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DISCHARGE SUMMARY

Name	Baby Of AIZAH ZAINAB MAIRAJULLA	**UHID**	HNH-00016263
Father/Guardian	Mr SYED ZABEEHULLAH	**Age/Gender**	0 Y 0 M 0 D 3 H/ Female
Address	8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR, AP Police Academy PO, Hyderabad, Telangana, INDIA, 500091		
IP No	IP26-00006691	**Admission Date**	30-06-2026
Ref Doctor	Self.		
Discharge Date	05.07.2026		

DR. S. TEJASWI REDDY MBBS, MD (Paed) DM Neonatology CONSULTANT PEDIATRICIAN AND INTENSIVIST APMC/FMR/94068	**DR. SPANDANA PASUPULETI** MBBS, MRCPCH CONSULTANT PEDIATRICIAN AND INTENSIVIST Reg No: 30925

Diagnosis: MODERATE PRETERM (33 WEEKS+ 6 DAYS) / AGA/LBW/RDS-NIV/FEED INTOLERANCE.

History: Baby Of AIZAH ZAINAB MAIRAJULLA is a moderate preterm (33 weeks + 6 days) / AGA / baby girl of birth weight 2.16 kgs, born to primi mother delivered by LSCS (Indication : Breech with oligohydramnios with FGR with abnormal doppler) on 30.06.2026 at 10:14 am. Baby cried immediately after birth. Apgar scores and resuscitation details were 7/10 at 1 min, 8/10 at 5 min. Baby developed respiratory distress after birth for which baby was shifted to NICU - for further management.

Maternal History : Mrs. AIZAH ZAINAB MAIRAJULLA is a 25 years old primi mother. Mother's blood group is AB positive.
G1 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Hypothyroidism/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Examination: At the time of admission baby was euthermic and having respiratory distress at room air. Her heart rate was 162 /min, respiratory rate was 66/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external

congenital anomalies.

Weight on Admission : 2.16 kgs
Weight on Discharge : 1.960 kgs
Head circumference : 30 cms
Length : 45 cms

Investigations: Enclosed reports.

Done on 30.06.2026 showed Hb was 15.4 g/dl, WBC- 15350 cells/cumm and platelets - 2.73 lakhs/cumm. Serum creatinine was 0.9 mg/dl. Blood urea was 24 mg/dl. Serum calcium was 7.6 mg/dl. CRP was 5 mg/L. Serum bilirubin was 6.2 mg/dl with indirect fraction of 6.1 mg/dl. Blood group was AB positive. Blood culture was sterile.

Repeat Hb was 12.6 g/dl, WBC- 21920 cells/cumm and platelets - 2.89 lakhs/cumm.

Neurosonogram was normal.

Chest x-ray was normal

2D echo shows:
* Situs, solitus, levocardia.
* Normal sized cardiac chambers.
* PFO left to right shunt.
* Good biventricular function.
* No PDA.
* Left arch, no COA.

Management:
RDS/ Non Invasive Ventilation:
In view of respiratory distress, the baby was shifted to NICU and started on NIPPV. (PEEP: 7, PIP:18, FiO2: 21%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Initial chest X - ray was normal. Cord ABG showed pH of 7.28, pCO2 of 53.0 mmHg, pO2 of 12 mmHg, HCO3 of 25.1 mmol/L and BE of -3.7 mmol/L. As the respiratory distress settled, the baby was weaned off to CPAP mode and later to room air. Now baby is maintaining saturation at room air without any respiratory distress.

Suspected Sepsis: Baby was nursed in thermoneutral environment. Baby

Name	Baby Of AIZAH ZAINAB MAIRAJULLA	UHID	HNH-00016263
IP No	IP26-00006691	Admission Date	30-06-2026

was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram and CRP were normal. Serum electrolytes and renal function tests were within normal limits. Serum calcium was normal. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 2 days.

Feed Intolerance : Once hemodynamically stable, he was started on NG feeds, after which baby developed mild abdominal distension and vomiting , hence baby was kept NPO for 12 hours started on antiemetics , as vomitings subsided and abdominal distension reduced . Baby was started on minimal NG tube feeds and gradually increased to full feeds followed by spoon feeds, which he accepted . At present baby is accepting feeds and tolerating well.

Unconjugated Hyperbilirubinemia: Baby was clinically icteric on day 4 of life. Baby was started on phototherapy. Baby last serum bilirubin was done on 05.07.2026 was 8.6 mg/dl with indirect fraction of 8.5 mg/dl. It doesnot comes in phototherapy range.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	04.07.2026
OPV	Given	04.07.2026
HEPATITIS B	Given	04.07.2026

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (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.**

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Review consultation with Dr. S TEJASWI REDDY on (08.07.2026) Wednesday at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

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

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

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00016263 IP26-00006691 Baby Of AIZAH ZAINAB MAIRAJULLA 30-06-2026 0 Y 0 M 3 D (F) Dr. S TEJASWI REDDY	30/6/26 @	3/7/26 @
	Transfer Ordered by Dr. Tejaswi reddy	Reason for Transfer Stable
From Unit NICU	To Unit 3rd flor 317 room	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File	Number of Imaging Films Chest :- 1 NSG :- 1 2D ECHO :- 1 ABG :- 4	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diapers	(3)
2.	drop's Domstal	(1)
3.	feeding bottle	(2)
4.	Steril ward	(4)
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Jyothi	Dr. Tejaswi reddy

Patient & Clinical Records Received by : Jyothi Supriya

Date & Time of Patient Received : 5:54 pm @ 3/7/26

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

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 : IP26-00006691 **Admit Date** : 30-Jun-2026 **Admit Time** : 11:23 AM **UHID** : HNH-00016263

Patient Details :

