



## DEFICIENCY CHECK LIST OF CASE SHEET

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

## **ERROR LOG**

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

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP26-00006905      Admit Date : 20-Jul-2026      Admit Time : 10:34 PM      UHID : HNH-00016715

### Patient Details :

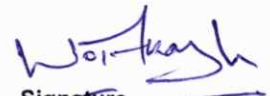
|              |                                                                            |                |                          |
|--------------|----------------------------------------------------------------------------|----------------|--------------------------|
| Patient Name | : Baby Of S.V MONIKA                                                       | Age            | : 0 D                    |
| Guardian     | : Mr M AKASH                                                               | DOB            | : 20-07-2026 09:58 PM    |
| Gender       | : Male                                                                     | Religion       | :                        |
| Occupation   | :                                                                          | Martial Status | :                        |
| Address (H)  | : 3-6-714/2,STREET NO:12 Himayathnagar<br>Hyderabad Telangana INDIA 500029 | Phone No       | : 8686400151/ 9652054769 |
|              |                                                                            | E-mail         | : NA@GMAIL.COM           |

### Admission Details :

Bed Type : BASINET      Bed No : CRDL-HNPDA-414-1      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-414-1      Admission Type : First Visit

### Contact Details :

Name : Mr M AKASH      Relationship : Father  
Contact Address : 3-6-714/2,STREET NO:12 Himayathnagar  
Hyderabad Telangana INDIA 500029      Phone No : 8686400151

  
Signature

### Doctor Details :

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

### Payment Details :

Deposit Amount : 10000.00  
Payment Mode : DC/CC Card      Payor Name : SELFPAY



# CONSENT FOR FORMULA FEEDS

Patient Name : ..... HNH-00016715 IP26-00006905  
Baby Of S.V MONIKA  
20-07-2026 0 Y 0 M 1 D (M)  
Dr. SPANDANA PASUPULETI  
UHID No : ..... : ..... Department : ..... Date : .....

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

## Patient Attendant :

Signature : ..... S.V. Monika  
Name : ..... S.V. Monika  
Relationship with Patient: .....  
Date & Time : ..... 21/7/26 @ 8pm

## Witness :

Signature : ..... Sandhya  
Name : ..... Sandhya  
Date & Time : ..... 21/7/26 @ 8pm

## Doctor (who is taking the consent) :

Signature : ..... PRANAV  
Name : ..... PRANAV  
Date & Time : ..... 21/7/26

## డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

# PATIENT TRANSFER FORM

|                                                                                                                                   |                                |                                                                                                                                                                            |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Patient Name & UHID No.<br>HNH-00016715 IP26-00006905<br>Baby Of S.V MONIKA<br>20-07-2026 OYOMODOH (M)<br>Dr. SPANDANA PASUPULETI |                                | Date & Time of Admission<br>21/7/26 @ 10:34 PM                                                                                                                             | Date & Time of Transfer Order<br>21/7/26 @ 9:07 AM |
|                                                  |                                | Transfer Ordered by<br>Dr. Spandana                                                                                                                                        | Reason for Transfer<br>observation                 |
| From Unit<br>Pre & Post                                                                                                           | To Unit<br>Floor               | Information to Attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                            |                                                    |
| Number of Sheets in Clinical File<br>(20)                                                                                         | Number of Imaging Films<br>Nil | Personal belongings including clinical documents. If any handed over to attendant<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, what ? |                                                    |
| Medications / Consumables / Surgicals / Hand over                                                                                 |                                |                                                                                                                                                                            |                                                    |
| Sl.No.                                                                                                                            | Item Name                      | Quantity                                                                                                                                                                   |                                                    |
| 1.                                                                                                                                |                                |                                                                                                                                                                            |                                                    |
| 2.                                                                                                                                |                                |                                                                                                                                                                            |                                                    |
| 3.                                                                                                                                |                                |                                                                                                                                                                            |                                                    |
| 4.                                                                                                                                |                                |                                                                                                                                                                            |                                                    |
| 5.                                                                                                                                |                                |                                                                                                                                                                            |                                                    |
| Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>                             |                                |                                                                                                                                                                            |                                                    |
| Name & Signature of Person who is Transferring<br>Sis. Madhumi                                                                    |                                | Name of Person Ordered Transfer<br>Dr. Spandana                                                                                                                            |                                                    |
| Patient & Clinical Records Received by :<br>Anusha                                                                                |                                |                                                                                                                                                                            |                                                    |
| Date & Time of Patient Received : 21/7/26 @ 9:10 PM                                                                               |                                |                                                                                                                                                                            |                                                    |

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

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

### BIRTH INFORMATION

Name : B/o S.V. monika Mother's Blood Group : A ⊕ ve  
 Gender : ☒ M ☐ F Blood Group : ..... Birth Weight (gms) : 2.72kg Length (cms) : .....  
 Date of Birth : 20/7/26 Time of Birth : 9:58pm OFC (cms) : .....  
 Place of Birth : RCH Estimated Gesth Age : 39 + 3 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : 152cms Wt : 76.9 BMI : ..... Married Life : ..... LMP : 12/10/25 EDD : .....

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

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

Last Scans Details : NT - (N), TIFFA - (N), USG (29/6/26) - AFI: 14-7

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

### MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

H/o value of recent BP recording, proteinuria, edema,  
 oliguria, any investigations (LFT, platelet count) : .....

IUGR - when detected : .....

Doppler ( Increased Resistance / ADEF / REDF /

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

AFI : ..... (SRM)

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

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

Compliance with Rx : .....

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

H/o Hypothyroidism : when diagnosed ? Medication?

Any other Chronic Medical Problems, when detected  
 drugs ? .....

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

Infection : H/O, Fever

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

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

**PPROM** : Duration : 12 hours ☐ 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 |
|---------|-----|--------|------|--------|-------------|---------|
|         |     | Primi  |      |        |             |         |
|         |     |        |      |        |             |         |
|         |     |        |      |        |             |         |

### PERINATAL HISTORY

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

#### Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication : .....

Specify the reason : ..... *1st no progression of labour.*

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitation : ☐ Yes ☐ No

Cord ABG : .....

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

### 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             |

TOTAL

| 1 Minute | 5 Minutes | 10 Minutes |
|----------|-----------|------------|
| 1        | 1         |            |
| 2        | 2         |            |
| 2        | 2         |            |
| 2        | 2         |            |
| 2        | 2         |            |
| 9/10     | 9/10      |            |

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

Comments :

### POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



New Born Screening : .....

TFT : .....

OAE : .....

Mother's Blood Group : A + ve

Baby's Blood Group : A + ve

Anomaly Scan : .....

Vaccination 2/17/26 BCG PPV given

(P.T.O)

[illegible]



Hi

Baby delivered via Em. Us



cried immediately after birth



was changed  
ing wt. & given



SpO<sub>2</sub> - 91% @ 1 min



shifted to mother  
side

Investigation details in previous Hospital :

Feeding History :

HNH-00016715 IP26-00006905  
Baby Of S.V MONIKA  
20-07-2026 0 Y 0 M 0 D 1 H (M)  
Dr. SPANDANA PASUPULETI



Past Hist

Family History :

Socio Economic History :

### GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : 136 bpm RR : 52 NIBP : ..... CFT : 12ml

Color of the extremities : pink

Jaundice : ..... Pallor : ..... SpO2 : 100% RA

Anthropometry : Birth Weight : 2.72kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....



