

DISCHARGE SUMMARY

Name	Baby Of CHITTIMALLI SUSMITHA	UHID	HNH-00015621
Father/Guardian	Mr SRIVATSAVA	Age/Gender	0 Y 0 M 0 D 6 H/ Male
Address	3-2-121,FLAT NO 304,KALYANI RESIDENCY APARTMENT, Kachiguda, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006431	Admission Date	26-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

Consultant:

Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

Co-Consultant:

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Name	Baby Of CHITTIMALLI SUSMITHA	UHID	HNH-00015621
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DIAGNOSIS	ICD CODE
LATE PRE TERM (36 weeks + 6 days)/AGA/BABY BOY/ RH NEGATIVE PREGNANCY /OB SETUP	
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of CHITTIMALLI SUSMITHA is a term (36 weeks + 6 days) baby boy, delivered to a primi mother by elective LSCS on 26.05.2026 at 06:02 am with birth weight of 3.06 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. CHITTIMALLI SUSMITHA is a 26 years old primi mother.

GI - 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 O negative, Baby's blood group is B negative.

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

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Anthropometry:

Weight at birth : 3.06 kgs.
Weight at discharge : 2.86 kgs.
Head Circumference : 35 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Ultrasound Scrotum shows

1. Intrascrotal location of testes with peritesticular minimal fluid (Rt >Lt).
2. No evidence of inguinal canal hernia on either side at present.

Ultrasound abdomen shows

No significant abnormality detected.

Management:

Course during hospital:

Rh negative pregnancy: In view of Rh negative pregnancy, baby was evaluated further. Cord blood bilirubin was 2.5 mg/dl with indirect fraction of 2.4 mg/dl. hemoglobin of 16.2 gm%, white blood cell count of 11790 cells/cumm, platelet count of 2.06 lakhs/cumm. Direct coombs test was negative. Reticulocyte count was 3.5 %.

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Serum bilirubin at 48 hours of life was 13.8 mg/dl with indirect fraction of 13.7 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured

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feeds. Repeat serum bilirubin at 3 days of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

In view of Micropenis Dr. Leena priyambada (Pediatric endocrinologist) consultation was done who advised for USG Scrotum an USG abdomen/ pelvis to rule out mullerian structures and to review in opd after 1 month.

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

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	27.05.2026
OPV	Given	27.05.2026
HEPATITIS B	Given	27.05.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Parents not willing.

Newborn screening advanced / Newborn sreening-4 : Final report to be collect on follow up.

SPO2 : 99% at room air
Red Reflex: Present & Symmetrical

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Hip Examination was normal.

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

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

Advice:

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

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

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

Plan:

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

Review consultation with Dr. SANJAY SRIRAMPUR on Monday(01.06.2026) at Himayatnagar with prior appointment (**Review consultation will be charged**).

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If

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breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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



Registrar/Resident/C.M.O

Dr. SANJAY SRIRAMPUR
MBBD,Md(Pead),DCH
HMC9465

HNH-00015621 IP26-00006431
 Baby Of CHITTIMALI SUSMITHA
 26-05-2026 0 Y 0 M 2 D (M)
 Dr. SANJAY SRIRAMPUR



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	6			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet				
9	General consent for treatment				
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				
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	3			
30	Intake and Out take chart (fluid chart)	4			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)				
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>Balasingh</i>	1			
	<i>Ahmed</i>	5			
	Total No. of Pages	<u>32</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 : IP26-00006431 **Admit Date :** 26-May-2026 **Admit Time :** 06:55 AM **UHID :** HNH-00015621

Patient Details :

Patient Name : Baby Of CHITTIMALI SUSMITHA **Age :** 0 D
Guardian : Mr SRIVATSAVA **DOB :** 26-05-2026 06:02 AM
Gender : Male **Religion :**
Occupation : **Martial Status :**
Address (H) : 3-2-121,FLAT NO 304,KALYANI RESIDENCY **Phone No :** 8919274597/ 7842110885
APARTMENT Kachiguda Hyderabad **E-mail :** SRI.VATSAVA99@GMAIL.COM
Telangana INDIA 500027

Admission Details :

Bed Type : BASINET **Bed No :** CRDL-HNPDA-412-1 **Ward Name :** 4F -OT
Room No : CRDL-HNPDA-412-1 **Admission Type :** First Visit

Contact Details :

Name : Mr SRIVATSAVA **Relationship :** Father
Contact Address : 3-2-121,FLAT NO 304,KALYANI RESIDENCY **Phone No :** 8919274597
APARTMENT Kachiguda Hyderabad Telangana
INDIA 500027

Ch. Anandh.
Signature

Doctor Details :

Doctor Name : Dr. SANJAY SRIRAMPUR **Specialisation :** GENERAL PEDIATRICS
Referral Doctor : **Phone No :**
Co-Consultant : Dr. PRITESH NAGAR

Payment Details :

Payment Mode : Cash **Deposit Amount :** 10000.00
Payor Name : SELFPAY

CONSENT FOR FORMULA FEEDS



Patient Name : HNH-00015621 IP26-00006431 Age : Gender : Male Female
Baby Of CHITTMALLI SUSMITHA

26-05-2026 0 Y 0 M 1 D (M)
UHD No : No. : Department : Date :
Dr. SANJAY SRIRAMPUR



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 : *Ch. Susmitha*

Name : *Ch. Susmitha*

Relationship with Patient: *Mother*

Date & Time : *11pm @ 26/5/26*

Witness :

Signature : *Madhuri*

Name : *Madhuri*

Date & Time : *11:pm. 26/05/26*

Doctor (who is taking the consent) :

