

ACTIVITY RECORD FOR BILLING

Name: _____

UHID No: _____ IP No: _____ Dept: _____

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

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

VIH-00205258
Baby Of ANKITHA
08-05-2026
Dr. JARJAPU KIREETI
IP-00060429
(M)

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Rudhura	22/6/26	3093466 ✓	
2.	Dr. Abdul Khaleed	4/7/26	3097400 ✓	
3.	Dr. Pousya	4/7/26	304	
4.	Dr. Sai Krishna	7/7/26	3098415 ✓	
5.	Dr. Tyoti Bodhne	8/7/26	3098911 ✓	
6.	Cross checked done by Ref. ospal			
7.				
8.				
9.				
10.				

[illegible]

21/6/20

Monitor

11:00
am.

Disconnecting Time

3092884

Signature

30/6/24

Oxygen

Infusion pump

5 Am

30/6/20

3095964

cross checked by Chitra 21/7/20

217128

INVESTIGATIONS

Date	Investigations	Order No.	Sign
20/6	RBS ✓	26021077 ✓	} Pyedie
21/6	RBS ✓	26021078 ✓	
21/6	RBS ✓	26021094 ✓	
22/6	RBS ✓	26021126 ✓	Asuf
22/6	RBS ✓	26021204 ✓	Asuf
23/6	RBS ✓	26021256 ✓	Asuf
23/6	RBS ✓		b
24/6	CRP, CRP, S/E, Cx phosphorus, LFT ✓	26021335 ✓	Asuf
24/6	RBS ✓	26021336 ✓	Asuf
25/6/26	RBS ✓	26021445 ✓	Asuf
26/6/26	RBS ✓	26021538 ✓	Asuf
26/6/26	RBS ✓	26021610 ✓	Asuf
27/6/26	RBS ✓	26021649 ✓	Asuf
28/6	RBS ✓	26021758 ✓	Asuf
29/6	RBS ✓	26021829 ✓	Asuf
30/6	RBS ✓	26021931 ✓	Asuf
1/7	RBS ✓	26022051 ✓	Asuf
2/7	CRP, S/E, calcium, phosphorus, LFT ✓	26022160 ✓	} Asuf
		26022160 ✓	
2/7/26	RBS	26022161 ✓	
8/8/26	Cross Check by Chith USG Abd	26-010893 ✓	Asuf

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature
21/6/26	nebulisation	(1)	3092882	Dray
22/6/26	Nebulisation	(2)	3093080	Asuf
22/6/26	Nebulisation	(2)	3093467	Atwile
23/6	Neb	(2)	3093852	By
24/6	Nebulisation	(2)	3093920	Asuf
25/6	Nebulisation	(2)	3094607	Asuf
26/6	Neb	(2)	3094984	By
29/6	i.v place	(1)	3095904	By
30/6	i.v place	(1)	3095650	By
	cross check by	Chell	217/26	
8/2/26	AABR	(1)	3098410	By
Cross checked done by Ref - 08/08/26				

ANY OTHER INFORMATION

Date: 08/08/26

Time: 15:59p

Prepared By:

Ref
08/08/26 @ ur

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis. Padma	Sis. Ref		

(M)

BARJAPU KIREETI

www.rainbowhospitals.in

Patient Name : —

Registration No.: —



RBS

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
20/6	00.00	GAM 93 mg/dl RBS	Ryesth	26021077
21/6	1.00	GAM 71 mg/dl RBS		26021078
	2.00	GPM RBS - 145 mg/dl		26021094
22/6	3.00	GAM RBS - 113 mg/dl	Asuf	26021126
	4.00	GPM RBS - 95 mg/dl	Asuf	26021204
23/6	5.00	GAM RBS - 119 mg/dl	Akhila	26021256
	6.00	GPM RBS - 104 mg/dl	Nahel	26021336
24/6	7.00	GAM RBS - 98 mg/dl	Ry	26021336
	8.00			
25/6	9.00	GAM RBS - 144 mg/dl	Ry	26021445
26/6	10.00	GAM RBS - 126 mg/dl	Asuf	26021538
26/6/26	11.00	GPM RBS - 72 mg/dl	Asuf	26021610
27/6	12.00	GAM RBS - 109 mg/dl	Ry	26021649
28/6	13.00	GAM RBS - 90 mg/dl	Ry	26021758
29/6	14.00	GAM RBS - 85 mg/dl	Ry	26021829
30/6	15.00	GAM RBS 120 mg/dl	Ry	26021931
1/7	16.00	GAM RBS 85 mg/dl	Ry	26022051
2/7	17.00	GAM RBS - 104 mg/dl	Ry	26022161
3/7	18.00	GAM RBS - 99 mg/dl	Ry	26022256
4/7	19.00	GAM RBS - 75 mg/dl	Ry	26022348
	20.00	GAM RBS - 90 mg/dl	Ry	26022450
	21.00	GAM RBS - 76 mg/dl		26022512
	22.00	GAM RBS - 76 mg/dl		
	23.00			

Patient Name : ———

Registration No.: ———

VIH-00205259
Baby Of ANKITHA
08-05-2026 0 Y 1 M 13 D (M)
Dr. JARJAPU KIREETI
IP-00060429

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/6	00.00	11am nlabu Budecont	}	}
	1.00	11pm nlabu Budecont		
	2.00			
20/6	3.00	11am - nlab Budecont	}	}
	4.00	11pm - nlab Budecont		
	5.00			
21/6	6.00	11am - nlab Budecont	}	}
	7.00	11pm - neb Budecont		
	8.00			
22/6/26	9.00	11am - Budecont Neb	}	}
	10.00	11PM - Neb Budecont		
	11.00			
23/6/26	12.00	11am - Budecont neb	}	}
	13.00	11pm Budecont neb		
	14.00			
24/6	15.00	11Am Budecont neb	}	}
	16.00	11 PM Budecont Neb		
	17.00			
25/6	18.00	11AM Budecont neb.	}	}
	19.00	11pm Budecont Neb		
	20.00	11AM Budecont neb		
26/6	21.00	11pm - Budecont neb	}	}
	22.00			
	23.00			

VIH-00205259
Baby Of ANKITHA
08-05-2026 0 Y 2 M 0 D (M)
Dr. JARJAPU KIREETI
IP-00060429

VIH-00205259
Baby Of ANKITHA
08-05-2026 0 Y 2 M 0 D (M)
Dr. JARJAPU KIREETI
IP-00060429

VIH-00205259
Baby Of ANKITHA
08-05-2026 0 Y 2 M 0 D (M)
Dr. JARJAPU KIREETI
IP-00060429

(1)
1000000

1000000

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1000000

1000000

CLINIC

VIH-00205259

IP-00060429

IL CASE SHEET

Baby Of ANKITHA

08-05-2026

0 Y 1 M 28 D

(M)

Name

Dr. JARJAPU KIREETI



IP.No: 60426

DOA: 2/6/6

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary	2	✓	✓	
3	Nursing Initial assessment form				
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	19	✓	✓	
7	Nurses Progress notes	8	✓	✓	
8	Consultation Sheets	3	✓	✓	
9	General Consent for Treatment	1	✓	✓	
10	Conset for Surgery <i>Nilu</i>	1	✓	✓	
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk <i>Preding</i>	1	✓	✓	
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	13	✓	✓	
26	Intake and Output chart (fluid Chart)	7	✓	✓	
27	Drug Chart (Regular prescription)	5	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	3	✓	✓	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
35	<i>Boader & Scale</i>	4	✓	✓	
36	<i>the thumpy pumply Scale</i>	9	✓	✓	
37	<i>thrombophilic bilits</i>	4	✓	✓	
38	<i>pain Assessment</i>	5	✓	✓	
39	<i>New Born Debar</i>	1	✓	✓	
40	<i>Other Medication chart</i>	1	✓	✓	
41	<i>other</i>	9	✓	✓	
	Total No. of Pages	102 pages			

Signature and Date :

Qu 6/7/60

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE



Name :



Date of Birth :

NICU

Birth :
Weight

Admission Weight
Discharge Weight

Month
Date
Day

WEIGHT IN GRAMS

[illegible]

DO NOT WRITE OUTSIDE THE MARGINS

ADMISSION SHEET

Registration Details :



Admission No : IP-00060429 **Admit Date** : 21-Jun-2026 **Admit Time** : 10:57 AM **UHID** : VIH-00205259

Patient Details :

Patient Name	: Baby Of ANKITHA	Age	: 0 Y 1 M 13 D
Guardian	: Mr M VEERA PRASAD	DOB	: 08-05-2026 01:00 AM
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: Dr A S Raonagar Colony Dr A S Raonagar Colony Hyderabad Telangana INDIA 500062	Phone No	: 9490148730
		E-mail	: na@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 231 **Ward Name** : N 2F-NICU II
Room No : NICU 231 **Admission Type** : First Visit

Contact Details :

Name : Mr M VEERA PRASAD **Relationship** : S/O
Contact Address : Dr A S Raonagar Colony Dr A S Raonagar
Colony Hyderabad Telangana INDIA 500062 **Phone No** : 9490148730 / 9705790933

M.V. Prasad
Signature

Doctor Details :

Doctor Name : Dr. JARJAPU KIREETI **Specialisation** : GENERAL PEDIATRICS
Referral Doctor : DR.KRISHNA PRASAD/ (ANKURA HOSPITAL) **Phone No** :
Co-Consultant :

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

-00205259 IP-00060429 y OF ANKITHA 15-2026 0 Y 1 M 26 D (M) JARJAPU KIREETI 		Date & Time of Admission 21/6/26 10:52 AM	Date & Time of Transfer Order 21/6/26 @ 4pm
DR. Kireeti		Transfer Ordered by Dr. Prathusha	Reason for Transfer stable
From Unit NICU	To Unit	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 40	Number of Imaging Films 14 X-ray 14- ABG.	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.	Knoches	5	
2.	Vit D3	1	
3.	Zincovit	1	
4.	Calcimax - 1	1	
5.	Feeding bottles	3	
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐			
Name & Signature of Person who is Transferring Dr. Asul		Name of Person Ordered Transfer Dr. Kireeti	
Patient & Clinical Records Received by : Shami 21/6/26 @ 4pm.			
Date & Time of Patient Received :			

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

 VIH-00205259 IP-00060429
 Baby Of ANKITHA
 08-05-2026 0 Y 1 M 13 D (M)
 Dr. JARJAPU KIREETI


ADMISSION INFORMATION

 Mother's Name : Dubba Ankitha Age : Father's Name : Age :
 Date of Birth : Date of Admission : I.P. No. :
 NICU Consultant : Dr. Kiran Referring Consultant : Antara Hosp.
 Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward
 Transported ? ☒ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☒ Short (< 30 kms)

BIRTH INFORMATION

 Name : B/o D. Ankitha Mother's Blood Group : AB Positive.
 Gender : ☒ M ☐ F Blood Group : 'B' Positive Birth Weight (gms) : 745g Length (cms) :
 Date of Birth : 8/5/26 Time of Birth : 12:06 pm OFC (cms) :
 Place of Birth : Antara Hosp. Estimated Gesth Age : 32wk.

Current Obstetric History : (Booked / Unbooked Case)

 Maternal Age : 26yr Ht : Wt : BMI : Married Life : LMP : 9/10/25 EDD : 12/3/26
Conception : Spontaneous or with Rx. : SpontaneousBooked at what GA. : 1st Conception AN Steroids Drugs / Doses : 2 doses given @ 4/5/26Last Scans Details : Said to be Normal

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ >35yrsConsanguinity : ☐ Yes ☒ NoIf yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3**H/o PIH (after 20 weeks) / PE**How many Drugs / Doses / Since how long :
NO

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

oliguria, any investigations (LFT, platelet count) :
NO

IUGR - when detected :

Doppler (Increased Resistance / ADEP / REDP /

Redistribution in MCA) / Ductus Venosus :

AFI : 7cm**H/o GDM/ pre GDM/ on diet or insulin**Controlled or not, recent values, HbA1 values :
No

Compliance with Rx :

Scans : LGA, TIFFA, Fetal Echo :

H/o Hypothyroidism : when diagnosed ? Medication?During conception - Song

Any other Chronic Medical Problems, when detected

drugs ? NO

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

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)UTI : when : NO Any culture : NO**PPROM** : Duration : ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results :

Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G : P : A : L :

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication :

Specify the reason : Abnormal

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitation : ☐ Yes ☐ No

Cord ABG :

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc :

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

TOTAL

1 Minute	5 Minutes	10 Minutes

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOP1:

Baby was delivered via USG, 1/2 presentation

↓

CiAB, Tachypnea & Recumbent ⊕

↓

shifted to NICU & kept on O_2 @ 2L

↓

CABG - met. Acidosis → NS bolus &
Sod. Bicarb.

↓

DOL 11, Gmmt $\rightarrow \text{O}_2$ @ 2L/min

↓

Suspected sepsis → IVIG, 31VIG were given.

Culture ~~neg.~~ Klebsiella

C. Tru. Culture

Emp. Tigecline

Emp. Meropenem

↓

Early onset thrombocytopenia

(5 SPP were given)

Baby was started on feeds and gradually received
full feeds.

↓

Investigation details in previous Hospital:

Aggravated DOL 12 Baby had Abdo Distension

↓

Kept NPO

↓

Currently Baby is on 3rd feed.

↓

Feeding History:

shifted to NICU NPO
for further management

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5° C HR : 152/min RR : 54/min NIBP : CFT : <3 sec

Color of the extremities : Pale

Jaundice : NO Pallor : +++ SpO2 : 96/RA

Anthropometry : Birth Weight : 0.745 kg Length : 35 cm HC : 25 cm Present Weight : 0.869 kg

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :

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

(N)

Facies :

(Any Facial
Dysmorphism)

No 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 :
Position of Nipples and Number :

(N)

ABDOMEN and UMBILICUS :

Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA :

Labia / Hymen :
Testicles/penis :
Anus :

R/L testicular swelling (N)
& Hydrocele, reducible

HERNIAL ORIFICES

free

TRUNK and SPINE :

(N)

SKIN LESIONS :

frnt on (R) wrist

EXTREMITIES :

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

(N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 50/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 : RAE (+) Breath Sounds : NVD (+) Added Sounds :

Cardiovascular System :

HR : 156/min BP : 58/46 Precordial Activity :

Femoral Pulses : + Murmurs : None

Other Peripheral Pulses : + Signs of Cardiac Failure :

Abdomen :

Shape : Round, Distension (+) Hernia orifice :

Palpation :

Palpable masses : none Anal Patency : Int

Abdominal girth :

Umbilical Cord :

First urine passed :

Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

MA - AUA

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

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

Moro's :

ATNR :

DTR :

Skull and Spine :

Any Congenital Anomalies : No obvious visible external
..... cong. Anomalies

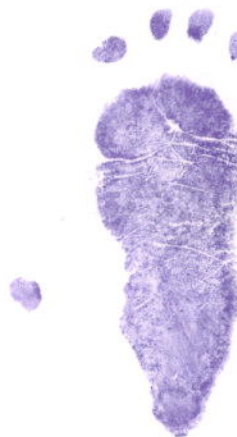
Diagnosis :
.....
.....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Pt | ELBW | SGAI Early onset thrombocytopenia |
SSDP, 1 page 1 w/ (Electricity) | MET ROS - LfO₂ -
feed intolerance, Aneut.

