HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. S TEJASWI REDDY

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DEFICIENCY CHECK LIST OF CASE SHEET

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

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

Signature and Date : 19/07/26

(P.T.O)

ERROR LOG

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0Y0M0D7H (F)
Dr. S TEJASWI REDDY

INTENSIVE CARE UNIT
INICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: ..... Birth Weight: 1.780 kg

Date: 17/7/26	Date: 18/7/26	Date: 19/7/26.
DOL D1 Weight 1.720 kg 60gm	DOL D2 Weight 1.700 kg 120gm	DOL D3 Weight 1.680 kg.
Problems: PT / RDS	Problems: PT / RDS	Problems: PT / RDS
Rs. 30-60 bpm Exam Done Vent. Setting NIV ABG CXR SOS	Rs. 30-60 bpm Exam Done Vent. Setting ABG CXR SOS	Rs. 30-60 bpm Exam done Vent. Setting ABG CXR SOS
CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm. BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 96 mg/dl U Output: (CC/kg/hr) Exam Done 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: 156 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion SOS	F / E / N T. Fluids CC /kg /day I / O / RBS: 110 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion SOS
C/s Results CRP 5.0 Antibiotics Inj: Ampicillin	C/s Results CRP Antibiotics Inj: Ampicillin	C/s Results CRP Antibiotics Inj- PIPTAZ
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment done.
Plan	Plan	Plan

Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 7 H (F)
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RESULT SHEET

Date	16/7/26					
Time	8:2pm					
Hb	21.1					
PCV	60.0					
RBC	6.05					
WBC	8.64					
N/L						
Platelets	144					
CRP	5.0					
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						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

Patient Sticker

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:																																
Doctor/Nurse/Family Concern?																																
Temperature (ºF)	104																															
	103																															
	102																															
	101																															
	100																															
	99																															
	98																															
	97																															
	96																															
	95																															
	94																															
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																															
	180																															
	170																															
	160																															
	150																															
	140																															
	130																															
	120																															
	110																															
	100																															
Note: BP does not score in early warning scoring	90																															
	80																															
	70																															
	60																															
	50																															
Heart Rate (Number)																																
Resp. Rate (bpm) (Over 1 Minute) *	70																															
	60																															
	50																															
	40																															
	30																															
	20																															
	10																															
Resp Rate (Number)																																
Resp Distress	Mod/ Severe																															
	None / Mild																															
Receiving O_2(l/min)																																
O_2Saturations (%)																																
Conscious Level	Normal																															
	Altered																															
GCS *																																
TOTAL SCORE Number of shaded boxes																																
Pain Score																																
Observer's Initials																																

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
NB: Scores 3 should be recorded overleaf	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.

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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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I.V. FLUID CHART

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.

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 : IP26-00006863 **Admit Date** : 16-Jul-2026 **Admit Time** : 04:46 PM **UHID** : HNH-00016623

Patient Details :

Patient Name	: Baby Of FATIMA BEGUM TWIN 2	**Age**	: 0 D
Guardian	: Mr MD IMRANULLAH KHAN	**DOB**	: 16-07-2026 03:40 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: HNO:19-2-438/2,3 Chandulal Baradari Hyderabad Telangana INDIA 500064	**Phone No**	: 8367589928/ 8019759560
		E-mail	: MDIMRANUK@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr MD IMRANULLAH KHAN **Relationship** : Father

Contact Address : HNO:19-2-438/2,3 Chandulal Baradari Hyderabad Telangana INDIA 500064 **Phone No** : 8367589928

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 20000.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. S TEJASWI REDDY

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

UHID 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
16/7/26	4 pm	OT	NICU	prasanna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swetha	17/7/26	4756	DL
2.	Cross Checked done by Dhanya 18/7/26 @ 3pm			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

HNH-00016623 IP26-00006863
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Date	Investigations	Order No.	Sign
16/7/26	CBP, CRP, Blood Grouping	1884	
	Blood culture		
	ABG (1)	1883	Sig
	VBG (2)		prasanna
	RBS (1) (74 mg/dl)	1883	
16/7/26	RBS (2) (147 mg/dl)	11887	Sig
16/7/26	chest x-ray	8638	Sig
17/7/26	ABG (3), RBS (3) (126 mg/dL)	1910	[illegible]
17/7/26	ABG (4), RBS (4) (96 mg/dL)	1915	[illegible]
17/7/26	X-ray	8644	[illegible]
17/7/26	NSG	008649	[illegible]
	2D ECHO		
17/7/26 21:20pm	ABG (5) - RBS (5) 137 mg/dl	11966	
17/7/26	ABG (6), RBS (6) (123 mg/dl)	1994	[illegible]
18/7/26	ABG 7, RBS 7 (156 mg/dl)	2001	[illegible]
	Cross checked done by Dheeya 18/7/26 @ 3.0m.		
19/7/26	RBS (8) (110 mg/dl)	12078	[illegible]

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16-07-2026 0 Y 0 M 1 D (F)
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MENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7/26	Invasive monitor		19/7/26 10:00Am		
	Syringe pump	~~18/7/26 @11:00 Am~~ 4:46 PM	19/7/26 @ 4:00 Am.		Ram
	oxygen		18/7/26 8 Am	14453	Sd
	cpap				prasanna
	Cross Clucked done by Dhanya 18/7/26 @ 4Pm.				