Signature : *Dr. Sankhalla*

Name : *Sankhalla*

Date & Time : *26/05/26*



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

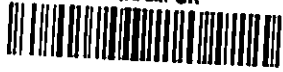
పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CROSS CONSULTATION FORM

Doctor Name : Dr. Leena Priyambada Date : 26/5/26 Time : 3 pm

Diagnosis : ? Micropenis

Hospital : RCH-FRM

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:


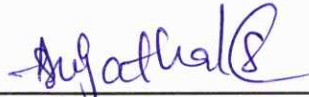

Signature: _____

Findings and Recommendations :

NC
 • fam # - (ue)
 • stretched penis length - 2.5cm
 • Base of penis - attached anteriorly to scrotum
 • Scrotum rugae ⊕
 • Scrotum - well formed
 • Penis
 • Both testes palpable - USG scrotum
 • @ consistency -
 • width of penis - normal - USG Abdomen - to rule out Mullerian structures
 • late preterm (26 weeks) / 3.05 kg / AHA / CIA ⊕
 • Male / Non consanguineous marriage / First baby
 • likely buried Penis
 • Baseline scrotum USG - for B/C testis consistency
 • USG Abd - x/o Mullerian str.
 • R/v in OPD after 1 month

Consultant :
 Name : Dr. Leena Priyambada Signature : [Signature] Date & Time : 26/5/26 3 pm

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015621 IP26-00006431 Baby Of CHITTMALLI SUSMITHA 26-05-2026 0 Y 0 M 0 D 1 H (M) Dr. SANJAY SRIRAMPUR 		Date & Time of Admission 26/5/26 @ 6:55 AM	Date & Time of Transfer Order 26/5/26 @ 2:35 PM
		Transfer Ordered by Dr. Pramarvi	Reason for Transfer observation
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	N/A		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Pramarvi	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 26/5/26 @ 2:25 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

Date	Time	Investigation	Result	Order No.	Signature
26/5/26	7:15 Am	Blood glucose		8849 ✓	Alca
27/5/26		CBP, SBR		8849 ✓	
27/5/26		DCL, Reticulocyte		8849 ✓	
27/5/26		Count		8849 ✓	
26/5/26	3:00pm	Endocrinologist (Greena)		8248 ✓	(S)
26/5/26	6 pm	USG Abdomen Pelvis USG Scrotum		06378 ✓	Sandhya
26/5/26	6pm	GRBS	49mg/dl	8882 ✓	(S)
27/5/26	6Am	GRBS	75 mg/dl	8893 ✓	(S)
27/5/26	6pm	GRBS			
28/5/26	6Am	SBR NBS		8925 ✓	Madhusri
28/5/26	6Am	GRBS	73	8929 ✓	Madh
28/5/26	11Am	DSP T	29/5/26 @ 10am	2587 ✓	(S)
29/5/26	6Am	SBR		8980 ✓	(S)
Cross checked by Sarande					



98% 99% 98% 99%
 RH Negative



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : S.V. SUSMITHA Age : 25y 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 Susmitha Mother's Blood Group : O Negative
 Gender : M F Blood Group : Birth Weight (gms) : 2.06kg Length (cms) : 47cm
 Date of Birth : 26/5/2026 Time of Birth : 6:02 AM OFC (cms) : 35cm
 Place of Birth : RCH - HNH Estimated Gesth Age : 36+6 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : 12/9/25 EDD : 17/3
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : 1/5/26 - SLVF / 33rd wk / Breech / EFHT - 2123g / AFI - 8.6
Depples - (N) TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs <u>TIFFA - (N)</u></p> <p>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long :</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :</p> <p>IUGR - when detected :</p> <p>Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus :</p> <p>AFI : <u>0.16</u></p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values :</p> <p>Compliance with Rx :</p> <p>Scans : LGA, TIFFA, Fetal Echo :</p> <p>H/o Hypothyroidism : when diagnosed ? Medication?</p> <p>Any other Chronic Medical Problems, when detected drugs ?</p> <p>(Anemia, SLE, Jaundice, CHD, Heart Disease)</p> <p>Infection : H/O, Fever</p> <p>(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)</p> <p>UTI : when : Any culture :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

G: P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : D. SUCNITHRA Hospital : Inborn Outborn

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

APGAR SCORE

Gestational Age : Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	8/10	9/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



Boy Baby delivrd by EL-LSCS

↓
CIAB

↓
Rentier newborn care gm

↓
Dehydrated cold champing dem

↓
Inj Vit - K gm in @ AL Thigh

↓
Baby Vigorous

Investigation details in previous Hospital :

Feeding History :



Family History :



Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby Pink
Vigors

VITALS : Temperature : 36.5°C HR : 156/b RR : 42/b NIBP : CFT :

Color of the extremities : Perianais

Jaundice : Pallor : SpO2 : 97%

Anthropometry : Birth Weight : 3060 g Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures AF - 0 pm
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Facies :
(Any Facial
Dysmorphism)

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

EYES : Symmetry :
Red Reflex : To check
Discharge :

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

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

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

GENITILIA : Labia / Hymen : Male
Testicles/penis : B/L Testis descended ? (To R/O Micropenis)
Anus : Patent

HERNIAL ORIFICES

TRUNK and SPINE : N

SKIN LESIONS : Hyperpigmented lesion over L leg

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



SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 96% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : Felt Murmurs : No

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Soft Anal Patency : Patent

Palpable masses : Umbilical Cord : 2A+1V

Abdominal girth : First urine passed : Passed

Meconium passed : X

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : Good

Prechtle Score :

Nerves :

Motor System :

