DISCHARGE SUMMARY

Name	Baby Of M VARA LAKSHMI	**UHID**	HNH-00016354
Father/Guardian	Mr KALISHEKAR	**Age/Gender**	0 Y 0 M 3 D/ Male
Address	205 vasvi hight aphp colony, Adikmet, Hyderabad, Telangana, INDIA, 500044		
IP No	IP26-00006739	**Admission Date**	04-07-2026
Ref Doctor	DR. SANDHYA		
Discharge Date	10.07.2026		

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	**ICD CODE**
MODERATE PRETERM (33 weeks)/AGA/1.52KG/ LBW/ MALE/RDS/NIV/NNHB	

History: Baby Of M VARA LAKSHMI is a moderate preterm (33 weeks) baby boy, delivered to a G4P1L1A2 mother by emergency LSCS (Severe FGR with AEDF) on 04.07.2026 at 12:40 pm with birth weight of 1.52 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done . Fetal presentation was Vertex. Baby persisted to have respiratory distress- DR CPAP was given. Baby was shifted to NICU for further management.

Maternal History: Mrs. M VARA LAKSHMI is a 28years old G4P1L1A2 mother.
G1 -2016- TOP - at 22weeks i/v/o congenital anomaly; amniocentesis s/o ? genetic disorder - Mertens syndrome-2, WES- heterozygous mutation- ddx58 gene
G2 - 2019- FTLSCS (oligohydramnios) , male child, 3.2kg, A&H (amniocentesis done at 16 weeks of gestation- normal study).
G3 - Spontaneous abortion at 5 weeks followed by Cu T insertion.
G4 - Present pregnancy, Spontaneous conception., had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal except FGR. Last scan showed AEDF. History of chronic hypertension present. No history of Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is B positive. Baby's blood group is A positive.

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

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

Anthropometry:
Weight at birth : 1.52 kgs.
Weight at discharge : 1.46 kgs.
Head Circumference : 30 cms.
Length : 40 cms.

Investigations: Enclosed reports.

Date	On 04.07.2026	On 05.07.2026	On 06.07.2026	On 07.07.2026
TEST	**Result**	**Result**	**Result**	**Result**
CBP: Hemoglobin	17.2 g/dl	17.1 g/dl	-	-
While blood cell	10390 cell/cmm	11130 cell/cmm	-	-
Platelets	2.38 lakh/cmm	2.22 lakh/cmm	-	-
CRP	5.0 mg/L	8 mg/L	-	5 mg/L
S.electrolytes: Natrium (Na)	-	140 mmol/L	-	-
Potassiu		4.9		

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

m (K)	-	mmol/L	-	-
Chloride (Cl)	-	108 mmol/L	-	-
Serum.CREATININE	-	0.7 mg/dl	-	-
BLOOD UREA	-	12 mg/dl	-	-
CALCIUM	-	8.9 mg/dl	-	-
TOTAL BILIRUBIN	-	7.0 mg/dl	-	-
UNCONJUGATED BILIRUBIN	-	6.9 mg/dl	-	-
PT/INR/APTT	-	-	16 / 1.2/ 45	-
BLOOD CULTURE	Sterile	-	-	-
BLOOD GROUP	A positive	-	-	-

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

2D Echo shows
Situs solitus levocardia
Normal sized cardiac chamber
Good biventricular function
PFO with left to right shunt
No PDA
Left arch, No COA

NEUROSONOGRAM
No significant abnormality detected.

Chest X ray was normal

Management:
NIV: In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 6, PIP:15, FiO2: 25%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Cord ABG showed pH of 7.33, pCO2 of 54.9 mmHg, pO2 of 19 mmHg, HCO3 of 24.1 mmol/L and BE of -2.0 mmol/L. Inj. Caffeine loading dose was given followed by maintenance dose. As the respiratory distress settled on the following day morning baby was weaned off to CPAP and later in the evening to room air. Now baby is maintaining saturation at room air without any respiratory distress.

Feeding: Once hemodynamically stable, he was started on OG feeds. Later once the baby is removed from CPAP spoon feeds were started, which he accepted and tolerated well. As the baby is accepting spoon feeds and breastfeed well he is shifted to ward for further management. At present baby

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

is on spoon feeds & direct breast feeds, which he is accepting and tolerating well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	09.07.2026
OPV	Given	09.07.2026
HEPATITIS B	Not Given	

Hepatitis B to be given after 2kgs.

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: To be done on follow up.

Newborn screening advanced: done on 07.07.2026, was normal.

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

THYROID STIMULATING HORMONE	8.7	<10	uU/ml	-	Approved from Review Results..
17 OHP (17 HYDROXY PROGESTERONE)	6.6	<30	ng/ml	-	Approved from Review Results..
G6PD (GLUCOSE 6 PHOSPHATE DEHYDROGENASE)	6.2	>2	U/ghb	-	Approved from Review Results..
TOTAL GALACTOSE	6.12	<10	mg/dl	-	Approved from Review Results..
BIOTINIDASE	210.9	>50	U	-	Approved from Review Results..
PHENYLALANINE NEONATAL	0.74	<2.5	mg/dl	-	Approved from Review Results..
IRT	43.0	<70	ng/ml	-	Approved from Review Results

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

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

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

Advice:

Name	Baby Of M VARA LAKSHMI	UHID	HNH-00016354
IP No	IP26-00006739	Admission Date	04-07-2026

Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule

* Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice
* Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.
* MCT Oil, 1 ml thrice a day for 15 days.
* HMF Sachet, Dilute 1 sachet in 25ml EBM (each feed), and to give till further advice.
* MCT Oil, for local application all over body, 3 times/day till further advice.

Plan:

1. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
2. **Serum Bilirubin to be decided on followup**
3. **Hepatitis B to be given after 2kgs.**

Review consultation with Dr. S TEJASWI REDDY on Monday(13.07.2026) 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

Name	Baby Of M VARA LAKSHMI	**UHID**	HNH-00016354
IP No	IP26-00006739	**Admission Date**	04-07-2026

explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

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

R
BABY OF M VARA LAKSHMI 1H M HNH 00016354 CHEST AP 04-Jul-26 2:35 PM
RAINBOW CHILDREN'S HOSPITAL,HIMAYATH NAGAR

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 : IP26-00006739 **Admit Date** : 04-Jul-2026 **Admit Time** : 01:34 PM **UHID** : HNH-00016354

Patient Details :

Patient Name	: Baby Of M VARA LAKSHMI	**Age**	: 0 D
Guardian	: Mr KALISHEKAR	**DOB**	: 04-07-2026 12:49 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 205 vasvi hight aphp colony Adikmet Hyderabad Telangana INDIA 500044	**Phone No**	: 9000069432
		E-mail	: na@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU1-403 **Ward Name** : 4F -NICU 1

