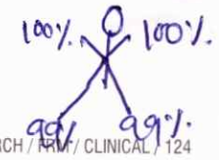
HNH-00016538
Baby Of RAMYA SRI
IP26-00006825
12-07-2026
0Y0M0D0H (M)
Dr. DILNAAZ FAROOQUI



Doc. No. : RCH / NRM/ CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... 12/7 . Time:	9pm	12 pm	3 Am	6 Am	10pm	2Am	6Am
Doctor/Nurse/Family Concern?							

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4°F 97.4°F 98.4°F 97.8°F 98.3°F 97.5°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	140	145bm	145	146bm	140bm	138bm	140bm

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

70 60 50 40 30 20 10

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

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 8 H (M)
Dr. DILNAAZ FAROOQUI

Patient

CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/7 Time: 10AM 2PM 6PM 10PM 2AM 6AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.5°F 97.3°F 97.0°F 97.1°F 98.3°F 97.1°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 138/min 132b/m 133b/m 140b/m 138b/m 140b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 38b/m 35b/m 33b/m 40b/m 38b/m 40b/m

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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Patient Sticker

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Record Details when EARLY WARNING SCORE >3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

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12-07-2026
Dr. DILNAAZ FAROOQUI
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0 Y 0 M 0 D 0 H (M)

Patient

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

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ARNING SCORE: CHILDREN'S UNIT

Date: 1.4.2 ..... Time:	10Am	2Pm	6Pm
Doctor/Nurse/Family Concern?			
Temperature (°F)	98.2°F	97.5°F	98.3°F
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Note: BP does not score in early warning scoring			
Heart Rate (Number)	138b/m	140b/m	138b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	38b/m	40b/m	38b/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%
Conscious Level: Normal / Altered			
GCS *			
TOTAL SCORE Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials			

ACTIONS	
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12-07-2026 0 Y 0 M 0 D 0 H (M)
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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm		DBF									
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm		DBF				~					
	04:00 pm											
	05:00 pm											
	06:00 pm		DBF									
	07:00 pm											
Total Intake :						**Total Output :**						
12/7/26	08:00 pm	1										
	09:00 pm		DBF				~			~		
	10:00 pm	0										
	11:00 pm	1	DBF		NA			NA				
	12:00 am											
	01:00 am		DBF									
Total Intake :						**Total Output :**						
13/7/26	02:00 am	1										
	03:00 am		DBF				~			~		
	04:00 am	0										
	05:00 am	1	DBF		NA		~	NA				
	06:00 am											
	07:00 am		DBF									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/7	08:00 am										1	
	09:00 am	DBF										
	10:00 am										0	
	11:00 am	DBF		NA				NA				
	12:00 pm											
	01:00 pm	DBF									1	
Total Intake : Taken						**Total Output :** U -				M -		
13/7	02:00 pm										1	
	03:00 pm	DBF										
	04:00 pm				NA		✓			✓	0	
	05:00 pm	DBF						NA				
	06:00 pm									✓		
	07:00 pm	DBF					✓				1	
Total Intake :						**Total Output :** U - 2				M - 2		
13/7	08:00 pm	0									1	
	09:00 pm		DBF									
	10:00 pm										0	
	11:00 pm		DBF		NA		✓	NA		✓		
	12:00 am											
	01:00 am		DBF								1	
Total Intake :						**Total Output :**						
14/7	02:00 am	0									1	
	03:00 am		DBF									
	04:00 am										0	
	05:00 am		DBF		NA		✓	NA		✓		
	06:00 am											
	07:00 am		DBF								1	
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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			Mouth	I.V	N.G							
14/7/26	08:00 am											
	09:00 am		DBF									
	10:00 am											
	11:00 am		DBF									
	12:00 pm											
	01:00 pm		DBF									
Total Intake :						**Total Output :**						
14/7/26	02:00 pm											
	03:00 pm		DBF+ FF									
	04:00 pm											
	05:00 pm											
	06:00 pm		DBF+ RF									
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

