

HNH-00015552 IP26-00006401  
 Baby Of PERALI REVATHI  
 22-05-2026 0 Y 0 M 0 D 13 H (M)  
 Dr. SPANDANA PASUPULETI

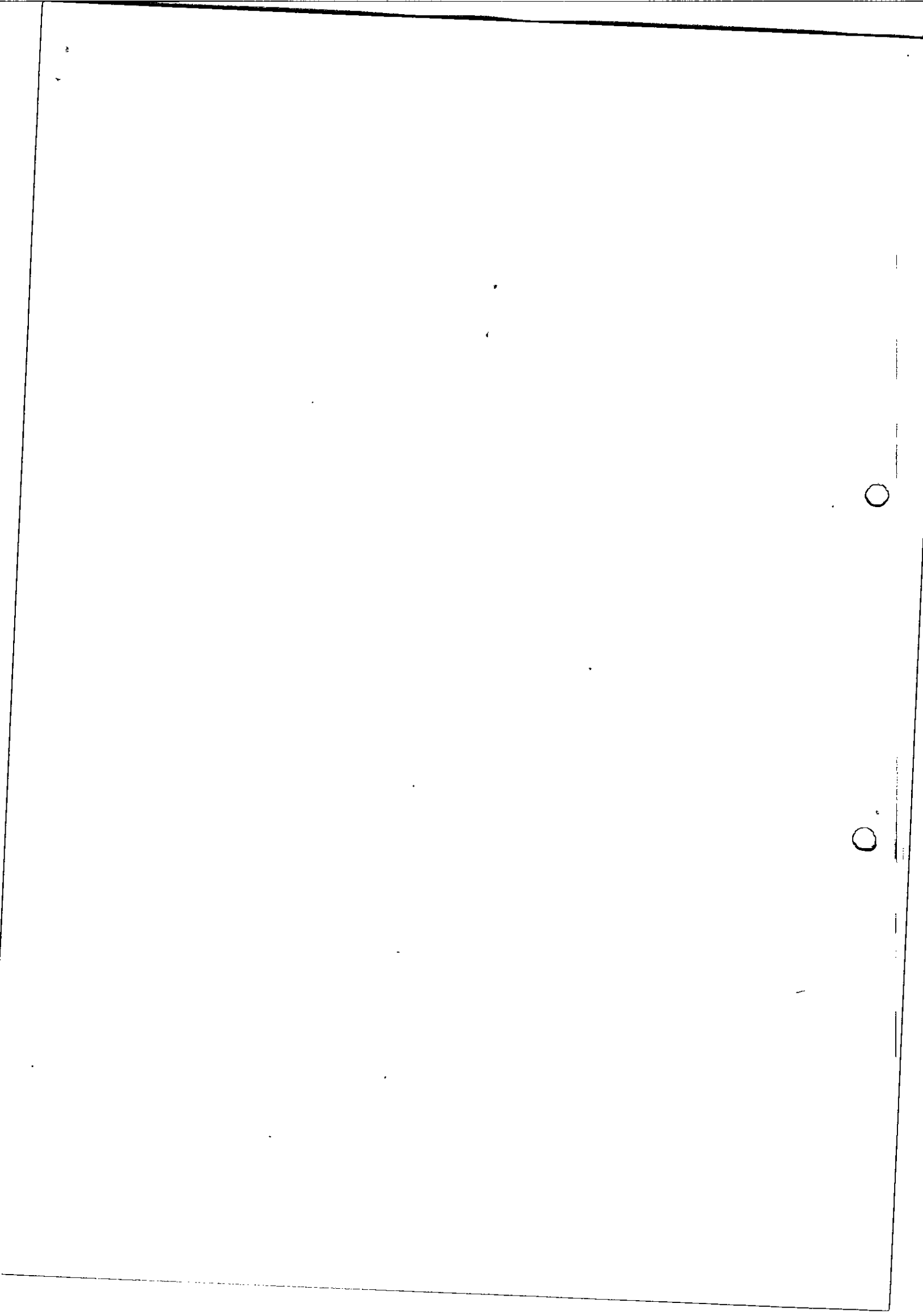


## DEFICIENCY CHECK LIST OF CASE SHEET

| 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                    | 3            |            |              |         |
| 7      | Nursing plan of care and handover sheets   | 4            |            |              |         |
| 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                   | 1            |            |              |         |
| 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               | 1            |            |              |         |
| 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)           |              |            |              |         |
| 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 sheet</i>                       | 1            |            |              |         |
|        | <b>Total No. of Pages</b>                  | <b>29</b>    |            |              |         |

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

Signature and Date: *[Signature]*  
 23/5/2026 (PT.O)



**ADMISSION SHEET**

**Registration Details :**



Admission No : IP26-00006401      Admit Date : 22-May-2026      Admit Time : 08:56 AM      UHID : HNH-00015552

**Patient Details :**

Patient Name : Baby Of PERALI REVATHI      Age : 0 D  
Guardian : Mr M VARUN      DOB : 22-05-2026 07:32 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : 2-1-565/1/a Nallakunta Hyderabad Telangana      Phone No : 9440692531/ 9948335434  
INDIA 500044      E-mail : revathi.perhi@gmail.com

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-HNPDA-415-1      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-415-1      Admission Type : First Visit

**Contact Details :**

Name : Mr M VARUN      Relationship : Father  
Contact Address : 2-1-565/1/a Nallakunta Hyderabad Telangana      Phone No : 9440692531  
INDIA 500044