ABG-6
Abs-6
x-ray-2
usg-1
2Decho-1

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 1 D (F)
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	Proceedure	Quantity	Order No.	Signature
16/7/26	IV placement	01	4473	Sig
17/7/26	IV placement	①	4760	[illegible]
Cross checked done by Dhaya 18/7/26 @ 3am				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
17/7/26	12 Am	126 mg/dl	IV fluids	
17/7/26	6 Am	96 mg/dl	11	
16/7/26	4 pm	74 mg/dl	11	
16/7/26	7 pm	142 mg/dl	11	
17/7/26	12 pm	132 mg/dl	11	
18/7/26	10 pm	123 mg/dl	11	
18/7/26	6 pm	156 mg/dl	11	
19/7/26	6 Am	110 mg/dl	11	

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Baby Of FATIMA BEGUM TWIN 2
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CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/o Fatima Begum Twin II Age: Newborn Gender: Male ☐ Female ☑

UHID.No : RHNH-00016623 Date: 16/7/26

I Imran S/o, ~~D/o, W/o~~ Mohd. Ateeq hereby declare that our patient Mr. / Ms B/o Fatima Twin-II who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 16/7/26

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

Late preterm (34 wks 1 day) / SGA / Twin-II
1.780kg / RDS

The doctors have clearly explained to me that my patient B/o . Fatima Twin II 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 : Fatima Twin II ..... 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 : Imran

Name : Mohd. Imran.

Relationship with Patient: Father.

Date & Time : 16/7/26 @ 5pm

Witness :

Signature : Laxmiprasanna

Name : S Laxmiprasanna

Date & Time : 16/7/26 @ 5pm

Doctor (who is taking the consent) :

Signature : Rc

Name : B. Sreejha

Date & Time : 16/7/26 5PM

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Bb Fatima Twin II Gender: ☐ Male ☑ Female

UHID No : HNH-00016623 Department : NICU Date : 16/7/26

I Imran S/D/~~W/O~~ Mohd Ateeq,

Here by give consent for procedure of : NIV support

For my patient, Named : Bb Fatima Begum Twin II

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

Septic depression

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

Patient Attendant :

Signature : Imran

Name : Mohd. Imran

Relationship with Patient: Father

Date & Time : 16-07-2026 @ 4:30pm

Witness :

Signature : Shivaleela

Name : SK

Date & Time : 16/7/26 @ 4:30 PM

Doctor (who is taking the consent) :

Signature : De

Name : B. Sreejha

Date & Time : 16/7/26 4:30 Pm

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CONSENT FOR FORMULA FEEDS

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Patient Name : B/o Fathima Begum - Age : ..... Gender : ☐ Male ☑ Female

UHID No : HNH.0001.6623 Reg. No. : ..... Department : NICU Date : 16/7/26

I Mr / Mrs. : Imran , 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 : Imran

Name : Mohd. Imran.

Relationship with Patient: Father.

Date & Time : 16-07-2026. 8pm.

Witness :

Signature :

Name : Shaleel

Date & Time : 16/7/26 8pm

Doctor (who is taking the consent) :

Signature :

Name : B. Sreeja

Date & Time : 16/7/26 8pm

Ref. : F/NICU/FD/02

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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 రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

HNH-00016623 IP26-00006863
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16-07-2026 0 Y 0 M 0 D 3 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : FATIMA BEGUM Age : 35 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 Fatima. Twin II

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 16/7/26 Time of Birth : 3:40 Pm

Place of Birth : RPH, HMMK

Mother's Blood Group : .....

Birth Weight (gms) : 1780 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 34+2 week

Current Obstetric History : (Booked / Unbooked Case) 18/11/25 25/8/2026

Maternal Age : 35y. Ht : 160cm Wt : 89.9kg BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : 16/7/26 / Twin I - Breech, UA - Low loops / ↑ Resistance occasional AEDV

Twin II - Breech, S.U.P-2.5, UA-↑ Resistance 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 : .....

on OHA.

