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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of SAJJA AMRITA TWIN 1	**UHID**	HNH-00015488
Father/Guardian	Mr KIRAN KUMAR MANDRUMAKA	**Age/Gender**	0 Y 0 M 0 D 2 H/ Male
Address	H.NO: 5-1/C SRI VAISHANAVI ENCLAVE., Kachivani Singaram, Hyderabad, Telangana, INDIA, 500088		
IP No	IP26-00006372	**Admission Date**	19-05-2026
Ref Doctor	Self.		
Discharge Date	21.05.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
LATE PRETERM (35 weeks + 4 days)/AGA/BABY BOY/DCDA twin 1/LBW	

History: Baby Of SAJJA AMRITA TWIN 1 is a late preterm (35 weeks + 4 days) baby boy, delivered to a G4P1L1A2 mother by elective LSCS on 19.05.2026 at 07:16am with birth weight of 2.34 kgs in Rainbow Children's Hospital,

Name	Baby Of SAJJA AMRITA TWIN 1	UHID	HNH-00015488
IP No	IP26-00006372	Admission Date	19-05-2026

Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 7/10 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. SAJJA AMRITA TWIN 1 is a 37 years old G4P1L1A2 mother.
G1 - 2015, LSCS (Ivo Oligo), Male, Wt- 2 kg, A&H
G2 - 2023- MERPC, Ivo Ealry poregnancy failure
G3 - 2024- MERPC ivo Early pregnancy failure.
G4 - 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 positive. Baby's blood group is O positive.

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

Anthropometry:
Weight at birth : 2.34 kgs.
Weight at discharge : 2.08 kgs.
Head Circumference : 33 cms.
Length : 44 cms.

Name	Baby Of SAJJA AMRITA TWIN 1	**UHID**	HNH-00015488
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Investigations: Enclosed reports.

Management:
Course during hospital:

In view of low birth weight, baby's blood sugar levels were serially monitored which remained stable.

Serum bilirubin at 48 hours of life was 7.1 mg/dl with indirect fraction of 7.0 mg/dl.

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	19.05.2026
OPV	Given	19.05.2026
HEPATITIS B	Given	19.05.2026

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

Newborn screening advanced / Newborn sreening-4 : Parents not willing.

Name	Baby Of SAJJA AMRITA TWIN 1	**UHID**	HNH-00015488
IP No	IP26-00006372	**Admission Date**	19-05-2026

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

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

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

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

Plan:
1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**

Review consultation with Dr. SPANDANA PASUPULETI on Friday(22.05.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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IP No	IP26-00006372	**Admission Date**	19-05-2026

Warning signs explained in case of in any warning sings follow up tomorrow/immediately.

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Tawi

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006372 **Admit Date** : 19-May-2026 **Admit Time** : 08:06 AM **UHID** : HNH-00015488

Patient Details :

Patient Name	: Baby Of SAJJA AMRITA TWIN 1	**Age**	: 0 D
Guardian	: Mr KIRAN KUMAR MANDRUMAKA	**DOB**	: 19-05-2026 07:16 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: H.NO: 5-1/C SRI VAISHANAVI ENCLAVE. Kachivani Singaram Hyderabad Telangana INDIA 500088	**Phone No**	: 9000530546/ 8179751512
		E-mail	: NA@GMAIL.COM

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 KIRAN KUMAR MANDRUMAKA **Relationship** : Father

Contact Address : H.NO: 5-1/C SRI VAISHANAVI ENCLAVE. Kachivani Singaram Hyderabad Telangana INDIA 500088 **Phone No** : 9000530546

Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 15000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

208 Twin-1

RESULT SHEET

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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.,) : .....

CONSENT FOR FORMULA FEEDS

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Patient Name HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 9 H (M)
Dr. SPANDANA PASUPULETI
..... Age : ..... Gender : ☐ Male ☐ Female

UHID No : .....
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 : .....

Name : Amritha

Relationship with Patient: mother

Date & Time : .....

Witness :

Signature : .....

Name : Mounika

Date & Time : 19/5/26 @ 7PM

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Naipunya

Date & Time : 19/5/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె / కుమారుడు రెయినోబో 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 .....

