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DISCHARGE SUMMARY

Name	Baby Of N. SUPRIYA	**UHID**	HNH-00016539
Father/Guardian	Mr P MAHESH	**Age/Gender**	0 Y 0 M 1 D/ Female
Address	2-3-720/15/6/1 NEW GANGA NAGAR, Amberpet, Hyderabad, Telangana, INDIA, 500013		
IP No	IP26-00006826	**Admission Date**	12-07-2026
Ref Doctor	Self.		
Discharge Date	13.07.2026		

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**
TERM (37 weeks + 2 days)/AGA/CIAB/3.25KG/BABY BOY/TTNB/NNJ	

History: Baby Of N. SUPRIYA is a term (37 weeks + 2 days) / AGA / baby girl of birth weight 3.25 kgs, born to G3P1L1 mother delivered by elective LSCS on 12.07.2026 at 08:19am. Delivered at Seasons hospital. Week cry. Apgar scores and resuscitation details were 7/10 at 1 min, 9/10 at 5 min. Baby had respiratory distress after delivery for which DR-CPAP was given for 10 mins but respiratory distress hasn't subsided and hence baby was transported to Rainbow Children's Hospital - Himayath Nagar NICU for further management.

Name	Baby Of N. SUPRIYA	UHID	HNH-00016539
IP No	IP26-00006826	Admission Date	12-07-2026

Maternal History : Mrs. N. SUPRIYA is a 27 years old G3P1L1 mother.
Baby's blood group B positive.

Examination: At the time of admission baby was euthermic and maintaining saturations on neopuff support. Her heart rate was 156/min, respiratory rate was 46/min. Grunting was present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 3.25 kgs
Weight on Discharge : 3.06 KGS
Head Circumference : 34 cm
Length : 40 cm

Investigations: Enclosed reports.

Done on 12.07.2026 showed Hb was 17.6 g/dl, WBC- 16550 cells/cumm and platelets - 2.82 lakhs/cumm. CRP was 5 mg/L.

2D Echo shows
Situs Solitus Levocardia
Normal sized cardiac chambers
Small PDA with left to right shunt
PFO with left to right shunt
Good biventricular function.
Left arch, No COA.

Management:

Name	Baby Of N. SUPRIYA	**UHID**	HNH-00016539
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NIV/TTNB: In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 7, PIP:18, FiO2: 21%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Cord ABG showed pH of 7.33, pCO2 of 45.9 mmHg, pO2 of 44 mmHg, HCO3 of 21.9 mmol/L and BE of -3.1 mmol/L. As the respiratory distress settled in the evening baby was taken on CPAP day and later the following day morning 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 and baby tolerated feeds well.

Sepsis: Initially baby was started on IV fluids and IV Antibiotics after sending blood culture. IV Antibiotics were stopped after Blood culture was sterile (24 hours).

Neonatal Hyperbilirubinemia: TCB done on 13/07/2026 was 12.7 md/dl. Hence baby was started on double surface phototherapy (DSPT). Serum bilirubin done 14/07/2026 was 10.5 mg/dl with unconjugated fraction of 10.3 mg/dl, which does not come under phototherapy range. Hence, phototherapy was stopped.

Vaccination: Baby was given following vaccination:

Name	Baby Of N. SUPRIYA	**UHID**	HNH-00016539
IP No	IP26-00006826	**Admission Date**	12-07-2026

Vaccine Name	**Status**
BCG	Given on 14/07/2026
OPV	Given on 14/07/2026
HEPATITIS B	Given on 14/07/2026

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

Newborn screening advanced / Newborn screening-4: To be done on follow up.

