

### DISCHARGE SUMMARY

<b>Name</b>	Baby Of PRAVEENA SATHYALA	<b>UHID</b>	HNH-00015669
<b>Father/Guardian</b>	Mr A JAGAN	<b>Age/Gender</b>	0 Y 0 M 0 D 16 H/ Male
<b>Address</b>	H NO 1-8-2/10,,SURYA NAGAR, Chikkadpally, Hyderabad, Telangana, INDIA		
<b>IP No</b>	IP26-00006450	<b>Admission Date</b>	28-05-2026
<b>Ref Doctor</b>	Self.		
<b>Discharge Date</b>	30.05.2026		

**Consultant:**

**Dr. S TEJASWI REDDY**

MBBS, MD Pediatrics, DM Neonatology  
APMC/FMR/94068

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
TERM ( 39 weeks + 2 days)/AGA/BABY BOY/NVD	

**History:** Baby Of PRAVEENA SATHYALA is a term ( 39 weeks + 2 days) baby boy, delivered to a G4P1L1A2 mother by normal vaginal delivery on 28.05.2026 at 10:29 pm with birth weight of 3.380 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

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**Maternal History:** Mrs. PRAVEENA SATHYALA is a 31 years old G4P1L1A2 mother.

G1- 2017 - 5 wks - TOP by MERPC

G2 - 2019/Aug - FT/AVD ( Kiwi) , Male, Wt 3.2 kg, A & H , Uneventful.

G3 - 2025 / May - 10w4d - Incomplete Miscarriage, MERPC done

G4 - PP, 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 B positive. Baby's blood group is O positive.**

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

**Anthropometry:**

Weight at birth : 3.38 kgs.  
 Weight at discharge : 3.22 kgs.  
 Head Circumference : 34 cms.  
 Length : 48 cms.

**Investigations:** Enclosed reports.

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**Management:**

**Course during hospital:**

Cord ABG showed pH of 7.13, pCO2 of 66.4 mmHg, pO2 of 29 mmHg, HCO3 of 22.1 mmol/L and BE of - 7.1 mmol/L.

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

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

Vaccine Name	Status	Date
BCG	Given	29.05.2026
OPV	Given	29.05.2026
HEPATITIS B	Given	29.05.2026

**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.

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

**Advice:**

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

**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. S TEJASWI REDDY on Monday(01.06.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

**Review back to Hospital:** If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discoloration 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

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parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.



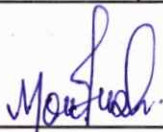
To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

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

  
Registrar/Resident/C.M.O

**Dr. S TEJASWI REDDY**  
MBBS, MD Pediatrics, DM Neonatology  
APMC/FMR/94068

# PATIENT TRANSFER FORM

Patient Name & ICD 10 HNH-00015689 IP26-00006450 Baby Of PRAVEENA SATHYALA 28-05-2026 OY0M0D2H (M) Dr. S TEJASWI REDDY 		Date & Time of Admission 28/5/2026 @	Date & Time of Transfer Order 29/5/2026 @ 3AM
		Transfer Ordered by Dr. S Tejaswi Reddy	Reason for Transfer Observation
From Unit WDR-1	To Unit 209	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Tejaswi Reddy	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 29/5/26 @ 3AM			

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

**ADMISSION SHEET**



**Registration Details :**

**Admission No :** IP26-00006450      **Admit Date :** 28-May-2026      **Admit Time :** 11:53 PM      **UHID :** HNH-00015669

**Patient Details :**

<b>Patient Name</b> :	Baby Of PRAVEENA SATHYALA	<b>Age</b> :	0 D
<b>Guardian</b> :	Mr A JAGAN	<b>DOB</b> :	28-05-2026 10:29 PM
<b>Gender</b> :	Male	<b>Religion</b> :	
<b>Occupation</b> :		<b>Martial Status</b> :	
<b>Address (H)</b> :	H NO 1-8-2/10,,SURYA NAGAR Chikkadpally Hyderabad Telangana INDIA	<b>Phone No</b> :	9032331866/ 9885120013
		<b>E-mail</b> :	JAGAN.MUN@GMAIL.COM

**Admission Details :**

**Bed Type** : BASINET      **Bed No** : CRDL-HNPDA-413-1      **Ward Name** : 4F -OT  
**Room No** : CRDL-HNPDA-413-1      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr A JAGAN      **Relationship** : Father  
**Contact Address** : H NO 1-8-2/10,,SURYA NAGAR Chikkadpally  
Hyderabad Telangana INDIA      **Phone No** : 9885120013

*[Handwritten Signature]*  
Signature

**Doctor Details :**

**Doctor Name** : Dr. S TEJASWI REDDY      **Specialisation** : NEONATOLOGY  
**Referral Doctor** : Self.      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 15000.00  
**Payor Name** : SELFPAY







## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Praveena Age : 31yrs Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr Tejaswi Referring Consultant : .....  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : R/o Praveena Mother's Blood Group : B positive  
 Gender  M  F Blood Group : ..... Birth Weight (gms) : 3.380 Length (cms) : .....  
 Date of Birth : 28/5/26 Time of Birth : 10:29pm OFC (cms) : .....  
 Place of Birth : Rainbow Hospital Estimated Gesth Age : .....