Patient Name	: Baby Of AIZAH ZAINAB MAIRAJULLA	**Age**	: 0 D
Guardian	: Mr SYED ZABEEHULLAH	**DOB**	: 30-06-2026 10:14 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR AP Police Academy PO Hyderabad Telangana INDIA 500091	**Phone No**	: 9121008834/ 8421531325
		E-mail	: 9121008834@GMAIL.COM

Admission Details :

Bed Type : null **Bed No** : **Ward Name** :

Room No : **Admission Type** : First Visit

Contact Details :

Name : Mr SYED ZABEEHULLAH **Relationship** : Father

Contact Address : 8-1/405,FORT VIEW EDIFICE, HYDERSHAKOTE BANDLAGUDA JAGIR AP Police Academy PO Hyderabad Telangana INDIA 500091 **Phone No** : 9121008834

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY **Specialisation** : NEONATOLOGY

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

Co-Consultant :

Payment Details :

Deposit Amount : 50000.00

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

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ACTIVITY RECORD FOR BILLING

Name: ----- HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0Y0M0D2H (F)
Dr. S TEJASWI REDDY

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

Date of Adm ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	12 pm	~~OT~~	aiicu	Dly
3/6/26	5:20pm	NICU	3rd floor (317)	Jyothi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Swetha	1/7/26	10293	
2.				
3.		Cross checked done 5/7/26		
4.				@ 7AM
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
30/6/26	Blood grouping	0663	Dhaya.
	Blood Culture.		
	CBP, CRP		
	ABG (1), VBG (2).	10668	
	RBS (1) (47 mg/dl)		
30/6/26	chest x-ray	7788	Dhy
30/6/26	ABG, RBS (2) (97 mg/dl)	10690	Dhy
	Cross Cheked done by Dhaya 30/6/26 @ 7pm		
~~1/7/26~~			
1/7/26	RBS (3) - VBG (3) (PCT) done	10710	SA
1/7/26	CBP, CRP, Calcium, Urea, Creatinine	10719	Dhy
	SBR		
	NSG1, 2D ECHO.	7861	JP
2/7/26	RBS (4) (83) mg/dl	10767	SA
3/7/26	RBS (5) (88) mg/dl	10838	SA
	Cross checked by sis Laxmi 3/7/26 at 12:30p		
4/7/26	OAE	10631	Sandhya
5/7/26	SBR (GAro)	0992	
			Cross checked done 5/7/26 1:10 Am

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Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. S TEJASWI REDDY

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/26	Invasive monitor.	30/6/26. 11:23pm.	3/7/26 5:20pm.	9516	Dhaya a.
	C-PAP.		1/7/26 9AM		
	Oxygen.		1/7/26 9AM		
	Syringe pump		2/7/26 at 9PM		
	Cross checked done by Dhaya 30/6/26 @ 7pm				
4/7/26	OSPT	10AM 4/7/26	5/7/26 @ 10AM	10580	[signature]
			Cross checked done. 5/7/26 @ 7:10 AM		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
30/6/26.	RL placement	(1)	9512	Dhs.
	Cross Clailed done by		Dheeja	30/6/26 @ 7pm
1/7/26	RL placement	(1)	9767	Dh
	Cross checked by sir		Canu°	3/7/26 at 2.30

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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30-06-2026 0 Y 0 M 0 D 2 H (F)
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
30/6/26.	11AM 1	47 mg/dl	RL Fluids	DL
30/6/26	5pm 2	97 mg/dl	"	SL
1/7/26	6Am 3	96 mg/dl	"	SL
2/7/26	6 Am 4	83 mg/dl	"	SL
3/7/26	6Am 5	88 mg/dl	"	SL
	Cross checked by Coun°		3/7/26 at 12:30	

Docu. No. : RCH /FRM / CLINICAL / 185

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 0 D 2 H (F)
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CONSENT FOR FORMULA FEED

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Patient Name : B/o AIZAH ..... Age : 1d ..... Gender : ☐ Male ☑ Female

UHID No : ..... Department : NICU ..... Date : 30/6/26.

I Mr / Mrs. : Syed Zakeerullah ..... 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 : Syed Zakeerullah

Relationship with Patient: Father

Date & Time : 30/6/26 11 Am

Witness :

Signature : .....

Name : Dhayanithi

Date & Time : 30/6/26 11 Am

Doctor (who is taking the consent) :

Signature : .....

Name : PRANAV

Date & Time : 30/6/26 11 Am

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Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. S TEJASWI REDDY

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/o AIZAH ZAINAB Age: 1d Gender: Male ☐ Female ☐

UHID.No : Date: 30/6/26

I Syed Zabeehullah S/o, D/o, W/o Syed Mubeenullah hereby declare that our patient Mr. / Ms. Aizah Zainab who is related to me as daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on

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

Pre Term (33+6wk) / LSCS / RDS - NIV
? Suspected Sepsis / Pre Term complications possible

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

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

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

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

I give my consent to the team of doctors to go ahead and admit the child B/o :

in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature :

Name : Syed Zabeehullah

Relationship with Patient: Father

Date & Time : 30/6/26

Witness :

Signature :

Name : Dheeraj

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 30/6/26

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) సమ్మతి పత్రం

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

యు.హెచ్.ఐ.డి .....

నేను ..... చి .....

అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ .....

..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రల్ లైన్ చెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇనర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు.

ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి / బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటెన్సివ్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు , చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగిన విధంగా చికిత్స చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ..... ను ఇన్టెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

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30-06-2026 0Y0M0D2H (F)
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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/O AIZAH ZAINAB Gender: ☐ Male ☐ ~~Female~~

UHID No : Department : NICU Date : 30/6

I Syed Zabeehullah S/D/W/O Syed Mubeenullah

Here by give consent for procedure of : Non Invasive Ventilation

For my patient, Named : B/O AIZAH

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

Pneumothorax

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

Breathing Support

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

Name of the Doctor performing the procedure: Dr. Tejasvi

Patient Attendant :

Signature :

Name : Syed Zabeehullah

Relationship with Patient: Father

Date & Time : 30/6/26

Witness :

Signature :

Name : Dheyenthini

Date & Time : 30/6/26

Doctor (who is taking the consent) :

Signature :

Name : PRANAV

Date & Time : 30/6/26

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : AIZAH ZAINAB M 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 AIZAH

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 30/6/26 Time of Birth : 10:14 AM

Place of Birth : RCH - HNH

Mother's Blood Group : AB Positive

Birth Weight (gms) : 2.16 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 33+6 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 4/11/25 EDD : 11/8/26

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

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2 dose

Last Scans Details : 20/6 -) SLVF / AFI - 7.7cm / Wt - 1.73kg / Dopplers - (N) / Bedh

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - (N)

Consanguinity : ☐ Yes ☐ No NT - (N)
eFTS - Low Risk

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 : .....

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PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

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

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : Severe Oligo + Static FSR

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
TOTAL			

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
1	2	
1	1	
2	2	
7/10	8/10	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patie

History of Prese

Baby delivered by EL-LSCS
↓
CIAB
↓
Routine Preterm care given & Dcc done 2A/IV
↓
Baby had RD – SCR (+), Grunt (+)
ICR (+)
↓
Silverman Anderson score 6/10
↓
DR-CPAP given
↓
RD persistent
↓
Inj Vit-K given
↓
Baby shift to NICU for Preterm care

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition : Baby Pink

VITALS : Temperature : 36.4°C HR : 162/m RR : 66/m NIBP : CFT :

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 96% on CPAP

Anthropometry : Birth Weight : 2.16kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures AF – Om 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 chd Discharge :
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : No cleft Nasal shape / Patency : Palate : Gums : Lips : Tongue :
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number : N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+V Discharge :
GENITILIA :	Labia / Hymen : Female Testicles/penis : Anus : Patent
HERNIAL ORIFICES	
TRUNK and SPINE :	N
SKIN LESIONS :	Fine Papular rashes all over body
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination : N

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping RDP

Mention If baby has Respiratory distress : RR : 66 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 : 97% Auscultation : B/L ABA Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 162/m BP : ..... Precordial Activity : .....

Femoral Pulses : Felt Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : (N) Anal Patency : .....

Palpation : Soft Umbilical Cord : 2 A + 1 V

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

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

Nervous System : Higher intellectual functions (Sensorium) : A

State of wakefulness : T/D } GCN

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 : .....

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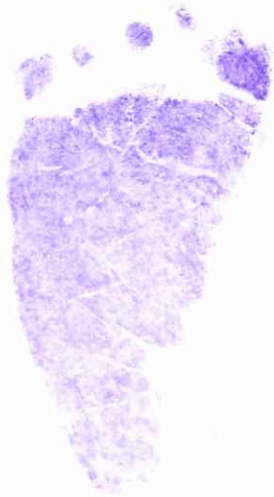
Any Congenital Anomalies : .....

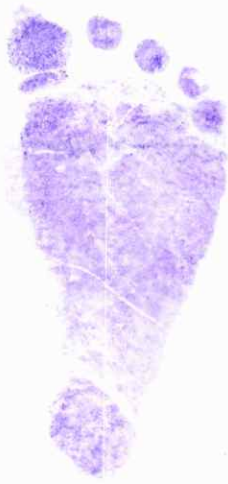
Diagnosis : Primi / 37^{+6} / Mod PT / El. LSCS (Oligo + FGR) / CIMR / RDS / Cri / 2.1/2 Kg / AGA / LBW / Breech Mat - Hypothyroid

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : PRANAV

Date & Time : 30/6/26

Consultant :

Dr. S. TEJASWI REDDY
Registration No: 94068

Signature : .....

Name : Dr. Tejaswi Reddy

Date & Time : 30/6/26 11:23am

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.

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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan

1) NIV { PIP - 15
PEEP - 6 cm
FiO_2 - 30%

Plan during ward follow up :

2) CBP, CRP, VBG, Blood c/s, B/S/T } Na

3) TV - 80 ml/kg
10% D @ 7.2 ml/h

4) Chest X ray

5) Inj Ampicillin
Gentamycin

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 12:30pm	B/O AIZAH	
	Baby is PreTerm - 33 wks	
	-> Baby is on NIV mode of Ventilation. pCO_2 level - 60 - High. Due to immature lungs - need to open up. Needs pressures of 18/7 cm to maintain Probably due to low amniotic fluid	
	- Weight is good - 2.1 kg	
	- Baby activity - better	
	- sent blood for infection markers & started on 1st line antibiotic	
	-> Will start feeding in evening -)/- 2ml (Expressed feed) if mother feed inadequate - then preterm formula. Initially with OG tube ; if tolerating well & no vomiting - then Katori spoon feed trial	
	- Usually babies born at 33 wks will need 7 days stay & out of breathing support & accept feed well. - Pre term baby skin sensitive - skin changes are expected - Plan NSG & Pedia	
	Dr. S TEJASWI REDDY Registration No: 94068	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 1:30 pm	C/S/B Dr. Pranav Primi / 33^{+6} / Mod PT / LSCS / CIAB / RDS / 2.16 kg / LSK Mat. Hypothyroid	
	On NIV PIP - 18 / PEEP - 7 FiO_2 - 21% / Rate - 60/m	Plan 1) NIV
		2) Trace bloods
	Vitals HR - 175/m SpO_2 - 98% BP - 65/41 (50)	3) TV - 8 ml/kg 10% D
		4) Ct. Inj Ampicillin Inj Gentamycin
	RD @ [SCR@, ICR@] R-S - BLOE@ P/A - Soft.	5) Monitor Vitals
		6) Start feeds if envig
		Pranav
		Noted by Dr. 30/6/26 1:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6 4pm	c/s/b Dr Spandana	
	Mod PT/33^{+6}wk/LSCS/RDS	
		Plan
	NIV	1) CBG @ 5pm
	PIP-18 / PEEP-7	2) TV-80 ml/kg
	FiO_2-21% / RR-60	
		3) Feed - 1ml/q2H after 6pm
	Vitals: HR-155	4) NPI - T/m 11am
	SpO_2-99%	
	RR-48/min	5) Cf. Ampicillin + Gentamycin
	R-S-B/L AE⊕	
	PDA - Sept	6) Monthly Vitals
		Plan
	Noted by Dharanitha 30/6/26 4pm	