Passive Tone : +

Active Tone : +

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

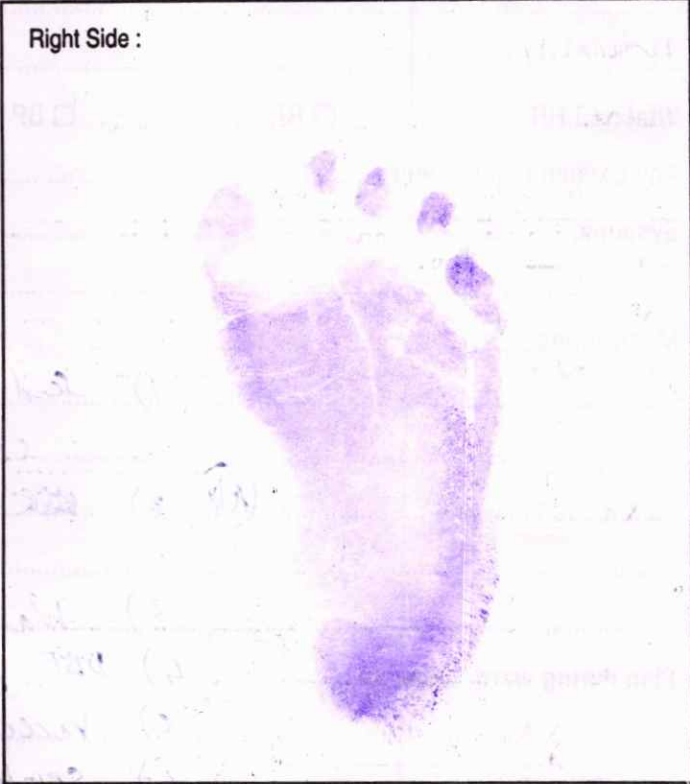
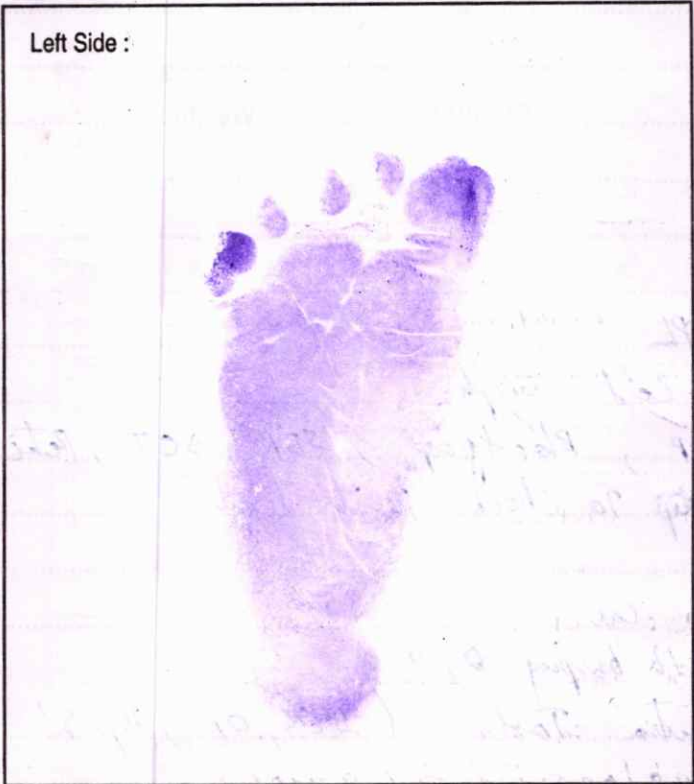
ATNR : Skull and Spine :



ies : To rule out meningitis

Diagnosis : Primi / Late PT / 36⁺ wk / EL-LSCS (oligo) / C/AB / Boy / 3.06 kg / ASA
RN Negative Pregnancy

FOOT PRINTS



Resident Doctor :
Signature : [Signature]
Name : Dr. PRANAV
Date & Time : 26/5/26

Consultant :
Signature :
Name :
Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :

..... on whose name the patient is being referred.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

- 1) Send cold sample
CBP, Blood group, SBR, DCT, Petic (aid)
- 2) ~~RR~~ To check Pentik length

Plan during ward follow up :

- 3) Warm car
- 4) DBF jlb burping Q2H
- 5) Vaccination Today (BCG, OPV, Hep B)
- 6) SBR/NBS/OAE @ 4.8 HCL
- 7) Monitor Vital
- 8) Check 4 limbs SpO₂ & Red reflex
- 9) Nasecken Saline nasal drops - 2 drops each
Nasotrail

Feeding Plan at the time of shifting :

