

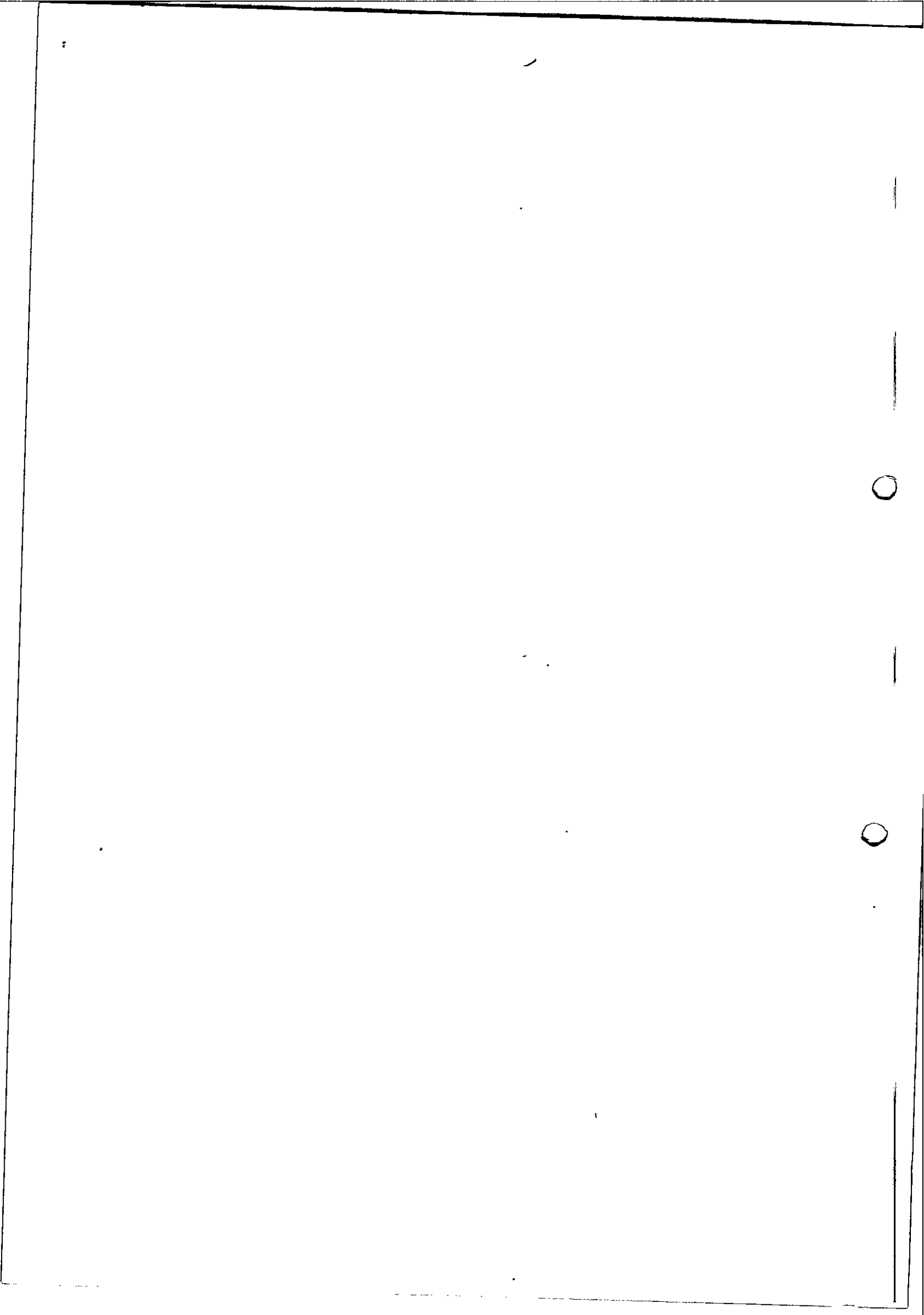
HNH-00015532 IP26-00006392
 Baby Of CHARM MEHTA
 20-05-2026 0 Y 0 M 2 D (M)
 Dr. S TEJASWI REDDY



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	10			
7	Nursing plan of care and handover sheets	10			
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	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)	2			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
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				
	<i>Billing</i>	1			
	<i>extra</i>	6			
	Total No. of Pages	<u>240</u>			

[Signature]
 23/5/2026 (P.T.O)



DISCHARGE SUMMARY

Name	Baby Of CHARMI MEHTA	UHID	HNH-00015532
Father/Guardian	Mr PURVESH FRUITWALA	Age/Gender	0 Y 0 M 2 D/ Male
Address	H.NO: 3-6-587, FLAT.NO: 503., Himayathnagar, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006392	Admission Date	21-05-2026
Ref Doctor			
Discharge Date	23.05.2026		

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: TERM / AGA / MALE / CIAB / TRANSIENT TACHYPNEA NEWBORN-NIV

History : Baby Of CHARMI MEHTA is a term (39 weeks +4 days) / AGA / baby boy of birth weight 2.86 kgs, born to primi mother delivered by Assisted vaginal delivery on 20.05.2026 at 11:44 pm. Baby cried immediately after birth. Apgar scores and resuscitation details were 8/10 at 1 min, 9/10 at 5 min. DR CPAP was given. Baby developed respiratory distress after birth for which baby was shifted to NICU - for further management.

Name	Baby Of CHARM MEHTA	UHID	HNH-00015532
IP No	IP26-00006392	Admission Date	21-05-2026

Maternal History : Mrs. CHARM MEHTA is a 27 years old primi mother. G1 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

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

Examination: At the time of admission baby was euthermic and maintaining saturations at room air. His heart rate was 134/min, respiratory rate was 70/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 2.86 kgs
Weight on Discharge : 2.700 kgs
Head circumference : 34 cms
Length : 47 cms.

Investigations: Enclosed reports.

Management:

TTNB : Baby was nursed in thermoneutral environment and was started on NIV (PEEP-6, FiO2-30% PIP-15). ABG showed pH of 7.45, pCO2 of 33.1 mmHg, pO2 of 51 mmHg, HCO3 of 23.3 mmol/L and BE of -0.2 mmol/L. Blood gas analysis was serially monitored. Baby is on regular monitoring for signs of respiratory distress , as distress improved NIV was gradually weaned off .

Name	Baby Of CHARMI MEHTA	UHID	HHN-00015532
IP No	IP26-00006392	Admission Date	21-05-2026

Now baby is maintaining saturations at room air without any respiratory distress.

Feeding: Initially baby was kept on NPO for 6 hours gradually OG feeds were introduced with EBM followed by spoon feeds which he accepted and tolerated well. After weaning off from NIV child started on Breast feeding, but in view of insufficient mother milk measured feeds were started. Baby tolerated the feeds well.

NP1: NP1 done on 21.05.2026 showed Hb was 18.6 g/dl, WBC- 14530 cells/cumm and platelets - 2.58 lakhs/cumm. Blood group AB positive. CRP was 11 mg/L. Blood culture and sensitivity shows no growth after 48 hours of incubation.
Repeat CRP was 7 mg/L.

Serum bilirubin at 48 hours of life was 6.6 mg/dl with indirect fraction of 6.5 mg/dl.

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

Newborn screening advanced / Newborn screening-4 : Sent on 23.05.2026, report awaited.

Vaccination: Baby was given following vaccination:

Name	Baby Of CHARMI MEHTA	UHID	HNH-00015532
IP No	IP26-00006392	Admission Date	21-05-2026

Vaccine Name	Status	Date
BCG	Given	22.05.2026
OPV	Given	22.05.2026
HEPATITIS B	Given	22.05.2026

Advice:

Keep baby clean and warm.

Continue kangaroo mother care.

Continue demand paladay feeding as advised.

Immunization as per schedule.

Vitamin D drops 0.5ml (1ML/800IU) per oral once daily till further advice.