## HEAD TO TOE EXAMINATION

|                                                |                                                                                                                         |                    |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>HEAD :</b>                                  | Fontanelles :<br>Sutures<br>Shape / Moulding :<br>Edema / Bruising :<br>Size - (H.C.) :                                 | ] (N)              |
| <b>Facies :</b><br>(Any Facial<br>Dysmorphism) |                                                                                                                         | (N)                |
| <b>NECK and<br/>CLAVICLES :</b>                | Range of Motion :<br>Asymmetry :<br>Masses :                                                                            | (N)                |
| <b>EYES :</b>                                  | Symmetry :<br>Red Reflex :<br>Discharge :                                                                               | to be checked      |
| <b>EARS, NOSE<br/>MOUTH and<br/>THROAT :</b>   | Ear set / Shape :<br>Periauricular Pits / Tags :<br>Nasal shape / Patency :<br>Palate :<br>Gums :<br>Lips :<br>Tongue : | (N)                |
| <b>THORAX and<br/>BREASTS :</b>                | Shape of Thorax :<br>Position of Nipples and Number :                                                                   | (N)                |
| <b>ABDOMEN and<br/>UMBILICUS :</b>             | Shape :<br>Organomegaly :<br>Bowel Sounds :<br>Umbilical Stump :<br>Discharge :                                         | 2A 1V              |
| <b>GENITALIA :</b>                             | Labia / Hymen :<br>Testicles/penis :<br>Anus :                                                                          | (N) male genitalia |
| <b>HERNIAL ORIFICES</b>                        |                                                                                                                         |                    |
| <b>TRUNK and SPINE :</b>                       | several dimple (+)                                                                                                      |                    |
| <b>SKIN LESIONS :</b>                          |                                                                                                                         |                    |
| <b>EXTREMITIES :</b>                           | Fingers / Toes :<br>Arms / Legs :<br>Deformities :<br>Mobility :<br>Hip Joint Examination :                             | (N)                |

HNH-00016715 IP26-00006905  
 Baby Of S.V MONIKA  
 20-07-2026 0 Y 0 M 0 D 0 H (M)  
 Dr. SPANDANA PASUPULETI



## 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 : 100% Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

### Cardiovascular System :

HR : 155 BP : S1 S2 (+) Precordial Activity : .....

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

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

### Abdomen :

Shape : soft no hernia Hernia orifice : .....

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

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

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

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

State of wakefulness : .....

Prechtle Score : .....

### Nerves :

.....

.....

.....

### Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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



Any Congenital Anomalies : .....

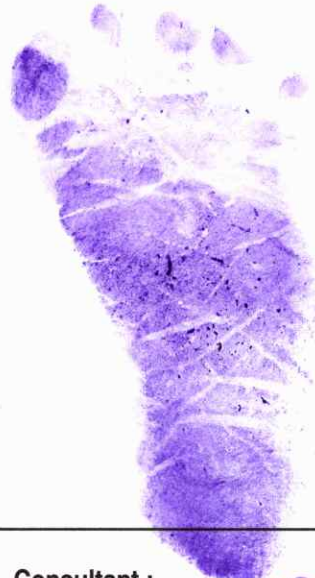
Diagnosis : ..... Preterm / term / 39+3w / male / 2.72kg / AYA / em. ves.  
- leak (+) : 12 hours

### FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : ..... *Thanni*

Name : ..... *Thanni*

Date & Time : ..... *20/7/26 ; 9:45 pm*

Consultant :

Signature : ..... *Dr. SPANDANA PASUPULETI*

Name : ..... *Reg. No: 3092*

Date & Time : .....

### PLEASE FILL UP THE FOLLOWING DETAILS

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



## AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : ..... 1)

Plan during ward follow up :

- 1) warm care
- 2) DBF every 2nd h / hb keeping
- 3) vaccination to be done
- 4) SBR  
NBS  
OAE } e48 HCL

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

- 5) monitor vitals.

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

HNH-00016715 IP26-00006905  
 Baby Of S.V MONIKA  
 20-07-2026 0 Y 0 M 0 D 0 H (M)  
 Dr. SPANDANA PASUPULETI

DATE : 20/7/20

## NEWBORN ANOMOLY ASSESSMENT CHECKLIST

| S.NO | ASSESSMENT PARAMETERS                | CHECKED BY REGISTRAR    | CHECKED BY CONSULTANT | REMARKS |
|------|--------------------------------------|-------------------------|-----------------------|---------|
| 1.   | Palate                               | (N)                     | (N)                   |         |
| 2    | Pre natal teeth                      | absent                  | (N)                   |         |
| 3    | Anal opening                         | Patent                  | (N)                   |         |
| 4    | Genitalia                            | (N) male genitalia      | (N)                   |         |
| 5    | Spine                                | - sacral dimple (+) (N) | (N)                   |         |
| 6    | Red reflex                           | to be                   |                       |         |
| 7    | 4 limb saturation (before discharge) | checked                 |                       |         |

*[Signature]*

Ped.Registrar signature

*[Signature]*

Ped.Consultant signature

HNH-00016715 IP26-00006905  
 Baby Of S.V MONIKA  
 20-07-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. SPANDANA PASUPULETI



301



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

**BirthRight™**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## RESULT SHEET

|                     |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Date                |  |  |  |  |  |
| Time                |  |  |  |  |  |
| Hb                  |  |  |  |  |  |
| PCV                 |  |  |  |  |  |
| RBC                 |  |  |  |  |  |
| WBC                 |  |  |  |  |  |
| N/L                 |  |  |  |  |  |
| Platelets           |  |  |  |  |  |
| CRP                 |  |  |  |  |  |
| ESR                 |  |  |  |  |  |
| PCT                 |  |  |  |  |  |
| RBS                 |  |  |  |  |  |
| Na                  |  |  |  |  |  |
| K                   |  |  |  |  |  |
| Cl                  |  |  |  |  |  |
| Ca/Mg               |  |  |  |  |  |
| Phosphate           |  |  |  |  |  |
| Urea                |  |  |  |  |  |
| Creatinine          |  |  |  |  |  |
| ALP                 |  |  |  |  |  |
| SGPT                |  |  |  |  |  |
| SGOT                |  |  |  |  |  |
| T.Bill/Conj         |  |  |  |  |  |
| T.Protein           |  |  |  |  |  |
| S.Albumin           |  |  |  |  |  |
| S.Globulin          |  |  |  |  |  |
| A/G Ratio           |  |  |  |  |  |
| Uric Acid           |  |  |  |  |  |
| S.Amylase           |  |  |  |  |  |
| Sr.Lipase           |  |  |  |  |  |
| Blood Lactate       |  |  |  |  |  |
| S.Cholesterol       |  |  |  |  |  |
| PT/INR              |  |  |  |  |  |
| APTT                |  |  |  |  |  |
| CSF Protein / Sugar |  |  |  |  |  |
| Cells               |  |  |  |  |  |
| N/L                 |  |  |  |  |  |

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology :      USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.,) : .....