6:30 to 6:38 am

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 9:30 AM	<p>CLB/B A Pratesh S</p>	
	<p>Late Pre Term / 36⁺ wk / Rh</p>	<p>Negative Prog / 2.04 kg / Bag</p>
		<p>Ph</p>
	<p>Peaks over palate</p>	<p>1) Check stretched penis length (2.5 cm)</p>
	<p>Baby Activity - Good Moving all limbs</p>	<p>2) Trace labs of Rh Neg</p>
	<p>Accepted DBF</p>	<p>3) Vaccination Today</p>
	<p>Passed Vire & Mecon</p>	<p>4) DBF f/h burping 2x</p>
	<p>Rest examine - (N)</p>	<p>5) Check Red reflex 4 limb Sp</p>
	<p>-> Penis length = 2.5 cm</p>	<p>6) Monitor Vitals</p>
		<p>Infor So 3</p>
		<p>7)</p>
	<p>28/5 12:45 PM</p>	<p>S/S. Dr. Sanjay</p>
	<p>Term AUA</p>	<p>(Signature)</p>
	<p>? Microperi stretched penis length - 2.5 cm</p>	<p>CST Dr. SANJAY SRIRAMPUR Reg. No. HNH-2-465</p>
		<p>- Endocrinologist opinion</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 5 pm	S/B Dr. Pritesh	
Baby B Negative DCT Negative Pulse count - 5	Left preterm (36 wk + 6 d) AGA/M (CIAB) Ph -ve of mother Baby Euthermic	Plan
	CVS - S ₁ , S ₂ Pt - BIL ALCO	DBF + Bumpig 2nd Worm care
	PLA - 500 CT X 800-1	USG Scrotum USG Abdo pelvis } No 0
	Red reflex - BIL - present	
	<p>Dr. Pritesh Nagar Consultant Pediatrician & Intensivist Reg. No: 47184</p>	<p>SBR @ 48 Hrs</p>
26/5/26 7 pm	S/B Dr. Prabhath LRT / AGA / M / CIAB / Rh (+) Baby stable accepts feed Paved eyes	Adu
		<p>(1) GRBS B D (2) CT. Ref - w/s done</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26 8 AM	S/B Dr. Padhavi / Dr. Subhanti	
	LPT (36wk+6d)	AGA/M CIAB. Rh (-) P.wt: 3060 gm
	Baby B (-)	T.wt: 2970 gm
	DCT - Negative	(4.5% wt loss)
	Platelet Count (N)	Adv
	Baby eutheic.	
	accepting feed	
	passing stools	
	o/e Vitals stable.	DBF + Burping Q2H + FR
	AF OSF	Warm. Care
	S/E CVS SIS+	ASG - 80
	CNS CRA good	SBK } 48HOL
	RI. BACT+	NBS }
	PA log.	
		Subhanti
		NB - Madhuri



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11Am	<p><u>Lactation care plan</u></p> <ul style="list-style-type: none"> - well formed breast & nipple's - colostrum seen - primi - baby suck & latch observed - baby is not sucking continuously, started suck with strong stimulation. 	
	<p><u>Adv:-</u></p> <ul style="list-style-type: none"> - Direct breast feeding - Aim for deep latch as demonstrated in cross cradle/cradle hold position. - make baby 15-20 mints on each side - ^{make} baby suck continuously & stimulate - Demand feeding not exceeding 2 1/2 hours as per early hunger cues. - Adv to start galat & lactare. 	<p>Sathwika G. Pediatrician & Lactation 11-5 Am</p>
27/5/26	<p>BCG D PV Hep-B given</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5 12:45pm	<p>CBIS A-P PRITESH in</p>	
	<p>LPO (36⁺ W) / LSCS / CIAD / 3.06 by (RA Negative Pregnancy)</p>	
	<p>T.Wt - 2.92 Kg</p>	
	<p>WT loss - 4.5% in 6hrs</p>	
	<p>Baby on DIBF + FF</p>	
	<p>Enthusmic</p>	<p>Ph 1) DIBF / 16 hrs per day</p>
	<p>Cry</p>	<p>2) SBR</p>
	<p>Tone } Good</p>	<p>NBS } 5/17 6 AM</p>
	<p>Activity } Good</p>	<p>ORR</p>
	<p>Passing Urine & Stools</p>	<p>3) Warm skin</p>
		<p>4) Monitor Vitals</p>

Dr. Pritesh Nagar
 Consultant Pediatrician & Intensivist
 Reg. No: 47184

(Signature)

NA - Supriya
 12:45pm @ 27/3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	C/S/b Dr. Kumar / Dr. Praveen	
2 PM	LPT (36+6wks) / EL. LGS / AGP RA - ve	Pregnancy.
	- Baby is euthermic.	DAT - -ve.
	- Cng Tone Activity } Good.	Plan - Home care. - DBF + FR adlib. - SBR NBS } touch
	O/E - Vitals stable.	OAE @ 6cm.
	O/E - WNL.	- Monitor vitals.
	Last GRBS - (M).	
		noted by Sr. Sandhya 27/5/26 2:pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8am	CBC re. Mann	
		Rh - no pregnancy.
	- accepting feeds well	T. wt : 2.880 kg
	- passing urine - stools -	↓ 40g wt loss : 5.8%
	6LE	
	erythemic	
	HbA - good	Plan
	ZF - flat	1) warm care
	muc (+)	2) DBF every 4hr
	vitals - stable	3) feed SBR
	SE - (N)	MBS
		4) OAE to be done
		5) monitor vitals
28/5/26 10 AM	28/5/26 Dr. Sanjay Accepting feeds well.	Plan - warm care D/S today after SBR - 13:8 OAE to be done. Hb tomorrow at 10 AM Start DEPT now.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	cls/b Dr. Venku / Dr. Praveer.	
2:30 PM	Anis - LPT (36+6wks)	Cl. LCLC / AGA RA-ve pregnancy.
	- Baby is euthermic.	
	- ↓ DSPT.	
	- cry tone } Good.	Plan - Warm care.
	- Activity }	- DBF + PF eds.
	- SpE - vitals stable.	- OAE to be done.
	SpE - WNL.	- Rpt. SBR tomorrow
	Repeat SBR tomorrow at 6:00 AM.	after discussing E dx.
		- Monitor vitals.
		✓
		NB - Supriya 2:50 PM 28/5



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8PM	e/e/B - Dr. Pruthi	
	Late Preterm (36w + 6d)	EM. LSCU AUA / M - re Bg
	<u>O/e</u> R-re	<u>Advis:</u>
	Rchy Euthesic on DPPT.	① Bedchd wt raw.
	<u>O/e-</u> Cry toe Activity } good.	② DBF + FF Qth.
		③ Repeat SRR tomorrow morning 6 am
		④ Monitor vitals.
		⑤ OAE tomorrow.
		⑥ Continue DPPT. Noted by mother

