

ACTIVITY MH-00205393 IP-00060163 **ING**

Baby B/O HARSHAL SANGHI
28-05-2026 0 Y 0 M 0 D 4 H (M)
Dr. JARJAPU KIREETI

Name: _____



UHID No. _____

Consultant: _____

Dept: _____

Date of Admission: _____ Time: _____ Date of Discharge: _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	01/1 pm	MICU	Room (203)	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060163

Admit Date : 28-May-2026

Admit Time : 08:30 PM UHID : VIH-00205393

Patient Details :

Patient Name : Baby B/O HARSHAL SANGHI

Age : 0 D

Guardian : Mr GAUTAM GOYAL

DOB : 28-05-2026 05:45 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : FLAT NO-110,VASAVI GRANDE VISTA
TIRUMALGHERRY. Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9573379552

E-mail : gautam16cool@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-LW-222-1

Ward Name : N 2F-LABOUR WARD

Room No : CRDL-LW-222-1

Admission Type : First Visit

Contact Details :

Name : Mr GAUTAM GOYAL

Relationship : Father

Contact Address : FLAT NO-110,VASAVI GRANDE VISTA
TIRUMALGHERRY. Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9573379552 / 8790475555


Signature

Doctor Details :

Doctor Name : Dr. JARJAPU KIREETI

Specialisation : NEONATOLOGY

Referral Doctor : DR.NABAT LAKHANI

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

VIH-00205393 IP-00060163
Baby B/O HARSHAL SANGHI
28-05-2026 0 Y 0 M 0 D 4 H (M)
Dr. JARJAPU KIREETI



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Harshal Sanghi Mother's Name: Mrs. Harshal Sanghi

Date of Birth: 28/5/26 Time of Birth: 5:45 pm Gender: Male Female

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

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

Term / Pre-term / Post-term: -

Resuscitated: Yes No Blood Group: Mother: B + positive Baby: -

Feeding: Breast Feeding Formula Both First Feed Time:

VIH-00190886 IP-00060158
Mrs HARSHAL SANGHI
20-09-1995 30 Y 8 M 8 D (F)
Dr. NABAT LAKHANI

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

Indication:

Physical Assessment of New Born:

Temp: 36.4 °C HR: 152 bpm /Min RR: 56 bpm /Min BP: - SpO₂: 99%

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: Pooja

Signature: [Signature]

Date & Time: 28/5/26 @ 9pm

PATIENT TRANSFER FORM

VIH-00205393 IP-00060163 Baby B/O HARSHAL SANGHI 28-05-2026 0 Y 0 M 0 D 4 H (M) Dr. JARJAPU KIREETI 		Date & Time of Admission 28/5/26 @	Date & Time of Transfer Order 28/5/26 @
Treating Consultant Name		Transfer Ordered by Dr. Vishal	Reason for Transfer Observation
From Unit MICU	To Unit ROOM (203)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Small Diapers — ①		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Vishal			
Name & Signature of Person who is Transferring Pooja		Name of Person Ordered Transfer Dr. Vishal	
Patient & Clinical Records Received by : Akansha			
Date & Time of Patient Received : 28/5/26 @ 11:20 pm			

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

Unavailable Bed

Nurse not Available

Available Bed not ready



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : HARSHAL SANGHI Age : Father's Name : Age :
 Date of Birth : 20/9/1995 Date of Admission : UHID No. :
 NICU Consultant : Dr. Kiran S'Y 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 HARSHAL Mother's Blood Group : B + ve
 Gender : M F Blood Group :
 Date of Birth : 28/5/26 Time of Birth : 5:45 PM Birth Weight (gms) : 2.391g Length (cms) :
 Place of Birth : V - RCHA OFC (cms) :
 Estimated Gesth Age : 37 + 5 wks