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Baby Of AIZAH ZAINAB MAIRAJULLA
30-05-2026 0Y0M0D3H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

B/o Zainab's

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 6:55pm.	Councelled Mother (Dr. Spandana).	
	→ Baby had respiratory distress after birth, for which started on NIV-(NIPPV).	
	on NIV - Blood gas Improving so change to CPAP	
	→ If on next blood gas & Clinically improving. then try to tapes. CPAP - late	
	→ first Inject marker are normal, tomorrow planning to repeat CBP, CRP (NP, 11Am)	
	→ start Baby, oral feeds. - 2ml (8th hourly 1ml)	
	→ NPO feed intolerance.	
	→ Approx 4-5 days to 1 wk - NICU stay. a/c to Baby's condition. may change.	
	Sign	

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

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Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 0 D 3 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/6: Dr Sindhuja / Dr Sushanth	
30/06/26 11 PM		
	Baby on CPAP	
	RBG - 6 / RR - 15 / FiO_2 - 21%	
	O/E: Vitals:- HR:- 150/min	
	SpO_2 - 94% @ NRM	
	RR: 50/min	
	S/E: RS: TS LAG (+)	
	Subcostal retractions (+)	Adv
		- CBP, CRP - NP, - 11 AM
		- TS Blood gas TFM 6 AM
		- feeds 2 ml (Increase 1 ml 6-8th hourly)
		- IV Antibiotics (Inj Ampicillin Gentamycin)
		- Monitor vitals and Inform SO
		Noted by Sup/mid 30/6/26 4 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/26 7:31 AM	C/S/B - Dr. Sushanth / Dr Vamsy	
	primi / 33w+6d / Mod PT / LSCS / CSAH / RDS / 2.16kg / LBW / Mat. Hypothyroid	
	Today on CPAP. PEEP-6 / PIP-15 / FiO2: 21%	T.wt - 2080 (+20gm)
	Issues: vomiting after feeds (2 episodes)	
	O/E - vitals: Euthermic HR: 138/min SpO2: 96% @ CPAP RR: 48/min	
	S/E RS: BLAE (+)	Adv
		- CBP, CRP, NP, @ 11 AM
	→ Hold feeds	- (feeds 3ml 2nd hourly (↑ 1ml 6th hourly))
		- IV Antibiotics
		- Monitor vitals and Inform SR
		Sushanth
		Noted my scripting 1/7/26 @ 7:30 AM

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 9:30 AM	S/B Dr. Tejaswi Δ Moderate preterm / SGCS / CIAB / RDS 2.16 kg / LBW / Mat hypothyroidism	
	Baby Guthami's	Plan
	HR - 145/min SpO2 - 98% on RA	- NPO Today - Start Dextrose
	CVS - S1S2 (+) RS - BL - AE (+)	- Glycemic support
	P/A Soft CFT Good	- CT IV Antibiotics - Monitor Vitals
		- Trace Blood Cs
		- OG feed 3ml/2nd hr (↑ 1ml/6th hr)
		Noted by Dhanyatha 1/7/26 9:30 AM

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Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 4pm	S/B Dr. Sreeghon	
	Δ Modrate preterm (33wk+6d → 34wk) / LSCS / CIAB / RDS / 2.16kg / LBW	
	Baby Euthermic	Plan
	HR-143/min	- OG feed 4ml / 2nd hr
	SpO2-95% on RA	↑ 2ml every 4hr
	CVS-S1S2 ⊕	- C/F DOMSTAL
	CRT < 3sec	
	RS-BL-AE ⊕	- C/F Glycerin creme
	P/A-Soft	- C/F IV AMPICILLIN
	CTA good.	GENTAMICIN
	Tolerating OG feeds	- Trace Blood C/S
		- Monitor vitals
		TF - 80ml/kg/day
		IVF D10% @ 6.3ml/hr
		+ Sn Calcium gluconate
	Noted by Jyothi 1/7/26 4pm	

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

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-05-2026 0 Y 0 M 0 D 11 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 5pm	U/B Dr. Spandana	
	- on Room air	
	- Vitals : HR : 130 bpm	
	RR : 52 pm	
	SpO_2 : 95%.	
	BP : 66/37	
	RS : BRE (+)	Plan
	P/A : soft	1) OG feeds 4ml/2nd h 1ml 4th h.
		2) Ct. antibiotics till Blood cs report
		3) NSG 2D Echo Today
	Inv.	4) Rest Ct. as per Rx chart.
1/7 9:00pm.	C/S/B Dr. Naipunya.	
	Vomiting (+). Post feed	Plan
	P/A - Soft, distension (+)	- NPO overnight
	AG - 31 Crs.	- Cont IVF. TV - 100ml/kg/day
		- Monitor AG
		- monitor vitals.

