

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 3 D (F)
 Dr. SPANDANA PASUPULETI



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

BirthRight
 BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DEFICIENCY CHECK LIST OF CASE SHEET

| Sl.No. | List of Records | No. of Pages | Legibility | Completeness | Remarks |
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| 10 | Consent for Surgery | | | | |
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| 14 | Consent for Restraint | | | | |
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[Signature]

DISCHARGE SUMMARY

| | | | |
|------------------------|--|-----------------------|-------------------------|
| Name | Baby Of PRERNA SRIVASTAVA | UHID | HNH-00015490 |
| Father/Guardian | Mr DILIP MOLUGU | Age/Gender | 0 Y 0 M 0 D 0 H/ Female |
| Address | H.NO: 1-1-301/11, BAPUNAGAR, Chikkadpally, Hyderabad, Telangana, INDIA, 500020 | | |
| IP No | IP26-00006375 | Admission Date | 19-05-2026 |
| Ref Doctor | self | | |
| Discharge Date | 23.05.2026 | | |

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

| DIAGNOSIS | ICD CODE |
|---|-----------------|
| TERM (37 weeks + 3 days)/AGA/BABY GIRL | |

History: Baby Of PRERNA SRIVASTAVA is a term (37 weeks + 3 days) baby girl, delivered to a G2P1L1 mother by elective lscs on 19.05.2026 at 10:16 am with birth weight of 3.8 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

| | | | |
|--------------|---------------------------|-----------------------|--------------|
| Name | Baby Of PRERNA SRIVASTAVA | UHID | HNH-00015490 |
| IP No | IP26-00006375 | Admission Date | 19-05-2026 |

Maternal History: Mrs. PRERNA SRIVASTAVA is a 34 years old G2P1L1 mother. G1 - 2021, FTLSCS (IND. - LGA), Male, B.Wt. - 4.2 kg, A & H.

G2 - Present pregnancy Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

Anthropometry:

Weight at birth : 3.8 kgs.
 Weight at discharge : 3.56 kgs.
 Head Circumference : 37 cms.
 Length : 48 cms.

Investigations: Enclosed reports.

Management:

Course during hospital:

| | | | |
|--------------|---------------------------|-----------------------|--------------|
| Name | Baby Of PRERNA SRIVASTAVA | UHID | HNH-00015490 |
| IP No | IP26-00006375 | Admission Date | 19-05-2026 |

In view of maternal history of large for gestational age, baby's blood sugar levels were serially monitored which remained stable.

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Serum bilirubin at 24 hours of life was 10.8 mg/dl with indirect fraction of 10.7 mg/dl. Transcutaneous bilirubin checked on day 4 of life was 13.7 and hence baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds. Repeat serum bilirubin was...

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk / excessive weight loss, measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

| Vaccine Name | Status | Date |
|--------------|--------|------------|
| BCG | Given | 20.05.2026 |
| OPV | Given | 20.05.2026 |
| HEPATITIS B | Given | 20.05.2026 |

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

Newborn screening advanced / Newborn screening-4: Sent on 21.05.2026, report awaited.

| | | | |
|-------|------------------------------|----------------|--------------|
| Name | Baby Of PRERNA SRIVASTAVA | UHID | HNH-00015490 |
| IP No | IP26-G0006375 | Admission Date | 19-05-2026 |

SPO2 : 98 % at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

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

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

Advice:

Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

- 1. Newborn screening advanced / Newborn screening-4 report to be collected on followup.**
- 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 Monday(25.05.2026) at Himayatnagar with prior appointment (**Review consultation will be charged**).

| | | | |
|--------------|---------------------------|-----------------------|--------------|
| Name | Baby Of PRERNA SRIVASTAVA | UHID | HNH-00015490 |
| IP No | IP26-00006375 | Admission Date | 19-05-2026 |

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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


Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPC
30925

**Rainbow Childrens Hospital-Himayatnagar**

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

ADMISSION SHEET**Registration Details :**

Admission No : IP26-00006375 Admit Date : 19-May-2026 Admit Time : 10:49 AM UHID : HNH-00015490

Patient Details :

| | | | |
|--------------|--|----------------|--|
| Patient Name | : Baby Of PRERNA SRIVASTAVA | Age | : 0 D |
| Guardian | : Mr DILIP MOLUGU | DOB | : 19-05-2026 10:16 AM |
| Gender | : Female | Religion | : |
| Occupation | : | Martial Status | : |
| Address (H) | : H.NO: 1-1-301/11, BAPUNAGAR Chikkadpally Hyderabad Telangana INDIA 500020 | Phone No | : 9959179560/ 8790887632 |
| | | E-mail | : PRERNASRVASTAVA8401@GMAIL.CO M |

Admission Details :

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

Contact Details :

Name : Mr DILIP MOLUGU Relationship : Father
Contact Address : H.NO: 1-1-301/11, BAPUNAGAR Chikkadpally Phone No : 9959179560
Hyderabad Telangana INDIA 500020

Signature**Doctor Details :**

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

1


113

50/70




CONSENT FOR FORMULA FEEDS




Patient Name: **HNH-00015490** **IP26-00006375**
Baby Of PRERNA SRIVASTAVA Age: 1d Gender: Male Female
19-05-2026 **0 Y 0 M 0 D 14 H (F)**
Dr. SPANDANA PASUPULETI
UHID No:  J. No.: Department: Date: 19/5/26

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


Patient Attendant :

Signature: 
Name: DILIP . MDUGU
Relationship with Patient: father
Date & Time: 19/5/26 @ 12am

Witness :

Signature: 
Name: Divya
Date & Time: 19/5/26 @ 12am

Doctor (who is taking the consent) :

Signature: 
Name: Dr - Pranav
Date & Time: 19/5/26



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

| Date | Time | Investigation | Result | Order No. | Signature |
|-------------------------------|----------|-----------------------------------|-----------------|-----------|---------------|
| 19/5/26 | 10:16 Am | GRBS | 44 mg/dl | 8424 | AB |
| 19/5/26 | 12:16 pm | GRBS (2 nd) | 50 mg/dl | 8425 | AB |
| 19/5/26 | - | Blood Grouping | | 8398 | AB |
| cross checked done | | | | | |
| 18/5/26 3:00 pm | | | | | |
| 19/5/26 | 2:16 pm | GRBS ^{4th} | 60 mg/dl | 8434 | AB |
| 19/5/26 | 4:16 pm | GRBS ^{6th} | 59 mg/dl | 8435 | AB |
| 19/5/26 | 6:16 pm | GRBS ^{8th} | 58 mg/dl | 8436 | AB |
| 19/5/26 | 10:16 pm | GRBS ^{12th} | 50 mg/dl | 8511 | AB |
| 20/5/26 | 6:16 Am | GRBS ^{18th} | 68 mg/dl | 8513 | AB |
| 20/5/26 | 10:16 Am | GRBS ^{24th} | 68 mg/dl | 8551 | AB |
| 20/5/26 | 10:16 pm | GRBS ^(36th) | 78 mg/dl | 8571 | AB |
| 21/5/26 | 9:35 AM | GRBS | 72 mg/dl | 8589 | AB |
| 21/5/26 | 9:35 AM | SRP, NBS | | 8588 | AB |
| 22/5/26 | 8:52 Am | DSPT | 8 AM 23/5/26 | 1285 | AB |
| 22/5/26 | | SRP | | 8658 | AB |
| 22/5/26 | | OAC | | 1438 | AB |
| cross checked done by Supriya | | | | | |



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Prerna Srivastava Age : 34y Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. : 00011508
 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 prerna Srivastava Mother's Blood Group : A+ve
 Gender : M F Blood Group : O +ve Birth Weight (gms) : 3.8kg Length (cms) : 48cm
 Date of Birth : 19/5/26 Time of Birth : 10:16AM OFC (cms) : 37cm
 Place of Birth : Relt HMNR Estimated Gesth Age : 37+3