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

EARLY WARNING SCORE: CHILDREN'S UNIT

|                                                           |                     |       |          |      |       |      |      |       |      |      |
|-----------------------------------------------------------|---------------------|-------|----------|------|-------|------|------|-------|------|------|
| Date:                                                     | 21/2/26             | Time: | 11:00 AM | 5 AM | 10 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM |
| Doctor/Nurse/Family Concern?                              |                     |       |          |      |       |      |      |       |      |      |
| Temperature<br>(°F)                                       | 104                 |       |          |      |       |      |      |       |      |      |
|                                                           | 103                 |       |          |      |       |      |      |       |      |      |
|                                                           | 102                 |       |          |      |       |      |      |       |      |      |
|                                                           | 101                 |       |          |      |       |      |      |       |      |      |
|                                                           | 100                 |       |          |      |       |      |      |       |      |      |
|                                                           | 99                  |       |          |      |       |      |      |       |      |      |
|                                                           | 98                  |       |          |      |       |      |      |       |      |      |
|                                                           | 97                  |       |          |      |       |      |      |       |      |      |
|                                                           | 96                  |       |          |      |       |      |      |       |      |      |
|                                                           | 95                  |       |          |      |       |      |      |       |      |      |
| 94                                                        |                     |       |          |      |       |      |      |       |      |      |
| Heart Rate<br>(bpm)<br>and<br>Blood Pressure<br>(mmHg) *  | 190                 |       |          |      |       |      |      |       |      |      |
|                                                           | 180                 |       |          |      |       |      |      |       |      |      |
|                                                           | 170                 |       |          |      |       |      |      |       |      |      |
|                                                           | 160                 |       |          |      |       |      |      |       |      |      |
|                                                           | 150                 |       |          |      |       |      |      |       |      |      |
|                                                           | 140                 |       |          |      |       |      |      |       |      |      |
|                                                           | 130                 |       |          |      |       |      |      |       |      |      |
|                                                           | 120                 |       |          |      |       |      |      |       |      |      |
|                                                           | 110                 |       |          |      |       |      |      |       |      |      |
|                                                           | 100                 |       |          |      |       |      |      |       |      |      |
| Note:<br>BP does not score<br>in early<br>warning scoring | 90                  |       |          |      |       |      |      |       |      |      |
|                                                           | 80                  |       |          |      |       |      |      |       |      |      |
|                                                           | 70                  |       |          |      |       |      |      |       |      |      |
|                                                           | 60                  |       |          |      |       |      |      |       |      |      |
|                                                           | 50                  |       |          |      |       |      |      |       |      |      |
|                                                           | Heart Rate (Number) |       |          |      |       |      |      |       |      |      |
|                                                           | 70                  |       |          |      |       |      |      |       |      |      |
|                                                           | 60                  |       |          |      |       |      |      |       |      |      |
|                                                           | 50                  |       |          |      |       |      |      |       |      |      |
|                                                           | 40                  |       |          |      |       |      |      |       |      |      |
| 30                                                        |                     |       |          |      |       |      |      |       |      |      |
| 20                                                        |                     |       |          |      |       |      |      |       |      |      |
| 10                                                        |                     |       |          |      |       |      |      |       |      |      |
| Resp Rate (bpm)<br>(Over 1 Minute) *                      |                     |       |          |      |       |      |      |       |      |      |
| Resp Rate (Number)                                        |                     |       |          |      |       |      |      |       |      |      |
| Resp                                                      | Mod/ Severe         |       |          |      |       |      |      |       |      |      |
| Distress                                                  | None / Mild         |       |          |      |       |      |      |       |      |      |
| Receiving O <sub>2</sub> (l/min)                          |                     |       |          |      |       |      |      |       |      |      |
| O <sub>2</sub> Saturations (%)                            |                     |       |          |      |       |      |      |       |      |      |
| Conscious                                                 | Normal              |       |          |      |       |      |      |       |      |      |
| Level                                                     | Altered             |       |          |      |       |      |      |       |      |      |
| GCS *                                                     |                     |       |          |      |       |      |      |       |      |      |
| TOTAL SCORE                                               |                     |       |          |      |       |      |      |       |      |      |
| Number of shaded boxes                                    |                     |       |          |      |       |      |      |       |      |      |
| Pain Score                                                |                     |       |          |      |       |      |      |       |      |      |
| Observer's Initials                                       |                     |       |          |      |       |      |      |       |      |      |
| ACTIONS                                                   |                     |       |          |      |       |      |      |       |      |      |
| NB: Scores 3 should be recorded overleaf                  |                     |       |          |      |       |      |      |       |      |      |

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

# CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

## INSTRUCTIONS:

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

| Record Details when <b>EARLY WARNING SCORE &gt; 3</b> |      |                     | Record Time of Review and Plan |      |      |
|-------------------------------------------------------|------|---------------------|--------------------------------|------|------|
| Date                                                  | Time | Early Warning Score | Date                           | Time | Name |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |
|                                                       |      |                     |                                |      |      |

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

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

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

HNH-00016715  
Baby Of S.V MONIKA  
20-07-2026  
Dr. SPANDANA PASUPULETI

IP26-00006905

0 Y 0 M 0 D 0 H (M)

I / FRM / CLINICAL / 124

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

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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

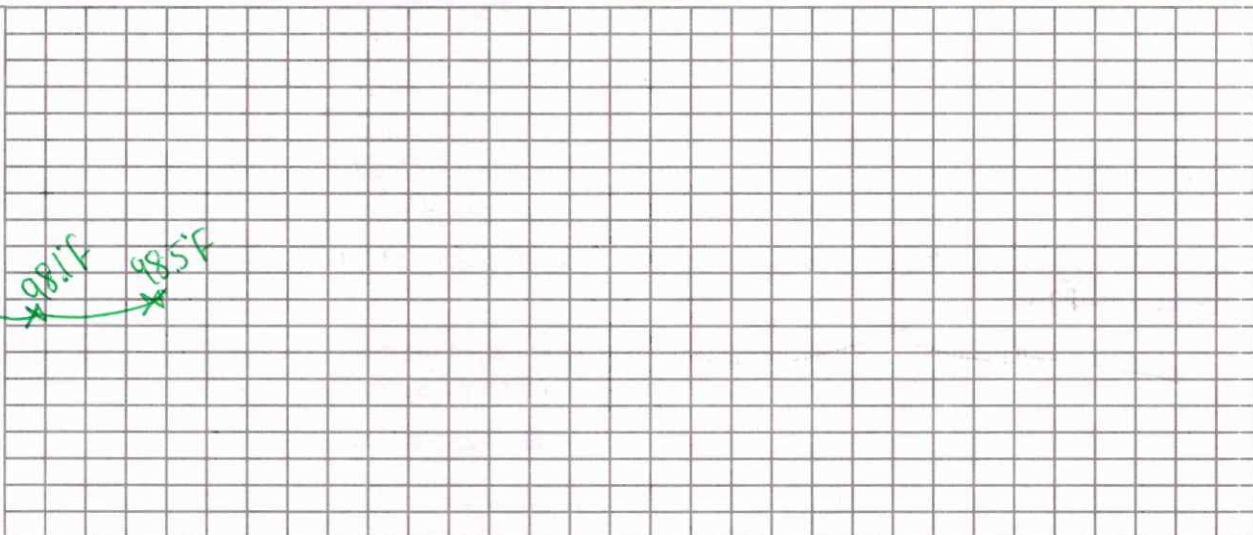
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 22/7/26 Time: 10 AM 2 PM

Doctor/Nurse/Family Concern?