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

Thyronorm

Any other Chronic Medical Problems, when detected Glycomet 500mg BD

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 : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : 5 P : 4 A : ..... L : 4

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	12y			M	- SVD	
2	11y			F	- SVD	
3	6y			F	- SVD	

PERINATAL HISTORY

4 - 4y

Treating Obstetrician : Dr. Swathi F - SVD Hospital : RIH - HMNR ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby cried immediately after birth
↓
Oro nasal suction done vigorously
↓
HR >100/min, Acrocyanosis
Spinal reflex ⊕
↓
Cord clamped cut < 2 A
↓
No obvious external congenital anomalies
↓
Baby has respiratory distress after delivery
↓
Bx-CPAP given for 10 minutes
↓
Shifted to NICU

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition : Acrocyanosis
HR >100/m
Tone in bw

VITALS : Temperature : ..... HR : 146/m RR : 50/m NIBP : ..... CFT : <3s

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 96% RA-CPAP

Anthropometry : Birth Weight : 1780gm Length : ..... HC : ..... Present Weight : .....

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

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	At of (exp.
	Sutures	
	Shape / Moulding :	(P)
	Edema / Bruising :	
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		No
NECK and CLAVICLES :	Range of Motion :	(P)
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	
	Red Reflex :	To be checked
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	(P)
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	
	Palate :	
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	
	Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape :	(P)
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	
	Discharge :	
GENITILIA :	Labia / Hymen :	Female external genitalia
	Testicles/penis :	
	Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes :	(P)
	Arms / Legs :	
	Deformities :	
	Mobility :	
	Hip Joint Examination :	

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☑ Periodic ☐ Shallow ☐ Gasping grunting ↑ SCR ↑

Mention If baby has Respiratory distress : RR : 56/m SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 96% on NA-CPAP. Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 146/m BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

(N)

Hernia orifice : free

Anal Patency : patent

Umbilical Cord : 2A1V

First urine passed : Not yet passed

Meconium passed : Not yet 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 FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

Any Congenital Anomalies : ....

Diagnosis : Late preterm (34 wks 2d) / SGA & LBW / 1.780 kg Twin II / Elective LSCS / RDS / GDM mother Hypothyroid

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : [signature]

Name : B. Singh

Date & Time : 16/7/26 4:15 PM

Consultant :

Signature : ....

Name : ....

Date & Time : ....

PLEASE FILL UP THE FOLLOWING DETAILS

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

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- Shift to NICU
- NIV support
- IVF D10% @ 70ml/kg + Calcium gluconate
- Inj. Vitamin K 1mg IM stat
- Chest xray
- Send CBP, CRP, Blood grouping, Blood C/S, Chest xray, VBG

Feeding Plan at the time of shifting :

- GRBS monitoring @ 1, 3, 6, 12, 18, 24, 48 hours

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. S TEJASWI REDDY

DATE : 16/7/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	Nom	Nom	
2	Pre natal teeth	Nom	Nom	
3	Anal opening	patent	patent	
4	Genitalia	Female external genitalia	Female external genitalia	(N)
5	Spine	(N)	(N)	
6	Red reflex	To be checked		
7	4 limb saturation (before discharge)			

(B-Surge)

Ped.Registrar signature

Ped.Consultant signature

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

Fatima Twin II

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	S/B. Dr. Tejaswi	
4:30pm	Δ Late preterm (34wk+2d) / LSCS / 1.780 kg / Twin – II / GDM mother c Hypothyroid / LBW / RDS – NIV	
	Baby Euthermic	Plan
	HR – 150/min	– IVF D10% @ 6 ml/hr + 9ml Calcium gluconate
	SpO₂ – 96% on NIV	
	BP :-	– ~~C [illegible]~~
	CVS – S1, S2 ⊕ CRT < 3 sec	– Inj. AMPICILLIN 90mg IV BD
	P/A – Bowel – ALF ⊕	– Inj. GENTAMICIN 9mg IV OD
	P/A – Soft	
	CNS :- spont movement ⊕	– Nasal CPAP PEEP – 6 FiO₂ – 21%
		– Monitor vitals
		– NG Insitu
		– Send CBP, CRP, VBG, Blood C/S, Blood grouping

(Dr. S. signature)

Noted by prasanna 16/7/26 @ 4:30pm

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- CMBS monitoring @ 1, 3, 6, 12, 18, 24, 48 Hrs
		Noted by taumiprasanna 16/7/26 @ 4:30pm

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7 5pm	Counselled B/o Fatima Twin 2	
	Twin 2 – Girl – 1.78 kg	
	Baby had RD at birth →	NIV Ventilation c Mask (2 Pressure Support)
	Settled → CPAP	Not settling / Worsening → Mechanical Ventilation Intub
	Blood test sent for infection,	Antibiotics started
	T/m – after 24 HOL → NSG & 2D echo	
	If stable by night – start OG feed at night 2nd	
	After baby off CPAP – then spoon feeding.	
	Atleast 3-4 days, NICU stay	
	Dr. S. TEJASWI REDDY Registration No: 94068, Dr. Tejas	
		noted by laxmiprasanna 16/7/26 @ 5pm