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx :
 Booked at what GA : 7 wks AN Steroids Drugs / Doses :
 Last Scans Details : u/s - SUOF 35+2, Cephal AFI 13.1, postei high
3.128, Accel. TT Immunization and Iron / Folic Acid : ✓ Depph

MATERNAL RISK FACTORS

| | |
|--|--|
| <p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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 / Redistribtion in MCA) / Ductus Venosus : AFI :</p> | <p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :</p> |
|--|--|

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



PAST OBSTETRIC HISTORY

G: P: A: L:

| Sl. No. | Age | GA wks | B. W | Gender | Significant | Details |
|---------|------|-------------------|------|--------|-------------|---------|
| 1 | 2021 | - Fetus (Ind CSA) | | Male | / u. 2 leg. | |
| | | | | | | |
| | | | | | | |

PERINATAL HISTORY

Treating Obstetrician : Dr. Ramya Hospital : Inborn Outborn

| | |
|---|---|
| <p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason : <u>Previous CSU</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p> | <p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p> |
|---|---|

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

| | 1 Minute | 5 Minutes | 10 Minutes |
|--------------|-------------|-------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | <u>8/10</u> | <u>9/10</u> | |

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

Comments :
Asymptomatic

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

SLPIL (37+3 weeks) Elective CSU (Previous CSU)



Baby delivered via ELUC

↓
CIAR

↓
~~cord~~ wash/dry/suction done

↓
vit K Given.
cord care given

↓
shyft to moth side.

Investigation details in previous Hospital :

Feeding History :



Past History :

Handwritten notes in Past History section, including a blue checkmark.

Family History :

Handwritten notes in Family History section, including a blue checkmark.

Socio Economic History :

Handwritten notes in Socio Economic History section, including a blue checkmark.

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Handwritten note: Asymptomatic

VITALS : Temperature : *36.5* HR : *154* RR : *52* NIBP : CFT : *CSSE C*

Color of the extremities :

Jaundice : Pallor : SpO2 : *97% RA*

Anthropometry : Birth Weight : *3.8 kg* Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HNH-00015490
Baby Of PRERNA SRIVASTAVA
19-05-2026
Dr. SPANDANA PASUPULETI

IP26-00006375
0 Y 0 M 0 D 1 H (F)



HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism) *Ⓝ*

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

EYES :
Symmetry :
Red Reflex : *to check*
Discharge :

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

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

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

GENITALIA :
Labia / Hymen : *Ⓝ*
Testicles/penis :
Anus :

HERNIAL ORIFICES *Ⓝ*

TRUNK and SPINE : *Ⓝ*

SKIN LESIONS : *Ⓝ*

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



SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Hernia orifice :

Shape : Anal Patency :

Palpation : Umbilical Cord :

Palpable masses : First urine passed :

Abdominal girth : Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

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

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

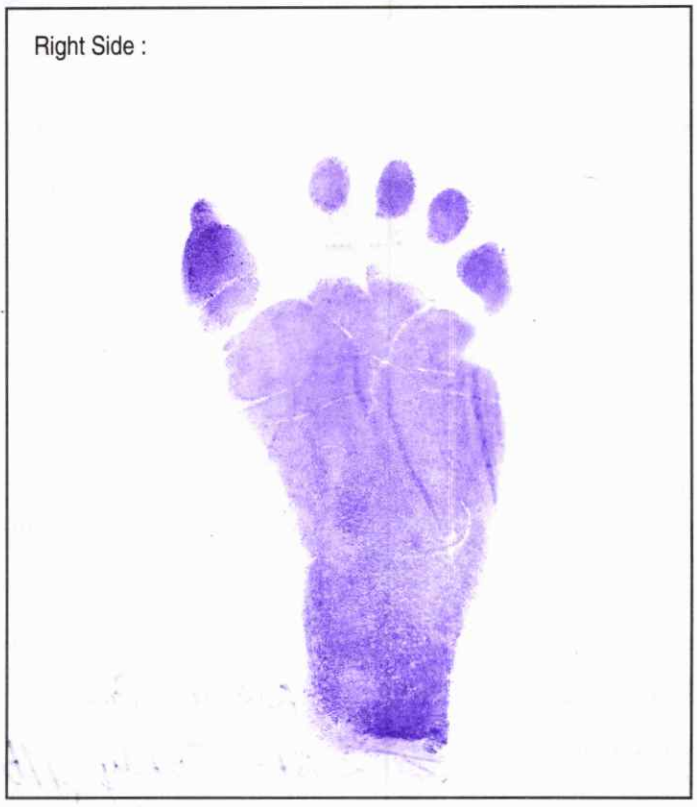
Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Diagnosis : Tesm / KGA / Female / 3.8/4)

FOOT PRINTS



Resident Doctor : Al
 Signature :
 Name : Anuhe
 Date & Time : 19/5/26

Consultant : PM
 Signature :
 Name : Dr. Spandana
 Date & Time : 19/5/26

PLEASE FILL UP THE FOLLOWING DETAILS

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Leish / shunt - 1. / med

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up : - *Wasm Con.*

- *DSF Only jtb buying (4 need FF (sos))*
- *GRBS 0, 2h, 4h, 6h, 8h, 12h, 18h, 24h, 36h, 48h*
- *send cord GGT*
- *send SBR, NBS, OAE @ USHOL*
- *vacination - BCG, OPV, Hep B...*

Feeding Plan at the time of shifting : - *Worm (sos)*

10:50am to 11:10am

0hrs GRBS 44 gm/dL

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|-------------------------------|--|
| 19/5/26 | e/s/hy. Dis Anuche | |
| 1:30pm | Term / LGA / F / 3.8kg / CIAB | |
| | Baby active | |
| | Euthic | |
| | Euglyc | |
| | C/T/A Good | <p><u>Plan</u></p> |
| | Sucking Good | <ul style="list-style-type: none"> - Klamran - GRBS Monitor - Dehy DBF + FF (SOS) |
| | Urine passed | <ul style="list-style-type: none"> - (T) BGT, CRP, CRP, Blood Uls. |
| | Stools yet to pass | <ul style="list-style-type: none"> - Sample eUSHOL - chuk & limb spo₂ |
| | | <ul style="list-style-type: none"> - Vaccination pending - Hyerm sos |
| | AF | <ul style="list-style-type: none"> - Plan to Repeat |
| | | <ul style="list-style-type: none"> - CRP [water machine is working] |
| | | <p>noted by Supriya</p> |
| | | <p>@ 1:30pm</p> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|--|
| 19/5 7pm | <p>C/S/B Dr. Spandana</p> | |
| | <p>37⁺ wk / FT / LGA / 2.8 kg / 1F</p> | |
| | <p>GRBS - (N)</p> | |
| | <p>Passed urine & stool</p> | <p>Ph</p> |
| | <p>Baby Pink</p> | <p>1) Warm core</p> |
| | <p>Extremities</p> | <p>2) GRBS - Monitoring as advised</p> |
| | <p>Cry } Good</p> | <p>3) DBS y/b baseline Qd</p> |
| | <p>Tone } Good</p> | <p>4) Vaccination - TIm</p> |
| | <p>Activity } Good</p> | <p>5) SBR</p> |
| | <p>No chest rales</p> | <p>NBS } @ 48 Hrs</p> |
| | <p>No sacral dimples</p> | <p>6) Monitor Vitals</p> |
| | <p>Femur growth</p> | <p>7) Enfor SOS</p> |
| | <p>B/L red reflex (P)</p> | <p>8) SOS - Femur</p> |
| | <p>Ph</p> | <p>noted by Suprin @rpr</p> |