Temperature  
(°F)

104  
103  
102  
101  
100  
99  
98  
97  
96  
95  
94



Heart Rate  
(bpm)

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

and

Blood Pressure  
(mmHg) \*

150  
140  
130  
120  
110  
100  
90  
80  
70  
60  
50

Note:

BP does not score  
in early  
warning scoring



Heart Rate (Number)

140 bpm 136 bpm

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

70  
60  
50  
40  
30  
20  
10



Resp Rate (Number)

40 bpm 40 bpm

Resp Mod/ Severe  
Distress None / Mild

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

100% 100%

Conscious Level  
Normal  
Altered

GCS \*

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

0 0  
0 0  
E A

ACTIONS

NB: Scores 3 should be  
recorded overleaf

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

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

CHILDREN'S OBSERVATION  
and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00016715 IP26-00006905  
 Baby Of S.V MONIKA  
 20-07-2028 0 Y 0 M 0 D 0 H (M)  
 Dr. SPANDANA PASUPULETI

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

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

## FLUID CHART

Sheet No. : 1

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

|                             |          | Intake             |       |     | Output                       |           |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |  |
|-----------------------------|----------|--------------------|-------|-----|------------------------------|-----------|-------|----------|-------|-------------------------------------------|----------------|--|
| Date                        | Time     | Nature<br>of Fluid | Route |     | NG                           | Diarrhoea | Vomit | Drainage | Urine |                                           |                |  |
|                             |          |                    | Mouth | I.V | N.G                          |           |       |          |       |                                           |                |  |
|                             | 08:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 09:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 10:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 11:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 12:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 01:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
| <b>Total Intake :</b>       |          |                    |       |     | <b>Total Output :</b>        |           |       |          |       |                                           |                |  |
|                             | 02:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 03:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 04:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 05:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 06:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 07:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
| <b>Total Intake :</b>       |          |                    |       |     | <b>Total Output :</b>        |           |       |          |       |                                           |                |  |
| 21/7                        | 08:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 09:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 10:00 pm | DBF                |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 11:00 pm |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 12:00 am | DBF                |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 01:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
| <b>Total Intake : Taken</b> |          |                    |       |     | <b>Total Output :</b>        |           |       |          |       |                                           |                |  |
| 21/7                        | 02:00 am | DBF                |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 03:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 04:00 am | DBF                |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 05:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 06:00 am | DBF                |       |     |                              |           |       |          |       |                                           |                |  |
|                             | 07:00 am |                    |       |     |                              |           |       |          |       |                                           |                |  |
| <b>Total Intake : Taken</b> |          |                    |       |     | <b>Total Output : passed</b> |           |       |          |       |                                           |                |  |
| <b>Total 24 hrs. Intake</b> |          |                    |       |     |                              |           |       |          |       |                                           |                |  |
| <b>Total 24 hrs. Output</b> |          |                    |       |     |                              |           |       |          |       |                                           |                |  |

## FLUID CHART

Sheet No. : .....

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

| Date                        | Time     | Nature of Fluid | Intake |     |     | Output                        |           |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|-----------------------------|----------|-----------------|--------|-----|-----|-------------------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
|                             |          |                 | Mouth  | I.V | N.G | NG                            | Diarrhoea | Vomit | Drainage | Urine |                                 |             |  |
| 21/7/26                     | 08:00 am | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 09:00 am |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 10:00 am | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 11:00 am |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 12:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 01:00 pm |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>         |           |       |          |       |                                 |             |  |
| 21/7/26                     | 02:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 03:00 pm |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 04:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 05:00 pm |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 06:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 07:00 pm |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
| <b>Total Intake : Taken</b> |          |                 |        |     |     | <b>Total Output : U-2 M-5</b> |           |       |          |       |                                 |             |  |
| 21/7/26                     | 08:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 09:00 pm |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 10:00 pm | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 11:00 pm |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 12:00 am | DBF             |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 01:00 am |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>         |           |       |          |       |                                 |             |  |
| 22/7/26                     | 02:00 am | DBF + FF        |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 03:00 am |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 04:00 am | DBF + FF        |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 05:00 am |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 06:00 am | DBF + FF        |        |     |     |                               |           |       |          |       |                                 |             |  |
|                             | 07:00 am |                 |        |     |     |                               |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b>       |          |                 |        |     |     | <b>Total Output :</b>         |           |       |          |       |                                 |             |  |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00016715 IP26-00006905

Baby Of S.V MONIKA

20-07-2026

Q Y O M 1 D

(M)

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

## FLUID CHART

Sheet No. : .....

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

|                             |          | Intake             |       |     |     | Output                      |           |       |          |       |  | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |
|-----------------------------|----------|--------------------|-------|-----|-----|-----------------------------|-----------|-------|----------|-------|--|-------------------------------------------|----------------|
| Date                        | Time     | Nature<br>of Fluid | Route |     |     | NG                          | Diarrhoea | Vomit | Drainage | Urine |  |                                           |                |
|                             |          |                    | Mouth | I.V | N.G |                             |           |       |          |       |  |                                           |                |
| 22/7/26                     | 08:00 am | 1                  |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 09:00 am |                    | DDFF  |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 10:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 11:00 am |                    | DDFF  |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 12:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 01:00 pm |                    | DDFF  |     |     |                             |           |       |          |       |  |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |  |                                           |                |
|                             | 02:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 03:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 04:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 05:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 06:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 07:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |  |                                           |                |
|                             | 08:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 09:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 10:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 11:00 pm |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 12:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 01:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |  |                                           |                |
|                             | 02:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 03:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 04:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 05:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 06:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
|                             | 07:00 am |                    |       |     |     |                             |           |       |          |       |  |                                           |                |
| <b>Total Intake :</b>       |          |                    |       |     |     | <b>Total Output :</b>       |           |       |          |       |  |                                           |                |
| <b>Total 24 hrs. Intake</b> |          |                    |       |     |     | <b>Total 24 hrs. Output</b> |           |       |          |       |  |                                           |                |

# FLUID CHART

Sheet No. : .....

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

|                       |          | Intake             |       |     |     | Output                |           |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |
|-----------------------|----------|--------------------|-------|-----|-----|-----------------------|-----------|-------|----------|-------|-------------------------------------------|----------------|
| Date                  | Time     | Nature<br>of Fluid | Route |     |     | NG                    | Diarrhoea | Vomit | Drainage | Urine |                                           |                |
|                       |          |                    | Mouth | I.V | N.G |                       |           |       |          |       |                                           |                |
|                       | 08:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 09:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 10:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 11:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 12:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 01:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
| <b>Total Intake :</b> |          |                    |       |     |     | <b>Total Output :</b> |           |       |          |       |                                           |                |
|                       | 02:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 03:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 04:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 05:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 06:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 07:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
| <b>Total Intake :</b> |          |                    |       |     |     | <b>Total Output :</b> |           |       |          |       |                                           |                |
|                       | 08:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 09:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 10:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 11:00 pm |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 12:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 01:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
| <b>Total Intake :</b> |          |                    |       |     |     | <b>Total Output :</b> |           |       |          |       |                                           |                |
|                       | 02:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 03:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 04:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 05:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 06:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
|                       | 07:00 am |                    |       |     |     |                       |           |       |          |       |                                           |                |
| <b>Total Intake :</b> |          |                    |       |     |     | <b>Total Output :</b> |           |       |          |       |                                           |                |