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

Noted by surgeons 1/7/26 @ 9pm

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30-06-2026 0 Y 0 M 0 D 11 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 1Am	C/B/B Dr Pranav / Dr. Nagaraju	
	Stm - Feed Intolerance	
	SV on Room A	Plan
	Vitals	1) TV - 100 ml/kg/day 10% D
	HR - 136 b/m	2) NPO
	SpO_2 - 97%	
	RR - 44 b/m	3) Inj Ampicillin Gentamycin
	R-S - B/L AEQ	
	P/A - Soft c̄ Distension	4) Cf. Domstal Glycerin
	Passed urine & Stool	
		5) Infor SOS
		Pranav
	Noted by Saiphys 2/7/26 @ 1Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 7Am	A/S/B Dr. Pranav / Dr. Naipunya	
	D2 / Mod PT (33+6 → 34+7) / LSCS / CIAB / 2.16 kg / LBW	
	RDS + Mat Hypothyroid / Feed Intolerance	
	T. Wt - 2.020 kg	Plan
	(6.4% Wt loss)	1) TV - 100ml/kg
	Feed Intolerance	2) Cont - Ampicillin
	Vitals	Gentamycin
	HR - 122 b	Dorsptil
	RR - 34/min	Glycin
	SpO2 - 99%	
		3) Give Feed trial
	R.S - B/L AE (B)	2 ml
	P/A - Soft	
		4) Trace blood c/S
		5) Monitor Vitals
		Pranav
	Noted by Saipriya 2/7/26 7Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10AM	c/s/by: Ds Anusha Ds Tejaswi	
	ModPT / LSCS / CIAB / F / 2.16kg (LBW) / feed Intolerance.	
	feed Intolerance.	Cannula out Sucu Cannula.
	Given 2 feed sinu mng - Noramft. ~3ml	
	vital stable f/R = 138/min SpO2 97% RA nb distress.	- ct ivfluids / try feeds ~2-3ml Orally - ct Antibiotics.
	S/E B/L AC (+) NVBs (+)	- Monitor vitals.
		Noted by Jyothi 2/7/26 @ 10Am

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

(P.T.O)

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Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 2 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/by ~~Dr~~ Spandu	
2/7/26 3.30pm	Mod PT / 2.1.6 / CIAB / Mat hypothy / feed intake.	
	~~Fee~~	
	ado vomitings since mng	
	Vital HR = 144/min	— Iv fluids @ 6.5 ml/h
	SpO2 = 97% RA	— Now tab 5ml
	BP =	— Try to ↑ feeds & taper Ivfl
	CFT = < 3 sec	
	(Plan)	
	(RS) B/L AE (+)	
	NVBS (+)	— (T) B/cfs final
	(CVS) S1 S2 Normal	— stop Antibiotic
		— Worm tab.
		Noted by Laxmi prasanna 2/7/26 @ 3:30pm

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30-06-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY

aby of zainab

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 12.30pm	Dr. Spandana	
	Baby stable. – CVIA	
	Feed intolerance	
	3ml-oml- 2hourly	
	Abx stopped	
	[signature]	[signature] Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/S - D. Spondylosis	
02/07/26 6 PM	Baby on womais No RO	
	O/E: vitals Euthermic HR: 120/min Spo2 99% @ RA RR: 40/min	
	S/E: NAD BCAD	
		Adv - O.G feeds 7th 2nd hourly - Try to increase feeds - Trans Blood Cs - Monitor vitals and Inform SO
		(Dr Spondonan)
	Noted by Sairam 2/7/26 6 pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 12:15 AM	S/B Dr. Sreejha △ Modipreterm (33wk+6d → 34wk+2d) / 2.16 kg AGA / RDS / Feed Intolerance / LBW	
	Baby Euthermic HR - 128/min SpO2 - 98% on RA CVS - S1 S2 ✓ RS - BLE - AE ✓ BCTA good Taking & Spoon feed.	Plan - Stop IV Fluid - Stop IV Antibiotics - Monitor vitals 10-5-26
3/7/26 7AM	S/B Dr. Archana · D3 → D4 of life · moderate Preterm (33+6 → 34+2 wks) / 2.16 kgs bwt / RDS / LBW / Accepting 20 cc/2 hourly (Spoon feed) No e/o vomitings. On Room Air, no distress. Euthermic · V/passed · S/ HR - 138 bpm · RR - 36/min SpO2 - 98% @RA CNS - cry, tone, activity - good.	y.wt - 2020 kgs t.wt - 1928 kgs Advice. · ct 09 feeds (↓ 92 g wt loss) · Monitor vitals · Dr. Archana ·

Noted by Sreejha 3/7/26 7AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 11am	U/R Dr. Tejaswi	
	CGA: 34+2W | 2.16 kg | AGA | RDS | feed intolerance.	
	- urine ✓	
	- stools ✓	
	- no vomitings : morning	
	- tolerating full feeds.	Plan
	O/E	1) trains the mother for direct feeds/SF
	vitals : HR: 132bpm	
	RR: 50 rpm	2) shift out by evening
	SpO2: 100%.	3) monitor vitals.
	RS: BAE (+)	4) U. domstat.
	CVS: S1S2 (+).	
		Noted by Tyotes @ 11AM
		3/7/26

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3/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:10pm	Counselling Baby is doing good. on full feeds. No vomitings. Today → Mother feed. try direct latch. Shift the baby to room side. by evening. Tomorrow morning → Vaccination. NBS. / TFT. Hearing test. plan (D) tomorrow mng.	