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : 31yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 25/8/25 EDD : 1/6/26  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : 9+4 weeks AN Steroids Drugs / Doses : .....  
 Last Scans Details : SCIUF / 37w + 4d / AFB - 15.8cm / Cephalic  
EFW - 3025gm TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

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

**H/o GDM/ pre GDM/ on diet or insulin**  
 Controlled or not, recent values, HbA1 values : .....  
 Compliance with Rx : .....  
 Scans : LGA, TIFFA , Fetal Echo : .....  
**H/o Hypothyroidism** : when diagnosed ? Medication? .....  
 Any other Chronic Medical Problems, when detected drugs ? .....  
 ( Anemia, SLE, Jaundice, CHD, Heart Disease )  
 Infection : H/O, Fever  
 (  Malaria  UTI  TORCH  TB  HIV  HBV )  
 UTI : when : ..... Any culture : .....

**PPROM** : Duration : .....  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

**PERINATAL HISTORY**

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

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : <u>2.16</u>, <u>PCO<sub>2</sub> = 66</u>, <u>PO<sub>2</sub> = 29</u></p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**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
	1	2	
	2	2	
	1	1	
	1	2	
	1	2	
	2	1	
<b>TOTAL</b>	<u>7/10</u>	<u>8/10</u>	

Resuscitation			
Minutes	1	5	10
Oxygen	<input checked="" type="checkbox"/>		
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

Gy P.L. A2 @ 39w + 3 days / NVD.



Baby Cried immediately after birth



Weak cry present.



O<sub>2</sub> support given.

Grunt (+) SpO<sub>2</sub> - 92%. Mild scrr (+)



O<sub>2</sub> support continued.



SpO<sub>2</sub> - 98%, Grunt ↓



Off O<sub>2</sub> RA - 98% SpO<sub>2</sub>  
RR - 42.



Shift to mother side.

Investigation details in previous Hospital :

Feeding History :

HNH-00015889 IP26-00006450  
Baby Of PRAVEENA SATHYALA  
28-05-2026 0 Y 0 M 0 D 3 H (M)  
Dr. S TEJASWI REDDY



*[Faint handwritten notes in blue ink]*

Family History :  
*[Faint handwritten notes in blue ink]*

Socio Economic History :  
*[Faint handwritten notes in blue ink]*

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :  
*G4P1L1A2 | T(39+2) | 3.380kg | male | NVD*

VITALS : Temperature : *36°C* HR : *148* RR : *52* NIBP : ..... CFT : .....  
Color of the extremities : ..... *pink* .....  
Jaundice : ..... Pallor : ..... SpO2 : *96%*

Anthropometry : Birth Weight : *3.380* Length : ..... HC : ..... Present Weight : .....  
Ponderal Index : ..... *AGA* ..... SGA : ..... LGA : .....

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Baby Of PRAVEENA SATHYALA  
28-05-2026 0 Y 0 M 0 D 3 H (M)  
Dr. S TEJASWI REDDY



**HEAD TO TOE EXAMINATION**

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

**Facies :**  
(Any Facial Dysmorphism)

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

**EYES :**  
Symmetry :  
Red Reflex :  
Discharge :

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

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

**ABDOMEN and UMBILICUS :**  
Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

**GENITILIA :**  
Labia / Hymen :  
Testicles/penis :  
Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

**SKIN LESIONS :**

**EXTREMETIES :**  
Fingers / Toes :  
Arms / Legs :  
Deformities :  
Mobility :  
Hip Joint Examination :



**SYSTEMIC EXAMINATION**

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 : 162 BP : ..... Precordial Activity : (N)

Femoral Pulses : W F Murmurs : NO Murmur

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

**Abdomen :**

Shape : ..... Hernia orifice : .....

Palpation : Soft Mottled Anal Patency : .....

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....

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

State of wakefulness : ..... |

Prechtle Score : ..... |

**Nerves :**

..... (N)

**Motor System :**

Passive Tone : ..... |

Active Tone : ..... (N)

Neonatal Reflexes : .....

