

DISCHARGE SUMMARY

Name	Baby Of N SASI PRIYA	UHID	HNH-00016442
Father/Guardian	Mr N SESA SAI PRASAD	Age/Gender	0 Y 0 M 2 D/ Male
Address	MEGHANA ALLURI HOMES, APHB Colony Moulali, Hyderabad, Telangana, INDIA, 500040		
IP No	IP26-00006790	Admission Date	09-07-2026
Ref Doctor			
Discharge Date	16.07.2026		

DR. S. TEJASWI REDDY
MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND
INTENSIVIST
APMC/FMR/94068

DR. SPANDANA PASUPULETI
MBBS, MRCPCH
CONSULTANT PEDIATRICIAN AND
INTENSIVIST
Reg No: 30925

Diagnosis: MODERATE PRETERM 33 WEEKS + 4 DAYS /RDS / NNJ/LBW/2.4KG

History : Baby Of N SASI PRIYA is a moderate preterm (33 weeks + 4 days) / AGA / baby boy of birth weight 2.40 kgs, born to G4P1L1A2 mother delivered by emergency LSCS (Indication: Prodromal Preterm labour) on 09.07.2026 at 07:12 . Baby cried immediately after birth. Apgar scores and resuscitation details were 7/10 at 1 min, 9/10 at 5 min. Baby developed respiratory distress after birth for which baby was shifted to NICU - for further management.

Name	Baby Of N SASI PRIYA	UHID	HNH-00016442
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Maternal History : Mrs. N SASI PRIYA is a 27 years old G4P1L1A2 mother.

G1 -2022- FTND,Female,B.wt-2.75kg,3years,A&H

G2- 2024- Missed abortion at 4-5weeks,MERPC done

G3- June 2025- Missed abortion at 4-5 weeks, MERPC done

G4- Present pregnancy, Spontaneous conception.

She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

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

Examination: At the time of admission baby was euthermic and having respiratory distress, started on CPAP support. His heart rate was 146/min, respiratory rate was 80/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 2.4 kgs

Weight on Discharge : 2.280 kgs

Head circumference : 34 cms

Length : 47 cms.

Investigations: Enclosed reports.

Date	On	On	On	On	On
		10.07.202	11.07.20	12.07.202	13.07.202

Name	Baby Of N SASI PRIYA	UHID	HNH-00016442
IP No	IP26-00006790	Admission Date	09-07-2026

	09.07.2026	6	26	6	6
TEST	Result	Result	Result	Result	Result
CBP: Hemoglobi n	14.9 g/dl	15.4 g/dl	11.8 g/dl	11.5 g/dl	14.7 g/dl
While blood cell	13510 cell/cmm	18520 cell/cmm	12490 cell/cmm	8070 cell/cmm	8510 cell/cmm
Platelets	2.49 lakh/cmm	2.41 lakh/cmm	2.40 lakh/cmm	2.59 lakh/cmm	2.19 lakh/cmm
CRP	5 mg/L	5 mg/L		18 mg/L	9 mg/L
S.electroly tes: Natrium (Na)		135 mmol/L			
Potassium (K)		6.8 mmol/L			
Chloride (Cl)		106 mmol/L			
Serum.CRE ATININE		0.8 mg/dl			
BLOOD UREA		26 mg/dl			
CALCIUM		8.0 mg/dl			

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TOTAL BILIRUBIN		5.6 mg/dl			
UNCONJUGATED BILIRUBIN		5.5 mg/dl			
PT/INR/APTT	20/ 1.5 / 41	-	18 / 1.4 / 48	-	—
BLOOD CULTURE	No growth after 48 hours of incubation				
BLOOD GROUP	AB Positive				

Xray done on 09.07.2026 at 09:26 am.

Feeding tube insitu.
Mild bilateral diffuse granular opacities noted, suggestive of respiratory distress of prematurity. Cardiothoracic ratio within normal limits.
No evidence of fracture of the ribs.
No pneumothorax / pleural effusion.
CP angles are clear.
Domes of diaphragm are normal.

Name	Baby Of N SASI PRIYA	UHID	HNH-00016442
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Xray done on 10.07.2026

Feeding tube and ET tube insitu.
Bilateral diffuse granular opacities noted, suggestive of respiratory distress of prematurity.
Cardiothoracic ratio within normal limits.
No evidence of fracture of the ribs.
No pneumothorax / pleural effusion.
CP angles are clear.
Domes of diaphragm are normal.

Xray done on 11.07.2026

ICU tubes insitu.
Interval improvement in the previously seen bilateral diffuse granular opacities.
Cardiothoracic ratio within normal limits.
No evidence of fracture of the ribs.
No pneumothorax / pleural effusion.
CP angles are clear.
Domes of diaphragm are normal.

NSG done on 10.07.2026

Posterior periventricular white matter mild hyperechogenicity noted - preterm state.

Situs Solitus Levocardia

Name	Baby Of N SASI PRIYA	UHID	HNH-00016442
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2D echo done on 10.07.2026	Duct Aneurysm Small PDA with left to right shunt PFO with left to right shunt Dilated RA/PV Good biventricular function Left arch, No COA.
2D echo done on 12.07.2026	* Situs, Solitus, Levocardia. * Normal sized cardiac chambers. * Closing PDA * Good biventricular function. * Mild TR, RVSP - 35 MMHG * Left ARCH no COA.
2D echo done on 13.07.2026	* Situs Solitus Levocardia * Normal sized cardiac chambers. * Good biventricular function * Left arch, No COA. * No PDA * PFO with left to right shunt

Management:

RDS/ HMD - Invasive Ventilation:

In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 7, PIP:20, FiO2: 35%, RR:50). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Cord ABG showed pH of 7.31, pCO2 of 45.6 mmHg, pO2 of 24 mmHg, HCO3 of 22.9 mmol/L and BE of -3.2 mmol/L.

As the respiratory distress worsened, baby was intubated and 1 dose surfactant was given and baby was started on HFO mode of ventilation(MAP-

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13/Amp- 26/Freq-9/ FiO2-21%) for 2 days, later weaned to SIMV mode and later extubated to NIV mode of ventilation on DOL-4, baby was also having secretions, for which nebulisations were added. Gradually weaned off to room air on DOL-5. Now baby is maintaining saturation at room air without any respiratory distress. On day4 of life, 1 PRBC transfusion was given in view of anemia and distress.

Culture Negative Sepsis: Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Serum electrolytes and renal function tests were within normal limits. Serum calcium was low for which Inj. Calcium gluconate correction was given and continued on maintenance dose. Coagulation profile was normal. later repeat CRP was elevated 20mg/dl. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 3 days.

Feeding: Initially baby was kept on NPO. Later gradually OG feeds were introduced which baby tolerated well followed by spoon feeds, which she accepted and tolerated well. At present baby is on demand spoon feeds, which she is tolerating well.

Unconjugated Hyperbilirubinemia: Baby developed jaundice at 24 hours of life. Baby was started on phototherapy. Baby maximum serum bilirubin was 5.6 mg/dl with indirect fraction of 5.5 mg/dl. Phototherapy was given for 24 hours and discontinued.

Newborn screening advanced : Sent reports to collect on follow-up

Vaccination: Baby was given following vaccination:

Name	Baby Of N SASI PRIYA	UHID	HNH-00016442
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Vaccine Name	Status	Date
BCG	Given	16.07.2026
OPV	Given	16.07.2026
HEPATITIS B	Given	16.07.2026

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

Plan:

1. Newborn screening advanced / Newborn screening-4/ Thyroid function test : sent reports to collect on follow-up
2. Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.
3. Serum Bilirubin to be done / decided on followup.

Review consultation with Dr. SPANDANA PASUPULETI on Saturday (18.07.2026) 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 discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe

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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 **Himayathnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

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

Registrar/Resident/C.M.O

DR. SPANDANA PASUPULETI

MBBS, MRCPCH

CONSULTANT PEDIATRICIAN AND INTENSIVIST

Reg No: 30925

DR. S. TEJASWI REDDY

MBBS, MD (Paed) DM Neonatology

CONSULTANT PEDIATRICIAN AND INTENSIVIST

APMC/FMR/94068

ADMISSION SHEET



Registration Details :

Admission No : IP26-00006790 Admit Date : 09-Jul-2026 Admit Time : 10:24 AM UHID : HNH-00016442

Patient Details :

Patient Name	: Baby Of N SASI PRIYA	Age	: 0 D
Guardian	: Mr N SESA SAI PRASAD	DOB	: 09-07-2026 07:12 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: MEGHANA ALLURI HOMES APHB Colony Moulali Hyderabad Telangana INDIA 500040	Phone No	: 8019733546
		E-mail	: SASIANNADATHA@GMAIL.COM

Admission Details :

Bed Type : NICU Bed No : NICU1-402 Ward Name : 4F -NICU 1
Room No : NICU1-402 Admission Type : First Visit

Contact Details :

Name : Mr N SESA SAI PRASAD Relationship : Father
Contact Address : MEGHANA ALLURI HOMES APHB Colony
Moulali Hyderabad Telangana INDIA 500040 Phone No : 8019733546


Signature

Doctor Details :

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

Payment Details :

Deposit Amount : 50000.00
Payment Mode : Cash Payor Name : SELFPAY

HNH-00018442 IP26-00008790
Baby Of N SASI PRIYA
09-07-2026 0 Y 0 M 7 D (M)



DEFICIENCY CHECK LIST OF CASE SHEET

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

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

ACTIVITY RECORD FOR BILLING

HNM-00016442 IP26-00006790
Baby Of N SASI PRIYA
09-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SPANDANA PASUPULETI

Name: ----- UHID No: ----- -- Consultant: ----- Dept: -----

Date of Admission: ----- Time: ----- Date of Discharge: ----- Time: -----

Room / Bed No: ----- Ward: ----- Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/2/26	8:10 AM	OT	NICU	Prasanna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swetha (Cardio)	10/7/26	12960	P
2.	Dr. Swetha (Cardiologist)	11/7/26	12961	
3.	Dr. Swetha (Cardiologist)	13/7/26	3441	
4.	(Cross Checked done by Dr. 15/7/26)			
5.				
6.				
7.				
8.				
9.				
10.				



INVESTIGATIONS

Date	Investigations	Order No.	Sign
9/7	CBP, CRP, B:G } B1C1S	11309	}
	ABG, RBS	11308	
9/7/26	ABG, RBS	11348	
	Chest X-ray	8273	
9/7/26	ABG, RBS (96mg/dl)	1369	
9/7/26	RBS	1370	
9/7/26	PTAPTT	11373	
9/7/26	ABG	11377	
10/7/26	ABG, RBS (102mg/dl)	11378	
10/7/26	CBP, CRP, electrolytes	11382	SL
	Urea, creatinine, SBR		
	Calcium		
10/7/26	ABG, RBS (85mg/dl)	11394	SL
10/7/26	NSG	8271	
10/7/26	X-Ray	8273	
10/7/26	X-ray (recheck)	8322	
10/7/26	ABG, RBS (96mg/dl)	11446	
10/7/26	2DEcho	8290	
10/7/26	ABG, RBS (108mg/dl)	11452	
10/7/26	CBP, CRP	11463	
10/7/26	Chest X-ray	8326	
	ABG, RBS (96mg/dl)	11472	

Cross checked done by Dheeraj 10/7/26 11pm



INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/7/26	x-ray (4)	8326	Heu
11/7/26	ABG, RBS	8328	Heu
11/7/26	ABG (10), RBS (9) (96 mg/dl)	11523	He
11/7/26	ABG (11), RBS (10) (69 mg/dl)	11493	He
11/7/26	PT, APTT		
11/7/26	ABG (12), RBS (11) (99 mg/dl)	11530	He
12/7/26	ABG (13), RBS (12) (72 mg/dl)	11532	He
12/7/26	CBP, CRP	11531	He
12/7/26	ABG (14), RBS (13) (113 mg/dl)		
Cross checked by pooja 12/7/26 at ham			
	Recho (2)	8399	He
	RBS (14) (92 mg/dl)	11585	He
	RBS (15) (90 mg/dl)		
	Recho (3)	8403	He
		11605	He
		11596	He
		8428	He
Cross checked by 13/7/26			
1 - 19			
RBS - 18			