Plan:

1. **Newborn screening advanced : Sent report to be collect on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**

Review consultation with Dr. S TEJASWI REDDY on (25.05.2026) Monday 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

Name	Baby Of CHARMI MEHTA	UHID	HNH-00015532
IP No	IP26-00006392	Admission Date	21-05-2026

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 **Himayathnagar / 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

ADMISSION SHEET

Registration Details :



Admission No : IP26-00006392

Admit Date : 21-May-2026

Admit Time : 12:40 AM UHID : HNH-00015532

Patient Details :

Patient Name : Baby Of CHARMI MEHTA

Age : 0 D

Guardian : Mr PURVESH FRUITWALA

DOB : 20-05-2026 11:44 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : H.NO: 3-6-587, FLAT.NO: 503.
Himayathnagar Hyderabad Telangana INDIA
500029

Phone No : 9701977206/ 7893487712

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : NICU

Bed No : NICU1-401

Ward Name : 4F -NICU 1

Room No : NICU1-401

Admission Type : First Visit

Contact Details :

Name : Mr PURVESH FRUITWALA

Relationship : Father

Contact Address : H.NO: 3-6-587, FLAT.NO: 503, Himayathnagar
Hyderabad Telangana INDIA 500029

Phone No : 9701977206

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY

Specialisation : NEONATOLOGY

Referral Doctor :

Phone No :

Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Deposit Amount : 50000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

1

2

3

ACTIVITY RECORD FOR BILLING

NH-00015532 IP26-00006392
Baby Of CHARMI MEHTA
2-05-2026 0 Y 0 M 0 D 1 H (M)
r. 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
20/05/26	11:55pm	OT	XICU	Raja
22/5/26	12:14pm	OT/ICU	215	Ruf

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/15/26	Rv placement	1	261022	Nismed
Cross checked by Loan 2/15/26 at 11 AM				

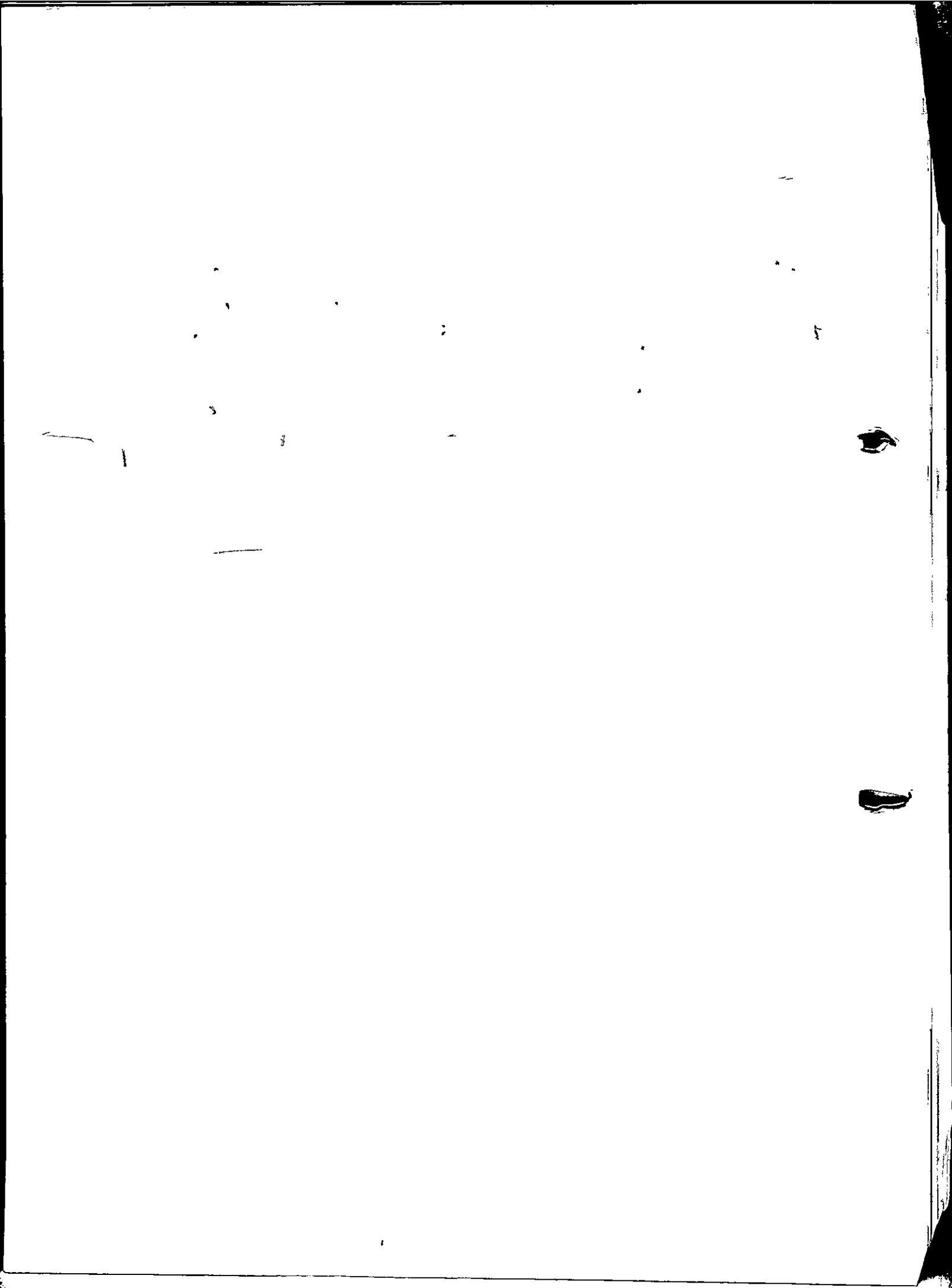
ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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NH-00015532 IP26-00006392
 Wife of CHARMI MEHTA
 05-2026 0 Y 0 M 0 D 1 H (M)
 Dr. S TEJASWI REDDY



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Charmi Mehta Age : Father's Name : Age :

Date of Birth : 20/5/26 Date of Admission : UHID No. :

NICU Consultant : Referring Consultant :

Transferring Unit : OT Labour Room ER Ward

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

BIRTH INFORMATION

Name : B/o Charmi Mehta Mother's Blood Group : B+

Gender : M F Blood Group : B+ Birth Weight (gms) : 2860g Length (cms) :

Date of Birth : 20/5/26 Time of Birth : 11:44pm OFC (cms) :

Place of Birth : Rch. Himayatnagar Estimated Gesth Age : 39⁺2w

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27yrs Ht : 161cm Wt : BMI : Married Life : LMP : 20/8/25 EDD : 23/8/26

Conception : Spontaneous or with Rx :

Booked at what GA : 12⁺4w AN Steroids Drugs / Doses :

Last Scans Details : USG 8/5/26 : SLIOP / 38w / AFI 10.3 / Placenta Posterior / UAD (N)
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No → Hindwater Meconium
 If yes, degree of consanguinity : 1 2 3 → Prolonged Labour
H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long : → Cord around
 H/o value of recent BP recording, proteinuria, edema, neck
 oliguria, any investigations (LFT, platelet count) :
 IUGR - when detected :
 Doppler (Increased Resistance / ADEF / REDF /
 Redistribution in MCA) / Ductus Venosus :
 AFI : 10.3cm

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 Hypothyroidism : 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 : 10 hrs Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :

Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

Primigravida G: P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : *Dr Swathi H. V.* Hospital : *BCH Anayalgu* Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <i>Prologed labour</i></p> <p>Second stage (> 2 hours after dilation) <i>NVD</i></p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : <i>(+)</i></p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : <i>pO₂ 4.6, pH 7.23, lactate</i></p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : *39th wk* Weeks :

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

	1 Minute	5 Minutes	10 Minutes
	<i>1</i>	<i>1</i>	<i>1</i>
	<i>2</i>	<i>2</i>	<i>2</i>
	<i>2</i>	<i>2</i>	<i>2</i>
	<i>1</i>	<i>1</i>	<i>2</i>
	<i>2</i>	<i>2</i>	<i>2</i>
TOTAL	<i>7</i>	<i>8</i>	<i>9</i>

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

Comments :

*DR-CPAP → NIV
 (30%) FiO₂
 PEEP 5
 PIP 16)*

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Pnmi / 39th wk / PROM



6. CIA B
↓
MSL / cord around neck
↓
2860g
↓
OR
↓
Severe R D
↓
DR - CIAA - NIU

?

Investigation details in previous Hospital :

-

Feeding History :

-



[Empty box for patient information]

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

CTA good.

VITALS : Temperature : HR : 152/mi RR : 56/mi NIBP : CFT : <25
Color of the extremities :
Jaundice : Pallor : + SpO2 :

Anthropometry : Birth Weight : 2860g Length : HC : Present Weight :
Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism) None

**NECK and
CLAVICLES :** Range of Motion :
Asymmetry : N
Masses :

EYES : Symmetry : N
Red Reflex : To be checked
Discharge : N

**EARS, NOSE
MOUTH and
THROAT :** Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : Patent
Palate :
Gums :
Lips :
Tongue :

**THORAX and
BREASTS :** Shape of Thorax :
Position of Nipples and Number : N

**ABDOMEN and
UMBILICUS :** Shape :
Organomegaly : N
Bowel Sounds :
Umbilical Stump : 2A/1V
Discharge : N

GENITALIA : Labia / Hymen :
Testicles/penis : ♂ B/c descended testes.
Anus : Patent

HERNIAL ORIFICES -

TRUNK and SPINE : -

SKIN LESIONS : -

EXTREMITIES : Fingers / Toes :
Arms / Legs :
Deformities : N
Mobility :
Hip Joint Examination :



SYSTEMIC EXAMINATION

Respiratory System : *BAC equal.*

Distress +

Breathing Pattern Regular Periodic Shallow Gasping

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

Scoring of respiratory distress if present (Silverman or Downe's) : *Moderate Respiratory*

Mention if baby is on : Hood box CPAP Ventilator

Settings : *NIV - 30 / f10 / PEEP 6 PIP 15.*

Spo2 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System : *S1, S2+*

HR : *156/min* BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen : *Soft NT.*

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :
.....
.....
.....