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Sheet No. : .....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
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Total Intake :						**Total Output :**						
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	06:00 pm											
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Total Intake :						**Total Output :**						
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	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 12/7/26

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	8Am ↓ 2Pm	→ Plan for vitael → Plan for DBF → Plan for warm care.	8Am ↓ 2Pm	→ vitael checked & recorded. → Provided DBF → Provided warm care.	→ vitael is normal	→ Baby is well	Madhu ©
Afternoon		—		Day duty	—		
Night	8pm ↓ 8Am	- Assess the baby condition - Monitor vitals & record - Maintain I/o chart - DBF 2nd hrly - plan vaccination I/m	8pm ↓ 8Am	- Assessed the baby condition - Monitored vitals & record - maintained I/o chart - DBF 2nd hrly	Baby is stable now	Re-checked vitals	

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NURSING CARE RECORD

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Date: 12/7

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	⇒ Asses the baby condition ⇒ monitor vital & record ⇒ maintain I/o chart ⇒ DBF Every 2nd hrly.	8AM to 2pm	⇒ Checked the baby condition ⇒ Monitored vital & recorded ⇒ Maintained I/o chart ⇒ DBF Every 2nd hrly	⇒ Baby is stable	⇒ Rechecked ⇒ 2nd vital hrly DBF	
Afternoon	2PM to 8PM	- Assess the pt Condition - Monitor the V/S - Maintain the I/O - Drug as per chart	2PM to 8PM	- Assess the pt condition - Monitor the V/S - Maintain the I/O - Drug as per chart	- Now baby is stable	- Rechecked the V/S	
Night	8pm | 8AM	- Asses the pt. condition - Monitor vitals & record - Maintain I/o chart - Give Medication as prescribed by doctor.	8pm | 8pm	- Assessed the pt. condition - Monitored vitals & recorded - Maintained I/o chart - Given medication as prescribed by doctor	Baby is stable now	Rechecked vitals	

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Date: 12/7/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	→Assess the pt condition. →Monitor the vitals. →DBF give as 2hourly. →plan SBR, NBS, OAE. 12:30pm.	8Am 2pm	→Assessed the pt condition. →Monitored the vitals. →DBF give as 2nd hourly. →planned SBR, NBS, OAE 12:30pm.	→Baby is stable now.	→Reassessed the vitals.	
Afternoon	2pm to 8pm	→Assess Baby condition →Monitor the vitals →Maintain I/O chart →DBF 2nd hrly →Trace Reports	2pm to 8pm	→Assessed Baby condition →monitored vitals →Maintained I/O chart →DBF 2nd hourly →Trace Reports	Baby is stable	Re-checked vitals	
Night							

Patient Sticker

NURSING CARE RECORD

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

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							
Afternoon							
Night							

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: NB

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	12/7 M6	12/7 E2	12/7 N	13/7 M	13/7 E2	13/7 N
Medical Condition (Any special condition to be noted):	DBF	DBF	DBF	DBF	DBF	—

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No
Vital Signs: Temp:	98.1F	98.1F	97.8F	98.5F	98.3F	97.8F
Res:	44	44	40 b/m	40 b/m	42 b/m	40 b/m
SpO_2:	99%	98%	100%	100%	99%	100%
Pulse:	134	136	140 b/m	138 b/m	132 b/m	140 b/m
BP:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	—	—

Recommendations

Safety Needs:	—	—	—	—	—	—
Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Madalika	Anusha	Priyanka	Sweta	Sunanda	Priyanka
Signature :						
Date:	12/7	12/7	13/7/26	13/7/26	13/7/26	14/7
Time:	2pm	8pm	8am	8pm	8pm	8am
Taken Over By Name :	Anusha	Priyanka	Sweta	Sunanda	Priyanka	Mahi
Signature :						
Date:	12/7	12/7/26	13/7/26	13/7/26	13/7/26	14/7
Time:	2pm	8pm	8am	2pm	8pm	8am