Date	Investigations	Order No.	Sign
13/7/26	2D Echo.	8424	sl
14/7/26	ABG RBS ²⁰ RBS ²¹ VBG ²²	11688	sl
15/7/26	ABG ²⁰ ABG ²¹ VBG ²²	11687	sl
	RBS ²¹ [aimydl]	11749	sl
	(gross) cleared done by sl		
16/7/26	NBS -	11852	sl

20 Echo.

8474

ol

APBS, RBS, RBS version

11688

11687

$$ABG \cup ABG \cup BCG$$

Q.BS (21) [aimagd]

11749

CSL Deel

(gross) cleared down by 25%

16/1/20

NBC

11852





MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7/26	monitor		15/7/26		
	syringe pump (Syllurids)		4pm		
	CPAP	10:24 AM	10/7 10:20 AM	2024	
	oxygen				
Cross checked done by Dhanya 10/7/26					
10/7	ventilator	10:30 AM		2366	3:30 PM
10/7	ventilator	10:30 AM	11:00 AM	2366	
10/7	silencer	10:25 AM	12/7/26 10:00 AM	212580	
10/7	syringe pump (tentamyl)	6:00 PM	13/7/26 8 AM	2212	
10/7	syringe pump (heplock)	6:00 PM	13/7/26 8 AM		
Cross checked done by Dhanya 10/7/26 @ 11 PM					
11/7/26	DSPT	12:00 PM	12/7/26 8 AM	12911	
12/7/26	Syringe pump	5:30 PM	12/7 9:30 PM	3292	
cross checked by sr Bhavan 13/7/26					
12/7	ventilator	4 PM	13/7 10 AM	3365	
	oxygen	4 PM			
13/7	CPAP	10 AM	14/7 8 AM	3365	
Cross checked by sr Shivalade 14/7/26					
16/7/26	DSPT	2:15 AM		14227	



PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
9/7	W Placement	1	212036	B
Cross checked done Sy Dhanya 10/7/26 @ 3:30pm				
10/7/26	W placement	1	123456	ST
10/7	ET intubation	1	2365	B
10/7	WAC			N
10/7	WVC		12585	N
10/7	W placement	1		N
Cross checked done Sy Dhanya 10/7/26 @ 11pm				
12/7	Blood transfusion	①	13189	DL

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 12/7/26 Time: 5:30pm
 Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve
 Blood Bank Issue No: 14141 Date of Collection: 10/7/26 Date of Expiry: 18/7/26
 Date & Time of Starting Transfusion: 12/7/26 @ 5:30pm Planned duration of Transfusion: 4 hours
 Check for Correct Unit: ☒ Correct Patient: ☐
 Blood products cross checked by: Nurse 1: Dhanya Nurse 2: Nirmala
 Before starting transfusion vitals: Temp: 36.6°c HR: 127 RR: 39 BP: 72/42 SpO₂: 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12/7/26	15 Min	118	36.6°c	72/42	100%	-	-	-	-
	15 Min	122	36.5°c	69/49	99%	-	-	-	-
	30 Min	129	36.4°c	59/41	100%	-	-	-	-
	30 Min	121	36.5°c	62/48	99%	-	-	-	-
	30 Min	129	36.6	78/49 (50)	100%	-	-	-	-
	1 Hr	123	36.5	59/43 (40)	99%	-	-	-	-
	1 Hr	129	36.5	66/42 (50)	99%	-	-	-	-

Comments: All reactions are good.

Name of the Incharge-Nurse: Bhavanee Name of the Nurse: Dhanya
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 12/7/26 5:30pm Date & Time: 12/7/26 @ 8:30pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G



LEUCOCYTE REDUCED R B C

VOLUME - 50ml

Patients Name : BLO N. Sasi Priya

Age / Sex : 20/M

Hospital Name : Rainbow CH Hospital

Bag No. : 14141 Pt. Blood group A+ve

Date of Collection : 10/7/26

Date of Issue : 12/7/26

Date of Expiry : 18/7/26 Tech. Signature

Tested and Found Negative for

HIV I & II	HBsAg	HCV	VBRL	MP
------------	-------	-----	------	----

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like hemolysis, clotting or discoloration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.

CONSENT FOR BLOOD TRANSFUSION

HNH-00016442 IP26-00006790

Baby Of N SASI PRIYA

Name: 09-07-2026 0 Y 0 M 3 D (M)

Dr. SPANDANA PASUPULETI

Age: Gender: Male ☒ Female ☐

UHID.No : .



Date: 12/12/26

Type of Blood Product:

☐ Fresh Frozen Plasma

☐ Packed Red Blood Cells

☐ Random Donor Platelets

☐ Cryoprecipitate

☐ Single Donor Platelet

☐ Whole Blood

☐ Albumin

☒ Red Blood Cell

☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

C.R.C.

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature:

Name: N.S.S. Prasad.

Date & Time 12/07/26 12:00 P.M.

Doctor (Who is talking the consent)

Signature:

Name: Dr. Archana

Date & Time

Witness

Signature:

Name:

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

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name:
HNH-00016442 IP26-00006790
Baby Of N SASI PRIYA
09-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SPANDANA PASUPULETI
UHID.No : ...

Age: M13 Gender: ☒ Male ☐ Female ☐
Date: 9/7/26

I S/o, D/o, W/o hereby
declare that our patient Mr. / Ms B/O SAKI PRIYA who is related to me as
SON is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital
on 9/7/26

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

The doctors have clearly explained to me that my patient B/o during his / her stay
in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management,
mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line
and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this
procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed
consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures
performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of
infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o Sakipriya
..... in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and
alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and
treat him/her with all necessary means.

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

Patient Attendant :

Signature : [Signature]
Name : N.S.S. Prasad
Relationship with Patient: Father
Date & Time : 09/07/2026 @ 8AM

Witness :

Signature : [Signature]
Name : [Signature]
Date & Time : 9/7/26 @ 8AM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. VARUN
Date & Time : 9/7/26 8AM

CONSENT FOR SPECIAL PROCEDURES

Patient Name: Baby Of N Sasi Priya (M)
08-07-2026 0 Y 0 M 1 D
Dr. SPANDANA PASUPULETI
UHID No:  Gender: ☐ Male ☒ Female
Department: ICU Date: 10/7/26

I S/D/W/O

Here by give consent for procedure of: UAC line & UVC line.

For my patient, Named: B/o Sasi Priya

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

Bleeding from stump
Air embolism

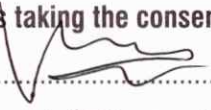
The doctor have explained to me about the alternatives, risks and benefits for this procedure that:

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

Name of the Doctor performing the procedure: Dr. SPANDANA

Patient Attendant: 
Signature:
Name: N.S.S. Prasad
Relationship with Patient: Father
Date & Time: 10/7/26 6pm

Witness: 
Signature:
Name: Dhya
Date & Time: 10/7/26 @ 6pm

Doctor (who is taking the consent):
Signature: 
Name: Dr. SPANDANA
Date & Time: 10/7/26 6PM

CONSENT FOR SPECIAL PROCEDURES

HNH-00016442 IP26-00006790
Patient Name: Baby Of N Sasi Priya Gender: ☒ Male ☐ Female
09-07-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI
UHID No:  Department: ICU Date: 10/7/26

I S/D/W/O

Here by give consent for procedure of: WtC INTUBATION & Cough

For my patient, Named: B/O Sasi Priya

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

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

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

.....
.....

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

Name of the Doctor performing the procedure: Dr. SPANDANA

Patient Attendant:

Signature: [Signature]
Name: N. S. S. Prasad
Relationship with Patient: Father
Date & Time:

Witness:

Signature: [Signature]
Name: Dhayan
Date & Time: 10/7/26 @ 6pm

Doctor (who is taking the consent):

Signature: [Signature]
Name: Dr. VIKRAN
Date & Time: 10/7/26 6PM 30 AM

CONSENT FOR SPECIAL PROCEDURES

Patient Name: **HNH-00016442** **IP26-00006790**
Baby Of N SASI PRIYA
09-07-2026 **0 Y 0 M 0 D 4 H** (M)
Dr. SPANDANA PASUPULETI
UHID No : 

MA

Gender: ☒ Male ☐ Female

Department: **PACDS**

Date: **9/7/26**

I S/D/W/O

Here by give consent for procedure of: **NIV SUPPORT.**

For my patient, Named: **B/O SASI PRIYA**

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

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

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

Name of the Doctor performing the procedure: **Dr. SPANDANA**

Patient Attendant :

Signature : 

Name : **N.S.S. Poasad**

Relationship with Patient: **Father**

Date & Time : **09/07/2026 @ 8:30pm**

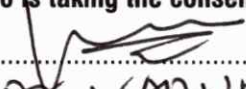
Witness :

Signature : 

Name : **Sai Priya**

Date & Time : **9/7/26 @ 8:30pm**

Doctor (who is taking the consent) :

Signature : 

Name : **Dr. VARNUN**

Date & Time : **9/7/26 @ 8:30pm**

CONSENT FOR FORMULA FEEDS

HNH-00016442 IP26-00006790
Baby Of N SASHI PRIYA
09-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SPANDANA PASUPULETI



Patient Name : Age : 3.5 Gender : ☒ Male ☐ Female
UHID No : GAH 00016442 Department : ICU Date : 10/7/26
I Mr / Mrs. : Sashi Prasad 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 :
Name : N.S.S. Prasad
Relationship with Patient : Father
Date & Time : 09/07/2026 @ 10 AM

Witness :

Signature :
Name : Sashika
Date & Time : 09/07/26 @ 10 AM

Doctor (who is taking the consent) :

Signature :
Name : Dr. VAMINI
Date & Time : 09/07/2026 @ 10 AM



[AFP Transfusion]

CONSENT FOR BLOOD TRANSFUSION

HNH-00016442 IP26-00006790
Baby Of N SASI PRIYA
09-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. SPANDANA PASUPULETI

Name: Age: Gender: Male ☒ Female ☐
UHID.No : Date: 10/7/26

Type of Blood Product: ☒ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is
Fresh Frozen plasma

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature:

Name: N. S. S. Prasad

Date & Time 10/7/26 12 AM

Doctor (Who is talking the consent)

Signature:

Name: B. Sreya

Date & Time 10/7/26 12 AM

Witness

Signature: Laxmi prasanna

Name: Smt

Date & Time 10/7/26 12 AM



BLOOD PRODUCTS TRANSFUSION MONITORING FORM [FFP Transfu]

Date: 10/7/26 Time: 3 Am

Blood Group of the Patient: AB+ve Blood Group on the Blood Bag: AB+ve

Blood Bank Issue No: 798 Date of Collection: 9/6/26 Date of Expiry: 8/6/27

Date & Time of Starting Transfusion: 10/7/26 @ 3 Am Planned duration of Transfusion: 1 hour

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Laxmiprasanna Nurse 2: Dhanyavathi

Before starting transfusion vitals: Temp: 36.5°C HR 142 bpm RR: 36 bpm BP: 56/40(46) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
10/7/26	3:15 pm 15 Min	142 bpm	36.5°C	56/46 (40)	100%	—	—	—	—
	3:30 pm 15 Min	131 bpm	36.5°C	54/48 (46)	99%	—	—	—	—
	4:00 am 30 Min	128 bpm	36.5°C	53/45 (42)	100%	—	—	—	—
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reactions

Name of the Incharge-Nurse: Laxmiprasanna Name of the Nurse: Dhanyavathi

Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 10/7/26 @ 3:30 Am Date & Time: 10/7/26 @ 3:30 Am

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

✓ FRESH FROZEN PLASMA BP 150-180 ML.