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

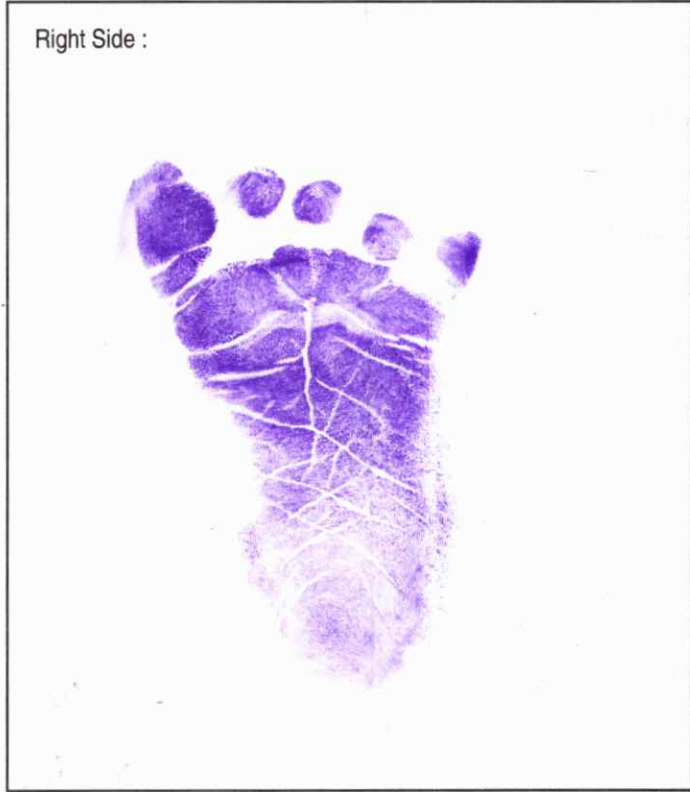
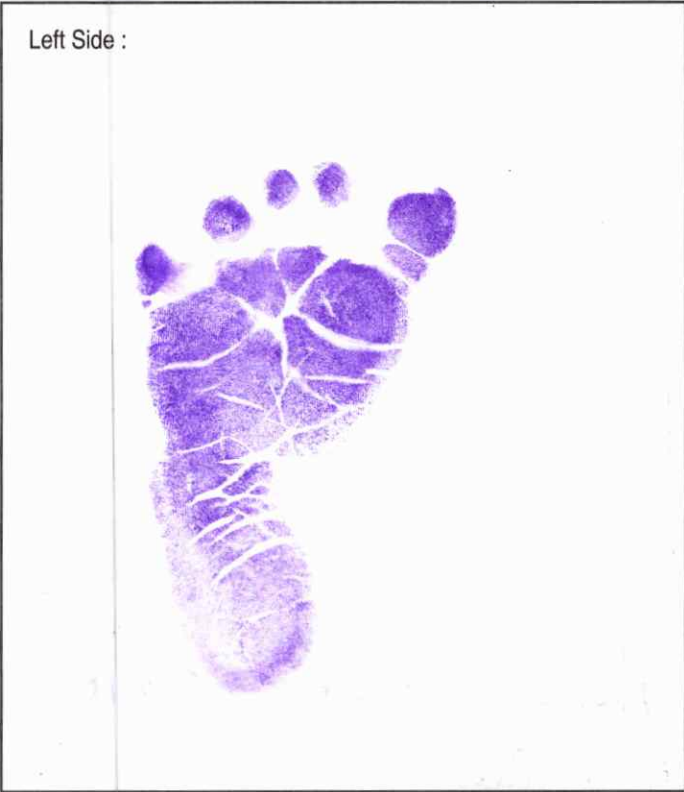
Moro's : DTR :

ATNR : Skull and Spine :



Any Congenital Anomalies :
Diagnosis : 38wk / PTNUD / ~~TEA~~ Thick MSL / IMAS / 2860g / ♂
Cord around neck.

FOOT PRINTS



Resident Doctor :
Signature : *Prabhath*
Name : Dr. Prabhath
Date & Time : 20/5/26
11pm.

Consultant :
Signature :
Name :
Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : 38w6 | T | 2860g | ♂ | ?MAS | FTNVD | AGIA | ^{cord around neck} PROM / low

Present Issues :

Vital : HR : RR : BP : SP02 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :
→ NIV FiO₂ 30%. PEEP 6, PIP 15
→ iv Ampicillin
Gentamycin
Ix → CXR, CBP, CRP, Blood c/s, VBG!

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12MN 21/05/26	<u>Counselled</u>	<u>B/O Charmi Mehta</u>
	2 nd stage → Slow → Motion → Meconium → Imm → Breathing diff.	} } }
	(NICU) ↳ (NIV) → start ↳ Test ↳ CXR	} → Response } 6-8/Reactions }
	(+ve) 3-4 day Recovery	(MAS) ↓ Idea Clarity ~~~~~ (-ve) ↳ longer time ↳ ventilator SOS

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184

NH-00015532 IP26-00006392
 sby Of CHARM MEHTA
 1-05-2026 OYOMODIH (M)
 r. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 1 AM	S/B Dr. Pritesh Δ Term (38wk) / 2.850 kg / AUA / ? MJC / E IAB ? TTNB / ? RDS - NIV	
	Baby on NIV support:	P1ay
	HR - 150/min	- IVF 10% Dextrose @ 7.1x/c
	SpO ₂ - 99% on NIV	- Inj. AMPICILLIN
	BP - 76/44 (SE)	140mg IV Q24h
	CVS - S ₁ S ₂ ⊕	- Inj. GENTAMICIN
	M - BU - ACF⊕	140mg IV Q24h
	Tachypnea ⊕ SUA⊕ HR - 58/min	- RT Insitu
	CMI: Spont. movements ⊕	- Chest X-ray - need
		- NIV ventilation
		PEEP - 6
		P _{resp} - 15
		Rate - 60 → 40
		FiO ₂ - 30%
		- send CBP, CAP
		VBG, Blood C _s



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	S/B. Dr. Parabhath.	
8am		
	T 38wk / 2860g / AGONIA / ? MSL / CIA B	
	Baby ↓ NW - CPAP	
	PEEP 5, FIO ₂ 21%	
	+ 19.7ml. stable.	Adv
	activity - fair.	
	RD ↓ used	→ CT CPAP
	CRP - 11	
	O/E Vital	
	stable	→ Plan to start
	CBP - TLC 14,500	feeds if no RD
	AF 0.5	
	N-7.3	
	L-21.1	→ CT. Ampicillin
	CBG/Glc Lactate - 3. Pt - 4.8g.	Gentamycin
	PCO ₂ - 33.3	

~~Xlate by Seipriya
 21/5/26
 @ 8 AM~~



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>CLAB 100% + oxygen</u>	
2/15		
9:30 AM	on room air	<u>Plan</u>
	Vitals - HR-126	- Cont Ampicillin
	- RR-36	Gentamycin
	- SpO2 - 98%	- Cont. IVF & taper
	RIS - BILAE (+)	if taking feeds
	PIA - soft, NT.	well
		- OG feed 5ml / 2nd hourly
		↑ 2ml / 2nd hourly
		- CBG at 12:00pm
		- monitor RR, SpO2
		@deep

Abotal by nurse
 2/15/26
 @ 9:15 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5 3:00pm	C/SIB Dr. Sparanone / Dr Naipceya	
	On room Air. HR - 132	Plan
	Vitals - RR - SpO2 - 98%	- Cont Ampicillin Gentamicin
	R/S - B/L AE P/A - Soft, No distension.	- CBG at 5:00pm - Tomorrow CRP @ 6:00 AM
	Tolerating feed well	- GRBS 86H - BG feeds. 7ml / 2nd huly ↑ 2ml / 2nd houlap
		- (T) Blood C/S
		dep
2/5 6:15pm	C/SIB Dr. Pranav c/o - Vomiting - 2 times / milky SV on RA	Plan
	Vital - HR - 118/min / RR - 30/h BP - 80/60 (62) mmHg SpO2 - 99%	1) Add DOMSTAL 2) TV - 80 ml/kg/day Target feed - 17 ml/kg IVF @ 6ml/hr
	P/A - Soft	3) IT - Abx 4) T/m - CRP @ 6am 5) Monitor Vitals

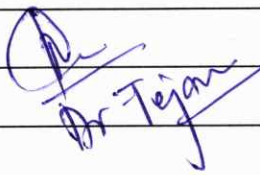
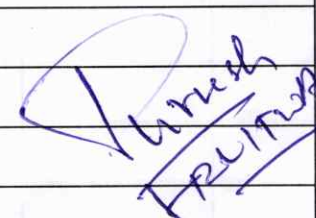
nt by saipr
 2/5/26
 3:pm



smi mehta.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5	<u>Counselling notes</u>	
10:00 AM		
	<ul style="list-style-type: none"> - Baby had respiratory distress, hence started on NIV, as baby maintaining well. Weaned off to CPAP 	
	<ul style="list-style-type: none"> - AS baby was maintaining on CPAP, weaned off to Room Air. 	
	<ul style="list-style-type: none"> - CBG at 12:00 PM. 	
	<ul style="list-style-type: none"> - Plan to start start OG feeds smf/ 2nd hourly 	
	<ul style="list-style-type: none"> - CRP - TT, started on IV Antibiotics. Plan to repeat CRP tomorrow 	
	<ul style="list-style-type: none"> - Trace BCLs, if Negative plan to shift out tomorrow and stop IV antibiotics 	
		<p>Dr. S. TEJASWI REDDY Registration No: 94008</p>
		