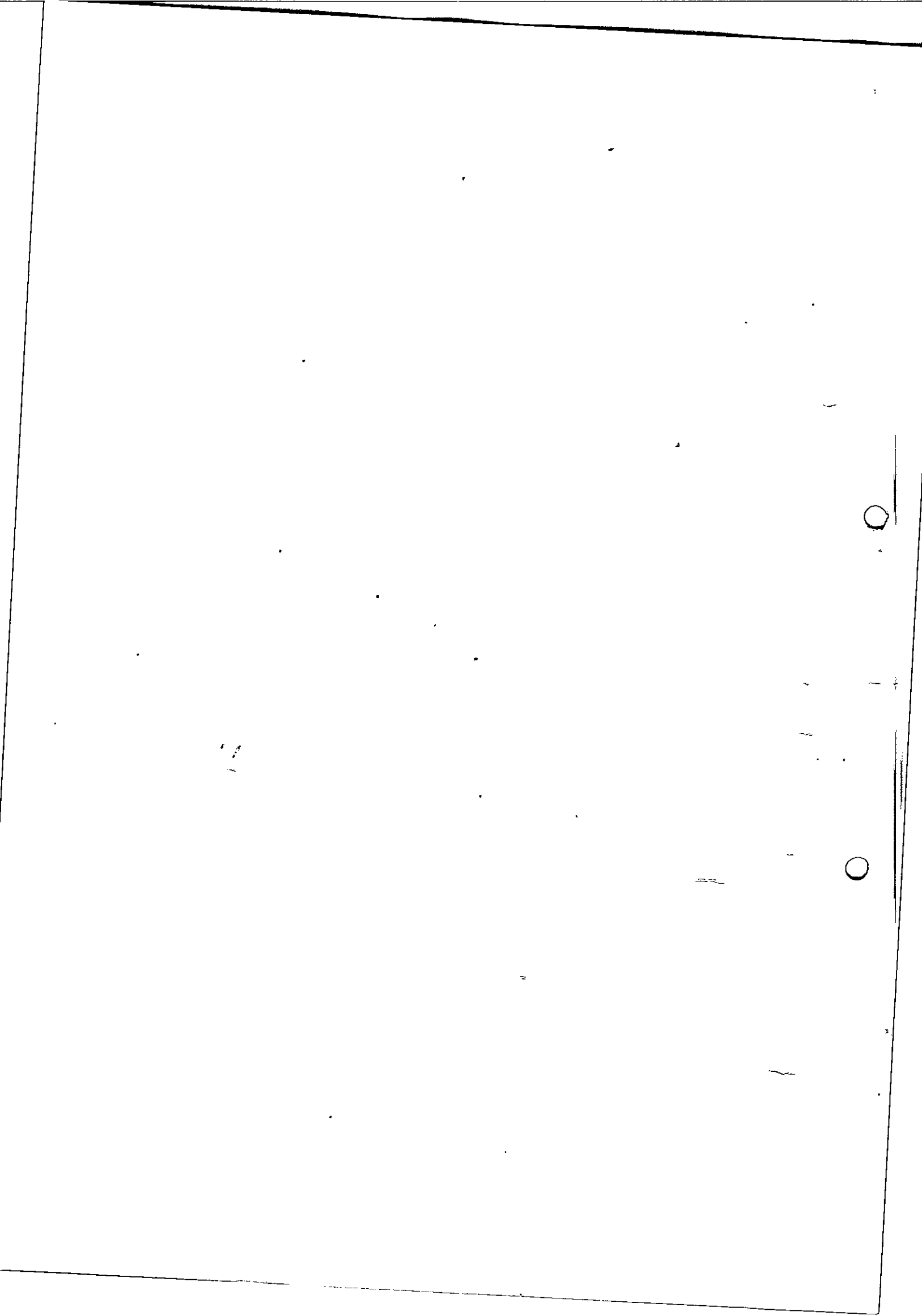
*Varun*  
Signature

**Doctor Details :**

Doctor Name : Dr. SPANDANA PASUPULETI      Specialisation : NEONATOLOGY  
Referral Doctor : Self.      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : DC/CC Card      Deposit Amount : 15000.00  
Payor Name : SELFPAY



# CONSENT FOR FORMULA FEEDS



Patient Name : B/o perali revathi Age : 13 Hrs Gender :  Male  Female

UHID No : ..... Reg. No. : ..... Department : ..... Date : .....

I Mr / Mrs. : Varun, aged ..... years, hereby declare that I have admitted my  son /  daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

Varun, 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 : Varun

Name : Varun

Relationship with Patient: Father

Date & Time : 23/5/20

### Witness :

Signature : Sunanda

Name : Sunanda

Date & Time : 23/5/20

### Doctor (who is taking the consent) :

Signature : Neeraj

Name : Dr. Neeraj

Date & Time : 23/5



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

యు.హెచ్.ఐ.డి. .... రిజిస్ట్రేషన్ నెం.: ..... విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....


సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

# PATIENT TRANSFER FORM

| Patient Name & UHID No.<br>HNH-00015552 IP26-00006401<br>Baby Of PERALI REVATHI<br>22-05-2026 0 Y 0 M 0 D 1 H (M)<br>Dr. SPANDANA PASUPULETI |                              | Date & Time of Admission<br>22/5/26 @ 8:56 AM   | Date & Time of Transfer Order<br>22/5/26 @ |
|--|------------------------------|---|--|
|   |                              | Transfer Ordered by<br>DR. pranav   | Reason for Transfer<br>observation         |
| From Unit<br>pre - post  | To Unit<br>Room 307          | Information to Attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| Number of Sheets in Clinical File<br>28  | Number of Imaging Films<br>- | Personal belongings including clinical documents. If any handed over to attendant<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, what ? |  |
| Medications / Consumables / Surgicals / Hand over  |                              |   |  |
| Sl.No.   | Item Name                    | Quantity  |  |
| 1.   | wet tissue                   | ①   |  |
| 2.   | Kooches                      | ①   |  |
| 3.   |                              |   |  |
| 4.   |                              |   |  |
| 5.   |                              |   |  |
| Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                             |                              |   |  |
| Name & Signature of Person who is Transferring<br>Sis. Anshu   |                              | Name of Person Ordered Transfer<br>DR. pranav   |  |
| Patient & Clinical Records Received by :<br>Moufushi @ 9.30 AM   |                              |   |  |
| Date & Time of Patient Received :<br>22/5/26   |                              |   |  |

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







## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Perali Revathi Age : 28y 11m Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No.: .....  
 NICU Consultant : ..... Referring Consultant : .....  
**Transferring Unit :**  OT  Labour Room  ER  Ward  
**Transported ?**  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : B/o Perali Revathi Mother's Blood Group : O+ve  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 3.1kg Length (cms) : .....  
 Date of Birth : 22/5/26 Time of Birth : 7:32AM OFC (cms) : .....  
 Place of Birth : R/H HMNR Estimated Gesth Age : 38wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 28/8/25 EDD : 2/6/26

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

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

Last Scans Details : S/S SLUF 35w sd. AL 34% Doppl(n) 9swath scan for prominent  
AFI 15.57, EBW 2.74 TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

|   |   |
|---|---|
| Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs<br>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3<br><b>H/o PIH (after 20 weeks) / PE</b><br>How many Drugs / Doses / Since how long : .....<br>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....<br>IUGR - when detected : .....<br>Doppler ( Increased Resistance / ADEF / REDF / Redistrbution in MCA ) / Ductus Venosus : .....<br>AFI : ..... | <b>H/o GDM/ pre GDM/ on diet or insulin</b> <u>Bowel loop 11-12w</u><br>Controlled or not, recent values, HbA1 values : <u>- GB sludge</u><br>Compliance with Rx : .....<br>Scans : LGA, TIFFA , Fetal Echo : .....<br><b>H/o Hypothyroidism : when diagnosed ? Medication?</b><br>Any other Chronic Medical Problems, when detected drugs ? .....<br>( Anemia, SLE, Jaundice, CHD, Heart Disease )<br>Infection : H/O, Fever<br>( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )<br>UTI : when : ..... Any culture : ..... |
|---|---|

**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

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

| Sl. No. | Age             | GA wks | B. W | Gender | Significant | Details |
|---------|-----------------|--------|------|--------|-------------|---------|
|         | Prim - Spontau. |        |      |        |             |         |
|         |                 |        |      |        |             |         |
|         |                 |        |      |        |             |         |

**PERINATAL HISTORY**

Treating Obstetrician : Dr Swapna Hospital : .....  Inborn  Outborn

|  |  |
|--|--|
| <p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig) <span style="margin-left: 200px;">NVD.</span></p> <p>Second stage (&gt; 2 hours after dilation)</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 : .....</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p> |
|--|--|

**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

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

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

|       | 1 Minute | 5 Minutes | 10 Minutes |
|-------|----------|-----------|------------|
| TOTAL | 8/10     | 9/10      |            |

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

Comments :  
Acycnosis

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :  
- Prim / term (35wks) / NVD

Hi



delivered via NVD



CIAB



can't dry / suck down

cord care given

vit K given



shifty to moth side.