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 10 PM	S/B Dr. Sindhura M	
	Baby active	
	Also knees at present	
	Vitals stable	
	Sindhura / SINDHURA M.	
17/7/26 12:30am	W/B Dr. Sharon	
	Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No: 66970	
	on NIV	
		Plan
	Vitals:	1) Ct. NIV
	HR: 155 bpm	2) Repeat VBG at 6am / T/M
	RR: 66 cpm	3) Rest ct. as per
	SpO_2: 98%	Rx chart
	Bp:	
	[signature]	Noted by [signature]

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

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/2/26 7:30am	NMB Dr. Dranum	
	- on NIV ;	
	- FiO_2 : 21%	
	- PEEP : 6	
	- RR : 60	
	- Passing urine & stools	Plan
	O/E	1) chest X Ray now
	- vitals : HR : 173	2) ct. NIV
	RR : 60	3) ct. ampi gent
	SpO_2 : 97%.	4) rest ct- as per Rx chart
	RS : deep SCR (+)	

Noted by [signature]

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0Y0M0D17H (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26	C/B Dr. Tejaswi	
9:30am	34+2w | 1.78kg | RDS - NIV.	
	on NIV - FiO_2: 21%	
	PEEP: 6	
	RR: 60	
		Plan
	vitals:	1) 2D echo now
	HR: 168bpm	NSY
	RR: 70cpm	2) NPI - in the evening
	SpO_2: 96%	APTT, PT, INR
		3) VBG now
	- urine -	4) CBP, CRP now
	- stools -	5) c/t ampi & genta.
		6) monitor vitals -
		7) STOP ampi &
	Chi.	genta
		8) start piptaz
	Noted by Laxmiprasanna	
	17/7/26 @ 9:30Am	

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. S TEJASWI REDDY

Jathin II.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/26 11:15AM	Counselled. (Drs Tejaswi)	
	Baby had distress in NIV - so continuing.	
	- Planned. to do VBG @ 12pm ↓ if Improvement ↓ try to taper to CPAP. ↓ if doing good. with Improvement in VBG ↓ Try to taper CPAP by night / Tm mng)	
	- started feeds → w/f tolern.	
	- Today NBS, 2D Echo, NPI samples.	/ PT apTT INR.
	- Total Expected → days of NICU if	only if Baby - No sepsis Tolerating full feeds / spoon feeds ↓ out of resp. support. Try to shift out.
	(Take 2-3 day)	

Dr. S. TEJASWI REDDY
Registration No: 94068

(P.T.O)

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 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
17/7/26 4:05 pm	c/8/B - Dr. Prashanti	
	Dr. Anusha.	
	A - Late Preterm 34+2 / 1.78kg / Twin-2	
	On NCPAP since 12 pm	Plan
	O/E IV Cannula (R) hand.	- To taper supp tomm if no distress
	Vitals	
	HR - 146/min	
	RR - 37/min	- Start feed, if no intolerance
	SpO2 - 97% on RA	
		- Send NP I / VBG / PT apTT, INR in the evening.
	S/E	
	Colour pink	
	RS - clear,	- Stop pt Pipta2.
	CNS - Cry, Tone, Activity - Good	
		Prashanti

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. S TEJASWI REDDY

Fathima II

(S)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselli Note	
17/7/26 5pm		
	- CPAP by night → Room Air	
	- Spoon feeding to establish	
	- At 5pm - Sample (NPI) + PT APTT INR. & VBG	
	If VBG (N) / clinically (N) → Try to tape & stop CPAP	
	NSG - preterm chge (+) oth (N).	
	2D Echo (N)	
	- As patient attender/father Not willing for NPI / PT APT INR test.	
	- (VBG) should be done - to tape CPAP.	
	Dr Teja	Dr. S. TEJASWI REDDY Registration No: 94068

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

(P.T.O)

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 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
17/7 11:00pm.	C/S/13 Dr. Naipunya / Dr. Archana LPT | LBW | Twin-II | RDS → CPAP → NIV.	
	on NIV. FiO2 - 21 PEEP - 6 PIP - 17 Vitals — TR - 152 SpO2 - 96% RR - 42.	P/O9 - OG feed 2ml / 2nd hourly ↑ 1ml / 2nd hourly - TV - 80ml/kg/day
	RS - B/L AE (+). P/A - Soft NT Distension (+)	- Cont PIPTAZ - monitor vitals Ref Noted by Dhanya 16/7/26 @ 8AM.