Baby of charmi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2 19:5pm	Dr. Spandana	
	Baby is doing good	
	SVEA	Lactak - feed
	HR/BP - stable	<u>now normalised</u>
	Feeds - tolerate -	2 small <u>voiding</u>
	<u>Don't</u>	
	CRP - (11)	
	<10 - normal Abx started	
	tomorrow - CRP - <u>check</u>	BC - awaiting
	P. Spandana	4 hours

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

Amresh
 TRIVIPALA

HNH-00015532 IP26-00006392
 Baby Of CHARMI MEHTA
 20-05-2026 0 Y 0 M 0 D 18 H (M)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10 PM	S/B Dr. Seidman M	
	klo uuy - 1 episode of uuy at 14	
	MR - 176/100	
	HR - 110	
	SpO ₂ - 92% - c hancu	
	BP - 73/42	

HNH-00015532 IP26-00006392
 Baby Of CHARMI MEHTA
 20-05-2026 0 Y 0 M 0 D 18 H (M)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26. 7 AM.	c/s/by Dr Anush / Dr Varun.	
	Term (38wk) / 2.86kg / AGA / CIAIB / DTNB - NIV.	?MSL
	Baby on RA. Activity - Good No feed Intoler in night	yutech vomity (+) T. wt = 2700. wt loss = 180g u/o = 205ml (7.16cc/h)
	HR - 138/min SpO2 - 98% RA Bp - 77/51 (6L) RR - 42/min	<u>Plan</u> - ct full feed (spoon) (= 20ml) Only flb burping
	ⓇⓁⓈ CVS - S1A2 (+)	- ct 4 Amoxicillin & gentamycin.
	ⓇⓁⓈ) BkAC (+) NIVBS (+) No distress.	- (+) CRP (sent @ 6AM) - 1 perm sos)
	Af	 Noted by Varun 22/5/26 @ 7 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	SIB Dr. Sreeghan	
9:55 AM	A Team (S & S) 12.860g/ M/C IAB/AGA/TTNB	
	↑ Feed Intolerance	
	Baby Gutture	FLG
	HR - 180/min	- CF SLE - 20w/2 nd C
	SpO ₂ - 96% on RA	- CF AMPICILLIN GENTAMICIN
	BP - 71/48 (SG)	- Monitor vitals
	CVS - S ₁ , S ₂ @	
	CRT C 3k	- Trace CRP
	Rt - BIL - A/E @	
	Flu - 70 u	
	C TA good.	
	T. wt - 2.740g	
	120g wt loss @	
		✓ AB - Supp

Att by Sajith
 22/5/26
 @ 9:55 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10:15 AM	SIB Dr. Tejaswi Δ Tem (38.2) / A/GA / 2.86 kg CTAB / TMB	
	HR - 136/min	Play
	SpO ₂ - 98% on RA	
	BP - 70/39 (S)	- CF SIF + 2ml/2ml Try DBF
	CVS - S ₄ S ₀	- CF AMPICILLIN
	PR - BK - ALF	GFANTAMICIN
	P/GA good	Trace CRP
	CTA good	Blood C _j
	Tolerably feeds	
	Repeat CRP	
	Blood C _j	- Stop Antibiotic
	24h negative	- shift to room side
		- Vaccination today
		(BCG, OPV, JAPIT)
		- SDR J @ 6AM - T/m
		NBS
		OAE

21/5
10:45 AM

Alt by sleeping
21/5/26
10:10 AM



Bio Chem;

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	Counseling Note	
10:30 AM	Baby is doing fine.	
	feeds →	19-20ml / 2nd body
		with spoon
	✓ Breathing →	out of CPAP - yesterday morning
	CPAP → (7)	repeat blood gas
	Blood culture → 24hr	12pm
	Continued	CO ₂ clearance
	on room air	
	stopping	
	Antibiotic spoon feeding →	suecip - vomitings.
	Domstal	Domstal syrup
	Giving vaccines	fine now - No fresh vomitings
		Paracetamol (mother).



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/05/26 12:58	BCG OPV HepB Given ✓	
24/5/26 2:30pm	ds/bx rx - Manni Team 2.86 kg TTNB̄ feed intolerance	
	- no vomitings ∴ nausea	
	- accepting feeds well ✓ urine ✓ stools ✓	
	O/E : euthusie U/A : good	Plan 1) warm care
	BF : flat meas (+)	2) DSF every mths. stz keeping
	vitals : stable SE - normal	3) SBR } NBS } - T/m e 6am OAE }
		4) monitor vitals.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 4pm	L/LB w. Spandana	
	<p>o/e all over</p> <p>U/A : good</p> <p>vitals : stable</p> <p>StE - normal.</p>	<p>Plan</p> <p>1) warm care</p> <p>2) DBF every 2nd h</p> <p> fls keeping</p>
		<p>3) SBR } - T/M e</p> <p> NBS } Gam</p> <p> OPE }</p>
		<p>4) monitor vitals</p>
	<p>P.S.</p>	<p>NBS - Arrow</p>
	<p>Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30826</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26	c/s/b - Dr. Sankar / Dr. Nayana	
7AM	Temp 2.86kg / TONS - feed intolerance	
	Accepting feed	Total 2700 gm (↓ 90 gm)
	passed urine/movements	(S.S x wt. loss)
	O/E: Wt loss	
	vitals stable	
	Guthrie	
	Cry/Tone (Active) good	
	SIG: NAD	Ache
		- DTR of bb keeping reflexes
		- MTS cream can
		- Trace DTR
		Sankar

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/05/21 SAT	06/16 - D. Tejaswi	
	Accepting feeds (DTP + RP)	
	Gut sounds	
	Cry / tone / Activity - good S/O: NAD	
	Red reflex: B/L present	
		Adeq
		- Trans SBR
		- ORR f/l6 bagging
		- NTS warm can

Dr Tejaswi

Dr. S. TEJASWI REDDY
Registration No: 94066



REGULAR PRESCRIPTIONS

Weight: 2.860 kg Ward:

DRUG : Inj. AMPICILLIN				Date Time	21/5	22/5															
Dose	Route	Frequency	Start Date																		
140mg	IV	TID	21/5	6PM	at 2PM	10PM															
Name & Signature of the Doctor Starting the Drugs: B. Sreepath N				29PM		10PM		21/5		22/5		STOP									
Additional Instructions: 3.5ml of 100mg/ml solution Further dilute in 5ml & take 2 dot solution				29AM		10PM															
Daily Doctor's Endorsement by a Sign				dilute in 3.5ml NS - give over the way																	
DRUG : Inj. GENTAMICIN				Date Time	21/5	22/5															
Dose	Route	Frequency	Start Date																		
14mg	IV	OD	21/5	2AM	4PM	10PM															
Name & Signature of the Doctor Starting the Drugs: B. Sreepath N				2AM		4PM		10PM		21/5		22/5		STOP							
Additional Instructions: Take 2ml (40mg/ml) solution dilute in 8ml NS to make 10mg/ml Take 1.4ml of solution + 3.6ml NS																					
Daily Doctor's Endorsement by a Sign																					
DRUG : DOMSTAL SYRUP				Date Time	21/5	22/5															
Dose	Route	Frequency	Start Date																		
0.5ml	PO	6 th hourly	21/5	12A	X	4P															
Name & Signature of the Doctor Starting the Drugs: Pranav				6A		X		R		21/5		22/5		STOP							
Additional Instructions: DOMPERIDONE -> 1ml = 1mg 0.2mg/kg				12P		X		.													
Daily Doctor's Endorsement by a Sign				6P		5PM		P.													
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

give over the way



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																					

NH-00015532 IP26-00006392
 r. S TEJASWI REDDY
 0 Y 0 M 0 D 1 H (M)
 20-05-2026

215

22/5/26
 2.740 Today wt



RESULT SHEET

Date	21/5/26	22/5/26			
Time	1AM				
Hb	18.6				
PCV	50.9				
RBC	4.98				
WBC	14.53				
N/L	74/22				
Platelets	258				
CRP	11.0	7.0			
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No: (1)

Gest Age: Birth Weight: 2.860 kg

Date: <u>22/5/26</u>	Date: <u>23/5/26</u>	Date:
DOL <u>D2</u> Weight <u>2.740</u>	DOL <u>D3</u> Weight <u>2.700 kg</u>	DOL Weight
Problems: <u>Term TTNB</u>	Problems:	Problems:
Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>30-160bpm</u> BP <u>70/50</u> Map <u>62</u> Cap Refil <u>3 sec</u>	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>(116mg/dL)</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 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 HcO3 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 HcO3 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 <u>Done</u>	Assessment	Assessment
Plan <u>Antib - 0.5g</u>	Plan	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 HcO3 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 HcO3 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 HcO3 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

