	
1/7/26	⑥ GRBS (120 mg/dl)	10709	
1/7/26	CBP. SBR	10708	
	Cross checked by [illegible] 1/7/26 at 9AM		
29/6/26	ABG	10730	
1/7	NBS	9754	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Invasive Monitor	8:13 Am	1/7/26 1:30pm	209128	
	C-PAP		29/6/26 @ 10:40Am		
	Oxygen				
	Syringepump (Iv fluid)		1/7/26 10Am		
	Cross cleared done by Dhanya 29/6/26 @ 4pm				
30/6/26	DSPT	2:30pm	1/7 1:30pm	9600	
	cross Checked by Laxmi 1/6/26 at 9Am				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
29/6/26	Iv placement	1	209127	
	Cross Cluled done by Dhaya 29/6/26			
30/6/26	Iv placement	(1)	209678	4pm

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

H-31 cm
L-43 cm

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PATIENT TRANSFER FORM

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

Date & Time of Admission	Date & Time of Transfer Order
29/6/26 at 8:13 AM	1/7/26 at

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Tejaswi Reddy	Dr.	Stable

From Unit	To Unit	Information to Attendant
NICU		Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
30	X-ray - (1)	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
Laxmi 1/7/26 at	

Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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29-06-2026 0Y0M0D4H (F)
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CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/o Deepika Age: N/B Gender: Male ☐ ~~Female~~ ☐

UHID.No : 00006679 Date: 29/6/26

I M Raghuprasad S/o, D/o, W/o P. Yellesham hereby declare that our patient Mr / Ms. B/o. Deepika who is related to me as Daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 29/6/26

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

Mod. PT / LBW / PPROM / RDS.

The doctors have clearly explained to me that my patient B/o . Deepika. 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 : Deepika 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 : P. Raghuprasad

Name : Dr Raghuprasad.

Relationship with Patient: Father

Date & Time : 29/6/26 8:20Am

Witness :

Signature : Laxmi prasanna

Name : Laxmi prasanna

Date & Time : 29/6/26 8:20Am

Doctor (who is taking the consent) :

Signature : [signature]

Name : Anusha

Date & Time : 29/6/26 8:20Am

Docu. No. RCH / FRM / CLINICAL / 012

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

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

యు.హెచ్.ఐ.డి .....

నేను ..... చి .....

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

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

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

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

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

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

CONSENT FOR FORMULA FEEDS

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HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

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

UHID No : ..... Department : ..... Date : 29/6/26

I Mr / Mrs. : Dr Raghuprameeb ..... aged 36 yr 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 : Raghuprameeb

Relationship with Patient: father

Date & Time : 29/6/26 at 9Am

Witness :

Signature : .....

Name : Laxmiprasanna

Date & Time : 29/6/26 at 9Am

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. VARUN.

Date & Time : 29/6/26 at 9Am

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Deepika Gender: ☐ Male ☐ Female

UHID No : 00006679. Department : PAEDS Date : 29/6/26

I M Raghuprasad S/D/W/O P. yellagond.

Here by give consent for procedure of : CPAP.

For my patient, Named : B/o Deepika.

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

.....

.....

.....

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

.....

.....

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

Name of the Doctor performing the procedure: Dr. TEJASWI REDDY.

Patient Attendant :

Signature : P. Raghuprasad

Name : M Raghuprasad.

Relationship with Patient: Father

Date & Time : 29/6/26 at 10AM

Witness :

Signature : SH

Name : Laxmiprasanna

Date & Time : 29/6/26 10AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. VARUN.

Date & Time : 29/6/26 10AM

HNH-000116236 IP26-0700007
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

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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 Deepika.

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 29/6/26 Time of Birth : 6:52 Am

Place of Birth : RCH HMNR

Mother's Blood Group : A+ve

Birth Weight (gms) : 1.860 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 33+3 wk

Current Obstetric History : (Booked / Unbooked Case) G1A1.

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 8/11/25 EDD : 13/8/26.

Conception : Spontaneous or with Rx. : IVF

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2 doses Give (last dose in 1st dose - 7pm morning)

Last Scans Details : 18/6 SLA / 32wk / AF 14.6cm / AC-21 / EFW 1.631 Doppl - N

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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Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. S TEJASWI REDDY

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G2 A1	-	G1 -	IVF 2014 /	MTP e20wk	/ Klinfelt	monsaurism
G2	- PIP	IVF	conception.			