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

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|---|
| 20/5 8Am | <p>CS/B Da Pranam / Dr. Alekhya</p> | |
| | <p>FT / 37⁺³ wk / EL-LSCS / CMAB / Good / 3.8 kg / LSP</p> | |
| | <p>TcWT - 3.640 kg (↓160g) wt loss - (4.2% loss)</p> | <p>M / A+ B 0 Am</p> |
| | <p>Butch Baby Ruthenic C } Good T } A }</p> | <p>Ph At Home Care 2) DBF j/b Emping 2m 2) Vaccination - Today 4) SBR NBS } on 21/5 @ 10 Am ORZ }</p> |
| | <p>R-S - B/2 @ PLA - Soft Passed Urine & stool</p> | <p>st Monitor vitals</p> |
| | | <p>Noted by Divya 20/5/26 @ 8 AM</p> |
| | | <p>Dr.</p> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---------------------------|--|
| 20/5/26 11am | <u>MRB Dr. Tejaswi</u> | |
| | - Font: 4.2.11 | |
| | - creeping feeds well | |
| | urine ✓ | |
| | stools ✓ | |
| | <u>OLE</u> | <u>Plan</u> |
| | - vitals: stable | 1) warm care |
| | - U/A: good | 2) DBF every 2ndh |
| | - mucus (F) | 3) hydration today |
| | - SE - (N) | 4) SBR |
| | <u>PLA - soft</u> | NBS } on 21.5 |
| | | OAE } 10 am |
| | Red Reflex to be checked. | noted by Madhuri @ 11am |
| | | Dr. S. TEJASWI REDDY Registration No: 24097 |
| | | Dr Tejan |
| | 20/05/26 | |
| | 2:30 pm | BCG |
| | | OPV |
| | | HEP-B - Given |

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 1 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------|---|--|
| 20/5 2:00pm. | Dr. Spandana C/S/L/S Do. Naipuyal FT B7+3 CIAB 3.8kg LGA. | |
| | Gastric | plan |
| | C/T/A - Good Vitals - stable. | - DBF 2nd hourly for bumping |
| | R/S NAD P/A | - GRBS monitoring as advised |
| U ✓ S ✓ | wt. loss - 4.2% | - SBR 21/5 NBS OAE 10:00AM |
| | | - monitoring vitals |
| | | noted by Supriya @ 2pm. |

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 2 D (F)
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|--|------------------------------------|
| 21/5/24 | S/O Dr. Sreeyash 8:15 AM Tem / 2 GA / CTAB / 3.8 kg | |
| | T. wt: - 3.580 kg [60 gm wt (2)] Cumulative - 5.75 | Play |
| | CM - Sx Se ⊕ Ri - 34 - A ⊕ ⊕ | SBA } @ 10 AM NB } OAE } |
| | PIA - Solu CTA good. | DBF + Bump 2nd Warm can |
| | M 1.5 - 5y | Noted by Rina 21/5/24 @ 8:15 AM |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|---|--|
| | | |
| 21/5/26 | cd/r - Dr. Tejani | |
| 10 am | | |
| | Term / CIAS / 3-8 kg / 24 cm | |
| | | Admission |
| | O/e - Eng fuc y good. Activity | ① T _{ax} SBR |
| | | ② Warm case |
| | ③ Pus - S.S. | ④ D _{RF} O ₂ 14 |
| | 18 - Ble aures | 1/2 bungie |
| | P/A B/K | |
| | Dr. S. TEJASWI REDDY Registration No: 942588 | Dr Tejani |
| | | |
| | | |
| | | |
| | | |
| | | |

HNH-00015490 IP26-00006375

Baby Of PRERNA SRIVASTAVA
19-05-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|------------------|-----------------------|
| 21/5/26 2pm | DR - Dr. Alkalya | |
| Term | 2.8kg / 20A | |
| Feeding | lethal @ | Advice: |
| Pacifier | use & stool | ① DRF 2+ for burping. |
| ole - | | ② Monitor vitals. |
| Cry tone | good. | |
| Activity | | |
| Re | RUS - RS2 | |
| | NS - RLEWRS | |
| | DIA - B/E | |

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 2 D (F)
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|--|
| 21/5 4pm | <u>C/S/B Di Spandana</u> | |
| | 5/37 ⁺ Wt B/L SCS C/PE Gd 3-8 kg 12 GA | |
| | 48 HCL - SBR - 10.8 | |
| | Baby Euthermic C T } Good O | Plan 1) Wt can 2) DBF J/B keeping 2m 3) Monitor Vitals 4) Check TCS = T/m Meds |
| | R-S - S/LPE ⊕ | to decide for Photothoxy |
| | PIA - Soft. | |
| | on DBF | noted by supriya @ 4pm |
| | <p style="text-align: center;">Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No. 30925</p> | |

P.S.K



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|---|---------------------------------------|
| | | |
| | <u>cls/b Dr. Venun / Dr. Anusha</u> | |
| 22/5/26 | | |
| 8 AM | <u>Term / LGA / female.</u> | <u>MBG / +ve</u> <u>BBG / +ve.</u> |
| | - Baby is euthermic. | T.W - 3560 |
| | | B.W - 3800gms. |
| | - (ng) Tonic Activity } Good. | A - 20 ↓ |
| | | Sp - 6-37. |
| | o/e - vitals stable. | Plan - As today |
| | s/e - WNL. | TCB - M |
| | | check TCB now. |
| | | Start DSPT now |
| | TCB → $\left\{ \begin{array}{l} 13.7 \\ 13.2 \end{array} \right.$ | Noted by Divya |
| | | 22/5/26. 2026 |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|--------------------------|---|
| 22/5 | <u>CK/B D Tejaswi</u> | |
| 10:30AM | J/SPT wh / Girl / 3-8 kg | |
| | J.Wt - 7.56 kg | Ph |
| | 16.3% wt loss | 1) DSPT to eyes & genital |
| | TCDs - 13-7 | Conds |
| | Baby ↓ DSPT | 2) Warm Care |
| | Euthermic | |
| | C } Good | 3) DSPT f/b keeping dry |
| | A } Good | 4) SBR - T/m 6AM |
| | R-S - B/2 A/E ⊕ | |
| | PIA - Soft | 5) Monitor Vitals |
| <p style="text-align: center;">Dr. S. TEJASWI REDDY Registration No: 94068</p> | | <p style="text-align: center;">note by Medics? Dr Tejaswi @ 10:30AM</p> |
| 22/5 | <u>CK/B D Prasad</u> | |
| 3pm | | Ph |
| | Baby ↓ DSPT | 1) CT DSPT to eyes & genital con |
| | on DSPT f/b keeping | 2) Warm Care |
| | C/T/A - Good | 3) DSPT f/b keeping dry |
| | Passing Urine & Stool | 4) SBR - T/m 6AM |
| | | 5) Monitor Vitals |

noted by Supriya Prasad
 @ 3pm



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|---|--|
| 22/5/26 4pm | <p>Uris re-spandana</p> <p>on DSPT. feeds ✓ urine ✓ stools ✓</p> <p>afebrile</p> <p>UTI = good AT = flat meconium (4) meconium = sterile S/E (4)</p> | <p>Plan</p> <p>1) ct. DSPT 2) warm care 3) DBF every 2nd hr 4) SBR - flm today 5) monitor meconium @ 2am</p> |
| | <p><i>[Signature]</i></p> | <p>N.B. G. Supriya.</p> |
| 22/5/26 | <p>Baby V DSPT on DBF</p> <p>Euthermic</p> <p>c } T } Good A }</p> <p>PA - soft</p> | <p>Plan</p> <p>1) Send SBR @ 12 AM 2) Discharge plan - T/m 3) ct. DBF 1/6 bulging A/S 4) Monitor Vitals</p> <p><i>[Signature]</i></p> |