(No Extrem Anomelia)

Investigation details in previous Hospital :

Moth - vaginal warts (+)  
↳ HPV Negative

Feeding History :



[Empty box for patient information]

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :  
*Aeynois.*

VITALS : Temperature : *36.5* HR : *156* RR : *60* NIBP : CFT : *c3sec.*  
Color of the extremities : *Aeynois*  
Jaundice : Pallor : SpO2 : *97%*

Anthropometry : Birth Weight : *3.1kg* Length : HC : Present Weight :  
Ponderal Index : *AGA* SGA : LGA :



**HEAD TO TOE EXAMINATION**

**HEAD :**  
Sutures  
Shape / Moulding : *1/n*  
Edema / Bruising :  
Size - (H.C.) :

**Facies :**  
(Any Facial Dysmorphism) *n*

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

**EYES :**  
Symmetry :  
Red Reflex : *b chub*  
Discharge :

**EARS, NOSE MOUTH and THROAT :**  
Ear set / Shape :  
Periauricular Pits / Tags : *1/n*  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue : *n*

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

**ABDOMEN and UMBILICUS :**  
Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump : *2 A + IV 1/n*  
Discharge :

**GENITALIA :**  
Labia / Hymen :  
Testicles/penis *B/c testis descended.*  
Anus :

**HERNIAL ORIFICES** *n*

**TRUNK and SPINE :** *n*

**SKIN LESIONS :**

**EXTREMITIES :**  
Fingers / Toes :  
Arms / Legs : *n* *all position CTEV??*  
Deformities :  
Mobility :  
Hip Joint Examination :



**SYSTEMIC EXAMINATION**

**Respiratory System :**

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) : .....

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

**Cardiovascular System :**

HR : ..... BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

**Abdomen :**

Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

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

State of wakefulness : .....

Prechtle Score : .....

**Nerves :**

.....  
.....  
.....

**Motor System :**

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

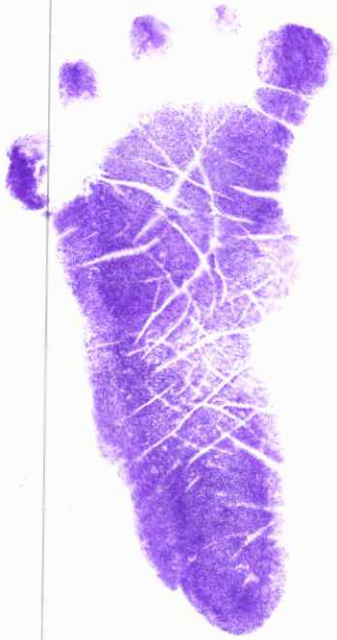


Diagnosis :

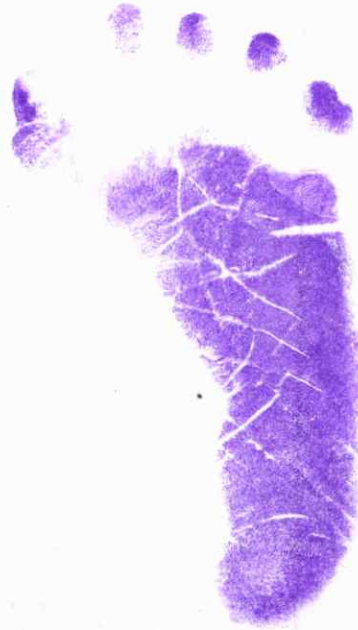
*Term / AGA / male / CIAB / 2<sup>nd</sup> lt positive CTEV.*

**FOOT PRINTS**

Left Side :



Right Side :



Resident Doctor :

Signature : *AP*

Name : *Anuabe*

Date & Time : *22/5/26*

Consultant :

Signature : .....

Name : .....

Date & Time : .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

1. Name of the referring Doctor : .....
2. Name of the 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 : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up : *Plan care.*

- *DBF Only j/h bumping*
- *Send cord B&T*
- *Sample e USHOL - SBR NBS, OAE*
- *vaccinat BCG, OPV, HepD.*
- *USS abd e USHOL - 4 Need (after Rounde)*
- *IT positions CTEV*

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

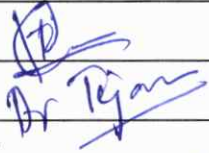
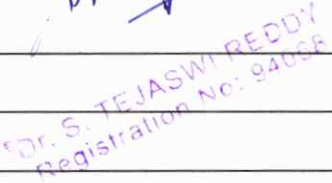
ROP : .....

TFT : .....

NP2 : .....



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time   | Progress Notes  | Doctor's Order  |
|---------------|---|---|
| 22/5<br>12 pm | c/s D. Tejaswi  |   |
|               | ET / 38 wk / NVD / CROT /                             | 3.1 kg / Boy / Position CTEV<br>(Prominent bowel loop in ANC scan)  |
|               | Baby Pink<br>Enteral<br>Cry Tone } Good<br>Activity } | Plan<br>1) Warm care<br>2) DBF / <sup>1</sup> / <sub>4</sub> keeping @ 2-4<br>3) Vaccination today<br>(BCG, OPV, Hep S)<br>4) SBR<br>NBS<br>OAE } e. 48 HOC |
|               | On DBF<br>→ Let to pass Vrine K-Stool                 | 5) SOS - VSG abdomen<br>if Vomiting<br>6) To check red reflex   |
|               |   | <br>Dr. Tejaswi  |
|               |   |    |
|               |   |   |
|               |   |   |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                            | Progress Notes   | Doctor's Order   |
|--|--|--|
| 22/5<br>3pm                            | <p>ch/B Dr. Prasad<br/>           FT / 38 Wk / NVD / Boy / 3-1 kg /</p>                            | <p>ANC - Prominent band loops</p>  |
|  | <p>Baby Enthusiastic<br/>           Cry }<br/>           Tone } Good<br/>           Activity }</p> | <p>Plan<br/>           1) Warm Care<br/>           2) DBF j/k burping @ 2h<br/>           3) Vaccination Today<br/>           4) SBR/NBS/OPV @ 4.8 Wk<br/>           5) S/S - VSS Abdomen if Vomiting<br/>           6) Check red reflex</p> |
|  | <p>On DBF<br/>           Yet to pass urine &amp; stool</p>   | <p>NB Mouthwash @ 3pm</p>  |
| <p>22/05/26<br/> <del>3:23pm</del></p> | <p>BCG, OPV, HepB given</p>  |  |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes  | Doctor's Order  |
|--------------------|---|---|
| 22/5<br><u>4pm</u> | <p style="text-align: center;"><u>CLSB DA Spandana</u></p> <p>FT / 38 wks / NVD / Bay / 3.1 kg</p> <p>- 1 episode Vomiting</p> <p>Baby Euthermic.</p> <p style="margin-left: 40px;">C } Good.<br/>J }<br/>A }</p> <p>Passed stool<br/>yet to pass urine</p> <p>PIA - soft</p> | <p>(Prominent bowel loops on APC exam)</p> <p>Ph</p> <p>✓) War cu</p> <p>✓) DBF j/lk bulging @ 21</p> <p>✓) USG Abdomen - Nas</p> <p>✓) SBR<br/>NBS<br/>ORR } CLSB HOC</p> <p>✓) To check red reflex</p> <p>✓) If further Vomiting<br/>Add Dental</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center;">NB <u>Spandana</u></p> |
|                    |   |   |
|                    | <p style="color: purple; font-size: small;">             Dr. Spandana Pasupuleti<br/>             Consultant Neonatologist and Pediatrician<br/>             Reg. No. 30925           </p>  |   |