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION	Diagnosis: N.B.			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	14/7 D6	14/7 E2				
	Medical Condition (Any special condition to be noted):	— NB	—				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.5°F	98.3°F				
	Res:	30.	33b/m				
	SpO_2:	100-1	100%.				
	Pulse:	136b/m	108b/m				
	BP:	—	—				
	Fall Risk Score:	—	—				
	Pain Score:	'1'	—				
Recommendations	Safety Needs:	Yes.	yes				
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—				
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—				
Post Operative Procedure Special Orders:		—	—				
Handed Over By Name :		Mahi	Anusha				
Signature :							
Date:		14/7	14/7/26				
Time:		2pm	8pm				
Taken Over By Name :		Anusha					
Signature :							
Date:		14/7/26					
Time:		2pm					

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0Y0M0D0H (M)
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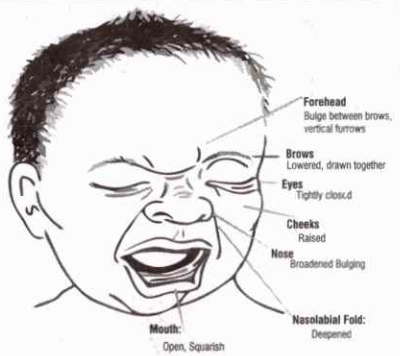
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						12/7	12/7	12/7	13/7	13/7	13/7	14/7		
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
							E2	N1	M6	E2	N1	E2		
					Procedure ➡							1		
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	1	1	1	1		1		
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	1	1	1	1	1	1		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0		1	1	1	1	1		
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	1	1	1	1	1	1	1		
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	1	1	1	1	1	1		
Gestational Age / Corrected Age								1	1	1	1	1		
Total Pain / Agitation Score						1	1		1	1	1	1		
Intervention						1	1	1	1	1	1	1		
Effectiveness						1	1		1	1	1	1		
Signature														



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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					Date : 12/7	12/7	13/7	13/7
					Time : 8AM	E2	RH	E2
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	3	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	3	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	2	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	4	2	4
				TOTAL SCORE	26	28	27	28
				Evaluator's Name				

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

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

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

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0Y0M0D0H (M)
Dr. DILNAAZ FAROOQUI

BRADEN 'Q' SCALE

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Your Right to a Safe Delivery

				Date : 13/7 14/7		
				Time : 10	12	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4
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				TOTAL SCORE	22	24
				Evaluator's Name		

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Childrens Hospital-Himayatnagar

8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,Telangana.

GSTIN : 36AABCR4014M1ZE

Tax Invoice (Original)

Invoice Number : OPH26-073474 **Invoice Date :** 14-07-2026 02:43 PM **UHID :** HNHTMP-022283

Sold / Ship to Party

Name : Mr RANYA SRI
Address : TARNAKA
Contact Number : 9021437115
State Name & Code :
GSTIN :
PAN Number :
AADHAAR Number :

Place of Supply

Name : M/S RAINBOW CHEMISTS & DRUGISTS
Address : DOOR NO 3-6-234, 3-6-266, 3-6-266/1, 3-6-266/2, 3-6-266/3, 3-6-267, 3-6-267/1, 3-6-267/A, 3-6-267/2A AND 3-6-267/2B, OPP IP BILLING, BASEMENT -1, Himayathnagar(V), Khairatabad(M), HYDERABAD (Dist.),Telangana State,India
Contact Number :
State Name & Code : Telangana & 36
GSTIN : 36AABCR4014M1ZE
PAN Number :

DL No : TG/HYD/2024-119737

Transport Details : (Transporter Name , LR Number & Date , Vehicle Number , E- Way Bill Number)