Room No : NICU1-403 **Admission Type** : First Visit

Contact Details :

Name : Mr KALISHEKAR **Relationship** : Father

Contact Address : 205 vasvi hight aphp colony Adikmet Hyderabad Telangana INDIA 500044 **Phone No** : 9000069432

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SBI General Insurance Company Ltd

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ACTIVITY RECORD FOR BILLING

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
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
4/7/26	OT	1:30pm	NICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Shwetha (Cardiologist)	6/7/26	11234 ✓	
2.	Cross checked by Nirmala SIS on 6/7/2026 at 22:50			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

Date	Investigations	Order No.	Sign
4/7/26	Clwb - re-req.	8013.	
	CBP, CRP	10951	Dhey.
	Blood grouping		
	Blood Culture.		
	ABG(1), VBG(2), RBS(1) (76 mg/dl)	10954	
	ABG(3), RBS(2) (140 mg/dl)	10973	DL
	ALSG.	8027	DL.
4/7/26	ABG(4), RBS(3) (126 mg/dl)	11000	
5/7/26	ABG(5), RBS(4) (86 mg/dl)		
	Cross checked by Nirmalesis at 5/07/26 at 8:40Am		
5/7/26	CBP, CRP, electrolytes		
	urea, creatinie, SBR	11013	Sy
	calcium		
5/7/26	ABG(5), RBS (75 mg/dl)	11014	Sy
6/7/26	RBS(6) (73 mg/dl) mg/dl	11056	Sy
6/7/26	ABG.	11065	
6/7/26	PT/APTT	11066	
6/7/26	2D ECHO	8096	
	Cross checked by Nirmalesis on 6/7/26 at 22:43 pm.		
7/7/26	RBS (113 mg/dl)	11150	
7/7/26	CRP, GRBS	1146.	
8/7/26	GRBS (84 mg/dl)	11215	Sy
9/7/26	GRBS (79 mg/dl)	11298.	Sy

Cross checked by S. Bhavani 9/7/26 11Am

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

...MENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/7/26	Invasive monitor			9/7 11AM	
	C-PAP	4/7/26	5/7/26		
	Oxygen.	1:30pm	@ 11Am	10678	Dhn
	Syringe pump	12:35pm	6/7/26 10:30pm.		

Crash checked by Nirmala s/s on 5/07/2026 at 8:40am

ABG+VBG - 7
RBS - 9
X-Ray - 1
2 decho - 1
USG - 1

checked by Bhavani 9/7/26

4-00016354 IP26-00006739
y Of M VARA LAKSHMI
7-2026 0 Y 0 M 0 D 1 H (M)
S TEJASWI REDDY

Date	Proceedure	Quantity	Order No.	Signature
4/7/26	IV placement	(1)	10679	DH
	Cross checked by Nirmala on 5/7/26 at 8:45 PM			
6/7/26	IV placement :	(1)	11235	DH
	cross checked by Nirmala on 6/7/2026 at 20:51 PM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016354 IP26-00006739 Baby Of M VARA LAKSHMI 04-07-2026 0 Y 0 M 5 D (M) Dr. S TEJASWI REDDY	04/7/26 @ 1:34 pm	@ 9/7/26 @ 11:30 am
	Transfer Ordered by Dr. praveen	Reason for Transfer Admission
From Unit NICU	To Unit 307 (3rd floor)	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File (2)	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
Saipriya	Dr praveen

Patient & Clinical Records Received by : 9/7/26 @ 11:40 am

Date & Time of Patient Received :

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

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

Name: B/o vara lakshmi Age: NB Gender: Male ☑ Female ☐

UHID.No : HNH-00016354 Date: 4/7/2026

I Kalisekaran S/o, D/o, W/o Vara lakshmi hereby declare that our patient Mr. / Ms ..... who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on .....

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

Prematurity
low birth weight
Respiratory distress

The doctors have clearly explained to me that my patient B/o . vara lakshmi 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 : vara lakshmi 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 : K

Name : Kalishekaran Ponnada

Relationship with Patient: father

Date & Time : 5/7/26 9AM

Witness :

Signature : Dhanya

Name : Dhanyalakshmi

Date & Time : 4/7/26 @ 2pm

Doctor (who is taking the consent) :

Signature :

Name : Dr Archana

Date & Time : 4/7/2026 @ 2pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o vara lakshmi Gender: ☑ Male ☐ Female

UHID No : HNH-0001.6.3.54 Department : Paediatrics Date : 4/7/2026

I Kalisekar S/D/W/O Vara lakshmi

Here by give consent for procedure of : Non-invasive Ventilation

For my patient, Named : B/o Vara lakshmi

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

Hypoxia
Respiratory distress
Need to switch upto Invasive ventilation.

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

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

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : Kalishekar. Ponnada

Relationship with Patient: Father

Date & Time : 5/7/26 9pm

Witness :

Signature : .....

Name : Dharmendra

Date & Time : 4/7/26 @ 2p.m.

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Archana

Date & Time : 4/7/26 @ 2pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. S TEJASWI REDDY

CONSENT FOR FORMULA FEEDS

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Patient Name : B/o Vara Lakshmi Age : 2d Gender : ☑ Male ☐ Female

UHID No : HNH-00016354 Department : NICU Date : 5/7/26

I Mr / Mrs. : Kalishekar 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 : KP

Name : KaliShekar. Ponnada

Relationship with Patient: father

Date & Time : 5/7/26 2PM

Witness :

Signature : Laxmiprasanna

Name : CHF

Date & Time : 5/7/26 2PM

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 5/7/26 2PM

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. S TEJASWI REDDY

(1)

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
4/7/26 (1)	2pm	76 mg/dl	RL fluids	
4/7/26 (2)	6pm	140 mg/dl	RL fluids	
5/7/26 (3)	12AM	126 mg/dl	D/10 NS	
5/7/26 (4)	6 AM	86 mg/dl	D/10 NS	
	cross checked by Nirmala SS on 5/7/26 at 8:30 Am			
5/7/26 (5)	2pm	75 mg/dl	IV fluids	SHY
6/7/26 (6)	6AM	73 mg/dl	D/10 fluids	SHY
7/7/26 (7)	6AM	118 mg/dl	Feeds	
8/7/26 (8)	6AM	84 mg/dl	feeds	SHY
9/7/26 (9)	6 AM	79 mg/dl	feeds	SHY
	CROSS	checked	by SO. Bhavani 9/7	

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : M. Vara Lakshmi Age : 28 yr Father's Name : Kalishekar Age : .....