T twins

PATIENT TRANSFER FORM

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Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015488 IP26-00006372 Baby Of SAJJA AMRITA TWIN 1 19-05-2026 0Y0M0D1H (M) Dr. SPANDANA PASUPULETI	19/5/26	19/5/26
	Transfer Ordered by	Reason for Transfer
		Dr spandana.
From Unit	To Unit	Information to Attendant
pre-past	208	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
25	—	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Chembabala.	Dr Spandana.

Patient & Clinical Records Received by : Madhuri

Date & Time of Patient Received : @ 2:29 pm. 19/05/26

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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NEWBORN MONITORING FORM

SBR- willing → done

Date of Birth	: 19/5/26	New Born Screening	: Not willing
Time of Birth	: 7.16 AM	TFT	: Not willing
Mode of Delivery	: LSCS	OAE	: Not willing
Birth Weight	: 2.34	Mother's Blood Group	: O positive
Head Circumference	:	Baby's Blood Group	: O+ve
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	: B.C.G, O.P.V, Hep B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
19/5/26	2.34	DBF		36.5°C	
20/5/26	2.180	DBF/FF	15ml	98.2°C	
21/5/26	2.080	DBF+FF	26 ml	98.3°F	

Date	Time	Investigation	Result	Order No.	Signature
19/5/26 7th	8.19Am	GRBS	69mg/dl	8405	CM
19/5/26 3rd	10.20Am	GRBS	70mg/dl	8406	CM
19/5/26		Blood Grouping	~~2600837~~ 26008379	26008379	CM
19/5/26 6th	1.20pm	GRBS	68mg/dl	8407	CM
19/5/26 12th	7:20pm				
19/5/26		ABG		8419	Ankit D
19/5/26	7:30pm	GRBS	61 mg/dl	8442	
20/5/26	7:30Am	GRBS	78mg/dl	8510	
					Cross Checked done by Sneha
21/5/26	7Am	GRBS	69mg/dl	8577	
21/5	6Am	SBR		8576	
	Cross checked by Sujata on 21/5/26 at 11 am				

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

Twin - 1

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sajja Amrita Age : 32yrs 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 Sajja Amrita

Gender : ☐ M ☐ F Blood Group : O Positive

Date of Birth : 19/05/2026 Time of Birth : 7:16 AM

Place of Birth : RCH - Himayathnagar

Mother's Blood Group : O positive

Birth Weight (gms) : 2.34 kgs Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 35+4 wks.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 37yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 15/9/25 EDD : 18/06/26

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : Covered on 29/4/ and 30/04

Last Scans Details : 27/4/26 T-I (Sono Pl- Posthigh; AFI - 3.7cm; EFW - 2012 gms, breech

.....TT Immunization and Iron / Folic Acid : Inj FCM 2 weeks ago 250mg

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☑ > 35yrs NT - (N) TIFFA (N) PTB - low risk

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
2015	LSCS (male) 3.2 kgs					
2023	MERPC i/v/o early preg failure					
2024	MERPC i/w/o early preg failure					

PERINATAL HISTORY

Treating Obstetrician : Dr. Swapna Hospital : RCH - Himayathnagar ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : .....

Specify the reason : Prev. LSCS

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☑ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	2	
2	2	
TOTAL 7/10	9/10	

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

Comments :

C/T/A - good

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term | AGA | 2.8 kgs | male | C/A/B | mat anemia |

Patient Sticker

History of Present Illness:

Born by SL. LSCS

↓

Cried immediately after birth

↓

Dried, Secretions cleared

↓

Umbilical cord clayed & cut (2UA + 1UV)

↓

Inj Vitamin K given.

↓

Baby check done

↓

Target SpO_2 acheived

↓

Shifted to mother's side

Investigation details in previous Hospital :

-

Feeding History :

-

Patient Sticker

Past History :

-

Family History :

-

Socio Economic History :

Upper middle

GENERAL EXAMINATION ON ADMISSION

General Disposition :

c/c/A - good,

VITALS : Temperature : 36.5°C HR : 150/min RR : 50/in NIBP : ..... CFT : < 3sec.

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 98% @ RA

Anthropometry : Birth Weight : 2.34 kg/1 Length : 44cm HC : 33 cm Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		nore
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : – to be checked Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : – UA + UV. Discharge : –	(N)
GENITILIA :	Labia / Hymen : Testicles/penis : – B/C testes palpable; Anus :	
HERNIAL ORIFICES		Free
TRUNK and SPINE :		(N)
SKIN LESIONS :		–
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N),

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/min SCR / ICR / See - Saw breating : .....