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

Inf Meopenon

Inf - Colicin

Inf Ampho B

Inf Lincolid

N - 150 cc/kg/day - 10% - 200 P.

Inf - Aminonon - 3g/kg/day

NP₁ + phosph + ASG + cal +

Blood U₁, CoE, Lf₁,

PT APTT + INR

NPO.

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 6 AM	D42 / VIP1 (32wks) → 35wks PMA / 4.5 gm / 11 g / 5 g / 4 g 20wks / Early onset thrombocytopenia / 5x ROP / 1x ROP - 3 IVIG / Amlie - 5x UAC / feed intolerance / myelosuppression / RD - UAC / EOP - late - resolving	
	Wt - 1.20 kg (1630 gms) SpO ₂ - 216. U/O - 120 ml / Stool - 6 times. GRES - 93 mg/dl	o/e - Neurothermic on UO ₂ - 0.14 min C/P/A - Good CUS - S/S ⊕ R/S - NAC ⊕ q/e r/r
	<u>Plan</u> - Target SpO ₂ 90% - Target MAP > 31 - ABC / CXR - 10L - GRES - RD - Tr - 190 ccf / day - 04 feeds - 50% ENA feeds - 7U - 190? (20ml x 2hr). 50% Neo cat - trace L-WES (22/6/26) - inf meropenem - D ₄ /D ₅ , inf vancomycin - D ₃ /D ₄ today last dose - oral furosemide & spironolactone → plan to stop as no weight gain - ROP - resolving - RFA 3wks - 10/7/26. - SpO ₂ charting, vitals monitoring. - stop	

1st blood c/s
 Asfms
 No growth

2nd
 inf



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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	Day 43/VPT/32w/38 ⁺ who 1MA/745g/104cl/54T/const early onset thrombocytopenia/52PP-110PP/IVx3/Anemia severe/ feed intolerance/hypocalcaemia/EO-urine/RO-ase	
	Issues	
	RO (P) but ↓ : SR Ts on excretion (crying, post feeds).	
	Wt - 1.28 (+80g).	Namothumic
	UO - 236/123	CO ₂
	UO - 4	const BAE (P), SCL (P)
	clo - 6	CNS - TIAK AQA CUS - DS ₂ (P)
	UERS - 21 mg/dl	PIA - soft, NS (P)
	Adv - Target SpO ₂ - 90-95%, MAP > 38	
	ABG/CRP - eos.	
	CRSS - BD → AT OD.	
	W - 190 cal/day - 09 feeds ^{50% SBM} 50% NEOcan.	
	have ves (22/6/26) - T/m.	
	Inf ampicillin 05/05	
	ROF - 10/7/26.	
	Ho charring	
	vancomycin stopped.	
	noted by Rishi 21/6 @Rishi	Dr. Jarjapu Kireeti Reg.No.APMC/EMR/80261 21/6/26



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



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 5 AM	Day 44 / VPT / 32w / 38 ¹² was PMA / 745g / IVGR / SGA / CONS Early onset thrombocytopenia / 5 SPP - 1 RDP / IVIG x3 / Anemia 5LRBC / Feed intolerance / hypocalcemia / RD - HFNCL / ROP - Long	
	<u>Issues</u> : Distress, dscd, Acetone SMN present	
	T-WL - 1.30 kg [↑20gms]	NORMOTHERM
	2LO - 240 / 184ml	LTOL @ 0.11
	UIO - 4.1 cc/kg / HV	chest BAG ⊕, SCR ⊕
	9LO - 5 Times	CN - 11A1R AGA
	GRBS - 113 mg/dl	CVS - 9, 5L ⊕
		PIA - soft
<u>ADV</u>		
	Target 90% - 90-95%, MAP > 38	
	ABG / CXR - <u>EW</u>	
	GRBS - <u>BD</u>	
	IV - 190cc / 12g / day - on feeds	50% CBH 50% KEOCIC
	ROP - 10/7/26	
	watch for acetone if increasing	Plan Antibiotics
	ROP - 10/7/26	
<u>CHANDU</u>	24 chvrbg, vitals monitoring	
	→ CBP, CRP, S-E, alpha, LFT → 24/6/26	
	→ Stop Caffeine	→ Positioning
	→ CRP → 24/6/26	→ 24/6/26

Noted by
 Chandu
 22/6/26

Dr. Jarjapu Kireeti
 Reg. No. 47MC/FMB/4383
 22/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 6 AM	Day 45 / VPT / 32 wks → 38+3 wks PMA / 7459gms / IVGR / 54A / LONS / Early onset thrombocytopenia / 5 SDP - 1 RDP / IVIG X 3 / anemia 5xLRBC / feed intolerance / hypoalbuminemia / RD-HFNC / ROP - laser.	
	<u>Issues:-</u> Nil.	
	T-wt - 1.29 Kg (↓10gms)	Normothermic.
	I/O - 184 / 135ml	LEO @ 0.1 L/min
	U/O - 4.32 ml/Kg/h	RS - BAE (+), Mild SCR (+).
	S/O - 5 times.	CNS - T/A/R - AGA.
	GRBS - 119mg/dL	CNS - S/L (+).
		P/A - soft.
	<u>Advice:-</u>	
	Target SPO ₂ 90-95%, MAP >38.	
	ABG/CXR SOS, GRBS BD.	
	TV - 190 ml/Kg/day - 04 feeds (22ml)	50% EBM. → 7200ml/Kg/d 50% Ncolate.
	ROP on 10/7/26.	
	w/ Edema (Abdominal wall & genital) → Plan diuretics.	
	CBP, CRP, Sr E, Cal, Phosphorus, LFT → CXR → 24/6/26.	
	Rapid WBS - collected.	
	Positioning - (1) up - 2hrs.	
	(2) up - 2hrs.	
	Supine - 2hrs.	
	Prone - 2hrs.	
	Monitor Vitals, LFT, SR, S/L.	

Dr. Jarjapu Kireeti
 REG. NO. APM/TFMR/80261

KIREETI

23/6/26 (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 JAP	Day 46 / VPT / 32w / 38 ^W w/ PMA / 745g / 104cm / 34cm / (CONS) Early onset thrombocytopenia / SSOP-IRDP / IVIG x 3 / Anemia / SURCU Feed intolerance / Hypocalcemia / RQ- Hfrcl Rpt-laser.	
	Issues: Abnormal mild hct ⊕	
	Twist = 1.29 (Hog).	Normal thoracic
	810 - 258 / 145	LD ₂ - 0.2L
	U/O - 4.6 uL/g / m	Chest RAE ⊕
	U/O - 2 hms.	CN ₁ - T1F / AEA
	CRBS - 814	Care - S11 ⊕
		PIA roll
	Adv.	Hypochromic ⊕.
	target SpO ₂ > 90-95% / MAP > 38	(~4 cm).
	ABG / Cap - 10	
	CRBS - 80	
	TV - 200 uL/kg/day - OG leads	50% EFM
	Rpt - 10/17/26	10% replete
	w/ Edema - if ↑ - plan for diuretics	
	Positioning - ⊕ UP - 2hrs	
	⊕ UP - 2hrs	
	Supine - 2hr	
	Prone - 2hrs	
	monitor vitals, Inform (Sec)	
	Adv c Dr. Poshya regarding GTS. → Add Iron drops	
	→ Add Syn Calcium - P 2me TID	
	→ Mutation Calculation	
	→ VTE-K - 1mg/kg dose	

Dr. Jarjapu Kireeti
 Reg. No. APN/1111/80751

Kireeti

50% - Neocate
50% - EBM.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order		
24/6/26	FDA/kg.	EBM.	Neocate	HMF	suppli	Total	in KA.
Calorie	115-140	86	89.	25.0.		200.	154. ✓
Protein.	35-4.	1.84.	2.4.	1.8.		6.1.	4.7
Vit D.	400-700.	2.6.	85.	480.	Vit D. 400 120.	1088.	836. ✓
Ca ⁺	120-200.	31.5.	102.	90	CalciMax P 180	403.5	310.
P.	75-110.	16.	66.	48	90.	220.	169.
Iron.	2-3.	0.15.		24.	Prefer drop. 2.6. (2meq).	5.2	4.
Total feeds =							
6 feeds = EBM = 132 ml							
Neocate - 132 ml							
HMF - 6 sachets							
Interpretation = ↑ Calcium, ↑ Phosphorous, ↑ Iron.							
Advice :- can decrease Sp. CalciMax P. to / change to							

100% EBM + HMF

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
24/6/26	RDA/Kg	EBM	HMF	Supp	total	Per Kg.
Calorie.	115-140.	172	45.		217	167.
Protein.	3.5-4.	3.7	3.3		7.	5.4.
Vit D.	400-700	5.2	880	Vit D = 400. Calcimax P-120.	1405.	1080
Ca	120-200	63.	165	180.	408.	314.
P.	75-110.	32	88.	90.	210	161
Iron.	2-3.	0.4	4.4.	proten for drops 2.0. (2mcg/Kg)	80. 7	5.3.
Total feeds = 264ml.						
HMF = 11 Sachets.						
Interpretation:- ↑ Calorie, ↑ Protein, ↑ Vit D ₃ , ↑ Ca, ↑ P,						
Advice:- decrease Symp Calcimax P, Vit D ₃ drops,						

VIH-00205259 IP-00080429
 Baby Of ANKITHA
 08-05-2026 0 Y 1 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/05	Plw to Dr. Parvya mem	
	Reports informed	
	Case up updated	
	Plan	
	- Send GRT	
	- BILABYLINE	
	if GRT → plan for HRT scan	
28/05		
28/05	sb resident	
	- no Acute cough	
	- GRT < 3hr	
	- GRT good	
	- Tolerating feeds well	
	- Plw - good	
	- mild Tachypnea @	
	Plan	
	- Send GRT	
	- GRT	
28/05	Noted by Dr. Sridhar 24/6/26	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/20		
8pm		
	<u>Plan</u> 1) change to full EBM - lost + HMF reorder if EBM insufficient → only if 2) order XT drops 0.2ml once a day	
	Noted by sr. specialist 24/6/26 8pm	J. Kuch K. Green 24/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 8 AM	Day 07 / VPT / 32 wk / 38 ⁺ wk PMA / 7.45g / JUGR / SCW CONS / early onset thrombocytopenia / 55TP / 1 RPP / IVig x 3 Anaemia / 5 LRBC / feed intolerance / hypocalcaemia RD - HRVC / ROP - LASEZ	
	ISSUES: lung distress , Intermittent DISTRESS ^① W	
	FWL - 1.32kg (T30g)	NOV 06 LANE
	IL - 240 / 135	check BAC ^①
	UL - 4.3cc/kg/d	CNS - 4/T/A - AGP
	SL - 5 L/min	CVS - S/S ^①
	GRB - lung lung ^①	PIA - SOFT, hepatosplenomegaly
		anem.
	AP:	
	Target SpO ₂ > 90-95% MAP > 38	
	ABG / CAR - 50	
	GRBS - BD	
	TV - 200cc/kg/d → i/v CM + HMF, if CBM is not sufficient then give neocole	
	• AF edema is increasing Plan to start diuretics	
	• Positioning - ^① UP 2hrs, ^② UP 2hrs	
	supine - 2hrs, Prone - 2hrs	
	• Monitor vitals, inform SN	
	• Discuss E Dr. Poushyan mom	
	• No chills, vitals monitor	
	→ oromotor stimulation	
	→ oral feeds from nasogastric	
	noted by Rakha	
	25/6/26	

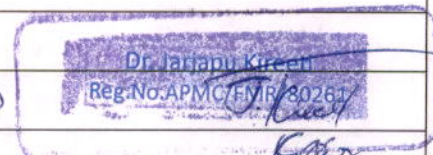
Dr. Jarjapu Kireeti
Reg. No. APMC/EMR/80261
KIREETI

25/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 9AM	Day 40 / VPS (32wks) → 38+4wks PMA / 745gm / 1VHR / 54A / CONUS / Early onset thrombocytopenia / 5 SDP - 1 RDP / 1VH - 3x Anemia / 5 LPOC / fed intolerance / Hypoalbuminemia / ED - HBNV / Pop laxer.	
	<u>Issues</u> - nil - , Intermittent distress.	
	• TWR - 1.33 (110gm)	Normo hemuG
	S/O - 264 / 1hr.	chest - DTR
	U/O - 4.5ml / 1hr.	CNS - 7/1A - Aus
	S/O - 7hrms	CNS - 4hr
	GPR - 18mg / 1hr	PA - 6hr, Hsm ① 4hr.
	<u>Advt</u>	
	Target SpO ₂ 90-95%, mAb ≥ 38.	
	AB G / 1xR SAs.	
	GPR BP.	
	TV - 220ml / 1hr / day - full EBM + HMF. - 24ml @ 2hr	
	If edema is increasing plan to start diuretics.	
	Positioning: ① up 2hr	
	② up 2hr.	
	hymn 2hr	
	Prone 2hr.	
	• motor stimulator	
	Syp. Phenobarb (Pr/S).	
	HIDA scan after 4 days.	
	S/O chab; Vitals monitoring	
	Noted by Refug 26/6/26	





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26		
6:30 PM	easy sun clash SLR ⊕ Alert & active easy	
	<u>Adv -</u>	
	- Cont Phenytoin sulfate.	
	- Wt appt. → Inform DDD.	
		Bf ↓
		<u>Noted by</u> Fawley 26/6/26