Date of Birth : ..... Date of Admission : 5/7/2026 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 Vara Lakshmi

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 4/7/2026 Time of Birth : 12:49 PM

Place of Birth : .....

Mother's Blood Group : B positive

Birth Weight (gms) : 1.52kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 33 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 28 yr Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 9/11/25 EDD : 22/8/2026

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

Booked at what GA. : 13+1 weeks AN Steroids Drugs / Doses : 2 dose (1/7, 2/7)

1/7/26 Last Scans Details : EFW - 1.55 kgs, FGR Stage-1 (3rd centile)

..... 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 since 2yrs → chronic HTN

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

H/o on Tab Nicardia 10 mg BD on Label + Nifedipine 10mg 10mg

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 : .....

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 :

(S) cord samples → Blood grouping

(S) RBG.

Inj. vit K given.

DR CPAP given → shift to NICU for NIV.

.....

.....

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

hmi

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	S/B Dr. Archana / Dr. Spandana.	
2pm		
	MPT (33 weeks) / Em. LSCS / C/AB / MCH / Bwt - 1.52 kgs / RDS	
	on NIV [Insp. pressure - 18, PEEP - 7, FiO2 - 25, RR - 60.]	Adv
		• NPO till further orders
		• Start Gentamicin and Ampicillin
	NBM	• IVF @ 80 cc/kg/day.
	Euthermic	(S) ABG @ 6pm.
	Cry, Tone, Activity } good	• ~~(S) ABG @ 8am~~
		• (T) CXR, CBP, CRP, Blood group
		• watch for distress.
	O/E HR - 146 bpm	
	RR - 62/min	
	PP - wf	aeB Sy
	CRT < 3sec.	Dheer 4/7/26 @ 2pm
	S/E CNS - active	
	CVS - S1S2 (+)	Dr. Archana
	RS - AEBE	
	P/A - soft	

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 4:30 PM	S/B Dr. Spandana Δ Moderate preterm (33wks) / 1.52g / M/CIAB RDS Baby euthermic HR - 130/m SpO₂ - 96% CVS - S₁S₂ ⊕ RS - BL - AE ⊕ P/A soft CNS - spont movements ⊕	Plan - c/f NIV support - c/f IV fluids @ 80ml/kg/d - c/f AMPICILLIN GENTAMICIN - c/f CAFFEINE - GRBS monitoring 6th h - NSG today 2D-Echo - Monday
4/7/26 6 PM	Case d/w Dr. Spandana Capillary Blood gas pH - 7.47 PCO₂ - 33.7 mm Hg PO₂ - 45 mm Hg HCO₃ - 25.2 Base exc - 1	Plan - PEEP - 7 → 6 Pinsp - 15 FiO₂ - 21% (signature) 13 Sep Ack Sy Dhera 4/7/26.

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. S TEJASWI REDDY

B/o Varalakshmi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	Counselling Notes	
4:55 pm	- Birth weight - 1.520 kg, CIAB ? c Respiratory distress	
	- on NIV Support.	
	- Plan to take on CPAP if baby is stable till tommorrow morning and gradually reduce respiratory support further	
	- if baby is stable	
	- on IV Fluids & Antibiotics	
	- NPO for today - To start OG feeds from tommorrow	
	- 2D-Echo on Monday	
	- NSG today / Monday	
	- Requires 1 week of NICU stay	
Dr. Spandana Pasupuleti, Consultant Neonatologist and Pediatrician, Reg. No: 30925	ROP to be done at a later date	
[signature]		[signature]

ALB Sydhem
4/7/26

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7 9pm	c/s/B Dr Pranav / Dr Thanvi	
	Mod PT (33wk) / Em LSCS / CIAB / RDS / Wt - 1.52kg / HBV/	
	On NIV	Plan
	PIP - 15cm / PEEP - 6	1) NIV
	Rate - 60	
		2) TV - 80ml/kg/day 10% D
	Vitals	
	HR - 148/min	
	SpO$_2$ - 94%	3) Inj Ampicillin
	RR - 26 b	Gentamycin
	BP - 64/48 (54)	Caffeine
	Mild SCR (+), ICR (+)	
	Activity } Good	4) 2D echo - Routine
	Cry }	
		5) CBG @ 12 Am
	Passed Urine & Meconium	6) Monitor Vitals
		Pranav
		Noted by Nikhitha SrS 4/7/26 at 9pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI (M)
04-07-2026 0 Y 0 M 0 D 1 H
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 12:30pm	c/s/B Dr Pranav / Dr. Tharini	
	On	
	NIV – PIP – 15 / PEEP – 6 / FiO_2 – 21% / Rate – 60	
		Plan
	RD – Better	1) Cont NIV
		2) TV – 80 ml/kg/day 10% D + Calcium
	Vitals : HR – 166/min, SpO_2 – 98%, RR – 32/min, BP – 62/47 (52)	
		3) Inj Ampicillin, Gentamycin, Caffeine
	Spontaneous activity – (+)	
	U.O – 40 ml in 7 hrs (3.7 ml/kg/hr)	
		4) Trace Blood c/s
		5) 2D echo on Monday
	Passed Stool	6) Monitor Vitals
		Pranav
		Noted by Nikhitha ... 5/7/26 at 12:30pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26	U/B Dr. Manmi	
7am	mpT(33) / RDS / LBW	
	- on NIV - PIP: 15	
	PEEP: 6	
	FiO2: 21%.	
	- urine ✓	Plan
	- stools ✓	1) ct. NIV
	vitals	2) ct. IVF
	HR: 129 bpm	3) ct. ampicillin
	RR: 40 cpm	gentamycin
	SpO2: 97%.	caffeine
	Bp: 50/28	4) 2D echo on monday
	S/E: RS: BAE ⊕	5) trace blood c/s
	CVS: S1S2 ⊕	6) monitor vitals.
	P/A: soft	
		Noted by Nikhitha Sis 5/7/26 at 7 Am.