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

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

Settings : .....

Spo2 : 98% Auscultation : NVBS (+) Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 150/min BP : ..... Precordial Activity : (N)

Femoral Pulses : B/L pulses palpable Murmurs : –

Other Peripheral Pulses : (N) Signs of Cardiac Failure : –

Abdomen :

Hernia orifice : free

Shape : ..... Anal Patency : (+)

Palpation : ..... Umbilical Cord : UA + UV

Palpable masses : (N) First urine passed : passed

Abdominal girth : ..... Meconium passed : not yet.

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

State of wakefulness : Cry (+)

Prechtle Score : .....

Nerves :

(N)

Motor System :

Passive Tone : ✓

Active Tone : ✓

Neonatal Reflexes : .....

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

Moro's : B/L symmetrical DTR : .....

ATNR : ..... Skull and Spine : (N)

Patient Sticker

Any Congenital Anomalies : .....

.....

Diagnosis : .....

35 $^{+4}$ wks / EL ISCS / CIAB / male / 2.34 kgs /

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : Dr NAZNEEN BANU

Date & Time : 19/05/2026 @ 8am

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

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

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :

Plan

(1) Warm care

(2) DBF + FF every 2nd hrly f/b burping

(3) BCG, OPV, Hep B } today

(4) SBR, NBS, OAE } @ 48HOL

(5) 4RBS monitoring ✓ ✓ ✓ 1 (postfeed); 3, 6, 12, 18, 24, 36, 48 HOL (Prefeed)
inform if 4RBS < 50mg/dL

(6) Check for stool & urine

(7) Monitor vitals

(8) Send cord ~~blood~~ blood grouping

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

Screenings done during NICU Stay :

NSG : ..... Nil (Drotaverine)

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

DATE : 19/05/2026

Anusha
Twin -1

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)	No cleft	
2	Pre natal teeth	none	NO	
3	Anal opening	(N)	(N)	
4	Genitalia	(N) male genitalia	Male	
5	Spine	(N)	N	
6	Red reflex	to be checked	B/L Present	
7	4 limb saturation (before discharge)	to be checked		

Ped.Registrar signature

Ped.Consultant signature

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 1:15pm.	c/s/by Dr Anusha	
	LPT / 35+4 wks /	male / CIAR / 2.34kg /
	Baby active / Euthermic / Euglycemic Pink.	
	c/T/A Good	Plan Care
	Sucking Good.	DBF Q2hly p/h burping FF (SOS).
		(1) BGT
		Check 4 limb spO2
		vaccination pending
		Sample c U8 HG2
		- Norm 90
	[signature]	- GRBS Monitor as advised
	Date - 19/05/26	
	BCG, OPV, HepB given	

HNH-00015488 IP26-00006372
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19-05-2026 0Y0M0D9H (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 7pm	C/B/B Dr Spandana	
	Late PT (35+4 wk)/Boy/DCDA - Twin-1/2.34 kg/LBW	
	GRBS - (N)	
	Passed Urine & Stool.	Plan
	Baby Euthermic	1) Warm Care
	Cry, Tone, Activity — Good	2) DBF f/b burping Q2H + FF
		3) Trace B/G/T
	R-S - B/L AE (+)	4) GRBS Monitoring
	P/A - Soft.	5) Monitor Vitals
		6) SBR/NBS/OAE @ 48 HOL
		7) SOS - Nasoclear drops
	[signature]	
	Dr. SPANDANA PASUPULETI Reg. No: 3092	

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 9 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	C/S/B Dr. Pranav / Dr Akhya	
4 am	Late PT (35^{+4} wk) / Boy /	DCDA - Twin 1 / 2.34 kg / LBW
		M/ O+
	T-Wt - 2180 gm.	B/ O+
	Wt loss - -160 gm ; D% - 6.8%	Plan
	Baby Euthermic	1) Warm care
	Cry, Tone, Activity } (N)	2) DBF } 1 hr burping Q2 H
		3) GRBS Monitoring
		4) SBR, NBS, OAE } on 21/5 @ 6 am
	Passed Urine & Meconium	
		5) Monitor Vitals
	On DBF + FF	6) SOS - NASOCLEAR drops
	Spit ups (+)	
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10am	c/o/B Dr. Tejaswini - T.wt ; G,B - accepting feeds well - Passing urine ✓ stools ✓ O/E euthermic C/T/A ; good vitals ; stable SE - (N) Dr	Plan 1) warm care 2) DBF every 2nd H [~15ml]. 3) SBR NBS ORE] on 21st 6am 4) monitor vitals Dr Tejas