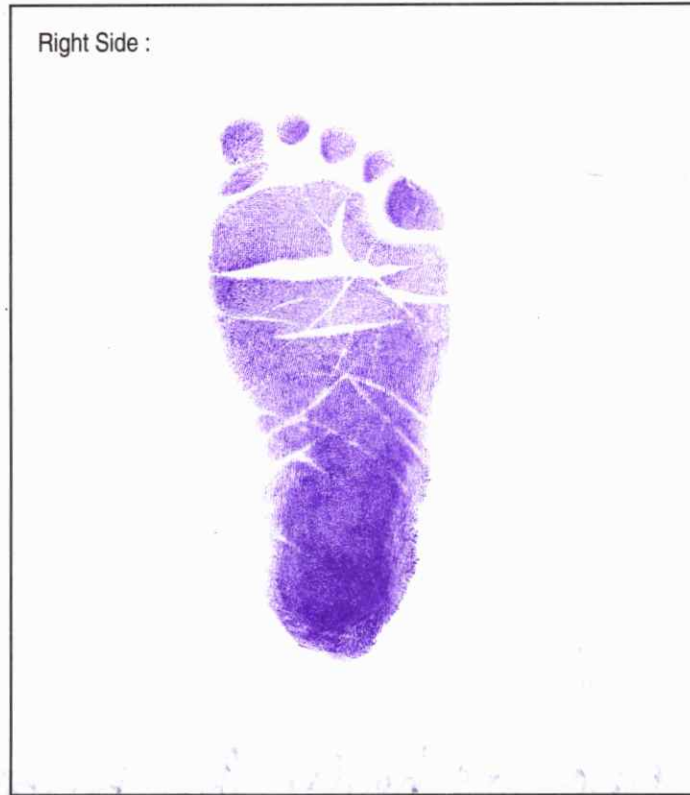
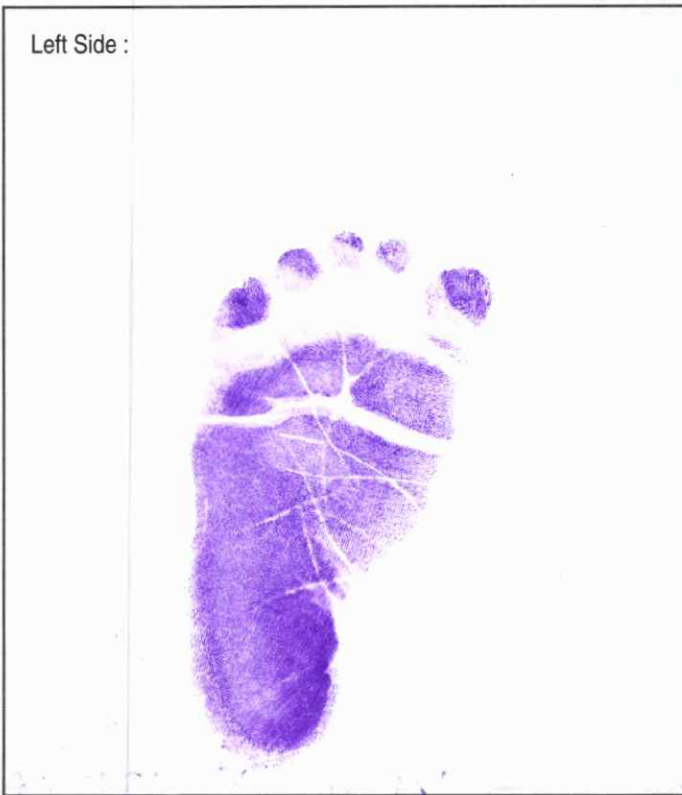
Grasp :  Palmar  Plantar  Sucking  Rooting  Crossed adductor : .....

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

ATNR : (N) Skull and Spine : .....

Diagnosis : T (39+2) / AGA / 3.380kg / male / NVD

**FOOT PRINTS**



**Resident Doctor :**  
Signature : [Signature]  
Name : Dr. Naipya  
Date & Time : 28/5

**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 :

- DBF 2nd hourly for buying
- Vaccination  $\leftarrow$  HEP-B  
BCG  
OPV.
- SBR, NBS, OAE  $\rightarrow$  48 HOL
- VBG at 12:30 AM (29/5/26)
- Monitor vitals