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 11Am	C/S/B Dr. Spandan	
	Mod PT / 33wk / LSCS / C/AB/RDS / 1.52kg	
	NIV → CPAP	
		Plan
		1) CPAP PEEP - 7 cm, FiO2 - 21%
	Vitals	Trial of NIV or ok CPAP
	HR - 142/m	
	SpO2 - 98%	2) Start feed → 2ml
	BP - 62/52 (55) mmHg	
	RR - 48/m	3) NPI - Today 1pm
	R.S - B/L AE ⊕	4) 2D echo - T/m
	P/A - Soft	5) Tran blood c/s
		6) Cont. Ampicill, Gentamycin, Caffeine
	Noted by Laxmi prasanna 5/7/26 @ 11 Am	Sign

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/2026 5pm	S/B Dr. Nameen / Dr. Anusha.	
	Mod. PT / 33 wks / LSCS / CIAB / RDS / 1.52kg	
	on room air	Plan
	maintaining SpO_2	(1) ct feeds 2ml Q2H.
	no resp. distress	To increase for increasing
	HR - 115/min	(2) Trace NP1
	SpO_2 - 96%	(3) ct Ampicillin
	BP - 71/42mmHg (52)	Gentamycin
		Caffeine
		(4) Trace blood c/s
		(Dr Nameen)
		Noted by prasanna 5/7/26 @ 5pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 11 Am	Counselling (Dr. Spandana) B/o Vara Lakshmi 33 wks.	
	• Baby on NIV ⟶ CPAP (Now) if not tolerating off NIV	
	• Will start Feed - 2ml Preterm formula / EDN	
	• NP1 blood test Today	
	• Cont Antibiotics	
	• 2D echo - T/n	
	• NSG - yesterday - (N)	
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 50925	
	Noted by Laxmiprasanna 5/7/26 @ 11 Am	

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2026 9:30 am	S/B Dr Nameen / Dr Anusha	
	Mod PT / 33 wks / USCS / CLAB / RDS / 1.52 kgs	
	T. wt - 1.420 kgs (+20 gms)	Plan
	on room air	(1) ct feeds
	maintaining spo2 - wel -	increase by 1ml Q6H
	spo2 - 99%	(2) Taper IV fluids
	BP - 70/55 mmHg	accordingly
	RR - 55/min	(3) 2D Echo today
	accepting OG feeds well	(4) Trace blood c/s
	5ml Q2H	(5) ct Ampicillin
		Gentamycin
		Caffeine
		(Dr Nameen)
	Noted by Nirmala 6/7/26 @ 9:30 am	

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Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/2026 9am.	s/b Dr Tejaswi	
	Baby stable on room air accepting feeds well	Plan ① 2D Echo today ② ct antibiotics ③ Trace c/s ④ increase feeds by 1ml every C4H
		(Dr. [signature])
		Noted by Jyothi 6/4/26 @ 9 AM.

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

(7)

B/o Varalakshmi

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/07/26 10:30 AM	B. wt:- ~~1.8~~ 1.52 kg	
	Baby on room air	
	Coagulation profile to send	
	NSG → P - Normal 2D Echo → To done today	
	OG feeds → 9 ml every 4th hourly	
	Tolerating feeds	
	Blood C/S (24 hr) → Negative (Stop IV Antibiotics)	
	CRP:- 5 → 8	
	Repeat CRP tomorrow	
	Try Expressed Breast Milk	
	Target to reach full feeds by tomorrow evening	
	Try spoon feeds tomorrow	
	Dr. Teja Dr. S. TEJASWI REDDY Registration No: 94068	Noted by Jyothi SD 6/7/26 @ 10:30 Am.

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

(P.T.O)

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/b/6 - Dr. Sushanth	
06/07/26, 2:30 PM	Mod-PT (33w) / LSCS / CIAB / RDS / 1.82 kg	
	Baby on room air OG feeds 6 ml 2nd hourly	
	O/G: Euthermic vitals HR: 130/min RR: 40/min SpO2: 97% @ RA BP: 68/52 mmHg	
	S/E: RS: BLAE (+)	
		Adv - OG feeds 9 ml 2nd hourly Taper IV fluids - Inj Caffeine - Trace 48 hours Blood c/s - Monitor vitals and Inform SOS [signature]
		Noted by Nikitha 6/7/26 @ 2:30 PM

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/U/S. [illegible] Tejaswi Reddy	
06/07/26 4 PM	Baby on room air	
	OG feeds	
	O/E. Euthermic	
	Vitals: HR:- 132/min	
	RR:- 42/min	
	SpO2:- 92% @ RA	
	BP:- 65/50 mmHg	
	S/E:- RS:- BLAE ⊕	
		Adv
		- OG feeds @ 2ml 4th hourly
		- (Taper IV fluids) (taught 12ml 2nd hourly)
		- Inj Caffeine
		- Three 4th hours [illegible]
		- Monitor vitals and Inform SO
		[signature]
		Noted by Nikitha 6/7/26

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 6pm	C/S/B Dr Spandan	
	Mod PT / 33 wk / LSCS / CIAO / RDS - NIV / 1.52 kg / Bg	
	SV on RA	Plan
	Tolerating minimal feed	1) IV - 120 ml/kg
		↑ se 2 ml / Alt feed
		Target - 15 ml
	Vitals	
	HR - 124/min	2) OG feed - 4 ml / ...
	RR - 42/m	↑ by Spoon
	SpO_2 - 99%	3) Ct - Caffeine
	BP - 69/50(56) mmHg	4) Monitor vitals
	RS - B/L BS +	5) CRP, NBS } T/m
	P/A - soft	
		Prm
		Noted by Nikitha 6/7/26 6pm

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 6:50pm	B/o Vara Lakshmi	
	-> Baby Stable on room air	
	-> Giving feeds through OG tube - now 8ml ↓ Will Target - 15ml by overnight	
	-> Trial of Spoon feed - and see	
	-> If baby accepts spoon feed - t/m mother can come try giving spoon feed to baby	
	-> 2D echo & NSG - Normal	
	-> T/m will repeat CRP and do NBS.	
	-> Rest all noted for now.	
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30523	BD

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7 10:45pm	C/S/B Dr Pranav / Dr Nripunjay	
	P/o/ Mod PT / 33wk → 33+2 wk / LSCS / RDS - NIV - RA / 1.52 kg	
	SV on Room Air	Plan
	Tolerating feeds	1) TV - 120 ml/kg
		Feed - 15ml / Q 2H
	Vitals	
	HR - 132/m	2) Ct - Caffeine
	SpO_2 - 96%	
	RR - 30/min	3) CRP 6Am
		NBS T/m
	R-S - B/L AE ⊕	
	P/A - Soft.	4) Monitor Vitals
	Passing Urine & Stool	
		Pranav
		Cooled Sy Dheeya 7/7/26 @ 10pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M2D (M)
Dr. S TEJASWI REDDY