Dr. S. TEJASWI REDDY
Registration No: 94068

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

HNH-00015488 IP26-00006372
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3pm	c/b Dr. [illegible]	
	- accepting feeds well ✓	
	urine ✓	
	stools ✓	
	O/E euthermic	
	HT/A - good	Plan
	vitals : stable	1) warm care
	S/E - (N)	2) DBF every 2nd h
		(15-20 ml)
		3) SBR, NBS, OAE } on 21/5 6am
	[signature]	4) monitor vitals
20/5/26 3pm	c/s/by Dr. Spandana	
	- Accepts feeds well	
	Passing urine - adequate	
		Plan
	vital stable	- warm care
	S/E	- DBF 2 hrly / b hanging +FF
	NAD	- Sample 21/5 6am
	C/T/A good	- Monitor vitals

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

(P.T.O)

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19-05-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26	S/B Dr Prabhakar / Dr Chandan	
7:40 AM	LPT (35th wk) / ♂ / DCDA twin / 2.34 kg / V LBW	
	Baby stable	MBG / O+
	accepting feed	BBG / O+
	passing urine	
	stool	Adv
	No c/o	
		(1) Warm care
	O/E vitals	
	stable	(2) DBF + FF Q 2H
	AF OS/F	c̄ good burping
	S/E NAD	(3) 21/5 c̄ 6 am bupla
	T. wt – 2.080 kg	(4) Monitor vitals
	(100 gm wt loss)	
	Cumulative – 11.1% wt loss	– SBR / NBJ @ 7 AM
		QAE Trace SBR
	13:50	

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Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 2 D (M)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10am	c/s/b - Dr. Tejaswi	
	LPT (35wk+4d) / ♂ / DCDA twin-I	
	2.34kg / VLBW.	
		Advise.
	O/e -	
	Cry }	1) DBF + FF Q2H
	Tone } Good.	
	Activity }	ii) Discharge today
	H/e	
	CVS - S1S2	iii) f/u tomorrow
	RS - B/L NVBS	
	P/A - soft	
		Dr Tejaswi
		Dr. S. TEJASWI REDDY Registration No: 54068

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 19/5/26 Time:	9AM			12pm			7pm			6am			10 PM			2 AM			6 AM				
Doctor/Nurse/Family Concern?																							

Temperature (°F) — 104 / 103 / 102 / 101 / 100 / 99 / 98 / 97 / 96 / 95 / 94

36.9°F 36.5 36.5 99.9°F 98.4°F 98.2°F 98.5°F

Heart Rate (bpm) and Blood Pressure (mmHg) * — 190 / 180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50

Note: BP does not score in early warning scoring

Heart Rate (Number)	140		138		148	149bpm	135bpm		136bpm

Resp. Rate (bpm) (Over 1 Minute) * — 70 / 60 / 50 / 40 / 30 / 20 / 10

Resp Rate (Number)	40		40		40	46bpm	35bpm	40bpm		40bpm
Resp Distress: Mod/ Severe / None / Mild										
Receiving O_2(l/min) O_2Saturations (%)							99%	100%		99%
Conscious Level: Normal / Altered										
GCS *										
TOTAL SCORE Number of shaded boxes	0		0		0	0	0	0		0
Pain Score	0		0		0	0	0	0		0
Observer's Initials										

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI

Patient St

NICAL / 124

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

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ARNING SCORE: CHILDREN'S UNIT

Date: 23/5 Time: 10AM 2PM 6PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

Early signs

99.2°F 98.1°F 98.5°F 98.2°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number) 138bpm 138bpm 142bpm 140bpm 140bpm 142bpm