PERINATAL HISTORY

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

Duration of Labour	CTG : ☐ Normal ☐ Suspicious ☐ Pathological
First stage (> 18 hours sig)	MSL : ....
Second stage (> 2 hours after dilation)	Resuscitaion : ☐ Yes ☐ No
LSCS : ☐ Elective ☑ Emergency Indication :	Cord ABG : ....
Specify the reason : Fetal distr. Brady.	Placenta : (weight, surface, No. of cotyledons, calcifications,
Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal	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
TOTAL	7/10	9/10	

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

Comments :

Augmn.

7/10 9/10.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Modlt PT / F / 1.860 kg / CIAB / PROM (12 17 h) / ?EOS / RDS.

Patient Sticker

History of Present Illness:

Baby delivy via. Emcs
↓
CIAB,
warm dry suction done
↓
Cit K given.
Cord care Given.
↓
mild RD Spo2 98%. HR = 144/min
↓
shift to NICU 1/24 Preterm / LBW
case of
? RDS.

Investigation details in previous Hospital :

—

—

Feeding History :

Patient Sticker

Past History :

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acyanosis.

VITALS : Temperature : 36.5 HR : 144/min RR : 54 NIBP : CFT : <3sec

Color of the extremities : Acyanosis

Jaundice : Pallor : SpO2 : 95%

Anthropometry : Birth Weight : 1.860kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

Patient Sticker

HEAD TO TOE EXAMINATION

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

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

mild retractions (+)

Scoring of respiratory distress if present (Silverman or Downe's) : 1

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

Settings : .....

Spo2 : 98% ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Precordial Activity : .....

Femoral Pulses : .....

Murmurs : .....

Other Peripheral Pulses : .....

Signs of Cardiac Failure : .....

Abdomen :

Hernia orifice : .....

Shape : .....

Anal Patency : .....

Palpation : .....

Umbilical Cord : .....

Palpable masses : .....

First urine passed : .....

Abdominal girth : .....

Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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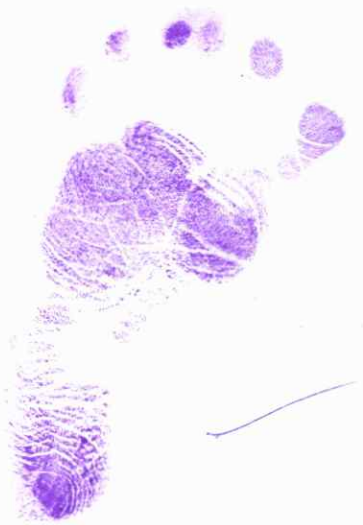
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. S TEJASWI REDDY

Any Congenital Anomalies : .....

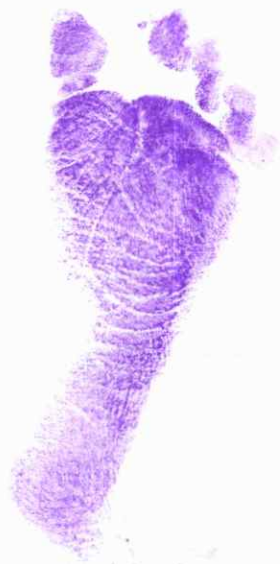
Diagnosis : MPT / 1.860kg / Female / CIAIS / RDS / PROM (16hr) / 2 sons.

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : Anusha

Date & Time : 29/6/26 at 10AM

Consultant :

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

Name : Dr. Tejaswi reddy

Date & Time : 29/6/26 @ 10am

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-05-2026 0Y0M0D8H (F)
Dr. S TEJASWI REDDY

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

⇒ B/Cs, CBP, CRP, VBG, BGT, CXR ☞ NG tube.

⇒ CPAP PEEP-6 FIO2 30%.

⇒ IV Antib — ~~Ampi Genta~~ PIPTAZ, Amikacin.

= Iyfluid 10%D + Ca Gluconate @ 4.6 ml/h (9ml)

= Hydrocortisone.