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. S TEJASWI REDDY



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

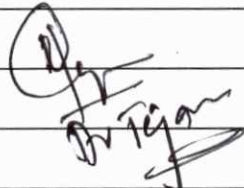
BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7am	<p>9.5kg - Dr. Alakhye.</p>	
	<p>Term male / ACP / esp.          Today's wt -          9.5kg</p>	<p>Advise:          1) DBF Q2H          2) hb burping</p>
	<p>cry tone good.          Activity good.</p>	<p>3) Vaccination</p>
	<p>ASL          CVS / AS / PIA } NAs</p>	<p>4) SRR : NPS ; OAE          at 48 hrs.</p>
		<p>N.A. Maheshwari</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	<u>Clubs Dr. Tejaswi</u>	
29/5 9:00 AM	T/AGA / M / CIAB / NVD pas	
	Euthenic	
	C/TIA - Good	- DBF O <sub>2</sub> H sho
	R/S / A/A	burping
	PIA	- vaccination
	T.wt - 3.360 kg	- SBR } us Ho L.
	<del>V passed</del>	NBS
	<del>S passed</del>	OAE
	Oral cavity - (N)	
	Chest - (N)	
	Red reflex - B/L normal	
	Spine - normal	
	Abdomen - normal	
29/05/26 12 pm	BCG, OPV, Hep-B Given	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	S/O Dr. Sreegha / Dr. Spandan	Plan
2:45 PM	D Ten / AGA / Mal / CTAB	
	Baby full term	- DSG + Bugh 2nd L
	CVS - S, r, s, c	- Warm care
	M - 311 - ALE	
	PLA 706	- SBM, NB
	CTA good.	@ 10:30 PM
		on 30/5/26
		15-62
		N/S
		Sreegha



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr. Varun / Dr. Sushantha	
30/5/26		
7 AM	Aris - Term / A9A / Male.	
	T.W - 3220	MBG / B+ve.
	<del>2860</del> gm	BBG / Ofve.
	B.W - 3380 gm	
	G - (at 10x wt loss) 4.77	Plan
	- Baby is euthermic.	- Warm care.
	- cry	- D.BF QAM + PP.
	Tone	- MBS/SBR / OAE @
	Activity } Good.	10:30 PM (30/5/26).
	G/E - vitals stable.	N.B. maheshwari
	G/E - WNL.	✓
	Vaccination ✓	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 10am	c/f by Dr. Tejaswi	
	Term / AGA / Male (NVD)	
	<u>4.7%</u> Baby euthic.	
	vital stable.	- Wau Cau
	<u>c/T/A</u> good	- DBF Only jlb heeping +FF
	Dy. - 4.7%	- d/s today
		Re w tm for spleen
		monday
		Dr. Tejaswi



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 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. S TEJASWI REDDY



209 98/1/99 - /  
 99/ 98/1/

**Rainbow<sup>®</sup>  
 Children's  
 Hospital**  
 It takes a lot to treat the little.

**BirthRight<sup>™</sup>**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## 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**