HNH-00015552 IP26-00006401

Baby Of PERALI REVATHI

22-05-2026 0 Y 0 M 0 D 13 H (M)

Dr. SPANDANA PASUPULETI



### PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes   | Doctor's Order        |
|-----------------|--|-----------------------|
| 23/5<br>7:00 AM | C/S/13 Dr. Nairayana / Dr. Seshanth<br>FT / 38 weeks / NVD / male / 3.1 kg |                       |
|                 | Eutremic   | <u>Plan</u>           |
|                 | C/T/A - Good.  | - DBF 2nd hourly      |
|                 | Tolerating feed well   | d/b burping           |
|                 | R/S - BILAE ⊕  | - SBR } H&H           |
|                 | PLA - Soft, NO distension  | NBS }<br>OAE }        |
| U/V<br>S        |  | - TO check red reflex |
|                 | Wt loss - 2.980<br>(↓20g)  | - warmth care         |
|                 |  | - monitor U&Es        |
|                 |  |                       |
|                 |  |                       |
|                 |  |                       |
|                 |  |                       |
|                 |  |                       |



**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time                 | Progress Notes                 | Doctor's Order                   |
|-----------------------------|--------------------------------|----------------------------------|
| <del>23/05/24</del><br>8 AM | CLINIC D. Tejaswi              |                                  |
|                             | Euthanasia                     |                                  |
|                             | Cryt. Test / Creatinine - good |                                  |
|                             | Vitals stable                  |                                  |
|                             | pursed lips / sputum           |                                  |
|                             |                                | Add                              |
|                             |                                | ✓ DTR + PF 1/2 supply 2ml hourly |
|                             |                                | ✓ SBR, MBS, OAC @ 9 AM           |
|                             |                                | (on followups)                   |
|                             |                                | ✓ Red reflex to check            |
|                             |                                | Sia                              |
|                             |                                | Dr Tejan                         |
|                             |                                | NB Spandana                      |

Dr. S. TEJASWI REDDY  
 Registration No: 94068



HNH-00015552 IP26-00006401  
 Baby Of PERALI REVATHI  
 22-05-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. SPANDANA PASUPULETI



307



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 Hospital  
 It takes a lot to treat the little.

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## RESULT SHEET

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Date                |  |  |  |  |  |
| Time                |  |  |  |  |  |
| Hb                  |  |  |  |  |  |
| PCV                 |  |  |  |  |  |
| RBC                 |  |  |  |  |  |
| WBC                 |  |  |  |  |  |
| N/L                 |  |  |  |  |  |
| Platelets           |  |  |  |  |  |
| CRP                 |  |  |  |  |  |
| 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                 |  |  |  |  |  |



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

**EARLY WARNING SCORE: CHILDREN'S UNIT**

|   |   |             |             |              |             |                 |           |
|---|---|-------------|-------------|--------------|-------------|-----------------|-----------|
| Date: <u>22/5</u> Time: <u>10 AM</u>                    | <u>12 PM</u>  | <u>2 PM</u> | <u>6 PM</u> | <u>10 PM</u> | <u>6 AM</u> | <u>8 AM</u>     |           |
| Doctor/Nurse/Family Concern?                            |   |             |             |              |             |                 |           |
| Temperature (°F)  | 104   |             |             |              |             |                 |           |
|   | 103   |             |             |              |             |                 |           |
|   | 102   |             |             |              |             |                 |           |
|   | 101   |             |             |              |             |                 |           |
|   | 100   |             |             |              |             |                 |           |
|   | 99  |             |             |              |             |                 |           |
|   | 98  | x           | x           | 99.5°F       | 99.5°F      | 99.5°F          | 99.5°F    |
|   | 97  |             |             |              |             |                 |           |
|   | 96  |             |             |              |             |                 |           |
|   | 95  | 36°         | 36          |              |             |                 |           |
| 94  |   |             |             |              |             |                 |           |
| Heart Rate (bpm) and Blood Pressure (mmHg) *            | 190   |             |             |              |             |                 |           |
|   | 180   |             |             |              |             |                 |           |
|   | 170   |             |             |              |             |                 |           |
|   | 160   |             |             |              |             |                 |           |
|   | 150   |             |             |              |             |                 |           |
|   | 140   | x           |             |              |             |                 |           |
|   | 130   |             | x           | x            | x           | x               |           |
|   | 120   |             |             |              |             |                 |           |
|   | 110   |             |             |              |             |                 |           |
|   | 100   |             |             |              |             |                 |           |
| <b>Note:</b> BP does not score in early warning scoring |   |             |             |              |             |                 |           |
| Heart Rate (Number)                                     | 148 bpm   | 147 bpm     | 146 bpm     | 146 bpm      | 143 bpm     | 138 bpm 142 bpm |           |
| Resp. Rate (bpm) (Over 1 Minute) *                      | 70  |             |             |              |             |                 |           |
|   | 60  |             |             |              |             |                 |           |
|   | 50  | x           |             |              |             |                 |           |
|   | 40  |             | x           | x            | x           |                 |           |
|   | 30  |             |             |              |             |                 |           |
|   | 20  |             |             |              |             |                 |           |
|   | 10  |             |             |              |             |                 |           |
|   | Resp Rate (Number)  | 40 bpm      | 42 bpm      | 45 bpm       | 45 bpm      | 45 bpm          | 48 bpm 54 |
|   | Resp Distress   | Mod/ Severe |             |              |             |                 |           |
|   | Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%) | 0.1         | 0.1         | 0.1          | 0.1         | 0.1             | 0.1 0.1   |
| Conscious Level   | Normal  |             |             |              |             |                 |           |
| GCS *   |   |             |             |              |             |                 |           |
| <b>TOTAL SCORE</b>                                      |   |             |             |              |             |                 |           |
| Number of shaded boxes                                  | 0   | 0           | 0           | 0            | 0           | 0               |           |
| Pain Score  | 0   | 0           | 0           | 0            | 0           | 0               |           |
| Observer's Initials                                     | Pr  | Pr          | Pr          | Pr           | Pr          | Pr              |           |

**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 in charge 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.

|          |   |
|----------|---|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)   |
| <b>S</b> | <b>SITUATION:</b> 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>B</b> | <b>BACK GROUND:</b> 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) |
| <b>A</b> | <b>ASSESSMENT:</b> 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.   |
| <b>R</b> | <b>RECOMMENDATION:</b> 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)  |