HNH-00016623
Baby Of FATIMA BEGUM TWIN 2 (F)
16-07-2026 0 Y 0 M 1 D
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26	S/B Dr. Archana / Dr. Naipunya.	
7am	LPT ($D_{1\to2}$ of life) / Twin 2 / RDS / on NIV.	
	43 hrs of life	
	on feeds 2cc / 2 hourly.	Adv.
	FiO_2 : 21%.	- Increase OG feeds today.
	PIP : 17	- ct piptaz.
	PEEP : 6	- ct IVF
		- Watch for distress →
	o/e	
	HR - 144 bpm	
	RR - 42/min	
	PP - wf	
	SPO_2 - 96%.	
	~~BP~~ B.P - 56/42 (46) mmHg	[signature] noted by Divya 18/7/26 @ 8am.
	s/e	
	RS - AEBE.	

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

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26.	c/s/by. Dr. Anusha	
1pm	LPT/ Twin 2/	RDS NIV → RA/
	Baby Now on 8cc feeds.	
	vital HR = 144/min.	
	SpO2 = 95% RA.	
	BP = 66/46	— IV fluids. @ 3.5 ml/h
		— feeds 8ml Only.
	Bl c/s 24h NG	↑ 2ml Every alt feed
		& taper IV fluids.
		1ml alt feed
		(Target (12) 14 ml)
		— ct Antibiotics
		— (T) final Bl c/s.
	[signature] 18/7/26	— I form (SOS).
	Noted by [illegible]prasanna 18/7/26 @ 1pm	

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 1 D
Dr. S TEJASWI REDDY (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/2026	S/B Dr. Nameen / Dr. Sreeghan.	
12:30am	Late PT / Twin 2 / RDS - NIV - RA /	
	on room air.	Plan
	accepting feeds well	(1) ct feeds
	HR - 160/mi	increase feeds by 1ml
	BP - 58/45mmHg (49)	every feed Q2H.
	SpO_2 - 96% @ RA.	Taper IV fluids by ~~tnd~~
		0.5ml each feed
		TL - 15ml Q2H
		(TV = 100ml/kg/day)
		(2) ct piptaz
		(3) Trace blood c/s
19/7/2026	S/B Dr. Nameen / Dr. Sreeghan	(Dr. Nameen)
7:30 am	D3 / Late PT / Twin 2 / RDS / Dr. Tejaswi	
	T. wt - 1.68kg (↓20gm)	
-	on room air	Plan
-	accepting feeds well.	(1) ct 15ml Q2H spoonfeeds
	HR - 156/min.	(2) Trace final blood c/s
	SpO_2 - 98%	(3) ct piptaz
	accepting 15ml spoon feeds	(4) Monitor vitals
		(5) check Redreflex
		(6) ~~Chec~~ Plan NBS
	Discharge today	(7) Train mother for spoon feeds

Noted by Divya 19/7/26

HNH-00016823 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
15-07-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

NH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/07/2026 9:30 am	B/o Fatima – Twin II	
	- Baby is doing fine.	
	- 20 gms wt loss	
	- taking spoon feeds well	
	- Parents counselled but not willing for NPT; ~~DAE~~; NPT and other investigations	
	- we will give Vaccination today and Plan discharge	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016623 IP26-00006563
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 23 H (F)
Dr. S TEJASWI REDDY

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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:				

Signature .....

VERIFIED BY : Name .....

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 1.780kg Ward. ....

DRUG : Inj. AMPICILLIN

Dose	Route	Frequency	Start Date	Date/Time	16/7	17/7
90mg	IV	BD	16/7	4AM	X	[initials]
				4pm	[initials]	

Name & Signature of the Doctor Starting the Drugs: B. Sneha
Additional Instructions:
STOP 17/7
Daily Doctor's Endorsement by a Sign

DRUG : Inj. GENTAMICIN

Dose	Route	Frequency	Start Date	Date/Time	16/7	17/7
9mg	IV	OD	16/7	5pm	[initials]	

Name & Signature of the Doctor Starting the Drugs: B. Sneha
Additional Instructions:
STOP 17/7
Daily Doctor's Endorsement by a Sign

DRUG : INJ PIPTAZ

Dose	Route	Frequency	Start Date	Date/Time	17/7	18/7	19/7
200mg	IV	BD	17/7	9 AM	X	[initials]	[initials]
				9 PM	[initials]	[initials]	

Name & Signature of the Doctor Starting the Drugs: [signature]
Additional Instructions:
Daily Doctor's Endorsement by a Sign

DRUG : DOMSTAL Suspension

Dose	Route	Frequency	Start Date	Date/Time	18/7	19/7
0.2ml	PO	TID	18/7	6am	X	[initials]
				2pm	X	
				10pm	[initials]	

Name & Signature of the Doctor Starting the Drugs: (1mg/ml) [signature] Dr. Prashanth
Additional Instructions:
Daily Doctor's Endorsement by a Sign

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

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

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

Signature .....

Name .....