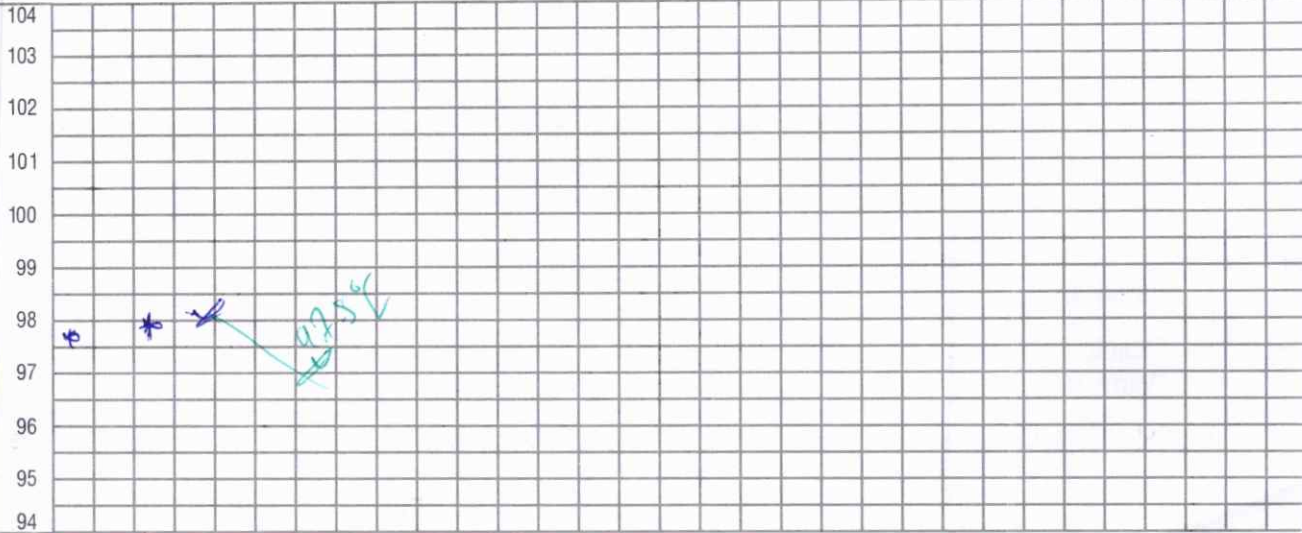


**EARLY WARNING SCORE: CHILDREN'S UNIT**

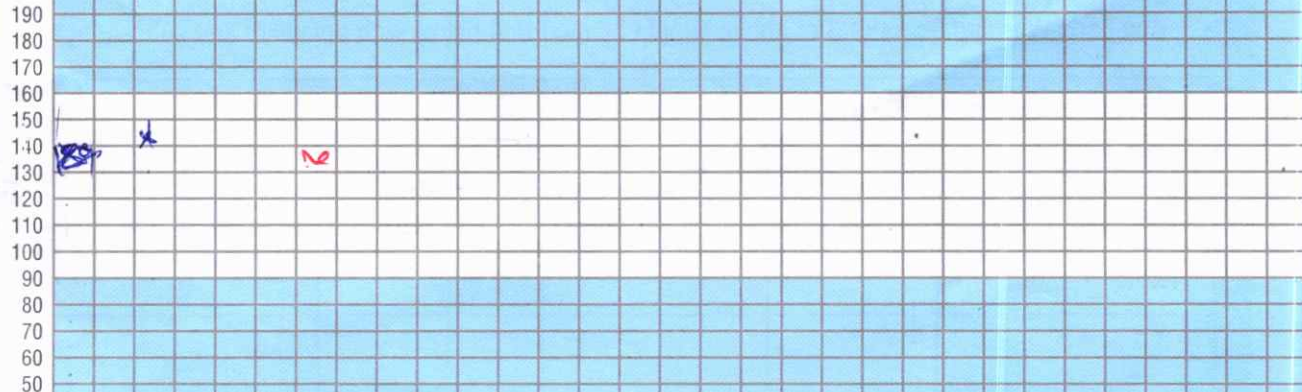
Date: 28/5 Time: 11 PM 9 AM 6 AM

Doctor/Nurse/Family Concern?

Temperature (°F)



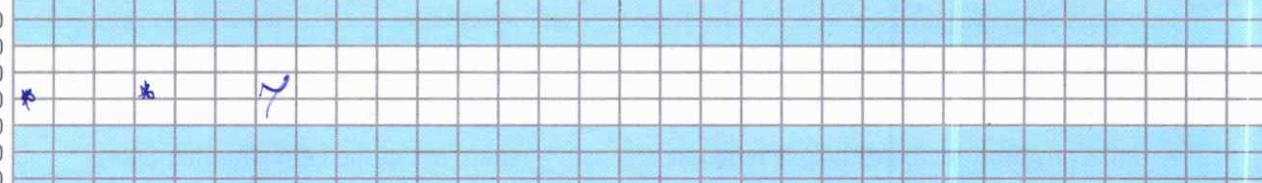
Heart Rate (bpm) and Blood Pressure (mmHg) \*  
**Note:**  
 BP does not score in early warning scoring



Heart Rate (Number)

139      141      152

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



Resp Rate (Number)

41      50      45

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%)

0.2l      0.2l      0.2l

Conscious Level Normal Altered

GCS \*

**TOTAL SCORE**

Number of shaded boxes 0      0      0

Pain Score

0      0      0

Observer's Initials

TS      TS      TS

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

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

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



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



# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

HNH-00015669 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. S TEJASW REDDY