Prepared from Whole Human Blood Collected with

Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a VOLUNTARY DONOR / REPLACEMENT DONOR

Patient Name : Blossi Priya Age / Sex : 14 F / M

Hospital Name : Rainbow CH Hospital

Blood Group : AB+ve Blood Bag No. : 798

Date of Preparation : 9/6/26 Tested Date : 9/6/26

Expiry Date : 8/6/27 Volume : 50 ml

**Tested and Found Negative for HIV I & II antibodies,
HBsAg, HCV antibodies, VDRL & Malaria Parasites.**

INSTRUCTIONS : 1) Do not store Transfuse immediately.
2) Do not use if there is any visible evidence of deterioration 3) Check blood group on label and recipients group before administration. 4) Transfuse criteria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature - 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refreeze once FFP is Thawed. 9) Do not add any medicine to the component. 10) Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

CONSENT FOR BLOOD TRANSFUSION

Name: P/O SASHI PRIYA Age: Gender: Male ☒ Female ☐
UHID.No: GA00H-00016442 Date: 10/7/26

Type of Blood Product: ☒ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is
Fresh Frozen plasma

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]
Name: N. S. S. Prasad
Date & Time: 10/07/26 @ 11 AM

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Pranav
Date & Time: 10/7/26 @ 11 AM

Witness

Signature: Nikitha
Name: Nikitha
Date & Time: 10/7/26 @ 11 AM

20

20

1, 2

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 10/7/26 Time: 1

Blood Group of the Patient: AB+ve Blood Group on the Blood Bag: AB+ve

Blood Bank Issue No: 1212 Date of Collection: 4/6/26 Date of Expiry: 3/6/26

Date & Time of Starting Transfusion: 10/7/26 @ 11:00pm Planned duration of Transfusion: 30 minutes

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Nikitha Nurse 2: Saipriya

Before starting transfusion vitals: Temp: 36.5°C HR: 140 RR: 40 BP: 63/43 SpO₂: 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>10/7/26</u>	15 Min	<u>140</u>	<u>36.6°C</u>	<u>63/43</u>	<u>96%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	15 Min	<u>160</u>	<u>36.6°C</u>	<u>74/43</u>	<u>97%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	30 Min	<u>156</u>	<u>36.6°C</u>	<u>63/39</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Bhavani

Name of the Nurse: Nikitha

Signature of the Incharge-Nurse: (Signature)

Signature of the Nurse: (Signature)

Date & Time: 10/7/26 @ 11:00pm

Date & Time: 10/7/26 @ 11am

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP
150-180 ML.

Prepared from Whole Human Blood Collected with
Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a VOLUNTARY DONOR / REPLACEMENT DONOR

Patient Name : *B/o Sadi Praya* Age / Sex : *10/M*

Hospital Name : *Rainbow CH Hospital*

Blood Group : *AB+ve* Blood Bag No. : *1212*

Date of Preparation : *4/6/26* Tested Date : *4/6/26*

Expiry Date : *3/6/27* Volume : *50ml*

**Tested and Found Negative for HIV I & II antibodies,
HBsAg, HCV antibodies, VDRL & Malaria Parasites.**

INSTRUCTIONS : 1) Do not store Transfuse immediately.
2) Do not use if there is any visible evidence of deterioration 3) Check blood group on label and recipients group before administration. 4) Transfuse criteria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature - 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refreeze once FFP is Thawed. 9) Do not add any medicine to the component. 10) Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : SASI PRIYA Age : 27 Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Referring Consultant :
 Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward
 Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/O Sasi Priya Mother's Blood Group : A +ve
 Gender : ☒ M ☐ F Blood Group : Birth Weight (gms) : 2400 Length (cms) :
 Date of Birth : 9/7/26 Time of Birth : 7:12 AM OFC (cms) :
 Place of Birth : Estimated Gesth Age : 33+4

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 27 Ht : Wt : BMI : Married Life : LMP : 16/11/25 EDD : 23/8/26
 Conception : Spontaneous or with Rx : Spontaneous conception
 Booked at what GA : Booked @ 5wks AN Steroids Drugs / Doses : steroid 2doses given
 Last Scans Details : USG (4/7/26) - SLIUF, AFI - 16.5, EFW - 2.2kgs.
TIFFA - (N); growth - (N) TT Immunization and Iron / Folic Acid : poppler - (N)

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 : 16.5

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx :
 Scans : LGA, TIFFA, Fetal Echo : (N)
 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

G: 4 P: 1 A: 2 L: 1

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

PERINATAL HISTORY

Treating Obstetrician: Dr. RAJANI Hospital: ☒ Inborn ☐ Outborn

Duration of Labour First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS: ☐ Elective ☒ Emergency Indication: _____ Specify the reason: _____ Augmentation of Labour: ☐ Induced ☐ Assisted Vaginal	CTG: ☐ Normal ☐ Suspicious ☐ Pathological MSL: _____ Resuscitation: ☐ Yes ☐ No Cord ABG: _____ Placenta: (weight, surface, No. of cotyledons, calcifications, malformations, clots etc: _____
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE Gestational Age: 33+4 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

TOTAL

1 Minute	5 Minutes	10 Minutes
2	2	
2	2	
3	2	
1	1	
1	2	
7	9	

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

Snappee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints:
33+4 wks (Mod. PT) / AGA / 2.2kgs / NDS /
Male / Pl. LSCS / No perinatal preterm.



Baby born via Ct. LSCS



CTAB -> DCC done

RR - 80/min, SpO₂ - 80% @ RA,
S₁ (+), Fe₂ (+)



DR CPAP given for 10 min.



Resp. distress persistent.



shifted to NIV & started
on NIV.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 146/min RR : 80/min NIBP : CFT : 3 sec.

Color of the extremities : Acrocyanosis

Jaundice : — Pallor : — SpO2 : 100% on CPAP

Anthropometry : Birth Weight : 2400gms Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : 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 :
BREASTS : Position of Nipples and Number :] (N)

ABDOMEN and UMBILICUS : Shape :
Organomegaly :] (N)
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITALIA : Labia / Hymen :
Testicles/penis : → B/L testes palpable.
Anus : → patent.

HERNIAL ORIFICES

TRUNK and SPINE : (N)

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping
Mention If baby has Respiratory distress : RR : SCR / ICR / See - Saw breathing :
Scoring of respiratory distress if present (Silverman or Downe's) :
Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator
Settings :
SpO₂ : Auscultation : Breath Sounds : Added Sounds :

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

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



Nervous System : higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

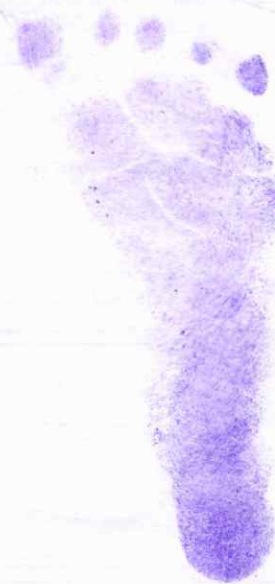
Diagnosis : Mod. PT (33+4 wks) / Bil. LSC / A/A Male / NDS

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. VAMUN

Date & Time : 9/7/26 8 PM

Consultant :

Signature :

Name :

Date & Time :

Patient Stick



DISCHARGE PLAN

Information given by: ☐ Family ☐ Friend

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

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

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

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

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

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

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

Feeding Plan at the time of shifting :

.....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others:

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening

program center on:/...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge:

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

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

Discharge to ☐ Home ☐ Other:

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis:

Slight to Nil → start on Nil.

CBP, CRP, Blood Cfs.

VBG, Chest X ray.

- IVF

- 12g. Ampicillin.

- 2g. Gentamicin.

- 9g. Lactine.

Doctor Signature:

Doctor Name: Dr. V. M. R.

Date & Time: 9/7/25 8 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7:35am 9/7/26	<u>Counselled</u> 2.4 kg Breathing diff Support (NIV)	✓ EDD 23/AUG > 37 week - Risk Premature 33w + D. Baseline test CXR Reports } Response } Same Full ventilation
<u>IVF/O₂</u>	Premature R _y	
	As already discussed by Dr Spandana/ antenatal	
✓ 5-7 days 9/7/26	major Complications (Niv stay)	
	Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47134	

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

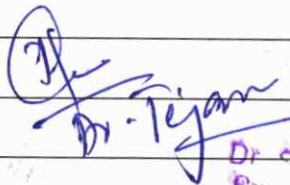
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7 1:45pm	CBS/D A. Pramar Med PT / 33⁺ w/h / Enk/SCS / 2-24 / ASA / Bay / RAS on NIV PIP - 20 cm PEEP - 7 cm FiO₂ - 30 RR - 50 R.D @ KTB HR - 150/min RR - 58/min SpO₂ - 92% BP - 51/31 (39)	Ph 1) Gt NIV 2) Fwd Lab 3) Ig Ampicillin Ig Gentamycin 4) Ig Cefixim 5) Tr - 80 ml/kg 6) Mantx Vtd 7) Ig RD bath To start EBM - Ltr. 8) GRBS } according to CBS } Pamar Noted by Sunita 9/8/26 @ 1:45pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7 10 AM	<u>Counselling</u> (Dr. Tejaswini) B/O Shashi Priya Baby is stable Weg - Past delivery had breathing difficulty - started on 6 NIV breathing support (2 pressure support) di Itr plain if stable <u>CPAP</u> (single pressure support) Feed - Plan to start minimal feed & feeding tube if tolerating well, will gradually increase if needed protein formula; but EBM prefer NSS (Brain scan) & 2D echo (Heart scan) - T/m Blood's sent for infection - will continue antibiotics till culture is negative Infection risk high in preterm Chest xray - lungs not opened - currently on NIV, but if not improving may need ventilation & Surfactant	
	 Dr. TEJASWINI REDDY Registration No: 9400	

HNH-00016442
 Baby Of N Sasi Priya
 09-07-2026 0 Y 0 M 0 D 5 H (M)
 Dr. SPANDANA PASUPULETI

IP26-00006790

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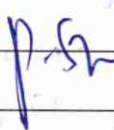
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/26 4pm	c/s/hy Dr Spandana	
	HR = 149.	
	<u>SpO₂ = 94%</u>	
	HR	If EBM not Give FF — 2ml. O2hly (6hly → 2ml)
		— CBG Now
		— <u>Tm NP 1</u> *
		— cl Ampic/Gent
		— Monitor vitals.
		— Tm ASG ✓ 2 Decho ✓
		Nited by Nikitha 9/7/26 @ 4pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7 5:40pm	<u>Counselling</u> B/o Shashi	
	Baby is on NIV support ↓ if repeat blood gas for plan CPAP support	
	Will start minimal feed -	ERM - (expressed) - 2ml if tolerating - For feed.
	Will repeat Blood test - T/m NSG & 2D Echo - T/m	
	Continue Antibiotics Rest Stable	
		 Dr. P. S. H. Consultant Paediatric Intensivist Reg. No: 30925 Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925
9/7/26 7:30pm	Use d/w Dr. Spandana pH - 7.14 pO ₂ - 67.6 pO ₂ - 35 Lacc - 3.9 HCO ₃ - 18.8 Base ek - -5.7	Plg - change to NIV - mask Ventilation PEEP - 7 Rate - 50 → 60 Eq - 40x PIP - 20 - send PT, APTT



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/12/26 1:30 AM	S/O Dr. Sreejith Δ mod preterm (GA $\rightarrow$ 33 wk + 5 d) / LSCS / LDD PDI - NNIV	
	Baby Extremities	Plg
	Ht - 138 cm Sp - 96% BP - 54/46 (48)	- give FFP Transfuse - cef R AMPICILLIN GENTAMICIN
	CNS - S/S $\odot$ R - B/L - A/C $\odot$	- CEP NPI, PT, APTT @ 8 AM
	CMJ: spontaneous movements (13 hr)	- 2D-Echo, NJG - log
10/12/26 2:30 AM	FFP checked by Dr. Sreejith	Plg
	D.O.P: 96/26 D.O.E: 8/6/27 Blood bag: 298. Blood group: AB POSITIVE.	- Transfuse 500 cc 2 hrs
		Noted by taxmiprasanna 10/12/26 @ 2:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 10am	<u>CULB A Tejani</u> Mod PT / $33^{+5} \rightarrow 33^{+6}$ / LRS / 2BW - 2.4 kg / day RDS / PDA RDT on NIV PIP - 20 / PEEP - 7cm Rate - 60 FiO_2 - 25% SCR @ / ICR @ Vth HR - 142b SpO ₂ - 94% RR - 66b R-S - B/LAED PIA - soft	<u>Plan</u> 1) PV - 2) NIV ↓ Intubation - Mx 3) FFP Transfusion 4) 2D echo NCS Today 5) Trans Labs 6) Jg pcr - 6th day
		7
		Noted by Ahmed 10/7/20 at 10am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7	Procedure Note	
10:30am	Intubation	
	Under strict aseptic precautions, baby was intubated with 3.5mm ET tube & fixed at 8cm & position confirmed on CXR	
	Procedure Unsuccessful	
	Vitals - HR - 166/min SpO ₂ - 92%	
		Ph
		1) Start a PTV med
		PIP - 16 / PEEP - 6 / FiO ₂ - 20
		2) CXR
	ET pushed in 1cm after CXR	
		Ph





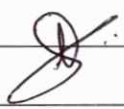
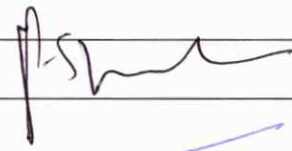
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7 3 pm	cts/B Dr Spandan Mod PT / 33⁺ → 33⁺ / LSCS / RPS / 2-4h / Bay / PDA - Mandy	
	on EEP HFOV Flow = 10 MAP - 15 Ap P - 30 FiO₂ - 28 %	Pln 1) CBS - 4th hly 2) Sig Feeding 3) NPO
	WtH NR - 155 h SpO₂ - 98 % RR - 21 h BP - 60 / 36 (44)	4) VAC & VKE 5) Tem & NSS 6) HFOV ventilation 7) Blood Gas - 4th hly
		Pln created by Dheya 10/7/26 @ 9pm

15A.