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

INH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by Dr. Anush / Dr Spandana	
29/6/26. 8Am.	MPT / LBW / F / CIAR / MPROM (16 h) / RDS / SOS.	
	HR = 142/min	
	SpO₂ : 98%.	
	Tachyp (+) 62/min	- ct CPAP. - PEEP-7 FiO₂ 30% → 21%.
	Retract (+)	- Inj PIPTAZ.
	ICR (+).	- (T) CXR
	No grunting.	- (T) sample
		- N/lv 60ml/kg/d @ 4.6ml/h
	(B/S) B/L AE (+)	10% D + CaG (9ml)
	NVBS (+)	- Monitor vitals.
		- To do 2D echo NSG
	[signature]	
		Noted by prasanna 29/6/26 8Am

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

INH-00016236 IP26-0(006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

Baby of Deepika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/06/26 10.50AM	Dr. Spandana	
	CPAP- off	SpO2 >95%.
		No tachycardia
		BP- normal.
	lactate - 0.6	- normal.
	SVIA	
	16hours - 2x risk factors	
	→ Abx- D1D2	
	CRP/CRP/BC - report awaiting	
	tomorrow	Blood - (NP1)
	Fluid- IV	dextrose + calcium
	2 ml	feeds - OG tube
	8th hourly - 1 ml feed.	
	[NSG] - Brain	
	P. Spandana	(signature)

DR. SPANDANA BASUPUETI REG. NO. ...

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D2H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10AM	C/S/b Dr. Spandana	
	MPT / CBW / Female / PPROM (16hrs) / RDS.	
	- on CPAP 7 / 21	
	- O/E - HR - 160/min. RR - 32/min. SpO2 - 100% on CPAP.	Plan - Trace inv - NSG today - ct. piptaz / NR. - Plan to wean off CPAP. - Monitor vitals. - 2nd OG feeds to start. - withhold 2D echo
	S/E - WNL.	
	Noted by prasanna 29/6/26 @ 10AM	

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 2 PM	C/S/O Dr. Varun	
	MPT | LBW | PPROM (16hrs) | NDS | fundal	
	- on room air; maintaining saturation.	
	O/E - HR - 120/min. RR - 60/min. SpO2 - 100% @ RA.	Plan
		- NSG today.
	O/E - WNL.	- Ct. 2ml OG feeds ↓ ↑ 1ml Q8H.
		- Rest 80ml/kg/d IV
		- 2D echo tomorrow
		- Ct. Piptaz/Amika/Coffa
	Noted by Saipriya 29/6/26 2 PM	- NPI tomorrow.

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 10 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6 4:00pm.	Counselling notes - Baby is off O_2, maintaining on room Air. - OG feeds started plan to increase feed slowly (EBM + Formula). - CRP - Negative. - plan to send NP1 tomorrow. - Plan to Continue IV antibiotics, Trace Blood Cls. - Plan to Continue. NICU Stay - Plan to ~~Continue~~ do NSG, 2Decho later.	

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

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

(P.T.O)

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 10 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 7:30am	ChB re.onani	
	MPT / LBW / RDS	
	- on room air.	
	- accepting 4ml O4 feeds.	
	↳ tolerating feeds	Plan
	- urine ✓	1) NSY today
	- did not pass meconium yet	2) 4ml O4 feeds ↑1ml 8th h
		3) ct. IVF.
	O/E	4) 2D echo today
	vitals: HR: 142bpm	5) send NPI today
	RR: 48bpm	6) ct. antibiotics
	SpO2 = 96% RA	7) monitor vitals.
	S/E: P/A = soft	
	RS: BAE ⊕	
	[signature]	Noted by Nikitha 7:30Am 30/6/26

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26	C/S/B - Dr. S Tejaswi	
9.00 AM	NPT/LBCW/RDS	
	On Room Air.	24 HOL
		Bwt 1860 ↓ 80 gm.
	Urine ✓	Twt 1780 g.
	Passed meconeum ✓	
		Plan
	O/E.	1) NSG today
	Vitals stable	
		2) 4ml OG feeds ↑ 2ml 2ch
		Target – 15 ml
	S/E	3) 2D Echo today
	Euthermic	
	Pink.	4) T Bacnpl
		cf Antibiotics
		monitor Vitals
	Noted by Sai priya 30/6/26 9 AM	

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M1D (F)
Dr. S TEJASWI REDDY

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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
30/6 1:30pm	c/s/b Dr. Pranav	
	Mod PT / 33^{+3} wk / ♀ LBW - 1.86 Kg / Em LSCS / PPROM / RDS	
		Plan
	SV on RA	1) ~~NSG - Toiley~~
	Tolerating feed	2) Feed - 6 ml / 2 hrs ↑se 2 ml / 4th hly Target feed - 15 ml / 2 hrs
	Vitals HR - 132/min SpO2 - 97% RR - 28/min	3) CRP SBR] T/m
		4) 2D echo today
	R/S - B/L AE ⊕ P/A - Soft.	5) Trace blood c/s
		6) Monitor Vitals.
	Noted by Bhargavi 30/6/26 @ 1:20pm	Pranav