Age / Sex : 2 Days/ Female **Doctor** : DR DILNAAZ FAROOQUI

All amount in Rs

S.No	Item Name	HSN Code	Schedule	Batch ID	Expiry Date	Manufactured By	Qty	Unit	MRP	Disc	Amount	Taxable Amount	SGST/UTGST Rate	SGST/UTGST Amount	CGST Rate	CGST Amount	Total
1	FEEDING BOTTLE W S 125 ML	39269080	H	I25MLC5	31-12-2030	Autoflow	1	Bottle	120.00	0.00	120.00	114.29	2.5	2.86	2.5	2.86	120.00
	Total :									**0.00**	**120.00**	**114.29**		**2.86**		**2.86**	**120.00**
																Rounded off :	**120.00**

Amount in words : Rupees One Hundred Twenty Only

E & OE

Payment Mode : DC/CC Card : 120.00 Card No : 332940551990 Terminal : UPI

RAINBOW CHILDREN'S MEDICARE LIMITED

Pa : SELFPAY

Romarks

Terms & Conditions

1. Tender Exact change.
2. Return/Exchange will not be accepted after 48 hours.
3. Original Bill is required for exchange or return and will be accepted from Monday to Saturday between 09:30am to 06:00pm.
4. Items stored in refrigerator will not be exchanged or taken back.
5. Please get your medicines checked by your doctor before use.
6. Cut strips will not be taken back.
7. Electronic Items (like Digital -Thermometer, Breast pump etc) will not be taken back.
8. Tax not payable under reverse charge.

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Childrens Hospital-Himayatnagar

8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,Telangana.

GSTIN : 36AABCR4014M1ZE

Tax Invoice (Original)

Invoice Number : OPH26-073473 **Invoice Date :** 14-07-2026 02:40 PM **UHID :** HNHTMP-022282

Sold / Ship to Party

Name : Mr RAMYA SRI
Address : TARNAKA
Contact Number : 9021437115
State Name & Code :
GSTIN :
PAN Number :
AADHAAR Number :

Place of Supply

Name : M/S RAINBOW CHEMISTS & DRUGISTS
Address : DOOR NO 3-6-234, 3-6-266, 3-6-266/1, 3-6-266/2, 3-6-266/3, 3-6-267, 3-6-267/1, 3-6-267/A, 3-6-267/2A AND 3-6-267/2B, OPP IP BILLING, BASEMENT -1, Himayathnagar(V), Khairatabad(M), HYDERABAD (Dist.),Telangana State,India
Contact Number :
State Name & Code : Telangana & 36
GSTIN : 36AABCR4014M1ZE
PAN Number :

DL No : TG/HYD/2024-119737

Transport Details : (Transporter Name , LR Number & Date , Vehicle Number , E- Way Bill Number)

Age / Sex : 2 Days/ Female **Doctor** : DR DILNAAZ FAROOQUI

All amount in Rs

S.No	Item Name	HSN Code	Schedule	Batch ID	Expiry Date	Manufactured By	Qty	Unit	MRP	Disc	Amount	Taxable Amount	SGST/UTGST Rate	SGST/UTGST Amount	CGST Rate	CGST Amount	Total
1	APTAMIL GOLD-1INFANT 400GM TIN	19011090	H	26032 07901	30-06-2027	Nutricia International Pvt Ltd	1	Nos	1,010.00	0.00	1,010.00	961.90	2.5	24.05	2.5	24.05	1,010.00
	Total :									**0.00**	**1,010.00**	**961.90**		**24.05**		**24.05**	**1,010.00**
																Rounded off :	1,010.00

Amount in words : Rupees One Thousand Ten Only

E & O E

Payment Mode : DC/CC Card : 1010.00 Card No : 261038677744 Terminal : UPI

RAINBOW CHILDREN'S MEDICARE LIMITED

Pay... : SELFPAY

Remarks

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7. Electronic items (like Digital -Thermometer, Breast pump etc) will not be taken back.
8. Tax not payable under reverse charge.

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Childrens Hospital-Himayatnagar

8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034,Telangana.