Dr. S. TEJASWI REDDY
Registration No: 94063

Dr. Tejas

o. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7 3:00pm.	C/S/13 Dr. Naipuya Moderate preterm / AGA / RDS / Feed intolerence / low birthweight. By view of RDS baby was started on NIV ventilation → CPAP → Room Air. OG feeds started., few episodes of vomiting present (feed intolerence) kept NPO for 12 hrs. feeds Restarted tolerated feeds well. Now baby on Room air. Shifting to ward	Noted by Jyothi 3/7/26 @ 3pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26	C/S/b Dr. Varun / Dr. Sushmitha	
	Δ - Mod. PT (33+6 → 34+3) / AGA / LBW / RDS / feed intolerance.	
	T.W - 1920	
	Y.W - 1928	Plan
	B.W - 2160	
	↓ - 11%	- Warm care.
	On full feeds.	- Vaccination, NBS / TFT, OAE } today.
	G/E - vitals stable.	- Probable D/S today.
	S/E - P/A - Soft, NT, no abd. distension.	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9:30 Am	IB Dr. Spandana	
	Enthesmic	
	Icteric +/+	Advice
	Accepting well orally	• Check TCB levels
	U/S passed	• Send Sr. Bilirubin, NBS, TFT, OAE → today — c/m @ 7 Am
	Cry, Tone, Activity } good	• Warm care
		• DBF 2 hourly f/b burping
	o/e vitally stable	
4/7/26	BCG, OPV, Hep-B given	Sd/- for Dr. Spandana
		noted by Sr. Sandhya 4/7/26 @ 9:30 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 3pm	c/s/by. Ds-Anuch	
	Baby Euthic active.	
	c/T/A Good	Tm mng - SBR — 7AM. (TFT/NBS) what ever willing.
	vital stable	— OAE today — (N)
	I/E NAD.	— DBF Qds g/b burp.
		— Monitor vitals.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Lactation care plan	
4/7/26 3:10pm	- Well formed Breast with flat Nipples - Sucking, Observed - Baby sucking with strong stimulation - baby able to suck but taking long time for gulping - preterm Baby - mother have good milk supply Advice - Aim for deep latch as demonstrated in Cross cradle - Direct Breast feeding & f/b Burping - make baby to suck 20-25 mints & f/b expressed Breast milk - use spoon (or) paladai for EBM - maintain weight & urine output - Demand feeds not exceeds 2½ hours as per early hunger cues. - Express more than 30 mints on each side.	Sathwika.G Dietitian & Lactation 4/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 5:15PM	S/B Dr. Spandana DNN/ - [illegible] 9 cfeeds @ (V) - S, S, S, 6 R - BLC - AIRO P/A Jol c TAG 0.1	- c/f DSPT - SBR @ 6 AM NBS OAE - DBF + FF 2 hrly NB / Supriya 5:30pm @ 4/7/26

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
Reg. No: 36925

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 8AM	c/s/B Dr - Pranav / Dr - Thanu	
	Mod PT / $33^{+6} \rightarrow 34^{+4}$ wk / LSCS (Oligo + FSR) / CIRB /	
	2.16 kg / AGA / RDS / NNJ / Mat - Hypothyroid	
	T. Wt - 1.960 kg (↓200g)	M/ AB+
	~~wt~~	B/ AB+
	Baby Euthermic	Plan
	Feeding Well	1) Spoon feed - 20-25 ml / 2hr + DBF / 2-3h
	Cry, Tone, Activity } Good	2) Tcb SBR
		3) NBS, OAE } on F/Up
	Passing Urine & Stool	4) Monitor Vitals
		Noted by [illegible]

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7 10:45hr	c/s/b Dr Spandana	
	Mod PT / 33+1 -> 34+5 w	
	T.Wt - 1.766 kg	Plan
	SBR - 8.6 mg/dl	D/C Today
		F/up Tuesday.
	Baby Examination	
	C T N } Good	2) NBS OAE } on f/up

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

HNH-00016263 IP26-00006691
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30-05-2026 0Y0M4D (F)
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DRUG CHART

Date of Admission: 30/6/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name Signature

HNH-00016263 IP26-00006691
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30-06-2026 0Y0M0D3H (F)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 2.16kg Ward. .....

DRUG : Inj AMPICILLIN

Dose	Route	Frequency	Start Date
100mg	IV	BD	30/6

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions: 50 mg/kg

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6 1/6 2/6

11pm SY SY

6 V

S T - P

M

2/7

DRUG : Inj GENTAMYCIN

Dose	Route	Frequency	Start Date
10mg	IV	ONE Daily	30/6

Name & Signature of the Doctor Starting the Drugs: Pharm

Additional Instructions: 5 mg/kg

Daily Doctor's Endorsement by a Sign

Date/Time: 30/6 1/7 2/7

3pm SY

S T - P

M

2/7

DRUG : Syp-DOMSTAL

Dose	Route	Frequency	Start Date
0.4ml	oral	TID	1/7

Name & Signature of the Doctor Starting the Drugs: B. Sneha

Additional Instructions: DOMPERIDONE (IM/IV)

Daily Doctor's Endorsement by a Sign

Date/Time: 1/7 2/7 3/7 4/7

6am X SY

10am SY

2pm SY

10pm SY SY

DRUG : Glycerin enema

Dose	Route	Frequency	Start Date
1	P/R	TID	1/7

Name & Signature of the Doctor Starting the Drugs: B. Sneha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 1/7 2/7 3/7

6am X SY

2pm SY

10pm SY SY

S T - P

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Dr. S TEJASWI REDDY

Weight. ..... Ward. .....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
30/6	11 AM	Inj CAFFEINE CITRATE	40mg	IV	Prm	

Signature

VERIFIED BY : Na

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0Y0M0D3H (F)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 2.16 kg. Ward. ....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/6	11 AM	IVF - 10% D (TV - 80ml/kg)	IV	7.2	[signature]	[signature] [signature]			
1/7	4pm	IVF - 10% Dextrose TV - 100ml/kg/d + 11ml Calcium gluconate in 153ml of Fluid.	IV	6.3 ml	[signature]	[signature] [signature]	2/7		[signature] [signature]
2/7	3pm	IV fluid - 10% D.P. + Ca gluconate 100 ml/kg/day (feeds 3-5 ml Q2h)	IV	6.5 ml	[signature]	[signature] [signature]	3/7	[signature]	

VERIFIED BY : Name .... Signature ....