(10)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7, 6:30Am	d/s/b Dr. Pranav / Dr. Naipunya	
	DOL-3 / Mod PT / 33 → 33+3 Wk / LSCS / RDS - NIV - RA / 1.52 kg	
	T-Wt - 1.440 kg (↑20 g)	Plan
		1) TV - 120 → 130 ml/kg
	Tolerating spoon feed	Target feed - 17 ml / Q 2 h
	Vitals	2) Ct. oral caffeine
	HR - 162/min	
	SpO_2 - 97%	3) Monitor vitals
	RR - 38/min	
		4) Train mother in spoon feed.
	R.S - B/L AE ⊕	
	P/A - Soft	
		Pran
		Noted by Dheeraj 7/7/26 @ 8 AM

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7 8:30AM.	Cl s/b Dr. Tejaswi MPT (33 → 33+3) | RDS. | 1.52 kg.	
	On room Air Tolerating Spoon feeds Vitals - stable. R/S - BILAE(P) P/A - soft, NT	Plan - TV - 130ml/kg/d Target feed - 17ml | 8, 2 H - Involves mother for ST - Cont oral caffeine - Monitor vitals
		Noted by Jyothi 7/7/26 @ 8:30pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

LAKSHMI (11)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	COUNSELING	
7/7/26 10 AM	- Baby on full feeds → 17ml Q2H (SF)	
	- Stopped IVF & Antibiotics.	
	- PT/APTT/INR - (N).	
	- Started spoon feeds today.	
	- Will start DBF by afternoon (2pm).	
	- Will continue IV Caffeine → change to oral.	
	- NBS, ~~TFT~~ ~~on next visit~~ CRP tomorrow morning	

Dr. Tejas

Dr S TEJASWI REDDY
Registration No. 94308

(FATHER)

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 4 D
Dr. S TEJASWI REDDY (M)

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...OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 2 PM	c/s/b Dr. Varun	
	MPT / RDS / 1.5 Kgs.	
	On room air.	
	O/E – HR – 164/min.	
	RR – 60/min.	
	SpO2 – 100% @ RA.	Plan
		1) Ct. 8F 15ml Q2H.
	O/E – R/S – BAE (+).	2) Establish DBF
		by ~~tomorrow~~ today
		evening.
		3) Ct. oral caffeine.
		4) Trace NBS
		Noted by Nikitha 7/7/26 @ 2pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 3PM.	c/s/b Dr. Spandana	
	MPT/RDS/1.5 kgs.	
	- On room air	
	O/E - HR - 170/min.	
	RR - 76/min.	
	SpO_2 - 100%.	Plan
		- Ct. SF 15ml Q 2H.
		- Involve mother for SF, DBF.
		- Plan to shift after 2 days.
		- Trace NBS.
		[signature]
		Noted by Nikitha 7/7/26 @ 3pm

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 8pm	S/B Dr. Archana MPT | RDS | 1.52 kgs	Adv - Ct spoon feeds - Ct to train mother in feeding - Ct oral caffeine - (T) NBS
	on Room Air Euthermic on spoon feeds 17cc | 2 hourly	
	HR - 134 bpm RR - 36/min PP-wt SpO_2 - 98% @RA BP - 76/54 mm Hg	
	S/E WNL	Sd/ Dr. Archana 7/7/26
	Noted by Laxmiprasanna 7/7/26 @ 8pm	

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D
Dr. S TEJASWI REDDY (M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 7:30am	S/B Dr. Nameen / Dr. Archana	
	MPT / RDS / 1.54kgs (33 wks → 33+4 wks)	
-	T. wt - 1.42kgs (↓20gm)	Plan TV - 150ml/kg/day
	on room air	(1) ct Spoon feeds (19-20ml/2HR)
	no brady / desat	(2) Train mother to give feeds
	HR - 145/mi	(3) ct oral caffeine
	SpO_2 - 99%	(4) (T) NBS
	BP - 62/39 mHg.	(5) Monitor vitals 4H
	P/A soft	
	u/o - 4.93 cc/kg/hr	
		Nav (Dr. Nameen)
	Noted by Laxmiprasanna	8/7/26 @ 7:30Am

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 9am	s/b Dr Spandana / Dr. Tejasvi	
	Baby on room air accepting feeds well 20 ml Q2H 20 gm wt loss	Plan ① CT spoon feeds 20ml Q2H ② Train mother ③ Trace NBS ④ Monitor vitals
		(Dr [illegible])
		Noted by [illegible] 8/7/26 9am

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 4 D
Dr. S TEJASWI REDDY (M)

(14)

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)GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7 9:30 AM	Counselling (Dr. Tejaswi)	
	B/o Varalakshmi	
	- Baby is stable & Activity also good.	
	Accepting spoon feeds.	
	- Today weight loss - 20 grams	(1.42 kg)
	- Will crib care today	
	- Train mother in spoon	feeds
	- Will shift to room - T/m	& evening if possible
	T/m - Vaccination	in.
	Dr. Tejaswi (signature)	Dr. S. TEJASWI REDDY Registration No: 94068 (stamp)
	Noted by Nikitha 8/7/26 @ 9:30 Am	

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7 1:45pm	C/S/B Dr Pranav	
	Med PT / 33 → 33+4 wk / LSCS /	C/AB / RDS / 1.54 kg / NNJ
	SV on Room Air	
	Tolerating feeds	PL
		1) TV – 160 ml/kg
	Vitals	Spoon feed – 20 – 22 ml / Q
	HR – 138 b/min	
	RR – 22/min	2) Train mother in feeding
	SpO_2 – 98%	
	BP – 75/53(61)	3) Oral caffeine
	R-S – B/L AE ⊕	4) Crib Care
	P/A – Soft	5) Monitor Vitals
		6) Shifting – T/M & Vaccination T/M
		Pranav
		Noted by Nikitha 8/7/26 @ 1:45 pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI (M)
04-07-2026 0 Y 0 M 4 D
Dr. S TEJASWI REDDY

(15)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26	C/b Dr. Varun	
7AM.	Mod. PT / LSCS / OIAB / RDS.	
	SV on RA.	
	Tolerating feeds.	
	O/E vitals stable.	Plan
	HR - 147/min.	~~C/t~~ . OF 20-22 ml Q 3H.
	RR - 50/min.	
	SpO2 - 98% @ RA.	- C/t. oral caffeine
		- Crib care.
		- Shift today.
		Noted by prasanna 9/7/26 @ 9AM

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 9:15AM	C/S/O Dr. Tejaswi	
	SV on RA.	
	Tolerating feeds well.	
	O/E - HR - 150/min - RR - 30/min. SpO2 - 100% @ RA.	Plan - Shift out to mother's side.
	O/E - WNL.	- Ct. SF 22ml Q2H EBF.
		- Vaccination today.
	Noted by Sailaja 9/7/26 @ 9:15 AM	