GSTIN : 36AABCR4014M1ZE

Tax Invoice

(Original)

Invoice Number : OPH26-073471 **Invoice Date :** 14-07-2026 02:32 PM **UHID :** HNHTMP-022278

Sold / Ship to Party

Name : Mr RAMYA SRI

Address : TARNAKA

Contact Number : 9021437115

State Name & Code :

GSTIN :

PAN Number :

AADHAAR Number :

Place of Supply

Name : M/S RAINBOW CHEMISTS & DRUGISTS

Address : DOOR NO 3-6-234, 3-6-266, 3-6-266/1, 3-6-266/2, 3-6-266/3, 3-6-267, 3-6-267/1, 3-6-267/A, 3-6-267/2A AND 3-6-267/2B, OPP IP BILLING, BASEMENT -1, Himayathnagar(V), Khairatabad(M), HYDERABAD (Dist.),Telangana State,India

Contact Number :

State Name & Code : Telangana & 36

GSTIN : 36AABCR4014M1ZE

PAN Number :

DL No : TG/HYD/2024-119737

Transport Details : (Transporter Name , LR Number & Date , Vehicle Number , E- Way Bill Number)

Age / Sex : 2 Days/ Male **Doctor** : DR DILNAAZ FAROOQUI

All amount in Rs

S. No	Item Name	HSN Code	Schedule	Batch ID	Expiry Date	Manufactured By	Qty	Unit	MRP	Disc	Amount	Taxable Amount	SGST/UTGST Rate	SGST/UTGST Amount	CGST Rate	CGST Amount	Total
1	PHOTOTHERAPY GOGGLESS (VALIDAYS)	30039033	GENERAL	202601	31-12-2029	VaidhyaS	1	Nos	125.00	0.00	125.00	119.05	2.5	2.98	2.5	2.98	125.00
	Total :									**0.00**	**125.00**	**119.05**		**2.98**		**2.98**	**125.00**
																Rounded off :	125.00

Amount in words : Rupees One Hundred Twenty Five Only

E & OE

Payment Mode : DC/CC Card : 125.00 Card No : 851923220727 Terminal : UPI

RAINBOW CHILDREN'S MEDICARE LIMITED

Payor : SELFPAY

Remarks

Terms & Conditions

1. Tender Exact change.
2. Return/Exchange will not be accepted after 48 hours.
3. Original Bill is required for exchange or return and will be accepted from Monday to Saturday between 09:30am to 06:00pm.
4. Items stored in refrigerator will not be exchanged or taken back.
5. Please get your medicines checked by your doctor before use.
6. Cut strips will not be taken back.
7. Electronic Items (like Digital -Thermometer, Breast pump etc) will not be taken back.
8. Tax not payable under reverse charge.

CONSENT FOR FORMULA FEEDS

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

Patient Name : ..... Age : ..... Gender : ☐ Male ☐ Fema

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

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : Ramyasri

Name : .....

Relationship with Patient: .....

Date & Time : 14/7/26 @ 1 pm

Witness :

Signature : .....

Name : .....

Date & Time : 14/7/26 @ 1 pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. VARUN.

Date & Time : 14/7/26 1PM

Ref. : F/NICU/FD/02

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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 రెయిన్బో 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 Sticker

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SELF INDENT

HNH-00016538 IP26-00006825

Patie Baby Of RAMYA SRI

12-07-2026 0 Y 0 M 2 D (M)

UHID Dr. DILNAAZ FAROOQUI

Ward

Doctors Name :

	Quantity
Bilirubin Direct & Indirect	1

2790/-

Sruthi

14/7/26 @ 12 PM

RAINBOW CHILDREN'S MEDICARE LIMITED HYDERABAD

Docu.No: RCH/FRM/General/116

PATIENT TRANSFER FORM

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Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016538 IP26-00006825 Baby Of RAMYA SRI 12-07-2026 0 Y 0 M 0 D 0 H (M) Dr. DILNAAZ FAROOQUI	12/7/26 @	12/7/26 @ 7:40 PM
	Transfer Ordered by Dr. Dilnaaz Farooqui	Reason for Transfer OBS
From Unit Pre & Post	To Unit (315)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Nil	Number of Imaging Films Nil	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.	NA	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Mounika	Dr. Dilnaaz