VERIFIED

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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I.V. FLUIDS CHART

Weight. .... 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
16/7	4:30 pm	D 10% + 9ml calcium gluconate	IV	6 ml/h ↓	[signature]	[signature] / [signature]	19/7/26 8 pm	[signature]	[signature] / [signature]
19/7	12pm	D10%.D + 9ml calium	iv	3.5 ml/h	[signature]	[signature] / [signature]	14/7/26 8 pm	[signature]	[signature] / [signature]

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

				Date / Time														
DRUG : Glycerin [illegible]					18/7	19/7												
Dose	Route	Frequency	Start Dt.															
	P/R	BD	18/7															
Name & Signature of the Doctor Starting the Drugs: B. Sy[illegible]				6pm	X	10												
Additional Instructions: 2ml glycerin + 2ml [illegible]				6pm	10pm													
Daily Doctor's Endorsement by a Sign																		

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

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

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

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

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

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

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

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

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

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

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: RDS/PT

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

Surgery / Procedure: —

Post OP Day:

BACKGROUND

Date / Shift	16/7 E2	16/7/26 NI	17/7 MS	17/7 NI	17/7 MG	18/7/26 NI
Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS	RDS
Diet:	—	—	—	—	—	—

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	NIV	NIV	NIV	NIV	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36.5°C	36.5°C	36.5°C	36.6°C	36.5°C	36.5°C
Res:	40 bpm	42 bpm	48 bpm	36 bpm	40 bpm	42 bpm
SpO_2:	100%	100%	100%	96%	100%	97%
Pulse:	132 bpm	150 b/m	158 b/m	146	142 bpm	168 b/m
BP:	52/34(40)	—	—	—	58/44(48)	—
LOC:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—
Skin Integrity	yes	yes	yes	yes	yes	yes

Recommendations

Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:	—	—	—	—	—	—
Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Special Diet:	—	—	—	—	—	—
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—

Handed Over By Name :	Saipriya	Shivalekha	Jyothi	Dhanya	prasanna	Dhanya
Signature / ID :						
Date:	16/7/26	17/7/26	17/7/26	18/7/26	18/7	19/7/26
Time:	8pm	8Am	8pm	8Am	2pm	8Am
Taken Over By Name :	Shivalekha	Jyothi	Dhanya	prasanna	Dhanya	Saipriya
Signature / ID :						
Date:	16/7/26	17/7/26	17/7/26	18/7/26	18/7/26	19/7/26
Time:	8pm	8Am	8pm	8Am	8pm	8Am

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	19/7/26 M6					
	Medical Condition (Any special condition to be noted):	RDS					
	Diet:	—					
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	R/A					
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.5°C					
	Res:	30 bpm					
	SpO_2:	99 %					
	Pulse:	145 bpm					
	BP:	—					
	LOC:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
	Skin Integrity	—					
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—					
	Critical Lab Test / Values:	—					
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :		Saipriya K					
Signature / ID :							
Date:		19/7/26					
Time:		2pm					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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CHECKLIST FOR THROMBOPHLEBITIS

16/7 17/26 18/7

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	0	0	0		0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	0	0	0	0		0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	0	0	0	0		0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	0	0	0	0		0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	0	0	0	0		0	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Bhavani

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

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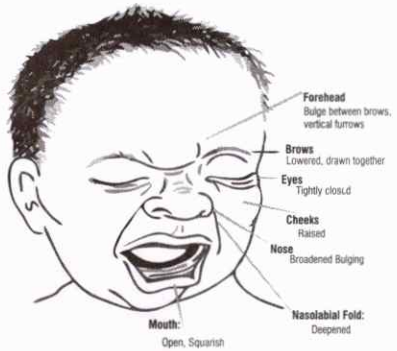
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						16/7	17/7	18/7	18/7	18/7	18/7	19/7		
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						E2	N1	M5	N1	M6	N1	M6		
					Procedure ➡	—	—	—	—	—	—	—		
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA		
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA		
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA		
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	NA	NA		
					Gestational Age / Corrected Age	34+2	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks		
					Total Pain / Agitation Score	5	—	—	—	—	—	—		
					Intervention	—	—	—	—	—	—	—		
					Effectiveness	—	—	—	—	—	—	—		
					Signature									



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

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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BRADEN 'Q' SCALE

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					Date : 16/7	16/7	17/7	17/7
					Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				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-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 17 H (F)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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					Date : 18/7	18/7	19/7	
					Time : M6	AM	M6	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	
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					TOTAL SCORE	28	28	28	
					Evaluator's Name	K	[illegible]	[illegible]	

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

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Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 1 D (F)
Dr. S TEJASWI REDDY