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

EARLY WARNING SCORE: CHILDREN'S UNIT

| | | | | | |
|---|---|--------|--------|--------|--------|
| Date: 19/5/26 | Time: 2 PM | 6 PM | 10 PM | 2 AM | 6 AM |
| Doctor/Nurse/Family Concern? | | | | | |
| Temperature (°F) | 98.5 | 97.8 | 98.5 | 97.8 | 97.5 |
| Heart Rate (bpm) | 156 | 146 | 137 | 146 | 150 |
| Blood Pressure (mmHg) * | | | | | |
| Resp. Rate (bpm) (Over 1 Minute) * | 42 | 40 | 30 | 30 | 30 |
| Receiving O ₂ (l/min) O ₂ Saturations (%) | 100% | 100% | 100% | 99% | 100% |
| Conscious Level | Normal | Normal | Normal | Normal | Normal |
| GCS * | 15 | 15 | 15 | 15 | 15 |
| TOTAL SCORE | 1 | 0 | 0 | 1 | 0 |
| Number of shaded boxes | 1 | 0 | 0 | 1 | 0 |
| Pain Score | 0 | 0 | 0 | 0 | 0 |
| Observer's Initials | | AS | AS | AS | AS |
| ACTIONS | Score 1 : Continue normal observation by staff nurse Score 2 : Shift in charge nurse to be informed and continue hourly observations Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed | | | | |

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 14 H (F)
 Dr. SPANDANA PASUPULETI

CLINICAL / 124

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



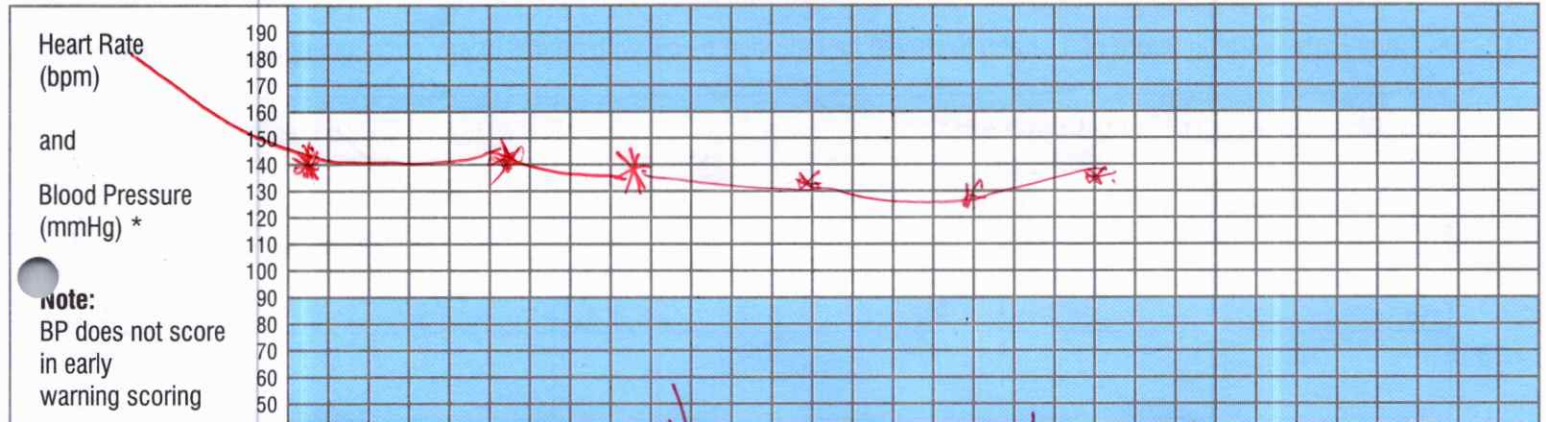
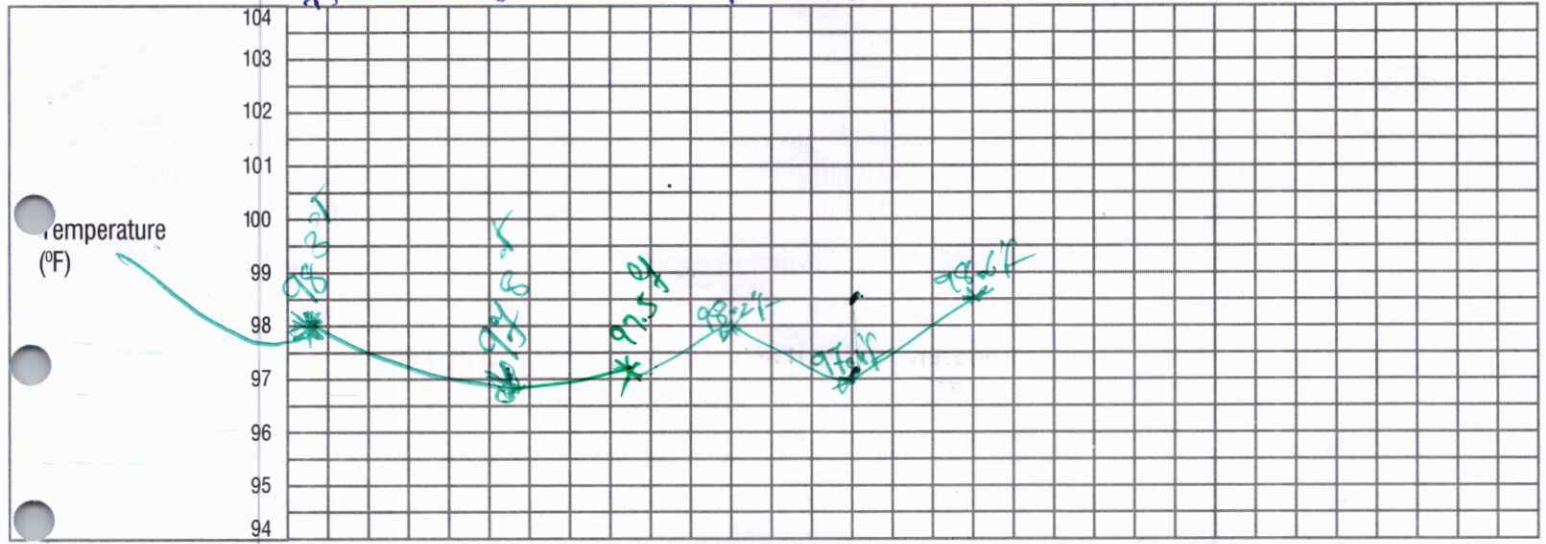
Patient



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 20/5/26 Time: 10 AM 9 AM 6 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern? AM PM AM AM



Heart Rate (Number) 140b/m 139b/m 140b/m 138b/m 148b/m



Resp Rate (Number) 40b/m 40b/m 40b/m 40b/m 40b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 100% 100% 99% 100% 99% 100%

Conscious Level Normal Altered

GCS *

| TOTAL SCORE | Number of shaded boxes | Pain Score | Observer's Initials |
|-------------|------------------------|------------|---------------------|
| 0 | 0 | 0 | AS |
| 0 | 0 | 0 | AS |
| 0 | 0 | 0 | AS |
| 0 | 0 | 0 | AS |
| 0 | 0 | 0 | AS |
| 0 | 0 | 0 | AS |

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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|---|------|---------------------|--------------------------------|------|------|
| Date | Time | Early Warning Score | Date | Time | Name |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| R | RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation) |

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HNH-00015480 IP26-00006375
 Baby Of PRERNA SRIVASTAVA (F)
 19-05-2026 0 Y 0 M 2 D
 Dr. SPANDANA PASUPULETI