HNM-00015532 IP26-00006392
 Baby Of CHARM MEHTA
 20-05-2026 0 Y 0 M 2 D (M)
 Dr. S TEJASWI REDDY

Patient Sticker



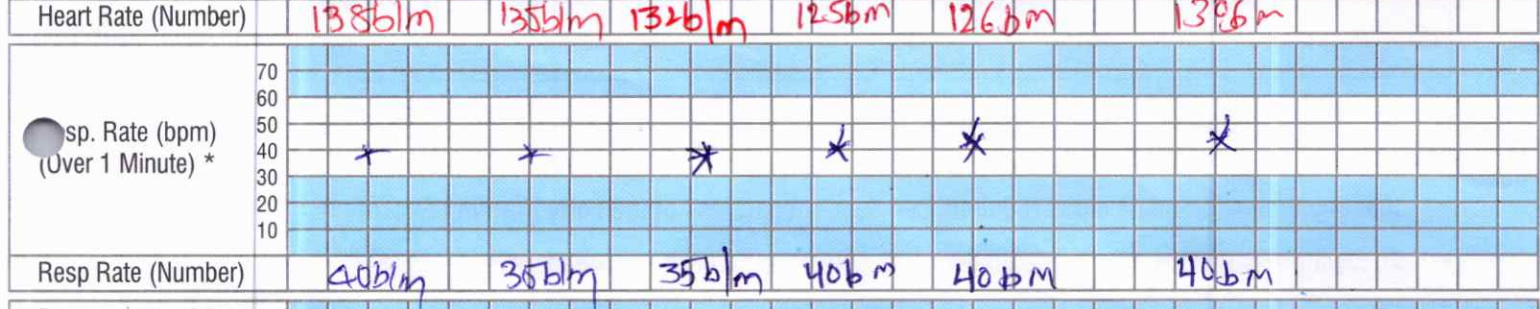
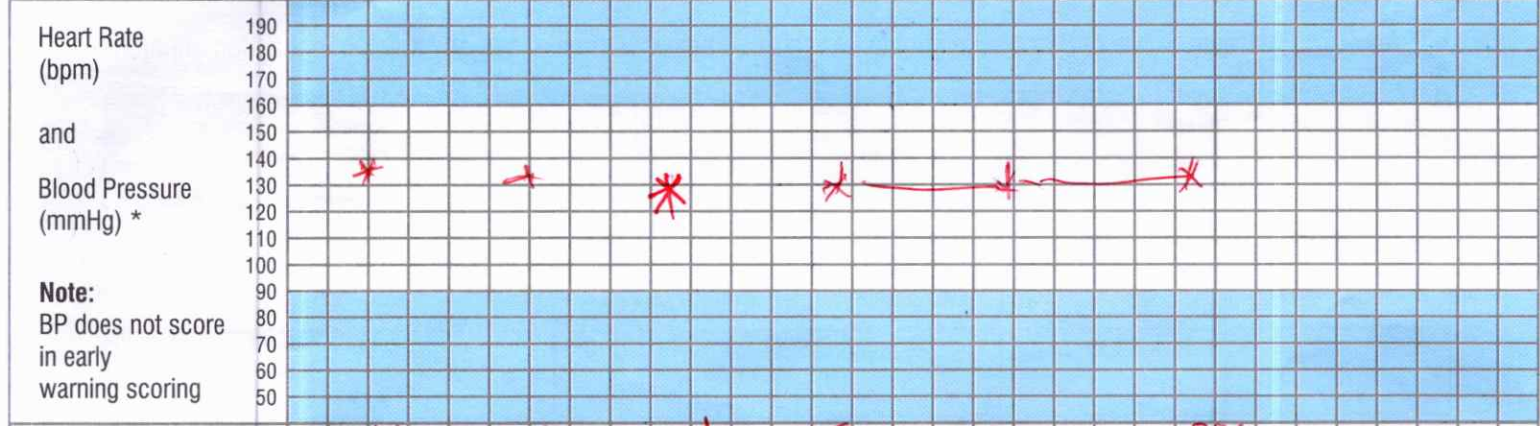
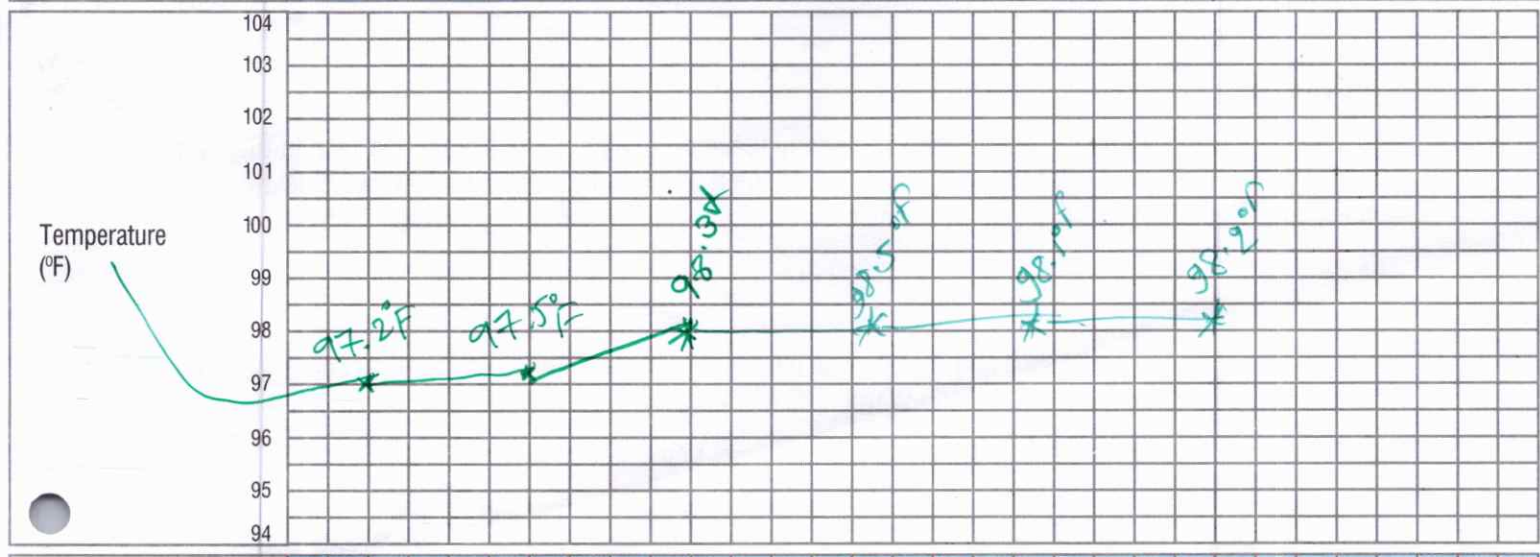
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

G SCORE: CHILDREN'S UNIT

Date: 22/5/26 Time: 10am 2pm 6pm 10 2 6
 Doctor/Nurse/Family Concern? PM PM AM



Resp Distress	Mod/ Severe	None / Mild				
Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99.1	99.1	100%	100%	100%	100%
Conscious Level	Normal	Altered				
GCS *						
TOTAL SCORE	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- 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 Is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00015532 IP26-00006392
 Baby Of CHARMI MEHTA
 20-05-2026 0 Y 0 M 2 D (M)
 Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
22/5/20	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	1										
	01:00 pm											
Total Intake :					Total Output :							
22/5	02:00 pm											
	03:00 pm	1	DBF									
	04:00 pm											
	05:00 pm	1	DBF									
	06:00 pm	1	DBF									
	07:00 pm											
Total Intake : Taken					Total Output : m=0 u=0							
	08:00 pm	1	DBF+FF									
	09:00 pm	1	DBF+FF									
	10:00 pm											
	11:00 pm	1	DBF+FF									
	12:00 am	1	DBF+FF									
	01:00 am											
Total Intake :					Total Output : u=0 m=							
	02:00 am	1	DBF+FF									
	03:00 am	1	DBF+FF									
	04:00 am	1	DBF+FF									
	05:00 am	1	DBF+FF									
	06:00 am	1	DBF+FF									
	07:00 am											
Total Intake :					Total Output : u= m=							

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Date: 22/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				NICO			
Afternoon	2pm 8pm	→ Assess the pt condition → monitoring vitals checked and recorded → ILO chart main	2pm 8pm	→ Assessed the pt condition → monitoring vitals → 2nd hourly feeding → Plan T/m SBR, NBS	→ pt is stable	→ Re-Assessed the condition	A Amonath
Night	8pm 8am	Assess the Patient condition monitor vitals checked and record 2nd hourly DBF+ff	8pm 8pm	Assessed the Baby condition monitored vitals Maintained ILO chart 2nd hourly DBF+ff	Baby is stable now	Vitals is Normal	Kishan Kishan

Patient Sticker

NURSING CARE RECORD



Date:

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							
Afternoon							
Night							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	21/5/26	21/5/26	21/5/26	22/5/26	22/5/26	22/5/26	
	Shift	NC	MS	NI	MG	RL	AI	
	Medical Condition (Any special condition to be noted):			FTNB				
ASSESSMENT	Diet:							
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	NV	CPAP	R/A	R/A			
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	36.5°C	36.5°C	36.5°C	36.9°C	98.2°F	98.1°F
		Res:	40	38	39	60bpm	45b/m	40bpm
		SpO ₂ :	100%	98%	100%	95%	100%	100%
		Pulse:	124	125	135	130bpm	145b/m	140bpm
		BP:	93/59		80/50	71/48(56)		
		LOC:	NIW	NIW	NIW	NIW		
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-		
Skin Integrity	-	-	-	-	-	-		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	-	
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	dependent	-	dependent	dependent	yes	yes		
Post Operative Procedure Special Orders:					NA	NA		
Handed Over By Name :		Pooja	Jyotee	Pooja	Saipriya	Amrutha	Suhra	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		21/5/26	21/5/26	22/5/26	22/5/26	22/5	23/5/26	
Time:		8AM	8pm	8AM	2pm	8pm	8AM	
Taken Over By Name :		Jyotee	Pooja	Saipriya	Amrutha	Suhra		
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		21/5/26	21/5/26	22/5/26	22/5	22/5/26		
Time:		8AM	8pm	8AM	2pm	8PM		

Patient Sticker



NURSING SHIFT HAND OVER FORM

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

NH-00015532 IP26-00006392
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 r. S TEJASWI REDDY



BRADEN 'Q' SCALE

					Date :	21/5/26	21/5	22/5	25/5
					Time :	05	11	06	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.		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
FRICION-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 meat 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						sh	A	Q	A

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

BRADEN 'Q' SCALE

Patient ID

				Date :			
				Time :			
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.			
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.			
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				TOTAL SCORE			
				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)
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Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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 r. S TEJASWI REDDY



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	
						21/5	21/5	22/5	22/5					
						MS	PI	MG	R					
						Procedure →								
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA					
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, SaO₂	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					
<p>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</p> <p>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</p>						Gestational Age / Corrected Age	39w wks	39w wks	39w wks	39w wks				
						Total Pain / Agitation Score	-	-	-	-				
						Intervention	-	-	-	-				
						Effectiveness	-	-	-	-				
						Signature	[Signature]	[Signature]	[Signature]	[Signature]				

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Desired levels of sedation vary according to the situation. • Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> • "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • The premature infant's response to prolonged or persistent pain/stress • Neurologic depression, sepsis, or other pathology 	<ul style="list-style-type: none"> • Does not provide pain intensity rating. • Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> • 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.

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



Name: NH-00015532 IP26-00006392
 S/o of CHARMI MEHTA Age: Gender: Male Female
 UHID.No : >05-2026 0Y0M0D1H (M) Date: 21/5/26
 r. S TEJASWI REDDY

I S/o, D/o, W/o 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 :
 Tam (AGA) / MSU / RD

The doctors have clearly explained to me that my patient B/o 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 : 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 : Puneesh
 Name : Puneesh
 Relationship with Patient: Father
 Date & Time :

Witness :
 Signature : Laxmi Prasanna
 Name : SK
 Date & Time : 21/5/26

Doctor (who is taking the consent) :
 Signature : Sreeghan
 Name : Dr. Sreeghan
 Date & Time : 21/5

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



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి
 నేను చి

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్స్ బిల్డ్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ
 నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

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

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

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

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

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

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

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకము
పేరు	పేరు
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)	తేదీ మరియు సమయము
సంతకము	
పేరు	



CONSENT FOR FORMULA FEEDS

Patient Name : B/o Charmi Age : Day 2 Gender : Male Female
UHID No : 00015532 Department : Neonatology Date : 21/5/26
I Mr / Mrs. : Charmi aged years, hereby declare that I have
admitted my son / daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on
21/5/26 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 : [Signature]
Name : Puneet
Relationship with Patient : Father
Date & Time :

Witness :

Signature : [Signature]
Name : Lakshmi Prasanna
Date & Time : 21/5/26

Doctor (who is taking the consent) :


Signature : [Signature]
Name : Dr. Naipunya
Date & Time : 21/5

CONSENT FOR SPECIAL PROCEDURES



Patient Name : Gender: Male Female
UHID No : Department : NICU Date : 21/5/26

NH-00015532 IP26-00006392
Baby Of CHARMI MEHTA
05-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY



I S/D/W/O

Here by give consent for procedure of : NIIV Support

For my patient, Named :

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

Sephal. depression
Facial swelling

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

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


Name of the Doctor performing the procedure: Dr. Sreeghs

Patient Attendant :
Signature : Purvesh
Name : PURVESH
Relationship with Patient : Father
Date & Time : 21/5/26

Witness :
Signature : sh
Name : Lakshmi Prasanna
Date & Time : 21/5/26

Doctor (who is taking the consent) :
Signature : Sreeghs
Name : Dr. Sreeghs
Date & Time : 21/5/26

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015532 IP26-00006392 Baby Of CHARM MEHTA 20-05-2026 0 Y 0 M 2 D (M) Dr. S TEJASWI REDDY 		Date & Time of Admission 12:40 AM 21/5/26	Date & Time of Transfer Order 12:5 PM 22/5/26
From Unit NICU		Transfer Ordered by Dr. praveen	Reason for Transfer Admission
To Unit (215)		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File (2)	Number of Imaging Films X-ray (1) CBG (2) A&C (1) VBG (1)		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what?
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Nayn Pro	(1)	
2.	feeding bottle	(1)	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Name & Signature of Person who is Transferring Saipriya (Sey)		Name of Person Ordered Transfer Dr. praveen	
Patient & Clinical Records Received by : Pranjali 22/5/26 @ 12:14 PM			
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



CHECKLIST FOR THROMBOPHLEBITIS

21/5/26 22/5/26

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	0	0	0	0	0	0	0	0	Handwritten notes: 22/5/26, 10:30 am	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	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 : Bharani

Signature of Ward In Charge :
 Signature : Name : Bharani

NH-00015532 IP26-00006392
 by Of CHARMI MEHTA
 05-2026 0 Y 0 M 0 D 1 H (M)
 r. S TEJASWI REDDY



MAINTAINING CPAP / HFNC / NIV

Date: 21/5/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> 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:			poorja	
Signature of the Nurse:			<i>[Signature]</i>	
Date & Time:			21/5/26	

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

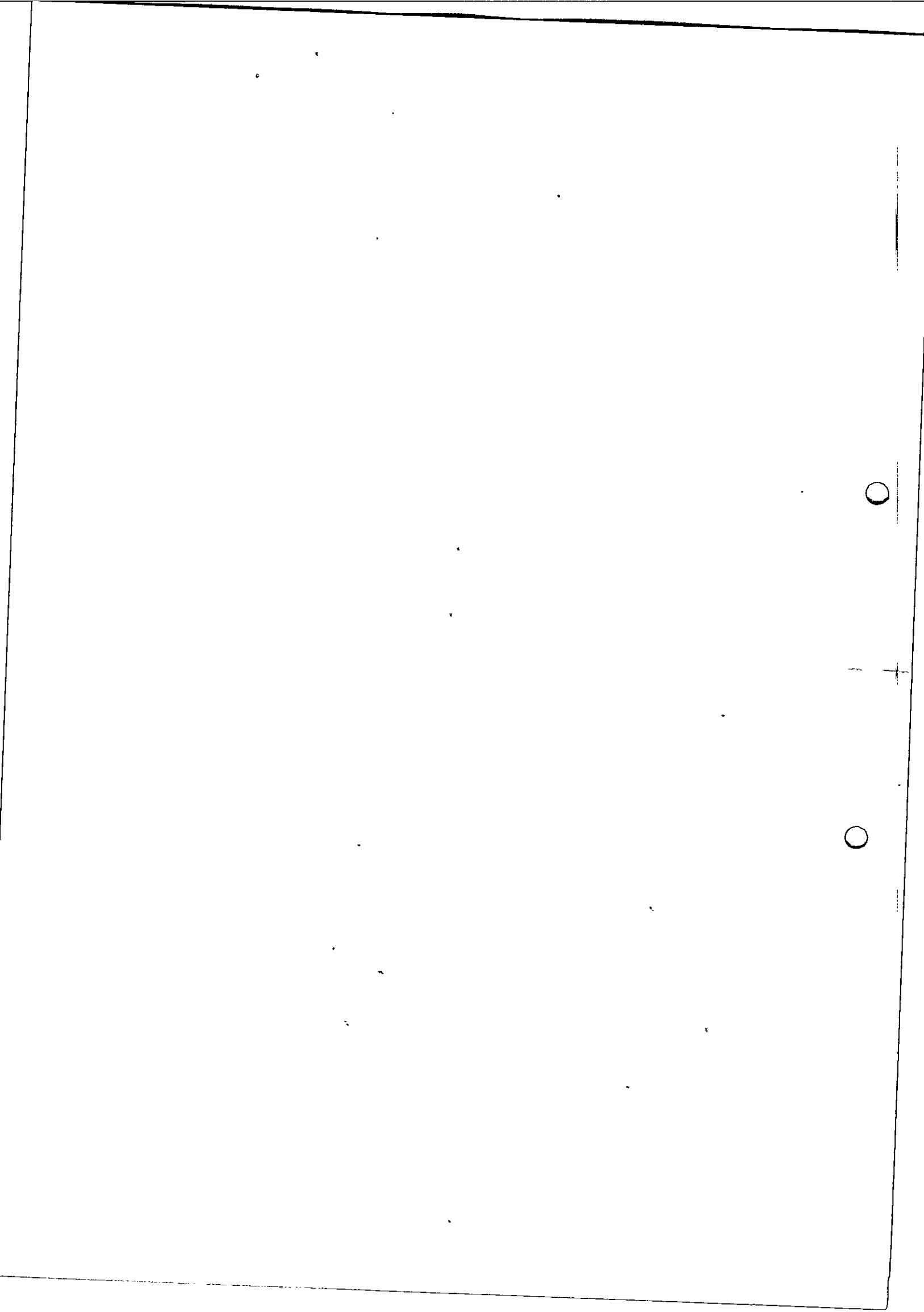
Patient Sticker

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> 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:				
Signature of the Nurse:				
Date & Time:				