Date & Time	Progress Notes	Doctor's Order
27/6/26	day 49 / VPT / 32 wks → 38 ⁷⁴ wks Early onset thrombocytopenia / feed intolerance / hypocalcaemia / RO - uANC / ROP - laser.	PMA / 745 g / IVCR / SGA / LONS / ESOP - 1200 / PVZ - 3 / Anemia - SURE /
	<u>Imus</u> - unable to maintain SpO_2 in Rn - last x ray 18/6/26	
	Wt - 1.00 (+70g) Ht - 282/145 U/D - 4.2 S/O - 4 GRBS -	Normothermic Chest RAE ⊕ CNS - 7/AFK AGA CNS - IS ₂ ⊕ P/A - soft, BS ⊕.
Adv -	Target SpO_2 90-95%, MAP > 38 AKG / CPR - LOS GRBS - OD TV - 220 ml/kg/day - → ECM + HMF / neogate Oh feed, Orif If edema is increasing - plan diuresis Positioning Promote stimulation cyp phenobarbitone - 03/DS HIDA scan on Tuesday (Appointment to be confirmed on Monday) AF CPR → Oral feed, from Monday → 02/07/26 → APB CBP, SE, 4	



~~28/12/26~~
~~4:30pm~~

Date & Time	Progress Notes	Doctor's Order
6/26 7:00pm	Baby has tolerated feeds well fine off Phenobarb B oral feed from Monday HDA on Tuesday	<u>Adv</u> - CR - Enx on 2/1/26. JH <u>Noted by</u> <u>Audrey</u> 27/6/26

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Baby Of ANKITHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26	Day 50 / VPT 32wks → 38+5wks post / 745gms / 10HR / SGA / LONS / Early onset thrombocytopenia / SDDP - 1RDP / 1V16-3 / Anemia - 5LRBC / feed Intolerance / hypoalbuminemia / RD - HFNC / ROP - Last.	
	Issues = Or dependency.	
	T-Wt - 1.44kg (140gms).	Normothermic.
	S/O - 306/90 ml	Chest BAPED.
	U/O - 5.6ml/kg/hr.	CNS - T/A/R AUA
	S/O - 6 feeds.	CW - S/H.
	GRBS - 90 mg/dl.	P/A - Soft BS.
	Advice:-	
	Target SpO ₂ 90-95%, MAP >38.	
	ABG/CXR - SOS.	
	GRBS OD.	
	TV - 220ml/kg/day - EBM/HMF / Neocate - 04 feeds x2hrs.	
	If Edema Increasing plan diuretics.	
	Porting.	
	OTO motor stimulation	
	Syp pheno barb 100/5	
	HIDA scan on Tuesday (Appointment to be confirmed on Monday).	
	Oral feeds from Monday.	
	CBP, S/E, Cal, Phosphorous, LFT. → 2/7/26.	
Dr. Jarapu Kireeti	Noted by Sr. Sushila 28/6/26 1pm	Dr. Jarapu Kireeti Reg No. APM 1500251 Kor, 28/6/26 (P.T.O)

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Baby Of ANKITHA
08-05-2026 0 Y 1 M 18 D (M)
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CONGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/10/20	Baby seen Child Active tolerates feeds well. by oral feeds from the HIDA scan appointment time. Went by 8, Cheryl 10/10/20	Dr. Vishal.

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Baby Of ANKITHA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 JAM	Day 51 / VPT (32wks) → 38+6wks PMA / 745gms / IVIG / SGA / LONS / Early onset thrombocytopenia / S-DP - 1RDP / IVIG-3 / Anemia - 5LRBC. feed intolerance / Hypoalbuminemia / RD-HFVC / ROP-Laser.	
	Issues - Or dependency.	
	WT - 1.53 (790gms).	Normothermic
	I/O - 282/145.	Chest - BACED.
	U/O - 4.2ml/kg/hr.	CNS - T/A/R AUA
	S/O - 4 times.	CVS - S/S (+)
	GRPS - 95mg/dL	P/A - 60/40 BACED
	<u>Achever.</u>	
	Target SPO ₂ 90-95% / MAP 738.	
	ABG/CXR - SOS	
	GRPS - OP.	
	TV - 220ml / kg/day - EBM HMF / Necessati -	
	On feeds - 27ml x 2hly. → Try oral feeds. - Pay the oral feed.	
	If edema increasing plan diuretics.	Night time OR feed.
	Positioning.	
	Oro motor stimulation.	
	Syp phenobarb 05/5.	
	HIDA scan on tuesday (Appointment to be taken today).	
	- CBP, LFT, Cal, Phosph., LFT - 2/7/26.	
Noted by Dr. Shreya 29/6/26 uam		Dr. Jarjapu Kireeti Reg No. APMC/EM/8261 J. Kireeti Kireeti 29/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

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Baby Of ANKITHA

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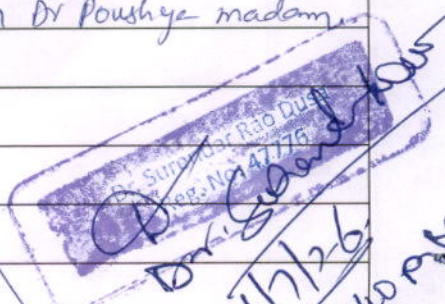
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 7AM	Day 52 / VPT (32 weeks) → 39 weeks PMA / 7 USG / IUGR / SGA / Low 1. Early onset thrombocytopenia / 5 SPP- 1 RDP / JVLG-3 / Anemia - 5 LRBC / Red, leukocyte / Hypoalbuminemia / RD - 14.5% ROP - LOEV	
	<u>Issues:</u> None	
		Normothermic
	T-Wt - 1.56 (730g)	Chest - BAE ⊕
	ILV - 309 / 160	CNS - 7 / 18 R AGW
	ULO - 4.2 cc / kg / hr	CVS - 9.92 ⊕
	SLO - 6 L/min	PIA - 90 PL
	GRBS - 120 mg / dL	
	<u>Advice:</u>	
	- Target SpO ₂ 90-95%, MAP > 39.	
	- ABG / CXI - 5u	
	GRBS - OD	
	IV - 220 ml / 191 g - GBX 100% / 100cc	
	Oral feeds min 2 ml x 2 hy (if looking well & no body temp comb	
	Oral feeds even right	
	- If Etmo increasing plan diuretics	
	- Positioning	
	- OMS, 45°	
	- HIDA scan today @ 8 AM (NPO from 5 AM → Tr - 50 cc / 12 hr Plain JSS-P).	
	- 2/7/26 - CBP, SE, Cal, Phosp, LFT	





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 8 AM	Day 53 / VPT (32 wks) → 39+1 wks AMA / 745 gms / 104 cm / 54 A / LONG. Early onset thrombocytopenia / SDD - ROP / VIG - 3 / Anemia - SLRBC / feed intolerance / Hypoalbumemia / RD - HNFU - / ROP - laser.	
	Issues:- HIDA scan today - Review.	
	T-wt - 1.61 Kg (960 gms) S/O - 3125 / 125 V/O - 3.2 ml / Kg / hr S/O - 5 times. GPR - 85 mg / dl	Normothermic. Chest - BAED / mid SCR ⊕. CNS - T/A/R ANA. CVS - S/S ⊕. P/A - Soft, R ⊕. Distention.
	Advice:- Target SpO ₂ 90-95%, MAP >39. ABG / CXR - SOL. CPBS OP. TV - 220 ml / Kg / day - EBm + Hmf / Neocate. Oral feeds - 27 ml x 2 bly. If Edema increasing plan diuretics. Oromotor stimulation. HIDA scan @ 9 AM, - Continued feeds. → Inform Dr Poushaye madam. LBP, Sr E, Cat Phosp + LPT ⇒ 2/7/26.	
Discharge	Noted by Sr. Shashikala 1/7/26 1:40 PM	 Dr. Sushant Rao Dutt 1/7/26 1:40 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9AM	DSU / VPT (32 wks) → 39+2 wks PMAf 745 gmsf 109 cm SCAP LONA / early onset thrombocytopenia / 5 SDP- IRDP / NIG-3f - menu - 5 LRS of feed is tolerable / hypocalcaemia / RD - NANC / ROP - laser	
	Y.Wt - 1.53 kg (↓ 10 gm) I/O - 253 / 135 ml O/D - 3.6 cefixim C/O - 5 times G/BS -	O/E - normoalbuminemic on LPO ₂ C/T/A - good C/S - S, S (+) R/S - KAC (+) P/O - 1g
AD - High 1054 Delayed WT. Increased conjugated	<u>Plan</u> - Target Δ PO ₂ 90-95f. - Target MAP >39 - G/BS - OD - IV - 20 cefixim day - oral feed - 27 ml Q ₂ h - Monitor stimulation - Diaper hygiene - I/O charting, vitals monitoring.	
	→ Invol Parents	
2 neph	- ↑ UREA dose - 15mg/kg/dose. - Repeat UREA 1hr - after 2-3hrs	Dr. Jarjapu Kireeti Reg. No. MB/80261 Kireeti



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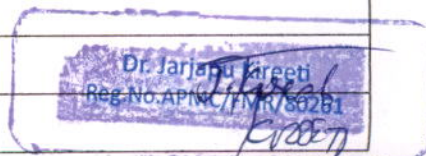
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 6AM	D55/VPT (32 wks) → 39+3 wks PMA / 745g / 106cm SGA / CONS / Early onset thrombocytopenia / 5 SDP - IRDP IVIG - 3 / Anemia - 5 L RBC / feed intolerance / hypocalcemia RD - HPLC / ROP - Latent Issue - Noe	
	T-Wt - 1.55 kg (120 g) 210 - 201 269 / 130 U/O - 3 ucc / 1 hr S/O - 8 b/m	ole - Normothermic on LFO ₂ CHIA - good CVS - S1S2 ⊕
	GRBS - 99 mg/dL	RLS - BAC ⊕ PM - Soft
	Plan:	
	- Target SpO_2 90-95%	
	- Target MAP > 39	
	- GRBS - QD	
	- +V - 220 cal/kg/day oral feeds - 29 ml x 2hly	
	- Oromator SB'mdown	
	- Plan to repeat HIDA scan after 2-3 wks	
	- UDCA - 15 mg/kg/day	
Handwritten	- Plan to shift to room in 2 days	
	→ Discharge planning Saturday	
	- Involve parents - Plan to shift tomorrow.	
		Noted by Shirley. 3/7/26
		Dr. Jarjapu Kireeti Reg. No. APMC/1411/2026 3/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 9 AM	Day 56 / VPT (22 wks) → 39+4 wks PMA / 745gms / IVAP / SGA / LONG / Early onset thrombocytopenia / SSOP-1RDP / IVIN-3 / Anemia-5LPO. feed Intolerance / Hypoalbuminemia / RD-HIVL / ROP-late. / (?) Biliary Atresia. Issues - or dependency.	
	PWR = 1.56 kg (110gms), S/O 317/125 U/O 2.3, S/O 7mes, GPRBS.	Nosmotremic SV @ LFA @ 0.1ml/min C/A/A - good CVS - 5/5 @. RS - DAE @. PIA - Soft - BS @.
	Advice - Target SPO ₂ - >90%, MAP 39, GPRBS DD, IV - 220ml / Ks / day. Oral feeds - 30ml x 2hly. Oro motor stimulator. Plan to Repeat HIDA scan after 2-3 weeks ^{monitored} 2-3 weeks Udilitiv - 15mg / Kg / DOH Plan to shift to Room with O ₂ & monitor Dr. Poudyal - Ped gastro consultation today, monitor vitals	
4/7/26 Dushal	CBP, LFT - Monday → CXR today	
	Noted by Bharan 4/7/26	



4/7/26 (P.T.O)



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26		
7:30 AM	D57 / VPT (32 wks) → 3975 wks PMA of 745 gms 109g / 19g / 201g / early onset thrombocytopenia - 550P - XIRDP IVBq-3 / Anemia - 5.0g / feed tolerance / myxomatous RD - WNC / ROP - laser / Biliary atresia	
	Wt - 1.55kg (↓ 10gms) Ifo - V/O - S/O - Grex -	O/E - Normoventilatory on CPO₂ - 0.14 / min CH/A - Good acc - S/S₂ (+) R/S - BAE (+) P/O - 100%
	Plan - Target SPO₂ > 90% - Target MAP > 39 - Grex-OD - IV - 220 ml/kg/day - oral feeds - 30 ml Q 4h - Motor stimulation - Symp. support - 15 ml/kg/day - Anticretic supplements - Tab. Kenection - once every 3 days - KIDA scan repeat on 14/7/26 - Dr. Jyothi nam consultation (7/11) for Biliary atresia - CBP, UFT - (7/11) - Ifo charting, vitals monitoring	
	→ Shift to Room	→ Remove Cannula

J. Kireeti
 Kireeti
 5/7/26 (P.T.O)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/3/26 1:00pm.	<u>Shifting Summary.</u> DSA/vPT (32wks) → 39+5wks pma / 7usgms / TUCR / SGA / LONS / Early onset thrombocytopenia / SSDP-1RDP / IVIG-3 / Anemia-SLRBC / feed intolerance / Hypoalbuminemia / RD-HFNCI ROP-haver / Biliary Atresia Atresia.	
0/2	Child Alert	
	Normothermic	
	on LfO ₂ - 0.1 Lit/min.	<u>Plan</u> - on LfO ₂ - 0.1 L/min.
	CTA - Good	- I/O charting.
	CRT < 38cc	- CBP - Lfr - T/m.
	CV: CRI ⊕	
	RU: BLUE ⊕	- Do Tyotumam c/w - T/m
	P/A: G/H	i/v/o Biliary Atresia
	CNS - NAT.	
		- Repeat HIDA scan on 14/7/26
		- Tab. kenadion (10mg) once every 3 days
		- Continue oral supplements
		- Continue syp. uditiv + longly 14/26
		- GRS-OD
		- oral feeds - 30ml - and hely

Dr. Jarjapu Kireeti

Note by
 Rgq

Del 5/7/26
 @ 1 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26: 10:20 AM	SB Persistent: D58 / VPT (32 hrs) → 39+6 Wk / 1450 gm / PMA 100g / 54 A / LONS / early onset thrombocytopenia / 5 SDP / 1 RDP IVIG-3 / Anemia - 5 LRBC / feed intolerance / hypoalbuminemia / RD-HFNC / RDP - low / ^{Probable} Bilirubinemia.	
11-ABF		
B 0/6	Baby alert Normo thermic, ON LFO₂ - 0.14 / min. Cl/A - Good. CRT < 3 sec.	Adv:
T.Wt = 1.56 kg (110 gm)		
CUL - AS₂ (+) RS - RAE (+) P/A - soft		- On LFO₂ - 0.14 / min. - Dr. Jyoti mam C/N (Today) - Rpt HIDA scan on 14/7/26. - Cont all med. - CRBS - OD - Oral feeds - 30ml Q2H. - Inform if scab > 90%.
→ AABR today → Vaccination - ACV OPV HKPB		
→ ROP Screening - 10/7/26 (Friday)		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26: 10:00AM	<u>S/B Resident:</u> D5g/VPT (32URB) → 40 WRS PMA / 745gms / 104k SGA/LONS / Early onset thrombocytopenia / 5 SDP x 1RDP N/A-3 / Anemia - 5 LRBC / Feed intolerance hypocalcemia / RD-HFNC / ROP-laser / Probable BA. O/A Baby alert, euthymic, with smile T.Wt → 1.596 kg C/A (A) (2) C/S - Soft (⊕). B - Soft (⊕). P/A - Soft. <u>Adv:</u> On LFD - O. 12/men. Dr. Jyoti mam (C/W) - ? Rpt HIDA Scan on 14/7/26. Cont all meds. ARRS - OD. Oral feeds - 30ml Q2H. Inform if Sat < 90%. USK abdomen today (After 3hr of fasting/NPO)	