/ FRM / CLINICAL / 124

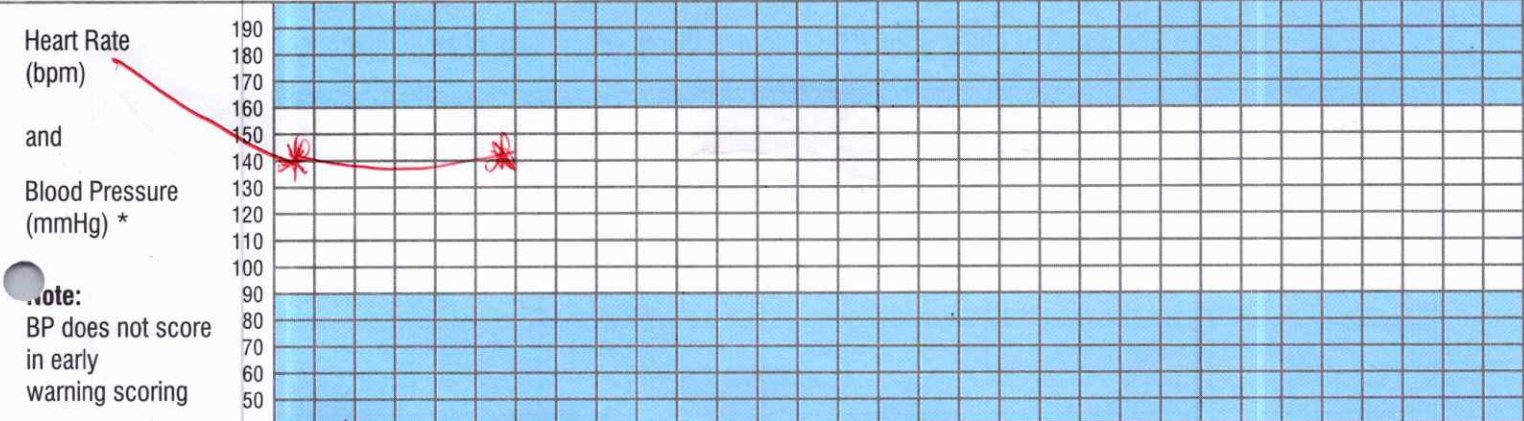
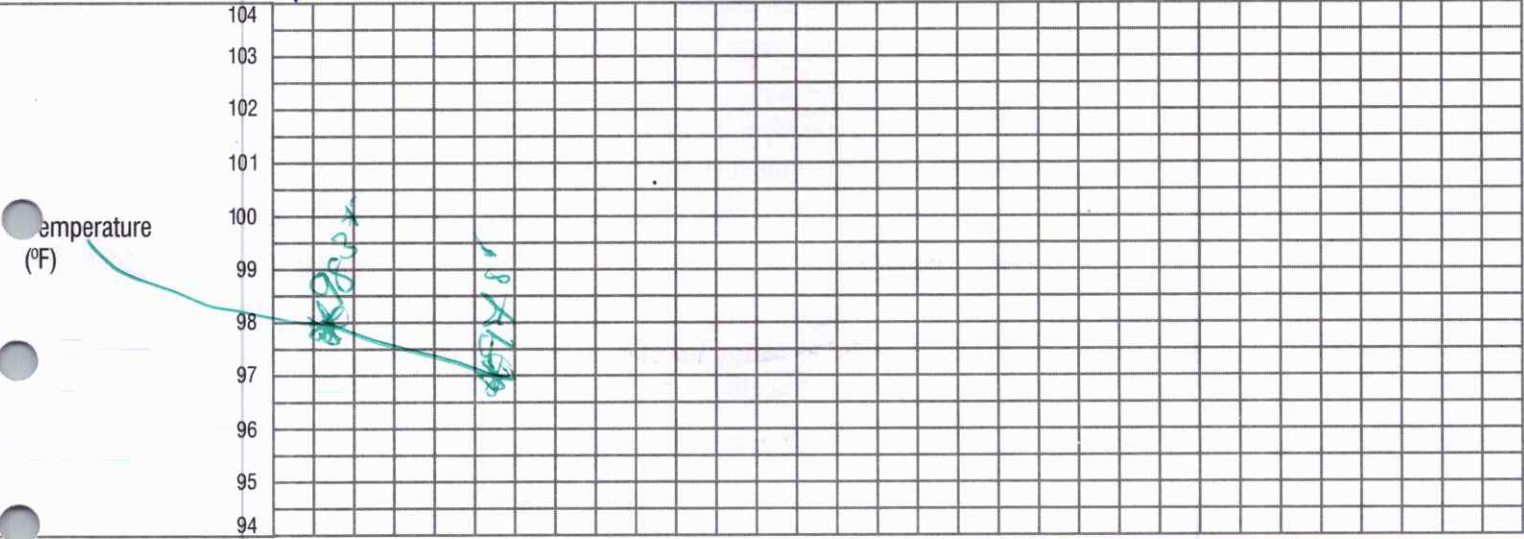
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



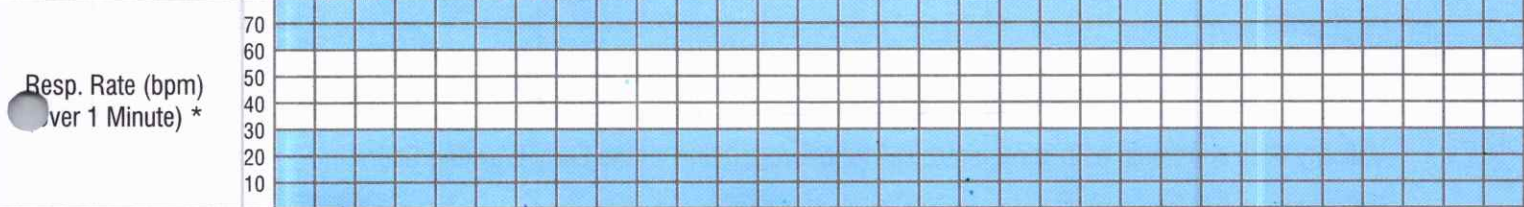
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/5/26 Time: 10 AM 9 PM

Doctor/Nurse/Family Concern? 10 AM 9 PM



Heart Rate (Number) 140b/m 140b/m



Resp Rate (Number) 40b/m 40b/m

Resp Distress | Mod/ Severe | None / Mild

Receiving O₂ (l/min) | O₂ Saturations (%) 100% 100%

Conscious Level | Normal | Altered

GCS *

TOTAL SCORE
 Number of shaded boxes 0 0
 Pain Score 0 0
 Observer's Initials [Signature] [Signature]

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed
- NB: Scores 3 should be recorded overleaf

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

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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| 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) |



FLUID CHART

Sheet No. : ①

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

| Date | Time | Intake | | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------|----------|-----------------|-------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|
| | | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| 19/5 | 08:00 am | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | DBF | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | |
| Total Intake : | | Eucen DBF | | | | Total Output : | | | | | | |
| 19/5/26 | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | |
| | 04:00 pm | DBF | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | DBF | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | U-1 | M-1 |
| 20/5/26 | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | DBF | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | DBF | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | DBF | | | | | | | | | | |
| Total Intake : | | taken. | | | | Total Output : | | | | | U-1 | M-1 |
| 20/5/26 | 02:00 am | | | | | | | | | | | |
| | 03:00 am | DBF | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | DBF | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | |
| | 07:00 am | DBF | | | | | | | | | | |
| Total Intake : | | taken | | | | Total Output : | | | | | U-2 | M-2 |