RCH / FRM / CLINICAL / 124

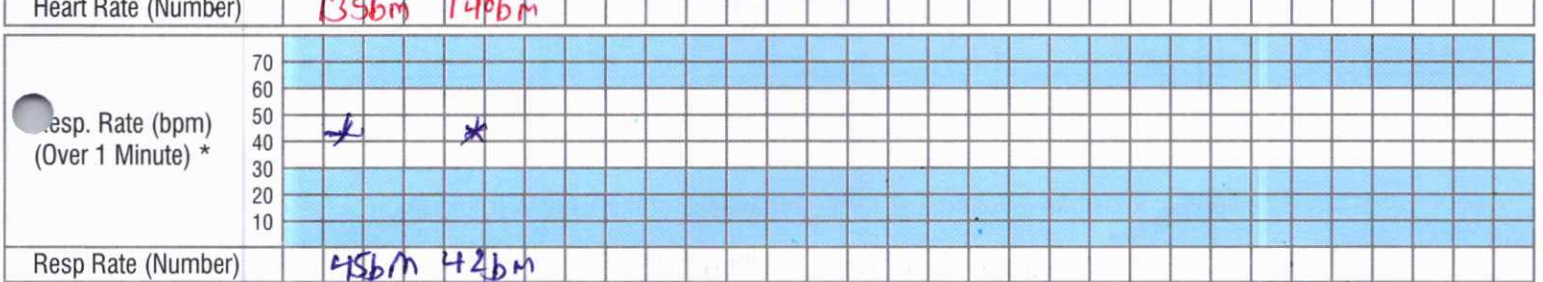
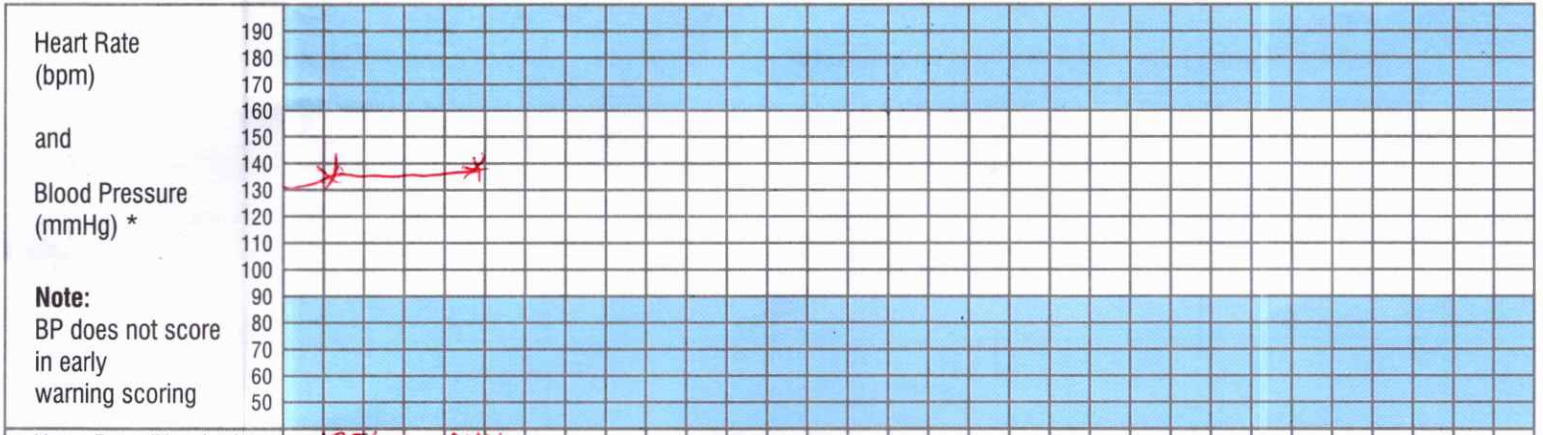
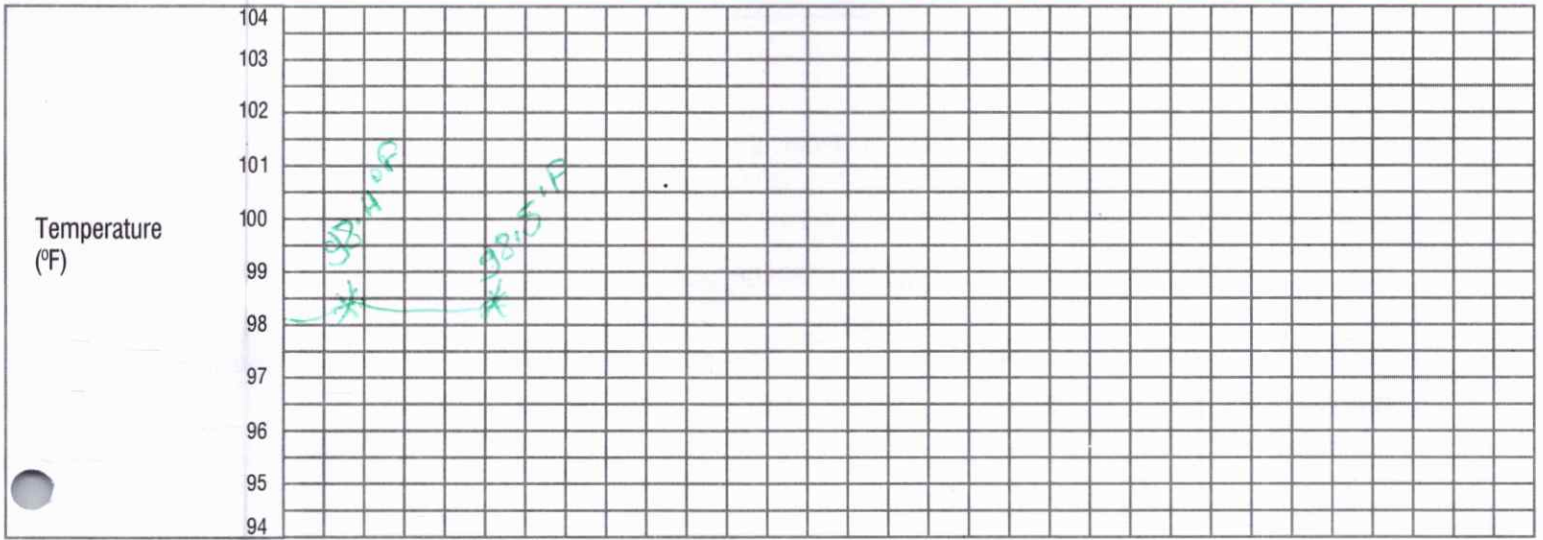
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date: ..... Time: 10 AM 9 PM