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



HNH-00015532 IP26-00006392
Baby Of CHARMI MEHTA
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY



BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

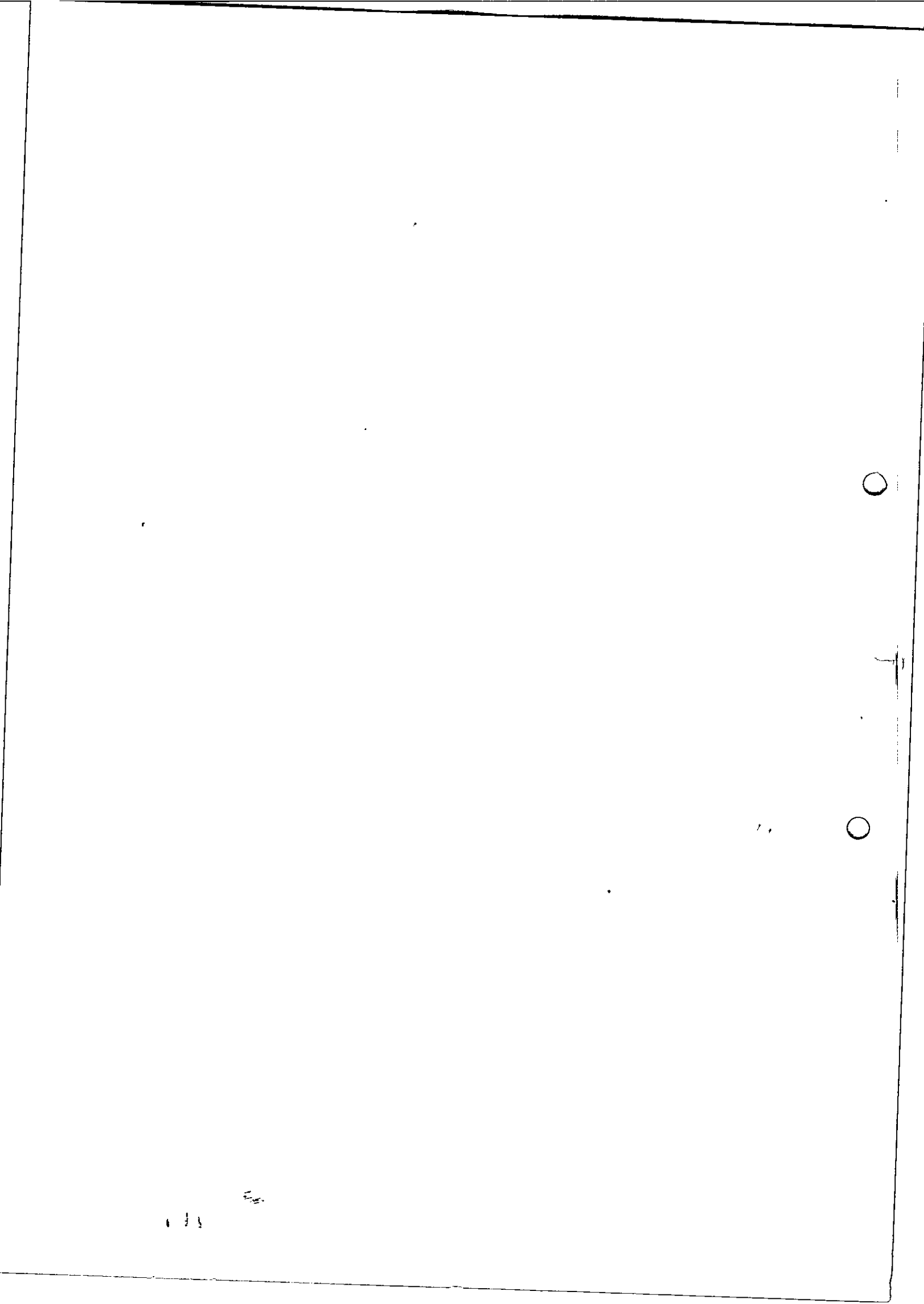
NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

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





**DECLARATION BY PATIENT OR PATIENT ATTENDANT
(TPA / INSURANCE / AROGYA BHADRATA / CORPORATE)**



Date: 21/05/2026

I have attended the financial counseling desk / billing desk and understood the approximate expected costs of treatment. I clearly understand and agree that the hospital would bill as per its (hospital's) existing terms and conditions or MOU with my TPA/ Insurance Company/ Corporate/ Arogya Bhadrata Scheme.

In case my claim is rejected by my TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme at any point of time, i.e. before admission, during admission, during discharge or post discharge when hospital bill claim is submitted, I promise to settle the claim with the hospital. I understand and agree that there are certain TPA / Insurance Company / Corporate / Arogya Bhadrata Scheme Non - Coverable billing components which have to be paid totally by me like the following.

Registration charges, Insurance Processing fee, Medical Record Charges, MLC Charges, Tax Collected at Source (TCS), Dietician Consultation, F&B charges. Luxury Tax, Pharmacy and Consumables Non Medicals like Gloves, Masks, Draw Sheets, Diapers / Koochees, Intrafix, Q-Syte, Venflon, Sterilium, Splint, Gowns, Stockings, etc, Investigations like HIV, HbsAg, Pre Anesthesia Checkup (PAC), all Genetic Investigations, Double Occupancy, Vaccination Charges etc, instruments like Laparoscope, Thoracoscope, Harmonic, N-Seal, Morcellator, Cobulator, C-Arm, Micro Debrider, Medetronic Drill, Mann Mann Drill, Neuro Microscope, Neuro Endoscope, Endoscope etc, Maternity related like, Anti D, Muhurtham, Welt Baby Charges, Epidural, Entonox, Tubectomy etc. Any other facility used / treatment / investigation done which is not related to the present ailment is not covered.

I promise to clear my medical / non-medical bill dues during admission on daily basis or as and when applicable or whenever called for.

Mandatory Documents to be submitted for cashless process (Corporate Policy)

1. Employee ID Card.
2. Employee Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID).
3. Patient TPA / Insurance Health Card or E-Card.
4. Patient Government ID Proof (PAN /Aadhaar Card / Passport / Voter ID / Birth Certificate)

Mandatory Documents to be submitted for cashless process (Individual Policy)