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

70 60 50 40 30 20 10

Resp Rate (Number) 46bpm 46bpm 44bpm 40bpm 42bpm 40bpm

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

ACTIONS

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Patient

CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:																																									
Doctor/Nurse/Family Concern?																																								
Temperature (°F)	104																																							
	103																																							
	102																																							
	101																																							
	100																																							
	99																																							
	98																																							
	97																																							
	96																																							
	95																																							
	94																																							
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190																																							
	180																																							
	170																																							
	160																																							
	150																																							
	140																																							
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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.
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FLUID CHART

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
19/5/26	02:00 pm	1	DBF.									
	03:00 pm											
	04:00 pm	0	DBF		NP			NP		L	0	DS
	05:00 pm											
	06:00 pm	1	DBF				L			L		
	07:00 pm											
Total Intake :						**Total Output :**					U-2 M-1	
	08:00 pm	1	DBFfff									
	09:00 pm											
	10:00 pm	0	DBFfff		NP		L	L	NP		0	
	11:00 pm	1										
	12:00 am		DBFfff									
	01:00 am											
Total Intake :						**Total Output :**					L-2 M-1	
	02:00 am	1	DBFfff									
	03:00 am											
	04:00 am	0	DBFfff		NP			NP		L	0	
	05:00 am	1										
	06:00 am		DBFfff									
	07:00 am											
Total Intake :						**Total Output :**				L	-	M-

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
19/5	08:00 am											
	09:00 am		DBFfff				✓			✓	0	
	10:00 am	0										
	11:00 am		DBFfff									
	12:00 pm				NA			NA				
	01:00 pm		DBFfff									
Total Intake :						**Total Output :** U-2 M-1						
20/5/26	02:00 pm											
	03:00 pm		DBFf ff				✓			✓		
	04:00 pm											
	05:00 pm	0			NA			NA			0	
	06:00 pm		DBF ff							✓		
	07:00 pm											
Total Intake :						**Total Output :** U-2 M-1						
20/5/26	08:00 pm		DBFfff									
	09:00 pm											
	10:00 pm	0	DBFfff									
	11:00 pm				NA			NA			0	
	12:00 am		DBFfff									
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am		DBFfff									
	03:00 am											
	04:00 am	0	DBFfff									
	05:00 am				N/A			NA			0	
	06:00 am		DBFfff									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015488 IP26-00008372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	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	

Patient Sticker

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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						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	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**	

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 19/5/26

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 the patient condition => plan for vitals => plan for Ilochart	8Am to 2pm	=> Assessed the patient condition => maintain vital & Record => maintain Ilochart	patient is stable.	vital is normal	cindy
Afternoon	2pm to 8pm	- Assess the Baby Condition - Monitor vital - Maintain Ilochart Vaccination done	2pm to 8pm	Assessed the Baby condition - Monitor vital - Maintain Ilochart	Baby is Stable	vitals is Normal	
Night	8pm to 8am	Assesse the Baby condition monitor vitals Maintain Ilochart 2nd hourly DBF+ff	8Am to 8Am	Assessed the baby condition monitored vitals maintained Ilo chart. and hourly DBF+ff given	Baby is Stable now	Vitals are Normal.	

Patient Sticker

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 1 D (M)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am – 2pm	→ Assess the patient condition → monitor vitals → Maintain I/o → DBf + ff every 2nd hrly.	8am – 2pm	→ Assess the baby condition → monitored vitals → Maintained I/O → DBf + ff every 2nd hrly	Baby is stable	Rechecked vitals.	
Afternoon	2pm – 8pm	- Assess the Baby condition - Monitor vitals & records - Maintain I to chart - DBf + ff 2nd hrly	2pm – 8pm	- Assessed the baby condition - Monitored vitals & records - Maintained I to chart - DBf + ff 2nd hrly	Baby is Stable now	Re-checked vitals	
Night	8pm – 8AM	Assess the Baby condition monitor vitals main tain I to chart 2nd hourly DBf + f f	8pm – 8AM	Assess the Baby condition monitored vitals Maintained I to chart 2nd hourly DBf + ff	Baby is Stable now	Re checked vitals	

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (M)
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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

Patient Sticker

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-03-2026 0Y0M0D1H (M)
Dr. SPANDANA PASUPULETI

NURSING CARE RECORD

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

Date: .....

Goals

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

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

Patient Sticker

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: .....

Goals

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

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

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: .....