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 30 Yrs Ht : 170 Wt : 67.7g BMI : Married Life : 4 yrs LMP : 10/9/20 EDD : 13/6/28
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : Unbooked to RCHA AN Steroids Drugs / Doses : NO
 Last Scans Details : Growth scan (28/10/26) - SLOF, 33 + 2 wks, cephalic, PL. Abd., AFP - 5.77 - 5.6cm, POTTER @, GFW - 2187g TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : <u>NO</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : <u>NO</u> IUGR - when detected : <u>NO</u> Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI : <u>SEP - 5.6cm</u>	H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : <u>NO</u> Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>Since 5yrs - 7.7 by rox'ne 125mg</u> Any other Chronic Medical Problems, when detected drugs ? <u>NO</u> (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : <u>NO</u> Any culture : <u>NO</u>
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PPROM : Duration : NO Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

G: 2 P: 1 A: L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G ₁	M/M/C	FT MVD	2.6 kg	Male	Polycystic Ovary / AGA / RMA - VLP	11 1/2 months
G ₂	PP	Spontaneous				

PERINATAL HISTORY

Treating Obstetrician : DY - NABAT Hospital : V - PCM Inborn Outborn

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

APGAR SCORE

Gestational Age : 37 + 5 wks Weeks :

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>7/10</u>	<u>9/10</u>	

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

Snapee II Score

Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15) < 0.3 (28)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)
Multiple Seizures	No (0)	Yes (19)	
U. Output (ml / kg / hr)	> = 1 (0)	0.1-0.9 (5)	< 0.1 (18)
Apgar Score	> = 7 (0)	< 7 (18)	
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)
SGA	> 3rd percentile (0)	< 3rd (12)	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : CFA B



AND
Baby delivered via ~~ces~~ in
vx presentation

↓

CTAB, HR > 100/min

↓

oro nasal suction & looble
stimulation done

↓

Delayed cord clamping was done
for oxygen 60se

↓

Investigation details in previous Hospital : cord was clamped & cut under
aseptic conditions (2A + 10)

↓

Inj vit-k given

↓

Feeding History :

shift to mother side

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5C HR : 152/min RR : 56/min NIBP : CFT : C3C
 Color of the extremities : Acrocyanosis
 Jaundice : NO Pallor : NO SpO2 : 96% @ RA

Anthropometry : Birth Weight : 2.39 kg Length : HC : Present Weight :
 Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : }
 Sutures : }
 Shape / Moulding : }
 Edema / Bruising : }
 Size - (H.C.) : } (N)

Facies : NO facial dysmorphism
 (Any Facial Dysmorphism)

NECK and CLAVICLES : Range of Motion : }
 Asymmetry : }
 Masses : } (N)

EYES : Symmetry : }
 Red Reflex : }
 Discharge : } (not checked)

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 : } N
 Position of Nipples and Number : } N

ABDOMEN and UMBILICUS : Shape : } N
 Organomegaly : } N
 Bowel Sounds : } N
 Umbilical Stump : } N
 Discharge : } N

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

HERNIAL ORIFICES } FREE

TRUNK and SPINE : } N

SKIN LESIONS : } None

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

SYSTEMIC EXAMINATION

Respiratory System :
Breathing Pattern : Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : $58/min$ SCR / ICR / See - Saw breathing :
 Scoring of respiratory distress if present (Silverman or Downe's) :
 Mention if baby is on : Hood box CPAP Ventilator
 Settings :
 SpO₂ : $96\% @ RA$ Auscultation : $B/L CAC \oplus$ Breath Sounds : $N/TBS \oplus$ Added Sounds :

Cardiovascular System :
 HR : $152/min$ BP : Precordial Activity :
 Femoral Pulses : } N Murmurs : } N
 Other Peripheral Pulses : } N Signs of Cardiac Failure : } N

Abdomen : Hernia orifice : FREE
 Shape : N Anal Patency : N
 Palpation : SOFT Umbilical Cord : 20-22 IN
 Palpable masses : None First urine passed : } N
 Abdominal girth : Meconium passed : } N