# 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     | Nature of Fluid | Intake                        |     |     | Output |           |       |          |       | IV Site Thrombophlebitis Score | Sign. Nurse |  |
|-----------------------------|----------|-----------------|-------------------------------|-----|-----|--------|-----------|-------|----------|-------|--------------------------------|-------------|--|
|                             |          |                 | Mouth                         | I.V | N.G | NG     | Diarrhoea | Vomit | Drainage | Urine |                                |             |  |
| 22/5                        | 08:00 am |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 09:00 am | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 10:00 am |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 11:00 am | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 12:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 01:00 pm | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
| <b>Total Intake :</b> taken |          |                 | <b>Total Output :</b> 0 - M - |     |     |        |           |       |          |       |                                |             |  |
| 22/5                        | 02:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 03:00 pm | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 04:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 05:00 pm | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 06:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 07:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
| <b>Total Intake :</b>       |          |                 | <b>Total Output :</b>         |     |     |        |           |       |          |       |                                |             |  |
| 22/5/26                     | 08:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 09:00 pm | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 10:00 pm |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 11:00 pm | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 12:00 am |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 01:00 am | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
| <b>Total Intake :</b> taken |          |                 | <b>Total Output :</b> 0 - M - |     |     |        |           |       |          |       |                                |             |  |
| 23/5/26                     | 02:00 am |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 03:00 am | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 04:00 am |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 05:00 am | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 06:00 am |                 |                               |     |     |        |           |       |          |       |                                |             |  |
|                             | 07:00 am | DBF             |                               |     |     |        |           |       |          |       |                                |             |  |
| <b>Total Intake :</b>       |          |                 | <b>Total Output :</b> 0 - M - |     |     |        |           |       |          |       |                                |             |  |
| <b>Total 24 hrs. Intake</b> |          |                 | <b>Total 24 hrs. Output</b>   |     |     |        |           |       |          |       |                                |             |  |

# 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 |                                 |             |    |
| 23/5/                       |          |                 | Mouth  | I.V   | N.G                   |           |       |          |       |                                 |             |    |
|                             | 08:00 am |                 | DBE+FF |       |                       |           |       |          |       |                                 |             |    |
|                             | 09:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 10:00 am |                 | DBE+FF |       |                       |           |       |          |       |                                 |             | MS |
|                             | 11:00 am |                 |        | / N/A |                       |           |       |          |       |                                 |             |    |
|                             | 12:00 pm |                 | DBE+FF |       |                       |           |       |          |       |                                 |             |    |
|                             | 01:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
| <b>Total Intake :</b>       |          |                 |        |       | <b>Total Output :</b> |           |       |          |       |                                 |             |    |
|                             | 02:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 03:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 04:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 05:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 06:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 07:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
| <b>Total Intake :</b>       |          |                 |        |       | <b>Total Output :</b> |           |       |          |       |                                 |             |    |
|                             | 08:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 09:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 10:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 11:00 pm |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 12:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 01:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
| <b>Total Intake :</b>       |          |                 |        |       | <b>Total Output :</b> |           |       |          |       |                                 |             |    |
|                             | 02:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 03:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 04:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 05:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 06:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
|                             | 07:00 am |                 |        |       |                       |           |       |          |       |                                 |             |    |
| <b>Total Intake :</b>       |          |                 |        |       | <b>Total Output :</b> |           |       |          |       |                                 |             |    |
| <b>Total 24 hrs. Intake</b> |          |                 |        |       |                       |           |       |          |       |                                 |             |    |
| <b>Total 24 hrs. Output</b> |          |                 |        |       |                       |           |       |          |       |                                 |             |    |



# NURSING CARE RECORD

Date: 22/5

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

|           | Time   | Plan of Care   | Time   | Implementation   | Evaluation         | Re-Assessment          | Nurse Name & Signature |
|-----------|--------|--|--------|--|--------------------|------------------------|------------------------|
| Morning   | 8AM    | → Assess the pt condition                                      | 8AM    | → Assessed the pt condition                                    |                    | patient is stable      | Si                     |
|           | To     | → plan for vitals  | To     | → vitals are checked & recorded                                | I/O chart          |                        |                        |
|           | 2PM    | → plan for DBF   | 2PM    | → 2 <sup>nd</sup> hourly DBF given                             | maintained         |                        |                        |
| Afternoon | 2PM    | → Assess the pt condition                                      | 2PM    | → Assessed the pt condition                                    | → pt is stable now | → Rechecked the vitals | S.                     |
|           | 4PM    | → monitor the vitals<br>→ DBF give every 2nd hourly            | 4PM    | → monitored the vitals<br>→ DBF given every 2nd hourly.        |                    |                        |                        |
| Night     | 8PM    | → Assess the pt condition                                      | 8PM    | → Assess the pt condition                                      | → Now pt is stable | → Rechecked the v/s    | S.                     |
|           | To 8AM | → Monitor the v/s<br>→ Maintain the I/O<br>→ Drug as per chart | To 8AM | → Monitor the v/s<br>→ Maintain the I/O<br>→ Drug as per chart |                    |                        |                        |

HNH-00015552 IP26-00006401  
 Baby Of PERALI REVATHI  
 22-05-2026 0 Y 0 M 0 D 13 H (M)  
 Dr. SPANDANA PASUPULETI

Patient

# NURSING CARE RECORD



Date: 23/5/26

- 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   | 8 Am | → Assess the baby condition.<br>→ monitor the vitals.<br>→ maintain I/O chart.<br>→ DBF + FF give every 2nd hourly. | 8 Am | → Assessed the baby condition.<br>→ monitored the vitals.<br>→ maintained I/O chart.<br>→ DBF + FF given every 2nd hourly. | → Baby is stable<br>NOW | → Re assessed the vitals |                        |
| Afternoon |      |   |      |  |                         |                          |                        |
| Night     |      |   |      |  |                         |                          |                        |



**NURSING SHIFT HAND OVER FORM**

|  |  |   |   |   |   |   |  |
|--|--|---|---|---|---|---|--|
| SITUATION                                | Diagnosis:   | new born  |   |   |   | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known        |  |
|  | Surgery / Procedure:                                   |   |   |   |   | If Yes Specify: .....   |  |
| BACKGROUND                               | Date   | 22/5  | 22/5  | 22/5  | 23/5  |   |  |
|  | Shift  | 8AM   | G   | NI  | MC  |   |  |
|  | Medical Condition (Any special condition to be noted): | NA  | NI  | NI  | +   |   |  |
|  | Diet:  | DBF   | DRE   | DBF   | DBF+FF  |   |  |
| ASSESSMENT                               | 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | Ventilation (RA, NP, NIV, VENTI):                      | NA  | -   | -   | -   |   |  |
|  | 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | Vital Signs:   | Temp:   | 98.8  | 98.5  | 98.5  | 98.1  |  |
|  |  | Res:  | 20  | 20  | 20  | 20  |  |
|  |  | SpO <sub>2</sub> :  | 99%   | 99%   | 99%   | 99%   |  |
|  |  | Pulse:  | 118   | 110   | 112   | 106   |  |
|  |  | BP:   | -   | -   | -   | -   |  |
|  |  | LOC:  | -   | -   | -   | -   |  |
|  |  | Fall Risk Score:  | -   | -   | -   | -   |  |
|  | Pain Score:  | -   | -   | -   | 0   |   |  |
|  | Skin Integrity   | -   | Good  | Good  | Good  |   |  |
| 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | Physiotherapy:   | NA  | -   | -   | -   |   |  |
|  | 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  | Special Diet:  | DBF   | DRE   | -   | DBF+FF  |   |  |
|  | 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 type="checkbox"/> No <input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| ADL (Dependent / Non Dependent):         | NA   | -   | -   | dependent   |   |   |  |
| Post Operative Procedure Special Orders: |  | NA  | -   | -   | -   |   |  |
| Handed Over By Name :                    |  | Sujith  | mahi  | Sundar  | mahi  |   |  |
| Signature / ID :                         |  | [Signature]   | [Signature]   | [Signature]   | [Signature]   |   |  |
| Date:                                    |  | 22/5/2026   | 22/5  | 22/5  | 23/5  |   |  |
| Time:                                    |  | 8AM   | 5PM   | 8AM   | 2PM   |   |  |
| Taken Over By Name :                     |  | mahi  | Sundar  | mahi  |   |   |  |
| Signature / ID :                         |  | [Signature]   | [Signature]   | [Signature]   |   |   |  |
| Date:                                    |  | 24/5  | 22/5  | 23/5  |   |   |  |
| Time:                                    |  | 2PM   | 8PM   | 8AM   |   |   |  |