Patient & Clinical Records Received by : Sananda @ 7.40 PM

Date & Time of Patient Received : 12/7/26

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

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006825 **Admit Date** : 12-Jul-2026 **Admit Time** : 01:35 PM **UHID** : HNH-00016538

Patient Details :

Patient Name	: Baby Of RAMYA SRI	**Age**	: 0 D
Guardian	: Mr PRAVEEN	**DOB**	: 12-07-2026 12:47 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO 12-15-801 MK NAGAR TARNIKA Administrative Building Hyderabad Telangana INDIA 500007	**Phone No**	: 9885774474/ 9848581441
		E-mail	: PRAVEEN3220@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-414-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-414-1 **Admission Type** : First Visit

Contact Details :

Name : Mr PRAVEEN **Relationship** : Father

Contact Address : H.NO 12-15-801 MK NAGAR TARNIKA Administrative Building Hyderabad Telangana INDIA 500007 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. DILNAAZ FAROOQUI **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : self **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : SELFPAY

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0Y0M0D0H (M)
Dr. DILNAAZ FAROOQUI

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NEWBORN MONITORING FORM

Date of Birth : 12/7/26
Time of Birth : 12:47PM
Mode of Delivery : LSCS
Birth Weight : 2.620kgs
Head Circumference : 34cm.
Length : 49 cm.
Red Reflex :

New Born Screening : SBR? → Ramya SRI
TFT → Not willing. : Ramya SRI
OAE :
Mother's Blood Group : O+ve
Baby's Blood Group : B+ve
Anomaly Scan :
Vaccination 13/7/26 : BCG OPV + HepB given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
12/7/26	2.620kgs	DBF	—	36.6°C	
13/7/26	2.500kg	DBF	—	36°C	
14/7/26	2.420kg	DBF	—	36°C	

Date	Time	Investigation	Result	Order No.	Signature
12/7/26	1:50pm	Blood grping	-	11583	Moni
12/7/26	1pm 1st	GRBS	62 mg/dL	self	Moni
12/7/26	3pm	GRBS	76 mg/dl		
12/7/26	7pm	GRBS	60 mg/dl		
13/7/26	1Am	GRBS	55 mg/dl	Self	
13/7/26	1pm	GRBS.	54 mg/dl	Self	
14/7/26	12:30.pm.				
14/7/26	12:00pm	SBR		11709	
14/7/26	2pm	DSPT 14/7/26 @ 2pm		213122	
14/7/26	12:00pm	GRBS.	45mg/dl	self.	
14/7/26	4pm	GRBS	37mg/dl	Self	
14/7/26	6Pm	GRBS	83 mg/dl	Self	

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Ramya Sri Age : 33y Father's Name : ..... Age : .....

Date of Birth : 11/1/1993 Date of Admission : 12/7/26 UHID No.: .....

NICU Consultant : Dr. Spandana 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 Ramya Sri

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 12/7/26 Time of Birth : 12:47pm

Place of Birth : Rch, Hmnr

Mother's Blood Group : [illegible]

Birth Weight (gms) : [illegible]gm Length (cms) : 47cm

↳ 2620gm

OFC (cms) : 34cm.

Estimated Gesth Age : 38+6

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : [illegible]c. IVF Conception

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

Last Scans Details : 13/6/26 SLIUF | 32+5w | EFW - 2kg | AFI - Adequate | Placenta | Doppler (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

GDM on Insulin : 6months

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0Y0M0D0H (M)
Dr. DILNAAZ FAROOQUI

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
		PP			IVF conception	

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : Precious Pregnancy

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2
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
9/10	10/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (38+6) | GDM on Insulin IVF conception | Precious Pregnancy | El. LSCS.