10:00 AM
 55 Jyoti
 7/7/26
 @ 11:00

J. Kireeti
 7/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8.7.26 9.00 AM	S/B Regular DOL-60 / UPT (32 wk → 40 ⁺ PMA) / 745 gm / 106 R / S6A / WNS / Early Onset Thrombocytopenia / 5SDPx RDP 1.4 Ig -3 / Anemia - SLRAC / feed intolerance / hyperalbuminemia / RD-HFIR / ROP-late / probable BR	
	On O ₂ / o/e baby warm easy tone } (14) reactively H/L - NAD P/A - soft	Plan → Cent - low flow O ₂ → oral feeds 30ml/2 nd day → RBC - OD → Cent - maintain Infusion if sat < 90% → Repeat HIDA scan 14.7.26
	Y. wt: 1.59 kg T. wt: 1.60 kg (111 gm)	
	Same (Dr. Samana)	→ Rap → Friday 16/7/26 → Long to lower O ₂ → CSO1 discharge
	Noted by Sr. Jhumi Gupta @ 11 AM	J. K. K K. K. K 8/7/26

IP-00080429

08-05-2026

08-05-2026 0 Y 1 M 29 D

(M)

Dr. JARJAPU KIREETI



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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

NURSING SHIFT HAND OVER FORM

SITUATION		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:						
Diagnosis: PT- 32 weeks /SGA/ ELBW. Turgor		Surgery / Procedure:						
Post OP Day:								
BACKGROUND	Date	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26	
	Shift	E	N	M	E	N	M	
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
	Diet:	EBM	EBM	EBM	EBM	EBM	EBM	
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Ventilation (RA, NP, NIV, VENTI):	NP 0.14m	NP 0.14m	NP 0.14m	NP 0.14m	NP 0.14m	NP 0.14m	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F
		Res:	45b/m	38b/m	37b/m	38b/m	35b/m	39b/m
		SpO ₂ :	95%	98.1	99%	96%		96%
		Pulse:	148b/m	147b/m	140b/m	150b/m		150b/m
		BP:	-		-	-		-
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	16	16	16	16	16	16	
Pain Score:	10/10	0	0	0	0	10/10		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	
	Physiotherapy:	-	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Special Diet:	EBM	EBM	EBM	EBM	EBM	EBM	
	Critical Lab Test / Values:	-	Nil	Nil	Nil	Nil	Nil	
	Other Special Orders / Medications:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	PU Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	DVT Prophylaxis:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	
	Post Operative Procedure Special Orders:	-	CBP, LFT TIM	ABBR vaccination ROP 10/12	ABBR vaccination ROP 10/12	ABBR vaccination TIM	USG Abdominal Today @ 3pm	
Handed Over By Name :	Sham	Raj	Sham	Sham	Raj	Sham		
Signature / ID :	17542	01645	17542	17542	01645	17542		
Date:	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26		
Time:	8pm	8am	2pm	8pm	8am	2pm		
Taken Over By Name :	Raj	Sham	Sham	Raj	Sham	Sham		
Signature / ID :	01645	17542	17542	01645	17542	01645		
Date:	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26	6/7/26		
Time:	8pm	8am	2pm	8pm	8am	2pm		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: PT 32 wks / SGA / 2 LBW 240 gm.		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify: Nil					
	Surgery / Procedure: Nil		Post OP Day:					
BACKGROUND	Date	8/17/26	8/17/26	8/17/26				
	Shift	E	N	M				
	Medical Condition (Any special condition to be noted):	-	Nil	Nil				
	Diet:	Normal	EBM	EBM				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Ventilation (RA, NP, NIV, VENTI):	RA	NP (0-1)	O.I.				
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	97.9°	98.6°	98.3°			
		Res:	32 bpm	42 bpm	50 bpm			
		SpO ₂ :	99%	99%	99%			
		Pulse:	140 bpm	142 bpm	150 bpm			
		BP:	-	-	-			
		LOC:	conscious	conscious	conscious			
		Fall Risk Score:	15	15	15			
	Pain Score:	0	0	0				
	Skin Integrity	Intact	Intact	Intact				
	Recommendations	Safety Needs:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Physiotherapy:		Nil	Nil	Nil				
Others Specify:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Special Diet:		Normal	EBM	EBM				
Critical Lab Test / Values:		Nil	Nil	Nil				
Other Special Orders / Medications:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
PU Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
DVT Prophylaxis:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent					
Post Operative Procedure Special Orders:		-	Nil					
Handed Over By Name :		Syed	Raj	Padma				
Signature / ID :		@016457	@010494	@00329				
Date:		8/17/26	8/17/26	8/17/26				
Time:		08pm	08am	07pm				
Taken Over By Name :		Raj	Padma					
Signature / ID :		@010494	@00320					
Date:		8/17/26	8/17/26					
Time:		08am	07am					

NURSING CARE RECORD

Date: 20/6/26.

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	8 am	Assess the baby condition.	8 am	Assessed the baby condition.	Baby is stable and active.	Baby is Haemodynamically stable.	Jhumi 20/6/26 @ 2pm
	12 pm	Give OG feeds. O2H.	12 pm	Given OG feeds. O2H.			
Afternoon	2 pm	Assess the baby condition.	2 pm	Assessed the baby condition.	Baby is stable & active	Baby is Haemodynamically stable.	Jhumi 20/6/26 @ 5pm
	6 pm	Give OG feeds. O2H.	6 pm	Given OG feeds. O2H.			
Night	8 PM	Assess the baby condition	8 PM	Assessed the baby condition	Baby is stable & active	Baby is Haemodynamically stable	Aphila 20/6/26
	8 PM	Give OG feeds 20ml	8 PM	Given OG feeds 20ml			

VIH-00205259

IP-00060228

Baby Of ANKITHA

08-05-2026

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(M)

Dr. JARJAPU KIREETI



NURSING CARE RECORD

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Date: 21/6/26

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		Assess the baby's condition		Assessed the baby's condition	Baby is on low flow	* No chart maintained th	Rijesh 21/6 @ 2pm
		Provide comfort in side position		provided comfort in side position	0:14pm	hourly	
Afternoon	3pm	Assessment vitals monitoring		Assessed child general condition - vitals monitored & recorded	child baby condition is stable	baby is hemodynamically stable	Anika 21/6/26 at 3pm
Night	8PM	Assess the Baby condition		Assessed the Baby condition	Baby is active	Baby is stable	Anika 22/6/26 @ 8AM
	10PM	Feeds		06 feeds 2nd hourly	vitals are checked	vitals are Normal	
	7AM	vitals signs		monitored vitals signs	& Recorded		



NURSING CARE RECORD

Date: 22/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assessment	8Am	Assessed baby Condition	→ Baby is stable	→ Baby is	Sandy 22/6/26 2pm
	10Am	feeds	12Am	on feeds 2nd hly	→ tolerating feeds	active	
Afternoon	1pm	vitals	1pm	monitored vitals	→ vitals are normal	→ S/O chart	Sandy 22/6/26 2pm
	7pm	S/O chart	7pm	maintained S/O chart	→ Baby is active	maintained 6th hly	
Night	8pm	Assessment + Baby condition * I/O chart, vitals		monitored vitals on feeds 2nd hly	vitals are normal Baby is active	* I/O chart maintained 8th hly	Abhinav 8pm

VIH-00205259
 Baby Of ANKITHA
 08-05-2026 0 Y 1 M 14 D (M)
 Dr. JARJAPU KIREETI



NURSING CARE RECORD

Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assessment	8Am	Assessed baby condition	→ Baby is stable	→ Vitals are normal	Family 23/6/26 2pm
	10Am	Feeds	10Am	OG feeds 2nd hrly	→ Tolerating feeds	→ I/O chart maintained 6th hrly	
	1pm	Vitals	1pm	monitored vitals			
Afternoon	2pm	→ Assessed the Patient general condition → vitals checked & Reworded. → OG feed 2nd hrly.		→ Assessed the Patient general condition → vitals checked & Reworded → OG feed 2nd hrly.	→ Assessed the child general condition → vitals checked & Reworded. → OG feed 2nd hourly.	→ Assessed the child condition → vitals are stable → OG feed 2nd hourly.	Mahanwar 23/6/26 @ 8pm
Night	8pm	Assessment - Monitor vitals - OG feed positions		- Assessed baby condition - checked vitals - given OG feed - provide comfortable position	- Baby is stable - Tolerating feed	- vitals are normal - I/O chart maintained	[Signature] 24/6 @ 8Am

NURSING CARE RECORD

Date: 24/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assessment → feeds 2pm → vitals	8AM	→ Assess the baby condition	→ Baby is active	- Ilo chart maintained	Bhavan 24/6/26 2M
Afternoon	2pm	Assessment	2pm	Assessed the baby condition	Baby activity good	vitals checked & recorded	
	4pm	OG feeds	4pm	OG feeds given and healthy.		Ilo chart maintained	By 24/6/26 8pm
	8pm	medications given	8pm	medications given as per chr. order			
	6pm	provide comfortable position.	6pm	provided comfortable position to the baby.			
Night	8PM	- Assessment	-	Assessed baby condition	- Baby is active	- vitals checked & recorded	By
		- OG Feeds	-	Given OG feeds		- Ilo chart maintained	25/6 @ 8AM
		- Vitals	-	checked vitals			
	8AM	- Provide comfortable position	-	provided comfortable position			

VIH-00205259
Baby Of ANKITHA
08-05-2026 0 Y 1 M 14 D (M)
Dr. JARJAPU KIREETI



NURSING CARE RECORD

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Date: 25/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	25/6 8am	Assessment - → feeds → vitals		Assessed the baby → feed 20ml oral CBM → vital Sign monitoring	Baby is active	observed for desat.	Rukh 25/6/26 Spm.
	2pm						
Afternoon	25/6 2pm	Assessment - → vitals → feeds		Assessed the baby condition → vital Sign monitoring → feed 20ml oral CBM	Baby is active and stable	continue oral medication	
	8pm						
Night	8pm	Assessment - - vitals - Feed		Assessed baby condition - checked vitals - given OG feed - provided comfortable position	Baby is stable	Baby is active - I/O chart maintained	Sy 2615 @8AM
	8AM	- comfortable position					

VIH-00205259

IP-00060429

Baby Of ANKITHA

08-05-2026

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(M)

Dr. JARJAPU KIREETI



NURSING CARE RECORD

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Date: 26/6/26

Goals

- ☒ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
☒ Prevent Infection
☐ Any Others. Specify.....

- ☒ Maintain Fluid Balance
☐ Meet Elimination Needs

- ☐ Improve Activity Tolerance
☒ Ensure Safety

- ☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety

- ☐ Maintain Skin Integrity
☒ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8:10	Assessment		Assessed the baby condition	Baby is stable & active	Observe for apnea, desat.	Ruhk 26/6/26 @ 2pm
	8:30	Feeds		Feeds 22ml oral		Continue supplement.	
	2pm	Vital Sign		Oral Sign mouth			
Afternoon	2pm	Assessment	2pm	Assessed baby condition	Baby on HF	2/0 chart maintained	Sandy 26/6/26 8pm
	4pm	Feeds	4pm	OG feeds and hwy	tolerating feeds	6th hourly	
	7pm	Vitals	7pm	monitored vitals			
Night	8pm	* Assess the * Baby condition * provided warmer care		* Assess the Baby * condition provided * warmer care	* Baby is * Active	* Baby is * Stable.	Sr. Hal 27/06/26 @ 8pm

NURSING CARE RECORD

Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Assessment	8am	Assessed the baby condition	Baby activity is good	Vitals checked & recorded No chart maintained	Sg 27/6/26
	10am	OG feeds given.	10am	OG feeds given as per			
	12pm	medications given	12pm	medications given as per dr. order			
Afternoon	2pm	Assessment	2pm	Assessed baby condition	→ Baby activity is good → tolerating feeds	→ No chart maintained 6th hourly	Sandy 27/6/26 2pm
	4pm	Feeds	4pm	OG feeds and hwy			
	7pm	Vitals	7pm	monitored vitals			
Night	8pm	* Assess the baby condition provided * warmer care.		* Assess the Baby condition provided * warmer care.	* Baby is Active	* Baby is Stable.	Sr. Harsh 28/06/26 Sis

VIH-00205259

IP-00060429

Baby Of ANKITHA

08-05-2026

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(M)

Dr. JARJAPU KIREETI



NURSING CARE RECORD

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Date: 3/2/26.

Goals

- ☐ Maintain Airway and Oxygenation
☐ Maintain Personal Hygiene
☐ Identify Potential Complications

- ☐ Relieve Pain & Discomfort
☐ Prevent Infection
☐ Any Others. Specify.....

- ☒ Maintain Fluid Balance
☒ Meet Elimination Needs

- ☐ Improve Activity Tolerance
☒ Ensure Safety

- ☒ Maintain Good Nutritional Status
☐ Early Ambulation Reduce Anxiety
☐ Maintain Skin Integrity
☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am	Assessment	8 am	Assessed the baby condition			
	1 pm	vital signs.	1 pm	monitored vital signs.	baby is active	baby is stable.	Shruti 3/2/26 @ 2pm
	2pm	feeds.	2pm	gives feeds 2nd hrly.			
Afternoon	2pm	Assessment	-	Assessed baby condition	- Baby is active	- Baby is stable	
	1 pm	- vital signs	-	checked vitals			Shruti 3/2/26 @ 8pm
	8pm	- feeds	-	given feed 2nd hrly			
Night	8pm	Assessment vital signs Feeds		Assessed the baby condition monitored vitals given feed 2nd hrly	Baby is active	* Baby is stable.	