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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ABR POSITIVE Sheet No:

Gest Age: ..... Birth Weight: 2.16 kg

Date: 1/7/26	Date: 2/7/26	Date: 3/7/26
DOL D1 Weight 2.080 kg	DOL D2 Weight 2.020 kg ↓60gm	DOL D3 Weight 1.928 kg
Probiems: PT/RDS	Problems: PT/RDS	Problems: PT/RD
Rs. 30-60 bpm Exam Done Vent. Setting L-Pap ABG CXR } SOS	Rs. 30-60 bpm Exam Done Vent. Setting Room Air ABG CXR } SOS	Rs. 30-60 bpm Exam Done Vent. Setting Room A ABG CXR } SOS
CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: 96 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } sos	F / E / N T. Fluids CC /kg /day I / O / RBS: 83 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } sos	F / E / N T. Fluids CC /kg /day I / O / RBS: 88 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } SOS
C/s Results CRP Antibiotics Inj Ampicillin	C/s Results CRP Antibiotics Inj: Ampicillin	C/s Results CRP Antibiotics Stop
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment Don
Plan GRBS QD	Plan GRBS QD	Plan GRBS - Or

INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: ..... Sheet No: .....

Gest Age: ..... Birth Weight: .....

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

0016263 IP26-00006691
AIZAH ZAINAB MAIRAJULLA
5026 0 Y 0 M 0 D 11 H (F)
Dr. S TEJASWI REDDY

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RESULT SHEET

Date	30/6/26.	1/7/26.				
Time						
Hb	15.4	12.6				
PCV	42.2					
RBC	4.06	3.36				
WBC	15,35	21.92				
N/L	44, 46	58, 35				
Platelets	273.	289.				
CRP	5.0					
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.,) : .....

Patient Sticker

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-08-2026 0 Y 0 M 3 D (F)
Dr. S TEJASWI REDDY

124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7/26 Time: 4 pm | 10pm | 2AM | 6AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4 | 98.1 | 97.9 | 97.8

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): 140bpm | 140bpm | 136bpm | 141bpm

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

70 60 50 40 30 20 10

Resp Rate (Number): 40bpm | 41bpm | 40bpm | 24bpm

Resp Distress	Mod/ Severe / None / Mild			
Receiving O_2 (l/min) O_2 Saturations (%)		100%	100%	100%	100%
Conscious Level	Normal / Altered			
GCS *		15/15			
TOTAL SCORE Number of shaded boxes		0	0	0	0
Pain Score		0	0	0	0
Observer's Initials		M			

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-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-05-2026 0 Y 0 M 3 D (F)
Dr. S TEJASWI REDDY

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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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
3/04/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		DBF+H									
Total Intake :						**Total Output :**						
3/7/26	08:00 pm											
	09:00 pm		DBL									
	10:00 pm		TM									
	11:00 pm											
	12:00 am		DBL									
	01:00 am		TM									
Total Intake :						**Total Output :**						
4/7/26	02:00 am											
	03:00 am		DBL									
	04:00 am		TM									
	05:00 am											
	06:00 am		DBL									
	07:00 am		TM									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA (F)
30-06-2026 0 Y 0 M 3 D
Dr. S TEJASWI REDDY

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NURSING CARE RECORD

Date: 3/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm 8Am	– Assess the Baby Condition – monitor vitals & Blo chd –) DBHH and [illegible] given		–) Assessed the Baby Condition –) monitored vitals & Blo ch, –) DBHH and bath given	Baby is stable	Recheck vitals	[signature]

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 4 D (F)
Dr. S TEJASWI REDDY

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: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm to 8pm		2pm to 8pm	→ To assess	→ Baby is stable → T/M SBR, NBS at 7pm	→ Re-checked the vitals I/O → Contd SSPT	Supraja
Night							

Docu. No: RCH /FRM / CLINICAL / 148

HNH-00016263 IP26-00006691
Baby Of AIZAH ZAINAB MAIRAJULLA
30-06-2026 0 Y 0 M 0 D 3 H (F)
Dr. S TEJASWI REDDY

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 : 30/6	30/6	1/7	1/7
					Time : M	N	M	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	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	2
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	20	24	24	24
				Evaluator's Name				

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

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

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

Patient ID

BRADEN 'Q' SCALE

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

				Date :	1/7	2/7	3/7	3/7/16
				Time :	N1	N5	N1	N5
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
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				TOTAL SCORE	20	20	28	28
				Evaluator's Name	[redacted]	[redacted]	[redacted]	[redacted]

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

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

Patient ID

					Date :				
					Time :				
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 though slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.					
degree	**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 waking hours.					
		2. Very limited: responds to only painful stimuli, cannot ... discomfort except by ... OR has	**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 ... or discomfort in one or	**4. No impairment:** Responds to ... commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.					
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 change ... linen only requires changing every 24 hours.					
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 lift up completely during move. Maintains good position in bed or chair at all times.*					
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.					
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.					
				TOTAL SCORE					
				Evaluator's Name					

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

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

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	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

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Baby Of AIZAH ZAINAB MAIRAJULLA
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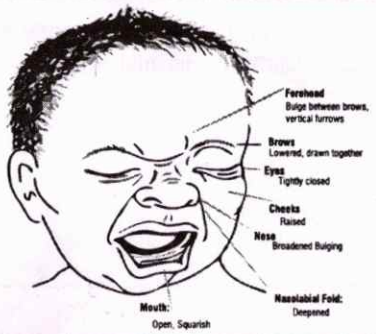
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						30/6	2/6	2/7	1/7	1/7	2/7	2/7	3/7	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						MS	N1	MS	E2	N1	M5	N1	M5	
					Procedure ➡	+	Q	–	–	–	–	–	–	
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA	
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA	NA	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA	
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA	NA	
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	NA	NA	NA	NA	NA	NA	NA	NA	
					Gestational Age / Corrected Age	33+1 wk	33+4 wks	33+6 wks	33+4 wks	33+1 wks	33+3 wks	33+5 wks	33+1 wk	
					Total Pain / Agitation Score	–	–	–	–	–	–	–	–	
					Intervention	–	–	–	–	–	–	–	–	
					Effectiveness	–	–	–	–	–	–	–	–	
					Signature									



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

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.