Term | GDM (Insulin) | El. LSCS. | Previous Pregnancy
38+6

↓ Vortex

CIAB

↓

Color, Tone, Activity - Good

↓

Initial Steps

↓

Shift to mother's side

Investigation details in previous Hospital :

Feeding History :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : Room Air

Spo2 : 96% Auscultation : NVBS Breath Sounds : B/L AE+ Added Sounds : NO

Cardiovascular System :

HR : 160/min BP : Precordial Activity : .....

Femoral Pulses : B/L well felt Murmurs : .....

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

Abdomen :

Shape : N Hernia orifice : .....

Palpation : Soft Anal Patency : Patent

Palpable masses : ..... Umbilical Cord : 2A+1V

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

Meconium passed : .....

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

State of wakefulness : Active

Prechtle Score : .....

Nerves : Cry

Tone : Good.

Activity

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

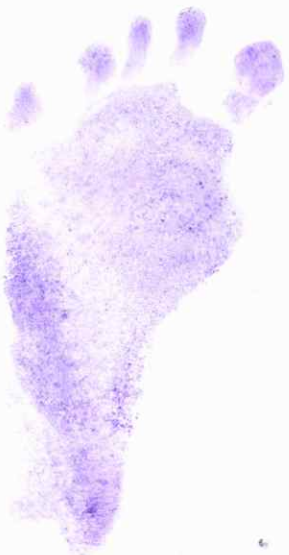
HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

Any Congenital Anomalies : .....

Diagnosis : Term (38+6) | AGA | 1 Dm

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant :

Signature : Dilnaaz

Name : Dr Dilnaaz

Date & Time : 13/7/26, 10:00 am

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Term | AGA | IDM

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Plan

- DBF 2W
- warm care
- Formula feed 13ml @2h (Lactogen – I)

Investigation

GRBS 0 1pm
2 3pm 12/7
6 7pm
12 1Am 13/7
24 1pm 13/7
48 1pm 14/7
72 1pm 15/7

- Blood grouping

Feeding Plan at the time of shifting :

feeding 12:58 – 1:15pm

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0Y0M0D0H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26	M/B Dr. [illegible]	
7pm	term / 10M / el. LSCS	
	- feeds ✓	
	- stools ✓	
	- did not pass urine yet	
	O/E	Plan
	euthermic	1) warm care
	UT/A good	2) DBF every 2nd h
	RF ↓flat	3) ↑ 4RBS monitoring
	mau (+)	4) urination tracking
	CRT: < 3sec	5) SBR
	S/E - (N)	RBS] ensure
		ORE

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0Y0M0D8H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/B Dr. Archana/ Dr. Thanvi	BWt - 2620 gms ↓120 gram twt - 2.500 g 4-6% loss
	D1OL Term/LSCS/CIAB/GDM on	Insulin/MCH/2 ~~66~~ kgs
	Accepting well orally Euthermic	Advice . Warm care DBF/EBM 2nd hourly followed by burping . Monitor weight loss . SBR, NBS, OAE @ 48 hrs of life.
	U, S passed.	
	CRY, Tone, Activity good.	
	~~SE~~ initially stable	N/B privileges.
	~~SE~~ WNL.	
~~13/7/26~~	BCG, OPV, Hep-B given	

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 8 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/B Dr Dilnaaz	
10:30 am	Baby accepting breast feeds Passing urine & meconium Maintaining ⓝ GRBS levels O/E Euthermic Active Vitals - stable Tone Cry Activity } ⓝ Today's wt = 2.50 kg wt loss = 4.6%. MBG: O +ve BBG: B +ve	℞ 1) warm care 2) DBF every 2 hrly 3) NBS OAE SBR } @ 48 HOL If Cat D - SBR TFT. 4) GRBS monitoring as advised 5) Check 4 limb saturation. Dilnaaz

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 4PM.	C/b Dr. Verma	
	Term / LSCS / (IAB) / C/DH on Insulin / Mets.	
	Pink, euthermic.	
	S/E - vitals stable.	[Plan]
		- Warm care
	S/E - Well.	- DBF Q2H + TF
		- NBS, OBR, OAE } @ 48HOL
		- Check 4 limb SpO2
		- GRBS monitoring as advised.
		(signature)