NURSING CARE RECORD

Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	Assessment vitals monitoring Airway maintaining		Assessed baby general condition - vitals monitored Airway is patent	baby condition is stable	baby is hemodynamically stable	Dy 2/7/26 2pm
Afternoon	2pm 8 PM	Assessment check vitals - provide comfortable position		Assessed baby condition checked vitals sign provided comfortable position	Baby is active	Baby is stable	Dy 2/7 @ 8 PM
Night		Assessment vitals monitoring Airway maintaining		* Assessed baby condition * checked vitals sign.	* baby is active	* baby is stable	Achil 2/7 8 PM



NURSING CARE RECORD

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	8AM	→ Assessment	8AM	→ Assess the Baby condition	→ Baby is active	→ vitals monitored & recorded	Rsharan 4/7/26 2PM
	2PM	→ feeds → vitals	2PM				
Afternoon	2PM	Assess the Baby condition	2PM	Assessed the Baby condition	Baby is active	Baby is stable	Uma 4/7/26 @8PM
	4PM	Feeds	4PM	oral demand feeds		vitals are checked & Recorded	
	7PM	vitals signs	7PM	monitored vitals signs			
Night	8PM	Assess the Baby condition	8PM	Assessed the baby condition	Baby is active	Baby is stable	Abhilash 4/7/26 @8PM
	8PM	Feeds vitals signs	8PM	oral demand feeds monitored vitals		vitals signs	

VIH-00205259

IP-00060429

Baby Of ANKITHA

08-05-2026

0 Y 1 M 26 D (M)

Dr. JARJAPU KIREETI



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: 5/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assessment	=>	Assessed the Baby condition	I/O chart maintained 6 th hly	cont oral supplements	Shuf 5/7/26 @ 8AM
	12PM	vitals	=>	vitals are checked & recorded	Baby passed urine & motion	Baby is Active SG & stable	
	2PM	Feeds	=>	Demand oral Feeds			
Afternoon	6 pm 8 pm	Assess the baby condition. Give oral feed	6 pm 8 pm	Assessed the baby condition Given oral feed.	Baby is stable & safe.	Baby is Haemodynamically stable	Shuf 5/7/26 @ 8pm
Night	9 pm	+ maintain good nutritional status	9:30 pm	+ every and hourly feeding is given	+ to prevent dehydration	+ baby is a safe vital normal	Shuf 5/7/26 @ 9pm

NURSING CARE RECORD

Date: 6/7/26

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	9A	Prevent Infection Ensure safety	9:30 AM	provided head rub. provided side rub.	provided for Reflex provided for full ox.	re assessment done every 4th hrly with checked reflex & sat.	Ref 6/7/26 a.m.
Afternoon	2pm 6pm	Assess the baby condition. Give feed O2 n.	2 AM 6 PM	Assess the baby condition. Given Oral feed O2 n.	Baby is stable & active.	Baby is Haemodynamically stable.	Ref 6/7/26 a.m.
Night	9 PM	+ prevent infection + ensure safety	9:30 PM	+ every 2nd hourly Diaper changed + provided warm coat & cap & sock	+ prevent infection + To fall risk for crib	+ re-assessment was done every 4th hourly vital monitor	Ref 6/7/26 a.m.



NURSING CARE RECORD

Date: 7/7/26

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	8 am	Assess the baby condition	8 am	Assessed the baby condition	Baby is Safe & Stable.	Baby is Haemodynamically Stable.	Jhami
	11 am	Give feed @ 11	11 am	Given feed @ 11			7/7/26 @ Dr
Afternoon	3 pm	prevent Infection	3:30 pm	provided hand rub.	prevented for Infection	Re assessment done every 4th hourly vital checked baby is stable	Shal
		Ensure safety.		provided nile rails.	prevented for fall risk.		7/7/26 @ 8 pm
Night	10 pm	maintain good nutritional status	10:10 PM	To provided every 2nd hourly feed given	To maintain hydration	patient is stable	Aditya
	6 AM	Prevent Infection	6:10 AM	To prevent To maintain Hand hygiene	To prevent Infection		7/7/26 @ 7 AM

VIH-00205259 IP-00060429
 Baby Of ANKITHA
 08-05-2026 0 Y 1 M 29 D (M)
 Dr. JARJAPU KIREETI



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: 8/7/28

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				Discharge notes			
Afternoon		Stable feed		Dochy Come for feeds f/b c/c pncus		pt is	
Night							

VIH-00205259
 Baby Of ANKITHA
 08-05-2026
 Dr. JARJAPU KIREET
 0 Y 2 M 0 D
 IP-00080429
 (M)

NURSING CARE RECORD


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


BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date:

Goals

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

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

CONSULTATION FORM


Rainbow Children's Hospital
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Your Right to a Safe Delivery

Doctor Name :

Date : Hour :

Hospital :

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Date : Time : By :

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

Signature:

M.D.

Report of Findings and Recommendations :

S/B Dr. Goh

- Many thanks for ref.

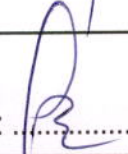
- Case capsule noted

Smith del. MICH, with features
of Neonatal Cholestasis referred for
Opinion
USG s/o GB distended.

Adv: Nil & @ present

Plan IOC s/o procedure, if no
improvement

Consultant :

Name : Dr. Smita Botla Signature :  Date & Time : 06/05/26 1:30 PM

NOTE: If more space is required use another consultation sheet as continuation



CROSS CONSULTATION FORM

Doctor Name: Dr. MNV Poushya Sai Date: 22/03/26 Time:

Diagnosis:

Hospital:

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

Referred for: ☐ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature:

Findings and Recommendations :

c/o Neonatal cholestasis
WES-negative.

- pale stools
- hyperbilirubinemia.
- Duodenitis.
- ↑ALP.

Adv:

① Repeat US abdomen
↓
to look for gall bladder *

Vit K - J. Kenadion 10mg
⊕ 1/4th tablet
once every 3 days.

② Dr. Tythe mam consultation

③ CYP. UDCAMENT → To continue

ZINCOVIT to continue.

Vit D to continue.

④ To repeat HIDA scan after 10 days 1 week.

Consultant:

Name: Signature: repen Date & Time:

VIH-00205259 IP-00060228
 Baby Of ANKITHA
 08-05-2026 0 Y 1 M 10 D (M)
 Dr. JARJAPU KIREETI



irthRight™

hospital
 It takes a lot to treat the little.

RAINBOW HOSPITALS
 Your Right to a Safe Delivery

CONSULTATION FORM

Doctor Name : Dr. Sree ram

Date : 19/6/25 Hour :

Hospital : VRCH

Type of Referral : ☐ Emergency (within one hr.)

Referred for : ☒ Opinion ☐ Co-Management

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

☐ Transfer of care

Date : 19/6/25 Time : By :

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

Signature: _____

M.D.

Report of Findings and Recommendations :

CGA - 39+

PWT - 1.21g

4WK SIP (BR) ROPLASER



(BR) Zone III

Stage-1

Noelophy

Lens holding well

Adm

-RA 3 weeks

Consultant :

Name : A. Sree Ramesh Signature : [Signature] Date & Time : 19-6-25 3:30 PM

NOTE : If more space is required use another consultation sheet as continuation

CONSULTATION FORM

Rainbow Children's Hospital
It takes a lot to treat

BirthRight
BY RAINBOW HOSPITALS

VIH-00205259

IP-00060429

Baby Of ANKITHA

08-05-2026

0 Y 1 M 14 D (M)

Hospital : Dr. JARJAPU KIREETI



Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Doctor Name : Dr. Sindhu

Date : 22/06/26

Hour :

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : 22/6 Time : By :

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

Signature: _____

M.D.

Report of Findings and Recommendations :

32 weeks / 745 gm

Issues — early onset thrombocytopenia
Anemia
Hypalbuminemia — ascites
Hypoglycemia
Rep of intrauterine growth restriction

Current Weight

— 1.3 kg

DOL- 44

currently

— no anemia
— no thrombocytopenia

HC → 27.5 cm

on low flow oxygen

good cardiopulmonary examination

Ⓟ tone

PR - clonidine

Consultant :

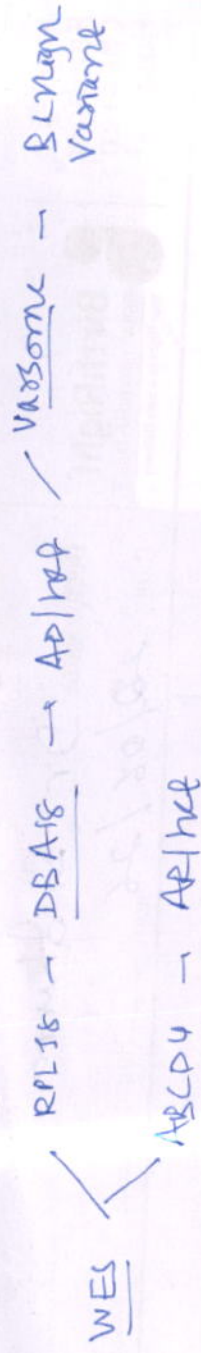
Name : Dr. P. Sindhu

Signature :

Date & Time :

22/06

NOTE : If more space is required use another consultation sheet as continuation



(Plan)

① Since there is heterozygous variant of ABCD4

which is AR and there is no phenotype
 Match- ABCD4 is less likely to cause.

②

RPL18 Variant - AD - heterozygous is a loss variant.
 There is no phenotype match with genotype - (No features
 of Ectodermal hyperplasia / neutropenia)

- Nussome indicates the variant to be benign.

- Clinomad 4.1 version also shows increased skewed
 ratio.

Considering all features - RPL18 variant at present is not
 likely causative factor.

In case of thrombocytopenia

Neutropenia } features - to do ^{Ectodermal} ADA levels
 along with Parental Samples.

!

GENERAL CONSENT FOR TREATMENT

Patient Name:	Baby Of ANKITHA	Age :	0 Y 1 M 13 D
IP No:	IP-00060429	Sex:	Male
Consultant:	Dr. JARJAPU KIREETI	Ward/Bed No:	N 2F-NICU II/NICU 231

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

ceivers Signature: *M.V. Prasad*

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *M.V. Prasad*

Name: *M. Veera Prasad*

Relationship: *Father*

Date: *21/6/2026* Time: *10:57 AM*

Witness Name:

Witness Signature: *[Signature]*

Patient Address:

Dr A S Raonagar Colony Dr A S
Raonagar Colony Hyderabad
Telangana INDIA 500062

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I Ankitha S/o Mr./ Ms Prasad
hereby declare that our patient Mr. / Ms who is related to me as
..... is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's
Hospital on with UHID No. : 205259

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

PT - 32 weeks

The doctors have clearly explained to me that my patient Mr./ Ms. S/o Ankitha
during his / her stay in the NICU may undergo various medical and surgical procedures like airway
management, mechanical ventilation, UAC, UVC (Umbilical Vein and Arterial Lines) PICC 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 NICU has life threatening medical conditions.

I understand that when a child is sick in the NICU 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 Mr. / Ms :
..... in the NICU fully understanding the associated risks involved from various
procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

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

Patient Attendant :

Signature : Ankitha
Name : Ankitha
Relationship with Patient : Mother
Date & Time : 21/6/26 @ 1pm

Witness :

Signature : [Signature]
Name : Rajeshwari
Date & Time : 21/6/26 @ 1pm

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Sankar
Date & Time : 21/6/26 @ 1pm

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

రోగి పేరు వయస్సు లింగం పు ☐ / స్త్రీ ☐
యు.హెచ్. ఐ.డి
నేను చి
..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేది నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు 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, ఆర్థోవియర్ లైన్, సింట్రిల్ లైన్ చ్రెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇన్సర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో (సవివరంగా) వివరించారు.
పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్గుతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.
మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.
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 తగినన విధంగా చికిత్స చేయడానికి వైద్యునికి నా పూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.
మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

తేది మరియు సమయము

డాక్టర్

సంతకము

పేరు

తేది మరియు సమయము

సాక్షి

సంతకము

పేరు

తేది మరియు సమయము

Neocate

CONSENT FOR FORMULA FEEDS


**Rainbow
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Hospital**
It takes a lot to treat the little.


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Patient Name : Blo. Ankitha Age : 1m Gender : ☒ Male ☐ Female

UHID No : 205259 Reg. No. : 60429 Department : WICO Date : 21/6/26

I Mr / Mrs. : Ankitha aged 27 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 : Ankitha

Name : Ankitha

Relationship with Patient : Mother

Date & Time : 21/6/26 @ 1pm

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 21/6/26 @ 1pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time : 21/6/26 @ 1pm

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు ☐ స్త్రీ ☐

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

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



NURSES ASSESSMENT CHART

agnosis : Weight : Chart No. : 2

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	150	134	144	167	142	252	146	191	155	183	152	165	161	159	148	173	163	158	155	157	160	150	149	130
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
	100																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1										
SPO2		92	96	94	92	94	97	90	93	96	94	100	95	100	91	92	93	97	92	100	96	97	96	99	95
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Sr. Jyoti

Morning Shift : Sr. Jyoti

Evening Shift : Sr. Jyoti

Night Shift : Akhile

20/06 @ 3PM

Sr. Jyoti 8PM

20/6/26 @ 8AM

VIH-00205259

IP-00060429

Baby Of ANKITHA

Ref No. F/INPR/1

08-05-2026

0 Y 1 M 15 D

(M)

Patient Name :

Dr. JARJAPU KIREETI



I.P. No

Date : 21/8/26

Diagnosis :

Weight : 1.28 kg

Chart No. : 3

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NURSES ASSESSMENT CHART

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	167	164	154	163	110	149	155	154	119	152	135	166	162	167	173	163	170	167	162	163	165	176	158	150	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180	98.6	98.6	98.7	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6		
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	50	68	75	65	73	50	74	72	62	73	44	81	104	101	77	76	80	67	73	74	72	54	50	70
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90	57	49	55	62	44	56	62	50	93	54	59	57	52	51	58	56	55	50	52	61	63	69	59	
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40	40	35	41	50	28	40	47	39	93	40	51	48	35	36	46	49	42	36	49	43	47	58	42		
	35																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24	25	27	35	41	20	31	28	32	71	33	45	44	25	27	40	30	35	27	44	36	38	51	32		
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14																									
	12																									
	10																									
O2		95	90	94	95	97	93	92	94	98	92	88	98	97	97	95	95	94	100	99	82	93	94	96	92	
SPO2																										
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse : Rajeshwari

Morning Shift : Rujeshwari

Evening Shift : Rujeshwari

Night Shift : Rujeshwari

21/8
@2pm21/8/26
8pm22/8/26
@7AM

Ref No. F/INPR/19

VIH-00205259

IP-00060429

Baby Of ANKITHA

08-05-2026

0 Y 1 M 13 D

(M)

Patient Name :

Dr. JARJAPU KIREETI



I.P. No

NURSES ASSESSMENT CHART

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Date : 22/6/26 Diagnosis : Weight : 1.30kg [1200g] Chart No. : (4)