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓			
Flow Between 5-7 Litres / Min	✓			
Humidifier Temperature Correct (36.5-37.5*C)	✓			
Humidifier Water Level Correct	✓			
Proper Oxygen Tubing From Blender to Humidifier.	✓			
Tubing Correctly Placed (Position & Leak)	✓			
Excess Fainout (Afferent Tubing) Drained	✓			
Excess Rainout (Efferent Tubing) Drained	✓			
Temperature Probe away from Heat / Cover with Aluminium Foil	✓			
Gas Bubbling Continuously	✓			
Water Level at Desired Level in Bubble Chamber.	✓			
INTERFACE:				
Nasal Prong / Mask Correct Size	✓			
Nasal Prong/ Mask Correctly Placed	✓			
Hat Fits Snugly	✓			
Moustache Suitable and Effective	✓			
Nasal Bridge Intact	✓			
Septum Intact	✓			
POSITION:				
Head Position Correct	✓			
Head Roll - Correct Size and Position	✓			
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓			
Oro Nasal Suctioning Documentation	✓			
OG Tube in SITU	✓			
Baby Comfortable	✓			
Chest Retractions	✓			
Name of the Nurse:	Dhanya			
Signature of the Nurse:				
Date & Time:	17/7/26			

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

Patient Sticker

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

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Excess Fainout (Afferent Tubing) Drained				
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Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
POSITION:				
Head Position Correct				
Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

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

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of FATIMA BEGUM TWIN 2**	**Age :**	**0 Y 0 M 0 D 1 H**
IP No:	**IP26-00006863**	**Sex:**	**Female**
Consultant:	**Dr. S TEJASWI REDDY**	**Ward/Bed No:**	**4F -NICU 1/NICU1-402**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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: Mohd. Imran
Relationship: Father
Date: 16/7/26 Time: 4:46 PM
Witness Name:
Witness Signature:

Patient Address:
HNO:19-2-438/2,3 Chandulal Baradari
Hyderabad Telangana INDIA 500064

HNH-00016623
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 1 H
Dr. S TEJASWI REDDY (F)
IP26-00006863

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BILLING POLICY

- Billing cycle: - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In 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 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 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

INTERIM BILLING

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 enquire 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.5,000/- 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.

Twin-2
female

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016623 IP26-00006863 Baby Of FATIMA BEGUM TWIN 2 16-07-2026 0 Y 0 M 2 D (F) Dr. S TEJASWI REDDY Dr. Tejaswini	16/7/26 @	16/7/26 04:30 PM
	Transfer Ordered by Dr. Pranav Dr. Sreeghan	Reason for Transfer NIL
From Unit OT	To Unit NICU	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Kavuru	Dr. Sreeghan

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

NICU d.c

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DISCHARGE SUMMARY

Name	Baby Of FATIMA BEGUM TWIN 2	**UHID**	HNH-00016623
Father/Guardian	Mr MD IMRANULLAH KHAN	**Age/Gender**	0 Y 0 M 2 D/ Female
Address	HNO:19-2-438/2,3, Chandulal Baradari, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006863	**Admission Date**	16-07-2026
Ref Doctor	SELF		
Discharge Date	19.07.2026		

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: LATE PRETERM 34 WEEKS + 2 DAYS / DCDA TWIN II /1.78 KG FEMALE/LBW/ CIAB/RDS

History: Baby Of FATIMA BEGUM TWIN 2 is a moderate preterm (34 weeks + 2 days) / AGA / baby girl of birth weight 1.78 kgs, born to G5P4L4 mother delivered by LSCS (Indication :Increased umbilical artery resistance and abnormal dopplers) on 16.07.2026 at 03:40 pm. Baby cried immediately after birth. Apgar scores and resuscitation details were 8/10 at 1 min, 9/10 at 5 min. Baby developed respiratory distress after birth for which baby shifted to NICU, Rainbow Children's Hospital - for further management.

Maternal History : Mrs. FATIMA BEGUM is a 35 years old G5P4L4 mother.
G1 - 2014, FTSVD, Male, A & H.
G2 - 2013, FTSVD,Female, A & H.
G3 - 2020, FTSVD,Female, A & H.
G4 - 2022, FTSVD,Female, A & H.
G5 - Present Pregnancy, Spontaneous Conception.
She had regular antenatal checkups. Last antenatal scan done showed increased UA resistance and abnormal dopplers. H/O: Hypothyroidism and GDM present. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Name	Baby Of FATIMA BEGUM TWIN 2	UHID	HNH-00016623
IP No	IP26-00006863 -	Admission Date	16-07-2026

Mother's blood group is AB positive. Baby's blood group is B positive.

Examination: At the time of admission baby was euthermic and having respiratory distress. His saturations were 85%, heart rate was 145/min, respiratory rate was 50/min with subcoastal and intercoastal retractions. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 1.78 kgs
Weight on Discharge : 1.680 kgs
Head circumference : 33 cms
Length : 46 cms

Investigations: Enclosed reports.