Total 24 hrs. Intake

Total 24 hrs. Output

# NURSING CARE RECORD

Date: 20/7/26

## Goals

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

|           | Time | Plan of Care                                                                                                 | Time | Implementation                                                                                                     | Evaluation     | Re-Assessment               | Nurse Name & Signature |
|-----------|------|--------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|------------------------|
| Morning   |      |                                                                                                              |      |                                                                                                                    |                |                             |                        |
| Afternoon |      |                                                                                                              |      |                                                                                                                    |                |                             |                        |
| Night     | 8pm  | Assess the Baby condition<br>monitor the vitals & heart<br>Diet and baby's burping<br>maintain glucose level | 8pm  | Assessed the Baby condition<br>monitored the vitals & heart<br>Diet and baby's burping<br>maintained glucose level | Baby is stable | Maintain D10 chart & record | AKW<br>A               |

# NURSING CARE RECORD

Date: 21/7/26

Goals

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

|           | Time | Plan of Care                           | Time | Implementation                         | Evaluation      | Re-Assessment     | Nurse Name & Signature |
|-----------|------|----------------------------------------|------|----------------------------------------|-----------------|-------------------|------------------------|
| Morning   | 8Am  | → Assess Baby condition                | 8am  | → Assessed Baby condition              | Baby is stable  | Re-checked vitals | Aup                    |
|           | to   | → monitor the vitals                   | 7p   | → monitored vitals                     |                 |                   |                        |
|           |      | → maintain Ilo chart                   |      | → maintained Ilo chart                 |                 |                   |                        |
|           |      | → DBF every 2nd hrly                   |      | → DBF every 2nd hrly                   |                 |                   |                        |
|           | 2pm  | → vaccination done                     | 2pm  | → vaccination is done                  |                 |                   |                        |
| Afternoon | 2pm  | → Assess the patient condition         | 2pm  | → Assessed the baby condition          | Baby is stable. | Rechecked vitals  | g                      |
|           |      | → monitor vitals                       |      | → monitored vitals.                    |                 |                   |                        |
|           |      | → DBF every 2nd hrly                   |      | → DBF every 2nd hrly                   |                 |                   |                        |
|           |      | → vaccination done.                    |      | → maintained Ilo.                      |                 |                   |                        |
|           | 8pm  |                                        | 8pm  |                                        |                 |                   |                        |
| Night     | 8Am  | → Assess the patient general condition | 8pm  | → Assess the patient general condition | Baby is stable  | Rechecked vitals  | Sam                    |
|           |      | → monitor vitals                       |      | → Monitor vitals                       |                 |                   |                        |
|           |      | → DBF Every 2nd hrly.                  |      | → DBF Every 2nd hrly                   |                 |                   |                        |
|           | 8Am  |                                        | 8Am  |                                        |                 |                   |                        |



## NURSING CARE RECORD

Date: 22/7/26

**Goals**

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

|           | Time | Plan of Care                                                                                                        | Time | Implementation                                                                                                            | Evaluation           | Re-Assessment            | Nurse Name & Signature |
|-----------|------|---------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|------------------------|
| Morning   | 8Am  | → Assess the baby condition.<br>→ monitor the vitals.<br>→ maintain z/c chart.<br>→ DRF + FF give every 2nd hourly. | 8Am  | → Assessed the baby condition.<br>→ monitored the vitals<br>→ maintained z/c chart.<br>→ DRF + FF given every 2nd hourly. | → Baby is stable now | → Re assessed the vitals |                        |
|           | 2pm  |                                                                                                                     | 2pm  |                                                                                                                           |                      |                          |                        |
| Afternoon |      |                                                                                                                     |      |                                                                                                                           |                      |                          |                        |
| Night     |      |                                                                                                                     |      |                                                                                                                           |                      |                          |                        |

Patient Sticker

# NURSING CARE RECORD



Date: .....

**Goals**

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

|           | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|-----------|------|--------------|------|----------------|------------|---------------|------------------------|
| Morning   |      |              |      |                |            |               |                        |
| Afternoon |      |              |      |                |            |               |                        |
| Night     |      |              |      |                |            |               |                        |

HNH-00016715

IP26-00006905

Baby Of S.V MONIKA

20-07-2026 0 Y 0 M 0 D 0 H (M)

Dr. SPANDANA PASUPULETI



## BRADEN 'Q' SCALE

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

|                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Date :                  | 21/7 | 21/7 | 21/7 | 21/7/26 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|------|------|---------|
|                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | Time :                  | NI   | M6   | Eng  | N       |
| Mobility                                                                                                                                                                    | <b>1. Completely immobile:</b><br>Does not make even slight changes in body or extremity position without assistance.                                                                                                                                                                                                                    | <b>2. Very limited:</b><br>Makes occasional slight changes in body or extremity position but unable to completely turn self independently.                                                                                                                                                                                                                   | <b>3. Slightly limited:</b><br>Makes frequent through slight changes in body or extremity position independently.                                                                                                                                                                               | <b>4. No limitations:</b><br>Makes major and frequent changes in position without assistance.                                                                                                                                                                                          | 3                       | 3    | 3    | 3    |         |
| "Activity The degree of physical activity"                                                                                                                                  | <b>1. Bedfast :</b><br>Confined to bed                                                                                                                                                                                                                                                                                                   | <b>2. Chairfast :</b><br>Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."                                                                                                                                                                                                         | <b>3. Walks occasionally:</b><br>Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.                                                                                                                        | <b>4. All patients too young to ambulate; OR walks frequently:</b><br>Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.                                                                                                    | 3                       | 3    | 3    | 3    |         |
| Sensory Perception                                                                                                                                                          | <b>1. Completely limited:</b><br>Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.                                                                                                                  | <b>2. Very limited:</b><br>responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.                                                                                                                               | <b>3. Slightly limited:</b><br>Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.                                                           | <b>4. No impairment:</b><br>Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.                                                                                                                                    | 2                       | 3    | 3    | 3    |         |
| Moisture Degree to which skin is exposed to moisture                                                                                                                        | <b>1. Constantly moist:</b><br>Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.                                                                                                                                                                   | <b>2. Very moist:</b><br>Skin is often, but not always, moist. Linen must be changed at least every 8 hours.                                                                                                                                                                                                                                                 | <b>3. Occasionally moist:</b><br>Skin is occasionally moist, requiring linen change every 12 hours.                                                                                                                                                                                             | <b>4. Rarely moist:</b><br>Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.                                                                                                                                                                   | 3                       | 3    | 3    | 3    |         |
| <b>FRICION-SHEAR</b><br><b>Friction</b> Occurs when Skin moves against support surfaces<br><b>Shear</b> Occurs when skin and adjacent bony surface slide across one another | <b>1. Significant problem:</b><br>Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.                                                                                                                                                                                                        | <b>2. Problem:</b><br>Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.                                                                                                                    | <b>3. Potential problem:</b><br>Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.            | <b>4. No apparent problem:</b><br>Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."                         | 3                       | 3    | 3    | 3    |         |
| Nutritional Usual food intake pattern                                                                                                                                       | <b>1. Very Poor:</b><br>NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | <b>2. Inadequate:</b><br>Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | <b>3. Adequate:</b><br>Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | <b>4. Excellent:</b><br>Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation. | 2                       | 2    | 3    | 3    |         |
| Tissue Perfusion & Oxygenation                                                                                                                                              | <b>1. Extremely compromised:</b><br>Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.                                                                                                                                                                                   | <b>2. Compromised:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.                                                                                                                                                                                                | <b>3. Adequate:</b><br>Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.                                                                                                                                        | <b>4. Excellent:</b><br>Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.                                                                                                                                                                               | 3                       | 3    | 3    | 3    |         |
| <b>Severe Risk : less than 9   High Risk : 10-12   Moderate Risk : 13-14   Mild Risk : 15-18   Not at Risk: 19-23</b>                                                       |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>TOTAL SCORE</b>      | 20   | 22   | 21   | 21      |
| Docu. No. : RCH /FRM / CLINICAL / 119                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                        | <b>Evaluator's Name</b> | Q    | H    | G    | H       |