DISCHARGE PLAN

- Information given by: Family Friend
- Will patient require transportation arrangements to go home: Yes No NA
- Will Physiotherapy require at home: Yes No NA
- Is home medical equipment anticipated: Yes No NA
- Is home oxygen therapy anticipated: Yes No NA
- Breastfeeding Yes No NA
- Formula Feed Yes No NA
- Are dressing needs at home anticipated: Yes No NA
- Any other needs anticipated: Yes No If Yes Specify

Feeding Plan at the time of shifting :

CORD CARE, WOUND CARE
- B/F f/B B/P x 2hrly & on demand
- S.B.P.O.A.G. NBS B/F discharge
- CTRBS - 6th hrly (TxC feed) till 48 hrs
- Vaccination as PCV schedule

Screenings done during NICU Stay :

- NSG :
- Hearing Screen :
- ROP :
- TFT :
- NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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

Patient Sticker

Baby B/O HARSHAL SANGHI IP-00080183
28-05-2028 0 Y 0 M 0 D 20 H (M)
Dr. JARJAPU KIREET



Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

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

Doctor Signature:

Doctor Name:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9 AM 16 HROL	S/Ps Resident Term / 2.39 kg / male / crossed ↑ POTH (37-10wks)	NVD.
	<p>O/E</p> <p>FW! 2.39 kg</p> <p>TWI 2.42 kg</p> <p>↑ 1.27</p> <p>CR by worm</p> <p>C/T/A good</p> <p>CRT < 3 sec</p> <p>CRS - 2 (+)</p> <p>epi - RAE (-)</p> <p>PA - soft</p>	DBF + FF
Urine } Stool }	passed	plan
M - B +ve B - B +ve		<ol style="list-style-type: none"> 1) warmth cord car 2) DBF by Burping out 3) OAE done → on fly 4) SRR / NRS on flap 5) TCB before O/E - 6) Vaccination done
	GRBS - 4 AM 67mg/dl	8) GRBS 6 th only. Proceed till 48 HROL
	<p><i>Domika</i></p>	<p>Noted by Sony 29/5/26 @ 9 AM</p> <p><i>J. Kireeti</i> Kireeti 29/5/26</p>



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:30pm 21st HDL	S/B Resident	
Dance / Phonics / Pencil	Term / 2.39kg / male / NVD / 90cm. ole Baby warm C/T / good CRT < 3sec CVC - 8/2 (+) R/L BAE (+) P/A - soft	DBF + FF
GRBS - 10AM - 6mg/dl		<p><u>plan</u></p> <ol style="list-style-type: none"> 1) warmer, cord care 2) DBF - 1hr Burping 2hr 3) OAE on flup 4) SBR / NBS on flup 5) TCB 1hr bld D/S 6) Vaccination done 7) GRBS 5th hrly
	D. M. K. S.	
	Noted by	padma 29/5/26 @4pm

VIH-00205393 IP-00060183
 Baby B/O HARSHAL SANGHI
 28-05-2026 09:00 D 21 H (M)
 Dr. JARJAPU KIREETI



GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B Resident</u>	
30/5/26		
9:30 AM	Term / 2.29kg / male / W/O / P04m	
9:45 AM	37 Pmt	
	<u>off</u>	
	Betnyworn	
	CET - 43cc	
	elita good	
Urine	cur - 512 ⊕	
stool	pk - 1AE ⊕	
	pk - 10H	
		<u>PLN</u>
	TCB - 8.2mg/dl	1) OAE flup
	↓	2) SRE / NRS flup
	o/s today	3) DNF flup - Bumpy Oral
	flup - Tuesday	4) Monitor uterine
		sup m rts
30/5/26	<u>Lactation notes (Mrs. Ranjashwari)</u>	
	• 2nd line Mother	
	• large nipples both sides	
	• drops of milk seen	
	• TF also introduced	
	• Advised to feed every 2hrs	
	• Move skin to skin	
	• To flup in OPD	