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

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

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

Name	Baby Of N. SUPRIYA	UHID	HNH-00016539
IP No	IP26-00006826	Admission Date	12-07-2026

Plan:

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

Review consultation with Dr. SPANDANA PASUPULETI on Thursday (16.07.26) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

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

Name	Baby Of N. SUPRIYA	**UHID**	HNH-00016539
IP No	IP26-00006826	**Admission Date**	12-07-2026

www.rainbowhospitals.in

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

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

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

Term/ RDS

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ACTIVITY RECORD FOR BILLING

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

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
12/7/26.	9 AM	Seaview hospital.	NICU.	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sweetha (Cardiology)	14/2/26	3656	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Gross clinked done by Dhanu 14/2/26 @ 10 AM

NH-00016539 IP26-00006826
aby Of N. SUPRIYA
2-07-2026 0 Y 0 M 0 D 13 H (F)
r. SPANDANA PASUPULETI

INS

Date	Investigations	Order No.	Sign
12/7/26.	CBP, CRP,		
	Blood culture	11565	DL
	Blood grouping		
	ABG, RBS (96mg/dl)	11566	
	Chest x-ray.	8413	DL
13/7/26	ABG RBS (88mg/dl)	11614	Jyothi
	Cross checked by SR pharm 13/7/26		
14/7/26	SBR	11684	SLP
14/7/26	RBS (94mg/dl)	11691	
14/7/26	TCB/pcct Head :-12.7 mg/dl chest :-12.3 mg/dl	11692	
	Cross Checked done by Dhan. 14/7/26 10am		
14/7/26	2D echo	8489	DL

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Signature and Date : 14/07/26

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

(P.T.O)

Time : 12/07/2026 14:19

Printed By : 015898

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

PMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7/26	Invasive monitor		14/7/26 11AM	13/7/26 11AM	Bharu.
	Syringe pump	12/7/26 9 pm	13/7/26 8Am	3088	
	C-PAP				
	Oxygen.	2:16 pm	13/7/26 8Am		
	cross checked by SS Bharu 13/7/26				
13/7/26	DSPT	10pm	14/7/26 10AM	13577	prasanna

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Dr. SPANDANA PASUPULETI

Date	Proceedure	Quantity	Order No.	Signature
12/7/26	RK placement	(1)	3090	
	CXR is Checked done	by Dhanu	12/7/26 @ 2000hrs	

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
12/7/26	11:44 AM	96 mg/dl	Iv flug	
13/7/26	7:30 Am	88 mg/dl	"	
14/7/26	6 Am	94 mg/dl	"	
	Cross Clarked done by Dr 14/7/26 @ 10AM			

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

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0Y0M0D16H (F)
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RESULT SHEET

Date	12/5	14/5				
Time						
Hb	17.6					
PCV	50.6					
RBC	5.05					
WBC	16.55					
N/L	52.39					
Platelets	282					
CRP	5.0					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj		10.5				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
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Head - 34
Chest - 33
Length - 47

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INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: 1

Gest Age: 37 weeks +2 Birth Weight: 3.250 kg

Date: 13/7/26 TCB H - 12.2 mg/dl C - 12.3 mg/dl	Date: 14/7/26	Date:
DOL D1 Weight 3.140 kgs ↓ 110 gm	DOL D2 Weight 3.060 kg ↓ 80 gm	DOL Weight
Problems: TTNB	Problems: TTNB	Problems:
Rs. 30 - 60 bpm Exam Done Vent. Setting - CPAP ABG } SOS CXR }	Rs. 30 - 60 bpm Exam Done Vent. Setting } SOS ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 120 - 160 bpm BP 63/40 Map (48) Cap Refil < 3sec	CVS Normal HR 120 - 160 bpm BP 65/45 Map (53) Cap Refil < 3sec	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC } SOS Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: 94 mg/dl U Output: (CC/kg/hr) Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC } SOS 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 Inj. Ampicillin	C/s Results CRP Antibiotics Inj. Ampicillin	C/s Results CRP Antibiotics
Med Inj. Gentamycin Neuro:	Med Inj. Gentamycin Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment
Plan GRBS - OD	Plan GRBS - OD	Plan