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

epika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling	
	4 to 5 ml of feeds → OG tube.	
	1/the feed every 4hrs	
	@ 100 ml/kg/day	
	↓ get the baby to full feed.	
	Tonight or tmrw mrng → spoon feeding	
	Tmrw → spoon feeds completely.	
	mother give spoon feeds.	
	by tomorrow evening	
	↳ shift the baby to room side.	
	NSG + (W)	
	2D Echo → today	
	(NP1)	T. P. [illegible]

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 4:15pm	c/s/B Dr Spandana	
	B/Mod PT / 33+3 -) 33+4 / VLBW - 1.86 kg / LSCS / PPROM / RDS / NNJ	
	Interim	Plan
	SV on RA	1) Feed - 7ml / Q2H
	Tolerated feed	↑ 2ml / 4th hly
	Vitals	Target - 15ml
	HR - 148/min	
	RR - 46/min	2) If blood c/s - sterile stop Abx T/m
	SpO_2 - 97%	3) CBP, SBR } T/m
		4) Monitor Vitals -
		5) Info SOS
		Pravin
		Noted by Dhanyasri 30/6/26 @ 4:30pm

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

B/o Deepika.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 2:04 pm.	Counselled (Dr Spandana).	
	- Baby on room air - maintaining well.	
	CRP (5). WBC = 15K	
	- Blood culture - yet to come. (till then	
	ct Antibiotics).	
	- Tm plan - CBP, ~~CRP~~ SBR.	
	- Baby taking feeds - 9ml - tolerating feeds.	
	(↑ 1ml 4th hourly].	
	- Try - spoon Feeds. (By Night).	
	- B/G/T - (T)	
	- (Tm) - plan to shift Mother side.	
	[signature]	
	[signature]	

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/o/b - Dr. Sindhura / Dr. Srikanth	
30/06/26 11PM		
	Baby on DSPT	
	On room air	
	O/E:- vitals - HR:- 136/min	
	SpO2:- 99% @ RA	
	RR:- 48/min	
	S/E: RS:- BCAE @ no retractions	
		Adv
		- feeds 2nd 4th hourly
		- Cont. DSPT (Target feed 1st and 2nd hourly)
		- IV Antibiotics
		- Monitor vitals and Inform
		- CBP, SBR - T/M SOS morning
		[signature]
	Noted by Supriya 30/6/26 11pm	

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/26 7:30 AM	C/s/b Dr. Sinhandl / Dr. Varun	
	D3 / Mod. PT (33+3w) / VLBW: 1.86kg / LSCS / PPROM / RDS / NNJ.	
	T/baby ↓ DSPT	B. T. wt: 1.700 (↓ 160gm)
	On room air	
	Tolerating feeds 12ml 2nd hourly	
	passed urine / stools	
	O/E: vitals: Gestation	
	HR: 127/min	
	RR: 40/min	
	SpO2: 99% @ RA	
		Advance feeds 1ml 4th hourly
		- Cont DSPT
		- Trace CBP, SBR
		- IV Antibiotics
		- Monitor vitals and Inform SOS
		Sinhandl
	Noted by sripriya 1/7/26 @ 7:30 AM	

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

HNH-00016238 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M1D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 9:33 Am	S/B Dr. Tejaswi	
	Δ Modi preterm 32wk+3d → 32wk+5d	
	AGA / Female / RDS / PROM / NNJ	
		PG
	T. wt = 1.7kg	- Ct DSPT
	Baby [illegible]	- Try [illegible] S/F - 15ml/2nd h
	CVS - S1S2 ⊕	
	CRT < 3 sec	- Can be shifted
	P/A - Bl - AEE ⊕	room side
	P/A Soft	- Monitor vitals
	CTA good	
	ē [illegible]	- Stop Antibiotics
	Blood CS ↓ No growth	-
1/7/26 11 AM	Case D/w Dr. Tejaswi	PG
	Repeat SBR - 6.1	- Stop Photo therapy
		- Shift to room side

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-05-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

B/o Deepika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 9:30 AM	Counselling Nof - Baby stable - To stop Antibiotics - Baby tolerating spoon feeds - Can start direct Breast feed now - Can be shifted to ward. - Vaccination today - DAT today - To continue Phototherapy room side	

Dr. Tejas
DR. S TEJASWI REDDY
Registration No: 94068

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

DATE : 29/6/26.