12:30 PM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>Term male 2.391 kg.</u>			Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:			Post OP Day:				
BACKGROUND	Date	<u>28/5/26</u>	<u>28/5/26</u>	<u>29/5/26</u>				
	Shift	<u>N</u>	<u>N</u>	<u>M</u>				
	Medical Condition (Any special condition to be noted):	-	-	-				
Diet:	<u>DBF</u>	<u>DBM</u>	<u>DBM/HF</u>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	<u>RA</u>	<u>RA</u>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6 F</u>	<u>98.1 F</u>	<u>98.6 F</u>			
		Res:	<u>44 b/m</u>	<u>45 b/m</u>	<u>40 b/m</u>			
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>99%</u>			
		Pulse:	<u>145 b/m</u>	<u>143 b/m</u>	<u>143 b/m</u>			
		BP:	-	-	-			
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>			
		Fall Risk Score:	<u>16</u>	<u>16</u>	<u>15</u>			
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>					
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>					
RECOMMENDATIONS	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	<u>nil</u>	<u>nil</u>				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<u>DBF</u>	<u>DBM</u>	<u>HF</u>				
	Critical Lab Test / Values:	-	-	-				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>					
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

File sending to Billing Noted by Sony @ 10:30 AM

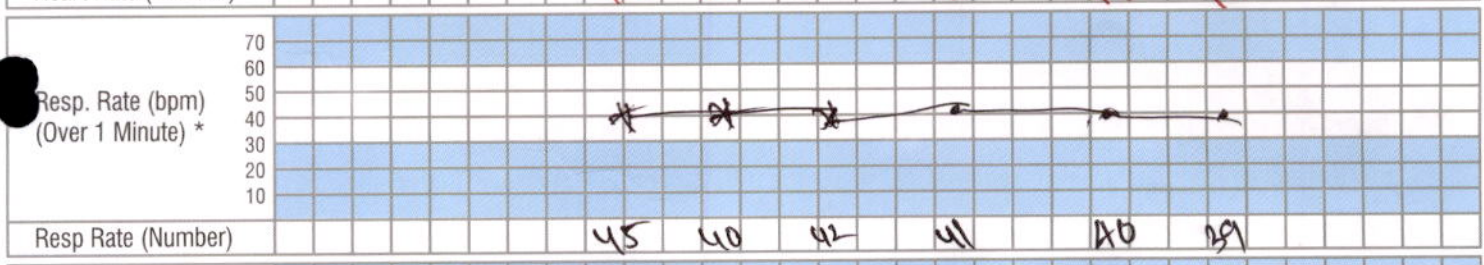
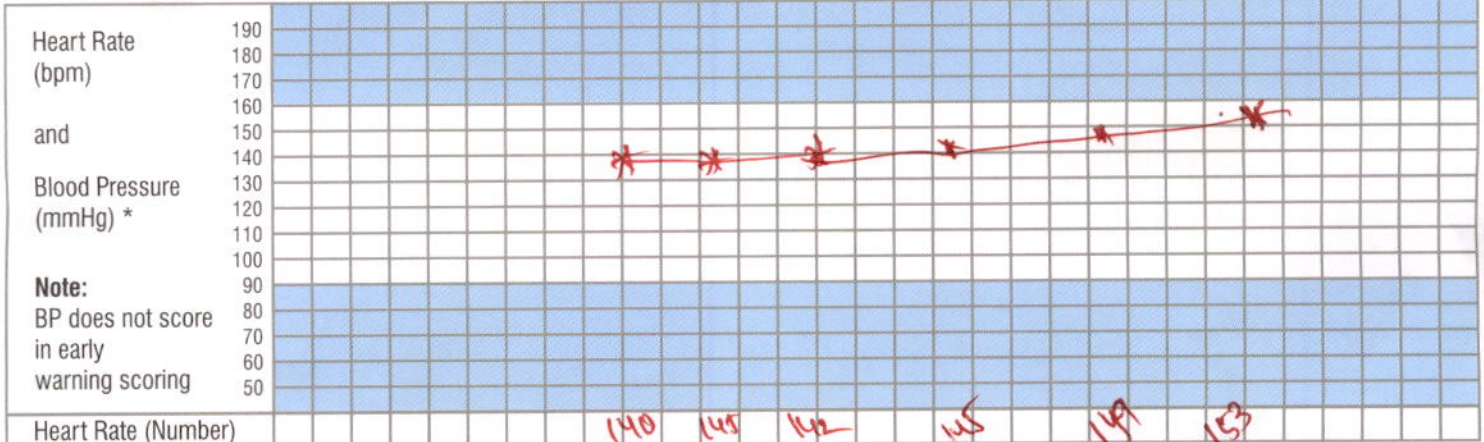
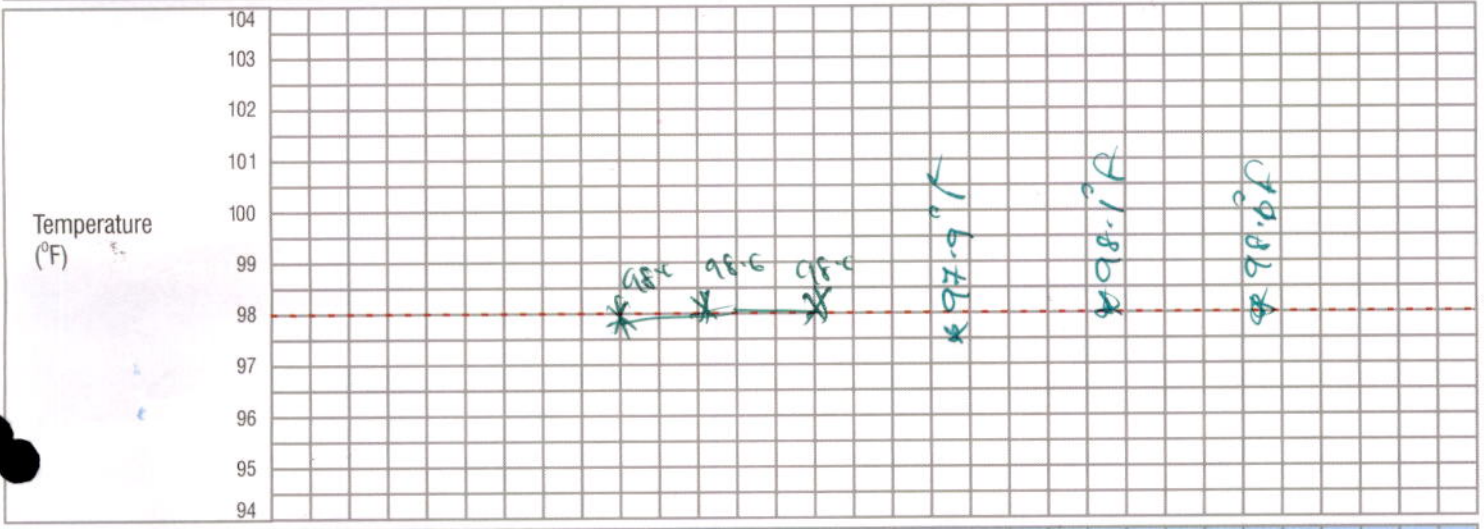


NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: FT 37+5Wks 12.39kg. ISGA 1cm male INVD ICiAB.		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	29/5/26	29/5/26				
	Shift	E	N				
	Medical Condition (Any special condition to be noted):	Nil	nil				
	Diet:	DBL+ff	DBM+ff				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.3f	98.0f			
		Res:	24b1m	22hr			
		SpO ₂ :	99.1	99.1			
		Pulse:	110b1m	105hr			
		BP:	-	-			
		LOC:	conscious	conscious			
	Fall Risk Score:	16	16				
Pain Score:	0	0					
Skin Integrity	Intact	Intact					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	Nil	Nil				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	DBL+ff	DBM+ff				
	Critical Lab Test / Values:	Nil	-				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	dependent	Dependent				
Post Operative Procedure Special Orders:	GRBS	GRBS					
	6th hourly	6th hourly					
Handed Over By Name :	Padma	Akshita					
Signature / ID :	606329	606602					
Date:	29/5/26	30/5/26					
Time:	@8pm	@8hr					
Taken Over By Name :	Akshita						
Signature / ID :	606607						
Date:	29/5/26						
Time:	@8hr						

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/26 Time: 6pm 8pm 10pm 12 4 8
 Doctor/Nurse/Family Concern? AM N N



Resp Mod/ Severe Distress	None / Mild	✓	✓	✓	✓	✓
Receiving O ₂ (l/min)	O ₂ Saturations (%)	✓	✓	✓	99%	99%
Conscious Level	Normal / Altered	W	W	W	C	C
GCS *		W	W	W		

TOTAL SCORE						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	J	T	S	A	A	A

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/5/26	Time: 10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	AM	AM
Temperature (°F)	97.6	97.3	98.2	98.0	98.0	97.1
Heart Rate (bpm)	130	138	150	152	141	142
Blood Pressure (mmHg) *	130	135	145	145	140	140
Resp. Rate (bpm) (Over 1 Minute) *	45	39	39	41	41	39
Resp Mod/ Severe Distress						
Receiving O ₂ (l/min)	0	0	0	0	0	0
O ₂ Saturations (%)	98	97	99	99	99	99
Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
GCS *			9			
TOTAL SCORE	1	0	0	0	0	0
Number of shaded boxes	1	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	J	J	J	J	J	J
ACTIONS	Score 1 : Continue normal observation by staff nurse					
	Score 2 : Shift in charge nurse to be informed and continue hourly observations					
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.					
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see					
	Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed					

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



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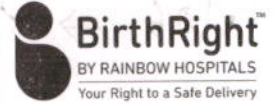
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

VIH-00205393 IP-00060163
 Baby B/O HARSHAL SANGHI
 28-05-2026 0 Y 0 M 0 D 4 H (M)
 Dr. JARJAPU KIREETI



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm	DBF ✓											
	07:00 pm												
Total Intake : DBF						Total Output :							
	08:00 pm	DBF ✓											
	09:00 pm	DBF -											
	10:00 pm												
	11:00 pm	DBM											
	12:00 am									✓			
	01:00 am												
Total Intake :						Total Output :							
	02:00 am	DBM											
	03:00 am												
	04:00 am	DBM + FF											
	05:00 am												
	06:00 am	DBM + FF								✓			
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

~~29/5/26 → RBS Refused at 29m.~~

*

1117

1117
1118
1119
1120

1121

1122

1123

FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine	
			Mouth	I.V	N.G								
28/5	08:00 am											Sany 29/5/26 @ 14pm	
	09:00 am	DBF							✓				
	10:00 am												
	11:00 am	DBF					✓						
	12:00 pm												
	01:00 pm	DBF								✓			
Total Intake :					Total Output :								
29/5	02:00 pm											padding 29/5/26 @ 8pm	
	03:00 pm	DBF											
	04:00 pm	DBF +HF								✓			
	05:00 pm						✓						
	06:00 pm	DBF								✓			
	07:00 pm	DBF +HF											
Total Intake :					Total Output :								
30/5	08:00 pm											A kish 30/5/26 @ 8am	
	09:00 pm	DBM+HF											
	10:00 pm						✓			✓			
	11:00 pm	DBM+HF											
	12:00 am												
	01:00 am	DBM								✓			
Total Intake :					Total Output :								
31/5	02:00 am	DBM+HF										@ 8am	
	03:00 am												
	04:00 am	DFC 30ml											
	05:00 am									✓			
	06:00 am												
	07:00 am												
Total Intake :					Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output