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CHECKLIST FOR THROMBOPHLEBITIS

30/6/26 1/7/26 2/7/26

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

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

Signature of Shift In Charge :

Signature : Bharani Name : B

Signature of Ward In Charge :

Signature : Shivalal Name : Shiv

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 30/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓		
Flow Between 5-7 Litres / Min	✓	✓		
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓		
Humidifier Water Level Correct	✓	✓		
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓		
Tubing Correctly Placed (Position & Leak)	✓	✓		
Excess Fainout (Afferent Tubing) Drained	✓	✓		
Excess Rainout (Efferent Tubing) Drained	✓	✓		
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓		
Gas Bubbling Continuously	✓	✓		
Water Level at Desired Level in Bubble Chamber.	✓	✓		
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓		
Nasal Prong/ Mask Correctly Placed	✓	✓		
Hat Fits Snugly	✓	✓		
Moustache Suitable and Effective	✓	✓		
Nasal Bridge Intact	✓	✓		
Septum Intact	✓	✓		
POSITION:				
Head Position Correct	✓	✓		
Head Roll - Correct Size and Position	✓	✓		
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓		
Oro Nasal Suctioning Documentation	✓	✓		
OG Tube in SITU	✓	✓		
Baby Comfortable	✓	✓		
Chest Retractions	✓	✓		
Name of the Nurse:	Dhan	Dhan		
Signature of the Nurse:	✓	✓		
Date & Time:	30/6/26	30/6/26		

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

Patient Sticker

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET ☐Yes ☐No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min				
Humidifier Temperature Correct (36.5-37.5*C)				
Humidifier Water Level Correct				
Proper Oxygen Tubing From Blender to Humidifier.				
Tubing Correctly Placed (Position & Leak)				
Excess Fainout (Afferent Tubing) Drained				
Excess Rainout (Efferent Tubing) Drained				
Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
POSITION:				
Head Position Correct				
Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

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

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: RDS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND / ASSESSMENT / Recommendations	Area / Shift Time	30/6/26 M3	30/6/26 N1	1/7/26 M3	1/7/26 E2	1/7/26 N1	2/7/26 M1
BACKGROUND	Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS	RDS
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.5°C	36.5°C	36.8°C	36.5°C	36.5°C	36.5°C
	Res:	42 bpm	50 bpm	50 bpm	37 bpm	40 bpm	35 bpm
	SpO_2:	100%	100%	99%	98%	99%	98%
	Pulse:	156 bpm	149 bpm	140 bpm	148 bpm	150 bpm	141
	BP:	54/42 (40)	—	72/42		—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	—	—	—	—	—
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—	—	—	—
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:		—	—	—	—	—	—
Handed Over By Name :		Dhanya	Saipriya	Dhanya	Sjoshee	Saipriya	Sjoshee
Signature :							
Date:		30/6/26	1/7/26	1/7	1/7	2/7/26	2/7/26
Time:		8PM	8AM	8pm	8pm	8AM	2pm
Taken Over By Name :		Saipriya	Dhanya	Sjoshee	Saipriya	Sjoshee	prasanna
Signature :							
Date:		30/6/26	1/7/26	1/7/26	1/7/26	2/7/26	2/7/26
Time:		8pm	8AM	2pm	8pm	8AM	2pm

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NURSING SHIFT HAND OVER FORM - WARD

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

SITUATION

Diagnosis: RDS

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	2/7/26 E2	2/7/26 N1	3/7/26 M5	3/7 AN	4/7/26 E2	4/7 N1
Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS	RDS

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36.5°C	36.3°C	36.5°C	36.9°F	98.1°F	98.6°F
Res:	32 bpm	45 bpm	33 bpm	32 bpm	42 bpm	40 bpm
SpO_2:	100%	100%	98-1.	99%	99%	99%
Pulse:	146 bpm	140 bpm	133 bpm	140 bpm	142 bpm	140 bpm
BP:	64/33(44)	—	—		—	
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	—	—	—	"0"	0

Recommendations

Safety Needs:	yes	yes	yes	yes	Yes	yes
Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	—	—	—	—	—	—
Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	—	—	—	—	—	—
Post Operative Procedure Special Orders:	—	—	—	—	SICK, ABS 7/M 7/M	
Handed Over By Name :	Prasanna	Supriya	Jyothi	Swetha	Supriya	Swetha
Signature :						
Date:	2/7/26	3/7/26	3/7/26	4/7/26	4/7/26	5/7/26
Time:	8pm	8Am	8pm	8AM	8pm	8AM
Taken Over By Name :	Supriya	Jyothi	Swetha	Supriya	Swetha	
Signature :						
Date:	2/7/26	3/7/26	3/7/26	4/7/26	4/7/26	
Time:	8pm	8Am	8pm	2pm	8pm	

PATIENT STICKER

B/O AIZAN

DATE : 30/6

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft		
2	Pre natal teeth	No		
3	Anal opening	Patent		
4	Genitalia	Female		
5	Spine	Ok		
6	Red reflex	To chk		
7	4 limb saturation (before discharge)	To ch		

Few Papular rashes all over body

Ped.Registrar signature

Ped.Consultant signature

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Dr. S TEJASWI REDDY

P7 | RDS

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