8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 - 8:30 PM	COUNSELLING	
	- x-ray improved after surfactant dose.	
	- Instilling on HFV.	
	- Lungs opened up.	
	- Plan to change to CMV tomorrow.	
	- Repeat 2D echo tomorrow.	
	- To repeat CBP, CMP tomorrow.	
	- feeds to start probably from tomorrow.	
	- Minimum 1 week of Ventilation support.	
		
		
		created by change lab 10/7/26

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

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



9

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/12/26 7 AM	45/6 Dr. Varun Mod. PT (33+4 → 33+6) On HFOV 21% 30 Amp. 15 MAP 10 fmg SpO₂ - 97% BP - 61/44 (50) U/O - Rectal (6cm) - 2.6 ABG pH - 7.39 pO₂ - 31.0 HCO₃²⁻ - 19.6 K⁺ - 3.9 Na⁺ - 143 Cl⁻ - 1.55	CSCC / ADS / PDA Anomalous ↓ Hesse's test ant. Pkn IVF @ 100ml/kg/d. - Trace CBP, CRP. - (X ray to be done) - ABG, CRBS Q6H - 2D echo today. - Trace blood clots - Monitor vitals. - ct: Cefixime / PCM / Amp / Genta.

dictated by Dr. Chaya

11/12/26 @ 8 AM
 (P.T.O)

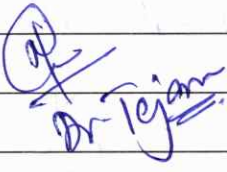
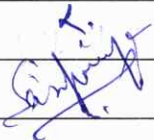


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 11am	c/s by Dr Tejam	
	2 PDA.	H
		→ Continue HFO.
		→ MAP - 13.
		AP - 26
		FiO ₂ - 21%.
	Check TcB. - 10.4	→ plan 2D Echo. - CAR
	↓	Trace CBP, CRP.
	plan phototherapy	→ Blood gas at 12pm.
		↓
		decrease MAP.
		lactate → decide on feeds / FFP.
		→ Ca infusion.
	plan PT/APTT/INR	→ Total volume.
		@ 10.5 ml/kg/damp.
	CRP → 31	(10% drop)
	→ start Piptax	
	stop amitriptyline	
		→ Glycerine suppository
		stat
		→ Dept start.
		Dr. Tejam

Dr. S. TEJASWINI REDDY
 Registration No. 24068

16
 PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 10:30am	<u>counseling</u>	<u>Blo sacipenya</u>
	- 2D echo Repeat today	
	- on HFOV ; Suggestant given MAP 14 → 13.	
	↳ improving FiO ₂ 30 → 21%.	
	↳ lungs are improving.	
	↳ ABG at 12pm & ↓ based on it. & start feeds.	
	- plan to remove HFO T/M.	
	- UPp ↑(31) . EOS. ∴ upgraded to piptaz .	
	- NSG - normal.	
		
	Dr. S. TEJASWI REDDY Registration No: 94068	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	Dr. Spandana	
3pm	UAB Rx. Admin	
	CYA: 33+6 / PDA / RDS	
	- on HFO :	
	FiO ₂ : 21.1.	
	Freq: 10	
	map: 13 → 12	Plan
	- Paired urine	1) U. HFO c map: 12
	- did not pass stools yet.	2) Repeat YBG @ 6pm; every 6th h.
	<u>o/e</u> vitals	3) leave appt, PT INK
	HR: 130 bpm	4) start O4 feeds
	RPR: 9	↳ 2ml/2nd h, time every 2h
	SpO ₂ : 95.1.	5) U. DPT.
	BP: 62/43 (50)	6) Keep U. as per Rx chart.
	<u>SLE</u> P/A: soft	7) after starting feeds
	- on DPT	↓ change IVF - P. smelke.
	<u>Dr. Spandana</u>	8) U. pipta2
		9) Repeat CRP J TIM CRP J 26am.
		Noted by Nimalakshis
		11/7/26 at 3pm

B



11

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26	<u>Counselling notes:</u>	
7:28 pm	Parents have been counselled in their own understandable language. according to Gas. (MAP-12 → 11 → 10) On HFOV → will taper gradually to conventional ventilation → P_c-AC → SIMV → NIV → CPAP [24 ↔ 48 hrs if ok] feed ↑ Gradually (on d hly feeds) - Tolerating till now lung fluid clearing. Infection (CRP-31) - On PIP TAZ (higher Ab) 2D Echo - Small PDA NSG. (R) Will Repeat CBP/CRP t/m on phototherapy → due to Jaundice Baby needs NICU admission as baby is ventilated for a longer duration,	
	Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925 <i>[Signature]</i>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26	6/8/1B - Dr. Spandana	
9:30 AM	CyA: 34w / PDA / RDS / 2.40 kg	
	on PLAC mode	
	- FiO ₂ → 21% → 30%	
	- RR: 60	Plan
	- PEEP: 7	
	- PIP: 20	Blood transfusion - 20 ml/kg
	- Pmax: 22.	kept on
	intake:	- PC-AC mode
	HR: 120 bpm	
	RR: 46 bpm	- Repeat ABG Gas 2 hrs
	SpO ₂ : 94%	↓ Hb
	BP: 59/37.	Stimuly gas
	- tolerating some feeds.	
		- ↑ feeds 1 ml/kg/hr
		- continue Antibiotics
		- Repeat CBP / CRP flm.
		✓ chest X Ray now.
		- TV - 120 ml/kg/day.

Noted by Nimala S
 12/7/26 at 9:30 AM

Blo sashipriya

12



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PROGRESS NOTES AND DOCTOR'S ORDER

PROGRESS NOTES AND DOCTOR'S ORDER	
Date & Time	Progress Notes
12/12/26 3:30pm	S/B Dr. Spandana (Counselling Notes)
	Removed from HFOV, de-escalated oxygen support. Plan to shift to NIV coming morning. Continue Antibiotics. Increasing feeds every 1 hourly by 1cc. 1 PRBC transfusion today due to anemia. Sepsis presence (+), to repeat screening coming morning.
	 Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925
	

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/2/26 4:30pm	SB Dr. Archana 34w / PDA/RDS / 2.4 kgs. on PCAC/PTA mode FiO ₂ : 24 / PEEP : 7 / MAP - 10 / R.R : 60/min tolerating Sec / 2 hourly 10 L/RBC to now motting ole HR - 102bpm RR - 50/min pp - felt SpO ₂ - 98% BP - 71/50 (57) mmHg Euthermic	Adv ⑨ VBG Bg every 8 hourly Ct Antibiotics CBP / clm ⑤ CRP Ct Iso-P (Prf) ↑ feeds every 4 hourly by Ice Ct rest same
5:30pm	VBG Dr. Spandana	Adv Change to SIMV mode PEEP : 7 PIP : 18 FiO ₂ : 21% Repeat VBG @ 9pm

*Noted by Normalis
 12/7/26 at 11:30pm*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/B Dr. Archana	
8 AM	33 rd wks DGO 2 / PDA / LBW / RDS / 2.4 kgs	
	on SIMV mode	
	FiO ₂ : 21 %	Adv
	P.E EP : 6	• (T) CBP
	Pump : 18	CRP
	Euthermic	• Bq every 8 hourly
	tolerating 8cc / 2 hourly	• Ct Aipta 2
	2lo [299.5 / 210] → + 89.5cc	PCM
	but → to check post Extubation	caffeine
	o/e HR - 118 bpm	• Ct rest same
	RR - 48 / min	• ↑ st feeds 1cc every
	PP - wt	4 hourly
	BP - 82 / 55 (64 mmHg)	
	SE	
	Rs - APEAE	

Noted by Jyothiraj

13/7/26 at 2 AM

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9:30am	Counselling	
	① Extubation done today ↓ observation for 24-48hrs (NIV). Evening blood gas. ↓ CPAP (night).	
	Try to remove the support tomorrow morning.	
	② Spoon feeding (On feeding today). from tomorrow	
	③ Infection marker - ✓ CBP, CRP.	
	④ 2DEcho - Dr. S. TEJASWEDDY PDA. Registration No: 94068	repeat today

Date & Time	Progress Notes	Doctor's Order
18/07/2016 21:30 PM	C/S - D. Lushbaugh On NIV support (PEEP-6 / PIP-16 / FLOW-30L)	
	O/G vitals HR-119/min RR-32/min SpO2-94% @ NIV	
	S/E NIV-BAC@	Adv - Cont NIV / IV fluids - Blood gas @ 6 PM - On feeds and redheads - Monitor vitals cont Informed Sunkh
		Slated by Nishith 18/07/2016 @ 2:30 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7 6:30pm	CS/B In Room 1 Dr - Spandana DOL - 5 / 33⁺ → 34⁺ ml / Episodes / RPS / 2.4 kg / PDA on NIV - CPAP PiP - 1st PEEP - 6 cm FiO₂ - 30% → 25% Vital HR - 106b SpO₂ - 96% RR - 30b BP - 81/61 (68) mmHg RS - B/L APEX PIA - soft	Ph 1) NIV → CPAP 2) Ij PIPTAZ Ij Caffeine 3) Ij PCM - stop 4) Feed - 9ml/q2h Ta 1ml/8th h TV - 150ml/kg Target - 30 ml 5) Glycemia - BD 6)
		Prm Noted by Dhanyathi 13/7/6:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7 8Am	CB/B D. Brown / Dr. Pankanti D6 / 33⁺ → 34⁺ _{uh} / En 2SCS / Day / 2-4 kg / ASA / RDS / POP T.Wt → 2-24 kg off CPAP Trial Tolerating feed Vitals HR - 144/min SpO₂ - 98/min RR - 43/min BP - 66/44 (52) mmHg RS - B2A2 P/A - Self	Ph 1) In PIPTR by CAPPEING 2) TV ~ 150 ml/kg Feed - 14 ml/kg Target - 30 ml IVF - 7.5 ml/kg 3) Glycine Caudal mouth Pm Pm
	Noted by Pankanti 16/7/26 @ 8Am	