Patient Sticker

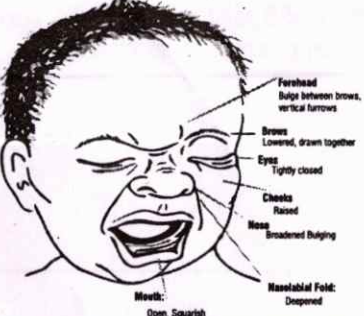


## NURSING SHIFT HAND OVER FORM

|  |   |   |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| <b>SITUATION</b>                         | Diagnosis:  | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |  |  |  |  |  |  |
|  | Surgery / Procedure:                                      | Post OP Day:  |  |  |  |  |  |  |
| <b>BACKGROUND</b>                        | Date  | /   | /  | /  | /  | /  | /  |  |
|  | Shift   |   |  |  |  |  |  |  |
|  | Medical Condition<br>(Any special condition to be noted): |   |  |  |  |  |  |  |
|  | Diet:   |   |  |  |  |  |  |  |
| <b>ASSESSMENT</b>                        | 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/Catheter:                                    | <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 <sub>2</sub> :  |  |  |  |  |  |  |
|  |   | Pulse:  |  |  |  |  |  |  |
|  |   | BP:   |  |  |  |  |  |  |
|  |   | LOC:  |  |  |  |  |  |  |
|  |   | Fall Risk Score:  |  |  |  |  |  |  |
| Pain Score:                              |   |   |  |  |  |  |  |  |
| Skin Integrity                           |   |   |  |  |  |  |  |  |
| <b>Recommendations</b>                   | 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:                                    |   |   |  |  |  |  |  |  |



## 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 |  |
|   |   |   |   |  |   | 22/5/2022   | 22/5/2022 | 22/5/2022 | 22/5/2022 |      |      |      |      |  |
|   |   |   |   |  |   | 3 AM        | 2 PM      | 10 PM     | MG        |      |      |      |      |  |
|   |   |   |   |  |   | Procedure → |           |           |           |      |      |      |      |  |
| <b>Crying Irritability</b>  | 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        |      |      |      |      |  |
| <b>Behavior State</b>   | No arousal to any stimuli<br>No spontaneous movement    | Arouses minimally to stimuli<br>Little spontaneous movement | Appropriate for gestational age               | Restless, squirming<br>Awakens frequently  | Arching, kicking constantly awake or<br>Arouses minimally / no movement (not sedated)   | NA          | NA        | NA        | NA        |      |      |      |      |  |
| <b>Facial Expression</b>  | Mouth is lax<br>No expression                           | Minimal expression with stimuli                             | Relaxed Appropriate                           | Any pain expression intermittent   | Any pain expression continual   | NA          | NA        | NA        | NA        |      |      |      |      |  |
| <b>Extremities Tone</b>   | No grasp reflex<br>Flaccid tone                         | Weak grasp reflex<br>decreased muscle tone                  | Relaxed hands and feet<br>Normal Tone         | Intermittent clenched toes, fists or finger splay<br>Body is not tense                     | Continual clenched toes, fists, or finger splay<br>Body is tense  | NA          | NA        | NA        | NA        |      |      |      |      |  |
| <b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>  | No variability with stimuli<br>Hypoventilation or apnea | Less than 10% variability from baseline with stimuli        | Within baseline or normal for gestational age | Increase 10-20% from baseline<br>SaO <sub>2</sub> 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline,<br>SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery<br>Out of sync or fighting ventilator | NA          | NA        | NA        | NA        |      |      |      |      |  |
|  <p><b>Premature Pain Assessment: Scoring</b><br/>                 +3 if less than 28 weeks gestation age / Corrected Age<br/>                 +2 if 28 - 31 weeks gestation age / Corrected Age<br/>                 +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p><b>Intervention</b><br/>                 Deep Sedation: Score = -10 to -5<br/>                 Light Sedation: Score = -5 to -2<br/>                 Pain Score less than or equal to 3 - No Intervention<br/>                 Pain Score greater than 3 - Intervention</p> | <b>Gestational Age / Corrected Age</b>                  |   |   |  |   |             |           |           |           |      |      |      |      |  |
|   | <b>Total Pain / Agitation Score</b>                     |   |   |  |   |             |           |           |           |      |      |      |      |  |
|   | <b>Intervention</b>                                     |   |   |  |   |             |           |           |           |      |      |      |      |  |
|   | <b>Effectiveness</b>                                    |   |   |  |   |             |           |           |           |      |      |      |      |  |
|   | <b>Signature</b>  |   |   |  |   |             |           |           |           |      |      |      |      |  |

## NPASS: Neonatal Pain, Agitation & Sedation Scale

|                               | Sedation   | Pain / Agitation   |
|-------------------------------|--|--|
| <b>How to use</b>             | <ul style="list-style-type: none"> <li>Observe the infant for a minute before selecting a score for each behavior.</li> <li>Stimulate the infant and observe and select a score for each behavior.</li> <li>Select only one numeric value (Highest) per behavior.</li> </ul>   | <ul style="list-style-type: none"> <li>Observe the infant for a minute before selecting a score for each behavior.</li> <li>Select only one numeric value per behavior.</li> </ul>   |
| <b>Scoring/ Documentation</b> | <ul style="list-style-type: none"> <li>Sedation scores are negative scores only</li> <li>Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age)</li> <li>NPASS Sedation total score has a range from 0 to -10 possible.</li> <li>Document total NPASS Sedation score in the medical record.</li> </ul>   | <ul style="list-style-type: none"> <li>Pain/Agitation scores are positive scores only</li> <li>Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria.</li> <li>Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score.</li> <li>NPASS Pain/Agitation total score has a range from 0 to 13 possible.</li> <li>Document the total NPASS Pain/Agitation score in the medical record</li> </ul>                        |
| <b>Interpretation</b>         | <ul style="list-style-type: none"> <li>Desired levels of sedation vary according to the situation.</li> <li>Discuss and determine sedation goal with provider.               <ul style="list-style-type: none"> <li>"Deep sedation": goal score of -10 to -5                   <ul style="list-style-type: none"> <li>Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea</li> </ul> </li> <li>"Light sedation": goal score of -5 to -2</li> </ul> </li> <li>Reassess patient per frequency in local sedation policy</li> <li>A negative score without the administration of opioids/ sedatives may indicate:               <ul style="list-style-type: none"> <li>The premature infant's response to prolonged or persistent pain/stress</li> <li>Neurologic depression, sepsis, or other pathology</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Does not provide pain intensity rating.</li> <li>Any score greater than 3 indicates the possibility of the presence of pain in the infant               <ul style="list-style-type: none"> <li>Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).</li> <li>Reassess patient per frequency of local pain policy.</li> <li>If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.</li> </ul> </li> </ul> |