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



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

| Assessment Criteria                           | Sedation                                                                                                                                                                                                      |                                                             | Normal                                        | Pain / Agitation                                                                           |                                                                                                                                                         | Date                                   | Date            | Date            | Date            | Date            | Date | Date | Date |  |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------|-----------------|-----------------|-----------------|------|------|------|--|
|                                               | -2                                                                                                                                                                                                            | -1                                                          | 0                                             | 1                                                                                          | 2                                                                                                                                                       | Time                                   | Time            | Time            | Time            | Time            | Time | Time | Time |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | 20/7                                   | 21/7            | 21/7            | 22/7            |                 |      |      |      |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | NI                                     | MG              | NI              | MG              |                 |      |      |      |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | Procedure →                            |                 |                 |                 |                 |      |      |      |  |
| <b>Crying Irritability</b>                    | No Cry with painful stimuli                                                                                                                                                                                   | Moans or cries minimally with painful stimuli               | Appropriate crying Not irritable              | Irritable or crying at intervals consolable                                                | High-pitched or silent-continuous cry Inconsolable                                                                                                      | 0                                      | 0               | 0               | 0               |                 |      |      |      |  |
| <b>Behavior State</b>                         | No arousal to any stimuli<br>No spontaneous movement                                                                                                                                                          | Arouses minimally to stimuli<br>Little spontaneous movement | Appropriate for gestational age               | Restless, squirming<br>Awakens frequently                                                  | Arching, kicking constantly awake or<br>Arouses minimally / no movement (not sedated)                                                                   | 0                                      | 0               | 0               | 0               |                 |      |      |      |  |
| <b>Facial Expression</b>                      | Mouth is lax<br>No expression                                                                                                                                                                                 | Minimal expression with stimuli                             | Relaxed Appropriate                           | Any pain expression intermittent                                                           | Any pain expression continual                                                                                                                           | 0                                      | 0               | 0               | 0               |                 |      |      |      |  |
| <b>Extremities Tone</b>                       | No grasp reflex<br>Flaccid tone                                                                                                                                                                               | Weak grasp reflex<br>decreased muscle tone                  | Relaxed hands and feet<br>Normal Tone         | Intermittent clenched toes, fists or finger splay<br>Body is not tense                     | Continual clenched toes, fists, or finger splay<br>Body is tense                                                                                        | 0                                      | 0               | 0               | 0               |                 |      |      |      |  |
| <b>Vital Signs HR RR, BP, SaO<sub>2</sub></b> | No variability with stimuli<br>Hypoventilation or apnea                                                                                                                                                       | Less than 10% variability from baseline with stimuli        | Within baseline or normal for gestational age | Increase 10-20% from baseline<br>SaO <sub>2</sub> 76-85% with stimulation - quick recovery | Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator | 0                                      | 0               | 0               | 0               |                 |      |      |      |  |
|                                               | <b>Premature Pain Assessment: Scoring</b><br>+3 if less than 28 weeks gestation age / Corrected Age<br>+2 if 28 - 31 weeks gestation age / Corrected Age<br>+1 if 32 - 35 weeks gestation age / Corrected Age |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Gestational Age / Corrected Age</b> | 89w 0d 0h 0m 0s | 39w 0d 0h 0m 0s | 39w 0d 0h 0m 0s | 39w 0d 0h 0m 0s |      |      |      |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Total Pain / Agitation Score</b>    | -               | -               | -               | -               |      |      |      |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Intervention</b>                    | -               | -               | -               | -               |      |      |      |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Effectiveness</b>                   | -               | -               | -               | -               |      |      |      |  |
|                                               |                                                                                                                                                                                                               |                                                             |                                               |                                                                                            |                                                                                                                                                         | <b>Signature</b>                       | @               | H               | SS              | A               |      |      |      |  |

## NPASS: Neonatal Pain, Agitation & Sedation Scale

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

## NURSING SHIFT HAND OVER FORM - WARD

 Treating Doctor: ..... Department: LD Date of Admission: 20/7/26

|                                          |                                                           |                    |                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |
|------------------------------------------|-----------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SITUATION</b>                         | Diagnosis:                                                |                    | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                                     |                                                                     |                                                                     |                                                                     |
|                                          |                                                           |                    |                                                                                                                                                |                                                                     |                                                                     |                                                                     |                                                                     |
| <b>BACKGROUND</b>                        | Area                                                      | Shift Time         | <u>N1</u>                                                                                                                                      | <u>21/7</u><br><u>M6</u>                                            | <u>21/7/26</u><br><u>Evening</u>                                    | <u>21/7/26</u><br><u>N1</u>                                         | <u>22/7/26</u><br><u>M6</u>                                         |
|                                          | Medical Condition<br>(Any special condition to be noted): |                    | <u>NA</u>                                                                                                                                      | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           | <u>NA</u>                                                           |
| <b>ASSESSMENT</b>                        | Allergy:                                                  |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Tubes/Drains/Catheter:                                    |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Vital Signs:                                              | Temp:              | <u>97.5°F</u>                                                                                                                                  | <u>98.2°F</u>                                                       | <u>98.3°F</u>                                                       | <u>98.6°F</u>                                                       | <u>98.1°F</u>                                                       |
|                                          |                                                           | Res:               | <u>55b/m</u>                                                                                                                                   | <u>43b/m</u>                                                        | <u>45b/m</u>                                                        | <u>44b/m</u>                                                        | <u>44b/m</u>                                                        |
|                                          |                                                           | SpO <sub>2</sub> : | <u>99.1</u>                                                                                                                                    | <u>99.1</u>                                                         | <u>99.1</u>                                                         | <u>98.1</u>                                                         | <u>99.1</u>                                                         |
|                                          |                                                           | Pulse:             | <u>150b/m</u>                                                                                                                                  | <u>148b/m</u>                                                       | <u>142b/m</u>                                                       | <u>140b/m</u>                                                       | <u>140b/m</u>                                                       |
|                                          |                                                           | BP:                | <u>-</u>                                                                                                                                       | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            |
|                                          |                                                           | Fall Risk Score:   | <u>-</u>                                                                                                                                       | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            |
| Pain Score:                              |                                                           | <u>-</u>           | <u>-</u>                                                                                                                                       | <u>-</u>                                                            | <u>-</u>                                                            | <u>1/5</u>                                                          |                                                                     |
| <b>Recommendations</b>                   | Safety Needs:                                             |                    | <u>Yes</u>                                                                                                                                     | <u>Yes</u>                                                          | <u>Yes</u>                                                          | <u>Yes</u>                                                          | <u>Yes</u>                                                          |
|                                          | Physiotherapy                                             |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Others Specify:                                           |                    | <u>-</u>                                                                                                                                       | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            |
|                                          | Special Diet:                                             |                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                          | Other Special Orders / Medications:                       |                    | <u>NA</u>                                                                                                                                      | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            |
| Post Operative Procedure Special Orders: |                                                           | <u>NA</u>          | <u>-</u>                                                                                                                                       | <u>-</u>                                                            | <u>-</u>                                                            | <u>-</u>                                                            |                                                                     |
| Handed Over By Name :                    |                                                           | <u>Aksh</u>        | <u>Anusha</u>                                                                                                                                  | <u>Sandhya</u>                                                      | <u>Sumanda</u>                                                      | <u>Mahi</u>                                                         |                                                                     |
| Signature :                              |                                                           | <u>[Signature]</u> | <u>[Signature]</u>                                                                                                                             | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  |                                                                     |
| Date:                                    |                                                           | <u>21/7/26</u>     | <u>21/7/26</u>                                                                                                                                 | <u>21/7/26</u>                                                      | <u>22/7/26</u>                                                      | <u>22/7/26</u>                                                      |                                                                     |
| Time:                                    |                                                           | <u>8AM</u>         | <u>2PM</u>                                                                                                                                     | <u>8PM</u>                                                          | <u>8AM</u>                                                          | <u>2PM</u>                                                          |                                                                     |
| Taken Over By Name :                     |                                                           | <u>Anusha</u>      | <u>Sandhya</u>                                                                                                                                 | <u>Sumanda</u>                                                      | <u>Mahi</u>                                                         |                                                                     |                                                                     |
| Signature :                              |                                                           | <u>[Signature]</u> | <u>[Signature]</u>                                                                                                                             | <u>[Signature]</u>                                                  | <u>[Signature]</u>                                                  |                                                                     |                                                                     |
| Date:                                    |                                                           | <u>21/7/26</u>     | <u>21/7/26</u>                                                                                                                                 | <u>21/7/26</u>                                                      | <u>22/7/26</u>                                                      |                                                                     |                                                                     |
| Time:                                    |                                                           | <u>8AM</u>         | <u>2PM</u>                                                                                                                                     | <u>8PM</u>                                                          | <u>8AM</u>                                                          |                                                                     |                                                                     |