Date & Time	Progress Notes	Doctor's Order
6/26 10AM	D/Ls - V. Tgari D ₆ /Gm UCL / Male / TS-ct. 2.8hg / AGA / ROP / POA Ready on room air Not tolerating feeds (Aspirin?) - none O/E: vitals HR: 120/min SpO ₂ 98% @ RA RR: 36/min BP: 79/55 mmHg	Adms - Ty PEPTAZ Ty Caffeine (hold feeds) till em feeds 14ml q 2 hourly (Target - 30ml) - Next cardiac exam Sumbula
		noted by Dr. J. L.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/07/26 2 PM	08/15 - Dr. Subhakar Baby on room air Not tolerating feeds NPO O/E: Vitals: HR: 190/min SpO₂: 95% @ RA RR: 38/min Temp 74/5 centrally	Adm - Int. PIPPAZ - Tig Caffeine - Hold feeds till cng - Sp. Osmolal Subhakar
18/07/26 3 AM	08/15 - Dr. Spandana Baby on room air NPO O/E: Vitals: HR: 132/min SpO₂: 95% @ RA RR: 42/min	Adm - Int PIPPAZ - IV fluids - Sp. Osmolal - Rest vitals some - UAC removed T/M asked by

Noted by Dr. Charyathi
 18/7/26 @ 2 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026	Counseling	
10am	B/o <u>Sasi Priya</u>	
	Baby has been removed from CRAP in the morning.	
	Holding saturation well.	
	Infection marker → (9) ↓	
	Activity → good.	
	GVC, VAC → removing	
	Vomiting → evening → stomach rest.	
	from evening → start spoon feeding.	
	plan → take the baby to full feeds.	
	Dr. S. TEJASWI REDDY Registration No: 94068	
	Dr. Tejan	



Baby Of N SASI PRIYA (M)

09-07-2026 0 Y 0 M 4 D (M)

Dr. SPANDANA PASUPULETI



Date & Time	Progress Notes	Doctor's Order
11/2/26 6pm	Plw Dr. Spandane	Keep NBM until 10pm ↓ Start 2cc / 2 hourly feeds ° Increase feeds by 1cc every 8 hourly -
	6/	acted by Dhanya 11/7/26 @ 8pm



B/S Sasipriya

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 5:50pm	S/B Dr. Spandana [Counselling notes] Patient is on Room Air. Feed intolerance noted. Feeds will be restarted coming morning & gradually increase then. oral ^{or Rectal} medication for vomitings started. Aspirates noted. Plan for increasing feeds will depend on aspirates. Discharge depends on feeds tolerance now. changes of gut perforation & danger signs explained in regards to feeds, if given very frequently & intolerance picture - start feeds with 2cc @ 10pm tonight. P.S. Dr. Spandana Pasupuleti Consultant and Pediatrician	Sanjit Noted by Shikha 14/7/26

[illegible]

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 8:45 AM	SIB Dr. Tejowari Day 7 / CAA 7 34 wt + 30 / 2 Bw / RD) 2.4 g / Mod. protein / Total 9.6 kcal	
	Enteric Pctus (P)	Plg
	HA - 120 kg	- Start
	SpO ₂ - 96%	SIF - Building
	CNS S ₄ S ₄ @	- cf DOMITAZ
	CA TCR	- cf PIPITAZ
	M-BIC-ATC @	- cf GIVCGRAC
	PU TCR	Cupping
	Green Aspirates	- Start DSPK Not red = egg agglutinate cover
		Target - 25 ⁻³⁰ ml feed.
		- If tolerate next feed - 10 ↓ 20 ml
	Noted by Sripriya 15/7/26 8:45 AM	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7 10:30 AM	B/O SASTI PRIYA	
	c) Baby off oxygen - stable on room air -> No infection, now lungs are well -> Yesterday night - 10 ml aspirates - (Greenish) 4 ml aspirates - Today morning c) Now give trial of spoon feed - accepted -> Will recheck after 2 hours & if no vomiting will increase gradually - 2-3 ml each feed ↓ (5-10 ml feed) -> If No Vomiting / No Abdominal distension Then good Gradually increase to full feed If tolerating well - will train mother also by evening -> If everything goes well - plan to shift by evening Giving Domstal & glycerol suppository also till feed tolerance is good. c) Baby is having Jaundice - will start Phototherapy	
	Dr. S. TEJASWI REDDY Registration No: 94068	

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 6pm	c/s/by Dr. Spandana 34+3wk / 2.4kg / RDS / NVS	
	Baby active.	
	vital stable.	
	s/c	rm displn
	(R/L) B/L AG (+) NVBS (+)	cl sf 20ml Oik (max 25-30)
		cl 20ml glycin
		Monitor vitals
		N/B Sucrose @ 8pm
16/7/26 1230am	i/v/o clinical status started aspt	

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 8:50 AM	c/s by Dr. Anush / Dr. Prachetti	
	34+340k Ds / 34 ⁺ (CGA) / RDS / NNT.	
		T.Wt 2.250 ↓ 20g
	Baby Ictus (+) on dspt.	
		<u>Plan</u>
	c/t/a good.	- ct SF ~20ml Oily. (25-30ml) j/h heaving
	vital stable	
	<u>S/E NAD</u>	- ct domial glycin.
		- Monitor vital.
	SP	

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



IP26-00006826

H-00016539

by Of N. SUPRIYA

07-2026

0Y0M0D16H (F)

SPANDANA PASUPULETI

[illegible]

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DRUG CHART

Date of Admission: 7/7/26 Drug Allergies: ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
- DOCTOR**
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a **NEW PRESCRIPTION**. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES**
- Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

[illegible][illegible][illegible]



REGULAR PRESCRIPTIONS

Weight. 2.40 kg Ward.

Verified by

Dr. Dhakshayani

Verified by

Dr. Dhakshayani

Verified by

Dr. Dhakshayani

Verified by

Dr. Dhakshayani

DRUG: <u>Amoxicillin</u>				Date	Time
Dose	Route	Frequency	Start Date		
20mg	IV	Q12H	9/7	9/7	10/7
Name & Signature of the Doctor				9am	STOP 11/7
Starting the Drugs:				9am	STOP 11/7
Additional Instructions:				9am	STOP 11/7
Daily Doctor's Endorsement by a Sign					
DRUG: <u>Gentamicin</u>				Date	Time
Dose	Route	Frequency	Start Date		
mg	IV	Q24H	9/7	9/7	10/7
Name & Signature of the Doctor				9am	STOP 11/7
Starting the Drugs:				9am	STOP 11/7
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: <u>Caffeine</u>				Date	Time
Dose	Route	Frequency	Start Date		
12g	IV	OD	9/7	10/7	11/7
Name & Signature of the Doctor				9am	STOP 15/7
Starting the Drugs:				9am	STOP 15/7
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: <u>Paracetamol</u>				Date	Time
Dose	Route	Frequency	Start Date		
24mg	IV	6th hrly	10/7	10/7	13/7
Name & Signature of the Doctor				6am	STOP 13/7
Starting the Drugs:				6am	STOP 13/7
Additional Instructions:				12pm	STOP 13/7
Daily Doctor's Endorsement by a Sign					



Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.40 kg Ward

DRUG : <u>INJ PIPTAZ</u>				Date Time	<u>11/7</u>	<u>12/7</u>	<u>14/7</u>	<u>15/7</u>												
Dose	Route	Frequency	Start Dt.																	
<u>250mg</u>	<u>IV</u>	<u>BD</u>	<u>11/7</u>	<u>6AM</u>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions: <u>160mg/kg/dose BD</u>																				
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																
DRUG : <u>CANDID MOUTH PAINT</u>				Date Time	<u>13/7</u>	<u>14/7</u>	<u>15/7</u>	<u>16/7</u>												
Dose	Route	Frequency	Start Dt.																	
	<u>LA</u>	<u>TIO</u>	<u>13/07</u>	<u>6PM</u>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																
DRUG : <u>GL/CERINE SUPPOSITORY</u>				Date Time	<u>13/7</u>	<u>14/7</u>	<u>15/7</u>	<u>16/7</u>												
Dose	Route	Frequency	Start Dt.																	
	<u>PR</u>	<u>BD</u>	<u>13/7</u>	<u>6PM</u>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																				
Additional Instructions: <u>2ml + 2ml RS</u>																				
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																
DRUG : <u>DOMSTAL TABS</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Verified by
Dr. Dhakshayani
Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight 2.4 kg Ward

DRUG : DOMSTAL SUSPENSION				Date Time																
Dose	Route	Frequency	Start Dt.																	
ml	PO	8H	14/07																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Verified by
 Dr. Dhakshinayani

Signature

VERIFIED BY : Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/7/26	9PM	inj. CAFFEINE	50mg	IV	[Signature]	[Signature]
10/7/26	2:30 PM	Transfuse FFP	50ml	IV	[Signature]	[Signature]
10/7	10:15 AM	FFP TRANSFUSION	50ml	IV	[Signature]	[Signature]
10/7	10:15 AM	FFP TRANSFUSION	35 ml	IV	[Signature]	[Signature]
11/7	11 AM	glycerin suppository	2ml + 2ml NS	PR	[Signature]	[Signature]
11/7	9:30 PM	inj FUROSEMIDE (LASIX)	1mg	IV	[Signature]	[Signature]
11/7	9:30 PM	inj FUROSEMIDE (LASIX)	2 mg (1mg/kg)	IV	[Signature]	[Signature]
12/7	5pm	KRBC TRANSFUSION	50 CC	IV	[Signature]	[Signature]
14/7	10 AM	INJ. VANCOMYCIN	35mg	IV	[Signature]	[Signature]

(umbilical line)



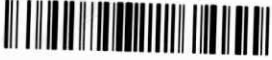
I.V. FLUIDS CHART

Weight. 2.4 kgs. Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
9/7/26	8PM	IVF 10% Dx + 12ml Ca gluconate	IV	8ml	U	Sj Law			Q
10/7/26	7PM	IVF 10% Dx + Add 5ml 1gm Ca gluconate		↓ 10ml	U	Q			Q
10/7/26	6PM	0.3ml + 47.7ml Hyplock	IV	0.3ml	U	Q	11/2	7	Q
11/7	7:00pm	IVF 10% Dextrose + 12.5ml Calcium gluconate	IV	9.5ml/hr	Q	Q	11/2	7	Q
		TV = (105ml/kg/day) + 1ml KCl	IV						
11/7	9pm	TV - 105ml/kg/day IVF - 10% ISO-P + 12.5ml CALCIUM GLUCONATE + 1ml KCl	IV	9.5	Q	Q	12/7/26		Q
12/7/26	10am	-TV - 120ml/kg/day -IVF - 10% ISO-P + 12.5ml calcium + 1ml KCl	IV	9ml/hr	Q	Q	13/07/26		Q
12/07/26				↓ 7.5ml/hr	Q	Q	14/07/26		Q
14/07/26	10AM			↓ 13.5ml/hr	Q	Q	2pm		Q

Signature

VERIFIED BY: Name



Chest 9.4 mg/dl 15/7/26
 Head - 10.6 mg/dl

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: AB+ve Sheet No:

Gest Age: 33+4 weeks Birth Weight: 2.400 kg

Date: <u>14/7/26</u>	Date: <u>15/7/26</u>	Date: <u>16/7/26</u>
DOL <u>D4</u> Weight <u>2.240 kgs</u>	DOL <u>D5</u> Weight <u>2.200 kgs</u>	DOL <u>D6</u> Weight <u>2.280 kgs</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems:
Rs. <u>30 - 60 bpm</u> Exam <u>Done</u> Vent. Setting <u>FiO2</u> ABG CXR <u>Done</u>	Rs. <u>30 - 160 bpm</u> Exam <u>Done</u> Vent. Setting <u>RA</u> ABG CXR <u>Done</u>	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>120 - 160 bpm</u> BP <u>75/61</u> Map Cap Refil <u>278</u>	CVS <u>Normal</u> HR BP <u>80/54</u> Map <u>(68)</u> Cap Refil	CVS HR BP Map Cap Refil
F/E/N <u>120 cc</u> T. Fluids CC/kg/day I/O/RBS: <u>53 mg/dl</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids <u>140 cc</u> CC/kg/day I/O/RBS: <u>91 mg/dl</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP <u>18</u> Antibiotics	C/s Results CRP Antibiotics <u>Am piptaz</u>	C/s Results CRP Antibiotics
Med <u>Am piptaz</u> Neuro:	Med <u>Am piptaz</u> Neuro:	Med Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment
Plan <u>ABG RBS</u> <u>GCS hrs</u>	Plan <u>GRRS</u>	Plan