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

Name: .... Age: NB Gender: Male ☐ Female ☑

UHID.No . Date: 12/7/26

I mahesh S/o, D/o, W/o supriya hereby declare that our patient Mr. / Ms B/O: supriya who is related to me as daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 12/7/26

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

RDS

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

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

Patient Attendant :

Signature : P. Mahesh

Name : P. Mahesh

Relationship with Patient: Father

Date & Time : 12/7/26 @ 2p.m

Witness :

Signature : Dhayes

Name : Dhayanidhi

Date & Time : 12/7/26 @ 2p.m

Doctor (who is taking the consent) :

Signature : P. Vd

Name : Dr. Archana

Date & Time : 12/7/26 at 2PM

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CONSENT FOR SPECIAL PROCEDURES

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

Patient Na ..... Gender: ☐ Male ☐ Female

UHID No : ..... Department : NICU Date : 12/7/26

I mahesh S/D/W/O Supriya

Here by give consent for procedure of : NIV

For my patient, Named : BIO: Supriya

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

.....

.....

.....

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

.....

.....

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

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

Patient Attendant :

Signature : P. Mahesh

Name : P. Mahesh

Relationship with Patient: Father

Date & Time : 12/7/26 @ 2pm

Witness :

Signature : Dhan

Name : Dhanalakshmi

Date & Time : 12/7/26 @ 2pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Archana

Date & Time : 12/7/26 at 2pm

CONSENT FOR FORMULA FEEDS

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HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

Patient N ..... Age : NB Gender : ☐ Male ☐ Female

UHID No . ..... Department : ..... Date : 12/7/26

I Mr / Mrs. : mahesh ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☒ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 12/7/26 ..... 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 : P. Mahesh

Name : P. Mahesh

Relationship with Patient: father

Date & Time : 12/7/26 @ 2pm

Witness :

Signature : Dheeyer.

Name : Dheeyarshi

Date & Time : 12/7/26 @ 2pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Archana GPN

Date & Time : 12/7/26

Doc. No. : RCH / FRM / CLINICAL / 016

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : N. SUPRIYA Age : 27 Father's Name : ..... Age : .....

Date of Birth : 12/7/2026 Date of Admission : 12/7/2026 UHID No.: .....

NICU Consultant : Dr. Spandana Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward ☑ Outside -

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

BIRTH INFORMATION

Name : B/O N. SUPRIYA

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 12/7/26. Time of Birth : 8:19 AM

Place of Birth : Seasons hospital.

Mother's Blood Group : .....

Birth Weight (gms) : 325 0. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37w+2days

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

Maternal Age : 27 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : Spontaneous.

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

Last Scans Details : .....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
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PAST OBSTETRIC HISTORY

G : 3 P : 1 A : 0 L : 1

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink			
HEART RATE	Absent	< 100 Minutes	> Minutes			
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal			
MUSCLE TONE	Limp	Some Flexion	Active Motion			
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying			
TOTAL				7 | 10	9 | 10	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Term 37+2 Weeks | AGA | El LSCS. G3P1L1

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

Term (37+2) | AGA | El LSCS
G3 P1 L1

↓

CIAB

↓

Colour, Tone, Activity - Good.

↓

weak cry

↓

Grunting, Nasalflaring

↓

DRCPAP (Neopuff) to 10 mm

↓

laboured breathing
persistent

↓

Transport to Rch HMNK NICU
under warm chain

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Pink, laboured breathing.

VITALS : Temperature : 36.5°C HR : 156/mt RR : 38/min NIBP : 70/80 CFT : <3sec

Color of the extremities : Acrocyanosis.

Jaundice : no Pallor : no SpO2 : T8 -/-

Anthropometry : Birth Weight : 3250 gm Length : HC : Present Weight :

Ponderal Index : AGA : ✓ SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) NO

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses : } Symmetrical.