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	165	157	180	149	141	165	160	158	154	157	161	165	171	172	168	149	142	155	149	153	157	149	162	153
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130																							
P-PAIN	98	120	18.6	18.6	18.6	18.6	18.7	18.7	18.7	18.6	18.6	18.6	18.6	18.6	18.6	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
U-UNRESPONSIVE	97	110																							
	96	100																							
VERBAL	95	90	45	80	62	76	80	67	69	75	63	54	52	58	46	37	49	21	58	44	69	78	74	61	59
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60	90	54	58	52	113	59	55	60	65	59	60	49	67	53	61	51	53	53	48	66	80	61	57	60
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30	77	35	44	34	85	42	49	40	53	47	50	40	42	50	47	59	42	29	33	50	34	37	53	48
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22	69	28	26	25	68	40	56	29	49	39	45	36	41	31	32	32	38	22	25	45	28	57	39	48
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		92	100	98	99	96	91	91	92	95	98	91	92	97	91	93	91	100	100	99	92	100	91	95	97
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift : Randy
22/6/26
2pm

Evening Shift : Randy
22/6/26
8pm

Night Shift : Akhila
22/6/26
@ 8AM

VIH-00205259 IP-00060429
 Baby Of ANKITHA
 08-05-2026 0 Y 1 M 13 D (M)
 Dr. JARJAPU KIREETI

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 23/6/26 Diagnosis : Weight : 1.20 (1080g) Chart No. : 5

NURSES ASSESSMENT CHART

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Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	163	169	158	154	162	164	154	151	168	152	160	175	161	113	66	174	176	160	156	145	171	170	179	196
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		94	92	95	95		94	100	100	96	98	98	97	98	97	97	100	100	98	98	99	100	98	96	98
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift :

23/6/26
9pm

23/6/26
@ 8pm

24/6
@ 8am

Ref No. F/INI VIH-00205259
 Patient Name Baby Of ANKITHA
 08-05-2026 0 Y 1 M 15 D (M)
 Dr. JARJAPU KIREETI
 I.P. No
 Date : 24/6/26

IP-00060429

NURSES ASSESSMENT CHART

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Diagnosis : Weight : Chart No. : 6

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	142	138	154	152	145	151	152	160	166	152	154	161	152	148	146	166	177	146	144	166	160	145	142	143
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A-ALERT	100	140																							
V-VOICE	99	130																							
P-PAIN	98	120																							
U-UNRESPONSIVE	97	110																							
	96	100	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
VERBAL	95	90																							
5-ORIENTED	80	75	69	71	64	73	73	70	77	90	80	71	81	72	81	82	71	63	71	74	52	77	72	81	65
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
Q2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		100	100	99	84	99	92	92	100	100	100	97	99	92	99	99	99	99	100	100	100	97	99	98	91
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift : Blaxy
 24/6/26
 2m

Evening Shift : 84
 24/6/26
 8pm

Night Shift : 24/6
 @ 8AM

Ref No. F/INPF VIH-00205259 IP-00060429
 Patient Name : Baby Of ANKITHA 08-05-2026 0 Y 1 M 15 D (M)
 Dr. JARJAPU KIREETI
 I.P. No

NURSES ASSESSMENT CHART

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Date : Weight : 1.32 Chart No. :

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	145	145	138	144	154	174	144	158	148	154	153	163	168	168	182	188	147	14	61	172	145	152	148	165
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	
P-PAIN	98	120																							
U-UNRESPONSIVE	97	110																							
	96	100																							
VERBAL	95	90	73	67	57	55	72	65	60	66	65	67	81	73	64	68	51	04	66	63	60	61	71	66	71
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
12345678	16																								
	14																								
	12																								
	10																								
Q2		0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
SPO2		94	100	100	98	99	89	97	97	95	100	97	99	96	100	97	100	100	100	98	99	97	98	100	99
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	M	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse :

Morning Shift :
 25/6/20
 2pm

Evening Shift :
 25/6/20
 6pm

Night Shift :
 25/6
 @ 8AM



NURSES ASSESSMENT CHART

Date : 26/6/26 Diagnosis : PT 32 wks Weight : 1.33 kg [1 kg] Chart No. :

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200	168	164	174	189	185	149	154	157	141	149	149	169	180	178	170	174	146	146	165	155	145	149	152	154	
BLACK - RESP	105	190																								
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.6	
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90	81	65	58	72	66	70	66	64	67	51	81	89	80	72	84	98	71	70	72	66	61	67	57	53
5-ORIENTED	80																									
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40																									
	35																									
MOTOR	30	54	63	69	63	85	56	62																		
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24																									
3-FLECTION	22	86	96	62	53	39	62	42																		
2-EXTENSION	20																									
1-NONE	18																									
	16																									
	14	26	26	59	49	29	35	51																		
	12																									
	10																									
O2		0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	
SPO2		96	99	98	98	98	99	97	96	98	95	93	94	98	98	92	99	94	99	94	100	100	97	92	99	
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift :

Rekha
 26/6/26
 20 PM

faudy
 26/6/26
 8 PM

Sr. Harish
 27/06/26
 8 AM

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 27/6/26 Diagnosis : PT-32 weeks Weight : 1.40kg Chart No. :

VIH-00205259

IP-00060429

Baby Of ANKITHA

08-05-2026 0 Y 1 M 18 D (M)

Dr. JARJAPU KIREETI



NURSES ASSESSMENT CHART

Rainbow Children's Hospital
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Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	142	145	161	145	157	150	178	147	151	171	154	165	173	157	142	148	155	159	158	163	172	137	144	145
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
	95																								
VERBAL																									
5-ORIENTED	80																								
4-CONFUSED	70	41	48	62	65	59	71	71	71	59	71	71	71	71	62	51	71	63	63	52	62	65	56	67	51
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	69	79	62	69	74	60	5	76	64	96	59	60	56	89	57	58	51	52	69	61	61	56	52	54
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	54	30	42	44	51	38	45	42	49	57	33	89	38	76	37	38	35	36	60	46	46	37	40	42
	16																								
	14																								
	12	42	24	36	31	46	26	42	31	30	46	23	26	27	69	22	21	26	28	56	37	37	26	28	29
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		99	95	96	100	95	92	92	99	95	100	100	98	100	100	100	99	100	100	98	93	95	100	100	95
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : 27/6/26 8am

Morning Shift : 27/6/26 2pm

Evening Shift : 27/6/26 8pm

Night Shift : 28/6/26 8am

Ref No. | VIH-00205259
 Patient N | Baby Of ANKITHA
 I.P. No | 08-05-2026
 Dr. JARJAPU KIREETI
 IP-00060429
 0 Y 1 M 18 D (M)

NURSES ASSESSMENT CHART

Rainbow®
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Date : 28/6/26 Diagnosis : PT - 30 weeks Weight : Chart No. :

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	144	164	132	158	154	172	170	159	154	164	166	182	166	158	136	163	169	162	157	163	168	145	172	157
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80	68	63	73	72	68	56	62	72	72	88	74	67	72	68	78	74	62	56	76	73	75	85	74	76
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35	85	59	64	70	67	57	73																	
MOTOR	30																								
6-OBEYS	28	1	1	1	1	1	1	1																	
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24	70	89	51	42	47	40	53																	
3-FLECTION	22	1	1	1	1	1	1	1																	
2-EXTENSION	20																								
1-NONE	18	62	29	93	28	37	31	46																	
	16																								
	14																								
	12																								
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		96	91	99	100	91	100	99	93	97	97	99	96	100	99	100	99	99	99	99	99	99	99	100	99
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : 28/6/26 8 PM

Morning Shift : 28/6/26 8 PM

Evening Shift : 28/6/26 8 PM

Night Shift : 28/6/26 8 PM

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 31/7/26 Diagnosis : 32 weeks Weight : 1.55 kg Chart No. : 2

NURSES ASSESSMENT CHART

Rainbow[®]
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 Hospital
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Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	149	149	147	159	166	168	150	156	165	174	149	170	165	171	159	148	132	162	142	151	149	141	144	141
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95	43	55	41	66	53	53	60	70	62	64	62	59	58	52	49	38	67	49	38	49	59	31	58	74
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30	66	53	70	64	71	68	72	66	60	72	69	78	78	62	69	60	48	55	56	28	69	64	58	75
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22	55	47	60	39	52	50	47	51	50	51	47	51	50	54	48	51	39	38	41	50	39	59	51	55
2-EXTENSION	20																								
1-NONE	18																								
	16	56	64	51	24	41	41	32	41	40	28	37	39	40	39	41	48	21	48	29	37	29	39	41	45
	14																								
	12																								
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		94	95	95	94	94	97	95	92	90	95	98	91	98	92	100	100	92	95	98	92	95	100	96	99
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
APVU		UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP

Signature of the Nurse : Sherry

Morning Shift : Sy 31/7/26 @ 4pm

Evening Shift : Sy 31/7 @ 8pm

Night Shift : Akhil 31/7 @ 8AM

Ref No. F/INPR/1-00205259
 Patient Name: JY OF ANKITHA 05-2026 JARJAPU KIREETI
 I.P. No. 0 Y 1 M 26 D (M)

IP-00060429

NURSES ASSESSMENT CHART

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

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Date: 4/7/21 Diagnosis: 32 weeks. Weight: 1.56 kg Chart No.: 2

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	174	172	160	142	154	142	131	131	134	135	167	163	170	145	167	159	149	139	143	144	166	141	153	159
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130																							
P-PAIN	98	120																							
U-UNRESPONSIVE	97	110																							
	96	100	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
VERBAL	95	90	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
5-ORIENTED	80	37	26	40	52	48	45	21	69	37	35	68	46	45	60	49	38	49	52	38	29	48			
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60	75	65							43	61	60	47	21	61	24	23	25	69	61	25	23	25	61	65
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30	85	43							56	41	41	44	35	41	39	36	35	41	48	61	59	44	39	47
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22	45	30							44	34	31	40	38	38	44	49	45	32	39	54	51	32	39	36
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU																									

Signature of the Nurse: [Signature]

Morning Shift: [Signature]
 @8PM

Evening Shift: [Signature]
 @8PM

Night Shift: [Signature]
 @8AM

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 5/7/26 Diagnosis : 32 weeks Weight : 1.55 kg Chart No. : 9

NURSES ASSESSMENT CHART

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	144	128	163	167	126	133	163	161	158			153	157	147	137	150	167	152	187	157	149	157	134	149
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130	36.5	36.5	36.5	36.6	36.5	36.5	36.5	36.5			36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
P-PAIN	98	120																							
U-UNRESPONSIVE	97	110																							
	96	100																							
VERBAL	95	90																							
5-ORIENTED	80	63	62	53	52	60	64	44	50	65			60	33	47	39	32	33	47	33	29	37	50	47	45
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30	70	79	103	51	56	55	59	53																
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22	43	52	59	35	39	38	49	40																
2-EXTENSION	20																								
1-NONE	18																								
	16	29	46	43	24	29	28	42	39																
	14																								
	12																								
	10																								
O2													0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
SPO2		100%	100%	98%	95%	99%	99%	99	100	99			99	98	99	98	97	95	96	99	97	96	90	99	98
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU		A	A	A	A	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : BX: Aseef Akram
5/7/26
@ 8am

Morning Shift : AH
5/7/26
@ 2pm

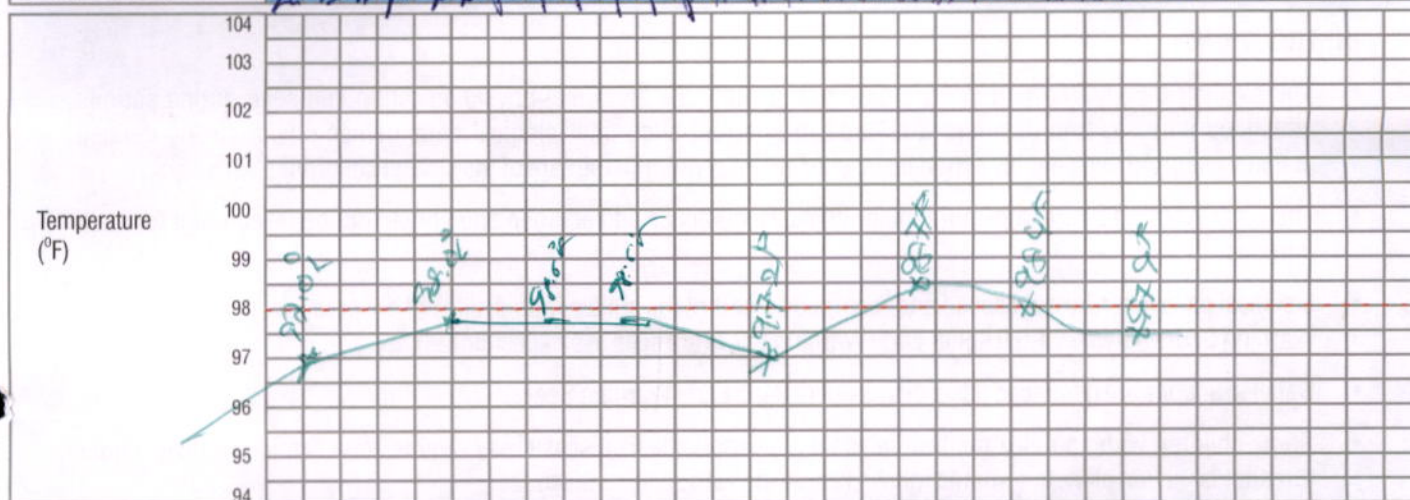
Evening Shift : Jham
5/7/26
@ 6pm

Night Shift : Rofg
5/7/26
@ 11pm

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 6/7/20 Time: 9 10 11 12 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

Doctor/Nurse/Family Concern? A D A B K R pm pm/pm pm 1st pm/an pm/an pm/an pm/an pm/an pm/an

Heart Rate
(bpm)

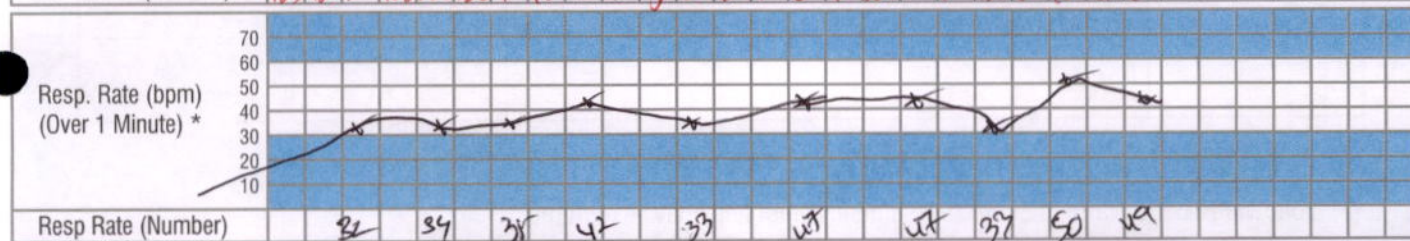
and

Blood Pressure
(mmHg) *

Note:

BP does not score in early warning scoring

Heart Rate (Number)	125	130	127	128	135	126	130	140	138	160	155	165	187	193	150	155	167	157	167	187	140	160	171	160
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----



Resp
Distre

Mod/ Severe
None / Mild

Receiving O ₂ (l/min)	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	
O ₂ Saturations (%)	92	94	93	95	98	99	96	96	95	96	95	99	100	97	98	99	97	98	99	96	99

Conso
Level

	Normal	Altered
--	--------	---------

GCS *	18	16	14	15	18	17	15	15	16	16	16	15	15	15	15	15	15	15	15
-------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

TOTAL SCORE

Number of shaded boxes	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
------------------------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

Pain Score	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
------------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

[illegible]

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



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)

* 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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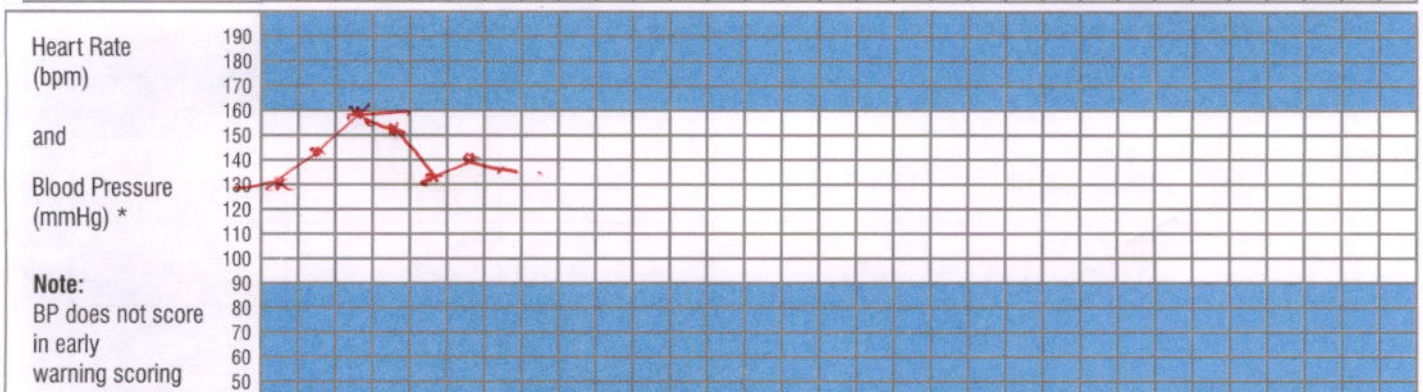
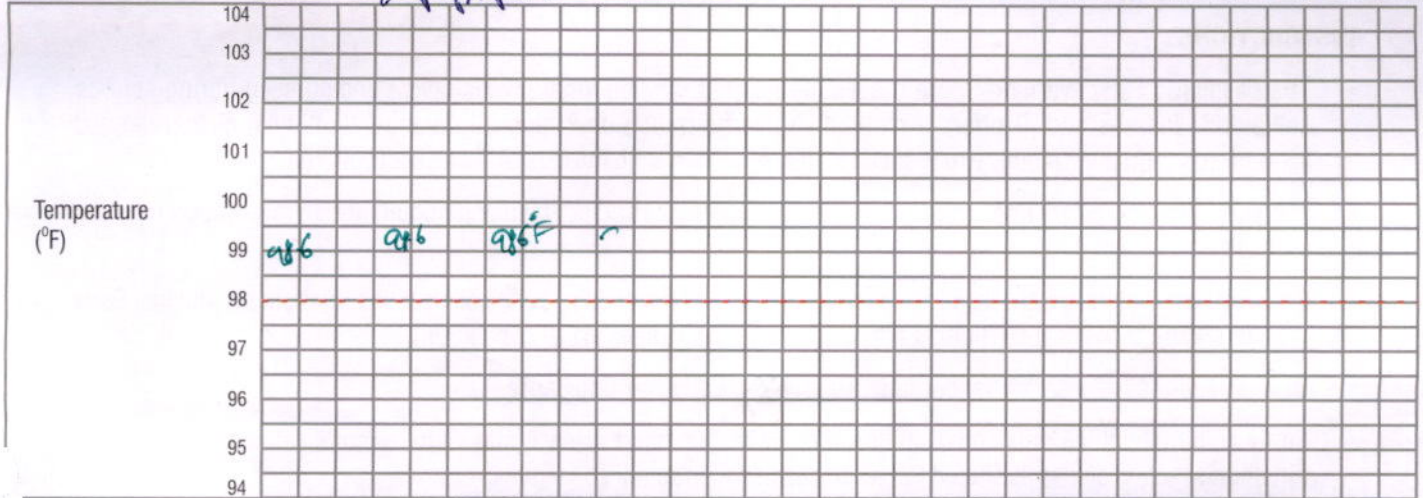


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

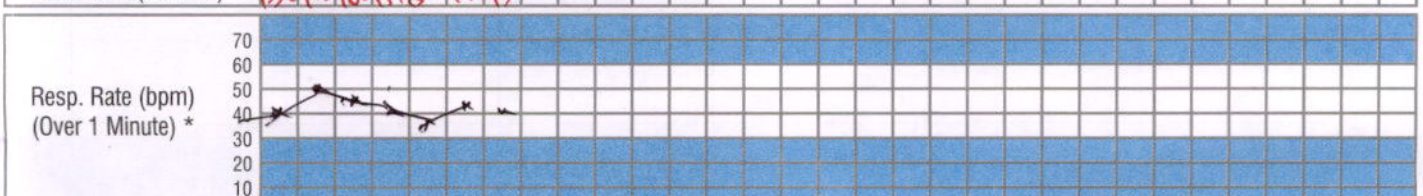
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 08/05/2026 Time: 10:11:12

Doctor/Nurse/Family Concern? no - a pm for pm.



Heart Rate (Number) 130 140 160 150 140 130



Resp Rate (Number) 40 42 44 42 40 38

Resp Distress: Mod/ Severe / None / Mild
 Receiving O₂ (l/min) / O₂ Saturations (%): 98 98 100 98 98 96

Conscious Level: Normal / Altered
 GCS *: C C C C C C

TOTAL SCORE
 Number of shaded boxes: 0 0 0 0 0 0
 Pain Score: 0 0 0 0 0 0
 Observer's Initials: A A A 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 in charge 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

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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)



FLUID CHART

Sheet No. :2.....

20/06/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/6	08:00 am	EBM			18ml						0	Akhila 20/6/26	
	09:00 am									0			
	10:00 am	Neocin			18ml			✓	18ml	0			
	11:00 am								0				
	12:00 pm	EBM			20ml				0				
	01:00 pm								20ml	0			
Total Intake : 56ml						Total Output : 38ml							
20/6	02:00 pm	Neocin			20ml						0	Akhila 20/6/26	
	03:00 pm								15ml	0			
	04:00 pm	EBM			20ml			✓		0			
	05:00 pm								0				
	06:00 pm	Neocin			20ml				0				
	07:00 pm							✓	15ml	0			
Total Intake : 60 ml						Total Output : 30 ml							
	08:00 pm	EBM			20ml						0	Akhila 20/6/26	
	09:00 pm									0			
	10:00 pm	Neocin			20ml			✓	10ml	0			
	11:00 pm								0				
	12:00 am	EBM			20ml				10ml	0			
	01:00 am								0				
Total Intake : 60 ml						Total Output : 20ml							
	02:00 am	Neocin			20ml						0	Akhila 20/6/26	
	03:00 am									0			
	04:00 am	EBM			20ml			✓	20ml	0			
	05:00 am								0				
	06:00 am	Neocin			20ml			✓	15ml	0			
	07:00 am								0				
Total Intake : 60ml (236)ml						Total Output : 35ml (123)ml							

Total 24 hrs. Intake 184.3 cckg/day

Total 24 hrs. Output 4.0 cckg/day

FLUID CHART

Sheet No. : 3

21/8/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	EBM			20ml						0	
	09:00 am										0	
	10:00 am	Neocate			20ml		✓			15ml	0	Pupde
	11:00 am										0	
	12:00 pm	EBM			20ml					15ml	0	21/8
	01:00 pm										0	@2pm
Total Intake :			60ml			Total Output :			30ml			
	02:00 pm	Neocate			20ml						0	
	03:00 pm										0	
	04:00 pm	EBM			20ml						0	
	05:00 pm										0	
	06:00 pm	Neocate			20ml		✓			20ml	0	21/8
	07:00 pm										0	
Total Intake :			60ml			Total Output :			20ml			
	08:00 pm	EBM			20ml		✓			20ml	0	
	09:00 pm										0	
	10:00 pm	Neocate			20ml					15ml	0	
	11:00 pm										0	
	12:00 am	EBM			20ml		✓			10ml	0	21/8
	01:00 am										0	
Total Intake :			60ml			Total Output :			45ml			
	02:00 am	Neocate			20ml		✓			15ml	0	
	03:00 am										0	
	04:00 am	EBM			20ml					10ml	0	
	05:00 am										0	
	06:00 am	Neocate			20ml					10ml	0	
	07:00 am										0	
Total Intake :			240ml			Total Output :			130ml			

Total 24 hrs. Intake

184 ccl/kg/Day

Total 24 hrs. Output

4.1 ccl/kg/Day

VIH-00205259

IP-00060228

Baby OYANKITHA

08-05-2026 0 Y 1 M 11 D (M)

Dr. JARJAPU KIREETI



FLUID CHART

Sheet No. : (1)

22/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	EBM			20ml		✓				0	Handy 22/6/26 2pm	
	09:00 am										0		
	10:00 am	sterile			20ml		✓			20ml	0		
	11:00 am										0		
	12:00 pm	EBM			20ml						0		
	01:00 pm										0		
Total Intake : 60ml						Total Output : 80ml							
	02:00 pm	Nestle			20ml		✓			30ml	0	Handy 22/6/26 8pm	
	03:00 pm										0		
	04:00 pm	EBM			20ml					15ml	0		
	05:00 pm										0		
	06:00 pm	Nestle			20ml						0		
	07:00 pm										0		
Total Intake : 60ml						Total Output : 45ml							
	08:00 pm	EBM			20ml						0	Atchile 22/6/26 @ 8AM	
	09:00 pm										0		
	10:00 pm	Nestle			20ml		✓			10ml	0		
	11:00 pm										0		
	12:00 am	EBM			20ml					20ml	0		
	01:00 am										0		
Total Intake : 60ml						Total Output : 30ml							
	02:00 am	Nestle			20ml		✓				0		
	03:00 am										0		
	04:00 am	EBM			20ml					20ml	0		
	05:00 am										0		
	06:00 am	Nestle			20ml					20ml	0		
	07:00 am										0		
Total Intake : 60ml (240)ml						Total Output : 40ml (135ml)							
Total 24 hrs. Intake		184.6 cckg/day											
Total 24 hrs. Output		43cc/ug/h 4.6 cckg/day											

FLUID CHART

Sheet No. : 5

23/6/26

T/f = 22ml

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	EBM			20ml						0	Sandy 23/6/26 2pm
	09:00 am										0	
	10:00 am	Neocate			20ml		✓			25ml	0	
	11:00 am										0	
	12:00 pm	EBM			20ml						0	
	01:00 pm								15ml		0	
Total Intake : 60ml			Total Output : 40ml									
200cc	02:00 pm	Neocate			22ml						0	Naher 24/6/26 8pm
	03:00 pm										0	
	04:00 pm	EBM			22ml		✓			15ml	0	
	05:00 pm										0	
	06:00 pm	Neocate			22ml				10ml		0	
	07:00 pm										0	
Total Intake : 66 ml			Total Output : 25 ml									
	08:00 pm	EBM			22ml					15ml	0	Suf 24/6 @ 8AM
	09:00 pm										0	
	10:00 pm	EBM			22ml						0	
	11:00 pm								20ml		0	
	12:00 am	EBM			22ml						0	
	01:00 am										0	
Total Intake : 66 ml			Total Output : 35 ml									
	02:00 am	Neocate			22ml					25ml	0	@ 8AM
	03:00 am										0	
	04:00 am	EBM			22ml						0	
	05:00 am								20ml		0	
	06:00 am	Neocate			22ml						0	
	07:00 am										0	
Total Intake : 66 ml			Total Output : 45 ml									
Total 24 hrs. Intake			Total 24 hrs. Output									
198 . cc /kg /day			4.6 cc /kg /hr									



FLUID CHART

Sheet No. :

24/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	NECA		22							0	Sharan 24/6/26 2m
	09:00 am									0		
	10:00 am	EBM		22					15ml	0		
	11:00 am									0		
	12:00 pm	NECA		22ml					15ml	0		
	01:00 pm									0		
Total Intake : 66ml						Total Output : 30ml						
	02:00 pm	EBM		22ml					10ml	0	24/6/26 8m	
	03:00 pm									0		
	04:00 pm	NECA		22ml					20ml	0		
	05:00 pm									0		
	06:00 pm	EBM		22ml						0		
	07:00 pm									0		
Total Intake : 66ml						Total Output : 30ml						
	08:00 pm	EBM		22ml						0	25/6 @BAM	
	09:00 pm								20ml	0		
	10:00 pm	EBM		22ml						0		
	11:00 pm									0		
	12:00 am	EBM		22ml					15ml	0		
	01:00 am									0		
Total Intake : 66 ml						Total Output : 35ml						
	02:00 am	EBM		22ml						0		
	03:00 am									0		
	04:00 am	EBM		22ml					15ml	0		
	05:00 am									0		
	06:00 am	EBM		22ml					10ml	0		
	07:00 am									0		
Total Intake : 66ml / 264 ml						Total Output : 25 ml / 120 ml						
Total 24 hrs. Intake			200cc / kg / day			Total 24 hrs. Output			37.0 cc / kg / hr			

FLUID CHART

Sheet No. :