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5	C/S/B Dr. Naipunya / Dr. Alkya	
7:00 AM	LPT (36+6) / AGA / M / EM. LSCB	
	Rh Negative pregnancy / NNT	
	fever on DSPT febrile	Plan
	C/T/A - Good	- DBF + FF 2nd hourly
	Vitals - Stable	
	R/S / NAD P/A	- (F) SBR
	T. cut - 2.86 kg	- OAC today - cont DSPT
		- monitor vitals
		@ef

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5 9:00 AM	<u>CLSB Do-pooresh</u> LPT / ACA / m / NNS / Rh -ve pregnancy	
	on DSPT	Plan
	euthenic	
	C/T/A - Good Vitals - Stable	- DBF + FF 2ndly hourly
	R/Ls NAD P/A	- (T) SBIR - OAE today
		- Cont DSPT - Incontinence Care

Dr. Pritesh Nagar
Consultant Pediatrician & Intensivist
Reg. No: 47184

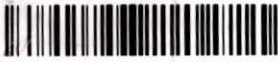


Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/ly by Dr Smith	
29/5/26		
10:30 AM	NNS.	
	SBA - (n)	
		Enhance oelby
	c/I/A Good	DBF + FF Out flb buy
	vital stable	- scan can.
		- OAF
		- 1 form sos
		- d/s today:
		- T Bact Ointmt
		L/A T/D
		=

HNH-00015621 IP26-00006431
 Baby Of CHITTIMALI SUSMITHA
 26-05-2026 0 Y 0 M 0 D 1 H (M)
 Dr. SANJAY SRIRAMPUR



Blood Group → B-ve
 306
 100% 100% 100% 100%

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	26/5				
Time					
Hb	16.2				
PCV	44.8				
RBC	4.61				
WBC	11.79				
N/L	45.4/45.6				
Platelets	209				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	2.5 ^{C-0.1} 0-2.4				
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	DET	Negative			
N/L					



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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/5	Time: 7 AM	10 AM	2 PM	5 PM	10 PM	9 AM	6 AM
Doctor/Nurse/Family Concern?							
Temperature (°F)	104						
	103						
Heart Rate (bpm)	190						
	180						
Blood Pressure (mmHg) *	170						
	160						
Heart Rate (Number)	150						
	140						
Resp. Rate (bpm) (Over 1 Minute) *	130						
	120						
Resp Rate (Number)	110						
	100						
Resp Mod/ Severe Distress None / Mild	90						
	80						
Receiving O ₂ (l/min) O ₂ Saturations (%)	70						
	60						
Conscious Level Normal Altered	50						
	40						
GCS *	30						
	20						
TOTAL SCORE	10						
	9						
Number of shaded boxes	8						
	7						
Pain Score	6						
	5						
Observer's Initials	4						
	3						
ACTIONS	2						
	1						
NB: Scores 3 should be recorded overleaf	0						

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

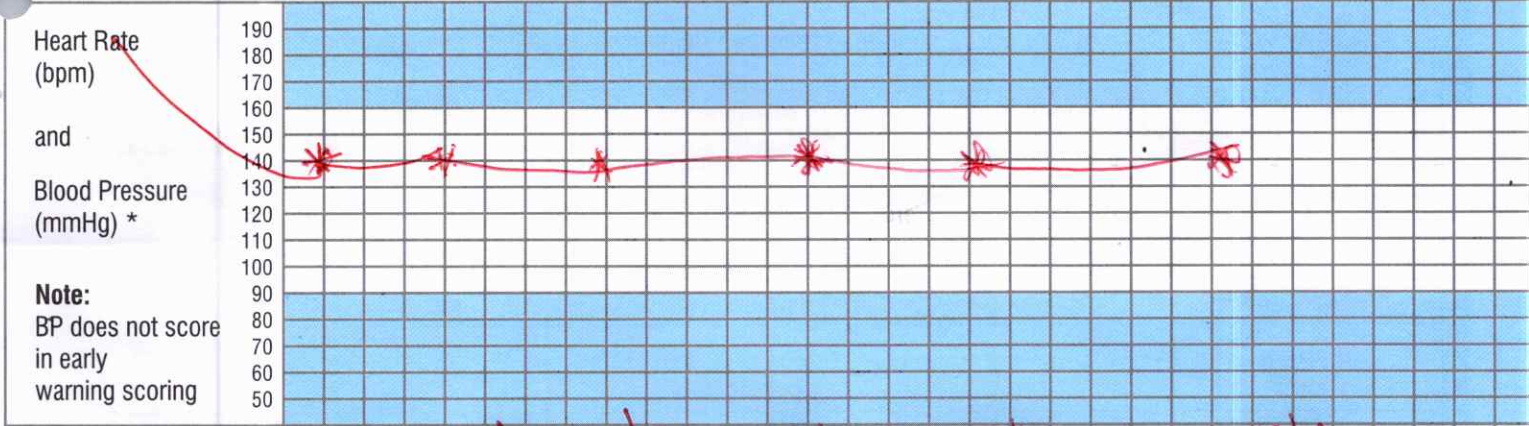
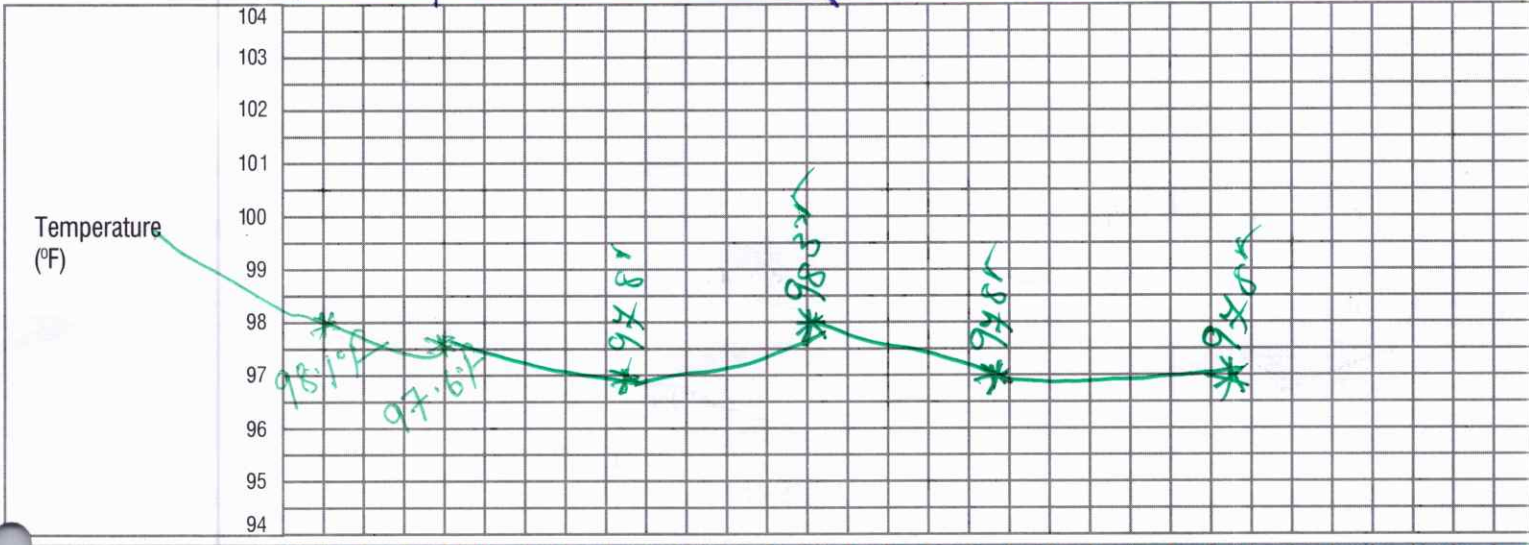
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