Doctor/Nurse/Family Concern? AM PM



Resp Mod/ Severe Distress None / Mild  
 Receiving O<sub>2</sub>(l/min) O<sub>2</sub>Saturations (%) 100% 100%

Conscious Level Normal / Altered  
 GCS \*

**TOTAL SCORE**  
 Number of shaded boxes 0 0  
 Pain Score 0 0  
 Observer's Initials (S) (S)

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

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



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	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>							
28/5/26	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm		DBSE										
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5/26	02:00 am												
	03:00 am												
	04:00 am		DBSE										
	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>							



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/5	08:00 am												
	09:00 am		DBL										
	10:00 am	o	DBL								o		
	11:00 am				NA								
	12:00 pm		DBL										
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	02:00 pm		DBL										
	03:00 pm												
	04:00 pm	o	DBL								o		
	05:00 pm				NA								
	06:00 pm		DBL										
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	08:00 pm												
	09:00 pm		DBL										
	10:00 pm	o									o		
	11:00 pm		DBL										
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
29/5	02:00 am												
	03:00 am	o	DBL								o		
	04:00 am												
	05:00 am		DBL										
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

NH-00015689 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. S TEJASWI REDDY



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
30/5/26	08:00 am	DBF											
	09:00 am												
	10:00 am	DBF											
	11:00 am												
	12:00 pm	DBF											
	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>	
-----------------------------	--

Patient Sticker



# FLUID CHART

Sheet No. : .....

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	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>	
-----------------------------	--



# BRADEN 'Q' SCALE

					Date :	28/5	29/5	29/5	29/5
					Time :	11	16	6	21
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4	
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> 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> 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> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	1	2	
Sensory Perception	<b>1. Completely limited:</b> 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> 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> 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> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	3	3	
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> 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> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	3	
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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> 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> 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	3	3	
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> 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> 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> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3	
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> 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> 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> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
<b>TOTAL SCORE</b>					28	28	21	21	
<b>Evaluator's Name</b>					[Signature]	[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> (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 Gel pads for high-risk areas 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 Gel pads for high-risk areas 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 Gel pads for high-risk areas 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 Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015889 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. S TEJASW REDDY



# BRADEN 'Q' SCALE



Date: 30/5  
 Time: 19:06

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> 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> 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> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1			
Sensory Perception	<b>1. Completely limited:</b> 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> 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> 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> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> 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> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
<b>FRICITION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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> 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> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	<b>2. Inadequate:</b> 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> 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> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> 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> 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> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			

<b>TOTAL SCORE</b>	25			
<b>Evaluator's Name</b>	(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> (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 Gel pads for high-risk areas 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 Gel pads for high-risk areas 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 Gel pads for high-risk areas 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 Gel pads for high-risk areas Alternating pressure mattress overlay

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 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. S TEJASWI REDDY



## NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	
						28/5	29/5							
						NI	46							
						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	-	-							
<b>Behavior State</b>	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	-							
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-							
<b>Extremities Tone</b>	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	-							
<b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-							
 <p><b>Premature Pain Assessment: Scoring</b>          +3 if less than 28 weeks gestation age / Corrected Age          +2 if 28 - 31 weeks gestation age / Corrected Age          +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p><b>Intervention</b>          Deep Sedation: Score = -10 to -5          Light Sedation: Score = -5 to -2          Pain Score less than or equal to 3 – No Intervention          Pain Score greater than 3 – Intervention</p>														

## 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-00015669 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



Date: 28/5/26

**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				NA			
Afternoon							
Night	8pm	→ Assess the baby condition → Check the vitals → No chest rise → Plan for DBR	8pm	→ Assessed baby condition → checked vitals & showed newborn pocket → send baby DBR	vital's is Normal	Baby is Stable	Asur A