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling	(Dr. Tejaswi)
9/7 9:45AM	13/0 Varalakshmi	
	Baby is stable Accepting feeds well	
	Will shift out today to room. Vaccination - Today (BCG, OPV, ~~Hep B~~) If stable & good - plan D/C - Tom	
	MCT oil	
		NB Surgery
		Hep B after 2kg
9/7/26 12 noon	BCG & OPV Given ~~Hep B Given~~.	
		(Faith)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	9/7/26 7:30pm S/B	Dr. Spandana
		33wk+5d / Mod. preterm / AGA
	Euthermic	Plan
		SIF - 25ml/2nd hrly
	CVS - S1 S2 ⊕	
	RS - BL - AE ⊕	NBJ on D/up
	P/A - Soft	Monitor vitals
	CNS - Active	NB Monitor @ 8PM
	Tolerating spoon feeds	
Dr. Spandana Pasupuleti, Consultant Neonatologist and Pediatrician, Reg. No: 30925		

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 8am		
	NNB m. Shanthi	
	33w + 6 days / mod. preterm / AGA	
	T. wt : 2.40 kg	
	↓, 60 g	
	- feeds ✓	
	- urine ✓	
	- stools ✓	
	- tolerating 25 ml of feeds	
	O/E	Plan
	anaemic	1) warm care
	HT/A : good	2) ct. SF - 25 - 28 ml / 2nd hr
	AF : flat	3) monitor vitals.
	moro (+)	
	CRT < 3 sec	
	S/E - (N)	
	P/A - soft	
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 12:30 pm	CBM Dr Tejaswi	
	Wt loss – 60 g	Rx
	Baby Pink	1) D/C Today
	Further	2) F/up on Monday
	C	
	T } Good	2) DBF 1/6 hrly 2-4
	D	+ FF (Spoon) – 25 ml
	Passing urine & Stool	3) MCT oil – 1 ml TID
		Add HMF sachet
		4) sachet in (25 ml) EBM
		each feed
		MCT oil for 4A
		Dr. Tejaswi
	Dr. S. TEJASWI REDDY Registration No: 94068	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

307

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: A+ve Sheet No: 23

Gest Age: 33 weeks Birth Weight: 1.52 kg

Date: 8/7/26	Date: 9/7/26	Date: 10/7/26
DOL D4 Weight 1.420 ↓ 20gm	DOL D5 Weight 1.460 ↑ 40gm	DOL – D6 Weight 1.400 ↓ 60gm
Problems: PT/RDS	Problems: PT/RDS	Problems:
Rs. 30 – 60 bpm Exam Done Vent. Setting ABG CXR } SOS	Rs. 30 – 60 bpm Exam Done Vent. Setting ABG CXR } SOS	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 120 – 160 bpm BP 88/64 Map (75) Cap Refil < 3sec	CVS Normal HR 140 – 160 bpm BP 82/55 Map (63) Cap Refil < 3sec	CVS HR BP Map Cap Refil
F / E / N T. Fluids – 209 ml CC /kg /day – 137.5cc/kg/day I / O / RBS: 84 mg/dl U Output: 180 (CC/kg/hr) 4.93cc Exam – Done 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: 79 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: 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 Syp. caffiene Neuro:	Med Syp. caffiene Neuro:	Med Neuro:
Assessment Done	Assessment – Done	Assessment
Plan GRBS – OD	Plan GRBS – OD	Plan

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

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

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na 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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. S TEJASWI REDDY

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Birth BY RAINBOW Your Right to a

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: A1 positive Sheet No: 1

Gest Age: 33weeks Birth Weight: 1.52kg

Date: 5/7/26	Date: 6/7/26	Date: 7/7/26
DOL D1 Weight 1.440 ↓80 gm	DOL D2 Weight 1.420 ↓20 gm	DOL D3 Weight 1.440 ↑20 gm
Problems: PT/RDS	Problems: PT/RDS	Problems: PT/RDS
Rs. 30-60 b/m Exam DONE NIV Vent. Setting ABG CXR } SOS	Rs. 30-60 b/m Exam Done Vent. Setting Room/Air ABG CXR } SOS	Rs. 30-60 b/m Exam done. Vent. Setting Roomair ABG CXR } SOS.
CVS Normal HR 120-160 b/m BP Map Cap Refil	CVS Normal HR 120-160 b/m BP Map Cap Refil	CVS Normal HR 120-160 b/m. BP Map Cap Refil
F/E/N 68.4 ml T. Fluids 45 cc CC /kg /day I/O/RBS: 86 mg/dL U Output: (CC/kg/hr) Exam 100 2.7 cc. T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC /kg /day (73 mg/dl) I/O/RBS: 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: (113 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 Antibiotics Inj: Ampicillin	C/s Results CRP Antibiotics Inj. Ampicillin	C/s Results CRP Antibiotics —
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done.	Assessment Done	Assessment done.
Plan	Plan	Plan GRBS OD

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 5 H (M)
Dr. S TEJASWI REDDY

"A" positive

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RESULT SHEET

Date	4/7/26	5/7/26	6/7/26	7/7/26		
Time						
Hb	17.2	17.1				
PCV	48.1	47.4				
RBC	4.57	4.54				
WBC	10.39	11.13				
N/L	31.1	60/26				
Platelets	238	222				
CRP	5.0	8.0		5.0		
ESR						
PCT						
RBS						
Na		140				
K		4.9				
Cl		108				
~~Ca~~/Mg		8.9				
Phosphate						
Urea		12				
Creatinine		0.7				
ALP						
SGPT						
SGOT						
T.Bill/Conj		7.0 → 0.1 / 6.9				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR			16/1.2			
APTT			45			
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 : 4/7/26 No growth in 48 hrs of incubation

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

99% 99% 99% 99%

/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 9/7/26 Time:	2	6	10pm	2 Am	6 Am
Doctor/Nurse/Family Concern?	PM	PM			

Temperature (°F) — 104 103 102 101 100 99 98 97 96 95 94

98.9°F 97.4°F 98.2°F 98.0°F 97.8°F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)	143b/m	144b/m	135b/m	140b/m	135b/m

Resp. Rate (bpm) (Over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number)	40b/m	40b/m	38b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	99%	100%
Conscious Level: Normal / Altered					
GCS *					
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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 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)

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: ...10/9/18... Time: 10

Doctor/Nurse/Family Concern? Ano

Temperature (°F): 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, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Heart Rate (Number)

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

Resp Rate (Number) 40bm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)

O_2Saturations (%) 99%

Conscious Level: Normal | Altered

GCS *

TOTAL SCORE
Number of shaded boxes 0

Pain Score 0

Observer's Initials

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 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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Date	Time	Early Warning Score	Date	Time	Name

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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)