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft lip.		
2	Pre natal teeth	No		
3	Anal opening	Patent		
4	Genitalia	(W)		
5	Spine	Pit (+)		
6	Red reflex	) + ve bil		
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature

INH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
9-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

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DRUG CHART

Date of Admission: 29/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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-00016236 IP26-J0006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 1.86kg Ward. ....

DRUG: Inj PIPTAZ				Date/Time	29/6	30/6
Dose	Route	Frequency	Start Date		9A	
180mg	iv	BD	29/6	9AM		
Name & Signature of the Doctor Starting the Drugs: AJ				9pm		
Additional Instructions: (180mg) 2g vial in 9ml DW (100mg/ml) Give 1.8ml over 30min						
Daily Doctor's Endorsement by a Sign						

STOP 1/7

DRUG: Inj AMIKACIN				Date/Time	29/6	30/6
Dose	Route	Frequency	Start Date			
27 mg	iv	OD	29/6	10AM		
Name & Signature of the Doctor Starting the Drugs: AJ (100mg/2ml) 1ml in 9ml DW (5mg/1ml)						
Additional Instructions: (1ml in 9ml DW) → (5mg/1ml) Give 5ml over 30min						
Daily Doctor's Endorsement by a Sign						

STOP 1/7

DRUG: Inj CAFFEINE				Date/Time	29/6	1/7
Dose	Route	Frequency	Start Date			
10mg	iv	OD	29/6			
Name & Signature of the Doctor Starting the Drugs: AJ				6AM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG:				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Verified by Dr. Dhakshayani

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 8 H (F)
Dr. S TEJASWI REDDY

Weight. 1.86kg 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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/6/26	9AM	Inj CAFFEINE (20mg/kg)	35mg loading dose.	iv	AC	SNT VL

Signature ..... Name .....

VERIFIED BY .....

HNH-0001[illegible] IP[illegible]
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 1.86 kg 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
29/6/26	8AM	IVF in 10% D + 9ml Cal Gluco	iv	4.8ml/hr					
				4 ml/hr					
	10PM			2.5ml/ Cr					

Signature .....

VERIFIED BY : Name .....

HNH-00016236 IP26-0000667
Baby Of DEEPIKA ORUGANTY
29-06-2026 0Y0M0D4H (F)
Dr. S TEJASWI REDDY

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: RDS

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

BACKGROUND

Area / Shift Time	29/6/26 M6	29/6/26 E2	29/6/26 N1	30/6 M5	30/6/26 N1	1/7/26 M5
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:	36.5°C	36.5°C	36.6°C	36.8°C	36.6°C	36.5°C
Res:	32 bpm	39 bpm	31 bpm	39 bpm	37 bpm	36 bpm
SpO_2:	100%	100%	96%	99%	99%	98%
Pulse:	121 bpm	125 bpm	141 bpm	160 bpm	132 bpm	137 bpm
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	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 :	prasanna	saipriya	Nikitha	Dhanu	saipriya	Lavanya
Signature :	Sai	Sai			Sai	
Date:	29/6/26	29/6/26	30/6/26	30/6	1/7/26	1/7/26
Time:	8pm	8pm	8AM	8pm	8AM	8pm
Taken Over By Name :	saipriya	Nikitha	Dhanu	saipriya	Lavanya	
Signature :	Sai			Sai		
Date:	29/6/26	29/6/26	30/6	30/6/26	1/7/26	
Time:	8pm	8pm	8AM	8pm	8AM	

Patient Sticker

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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						
	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:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	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 :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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					Date : 29/6	29/6	29/6	30/6
					Time : MG	E2	AM	M
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
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.	3	3	3	3
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."	3	3	3	3
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.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
					TOTAL SCORE	21	21	21	24
					Evaluator's Name				