EYES :
Symmetry :
Red Reflex : } → not done.
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue : } no cleft lip / palate

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Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 13 H (F)
Dr. SPANDANA PASUPULETI

f Thorax :
. of Nipples and Number : N

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :
soft
non distended.

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :
(N) female genitalia.

HERNIAL ORIFICES N

TRUNK and SPINE : WNL

SKIN LESIONS : WNL

EXTREMETIES :
Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination : NO PDH.

SYSTEMIC EXAMINATION

Respiratory System : Grunt + Respiratory distress +

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

SpO_2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System : S_1S_2 +, NO murmurs.

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

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

...ual functions (Sensorium) : WNL

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : WNL

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : NO

.....

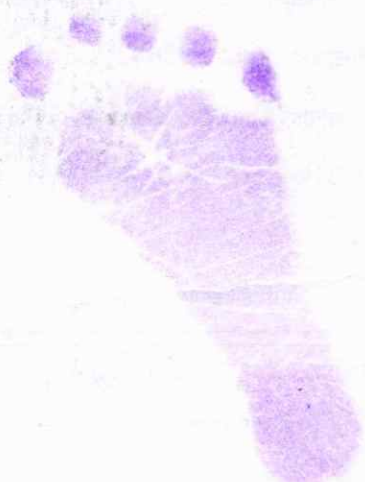
Diagnosis : .....

.....

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant :

Signature : Tejas

Name : Dr Tejas

Date & Time : .....

amily ☐ Friend

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

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

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

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

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

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

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

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

P2 : .....

Discharge Details:

Neonatal Condition at Discharge: Shifting

inv

- Blood grouping
- Blood C/S
- CBC/ CRP /VBG
- Chest XRAY
- Ø

Rx

- Ampicillin
- Gentamicin
- NPO for now
- Inj. Vit K
- IVF

NH-00016539 IP26-00006826
aby Of N. SUPRIYA
2-07-2026 0 Y 0 M 0 D 16 H (F)
r. SPANDANA PASUPULETI

xclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

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

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

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

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

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

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: .....

Final Diagnosis: Term | AGA | ♀ | CIAB.

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

NH-00016539 IP26-00006826
aby Of N. SUPRIYA
2-07-2026 0 Y 0 M 0 D 16 H (F)
r. SPANDANA PASUPULETI

B/o Supriya. (1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 1:30 pm	S/B Dr. Spandana [counselling notes]	
	Explained about the current clinical state. Plan to increase feeds today evening along with training mother to feed / attender to feed. Respiratory distress persisting, need respiratory support. Gradual improvement noted. Need for monitoring for next 24 hours, plan to increase feeds accordingly. Need for 2D-Echo due to LGA baby. On CPAP support right now.	
	P. Spandana Dr. SPANDANA PASUPULETI Reg. No. 3572	
		Dr. P. Mahesh

NH-00016539 IP26-00006826
aby Of N. SUPRIYA
-07-2026 0Y0M0D16H (F)
r. SPANDANA PASUPULETI

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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
12/7/26	I/B re. spandana	3.2 kg
9:45 pm		
	- on NIV - PIP : 18	
	- PEEP : 7	
	- FiO_2 : 21%.	Plan
		1) Chest X ray now
	- vitals : HR :	2) VBG after 2 hours
		3) eGome 1kg 1 day
		4) amp i/v gentamycin
		5) NPO per now

noted. by saipriya
12/7/26 @ 9:45 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/8/26 4pm	S/B Dr. Archana.	
	Term / AGA / Em. LSCS / CIAB / Bwt: 3250 g / TTNB.	
	On NCPAP O_2 support FiO_2: 26. PEEP: 6 Pi: 18. Rate: 60.	Adv. - NPO - Ct IVF @ 60 cc/kg/day - Ct Ampicillin & gentamicin. - (I) labs - Monitor for distress
	Euthermic.	
	HR - 138 bpm RR - 60/min PP - Nf SpO_2 - 98%. BP - .	