HNH-00015552 IP26-00006401  
 Baby Of PERALI REVATHI  
 22-05-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. SPANDANA PASUPULETI

# BRADEN 'Q' SCALE



Date: 22/5/2026 24:55  
 Time: 8AM G M M MG

|   |  |  |   |  |   |   |   |   |
|---|--|--|---|--|---|---|---|---|
| Mobility  | <b>1. Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.  | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.   | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.  | 4 | 4 | 4 | 4 |
| "Activity The degree of physical activity"  | <b>1. Bedfast:</b><br>Confined to bed  | <b>2. Chairfast:</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."  | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.  | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>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  | <b>1. Completely limited:</b><br>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.  | <b>2. Very limited:</b><br>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.   | <b>3. Slightly limited:</b><br>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.   | <b>4. No impairment:</b><br>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  | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.   | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.   | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.   | 4 | 4 | 4 | 4 |
| <b>FRICION-SHEAR</b><br>Friction Occurs when Skin moves against support surfaces<br>Shear Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.  | <b>2. Problem:</b><br>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.  | <b>3. Potential problem:</b><br>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.            | <b>4. No apparent problem:</b><br>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   | <b>1. Very Poor:</b><br>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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | <b>2. Inadequate:</b><br>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. | <b>3. Adequate:</b><br>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. | <b>4. Excellent:</b><br>Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation. | 3 | 4 | 4 | 4 |
| Tissue Perfusion & Oxygenation  | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.  | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.  | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.   | 3 | 4 | 4 | 4 |

|                         |    |             |             |             |
|-------------------------|----|-------------|-------------|-------------|
| <b>TOTAL SCORE</b>      | 20 | 24          | 20          | 20          |
| <b>Evaluator's Name</b> | 81 | [Signature] | [Signature] | [Signature] |

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   | <b>Support Surfaces</b><br>(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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul> | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |
| 13-14       | Moderate Risk | <ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>   | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |
| 10-12       | High Risk     | <ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>  | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |
| Less than 9 | Severe Risk   | <ul style="list-style-type: none"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>  | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay  |

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 Baby Of PERALI REVATHI  
 22-05-2026 0 Y 0 M 0 D 13 H (M)  
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**REGULAR PRESCRIPTIONS**

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

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b> DOMSTAL SUSPENSION                   |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0.5ml  | Pb    | TID       | 22/5/2026 |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign               |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
VERIFIED BY: Name

Sheet No: .....

**REGULAR PRESCRIPTIONS**

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

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

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

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

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

S. J. R. A. T.

HNH-00015552 IP26-00006401  
Baby Of PERALI REVATHI  
22-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. SPANDANA PASUPULETI

DATE :

24/5/26

## NEWBORN ANOMOLY ASSESSMENT CHECKLIST

| S.NO | ASSESSMENT PARAMETERS                    | CHECKED BY REGISTRAR  | CHECKED BY CONSULTANT | REMARKS |
|------|--|-----------------------|-----------------------|---------|
| 1.   | Palate                                   | no cleft lip<br>palat | (P)                   |         |
| 2    | Pre natal teeth                          | no.                   | None                  |         |
| 3    | Anal opening                             | Patent                | patent                |         |
| 4    | Genitalia                                | B/L fruits<br>descent | (P)                   |         |
| 5    | Spine                                    | (P)                   | (P)                   |         |
| 6    | Red reflex                               |                       | B/L - present         |         |
| 7    | 4 limb saturation<br>( before discharge) | to be<br>checked      |                       |         |



Ped.Registrar signature

Ped.Consultant signature

HNH-00015552 IP26-00006401  
Baby Of PERALI REVATHI  
22-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. SPANDANA PASUPULETI



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: Baby of Revathi Mother's Name: Mrs. Revathi  
Date of Birth: 22/5/26 Time of Birth: 7:32 AM Gender:  Male  Female  
Birth Weight: 3.1 kgs Kgs HC: ..... cm Length: ..... cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: .....  
Resuscitated:  Yes  No Blood Group: Mother: ..... Baby: .....  
Feeding:  Breast Feeding  Formula  Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental  AVD  
Indication: .....

### Physical Assessment of New Born:

Temp: 36°C °C HR: 148 /Min RR: 40 /Min BP: ..... SpO<sub>2</sub>: 99.1  
Pain Score: ..... ( Follow N Pass)  
Fall Risk Assessment:  Yes  No Score: 0 (Fill the Humpty Dumpty Sheet)  
Risk in Pressure Sore:  Yes  No (Braden Q Score) (Fill the Braden Q Sheet)  
Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry  
Skin:  Pink  Meconium Stain  Others, Specify: .....

### Nursing Management: ( Please strike through If not applicable e.g. Yes / ~~No~~ )

Vitamin K 1 mg I.M Administered:  Yes / No  
Routine Care Provided: Yes / No  
Capillary Blood Glucose Monitoring Done:  Yes / No

### Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No  
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No  
3. Socio History: Siblings  Yes / No  
All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed:  Yes / No

Nurse Name: Sujatha Signature: [Signature] Date & Time: 22/5/26

**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Baby Of PERALI REVATHI      **Age :** 0 Y 0 M 0 D 1 H  
**IP No:** IP26-00006401      **Sex:** Male  
**Consultant:** Dr. SPANDANA PASUPULETI      **Ward/Bed No:** 4F -OT/CRDL-HNPDA-415-1

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: *[Signature]*)

- 3 If 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:

*[Signature]*

Name: *Vaquer*  
 Relationship: *father*  
 Date: *22/05/26*

Witness Name:  
 Witness Signature: *[Signature]*

Time: *9:04 AM*

Patient Address:

2-1-565/1/a Nallakunta Hyderabad  
 Telangana INDIA 500044

HNH-00015552 IP26-00006401  
Baby Of PERALI REVATHI  
22-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. SPANDANA PASUPULETI



## BILLING POLICY

- **Billing cycle:** - With effective from 1<sup>st</sup> 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.