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

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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							
9/7/26	08:00 am		EBM				✓			✓	0	
	09:00 am										0	
	10:00 am		EBM		NA			NA		✓	0	
	11:00 am	0									0	
	12:00 pm		EBM				✓			✓	0	
	01:00 pm										0	
Total Intake :		Teken				**Total Output :**				U-3	M-2	
9/7/26	02:00 pm											
	03:00 pm		EBM				✓			✓		
	04:00 pm											
	05:00 pm	0	EBM		NA			NA			0	
	06:00 pm											
	07:00 pm		EBM									
Total Intake :						**Total Output :**						
9/7/26	08:00 pm											
	09:00 pm		EBM									
	10:00 pm						✓		✓	✓		
	11:00 pm	0	EBM		NA			NA			0	
	12:00 am									✓		
	01:00 am		EBM									
Total Intake :						**Total Output :**				U-2 M1		
10/7/26	02:00 am											
	03:00 am		EBM									
	04:00 am						✓			✓		
	05:00 am	0	EBM		NA			NA			0	
	06:00 am											
	07:00 am		EBM				✓			✓		
Total Intake :						**Total Output :**				U-2 M-2		

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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							
10/2/26	08:00 am	1	EBM								1	
	09:00 am											
	10:00 am	0	EBM		NA			NA			0	M
	11:00 am	1										
	12:00 pm		EBM								1	
	01:00 pm											
Total Intake : Taken							**Total Output :**			U-	M-	
	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**	

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

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: 9/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am | 2pm	- Assess the pt Condition - monitor vitals - Maintain I/o Chart - BFM every 2nd Hourly	8am | 2pm	- Assess the pt condition - monitor vitals - Maintain I/o Chart - BFM every 2nd Hourly	Baby is Stable	Re Checked vitals	
Afternoon	2pm / 8pm	→Assess the baby condition. →monitor the vitals. →maintain I/o chart. →EBM. every 2nd hourly give.	2pm / 8pm.	→Assessed the baby condition. →Monitored the vitals. →Maintained I/o chart. →EBM every 2nd hourly given.	→Baby is stable Now.	→Re assessed the vitals	
Night	8pm to 8am	→Assess Baby condition →monitor the vitals →maintain I/o chart →EBM every 2nd hrly → provide warm care	8pm to 8am	→Assessed Baby condition →monitored vitals →maintained I/o chart →EBM every 2nd hrly →Provided warm care	Baaby is Stable	Re-checked vitals	

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

NURSING CARE RECORD

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

Date: 10/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	- Assess the Baby Condition - Monitor vitals - Maintain I/O Chart - EBM every 2nd Hourly	8am 2pm	- Assessed the Baby Condition - Monitored vitals - Maintain I/O Chart - EBM every 2nd Hourly	Baby is Stable	Re Checked vitals	
Afternoon							
Night							

-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

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

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: NB.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	9/7/26 E	9/7/26 N	10/7/26 M			
	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:	98.6°F	97.7°F	98.6°F			
	Res:	40bh	35b/m	36b/m			
	SpO_2:	100%	100%	100%			
	Pulse:	146b/m	146b/m	146b/m			
	BP:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	0	—				
Recommendations	Safety Needs:	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 :		Mathushi	Anusha	Moufiah			
Signature :							
Date:		9/7/26	10/7/26	10/7/26			
Time:		8pm	8AM	8pm			
Taken Over By Name :		Anusha	Moufiah				
Signature :							
Date:		9/7/26	10/7/26				
Time:		8PM	8AM				

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D5H (M)
Dr. S TEJASWI REDDY

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 4/4/26 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 / 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-00016354 IP26-[illegible]
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 1.52 kgs Ward. ....

Verified by Dr. Dhakshayani

DRUG: Inj GENTAMICIN				Date/Time	4/7	5/7
Dose: 8 mg	Route: I/v	Frequency: OD	Start Date: 4/7/26	3pm	D	Sky D
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions: 5mg/kg/dose; 5ml dilute, & give over 10 minutes						Stop
Daily Doctor's Endorsement by a Sign						

Verified by Dr. Dhakshayani

DRUG: Inj AMPICILLIN				Date/Time	4/7	5/7	6/7
Dose: 76 mg	Route: IV	Frequency: BD	Start Date: 4/7/26	2AM	X	D	D
Name & Signature of the Doctor Starting the Drugs:							Stop
Additional Instructions: 50mg/kg/dose; 10ml dilution and give over 10mins				2pm	D	Sky D	
Daily Doctor's Endorsement by a Sign							

Verified by Dr. Dhakshayani

DRUG: Inj. CAFFEINE				Date/Time	5/7	6/7
Dose: ~~3 mg~~ 7.5mg	Route: IV	Frequency: OD	Start Date: 4/7	6AM	D	D
Name & Signature of the Doctor Starting the Drugs: B. Sany						Stop 6/7
Additional Instructions:						
Daily Doctor's Endorsement by a Sign					B ✓	✓

Verified by Dr. Dhakshayani

DRUG: Syp CAFFEINE				Date/Time	7/7	8/7	9/7	10/7
Dose: 7.5mg	Route: Po	Frequency: OD	Start Date: 7/7	6AM	given D	Sky D	Sky D	
Name & Signature of the Doctor Starting the Drugs: Pranav								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign					B ✓	B ✓		

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 1.5 kg Ward .....

DRUG : MCT Oil

Dose	Route	Frequency	Start Dt.
	PA	TID	9/7/26

Name & Signature of the Doctor Starting the Drugs: AP

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	9/7	10/7
Time		
6AM	X	
2PM	X	
10PM		

DRUG : MCT OIL

Dose	Route	Frequency	Start Dt.
1ml	PO	TID	9/7

Name & Signature of the Doctor Starting the Drugs: Thni.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸	10/7
Time	
6AM	
2PM	
10PM	

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

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY / Name

Patient Sticker

Rainbow® Children's Hospital
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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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																		

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 5 D (M)
Dr. S TEJASWI REDDY

IP26-00006739

Weight. 1.50 kg 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
4/4/26	~~2pm~~	~~Inj TRANEXEMIC ACID 10 mg/kg/dose~~	~~15 mg, dilute in 2cc, give over 10 minutes~~			
4/4	5PM	Inj. CAFFEINE	30 mg Loading dose	IV	✓	

Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 1.52kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/7/26	2:30 pm	80 mg/kg/day [10% Dextrose + 5cc/kg Ca gluconate]	IV	3.8cc/hr			06/07/26 2 PM		
06/07/26	12 PM	10% Isolyte-P (5ml Calcium gluconate) (90ml/kg/day)	IV	3.1			6/7		