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

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

HNH-00016236 IP26-00006679
Baby Of DEEPIKA ORUGANTY
29-05-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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				Date :	30/6	1/6		
				Time :	N1	N3		
Mobility	**1. Completely immobile:** Makes no slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	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.	3	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."	3	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.	3	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.	3	4		
				TOTAL SCORE	21	30		
				Evaluator's Name	[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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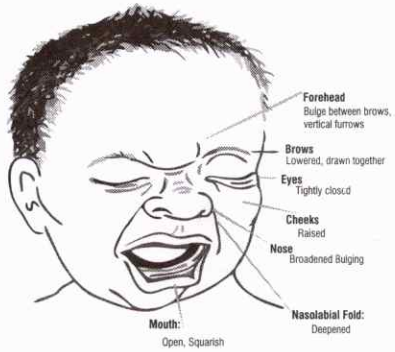
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						29/6	29/6	29/6	30/6	30/6	1/6			
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						M6	E2	N1	M5	N1	M5			
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	CUB	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	CUB	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	CUB	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	CUB	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	CUB	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	33+ 4week	33+3 weeks	33+ 3 weeks	33+3 CUB	35+ 1 week	32 4		
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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CHECKLIST FOR THROMBOPHLEBITIS

29/6/26 30/6/26

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	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	AD	AD	NA	NA			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	AD	AD	NA	NA			
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	AD	AD	NA	NA			
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	AD	AD	NA	NA			
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	AD	AD	NA	NA			
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : Bhavani Name : Bhavani

Signature of Ward In Charge :

Signature : Bhavani Name : Bhavani

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 29/6/26

	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			
Signature of the Nurse:	sign			
Date & Time:	29/6/26			

*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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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.

H - 9.4
Ch - 9.5

Head - 43 cm

INTENSIVE CARE UNIT
CAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: 33+3 wks Birth Weight: 1.860 kg

Date: 30/6/26	Date: 1/7/26	Date:
DOL D1 Weight 1.780 ↓ 80 grms	DOL D2 Weight 1.700 ↓ 80 grms	DOL Weight
Problems: PT / RDS	Problems: PT / RDS	Problems:
Rs. 30-60 bpm Exam Done Vent. Setting RA ABG CXR bsos	Rs. 30-60 bpm Exam Done Vent. Setting RA ABG CXR bsos	Rs. Exam Vent. Setting ABG CXR
CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 111 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: 120 mg/dL U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics piptaze	C/s Results CRP Antibiotics piptaze	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment 8th hourly GRBS	Assessment Done	Assessment
Plan	Plan GRBS 8th hrly	Plan

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTOR

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

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

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

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RESULT SHEET

Date	29/6/26	30/6/26	1/7/26			
Time			6:38 am			
Hb	17.9	15.4	14.8			
PCV	47.0	43.0	41.7			
RBC	4.68	4.28	4.18			
WBC	9.61	1523	9.12			
N/L	58/34	50/34	43.6 / 44.8			
Platelets	311	339	324			
CRP	5.0	5.0				
ESR						
PCT						
RBS						
Na	136					
K	5.9					
Cl	107					
Ca/Mg	9.9					
Phosphate						
Urea	37					
Creatinine	0.9					
ALP						
SGPT						
SGOT						
T.Bill/Conj			6.1 / 0.1 / 6.0			
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						
Total Bilirubin	6.4					
conj. Bilirubin	0.1					
uncon. Bilirubin	6.3					

Culture and Sensitivities : Blood .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: .... Time:	8	9	10	11
Doctor/Nurse/Family Concern?	Ac	Am	Au	Am
Temperature (ºF) (104 – 94)	36.6°C	36.5°C	36.6°C	
Heart Rate (bpm) and Blood Pressure (mmHg) * (190 – 50). Note: BP does not score in early warning scoring				
Heart Rate (Number)	140	136	155	
Resp. Rate (bpm) (Over 1 Minute) * (70 – 10)				
Resp Rate (Number)	53	48	33	
Resp Distress: Mod/ Severe				
Resp Distress: None / Mild				
Receiving O_2(l/min)				
O_2Saturations (%)	95%	96%	100%	
Conscious Level: Normal				
Conscious Level: Altered				
GCS *	C	C	C	
TOTAL SCORE Number of shaded boxes				
Pain Score				
Observer's Initials	[illegible]	[illegible]	[illegible]	

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Régistrar 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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		12ml								1	
	09:00 am											
	10:00 am		15ml							✓	0	
	11:00 am											
	12:00 pm										1	
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

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

Patient Sticker

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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 to 8pm	Assess the Baby condition * monitoring vitals * maintain Flo chart * 2nd hrly feed 15ml/hr *	8am 1 8P	Assess the baby condi * monitoring vitals * maintain Flo chart * 2nd hrly feed 15ml	vitals stable	Re-Assessment done	17/26 8AM
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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