Neurosonogram shows:
Both the lateral and third ventricles are normal. No hydrocephalus.
Fourth ventricle is normal.
Posterior fossa structures are grossly normal.
No e/o intraventricular densities.
Posterior periventricular white matter mild hyperechogenicity noted - preterm state.
Visualised rest of cerebral parenchyma is normal. No obvious bleed
Both thalami are normal.

Hb was 12.1 g/dl, WBC- 8460 cells/cumm and platelets - 1.44 lakhs/cumm.
Blood culture shows : No growth after 24 hrs of incubation.
CRP was 5.0 mg/L.

Chest x-ray done on 16.07.2026 shows
Subtle bilateral diffuse granular opacities noted, suggestive of respiratory distress of prematurity.

Chest x-ray done on 17.07.2026 shows
Subtle bilateral diffuse granular opacities noted, suggestive of respiratory distress of prematurity.

Management:
RDS - Non Invasive Ventilation:
In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 6, PIP:16, FiO2: 21%). Initial chest x ray shows Subtle bilateral

Name	Baby Of FATIMA BEGUM TWIN 2	UHID	HNH-00016623
IP No	IP26-00006863	Admission Date	16-07-2026

diffuse granular opacities noted, suggestive of respiratory distress of prematurity.. Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Cord ABG showed pH of 7.29, pCO2 of 47.6 mmHg, pO2 of 78 mmHg, HCO3 of 22.6 mmol/L and BE of -4.0 mmol/L. Serial monitoring of blood gases were done. As the respiratory distress settled on the following day morning baby was weaned off to CPAP and later in the evening to room air on 18.07.2026. Now baby is maintaining saturation at room air without any respiratory distress.

Feeding: Baby was initially started on IV fluids. Once hemodynamically stable, she was started on OG feeds. Baby tolerated OG feeds well. Later once the baby is removed from CPAP, spoon feeds were started, which she accepted and tolerated well. At present baby is on spoon feeds & direct breast feeds, which she is accepting and tolerating well.

Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics (injection. Ampicillin and injection. Gentamycin) after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Blood culture sent at the time of admission was sterile (24 hours of incubation) and IV antibiotics were stopped after 2 days.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	19.07.2026
OPV	Given	19.07.2026
HEPATITIS B	Given	19.07.2026

Advice:
Keep baby clean and warm.
Continue kangaroo mother care.
Continue demand paladay feeding as advised.
Immunization as per schedule.
Syp. Calcimax P 2 ml orally twice daily till 3kg.
Vitamin D drops 0.5 ml per oral once daily till further advice.
Syp. Domstol (1ml/1mg) 0.3ml SOS / 8th hourly incase of vomitings

Name	Baby Of FATIMA BEGUM TWIN 2	UHID	HNH-00016623
IP No	IP26-00006863	Admission Date	16-07-2026

Plan:

Neurosonogram to be done at 40 weeks of PMA
Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.
Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.
Serum Bilirubin to be done / decided on followup.

Review consultation with Dr. S TEJASWI REDDY on (21.07.2026) Tuesday at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

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Name	Baby Of FATIMA BEGUM TWIN 2	**UHID**	HNH-00016623
IP No	IP26-00006863	**Admission Date**	16-07-2026

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

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

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

T.o. B:- 3: 40 Pm

Birth wt:- 1.780 kg

LMP:- 18/11/25

HNH-00016623 IP26-00006863
Baby Of FATIMA BEGUM TWIN 2
16-07-2026 0 Y 0 M 0 D 1 H (F)
Dr. S TEJASWI REDDY

ADMISSION INTIMATION

Date: 16/7/26

Name of the Patient: B/o Fatima Begum Twin II

UHID: HNH-00016623 Gender: ☐ Male ☑ Female

Admitting Doctor: Dr. Tejaswi Department: Paediatrics

Referred by Doctor:

Admit in : ☑ NICU ☐ PICU ☐ Ward ☐ OT
☐ Oncology ☐ Day Care ☐ Birthing Centre

Admission Type : ☐ OPD ☐ Emergency ☐ Referral
☐ Transport ☑ New Born ☐ Labour Ward

Category : ☑ Medical ☐ Surgical ☐ Ventilation
☐ Phototherapy ☐ Cradle

Plan of Treatment : NIV support, d/b

Duration of Hospitalization : 1 week

Dr. Signature : R

Type of Payment :

Package Opted: Room Eligibility:

Name & Relationship: Imran - Father Admitting Executive Rakesh

Signature: Signature: Rakesh

Date & Time: Date & Time: 16/7/26

Docu. No.: RCH/FRM / GENERAL / 146

NICU – 12000/day (each.

(RR + DOC + Nursing care)

Investigation – extra

Pharmacy – extra.

Equipment – Oxygen + CPAP (4500 / 6000)

+ syringe pump – 900

Monitor. – 1300

Procedure – IV placement

Cannula – extra

MRD – 1600/-

Reg – 530/-