Advised by Dr. Archana
12/8/26 @ 5pm

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 · 12 Am	S/B Dr. Archana D/w Dr Spandana .	Adv. - start 5cc/2 hourly feeds .
13/7/26 · 8:30 am	S/B Dr. Archana . · D2 OL Term / AGA / Em-LSCS / 3250g / TTNB .	
	on cpap support FiO2 : 26 PEEP : 5 Pi - 18 Rate - 60 . Euthermic Tolerating 5cc/2 hourly O/E Vitally stable	Adv - · Ct Ampicillin + Gentamicin · Plan to shift to Room Air today . · Plan to increase feeds gradually to full feeds .
	S/E RS : AEBE	

Noted by Dr Archana
13/7/26 @ 12 Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/2/26	S/B Dr. Tejaswi	
8:30 pm.		
	D/G	Adv.
	vitally stable.	- Shift to Room Air
		- Increase feeds gradually.

Noted by Supriya
13/2/26
@ 8:30 Pm

MNM-00016539 IP28-00006828
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/2026 9:30am	Counselling B/o Supriya.	
	Baby has been →	removed from CPAP today morning. ↓ maintaining.
	No signs of distress till now.	
	→ Spoon feeding ↳	2 feeds.
	By afternoon →	discharge
		t. Mahesh

Dr. Tejaswi

Dr. S. T... REDDY
Reg... 94068

HNH-00016539
Baby Of N. SUPRIYA
12-07-2026
Dr. SPANDANA PASUPULETI
0 Y 0 M 1 D
(F)
IP26-00006826

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/o. O. Sunbeam	
13/02/26 2:30 PM	Baby on Room air Tolerating spoon-feeds passing urine/stools O/E:- HR:- 130/min SpO2:- 97% @ RA No RD	
		Adv - Inj Ampicillin - Inj Cefotaxime - Monitor vitals and Inform SMO - Trans Blood Cs
13/2 6:30 PM	c/s/o Di Prem IDM Spandan. FT/AGA-SGS/4.4A/3.25kg/TTND	
	SV on RA Tolerating feed Vitals HR - 128/min SpO2 - 97% R-S-B/LOC @ P/A Soft	Adv 1) Feed - 30ml/q 2) Inj Ampicillin Cefotaxime 3) Monitor Vitals 4) Prem

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Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/2 8AM	CS/B D1 Plasma	
	FT/AGA/3.25kg/RDS-ITN3/RNT	
	T-WT - 3-060 (↓ 80g)	
		Pk
	↓ DSPT	1) 2D echo
	Accepting feeds	
		2) Feed - 30 - 35ml/kg
	Vitals	
	HR - 136/h	3) Trans Blood cls
	SpO2 - 99%	4) Inj. Ampicillin
	RR - 55/h	Inj. Gentamycin
	R/S - B/L AE@	5) Trans CBN
	P/A Soft	6) Vaccination today
		SOS - D/c
	Noted by Laxmiprasanna	Praveen
		14/2/26@8 AM

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Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7 8 pm	Counselling (Dr. Spandana) B/o Supriya	
	-) Baby is stable on Room Air	
	-) Tolerating feeds with spoon.	
	-) 2D echo - T/m - if N Plan D/c - T/m	
	-) Vaccination - T/m.	
	-) Yellowish color urine (+ve) - if needed Paracetamol	
	P. Mahesh	Dr. SPANDANA PASUPULETI REG. NO. 5772 Noted by Laxmiprasanna 13/7/26 @ 8 pm

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Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7		
10:30 pm	TcBR - 12.7	Plan 1) Start DSPTC exp L gentle comes 2) O - feeds - 30 ml/kg 3) SBR + 1 extra plain] T/m 6 hrly
	Noted by Laxmi prasanna 13/7/26 @ 10:30 pm	

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Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

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14/7/2026

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:00am	Counselling	
	R/o Supriya	
	Baby is ready to be discharged.	
	Jaundice → phototherapy.	
	2D Echo to be done today.	
After	Vaccination →	Discharge today
	Dr. Tejan	Dr. P. Mahesh

Dr. S. TEJASWI REDDY
Registration No: 94068

H-00016539 IP26-00006826
by Of N. SUPRIYA
07-2026 0Y0M0D16H (F)
SPANDANA PASUPULETI

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DRUG CHART

Date of Admission: 12/7/26 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 ....