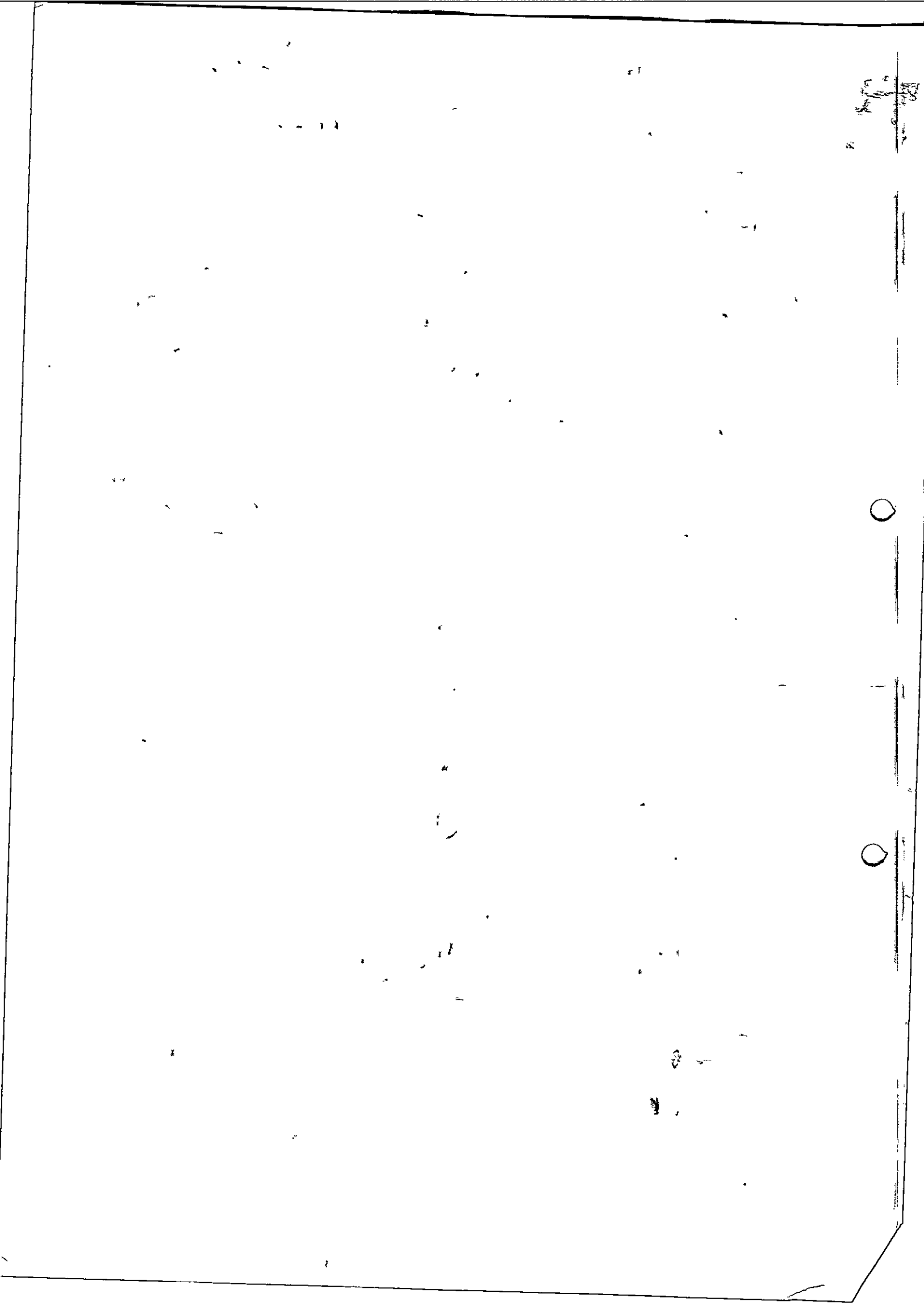


INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A +ve Baby's Blood Group: AB +ve Sheet No: 1
 Gest Age: 33+4 wks Birth Weight: 2.400 kg

Date: <u>10/7/26</u>	Date: <u>11/7/26</u>	Date: <u>12/7/26</u>
DOL <u>D1</u> Weight <u>2.360</u> ↓ <u>40gm</u>	DOL <u>D2</u> Weight <u>2.360</u>	DOL <u>D3</u> Weight <u>2.360 kgs</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting - <u>NIV</u> ABG } <u>SOS</u> CXR }	Rs. <u>30-60bpm</u> Exam <u>done</u> Vent. Setting <u>HFO</u> ABG <u>6th hourly</u> CXR <u>done</u>	Rs. <u>30-60bpm</u> Exam <u>done</u> Vent. Setting <u>HFO</u> ABG <u>6th hourly</u> CXR <u>done</u>
CVS <u>Normal</u> HR <u>140-160bpm</u> BP <u>56/40</u> Map <u>(46)</u> Cap Refill <u><3sec</u>	CVS <u>normal</u> HR <u>140-160bpm</u> BP <u>66/49</u> Map <u>16</u> Cap Refill <u><3sec</u>	CVS <u>normal</u> HR <u>140-160bpm</u> BP <u>55/40</u> Map <u>14</u> Cap Refill <u>29sec</u>
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>85ml/dl</u> U Output: (CC/kg/hr) Exam - <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } <u>SOS</u>	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>(90mg/dl)</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: } <u>SOS</u> WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: } <u>SOS</u> WCC Plats Transfusion
C/s Results CRP <u>6.0</u> Antibiotics <u>inj. Ampicillin</u>	C/s Results CRP <u>5.0</u> Antibiotics <u>inj. Ampicillin</u>	C/s Results CRP <u>31</u> Antibiotics <u>inj. Piptaz</u>
Med <u>inj. Gentamycin</u> <u>inj. Caffeine</u> Neuro:	Med <u>inj. Gentamycin</u> <u>inj. Caffeine</u> Neuro:	Med Neuro:
Assessment - <u>Done</u>	Assessment <u>done</u>	Assessment <u>done</u>
Plan <u>GRBS</u>	Plan <u>GRBS, ABG</u> <u>6th hourly</u>	Plan <u>ABG GRBS</u> <u>6th hourly</u>



HNH-00016442 IP26-00006790
 Baby Of N SASI PRIYA
 09-07-2026 0 Y 0 M 0 D 14 H (M)
 Dr. SPANDANA PASUPULETI



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RESULT SHEET

Date	9/7/26	10/7/26	11/7/26	12/7/26		
Time		5:17 AM				
Hb	14.9	15.4	11.8	11.5		
PCV	41.8	42.8	32.7	32.5		
RBC	4.04	4.18	3.25	3.24		
WBC	13.51	18.52	12.49	8.07		
N/L	36.0, 53.6	78.0/15.5	75.5, 24.0	58.5, 24.6		
Platelets	249	241	240	259.		
CRP	5.0	15.0	31.0	18.0		
ESR						
PCT						
RBS						
Na		135				
K		6.8				
Cl		8.06				
Ca/Mg		8.0				
Phosphate						
Urea		26				
Creatinine		0.8				
ALP						
SGPT						
SGOT						
T.Bill/Conj		5.6/0.1				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	20/1.5					
APTT	41					
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

Patient



1 / CLINICAL / 124

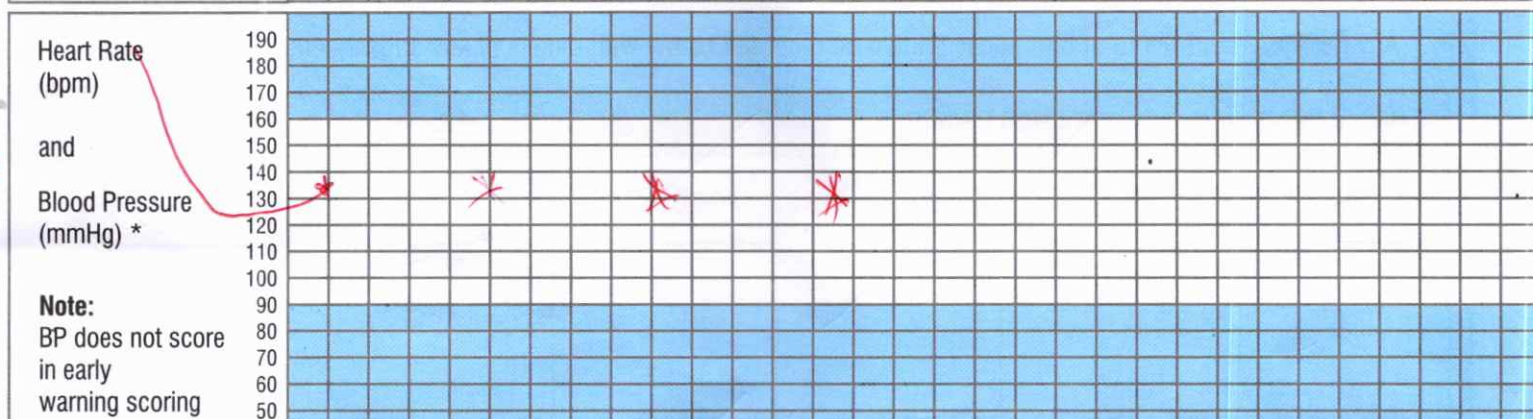
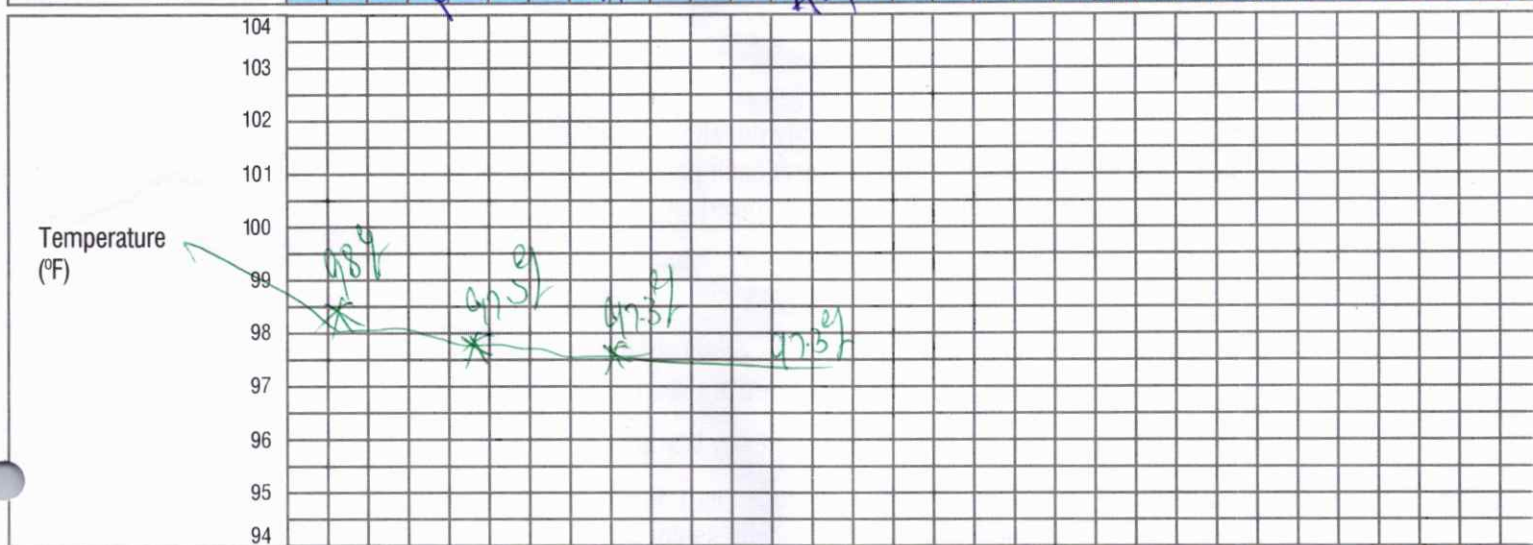
INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

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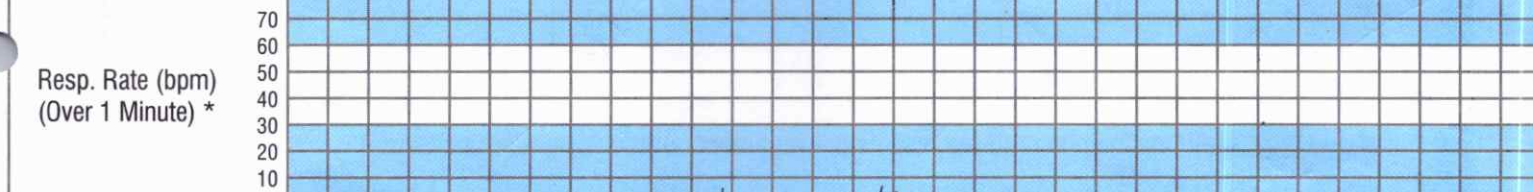
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/7/26 Time: 6 PM 10 PM 2 AM 6 AM
 Doctor/Nurse/Family Concern?



Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number) 132b/m 132b/m 135b/m 136b/m



Resp Rate (Number) 28b/m 30b/m 31b/m 35b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 99% 99%

Conscious Level Normal Altered

GCS *

TOTAL SCORE
 Number of shaded boxes 0 0 0 0
 Pain Score 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

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

CHILDREN’S OBSERVATION
and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016442 IP26-00006790
 Baby Of N SASI PRIYA
 09-07-2026 0 Y 0 M 6 D (M)
 Dr. SPANDANA PASUPULETI



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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 Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
15/7/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :						Total Output :					
15/7/26	02:00 pm											
	03:00 pm											
	04:00 pm	0										
	05:00 pm				NA							
	06:00 pm		EBMF									
	07:00 pm		EBM	25ml								
Total Intake :						Total Output :						
15/7/26	08:00 pm											
	09:00 pm		EBM									
	10:00 pm	0										
	11:00 pm		EBM		NA							
	12:00 am											
	01:00 am		EBM									
Total Intake :						Total Output :						
16/7/26	02:00 am											
	03:00 am		EBM									
	04:00 am	0										
	05:00 am		EBM		NA							
	06:00 am											
	07:00 am		EBM									
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Date: 15/7/20

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	6pm to 8pm	- Assess the patient condition - Monitor the v/s - Maintain the I/O - DBF + EBM + FF 2nd hourly	6pm to 8pm	- Assess the patient condition - Monitor the v/s - Maintain the I/O - EBM + FF every 2nd hourly	Now baby is stable	Rechecked the v/s	GA
Night	8pm / 8AM	→ Assess the general condition of pt. → Monitor vitals. → Maintain I/O chart. → Administer medication. → DBF 2nd hourly.	8pm / 8AM	→ Assess the general condition of pt. → Monitor vitals. → Maintain vitals → Administer medication. → DBF 2nd hourly.	Baby is stable.	Re-assess vitals.	MAHESH

HNH-00016442
Baby Of N Sasi Priya
09-07-2028 0 Y 0 M 6 D (M)
Dr. SPANDANA PASUPULETI
IP26-00006790

NURSING CARE RECORD

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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							

Patient Sticker

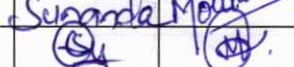
MNH-00016442 IP26-00006790
 Baby Of N SASI PRIYA
 09-07-2026 0 Y 0 M 6 D (M)
 Dr. SPANDANA PASUPULETI



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FT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	15/7/26	15/7/26					
	Shift	E2	N1					
	Medical Condition (Any special condition to be noted):	—	—					
	Diet:	—	—					
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):	—	—					
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp: 98.3 F	98.4 F					
	Res:	42b/m	42b/m					
	SpO ₂ :	99%	99%					
	Pulse:	124b/m	128b/m					
	BP:	—	—					
	LOC:	—	—					
	Fall Risk Score:	40%	0%					
	Pain Score:	40%	0%					
Recommendations	Skin Integrity	Good	Good					
	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Physiotherapy:	—	—					
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Special Diet:	—	—					
	Critical Lab Test / Values:	—	—					
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
ADL (Dependent / Non Dependent):	—	—						
Post Operative Procedure Special Orders:		—						
Handed Over By Name :		Sundara Mouthu						
Signature / ID :								
Date:		15/7/26						
Time:		8PM						
Taken Over By Name :		Mouthu						
Signature / ID :								
Date:		15/7/26						
Time:		8PM						

Patient Sticker

NURSING SHIFT HAND OVER FORM

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

PATIENT TRANSFER FORM

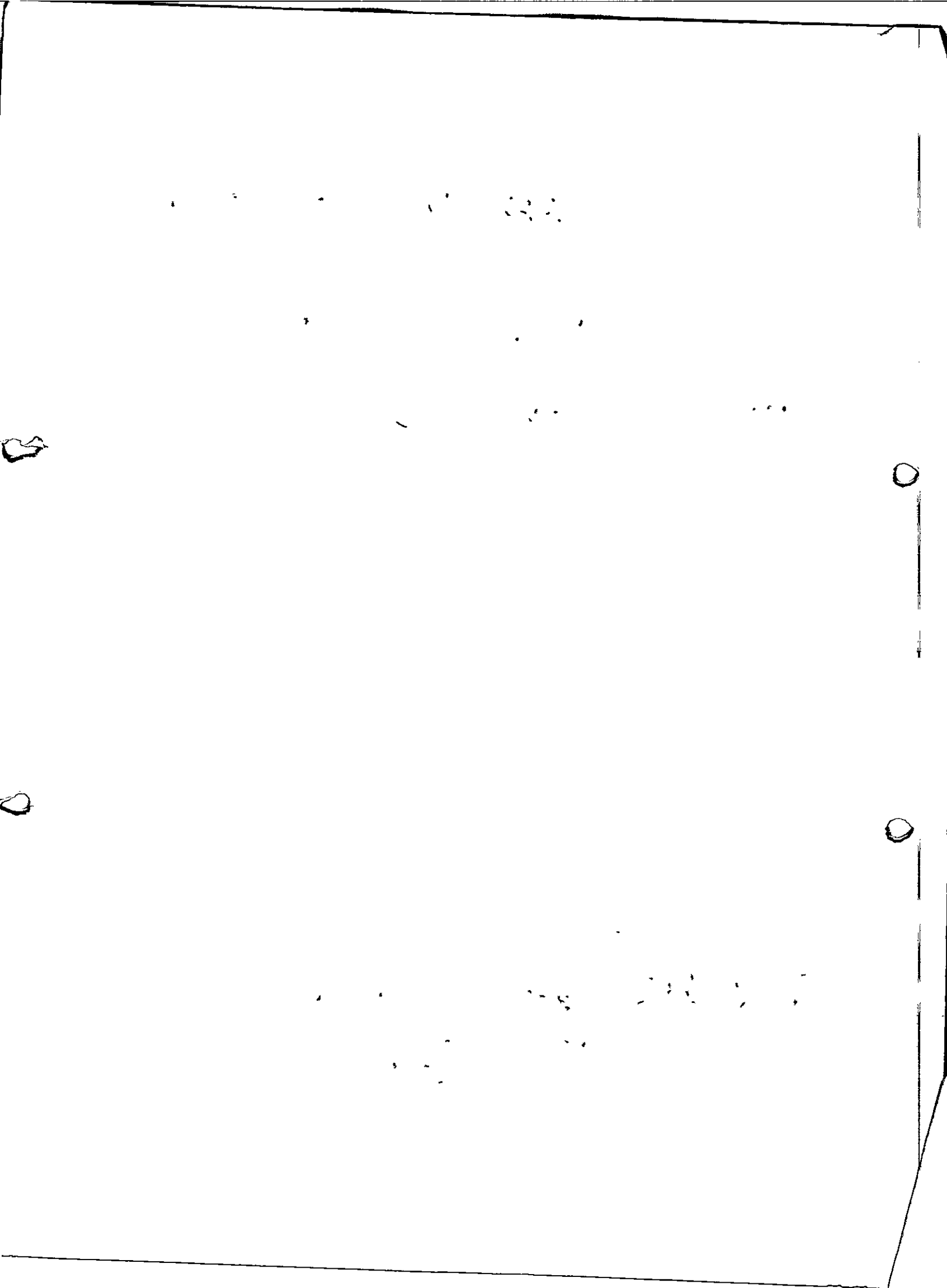
Patient Name & UHID No. HNH-00016442 IP26-00006790 Baby Of N SASI PRIYA 09-07-2026 0 Y 0 M 6 D (M) Dr. SPANDANA PASUPULETI 		Date & Time of Admission 9/7/26 @ 10:24 AM	Date & Time of Transfer Order 15/7/26 @ 5:30 PM
		Transfer Ordered by Dr. praneer	Reason for Transfer NICU
From Unit NICU	To Unit 3 rd floor C307	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 21	Number of Imaging Films	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.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring Saipriya / Sri 15/7/26		Name of Person Ordered Transfer Dr. praneer	
Patient & Clinical Records Received by : Srikanth Sunandha @ 5:30 PM			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

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

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Patient Name : B/o Sasi Priya Age : 1A Gender : ☒ Male ☐ Female

Weight : 2.7 kg UHID No. : HNH-00016442 Sheet No. : _____

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
10/7	5pm	Inj FENTANYL	4 ml in 16ml NS $\Rightarrow$ 1ml = 10mcg	0.2 - 1ml/kg $\Rightarrow$ 0.35ml/kg (1 - 4 mcg/kg/hr)	<i>Pm</i>	<i>Q</i> <i>12</i>	13/07	<i>S</i>	<i>A</i>

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg; 0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ; 0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)

0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)



7

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>PT / RDS</u>		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	<u>9/4/26</u>	<u>9/7/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7</u>	<u>11/7/26</u>	
	Shift	<u>NG</u>	<u>FL</u>	<u>NI</u>	<u>MS</u>	<u>AI</u>	<u>MS</u>	
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	<u>NIV</u>	<u>NIV</u>	<u>NIV</u>	<u>HFO</u>	<u>HFO</u>	<u>HFO</u>	
	Tubes/Drains/Catheter:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Vital Signs:	Temp: <u>36.5°C</u>	<u>36.6°C</u>	<u>36.5°C</u>	<u>36.6°C</u>	<u>36.6°C</u>	<u>36.5°C</u>	
	Res:	<u>45 bpm</u>	<u>46 bpm</u>	<u>32 bpm</u>	<u>30 bpm</u>	<u>30 bpm</u>	<u>30 bpm</u>	
	SpO ₂ :	<u>95%</u>	<u>97%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>95%</u>	
	Pulse:	<u>149 bpm</u>	<u>144 bpm</u>	<u>141 bpm</u>	<u>152 bpm</u>	<u>156 bpm</u>	<u>152 bpm</u>	
	BP:			<u>54/46 (48)</u>				
	LOC:							
	Fall Risk Score:							
	Pain Score:							
	Skin Integrity			<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:							
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:		<u>So</u>						
Handed Over By Name :		<u>Sapriya</u>	<u>Nikitha</u>	<u>Prasanna</u>	<u>Nikitha</u>	<u>Dhe</u>	<u>Nikitha</u>	
Signature / ID :		<u>S</u>	<u>N</u>	<u>P</u>	<u>N</u>	<u>D</u>	<u>N</u>	
Date:		<u>9/4/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7/26</u>	<u>11/7</u>	<u>11/7/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	
Taken Over By Name :		<u>Nikitha</u>	<u>Prasanna</u>	<u>Nikitha</u>	<u>Dhe</u>	<u>Nirmala</u>	<u>Syrene</u>	
Signature / ID :		<u>N</u>	<u>P</u>	<u>N</u>	<u>D</u>	<u>N</u>	<u>S</u>	
Date:		<u>9/4/26</u>	<u>9/7/26</u>	<u>10/7/26</u>	<u>10/7</u>	<u>11/7/26</u>	<u>11/7/26</u>	
Time:		<u>2pm</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	

NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	11/7/26	12/7	13/7/26	14/7	14/7	14/7
	Shift	N1	MS	MS	MS	MS	N1
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-
Diet:		-	-	-	-	-	-
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Ventilation (RA, NP, NIV, VENTI):	HFO	PTV	PTV	vent	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: 36.5°C	36.6°C	36.5	36.5°C	36.5°C	36.5
	Res:	-	40b/m	47	38b/m	40b/m	37b/m
	SpO ₂ :	98.1	99.1	98.1	100%	100%	99%
	Pulse:	139 b/m	136 b/m	132 b/m	173 b/m	155 b/m	147 b/m
	BP:	55/40/50	54/33	56/36	28/52/62	81/62/64	55/40/43
	LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-
Pain Score:	-	-	-	-	-	-	
Skin Integrity	-	-	-	good	good	good	
Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Physiotherapy:	-	-	-	-	-	-
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Special Diet:	-	-	-	-	-	-
	Critical Lab Test / Values:	-	-	-	-	-	-
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
ADL (Dependent / Non Dependent):		-	-	-	-	-	-
Post Operative Procedure Special Orders:		-	-	-	-	-	-
Handed Over By Name :		Syodael	Jhu	Syodael	Nisha	Shubee	Shubee
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:		12/7/26	12/7	13/7/26	14/7/26	14/7/26	15/7/26
Time:		8Am	8pm	8Am	8pm	8pm	8Am
Taken Over By Name :		Jhu	Shubee	Nisha	Shubee	Shubee	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		12/7	12/7	13/7/26	14/7/26	14/7/26	
Time:		8Am	8pm	6Am	8Am	8pm	



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		
						9/7	9/7	10/7	10/7	10/7	11/7	11/7	12/7		
						8AM	EL	NI	MS	AL	MS	NI	NI		
						Procedure →									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	AL	NA	NA	AL		
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	AL	NA	NA	AL		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	AL	NA	NA	AL		
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	AL	NA	NA	AL		
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	AL	NA	NA	AL		
	Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 - No Intervention Pain Score greater than 3 - Intervention					Gestational Age / Corrected Age 35 weeks 33+4 weeks 33+4 weeks 33+4 weeks 33+4 weeks 33+4 weeks 33+4 weeks 33+4 weeks		Total Pain / Agitation Score - - - - - - -		Intervention - - - - - - -		Effectiveness - - - - - - -		Signature 	

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	- Observe the infant for a minute before selecting a score for each behavior. - Stimulate the infant and observe and select a score for each behavior. - Select only one numeric value (Highest) per behavior.	- Observe the infant for a minute before selecting a score for each behavior. - Select only one numeric value per behavior.
Scoring/ Documentation	- Sedation scores are negative scores only - Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) - NPASS Sedation total score has a range from 0 to -10 possible. - Document total NPASS Sedation score in the medical record.	- Pain/Agitation scores are positive scores only - Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. - Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. - NPASS Pain/Agitation total score has a range from 0 to 13 possible. - Document the total NPASS Pain/Agitation score in the medical record
Interpretation	- Desired levels of sedation vary according to the situation. - Discuss and determine sedation goal with provider. "Deep sedation": goal score of -10 to -5 - Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea "Light sedation": goal score of -5 to -2 - Reassess patient per frequency in local sedation policy - A negative score without the administration of opioids/ sedatives may indicate: - The premature infant's response to prolonged or persistent pain/stress - Neurologic depression, sepsis, or other pathology	- Does not provide pain intensity rating. - Any score greater than 3 indicates the possibility of the presence of pain in the infant - Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). - Reassess patient per frequency of local pain policy. - If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

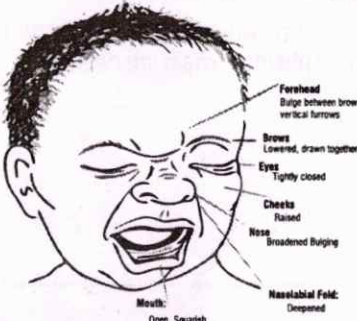
Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time
						13/7/26	14/7/26	14/7/26					
						MS	MS	NI					
						Procedure →							
						D	O	O					
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA					
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA					
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA					
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA					
 Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention					Gestational Age / Corrected Age	33+5	34	33+5					
					Total Pain / Agitation Score	-	-	-					
					Intervention	-	-	-					
					Effectiveness	-	-	-					
					Signature								

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	- Observe the infant for a minute before selecting a score for each behavior. - Stimulate the infant and observe and select a score for each behavior. - Select only one numeric value (Highest) per behavior.	- Observe the infant for a minute before selecting a score for each behavior. - Select only one numeric value per behavior.
Scoring/ Documentation	- Sedation scores are negative scores only - Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) - NPASS Sedation total score has a range from 0 to -10 possible. - Document total NPASS Sedation score in the medical record.	- Pain/Agitation scores are positive scores only - Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. - Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. - NPASS Pain/Agitation total score has a range from 0 to 13 possible. - Document the total NPASS Pain/Agitation score in the medical record
Interpretation	- Desired levels of sedation vary according to the situation. - Discuss and determine sedation goal with provider. "Deep sedation": goal score of -10 to -5 - Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea "Light sedation": goal score of -5 to -2 - Reassess patient per frequency in local sedation policy - A negative score without the administration of opioids/ sedatives may indicate: - The premature infant's response to prolonged or persistent pain/stress - Neurologic depression, sepsis, or other pathology	- Does not provide pain intensity rating. - Any score greater than 3 indicates the possibility of the presence of pain in the infant - Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). - Reassess patient per frequency of local pain policy. - If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

Patient Sticker

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	10/7/1							
						Time	Time	Time	Time	Time	Time	Time	Time
						MS							
	Procedure →												
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable								
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)								
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual								
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								
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator								
 Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention					Gestational Age / Corrected Age								
					Total Pain / Agitation Score								
					Intervention								
					Effectiveness								
					Signature								

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	- Observe the infant for a minute before selecting a score for each behavior. - Stimulate the infant and observe and select a score for each behavior. - Select only one numeric value (Highest) per behavior.	- Observe the infant for a minute before selecting a score for each behavior. - Select only one numeric value per behavior.
Scoring/ Documentation	- Sedation scores are negative scores only - Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) - NPASS Sedation total score has a range from 0 to -10 possible. - Document total NPASS Sedation score in the medical record.	- Pain/Agitation scores are positive scores only - Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. - Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. - NPASS Pain/Agitation total score has a range from 0 to 13 possible. - Document the total NPASS Pain/Agitation score in the medical record
Interpretation	- Desired levels of sedation vary according to the situation. - Discuss and determine sedation goal with provider. "Deep sedation": goal score of -10 to -5 - Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea "Light sedation": goal score of -5 to -2 - Reassess patient per frequency in local sedation policy - A negative score without the administration of opioids/ sedatives may indicate: - The premature infant's response to prolonged or persistent pain/stress - Neurologic depression, sepsis, or other pathology	- Does not provide pain intensity rating. - Any score greater than 3 indicates the possibility of the presence of pain in the infant - Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). - Reassess patient per frequency of local pain policy. - If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

HNH-00016442
Baby Of N Sasi Priya
08-07-2026
Dr. SPANDANA PASUPULETI

IP26-00006790

0 Y 0 M 0 D 5 H (M)

BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	01/7/2026	01/7/2026	01/7/2026	01/7/2026
					Time :	8:00 AM	8:00 AM	8:00 AM	8:00 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4	
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent body surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4	
					TOTAL SCORE	20	20	20	20
					Evaluator's Name	Dr. SPANDANA PASUPULETI	Dr. SPANDANA PASUPULETI	Dr. SPANDANA PASUPULETI	Dr. SPANDANA PASUPULETI

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)
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

Severe Risk : Less
 Docu. No. : RCH / RM / CA



BRADEN 'Q' SCALE

					Date :	10/2	11/2/26	11/7	12/1
					Time :	10:30	11:30	11:30	12:30
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	28	28	28	28
Docu. No. : RCH /FRM / CLINICAL / 119					Evaluator's Name	Dr	Dr	Dr	Dr

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

Patient ID

BRADEN 'Q' SCALE

					Date :	12/7	13/7/20	14/7	15/7
					Time :	NI	MS	MS	NI
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
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	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
TOTAL SCORE						28	28	28	28
Evaluator's Name						A	10	10	10

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



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : Bharani Name : Bharani

Signature of Ward In Charge :

Signature : Bharani Name : Bharani

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : Shivaleet Name : P. Shivaleet

Signature of Ward In Charge :

Signature : Nirmal Name : Nirmal

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 10/7/26

No of Days on Ventilation: 12/7/26

Date of Tracheostomy:

Parameters	Date	Shift Time	10/7/26	11/7/26	12/7/26	13/7			
Ready for Extubation today? (Discuss during the clinical round)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Sedation holiday discussed? (Discuss during the clinical round)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Suction container visibly Soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Inline Suction Used?			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Oral and Nasal Care every 4 Hrs			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)			☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is ET / Oral Suction needed (2nd hrly)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sterile Suctioning Done			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse			Dhr	Spandana	Dr	Dr			
Signature of the Nurse			[Signature]	[Signature]	[Signature]	[Signature]			

1

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☒ UVC ☐ Other Date of Initial Line Insertion: 10/7/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	10/7 AM	11/7/26 NL	12/7/26 MR	12/7 NO	13/7/26 MS		
Can we remove Central Line today (Discuss in the clinical round)			☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly			☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on			air	NA	air	NA	-		
Name of the Nurse			Shr	Shr	Shr	Shr	Shr		
Signature of the Nurse			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: ☐ PICC Line ☐ UAC ☐ UVC ☐ Other **Date of Initial Line Insertion:** **Duration of Central Line:**

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time						
Can we remove Central Line today (Discuss in the clinical round)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Blood at insertion site (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any peeling of dressing? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is dressing clean and dry? (If no inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Any leakage at insertion site? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there any obstruction to the infusion flow? (If yes inform the doctor)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing intact and labelled properly	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Central line changed on								
Name of the Nurse								
Signature of the Nurse								



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 9/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✗	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✓	✓	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	Saipriya	Nikitha	prashant	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	9/7/26	9/7/26	9/7/26	

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



MAINTAINING CPAP / HFNC / NIV

Date: 13/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓		
Flow Between 5-7 Litres / Min	✓	✓		
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓		
Humidifier Water Level Correct	✓	✓		
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓		
Tubing Correctly Placed (Position & Leak)	✓	✓		
Excess Fainout (Afferent Tubing) Drained	✓	✓		
Excess Rainout (Efferent Tubing) Drained	✓	✓		
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓		
Gas Bubbling Continuously	✓	✓		
Water Level at Desired Level in Bubble Chamber.	✓	✓		
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓		
Nasal Prong/ Mask Correctly Placed	✓	✓		
Hat Fits Snugly	✓	✓		
Moustache Suitable and Effective	✓	✓		
Nasal Bridge Intact	✓	✓		
Septum Intact	✓	✓		
POSITION:				
Head Position Correct	✓	✓		
Head Roll - Correct Size and Position	✓	✓		
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓		
Oro Nasal Suctioning Documentation	✓	✓		
OG Tube in SITU	✓	✓		
Baby Comfortable	✓	✓		
Chest Retractions	✓	✓		
Name of the Nurse:	Nikitha			
Signature of the Nurse:	[Signature]			
Date & Time:	13/7/26			

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby Of N SASI PRIYA	Age :	0 Y 0 M 0 D 3 H
IP No:	IP26-00006790	Sex:	Male
Consultant:	Dr. SPANDANA PASUPULETI	Ward/Bed No:	4F -NICU 1/NICU1-402

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

Receivers Signature:.....)

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

Signature of Patient/Relative:

Name: N.S.S. Prasad

Relationship: Father

Date: 09/07/2026

Witness Name: Kiran

Witness Signature:

Patient Address:

MEGHANA ALLURI HOMES APHB
Colony Moulali Hyderabad Telangana
INDIA 500040

Time:



BILLING POLICY

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

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

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

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

MODE OF PAYMENT & REFUNDS

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


Name & signature of Patient/Attendant


(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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