## NURSING SHIFT HAND OVER FORM - WARD

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

|                        |                                                                                                                                                                                                       |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>SITUATION</b>       | Diagnosis: .....                                                                                                                                                                                      | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                          |                                                          |                                                          |                                                          |                                                          |
| <b>BACKGROUND</b>      | Area: .....<br>Shift Time: .....                                                                                                                                                                      |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Medical Condition<br>(Any special condition to be noted): .....                                                                                                                                       |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
| <b>ASSESSMENT</b>      | Allergy: .....<br>Tubes/Drains/Catheter: .....<br>Vital Signs:      Temp: .....<br>Res: .....<br>SpO <sub>2</sub> : .....<br>Pulse: .....<br>BP: .....<br>Fall Risk Score: .....<br>Pain Score: ..... | <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 |
| <b>Recommendations</b> | Safety Needs: .....<br>Physiotherapy: .....<br>Others Specify: .....<br>Special Diet: .....<br>Other Special Orders / Medications: .....                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                        | Post Operative Procedure Special Orders: .....                                                                                                                                                        |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Handed Over By Name: .....                                                                                                                                                                            |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Signature: .....                                                                                                                                                                                      |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Date: .....                                                                                                                                                                                           |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Time: .....                                                                                                                                                                                           |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Taken Over By Name: .....                                                                                                                                                                             |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Signature: .....                                                                                                                                                                                      |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Date: .....                                                                                                                                                                                           |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |
|                        | Time: .....                                                                                                                                                                                           |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |                                                          |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time       | Progress Notes                                                                                                                                                                                                  | Doctor's Order                                                                                                                                                                                                                                                  |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21/7/26<br>8:30am | <p>Wt: 2.640kg<br/>           ↓ 34.6cm</p> <p>OLE<br/>           enthesia</p> <p>UT/A: good<br/>           AT: int<br/>           man ①</p> <p>wbs: stable</p> <p>fluid urine &amp;<br/>           stools -</p> | <p>Wt: 2.640kg<br/>           ↓ 34.6cm</p> <p>plan</p> <p>1) mon care<br/>           2) DBF every 24h<br/>           3) vaccination<br/>           4) SBR<br/>              NB<br/>              OAE</p> <p>1) Red reflex:<br/>           4 limb salivation</p> |
| 21/7/26           | <p>B/G<br/>           opr<br/>           Hep B } given</p>                                                                                                                                                      | <p>4 limb salivation } to be<br/>           marked</p> <p>Dr. SPANDANA PASUPULETI<br/>           21-07-2026</p> <p>Noted by Anusha<br/>           @ 1:30pm</p>                                                                                                  |

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes          | Doctor's Order       |
|-------------|-------------------------|----------------------|
| 21/7        | CLINICAL Dr. Naipunya   |                      |
| 2:00pm      | T/AAA/male (UAB) 2.72kg |                      |
|             | Eutermic                | Plan                 |
|             | CITIA - Good            | - DBF 2nd hourly     |
|             | Vitals - Stable         | for bumping          |
|             | RLs                     | - BCG, OPV, Hep-B    |
|             | PIA                     | Vaccination today    |
|             | NAD                     | - SBR                |
|             | U/Passed                | NBS                  |
|             | S/Not passed            | OAE                  |
|             |                         | 48 HOL               |
|             |                         | - Coarctation        |
|             |                         | - Trace blood group  |
|             |                         | Def                  |
|             |                         | noted by Sr. Sanchya |
|             |                         | 21/7/26              |
|             |                         | 2pm                  |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes                  | Doctor's Order                                           |
|-----------------|---------------------------------|----------------------------------------------------------|
| 21/7/26<br>5 PM | ds/b Dr. Tejaswi<br>T/Agp/Male. |                                                          |
|                 | cong<br>Tone<br>Activity        |                                                          |
|                 | Ring, antenatal                 | Plan                                                     |
|                 |                                 | - Red reflex - B/L ⊕                                     |
|                 |                                 | SBR<br>+RS<br>OAF                                        |
|                 |                                 | 48H BL.                                                  |
|                 |                                 | - DBF U2H + FF.                                          |
|                 |                                 | - Wkm Care.                                              |
|                 |                                 | Dr. Tejaswi<br>noted by Dr. S Tejaswi<br>21/7/26<br>5 PM |



| Date & Time    | Progress Notes                           | Doctor's Order     |
|----------------|------------------------------------------|--------------------|
| 2/2/26<br>9:38 | c/s/hy Dr <u>Anneke</u><br>Tm /AGA/Male. |                    |
|                | <u>Plan</u> Baby Euthic<br>Pink          | <u>Plan</u>        |
|                | T. wt 2.560<br>wt low 5.8%.              | Sample Tm 10pm.    |
|                | <u>vital</u> stable.                     | DBF Qds j/b bupir. |
|                | <u>s/c</u> NAD.                          | Wlau Car           |
|                |                                          | 1 form sos.        |
|                | <u>AP</u><br>1/11/26                     |                    |



### Patient Sticker



### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: S.V monika Mother's Name: \_\_\_\_\_  
 Date of Birth: 20/7/26 Time of Birth: 9:58 PM Gender: ☒ Male ☐ Female  
 Birth Weight: 2.72 Kgs HC: \_\_\_\_\_ cm Length: \_\_\_\_\_ cm  
 Meconium in Liquor: ☐ Yes ☐ No Cried at Birth: ☒ Yes ☐ No  
 Term / Pre-term / Post-term: \_\_\_\_\_  
 Resuscitated: ☐ Yes ☒ No Blood Group: Mother: \_\_\_\_\_ Baby: \_\_\_\_\_  
 Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time: \_\_\_\_\_