*(Signature)*

*(Signature)*

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, Daulet 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

307B  
F.C

**DISCHARGE SUMMARY**

|                        |  |                       |                       |
|------------------------|--|-----------------------|-----------------------|
| <b>Name</b>            | Baby Of PERALI REVATHI                                       | <b>UHID</b>           | HNH-00015552          |
| <b>Father/Guardian</b> | Mr M VARUN   | <b>Age/Gender</b>     | 0 Y 0 M 0 D 2 H/ Male |
| <b>Address</b>         | 2-1-565/1/a, Nallakunta, Hyderabad, Telangana, INDIA, 500044 |                       |                       |
| <b>IP No</b>           | IP26-00006401  | <b>Admission Date</b> | 22-05-2026            |
| <b>Ref Doctor</b>      | Self.  |                       |                       |
| <b>Discharge Date</b>  | 23.05.2026   |                       |                       |

**Consultant:**  
**Dr. SPANDANA PASUPULETI**  
MBBS, MRCPC  
30925

| <b>DIAGNOSIS</b>                 | <b>ICD CODE</b> |
|----------------------------------|-----------------|
| TERM (38 weeks)/AGA/BABY BOY/NVD |                 |

**History:** Baby Of PERALI REVATHI is a term (38 weeks) baby boy, delivered to a primi mother by normal vaginal delivery on 22.05.2026 at 07:32 am with birth weight of 3.1 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

|              |                        |                       |              |
|--------------|------------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of PERALI REVATHI | <b>UHID</b>           | HNH-00015552 |
| <b>IP No</b> | IP26-00006401          | <b>Admission Date</b> | 22-05-2026   |

**Maternal History:** Mrs. PERALI REVATHI is a 28 years old primi mother. G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

**Mother's Blood group is O positive. Baby's blood group is O positive.**

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

**Anthropometry:**

Weight at birth : 3.1 kgs.  
Weight at discharge : 2.980 kgs.  
Head Circumference : 35 cms.  
Length : 48 cms.

**Management:**

**Course during hospital:**

**Ultrasound abdomen shows:**

- \* Mild non specific prominence of the bowel loops with preserved bowel peristalsis. No obvious signs of mechanical obstruction at present.
- For clinical correlation / followup if clinically indicated.

|              |                        |                       |              |
|--------------|------------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of PERALI REVATHI | <b>UHID</b>           | HHN-00015552 |
| <b>IP No</b> | IP26-00006401          | <b>Admission Date</b> | 22-05-2026   |

**Feeding:** Breast feeding was initiated (First feed was given within 30 minutes), Baby tolerated the feeds well.

**Vaccination:** Baby was given following vaccination:

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

**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**

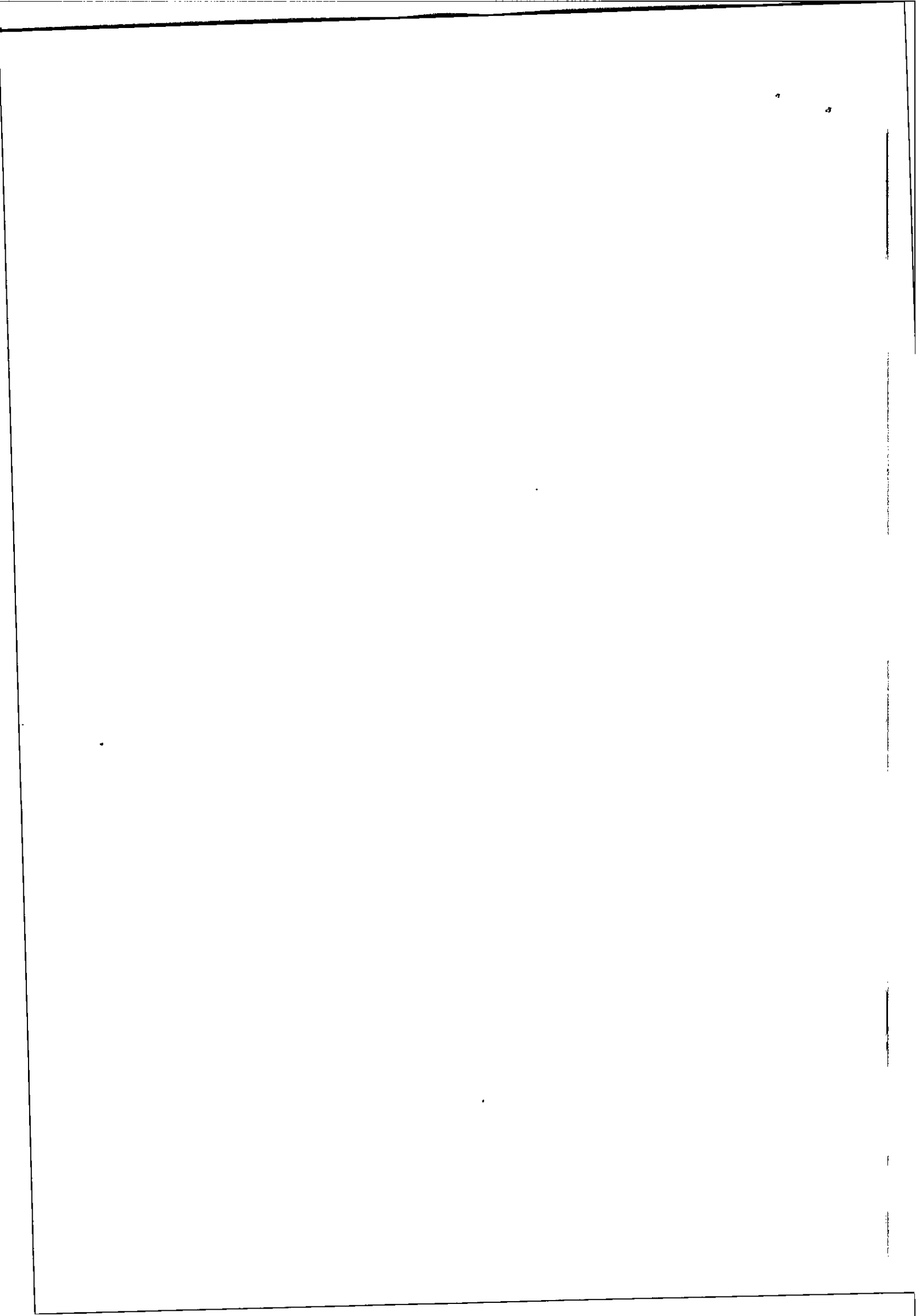
**Red Reflex: Present & Symmetrical**

**Hip Examination was normal.**

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

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

**Advice:**



|              |                        |                       |              |
|--------------|------------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of PERALI REVATHI | <b>UHID</b>           | HNH-00015552 |
| <b>IP No</b> | IP26-00006401          | <b>Admission Date</b> | 22-05-2026   |

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds.

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.

**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 on followup .**

Review consultation with Dr. SPANDANA PASUPULETI on (24.05.2026) Sunday 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.

|       |                        |                |              |
|-------|------------------------|----------------|--------------|
| Name  | Baby Of PERALI REVATHI | UHID           | HNH-00015552 |
| IP No | IP26-00006401          | Admission Date | 22-05-2026   |

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](http://www.rainbowhospitals.in)**

Registrar/Resident/C.M.O

**Dr. SPANDANA PASUPULETI**  
MBBS, MRCPCH  
30925

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RASTER DIAGRAMME (AIPUK) (TAMBAH) (HIND) (000155) (NASOPHARING) (LATERAL) (22-May-26) (11-53) (AI)  
RAINBOW CHILDREN'S HOSPITAL, HIMATATH NAGAR