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. : 2

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | | | |
|-----------------------------|----------|-----------------|------------|-----|-----|-------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|-------|-------|-------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | | | |
| 20/5/26 | 08:00 am | | DBF | / | / | / | / | / | / | / | / | Madhe | | | |
| | 09:00 am | | DBF +ff | / | / | / | ✓ | / | ✓ | ✓ | Madhe | | | | |
| | 10:00 am | o | DBF | / | / | / | / | NA | / | / | | | Madhe | | |
| | 11:00 am | | DBF +ff | / | / | / | / | NA | / | / | | | | Madhe | |
| | 12:00 pm | | DBF | / | / | / | ✓ | / | ✓ | ✓ | | | | | Madhe |
| | 01:00 pm | | DBF +ff | / | / | / | / | / | / | / | | | | | |
| Total Intake : | | | | | | Total Output : 0-2 M-2 | | | | | | | | | |
| 20/5/26 | 02:00 pm | | DBF | / | / | / | / | / | / | / | Madhe | | | | |
| | 03:00 pm | | DBF +ff | / | / | / | ✓ | / | ✓ | ✓ | | Madhe | | | |
| | 04:00 pm | o | DBF+ff | / | / | / | / | NA | ✓ | ✓ | | | Madhe | | |
| | 05:00 pm | | DBF | / | / | / | / | NA | ✓ | ✓ | | | | Madhe | |
| | 06:00 pm | | DBF+ff | / | / | / | / | / | ✓ | ✓ | | | | | Madhe |
| | 07:00 pm | | DBF | / | / | / | / | / | / | / | | | | | |
| Total Intake : | | | | | | Total Output : 0-2 M-2 | | | | | | | | | |
| 20/5/26 | 08:00 pm | | DBF | / | / | / | / | / | / | / | Madhe | | | | |
| | 09:00 pm | | DBF+ff | / | / | / | ✓ | / | ✓ | ✓ | | Madhe | | | |
| | 10:00 pm | o | DBF | / | / | / | / | NA | ✓ | ✓ | | | Madhe | | |
| | 11:00 pm | | DBF+ff | / | / | / | / | NA | ✓ | ✓ | | | | Madhe | |
| | 12:00 am | | DBF | / | / | / | / | / | ✓ | ✓ | | | | | Madhe |
| | 01:00 am | | DBF+ff | / | / | / | / | / | ✓ | ✓ | | | | | |
| Total Intake : taken | | | | | | Total Output : 0-2 M-2 | | | | | | | | | |
| 21/5/26 | 02:00 am | | DBF | / | / | / | ✓ | / | ✓ | ✓ | Madhe | | | | |
| | 03:00 am | | DBF+ff | / | / | / | / | / | ✓ | ✓ | | Madhe | | | |
| | 04:00 am | o | DBF | / | / | / | / | NA | ✓ | ✓ | | | Madhe | | |
| | 05:00 am | | DBF+ff | / | / | / | / | NA | ✓ | ✓ | | | | Madhe | |
| | 06:00 am | | DBF | / | / | / | ✓ | / | ✓ | ✓ | | | | | Madhe |
| | 07:00 am | | DBF+ff | / | / | / | / | / | ✓ | ✓ | | | | | |
| Total Intake : taken | | | | | | Total Output : | | | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

MNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 14 H (F)
 Dr. SPANDANA PASUPULETI



FLUID CHART

Sheet No. : 3

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| 21/05/26 | 08:00 am | | DBF | | | | | | | | | [Signature] |
| | 09:00 am | | HF | | | | | | ✓ | | | |
| | 10:00 am | | DBF+HF | | | | | | | ✓ | | |
| | 11:00 am | | | | | | | | | | | |
| | 12:00 pm | | DBFF | | | | | | | ✓ | | |
| | 01:00 pm | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 21/05/26 | 02:00 pm | | | | | | | | | | | [Signature] |
| | 03:00 pm | | DBF | | | | | | | ✓ | | |
| | 04:00 pm | | HF | | | | | | | ✓ | | |
| | 05:00 pm | | DBF | | | | | | | ✓ | | |
| | 06:00 pm | | HF | | | | | | | ✓ | | |
| | 07:00 pm | | DBF | | | | | | | ✓ | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 21/5/26 | 08:00 pm | | | | | | | | | | | [Signature] |
| | 09:00 pm | | DBF+HF | | | | | | | ✓ | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | | DBF+HF | | | | | | | ✓ | | |
| | 12:00 am | | | | | | | | | ✓ | | |
| | 01:00 am | | DBF+HF | | | | | | | ✓ | | |
| Total Intake : | | | taken | | | Total Output : | | | | | 0-2M-2 | |
| 22/5/26 | 02:00 am | | | | | | | | | | | [Signature] |
| | 03:00 am | | DBF+HF | | | | | | | ✓ | | |
| | 04:00 am | | | | | | | | | | | |
| | 05:00 am | | DBF+HF | | | | | | | ✓ | | |
| | 06:00 am | | | | | | | | | ✓ | | |
| | 07:00 am | | DBF+HF | | | | | | | ✓ | | |
| Total Intake : | | | taken | | | Total Output : | | | | | 0-3M-3 | |

Total 24 hrs. Intake []

Total 24 hrs. Output []



FLUID CHART

Sheet No. : 4

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 22/5/26 | 08:00 am | | Mouth | / | N.G | | | | | | | | |
| | 09:00 am | | DBL | | | | | | | | | | |
| | 10:00 am | | TH | | | | | | | | | | |
| | 11:00 am | | DBL | | | | | | | | | | |
| | 12:00 pm | | TH | | | | | | | | | | |
| | 01:00 pm | | DBL | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 22/5/26 | 02:00 pm | | DBL | / | N.G | | | | | | | | |
| | 03:00 pm | | TH | | | | | | | | | | |
| | 04:00 pm | | DBL | | | | | | | | | | |
| | 05:00 pm | | TH | | | | | | | | | | |
| | 06:00 pm | | DBL | | | | | | | | | | |
| | 07:00 pm | | TH | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 23/5/26 | 08:00 pm | | | / | N.G | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 23/5/26 | 02:00 am | | | / | N.G | | | | | | | | |
| | 03:00 am | | | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | | | | | | | | | | | |
| | 06:00 am | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



NURSING CARE RECORD

Date: 19/05/26

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|-------------------|---|-------------------|--|-------------------------|--------------------|------------------------|
| Morning | 8am 7pm | Assess the baby condition - Plan for enteral & record Plan for DBM | 8am 7pm | Assessed the baby condition - Maintained vitals & record - DBF 2nd hourly | - Maintained & recorded | - Baby stable | [Signature] |
| Afternoon | 8pm | | | DAY | | | [Signature] |
| Night | 8pm 8pm 8am | Assess the baby condition → monitor vitals & record → maintain DB chart → baby DB off 2nd hourly | 8pm 8pm 8am | Assessed the baby condition → monitored vitals & recorded → maintained DB chart → DB off every 2nd hourly | → baby is stable | → rechecked vitals | [Signature] |

Patient Stick

IP26-00006375
 HNH-00015490
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 14 H (F)
 Dr. SPANDANA PASUPULETI

NURSING CARE RECORD



Date: 20/5/26

Goals

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|---|------|--|-------------------|------------------|------------------------|
| Morning | 8AM | → Assess the baby condition. | 8AM | → Assess the baby condition | pt is a stable | check the vitals | Madhvi |
| | to | ⇒ check the vitals ⇒ Maintain I to chest ⇒ DBF + ff and hourly | to | ⇒ Maintain I to chest ⇒ DBF + ff and hourly | | | |
| Afternoon | 2pm | → Assess the baby condition. | 2pm | → Assess the baby condition | Baby is a stable. | check the vitals | Supriya |
| | to | ⇒ check the vitals ⇒ Maintain I to chest ⇒ DBF + ff and hourly | to | ⇒ check the vitals ⇒ DBF + ff and hourly ⇒ Vacc | | | |
| Night | 8pm | → Assess the pt condition | 8pm | → Assessed the pt condition | → baby is stable | → checked vitals | Diji |
| | to | → Maintain I to chest → Monitor vitals → DBF + ff every and hourly. | to | → Monitored vitals & recorded → maintain I to chest & recorded → DBF + ff every and hourly → SPR, NBS, OPE @ 10am | | | |