AFFIX MOTHER'S  
 IDENTIFICATION LABEL

Mode of Delivery: ☐ Normal ☒ LSCS - Emergency/ Elective ☐ Instrumental ☐ AVD  
 Indication: NPO

### Physical Assessment of New Born:

Temp: 36 °C HR: 150 /Min RR: 55 /Min BP: \_\_\_\_\_ SpO<sub>2</sub>: 99%

Pain Score: 0 ( Follow N Pass)

Fall Risk Assessment: ☐ Yes ☒ No Score: 0 (Fill the Humpty Dumpty Sheet)

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

Behaviour Status on admission: ☒ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

### Findings:

General Appearance: Posture: ☒ Well-Flexed ☐ Asymmetry

Skin: ☒ Pink ☐ Meconium Stain ☐ Others, Specify: \_\_\_\_\_

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

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

Routine Care Provided: Yes / ~~No~~

Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem ~~Yes~~ / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~

3. Socio History: Siblings Yes / ~~No~~

All information obtained from ☐ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: dkwib

Signature: [Signature]

Date & Time: 20/7/26 @ 10 PM

### GENERAL CONSENT FOR TREATMENT

|                      |                                |                     |                                |
|----------------------|--------------------------------|---------------------|--------------------------------|
| <b>Patient Name:</b> | <b>Baby Of S.V MONIKA</b>      | <b>Age :</b>        | <b>0 Y 0 M 0 D 0 H</b>         |
| <b>IP No:</b>        | <b>IP26-00006905</b>           | <b>Sex:</b>         | <b>Male</b>                    |
| <b>Consultant:</b>   | <b>Dr. SPANDANA PASUPULETI</b> | <b>Ward/Bed No:</b> | <b>4F -OT/CRDL-HNPDA-414-1</b> |

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

Patient, be deemed advisable or necessary.

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

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

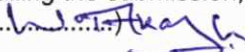
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

Note:

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

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

Receivers Signature: 

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



Name: **W. AKASH**

Relationship: **HUSBAND**

Date:

Time: **22:39**

Witness Name:

Witness Signature:



Patient Address:

3-6-714/2, STREET NO:12  
Himayathnagar Hyderabad Telangana  
INDIA 500029

HNH-00018715 IP26-00006905  
Baby Of S.V MONIKA  
20-07-2026 0 Y 0 M 0 D 0 H (M)  
Dr. SPANDANA PASUPULETI

## BILLING POLICY

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

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

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

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

## MODE OF PAYMENT & REFUNDS

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

\_\_\_\_\_  
Name & signature of Patient/Attendant

\_\_\_\_\_  
(Signature of Admission Desk executive)

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

## RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR  
- T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80  
7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

HNH-00016715 IP26-00006905  
Baby Of S.V MONIKA  
20-07-2026 0 Y 0 M 0 D 0 H (M)  
Dr. SPANDANA PASUPULETI

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

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

25  
of being the leading light  
Nurturing Babies, Shining Bright

## UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

Hyderabad-500029

### Sub:- Undertaking Balance Deposit

I ✓ Mr./Mrs./Ms. M. Akash (Father/  
Mother/ Other \_\_\_\_\_) of Master/ Baby/ Baby of/  
Mrs./ Ms. S.V. Monika was

bought to your hospital on 20-07-2026 at 10:34 P.M

Admitted in \_\_\_\_\_. Approximate charges deposit details  
were explained by the Front office/ Billing executive on duty.

I have to pay the amount of 15 K as a caution deposit but for  
now I'm depositing 10 K. The remaining amount \_\_\_\_\_ I'll  
deposit on \_\_\_\_\_ at \_\_\_\_\_.

Thanking You

M. Akash  
Signature

Name:- M. Akash

Ph. No.:- 9652054769

### DISCHARGE SUMMARY

|                        |                                                                             |                       |                        |
|------------------------|-----------------------------------------------------------------------------|-----------------------|------------------------|
| <b>Name</b>            | Baby Of S.V MONIKA                                                          | <b>UHID</b>           | HNH-00016715           |
| <b>Father/Guardian</b> | Mr M AKASH                                                                  | <b>Age/Gender</b>     | 0 Y 0 M 0 D 12 H/ Male |
| <b>Address</b>         | 3-6-714/2, STREET NO:12, Himayathnagar, Hyderabad, Telangana, INDIA, 500029 |                       |                        |
| <b>IP No</b>           | IP26-00006905                                                               | <b>Admission Date</b> | 20-07-2026             |
| <b>Ref Doctor</b>      | Self.                                                                       |                       |                        |
| <b>Discharge Date</b>  | 22.07.2026                                                                  |                       |                        |

#### **Consultant:**

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

| <b>DIAGNOSIS</b>                      | <b>ICD CODE</b> |
|---------------------------------------|-----------------|
| TERM (39 weeks + 3 days)/AGA/BABY BOY |                 |

**History:** Baby Of S.V MONIKA is a term (39 weeks + 3 days) baby boy, delivered to a primi mother by emergency LSCS on 20.07.2026 at 9:58 Pm with birth weight of 2.72 kgs in Rainbow Children's Hospital, Himayathnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 9/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

|              |                    |                       |              |
|--------------|--------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of S.V MONIKA | <b>UHID</b>           | HNH-00016715 |
| <b>IP No</b> | IP26-00006905      | <b>Admission Date</b> | 20-07-2026   |

**Maternal History:** Mrs. S.V MONIKA is a 28 years old primi mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

**Anthropometry:**

Weight at birth : 2.72 kgs.  
Weight at discharge : 2.56 kgs.  
Head Circumference : 35 cms.  
Length : 48 cms.

**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

Serum bilirubin sent on 22.07.2026 report awaited.

|              |                    |                       |              |
|--------------|--------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of S.V MONIKA | <b>UHID</b>           | HNH-00016715 |
| <b>IP No</b> | IP26-00006905      | <b>Admission Date</b> | 20-07-2026   |

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

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

| <b>Vaccine Name</b> | <b>Status</b> | <b>Date</b> |
|---------------------|---------------|-------------|
| BCG                 | Given         | 21.07.2026  |
| OPV                 | Given         | 21.07.2026  |
| HEPATITIS B         | Given         | 21.07.2026  |

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

**Newborn screening advanced / Newborn sreening-4 :** To be done on follow up.

**SPO2 : 98% at room air**

**Red Reflex: Present & Symmetrical**  
**Hip Examination was normal.**

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

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

**Advice:**

Keep the baby clean & warm

|       |                    |                |              |
|-------|--------------------|----------------|--------------|
| Name  | Baby Of S.V MONIKA | UHID           | HNH-00016715 |
| IP No | IP26-00006905      | Admission Date | 20-07-2026   |

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

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

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

**Plan:**

1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on follow up.**
3. **Serum Bilirubin report to be collected on follow up.**

Review consultation with Dr. SPANDANA PASUPULETI on Thursday(23.07.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

|              |                    |                       |              |
|--------------|--------------------|-----------------------|--------------|
| <b>Name</b>  | Baby Of S.V MONIKA | <b>UHID</b>           | HNH-00016715 |
| <b>IP No</b> | IP26-00006905      | <b>Admission Date</b> | 20-07-2026   |

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

**Registrar/Resident/C.M.O**

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