A-00016539 IP26-00006826
by Of N. SUPRIYA
07-2026 0Y0M0D16H (F)
SPANDANA PASUPULETI

REGULAR PRESCRIPTIONS

Weight. 32kg Ward. .....

DRUG : Inj. Ampicillin

Dose	Route	Frequency	Start Date
160mg	IV	Q12h	12/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	12/7	13/7	14/7
8am	K		
8pm			

Verified by Dr. Dhakshayani

DRUG : Inj. GENTAMICIN

Dose	Route	Frequency	Start Date
13mg	IV	Q24h	12/7

Name & Signature of the Doctor Starting the Drugs: Dr. Prashanti.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time	12/7	13/7
3pm		

Verified by Dr. Dhakshayani

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time

A-00016539 IP26-00006826
by Of N. SUPRIYA
07-2026 0Y0M0D16H (F)
SPANDANA PASUPULETI

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Signature .....

VERIFIED By Name .....

I.V. FLUIDS CHART

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

		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
12/7/26	10:40 AM	IVF 10% Dextrose 6.2 ml calcium Gluconate	IV	8 ml/hr			13/7		
13/7	2:AM	"	IV	↓ 6 cc/hr					

H-00016539 IP26-00006826
by Of N. SUPRIYA
07-2026 0Y0M0D16H (F)
SPANDANA PASUPULETI

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: PT/RDS.				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	12/7/26 M5	12/7/26 N1	13/7/26 M6	13/7 E2	13/7/26 N1	
	Medical Condition (Any special condition to be noted):	—	—	—	—	TTNB	
	Diet:	—	—	—	—	—	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	NIV	CPAP	RoomAir	R/A	R/A	
	Tubes/Drains/Catheter:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.5°C	36.5°c	36.4°C	36.6°C	36.5C	
	Res:	63b/m	52 b/m	40b/m	40sm	32bpm	
	SpO_2:	99%	98%	96%	99%	100%	
	Pulse:	128b/m	147 b/m	139b/m	139	144bpm	
	BP:	72/44(55)	58/36 (48)	61/32	62/34	70/55(53)	
	LOC:	NICU-4		—	—	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
	Skin Integrity	—	—	—	—	—	
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	—	—	—	—	—	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	dependent	dependent	Dependent	
Post Operative Procedure Special Orders:		—	—	—	—	—	
Handed Over By Name :		Nirmal	Jyothi	Saipriya	Divya	prasanna shf	
Signature / ID :							
Date:		12/7/26	13/7/26	13/7/26	13/7	14/7/26	
Time:		8pm	8am	8pm	8pm	8AM	
Taken Over By Name :		Jyothi	Saipriya	Divya	prasanna shf		
Signature / ID :							
Date:		12/7/26	13/7/26	13/7/26	13/7/26		
Time:		8pm	8am	8pm	8pm		

Patient Sticker

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NURSING SHIFT HAND OVER FORM

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

H-00016539
by Of N. SUPRIYA
07-2026
SPANDANA PASUPULETI
IP26-00006826
0 Y 0 M 0 D 16 H (F)

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CHECKLIST FOR THROMBOPHLEBITIS

12/7/26 13/7/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0				
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	ab	0				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	ab	0				
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	ab	0				
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	ab	0				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	ab	0				
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : Pinnacle

Signature of Ward In Charge :