HNH-00015480 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 14 H (F)
 Dr. SPANDANA PASUPULETI



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date: 21/5/26

Goals

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--|------|---|------------------|--------------------|------------------------|
| Morning | 8AM | <ul style="list-style-type: none"> → Assess the Baby condition → SBR, NBS, OAE Today → DBF+FF 2nd hourly → maintain I to chart | 8AM | <ul style="list-style-type: none"> → Assess the Baby condition → SBR, NBS, OAE Today → DBF+FF 2nd hourly → maintain I to chart | Baby is stable | check the vitals | Madh |
| Afternoon | 2pm | <ul style="list-style-type: none"> Assess the Baby condition monitor vitals 2nd hourly DBF+FF 2nd hourly give | 2pm | <ul style="list-style-type: none"> Assess the Baby condition monitor vitals 2nd hourly DBF+FF 2nd hourly give | Baby is stable | Rechecked vitals | ga |
| Night | 8pm | <ul style="list-style-type: none"> → Assess the baby condition → monitor vitals → maintain I to chart → baby DBF+FF 2nd hourly → wear on case | 8pm | <ul style="list-style-type: none"> → Assessed the baby condition → monitor vitals & recorded → maintained I to chart → baby DBF+FF every 2nd hourly | → baby is stable | → rechecked vitals | Ravi |

Patient

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 2 D (F)
 Dr. SPANDANA PASUPULETI



NURSING CARE RECORD



Date: 22/5/26

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

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|---|------|---|----------------|------------------|------------------------|
| Morning | 8AM | - Assess the Baby's condition - Monitor vitals & chart - DBT + AT 2nd hourly - give DSPT | | - Assess the Baby's condition - Monitor vitals & chart - DBT + AT 2nd hourly - ct DSPT | Baby is stable | Rechecked vitals | [Signature] |
| Afternoon | 2pm | - Assess the Baby's condition - Monitor vitals & chart - DBT + AT 2nd hourly - ct DSPT | | - Assess the Baby's condition - Monitor vitals & chart - DBT + AT 2nd hourly - ct DSPT | Baby is stable | Rechecked vitals | [Signature] |
| Night | | | | | | | |



NURSING SHIFT HAND OVER FORM

| | | | | | | | | | |
|--|--|---|---|---------------|---------------|--------------|---------------|---------------|--------|
| SITUATION | Diagnosis: <u>LB</u> | | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known | | | | | | |
| | Surgery / Procedure: | | If Yes Specify: | | | | | | |
| BACKGROUND | Date | Shift | 18/5/26 2pm-8pm | 19/5/26 NI | 20/5/26 M6 | 20/5/26 1 | 20/5/26 NI | 21/5/26 M6 | |
| | Medical Condition (Any special condition to be noted): | | | | | | | | |
| Diet: | | DBF DBF+FF DBF+FF DBF+FF DBF+FF DBF+FF | | | | | | | |
| ASSESSMENT | Allergy: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| | Ventilation (RA, NP, NIV, VENTI): | | RO RA RA RA RA RA | | | | | | |
| | Tubes/Drains/Catheter: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| | Vital Signs: | | Temp: | 26.5 | 37.0 | 38.5 | 38.4 | 37.2 | 38.0 |
| | | | Res: | 42 | 20b/m | 40 | 40 | 20b/m | 20b/m |
| | | | SpO ₂ : | 100 | 99% | 100% | 100% | 99% | 99% |
| | | | Pulse: | 154 | 130b/m | 140b/m | 140b/m | 130b/m | 140b/m |
| | | | BP: | - | - | - | - | - | - |
| | | | LOC: | - | - | - | - | - | - |
| | | | Fall Risk Score: | - | - | - | - | - | - |
| | | Pain Score: | - | - | - | - | - | - | |
| | | Skin Integrity | Good | Good | Good | Good | Good | Good | |
| Recommendations | Safety Needs: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| | Physiotherapy: | | - | | | | | | |
| | Others Specify: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| | Special Diet: | | DBF DBF+FF DBF+FF DBF+FF DBF+FF DBF+FF | | | | | | |
| | Critical Lab Test / Values: | | - | | | | | | |
| | Other Special Orders / Medications: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| | PU Prophylaxis: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| DVT Prophylaxis: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| ADL (Dependent / Non Dependent): | | yes yes yes yes yes yes | | | | | | | |
| Post Operative Procedure Special Orders: | | - | | | | | | | |
| Handed Over By Name : | | Alee Dinyar Madhuri | | | | | | | |
| Signature / ID : | | Alee Dinyar Madhuri | | | | | | | |
| Date: | | 18/5/26 20/5/26 20/5/26 20/5/26 21/5/26 21/5/26 | | | | | | | |
| Time: | | 2pm 8am 2pm 8pm 8am 8pm | | | | | | | |
| Taken Over By Name : | | Dinyar Madhuri Dinyar Madhuri | | | | | | | |
| Signature / ID : | | Dinyar Madhuri Dinyar Madhuri | | | | | | | |
| Date: | | 20/5/26 20/5/26 20/5/26 20/5/26 21/5/26 21/5/26 | | | | | | | |
| Time: | | 8am 8pm 8am 8pm 8am 8pm | | | | | | | |



NURSING SHIFT HAND OVER FORM

| | | | | | | | | |
|--|--|---|---|--|--|--|--|--|
| SITUATION | Diagnosis: NB | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | | | |
| | Surgery / Procedure: | Post OP Day: | | | | | | |
| BACKGROUND | Date | 22/5/20 | 22/5/20 | | | | | |
| | Shift | NI | G | | | | | |
| | Medical Condition (Any special condition to be noted): | — | — | | | | | |
| | Diet: | D.B.F.F.F | D.B.F.F.F | | | | | |
| ASSESSMENT | Allergy: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Ventilation (RA, NP, NIV, VENTI): | RA | NT | | | | | |
| | Tubes/Drains/Catheter: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Vital Signs: | Temp: | 98.4 F | 98.5 F | | | | |
| | | Res: | 20b/m | 21b/m | | | | |
| | | SpO ₂ : | 99% | 99% | | | | |
| | | Pulse: | 142b/m | 140b/m | | | | |
| | | BP: | — | — | | | | |
| | | LOC: | — | — | | | | |
| | Fall Risk Score: | — | — | | | | | |
| Pain Score: | — | — | | | | | | |
| Skin Integrity | — | — | | | | | | |
| Recommendations | Safety Needs: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Physiotherapy: | — | — | | | | | |
| | Others Specify: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Special Diet: | — | — | | | | | |
| | Critical Lab Test / Values: | — | — | | | | | |
| | Other Special Orders / Medications: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | PU Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | DVT Prophylaxis: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ADL (Dependent / Non Dependent): | | | | | | | | |
| Post Operative Procedure Special Orders: | | | | | | | | |
| Handed Over By Name : | | Divya | Divya | | | | | |
| Signature / ID : | | D | D | | | | | |
| Date: | | 22/5/20 | 22/5/20 | | | | | |
| Time: | | 8AM | 8PM | | | | | |
| Taken Over By Name : | | Srin | Srin | | | | | |
| Signature / ID : | | Srin | Srin | | | | | |
| Date: | | | | | | | | |
| Time: | | | | | | | | |