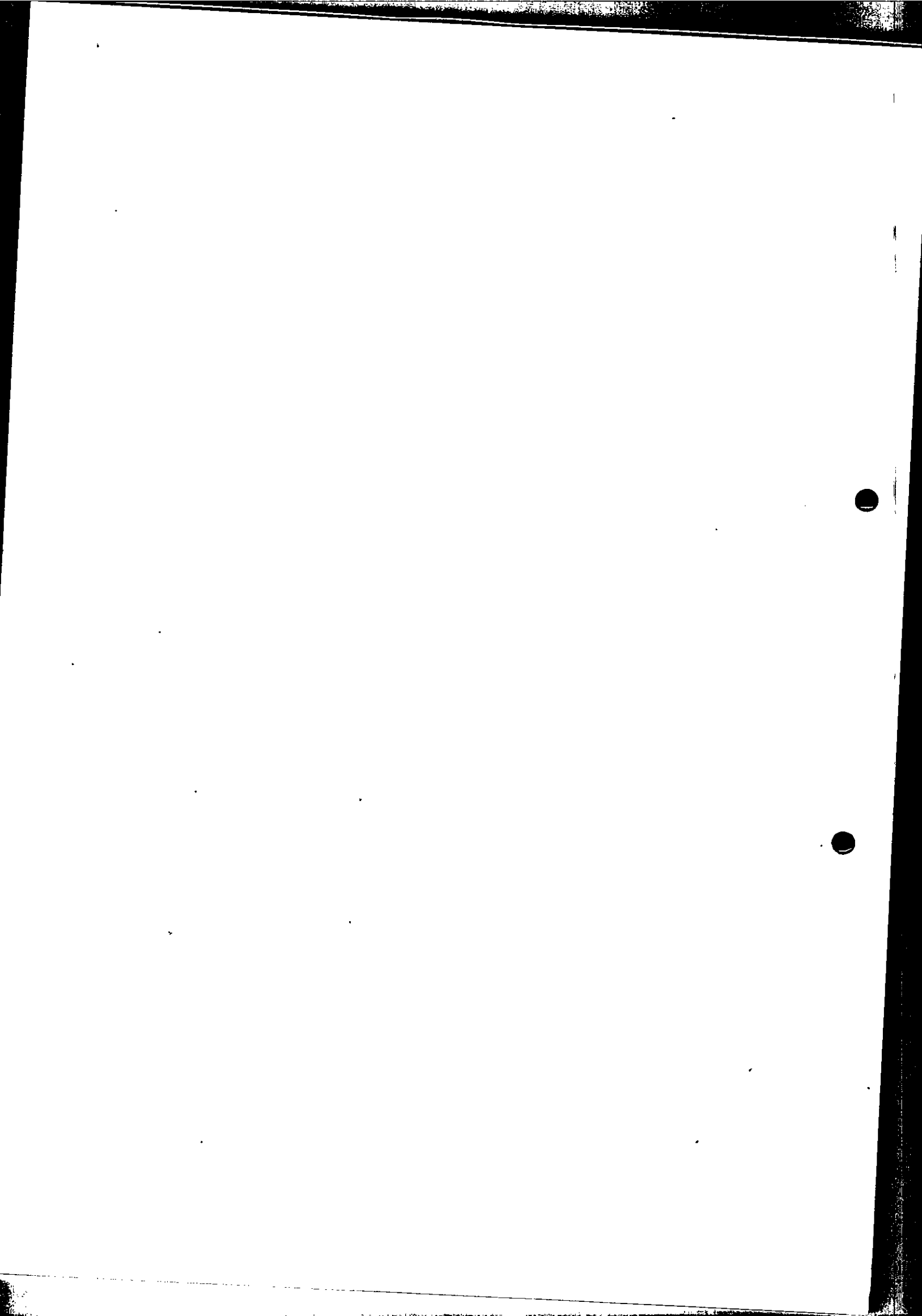
1. Proposer's ID Proof.
2. Patient TPA / Insurance Health Card or E-Card.
3. Patient Government ID Proof (PAN / Aadhaar Card / Passport / Voter ID / Birth Certificate)

Name of the Patient: Blocharmi Mehta Date & Time of Admission: 21/05/2026 @ 12:40 Am

Name of the Parent / Guardian: Purnesh fruitwala Mobile Number: 9701977206

Parent Aadhaar Card Number:

Signature & Relation
Purnesh fruitwala
Father



HNH-00015532 IP26-00006392
Baby Of CHARMI MEHTA
20-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
of making the world right
Working Smiles, Starting Right

UNDERTAKING OF INSURANCE PATIENT/ CREDIT PATIENT FOR ADVANCE PAYMENT

To
The Management,
Rainbow Children's Hospital, Himayat Nagar,
Hyderabad - 500029.

Sub:- Undertaking of Insurance Patient for Advance Payment.

I Mr./Mrs./Ms. Purvesh foustwala (Father/ Mother/
Other _____) of Master/ Baby/ Baby of/ Mrs. / Ms. B/o charmi Mehta.
was bought to your hospital on Emergency basis on 21/05/2026 at 12:40 Am.
approximate charges deposit details were explained by the front office executive on
duty.

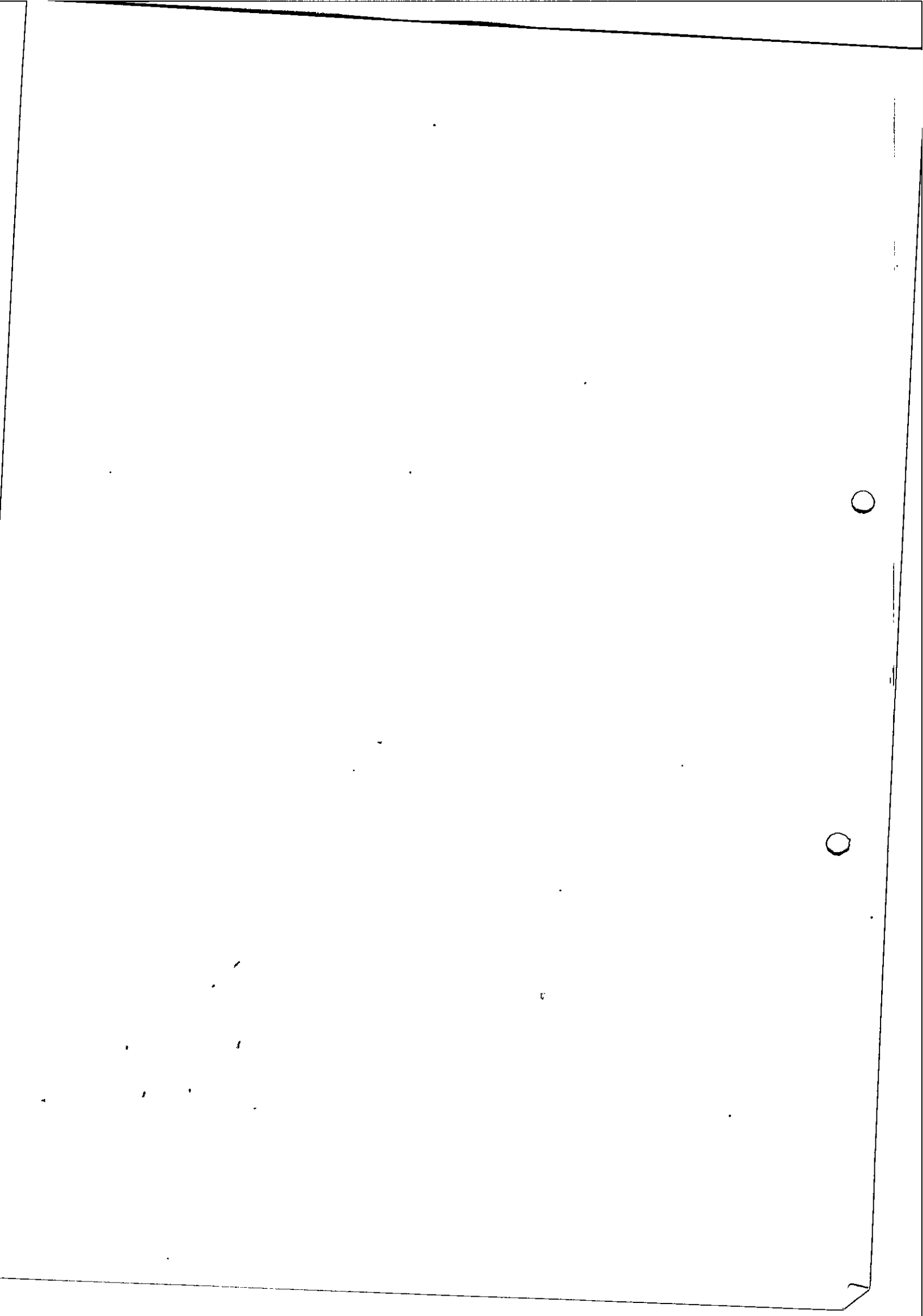
As I have cashless insurance so I have to pay 50k as a caution deposit at the
time of admission. If there will be any difference amount after getting the approval I'll
pay that amount at the time discharge.

Thanking You

Signature

Name:- PURVESH

Ph. No.:- 7893487712



COUNSELLING SHEET



Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State
 Housing Board Himayatnagar, Hyderabad- 500029

		TWIN SHARING / OBSERVATION(LDR) / SHARED WARD	PRIVATE / DELUXE ROOM	PICU / NICU / HDU	SEPARATED FROM TARIFF	
BED CHARGES					PHARMACY	12 TO 12 NOON BILLING POLICY 12 PM - 12 PM
					INVESTIGATION	
DOCTORS CHARGES					CROSS CONSULTATION	PHONES ARE NOT ALLOWED IN PICU(PHOTOGRAPHY AND VIDEOGRAPHY STRICTLY PROHIBITED)
					CONSUMABLES	
NURSING CHARGES					BLOOD PRODUCTS	VISITING HOURS 04:00pm TO 05:00pm.
					OXYGEN	
DIET CHARGES					HFNC / VENTILATOR / C PAP / HFO / NIV / NIV-C PAP	IN ICU EITHER MOTHER OR FATHER ALLOWED(NO VISITORS)
					EQUIPMENT	
TOTAL					PROCEDURE	OUTSIDE FOOD AND MEDICATION NOT ALLOWED
					NEBULISATION	
					MRD, DRUG ADMINISTRATION, INSURANCE PROCESSING FEE (IF ANY)	
PATIENT NAME	B/o Charmi Mehta.			AGE/SEX	New Born.	
UHID				INSURANCE NAME		

14,600 Plk.

[Signature]
 ATTENDENT SIGNATURE

CAUTION DEPOSIT *150k*

[Signature]
 COUNSELLING PERSON SIGNATURE

Reimbursable 4-5 working Days.