VH-00015689 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



Date: 29/5/26

- 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 to 2 PM	<ul style="list-style-type: none"> <li>→ Assess the baby condition</li> <li>→ monitor vitals &amp; record</li> <li>→ Maintain SLO chart</li> <li>→ every 2nd hourly DBF</li> </ul>	8 AM to 2 PM	<ul style="list-style-type: none"> <li>→ assessed the baby condition</li> <li>→ monitored vitals &amp; recorded</li> <li>→ maintained SLO chart</li> <li>→ every 2nd hourly DBF</li> </ul>	→ Baby is stable	<ul style="list-style-type: none"> <li>→ Rechecked vitals</li> <li>→ Vaccination today</li> </ul>	
Afternoon	2 PM to 8 PM	<ul style="list-style-type: none"> <li>→ Assess the Baby Condition</li> <li>- monitor vitals &amp; SLO chart</li> <li>→ DBF 2nd hourly give.</li> </ul>		<ul style="list-style-type: none"> <li>→ Assessed the Baby Condition</li> <li>- monitored vitals &amp; SLO chart</li> <li>- DBF 2nd hourly give</li> </ul>	Baby is stable	Rechecked vitals	
Night	8 PM to 8 AM	<ul style="list-style-type: none"> <li>→ Assess the Baby Condition</li> <li>- monitor vitals &amp; SLO chart</li> <li>→ DBF 2nd hourly give</li> </ul>		<ul style="list-style-type: none"> <li>→ Assessed the Baby Condition</li> <li>- Monitored vitals &amp; SLO chart</li> <li>→ DBF 2nd hourly give</li> </ul>	Baby is stable	Rechecked vitals	

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 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 3 H (M)  
 Dr. S TEJASWI REDDY



# NURSING CARE RECORD



Date: .....

- 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   2 PM	Assess the Baby condition monitor vitals Maintain Ilochart DBF 2nd hourly	8 PM   2 PM	Assessed the Baby condition Monitored vitals Maintained Ilochart DBF 2nd hourly	Baby is Stable now	vitals is normal	(ca)
Afternoon							
Night							

Patient Sticker

# NURSING CARE RECORD



Date: .....

- 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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							

HNH-00015669 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. S TEJASWI REDDY



### ISING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <b>NB</b>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	28/5/26	29/5/26	29/5/26	29/5/26	30/5/26	
	Shift	N1	N2	N1	N1	N1	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	DBF	DBF	DBL	DBL	DDF	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.1°	98.2°	98.1°	98.1°	98.5°
		Res:	170	140b/m	140b/h	134b/h	140b/m
		SpO <sub>2</sub> :	99%	99%	99%	99%	100%
		Pulse:	142	140b/m	134b/h	138b/h	138b/m
		BP:	-	-	-	-	-
		LOC:	Good	-	-	-	-
		Fall Risk Score:	-	-	-	-	-
	Pain Score:	-	-	-	-	-	
	Skin Integrity	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 checked="" type="checkbox"/> No
		Physiotherapy:	-	-	-	-	-
Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		DBF	DBF	-	-	-	
Critical Lab Test / Values:		-	-	-	-	-	
Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	-	-	-	-	-		
Post Operative Procedure Special Orders:							
Handed Over By Name :		Arun	Arjun	Arjun	Mahesh	Krishna	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		29/5/26	29/5/26	29/5/26	30/5/26	30/5/26	
Time:		8am	2pm	8pm	8am	8am	
Taken Over By Name :		Arjun	Arjun	Mahesh	[Signature]	[Signature]	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		29/5/26	29/5/26	29/5/26	30/5/26	30/5/26	
Time:		8am	8pm	8pm	8am	8am	

HNH-00015689 IP26-00006450  
 Baby Of PRAVEENA SATHYALA  
 28-05-2026 0Y0M0D3H (M)  
 Dr. S TEJASWI REDDY



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (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:								



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: PRAVEENA Mother's Name: \_\_\_\_\_  
Date of Birth: 28/5/2026 Time of Birth: 10:29 AM Gender:  Male  Female  
Birth Weight: 3.380 Kgs HC: 33 cm Length: 48 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: 36.1 °C HR: 79 /Min RR: 20 /Min BP: \_\_\_\_\_ SpO<sub>2</sub>: 98.7  
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: Anjali Signature: [Signature] Date & Time: 28/5/26

PATIENT STICKER

DATE : 28/5/26.

### NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft. Palate.	No cleft palate.	
2	Pre natal teeth	Absent.	Absent	
3	Anal opening	Patent	Patent	
4	Genitalia	(N) male Genitalia.	(N) male Genitalia	
5	Spine	(N)	(N)	
6	Red reflex	Yet to be done	Yet to be done (N).	
7	4 limb saturation (before discharge)	Yet to be done	Yet to be done.	

  
Ped.Registrar signature

  
Ped.Consultant signature