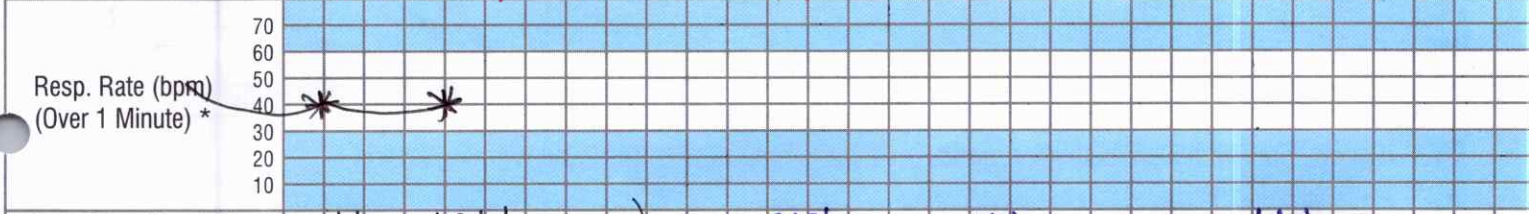


LY WARNING SCORE: CHILDREN'S UNIT

Date: 27/5/26 Time: 10 2 6pm 10 2 6
 AM PM AM PM AM PM
 Doctor/Nurse/Family Concern? AM PM AM PM AM PM



Heart Rate (Number) 143b/m 140b/m 140b/m 140b/m 142b/m 142b/m



Resp Rate (Number) 43b/m 42b/m 45b/m 42b/m 40b/m 40b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0 0 0 0 0 0
99% 99% 99% 99% 99% 99%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0
 Observer's Initials AS AS AS AS AS AS

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

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HNH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 28-05-2026 0 Y 0 M 0 D 1 H (M)
 Dr. SANJAY SRIRAMPUR



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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
28/5/26	08:00 am		DBF								}	Ji
	09:00 am		DBF									
	10:00 am						✓			✓		
	11:00 am		DBF							✓		
	12:00 pm											
	01:00 pm											
Total Intake : taken						Total Output : Passed						
28/5/26	02:00 pm		DBF								}	du
	03:00 pm		DBF									
	04:00 pm						✓			✓		
	05:00 pm	0	DBF							✓		
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
28/5/26	08:00 pm		DBF								}	Jullah
	09:00 pm		DBF				✓			✓		
	10:00 pm	2	DBF							✓		
	11:00 pm											
	12:00 am		DBF				✓			✓		
	01:00 am											
Total Intake :						Total Output : U-2 M-2						
28/5/26	02:00 am		DBF								}	Nadh
	03:00 am											
	04:00 am	0	DBF				✓			✓		
	05:00 am											
	06:00 am		DBF				✓			✓		
	07:00 am											
Total Intake :						Total Output : U-2 M-1						

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 26-05-2026 0 Y 0 M 0 D 17 H (M)
 Dr. SANJAY SRIRAMPUR



FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
27/5/26	08:00 am		DBF+FF					/	✓	0	} 0 0 0 0 0	} 0 0 0 0 0
	09:00 am							/		0		
	10:00 am	o	DBF+FF							0		
	11:00 am							/		0		
	12:00 pm		DBF+FF					/	✓	0		
	01:00 pm							/		0		
Total Intake :					Total Output : U-2 M-1							
27/5/26	02:00 pm		DBF+FF							1	} 0 1 1 1 1	} 0 1 1 1 1
	03:00 pm							/	✓	0		
	04:00 pm	o	DBF+FF					/		0		
	05:00 pm							/		1		
	06:00 pm		DBF+FF					/	✓	1		
	07:00 pm							/		1		
Total Intake :					Total Output : U-2 M-1							
27/5/26	08:00 pm		DBF+FF							1	} 1 1 1 1 1	} 1 1 1 1 1
	09:00 pm							/	✓	1		
	10:00 pm	o	DBF+FF					/		1		
	11:00 pm							/		1		
	12:00 am		DBF+FF					/	✓	1		
	01:00 am							/		1		
Total Intake :					Total Output : U-2 M-1							
28/5/26	02:00 am		DBF+FF							1	} 1 1 1 1 1	} 1 1 1 1 1
	03:00 am							/	✓	1		
	04:00 am		DBF+FF					/		1		
	05:00 am							/		1		
	06:00 am		DBF+FF					/	✓	1		
	07:00 am							/		1		
Total Intake :					Total Output : U-2 M-1							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 26-05-2026 0 Y 0 M 0 D 17 H (M)
 Dr. SANJAY SRIRAMPUR



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/5/26	08:00 am												
	09:00 am		DBF			/			/	✓			} Madhu
	10:00 am	o	TFF				~	NA	NA				
	11:00 am												
	12:00 pm		DBF	/					/	✓			
	01:00 pm		FF										
Total Intake : taken						Total Output : 0 - M -							
28/5/26	02:00 pm												} Madhu
	03:00 pm		DBF										
	04:00 pm	o	DBF				o	NA	NA	✓			
	05:00 pm		DBF										
	06:00 pm		DBF							✓			
	07:00 pm		DBF										
Total Intake : taken						Total Output : 0 - M -							
28/5/26	08:00 pm		DBF										} Madhu
	09:00 pm		DBF										
	10:00 pm	o	DBA				✓	NA	NA	2ome			
	11:00 pm		DBA										
	12:00 am												
	01:00 am		DBF				✓						
Total Intake :						Total Output :							
29/5/26	02:00 am		DBF										} Madhu
	03:00 am		DBF										
	04:00 am												
	05:00 am	o	DBF										
	06:00 am												
	07:00 am		DBF										
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 26-05-2026 0 Y 0 M 1 D (M)
 Dr. SANJAY SRIRAMPUR



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
29/5/26	08:00 am												
	09:00 am		DBF			/			/				
	10:00 am					NA			NA			NA	
	11:00 am												
	12:00 pm								/				
	01:00 pm								/				
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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Patient Sticker



FLUID CHART

Sheet No. :

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

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

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--



NURSING CARE RECORD



Date: 25/5

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	8PM	Assessed the pt condition			
	to	monitor vitals	to	monitor vitals	Now pt is stable	Re-check vitals	moni
	8AM	give every 2nd feeding	8AM	maintain 86 ch			



NURSING CARE RECORD

Date: 26/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	→ ASSESS the baby condition	8am	→ assessed the baby condition	Baby is stable	maintain the chest	A. S. S.
	2pm	→ monitor the vitals & record → DBF 2nd hourly & burping → maintain I/O chart & record	2pm	→ monitored the vitals & record → DBF 2nd hourly & burping → maintained blood chart & record			
Afternoon	2pm	→ Assess the pt condition	2pm	→ assessed the baby condition	Baby is stable	Re-checked vitals	S
	8pm	→ monitor vitals & record → Maintain blood chart → DBF 2nd hourly	8pm	→ monitored vitals & record → maintained blood chart → DBF 2nd hourly			
Night	8pm	→ Assess the pt condition	8pm	→ Assess the baby condition	Baby is stable	Re-checked vitals	S
	8am	→ maintain I/O chart → DBF + 2nd hourly	8am	→ monitored vitals → DBF + 2nd hourly			

HNH-00015621
 Baby Of CHITTIMALI SUSMITHA
 28-05-2026
 Dr. SANJAY SRIRAMPUR
 IP26-00006431
 OYO MOD 17H (M)

NURSING CARE RECORD



Date: 27/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8pm to 2pm	<ul style="list-style-type: none"> → To assess the baby condition → To check the vitals & record → 2nd hourly DBF + FF → I/o chart maintain 	8pm to 2pm	<ul style="list-style-type: none"> → To assessed the baby condition → To checked the vitals & recorded → 2nd hourly DBF + FF → I/o chart maintained → GRBS monitoring 	<ul style="list-style-type: none"> → Baby is stable → GRBS monitoring 	<ul style="list-style-type: none"> → Re-checked the vitals → I/O → Today vaccination to be done 	Susmitha
Afternoon	2pm to 8pm	<ul style="list-style-type: none"> → Assess the baby general condition → monitor vitals → DBF + ff every 2nd hourly → maintain I/o chart 	2pm to 8pm	<ul style="list-style-type: none"> → Assessed the baby general condition → monitored vitals → maintained I/o chart 	<ul style="list-style-type: none"> → Baby is stable → GRBS monitoring 	<ul style="list-style-type: none"> → Rechecked vitals 	
Night	8pm to 8am	<ul style="list-style-type: none"> → Assess the baby condition → monitored vitals → maintained I/o chart → DBF + ff 2nd hourly 	8pm to 8am	<ul style="list-style-type: none"> → Assess the baby general condition → monitored vitals → maintained I/o chart → DBF + ff 2nd hourly 	<ul style="list-style-type: none"> → Baby is stable 	<ul style="list-style-type: none"> → Re-checked vitals 	

NH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 28-05-2026 0 Y 0 M 0 D 17 H (M)
 Dr. SANJAY SRIRAMPUR