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



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 | 19/5/26 | 20/5/26 | 21/5/26 | 22/5/26 | 23/5/26 | 24/5/26 | 25/5/26 | 26/5/26 |
| | Time | | | | | | | | | | | | |
| | | | | | | 2pm | 10pm | 3pm | 10pm | 4pm | 10pm | 3pm | |
| | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Behavior State | No arousal to any stimuli No spontaneous movement | Arouses minimally to stimuli Little spontaneous movement | Appropriate for gestational age | Restless, squirming Awakens frequently | Arching, kicking constantly awake or Arouses minimally / no movement (not sedated) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Facial Expression | Mouth is lax No expression | Minimal expression with stimuli | Relaxed Appropriate | Any pain expression intermittent | Any pain expression continual | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention</p> | Gestational Age / Corrected Age | | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Total Pain / Agitation Score | | - | - | - | - | - | - | - | - | - | - | - |
| | Intervention | | - | - | - | - | - | - | - | - | - | - | - |
| | Effectiveness | | - | - | - | - | - | - | - | - | - | - | - |
| | Signature | | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] | [Signature] |

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

HNH-00015490

IP26-00006375

Baby Of PRERNA SRIVASTAVA

19-05-2026 0 Y 0 M 0 D 1 H (F)

Dr. SPANDANA PASUPULETI



BRADEN 'Q' SCALE



Date : 18/5/2026 20/5 20/5
Time : 4PM 10PM 8AM 3PM

| | | | | | | | | |
|---|--|--|---|--|---|---|---|---|
| Mobility | 1. Completely immobile: Does not make even slight changes in body or extremity position without assistance. | 2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | 3. Slightly limited: Makes frequent through slight changes in body or extremity position independently. | 4. No limitations: Makes major and frequent changes in position without assistance. | 3 | 3 | 3 | 3 |
| "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. | 1 | 1 | 1 | 1 |
| 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. | 3 | 3 | 3 | 3 |
| 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 |
| FRICITION-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 mean and dairy products. Occasionally eats between meals. Does not require supplementation. | 4 | 4 | 4 | 4 |
| Tissue Perfuson & 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

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

| | | | | |
|-------------------------|-------------|-------------|-------------|-------------|
| TOTAL SCORE | 20 | 22 | 28 | 23 |
| Evaluator's Name | [Signature] | [Signature] | [Signature] | [Signature] |

| Risk Score | Category | Action | Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice) |
|-------------|---------------|--|--|
| 15-18 | At Risk | <ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | <ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |
| 10-12 | High Risk | <ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | <ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |

HNH-00015490
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 0 D 14 H (F)
 Dr. SPANDANA PASUPULETI



BRADEN 'Q' SCALE



Date : 20/5/26 2/15 2/15 2/15/26
 Time : 10AM M6 G2 N1

| | | | | | | | | |
|---|--|--|---|--|---|---|---|---|
| Mobility | 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 | 7 | 1 |
| 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 | 3 | 3 |
| 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 |
| FRICITION-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 | 24 | 24 |
| Evaluator's Name | [Signature] | [Signature] | [Signature] | [Signature] |

| Risk Score | Category | Action | Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice) |
|-------------|---------------|--|--|
| 15-18 | At Risk | <ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | <ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |
| 10-12 | High Risk | <ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | <ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay |

HNH-00015490 IP26-00006375
 Baby Of PRERNA SRIVASTAVA
 19-05-2026 0 Y 0 M 2 D (F)
 Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE



Date: 22/5/22
 Time: 6


| | | | | | | | | |
|---|--|--|---|--|--|--|--|--|
| Mobility | 1. Completely immobile: Does not make even slight changes in body or extremity position without assistance. | 2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | 3. Slightly limited: Makes frequent through slight changes in body or extremity position independently. | 4. No limitations: Makes major and frequent changes in position without assistance. | | | | |
| "Activity The degree of physical activity" | 1. Bedfast : Confined to bed | 2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." | 3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | 4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours. | | | | |
| 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. | | | | |
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| 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 of 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. | | | | |
| 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. | | | | |

TOTAL SCORE 20
Evaluator's Name A

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

PATIENT TRANSFER FORM

| | | | |
|--|--------------------------------------|---|--|
| Patient Name & UHID No. HNH-00015490 IP26-00006375 Baby Of PRERNA SRIVASTAVA 19-05-2026 0 Y 0 M 0 D 1 H (F) Dr. SPANDANA PASUPULETI  | | Date & Time of Admission <i>19/05/26 @ 10:49 AM</i> | Date & Time of Transfer Order <i>19/05/26 3:00 PM</i> |
| | | Transfer Ordered by <i>DR Anusha</i> | Reason for Transfer <i>OB</i> |
| From Unit <i>LDR</i> | To Unit <i>Room</i> | Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File <i>2</i> | Number of Imaging Films <i>NA</i> | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | | | |
| 2. | | | |
| 3. | <i>NA</i> | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Name & Signature of Person who is Transferring <i>S. Kalra</i> | | Name of Person Ordered Transfer <i>Dr Anusha</i> | |
| Patient & Clinical Records Received by : <i>Chaitan @ 19/05/26 3:30 PM</i> | | | |
| 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



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: Prerna

Date of Birth: 19/5 Time of Birth: Gender: Male Female

Birth Weight: 3.8 Kgs HC: 37cm cm Length: 48cm cm

Meconium in Liquor: Yes No Cried at Birth: Yes No

Term / Pre-term / Post-term:

Resuscitated: Yes No Blood Group: Mother: Baby:

Feeding: Breast Feeding Formula Both First Feed Time:

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 36.5 °C HR: 150 /Min RR: 41 /Min BP: SpO₂: 99.1

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore: Yes No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: Sleeping Crying Calm Drowsy

Findings:

General Appearance: Posture: Well-Flexed Asymmetry

Skin: Pink Meconium Stain Others, Specify:

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

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: [Signature] Signature: [Signature] Date & Time: [Signature]

HNH-00015490 IP26-00006375
Baby Of PRERNA SRIVASTAVA
19-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI

DATE :



NEWBORN ANOMOLY ASSESSMENT CHECKLIST

| S.NO | ASSESSMENT PARAMETERS | CHECKED BY REGISTRAR | CHECKED BY CONSULTANT | REMARKS |
|------|--|-------------------------|-----------------------|---------|
| 1. | Palate | (N) No cleft anomaly | (N) | |
| 2 | Pre natal teeth | (N) | absent | |
| 3 | Anal opening | Patent | Present | |
| 4 | Genitalia | (N) | (N) | |
| 5 | Spine | (N) | (N) | |
| 6 | Red reflex | Present | Present | |
| 7 | 4 limb saturation (before discharge) | | | |


Ped.Registrar signature

Ped.Consultant signature

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of PRERNA SRIVASTAVA **Age :** 0 Y 0 M 0 D 0 H
IP No: IP26-00006375 **Sex:** Female
Consultant: Dr. SPANDANA PASUPULETI **Ward/Bed No:** 4F -OT/CRDL-HNPDA-413-1

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....)

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:

[Handwritten Signature]

Name: DILIP MOUNGU

Relationship: FATHER

Date: 19/05/26

Time: 10:49 am

Witness Name:

Witness Signature:

[Handwritten Signature]

Patient Address:

H.NO: 1-1-301/11, BAPUNAGAR
Chikkadpally Hyderabad Telangana
INDIA 500020

HNH-00015490 IP26-00006375
Baby Of PRERNA SRIVASTAVA
18-05-2026 0 Y 0 M 0 D 0 H (F)
Dr. SPANDANA PASUPULETI



BILLING POLICY

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

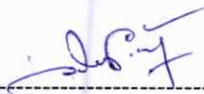
Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested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

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

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

MODE OF PAYMENT & REFUNDS

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


Name & signature of Patient/Attendant


(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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