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

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

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	4/7/26 6 2	4/7/26 N1	5/7/26 M5	5/7/26 E2	5/7/26 A4	6/7/26 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:	36.6°C	36.6°C	36.5°C	36.5	36.6°C	36.5°C
Res:	40 bpm	48 b/m	38 bpm	31 b/m	32 bpm	36 bpm
SpO_2:	99%	98%	100%	99%	99%	96%
Pulse:	118 bpm	129	132 bpm	148 b/m	142 bpm	129 bpm
BP:	56/43	61/47	69/46/55	76/56 (63)	75/PD	-
Fall Risk Score:	—		—	—	—	—
Pain Score:	—		—	—	—	—

Recommendations

Safety Needs:	—		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 :	Dhu	Nikitha	prasanna	Sfeel	Dhu	Jyothi
Signature :			SH			
Date:	4/7	5/7/26	5/7/26	5/7/26	6/7	6/7/26
Time:	8pm	8Am	2pm	8pm	8am	8pm
Taken Over By Name :	Nikitha	prasanna	Sfeel	Dhu	Jyothi	Nikitha
Signature :		SH				
Date:	4/7/26	5/7/26	5/7/26	5/7/26	6/7/26	6/7/26
Time:	8pm	8 Am	2pm	8pm	8 Am	2pm

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI (M)
04-07-2026 0 Y 0 M 2 D
Dr. S TEJASWI REDDY

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time	6/7/26 E2	6/7 A1	7/7/26 M6	7/7/26 A2	7/7/26 N1	8/7/26 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:	36.6°C	36.6°C	36.5°C	36.6°C	36.5°C	36.5°C
	Res:	48 b/m	48 b/m	38 bpm	34 bpm	40 bpm	40 b/m
	SpO_2:	100%	100%	98%	100%	100%	100%
	Pulse:	120 b/m	140 b/m	138/44	59/44	88/67(75)	80/60
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Nikitha	Dhu	—	—	prasanna	Priy
Signature :				Jyothi	Nikitha	Prasanna	
Date:		6/7/26	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time:		8 pm	8pm	2pm	8 pm	8 Am	8pm
Taken Over By Name :		Dhu	Jyothi	Nikitha	prasanna	Priy	prasanna
Signature :					SHT		
Date:		6/7/26	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time:		8pm	8 Am	2pm	8pm	8am	8 pm

Docu. No. : RCH/FRM / CLINICAL / 097

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: PT / RDS						Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: .....
BACKGROUND	Area / Shift Time	8/7/26 N	9/7/26 M6				
	Medical Condition (Any special condition to be noted):	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				
	Res:	42 bpm	80 bpm				
	SpO_2:	100%	100%				
	Pulse:	136 bpm	132 bpm				
	BP:	59/44(47)	—				
	Fall Risk Score:	—	—				
	Pain Score:	—	—				
Recommendations	Safety Needs:	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				
Signature :		Sig					
Date:		9/7/25	9/7/26				
Time:		8 Am	2pm				
Taken Over By Name :		Saipriya					
Signature :							
Date:		9/7/26					
Time:		@8 Am					

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY

Rainbow® Children's Hospital
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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-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
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BRADEN 'Q' SCALE

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					Date : 7/7 / 7/7 / 8/7 / 8/7			
					Time : M6	E2	N1	M8
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

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
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Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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

					Date : 6/7/26	6/7/26	6/7/26	6/7/26
					Time : 04	mb	12	04
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
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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
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				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

Page No. : PCH /FRM / CLINICAL / 119

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Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 0 D 19 H (M)
Dr. S TEJASWI REDDY

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BRADEN 'Q' SCALE

					Date : 4/6	4/7	5/7	5/7
					Time : 6	11	M	E
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	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.	4	4	4	3
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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	3
					TOTAL SCORE	24	28	28	21
					Evaluator's Name	SR	R	N	SR

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
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Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :	8/7	9/7		
				Time :	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		
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				TOTAL SCORE	28	28		
				Evaluator's Name	Shy	Q		

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

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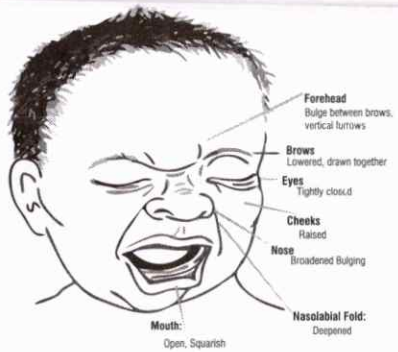
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						4/7/26	4/7/26	5/7	5/7	5/7	6/7	6/7	6/7	7/7
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						6a	11	6	2	11	6	2	11	6
					Procedure ➡	m	—	—	—	—	—	—	—	—
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	—	—	33 wks	35 wks	33 wk	33 wk	33+ weeks	33+ Week	33+ wk
					Total Pain / Agitation Score	—	—	—	—	—	—	—	—	—
					Intervention	—	—	—	—	—	—	—	—	—
					Effectiveness	—	—	—	—	—	—	—	—	—
					Signature	—	A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]



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.

HNH-00016354 IP26-00006739
Baby Of M VARA LAKSHMI
04-07-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

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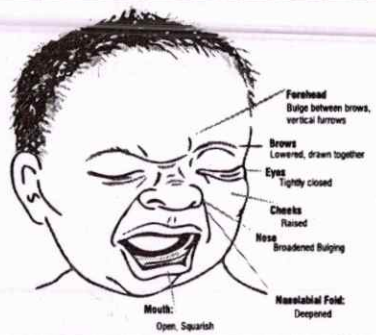
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						7/7	8/7	8/7	9/7					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						N1	M8	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	AA					
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	AA					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	AA					
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	AA					
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	AA					



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+ wks		33+ wks	33+ wks					
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.
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	  • 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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Baby Of M VARA LAKSHMI
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CHECKLIST FOR THROMBOPHLEBITIS

4/2/26, 5/7, 6/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	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		CHD	NA	0	0	CHD	0	0	CHD	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		CHD	NA	0	0	CHD	0	0	CHD	
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		CHD	NA	0	0	CHD	0	0	CHD	
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		CHD	NA	0	0	CHD	0	0	CHD	
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		CHD	NA	0	0	CHD	0	0	CHD	
		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 : .....

Signature of Ward In Charge :

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

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CHECKLIST FOR THROMBOPHLEBITIS

7/7/26 8/7/26 9/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	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	NA	NA	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	NA	NA	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	NA	NA	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	NA	NA	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	NA	NA	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 : Lanni Name : Lanni

Signature of Ward In Charge :

Signature : ..... Name : Bhavani