Goals

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

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

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (M)
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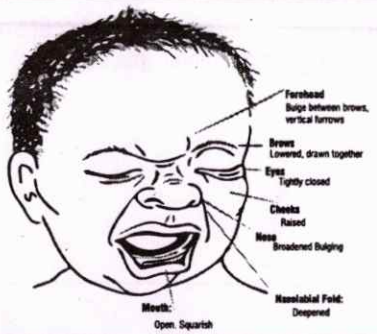
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						M6	8z	N1	MxN7	E2				
					Procedure ➡									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	1	-	-	-	-				
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	-	-	-	-				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-	-	-	-				
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	-	-	-	-				
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-	-	-	-				
					Gestational Age / Corrected Age				-	-				
					Total Pain / Agitation Score				-	-				
					Intervention					-				
					Effectiveness				-	-				
					Signature	CT								



Premature Pain Assessment: Scoring

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

Intervention

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

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D1H (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 : 19/5	19/5	19/5	20/5
					Time : M5	E2	N1	M6
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.	2	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.	2	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4 4	
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of 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	4	4	4
					TOTAL SCORE	24	28	28	28
					Evaluator's Name	CP	VB	[illegible]	[illegible]

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

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

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0 Y 0 M 0 D 9 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 :	20/5			
				Time :	E2			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	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			
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			
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			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
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			
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			
				TOTAL SCORE	28			
				Evaluator's Name	[illegible]			

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

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

HNH-00015488 IP26-00006372
Baby Of SAJJA AMRITA TWIN 1
19-05-2026 0Y0M0D9H (M)
Dr. SPANDANA PASUPULETI

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PAIN ASSESSMENT FORM

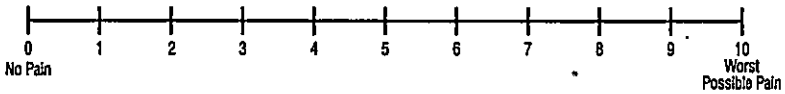
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
19/5/2	8pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
19/5/26	10pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/5/26	10:am	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
20/5/26	2pm	0/10	NA	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	NA	[signature]
20/5/26	6pm	0/10	NA	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NA	[signature]
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

Re-assessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within 30 – 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

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

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	19/5 Mb	19/5/26 E2	19/5/26 N1	20/5/26 mrng	20/5/26 E2	20/5/21 N1
	Medical Condition (Any special condition to be noted):	-	—	—	—	—	—
	Diet:	DBF	DBF	DBF+FF	DBF+FF	—	—
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36.5	98.6°F	98.6°F	98.3°F	97.8°F	98.1°F
	Res:	40	40/bm	40bm	40b/m	40b/m	40bm
	SpO_2:	100	100%	100%	99%	100%	100%
	Pulse:	136	151/bm	135bm	142b/m	140b/m	140bm
	BP:	—	—	—	—	—	—
	LOC:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	0	—	—	—	—
	Skin Integrity	—	Good	—	—	—	—
Recommendations	Safety Needs:	☐ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	—
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF	—	—	—	—	—
	Critical Lab Test / Values:	—	—	—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	-	—
Handed Over By Name :		Chandu	Manisha	Kalyani	Sandhya	priyanka	Sneha
Signature / ID :		CU	AD	K	[illegible]	[illegible]	Sn
Date:			19/5/26	20/5/21	20/5/26	20/5/26	21/5/26
Time:			8pm	8 Am	2pm	8pm	8 AM
Taken Over By Name :		Manisha	Kalyani	Sandhya	priyanka	Sneha	
Signature / ID :		M	K	[illegible]	[illegible]	Sn	
Date:		19/5/26	19/5/26	20/5/26	20/5/26	20/5/26	
Time:		2pm	8PM	8am	2pm	8PM	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

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

Date of Birth: 19/5/26 Time of Birth: ..... Gender: ☑ Male ☐ Female

Birth Weight: ..... Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: ..... Baby: .....

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36.5 °C HR: ..... /Min RR: ..... /Min BP: ..... SpO_2: .....

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

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

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

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

Findings:

General Appearance: Posture : ☐ Well-Flexed ☐ Asymmetry

Skin: ☐ Pink ☐ Meconium Stain ☐ Others, Specify: .....

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

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

Newborn Screening Discussed: Yes / No

Nurse Name: Chennakesavulu Signature: CK Date &Time: 19/5/26