NURSING CARE RECORD



Date: 28/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7am 7D 8pm	→ ASSES the baby condition → Monitor the vitals → Maintain I/O chart → DBF + FF every 2nd hourly	8am 7D 8pm	→ Assessed Baby condition → Monitored vitals → Maintained I/O chart → SBR + FF every 2nd hourly → DSPT continue	Baby is stable	Re-checked vitals	<i>[Signature]</i>
Afternoon		Assess the baby condition Monitor vitals Maintain I/O chart DBF + FF every 2nd hourly		→ Assessed baby condition → Monitored vitals & recorded → Maintained I/O chart DBF + FF every 2nd hourly	→ baby is stable	→ rechecked vitals	<i>[Signature]</i>
Night	8pm 7D 8am	Assess the baby condition Monitor the vitals Maintain I/O charts DBF + FF every 2nd hourly Report trace SBR	8pm 7D 8am	Assess the baby condition Monitor the vitals Maintain I/O charts DBF + FF every 2nd hourly Report SBR trace	Baby is now stable	Re-Assessment done	<i>[Signature]</i>

HNH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 26-05-2026 0 Y 0 M 1 D (M)
 Dr. SANJAY SRIRAMPUR



NURSING CARE RECORD



Date: 29/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	→ Assess baby condition on → monitor the vitals → maintain D/C chart → trace reports → DBF+FF every 2nd hrs	8am to 2pm	→ Assessed baby condition → monitored vitals → maintained D/C chart → DBF+FF every 2nd hrs → trace reports → DSPT continue	Baby is stable	Re-checked vitals	<i>[Signature]</i>
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	New born baby						Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known
	Surgery / Procedure:							If Yes Specify:
BACKGROUND	Date	27/5/26	26/5/26	26/5/26	26/5/26	27/5/26	27/5/26	
	Shift	N1	N0	N1	N1	N0	Evening	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
	Diet:	DBF	DBF	DBF	DBF	DBF+FF	DBF+FF	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	97	98.1°f	98.1°f	98.3	98.1°f	98.3°f
		Res:	32	50b/m	50b/m	40b	42b/m	40b/m
		SpO ₂ :	99	99%	99%	99%	99%	99%
		Pulse:	132	145b/m	145b/m	145b/m	143b/m	145b/m
		BP:	-	-	-	-	-	-
		LOC:	-	-	-	-	-	-
		Fall Risk Score:	-	-	-	-	-	-
Pain Score:	-	-	-	-	0	-		
Skin Integrity	Good	Good	Good	Good	Good	Good		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	DBF+FF	DBF+FF	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	NA	-	-	-	-		
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>NAB</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify:				
BACKGROUND	Date	<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>29/5/26</u>	
	Shift	<u>28/5/26</u>	<u>Mb</u>	<u>E2</u>	<u>N1</u>	<u>Mb</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Diet:	<u>DDFF</u>	<u>DBF+FF</u>	<u>DBF+FP</u>	<u>DBVFF</u>	<u>DBF+FF</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	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>98.5</u>	<u>98.0F</u>	<u>98.5°F</u>	<u>98.6F</u>	<u>98.2F</u>
		Res:	<u>20</u>	<u>20b/m</u>	<u>22b/m</u>	<u>40b/m</u>	<u>40b/m</u>
	SpO ₂ :	<u>100</u>	<u>100%</u>	<u>100%</u>	<u>99%</u>	<u>99%</u>	
	Pulse:	<u>143</u>	<u>140b/m</u>	<u>140b/m</u>	<u>145b/m</u>	<u>140b/m</u>	
	BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	LOC:	<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>-</u>		
Skin Integrity	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>-</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>Madhu</u>	<u>Anusha</u>	<u>Divya</u>	<u>Heba</u>	<u>Anusha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>29/5/26</u>	<u>29/5/26</u>	
Time:		<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8PM</u>	<u>2PM</u>	
Taken Over By Name :		<u>Anusha</u>	<u>Divya</u>	<u>Heba</u>	<u>Anusha</u>		
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>29/5/26</u>		
Time:		<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>		



BRADEN 'Q' SCALE



Date : 25/5/2025
 Time : 11:00 AM

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

TOTAL SCORE

Evaluator's Name

28 25 29 28
 (Signature) (Signature) (Signature) (Signature)

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

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


HNH-00015621 IP26-00006431
 Baby Of CHITTMALLI SUSMITHA
 28-05-2026 0 Y 0 M 0 D 1 H (M)
 Dr. SANJAY SRIRAMPUR



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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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
						14/5	16/5	15/2	16/5	16/5	15/2	11/5	16/5
						0	0	0	0	0	0	0	0
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NR	-	-	-	-	-	-	-
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NR	-	-	-	-	-	-	-
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NR	-	-	-	-	-	-	-
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NR	-	-	-	-	-	-	-
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NR	-	-	-	-	-	-	-
 <p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention</p>	Gestational Age / Corrected Age	3	32w	32w	32w	32w	34w	34w	34w	34w	34w	34w	
	Total Pain / Agitation Score	-	-	-	-	-	-	-	-	-	-	-	-
	Intervention	-	-	-	-	-	-	-	-	-	-	-	-
	Effectiveness	-	-	-	-	-	-	-	-	-	-	-	-
	Signature	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

NPASS: Neonatal Pain, Agitation & Sedation Scale

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



Laboratory Report

Baby Of CHITTIMALI SUSMITHA

8919274597

0 Y 0 M 2 D

HN26008925

Male

28-05-2026 06:11 AM

IP26-00006431

28-05-2026 06:23 AM

HNH-00015621

28-05-2026 10:11 AM

Dr. SANJAY SRIRAMPUR

3F -PRIVATE ROOM / CRDL-HNPVT-306-1

Investigation	Result	Unit	Biological Reference Interval
BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)		TEST RESULT STATUS : REPORT AUTHORISED	
TOTAL BILIRUBIN (Azobilirubin)	13.8	mg/dl	H <8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	13.7	mg/dl	H 0.6 - 7.6

Dr. RASHIDA MAHREEN
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