Signature : ..... Name : Bhavani

Docu. No. : RCH /FRM / CLINICAL / 137

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

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					Date : 12/7/26	12/7	13/7	13/7
					Time : M5	M7	M6	02
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.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	2	3	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
					TOTAL SCORE	22	22	23
					Evaluator's Name			

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

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

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

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

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BRADEN 'Q' SCALE

(2)

					Date : 13/7			
					Time : 21			
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			
"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			
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			
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			
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			
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			
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			
				TOTAL SCORE	28			
				Evaluator's Name				

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
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

1NH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 16 H (F)
Dr. SPANDANA PASUPULETI

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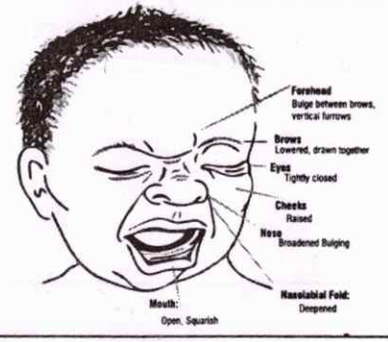
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
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	0	0	0	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					
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					
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					
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					



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														
Total Pain / Agitation Score														
Intervention														
Effectiveness														
Signature														

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0 Y 0 M 0 D 16 H (F)
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MAINTAINING CPAP / HFNC / NIV

Date: 12/7/26

	CRITERIA MET / NOT MET ☐Yes ☐No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		X	X	
Excess Rainout (Efferent Tubing) Drained		X	X	
Temperature Probe away from Heat / Cover with Aluminium Foil		X	X	
Gas Bubbling Continuously		X	X	
Water Level at Desired Level in Bubble Chamber.		X	X	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Dhanyata	Janeta	
Signature of the Nurse:				
Date & Time:		12/7/26 2pm	12/7/26 8pm	

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

HNH-00016539 IP26-00006826
Baby Of N. SUPRIYA
12-07-2026 0Y 0M 0D 13H (F)
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 13/4/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓			
Flow Between 5-7 Litres / Min	✓			
Humidifier Temperature Correct (36.5-37.5*C)	✓			
Humidifier Water Level Correct	✓			
Proper Oxygen Tubing From Blender to Humidifier.	✓			
Tubing Correctly Placed (Position & Leak)	✓			
Excess Fainout (Afferent Tubing) Drained	✓			
Excess Rainout (Efferent Tubing) Drained	✓			
Temperature Probe away from Heat / Cover with Aluminium Foil	✓			
Gas Bubbling Continuously	✓			
Water Level at Desired Level in Bubble Chamber.	✓			
INTERFACE:				
Nasal Prong / Mask Correct Size	✓			
Nasal Prong/ Mask Correctly Placed	✓			
Hat Fits Snugly	✓			
Moustache Suitable and Effective	✓			
Nasal Bridge Intact	✓			
Septum Intact	✓			
POSITION:				
Head Position Correct	✓			
Head Roll - Correct Size and Position	✓			
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓			
Oro Nasal Suctioning Documentation	✓			
OG Tube in SITU	✓			
Baby Comfortable	✓			
Chest Retractions	✓			
Name of the Nurse:	Sruthi			
Signature of the Nurse:	Sruthi			
Date & Time:	13/4/26			

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

SAI

Rainbow Childrens Hospital-Himayatnagar

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of N. SUPRIYA**	**Age :**	**0 Y 0 M 0 D 13 H**
IP No:	**IP26-00006826**	**Sex:**	**Female**
Consultant:	**Dr. SPANDANA PASUPULETI**	**Ward/Bed No:**	**4F -NICU 2/NICU2-410**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature: Mahesh

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

Signature of Patient/Relative:

Name: Mahesh
Relationship: Father
Date: 12/07/26 Time: 2:16 Pm
Witness Name:
Witness Signature: Puja

Patient Address:
2-3-720/15/6/1 NEW GANGA NAGAR
Amberpet Hyderabad Telangana
INDIA 500013