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 5.30 pm	S/B Dr Dilnaaz	
	T | CIAB | GDM. on Insulin.	Plan
	Euthemic	
	C | T | A - Good.	- DBF @ 2H & burp'y + Formula feed.
	Vitals - stable	
	RLS | NAD PIA	
		- SBR | ~~48 HOL~~. NBS OAC
		- Check 4 limb saturation
		- GRBS monitoring as advised.
		Dilnaaz

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

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7 8pm	c/s/B Dr. Pranav / Dr. Prashanthi	
	FT / 38^{+6} wk / El-LSCS /	SDM / ABO incompatibility / O+ (B) B+
	T. Wt - 2.420 kg (↓200g) - (8.2% Wt loss)	Plan
	Baby Euthermic Vitals Stable	1) DBF 1/6 burping Q2h
	Cry, Tone, Activity } Good	2) SBR, NBS] 12:30 pm OAE
	Passed Urine & Stool	3) Monitor Vitals
		N/B priyanka
		Pm

HNH-00016538 IP26-00006825
Baby Of RAMYA SRI
12-07-2026 0 Y 0 M 2 D (M)
Dr. DILNAAZ FAROOQUI

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 9:00AM	C/S/B Dr. Dilnaaz T/1DM/OB incompatibility.	Plan - SBR TFT/NBS OAE 12:00 pm today. - Warmth care - DBF 2nd hourly thn burping - start DSPT - OB setting. N.B. maheshwari 14/7/26 Dilnaaz

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Date & Time	Progress Notes	Doctor's Order
14/7/26	U/B Dr. Sharmi	
2:30pm	Term / LSCS / 1DM	ABO incompatibility (OB).
	- GRBS @ 1pm → 47	
	↓ trial of feeds given.	
	GRBS @ 2:15pm → 53.	
	- feeds ✓	
	- urine ✓	Plan
	- stools ✓	1) warm care
	O/E euthermic	2) DBF every 2nd h + 20ml graded feeds.
	HT/A: good	
	AF: flat	3) GRBS monitoring
	moro (+)	@ 4pm
	CRT: <3sec	@ 8pm.
	vitals: stable.	@ 12am.
		4) leave SBR
	- on RSPT.	5) ct. RSPT.
		6) monitor vitals
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 5:30PM	C/S/O Dr. Dilnaaz Term | IDM | ABO incompatibility - ↓ GRBS values. = feeding well. O/E- vitals stable. S/E - WNL. (Bili - 12-7 -)	Plan - Warm care. - DBF @ 2Hr 20ml PF. - 4 hrly GRBS monitoring @ 4H / 6hrly if maintaining @ 6hrly blood sugars - Ct. DIPT. - Rpt. TSB tomm 10 am ~~- T&C & BA.~~ - Monitor vitals.

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: .....

Date of Birth: 12/7/26 Time of Birth: ..... Gender: ☐ Male ☐ Female

Birth Weight: ..... Kgs HC: ..... cm Lenght: ..... 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 HR: 144 /Min RR: 64 /Min BP: ..... SpO_2: 99%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** ..... (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: Naumika Signature: Naumika Date &Time: 12/7/26 ④

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12-07-2026 0 Y 0 M 0 D 0 H (M)
Dr. DILNAAZ FAROOQUI

DATE :

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	no cleft palate	(N) No	No cleft palate
2	Pre natal teeth	no	Nil	
3	Anal opening	Patent	Patent	anal orifice
4	Genitalia	Male B/L descended testis	B/L	Descended Testes
5	Spine	WNL	(N)	
6	Red reflex	not yet done	Red reflex seen in both eyes	
7	4 limb saturation (before discharge)		Equal in all 4 limbs	

Ped.Registrar signature

Dilnaaz
Ped.Consultant signature