25/6/26

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

Intake						Output						IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
25/6			Mouth	I.V	N.G							} 25/6/26 8pm	
	08:00 am	CBM			22ml								
	09:00 am												
	10:00 am	CBM			22ml		✓			10ml			
	11:00 am												
	12:00 pm	CBM			22ml		✓			15ml			
01:00 pm													
Total Intake : 66ml						Total Output : 25ml							
	02:00 pm	EBM			22ml		✓			10ml		} 25/6/26 8pm	
	03:00 pm												
	04:00 pm	CBM			22ml					15			
	05:00 pm												
	06:00 pm	CBM			22ml		✓			10ml			
	07:00 pm												
Total Intake : 66ml						Total Output : 35ml							
	08:00 pm	CBM			22ml		✓			15ml		} 26/6/26 8pm	
	09:00 pm												
	10:00 pm	EBM			22ml								
	11:00 pm												
	12:00 am	EBM			22ml		✓			20ml			
	01:00 am												
Total Intake : 66 ml						Total Output : 35 ml							
	02:00 am	EBM			22ml							} 26/6/26 8pm	
	03:00 am												
	04:00 am	next			22ml		✓			30			
	05:00 am												
	06:00 am	next			22ml					20ml			
	07:00 am												
Total Intake : 264ml						Total Output : 145ml							

Total 24 hrs. Intake

198.4 ccl/kg/day

Total 24 hrs. Output

4.54 ccl/kg/hr

FLUID CHART

Sheet No. :

26/6/26

- 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				
26/6			Mouth	I.V	NG							
	08:00 am	CBM			22ml					10ml		Rishi 26/6 P 2pm
	09:00 am											
	10:00 am	CBM			22ml	✓			15ml			
	11:00 am											
	12:00 pm	CBM			22ml							
01:00 pm												
Total Intake : 66ml					Total Output : 25ml							
26/6	02:00 pm	Neocel			24ml	✓				15ml	0	Rishi 26/6 8pm
	03:00 pm									0		
	04:00 pm	CBM			24ml					0		
	05:00 pm									0		
	06:00 pm	CBM			24ml	✓			20ml	0		
	07:00 pm									0		
Total Intake : 72ml					Total Output : 35ml							
27/6	08:00 pm	CBM			24ml					0	Sr. Harish 27/6 @ 4pm	
	09:00 pm								20	0		
	10:00 pm	CBM			24ml					0		
	11:00 pm									0		
	12:00 am	CBM			24ml	✓			30	0		
	01:00 am									0		
Total Intake : 72ml					Total Output : 50ml							
27/6	02:00 am	CBM			24ml					0	27/6 @ 8am	
	03:00 am								15ml	0		
	04:00 am	Neocel			24					0		
	05:00 am								20ml	0		
	06:00 am	Neocel			24					0		
	07:00 am									0		
Total Intake : 72 / 282 ml					Total Output : 35ml / 145ml							
Total 24 hrs. Intake		197. CC/kg/day										
Total 24 hrs. Output		4.22 CC/kg/hr										



FLUID CHART

Sheet No. :

27/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/6/26											0	
	08:00 am	EBM			20ml						0	
	09:00 am										0	
	10:00 am	EBM			20ml		✓			20ml	0	
	11:00 am										0	
	12:00 pm	EBM			25ml		✓			20ml	0	
	01:00 pm										0	
Total Intake : 73ml						Total Output : 40ml						
27/6/26	02:00 pm	EBM			25ml					20ml	0	
	03:00 pm										0	
	04:00 pm	EBM			26ml						0	
	05:00 pm										0	
	06:00 pm	EBM			26ml		✓			25ml	0	
	07:00 pm										0	
Total Intake : 77ml						Total Output : 45ml						
28/6	08:00 pm	EBM			26ml						0	
	09:00 pm									20ml	0	
	10:00 pm	EBM			26ml						0	
	11:00 pm										0	
	12:00 am	EBM			26ml		✓			30ml	0	
	01:00 am										0	
Total Intake : 78ml						Total Output : 60ml						
28/6	02:00 am	EBM			26ml		✓				0	
	03:00 am									30ml	0	
	04:00 am	Neocate			26ml						0	
	05:00 am										0	
	06:00 am	Neocate			26ml		✓			15ml	0	
	07:00 am										0	
Total Intake : 78ml / 306 ml						Total Output : 45ml / 190ml						

Total 24 hrs. Intake

218 cc/kg/day

Total 24 hrs. Output

5.65 cc/kg/hr



FLUID CHART

Sheet No. :

2/2/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
											0	
	08:00 am	EBM	20ml.				✓			10ml	0	
	09:00 am										0	
	10:00 am	EBM	25ml.								0	
	11:00 am										0	
	12:00 pm	EBM	20ml				✓			15ml	0	
	01:00 pm										0	
Total Intake :			65 ml.			Total Output :			25 ml.			
	02:00 pm	EBM	20ml				✓				0	
	03:00 pm									20ml	0	
	04:00 pm	EBM	20ml								0	
	05:00 pm									15ml	0	
	06:00 pm	EBM	25ml				+				0	
	07:00 pm										0	
Total Intake :			65 ml			Total Output :			35 ml			
	08:00 pm	EBM	20ml				✓			15ml	0	
	09:00 pm										0	
	10:00 pm	EBM	25ml				✓			10ml	0	
	11:00 pm										0	
	12:00 am	EBM	22ml							10	0	
	01:00 am										0	
Total Intake :			67 ml			Total Output :			35 ml			
	02:00 am	EBM	25ml				✓			15ml	0	
	03:00 am										0	
	04:00 am	EBM	22ml								0	
	05:00 am										0	
	06:00 am	EBM	25ml				✓			20ml	0	
	07:00 am										0	
Total Intake :			72 (269) ml			Total Output :			35 ml (130) ml			

Shirley
2/2/26
@ 2pm

Shirley
2/2/26
@ 8pm

Shirley
2/2/26
@

Total 24 hrs. Intake 172.4 cc/kg/day

Total 24 hrs. Output 3.4 cc/kg/day



FLUID CHART

Sheet No. :

317126

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	Necate	80ml								0		
	09:00 am										0		
	10:00 am	Necate	20ml				✓			10ml	0		
	11:00 am										0		
	12:00 pm	EBM	20ml				✓				0		
	01:00 pm									10ml	0		
Total Intake :			60 ml			Total Output :			20ml				
	02:00 pm	EBM	30ml				✓				0		
	03:00 pm									15ml	0		
	04:00 pm	EBM	30ml				✓				0		
	05:00 pm										0		
	06:00 pm	EBM	30ml				✓			20ml	0		
	07:00 pm										0		
Total Intake :			90 ml			Total Output :			35ml				
	08:00 pm	EBM	30ml								0		
	09:00 pm										0		
	10:00 pm	EBM	30ml							10ml	0		
	11:00 pm										0		
	12:00 am	EBM	25ml				✓			20ml	0		
	01:00 am										0		
Total Intake :			85 ml			Total Output :			30ml				
	02:00 am	EBM	30ml								0		
	03:00 am										0		
	04:00 am	EBM	22ml							20ml	0		
	05:00 am										0		
	06:00 am	EBM	30ml				✓			20ml	0		
	07:00 am										0		
Total Intake :			82 (317) ml			Total Output :			40ml (125) ml				
Total 24 hrs. Intake		203.3cc/kg/day											
Total 24 hrs. Output		3.3cc/kg/hr											



FLUID CHART

Sheet No. :

4/2/08

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am									0	} Shown 4/2/08 m	
	09:00 am									0		
	10:00 am	EBM 25ml							25ml	0		
	11:00 am									0		
	12:00 pm	EBM 25ml				✓			25ml	0		
	01:00 pm									0		
Total Intake : 50ml						Total Output : 50ml						
	02:00 pm	EBM 22ml								0	} 25ml 4/2/08 @ 8PM	
	03:00 pm									0		
	04:00 pm	EBM 25ml				✓			10ml	0		
	05:00 pm									0		
	06:00 pm	EBM 25ml				✓			15ml	0		
	07:00 pm									0		
Total Intake : 72ml						Total Output : 25ml						
	08:00 pm	EBM 25ml								0	} 20ml 4/2/08	
	09:00 pm									0		
	10:00 pm	EBM 30ml				✓			20ml	0		
	11:00 pm									0		
	12:00 am	EBM 22ml							20ml	0		
	01:00 am									0		
Total Intake : 77ml						Total Output : 40ml						
	02:00 am	EBM 30ml				✓				0	} 20ml 4/2/08	
	03:00 am									0		
	04:00 am	EBM 25ml							10ml	0		
	05:00 am									0		
	06:00 am	EBM 30ml							20ml	0		
	07:00 am									0		
Total Intake : 85ml (283)ml						Total Output : 30ml (140)ml						
Total 24 hrs. Intake		181.4 cckg/day										
Total 24 hrs. Output		8.7 cckg/day										

FLUID CHART

Sheet No. :

5/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	EBM	30ml							15ml	0	[Signature] 5/7/26 @ 2PM	
	09:00 am										0		
	10:00 am	EBM	18ml				✓			15ml	0		
	11:00 am										0		
	12:00 pm	EBM	25ml							18ml	0		
	01:00 pm										0		
Total Intake :						Total Output :							
	02:00 pm	EBM	25ml									[Signature] 5/7/26 @ 2PM	
	03:00 pm												
	04:00 pm	EBM	15ml										
	05:00 pm												
	06:00 pm	EBM	20ml				✓						
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm	EBM	15ml									[Signature] 5/7/26 @ 2PM	
	09:00 pm												
	10:00 pm	EBM	20ml										
	11:00 pm												
	12:00 am	EBM	30ml										
	01:00 am												
Total Intake :						Total Output :							
	02:00 am											[Signature] 5/7/26 @ 2PM	
	03:00 am	EBM	30ml										
	04:00 am												
	05:00 am	EBM	30ml										
	06:00 am												
	07:00 am	EBM	30ml										
Total Intake :						Total Output :							
Total 24 hrs. Intake													
Total 24 hrs. Output													

FLUID CHART

Sheet No. :

6/7/26

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							
6/7	08:00 am											7 6/7/26
	09:00 am	CBM	25ml				✓			✓		
	10:00 am											
	11:00 am	CBM	25ml									
	12:00 pm											
	01:00 pm	CBM	25ml									
Total Intake :						Total Output :						
7/7	02:00 pm	CBM	30ml							✓		8 7/7/26
	03:00 pm	CBM	20ml				✓					
	04:00 pm											
	05:00 pm	CBM	25ml				✓			✓		
	06:00 pm											
	07:00 pm	CBM	25ml							✓		
Total Intake :						Total Output :						
7/7/26	08:00 pm											9 7/7/26
	09:00 pm	CBM	25ml				✓			✓		
	10:00 pm											
	11:00 pm	CBM	27ml				✓			✓		
	12:00 am											
	01:00 am	CBM	25ml				✓					
Total Intake :						Total Output :						
7/7/26	02:00 am											10 7/7/26
	03:00 am	CBM	25ml									
	04:00 am						✓			✓		
	05:00 am	CBM	20ml									
	06:00 am											
	07:00 am	CBM	20ml							✓		
Total Intake :						Total Output :						
Total 24 hrs. Intake												
Total 24 hrs. Output												

FLUID CHART

Sheet No. :

7/7/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	EBM	25ml							✓		
	09:00 am											
	10:00 am											
	11:00 am	EBM	28ml				✓			✓	0	gauri
	12:00 pm											7/7/26
	01:00 pm	N										@2m

Total Intake :

Total Output :

7/7	02:00 pm	P										
	03:00 pm	O										
	04:00 pm	gsm	30ml				✓			✓	0	gauri
	05:00 pm											7/7/26
	06:00 pm											gauri
	07:00 pm	gsm	30ml									@8pm

Total Intake :

Total Output :

8/7/26	08:00 pm											
	09:00 pm	EBM	30ml									
	10:00 pm						✓			✓	0	gauri
	11:00 pm	EBM	27ml									7/7/26
	12:00 am											@11AM
	01:00 am	EBM	28ml									

Total Intake :

Total Output :

8/7/26	02:00 am						✓			✓		
	03:00 am	EBM	35ml									
	04:00 am											
	05:00 am	EBM	28ml									gauri
	06:00 am											8/7/26
	07:00 am	EBM	25ml				✓			✓		@8AM

Total Intake :

Total Output :

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

81726

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	EBM								✓	1	
	09:00 am	EBM 25ml					✓					
	10:00 am											
	11:00 am	EBM 30ml								✓		
	12:00 pm											
	01:00 pm	EBM 30ml					✓			✓	6	
Total Intake :						Total Output :						
	02:00 pm										1	
	03:00 pm	E										
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART

Sheet No. :

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

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



MEDICATION RECONCILIATION FORM

Drug Allergies: NO

☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: NICU

Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	SYP. 4RtoDEOx4 COLIC ACID	2mg 1ml	PO	12thly		☐ C ☐ DC
2	Tab. Kemedion	2.5mg	OG	once every 3days		☐ C ☐ DC
3	N-JOU Hmg	15sachet	OG	each feed.		☐ C ☐ DC
4	Vitamin D3 Drops	0.5ml	OG	once daily.		☐ C ☐ DC
5	ZINLOVIT Drops	0.5ml	OG	once daily		☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature: Dr. prabhakar

Date & Time: 5/7/26 2:00pm

Nurse Name & Signature: BX. dh

Date & Time: 5/7/26



I.P. No.	Sheet No.	Wards	Weight (kg)
	①	NW	1.3kg

REGULAR PRESCRIPTIONS

DRUG : CAFFEINE DROPS				Date Time	21/6														
Dose	Route	Frequency	Start Dt.																
0.3ml	o/g	once daily	21/6		6 AM	noon	2 PM	5 PM											
Name & Signature of the Doctor starting the Drugs:				Dr. Sanku.															
Additional Instructions:				5mg/kg/dose.															
Daily Doctor's Endorsement by a Sign.																			

DRUG : SUP. URSODEOXY CHOLIC ACID				Date Time	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	
Dose	Route	Frequency	Start Dt.																
11mg (0.4ml)	PO/g	12th hourly	21/6		5 AM	11 AM	5 PM	11 PM											
Name & Signature of the Doctor starting the Drugs:				Dr. Sanku.															
Additional Instructions:				long term use.															
Daily Doctor's Endorsement by a Sign.																			

DRUG : VITAMIN D DROPS				Date Time	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	
Dose	Route	Frequency	Start Dt.																
0.5ml	O/g	once daily	21/6		5 AM	11 AM	5 PM	11 PM											
Name & Signature of the Doctor starting the Drugs:				Dr. Sanku.															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : ZINCovit DROPS				Date Time	21/6	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	
Dose	Route	Frequency	Start Dt.																
0.5ml	O/g	once daily	21/6		5 AM	11 AM	5 PM	11 PM											
Name & Signature of the Doctor starting the Drugs:				Dr. Sanku.															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			



I.P. No.	Sheet No.	Wards	Weight (kg)
	9	NICU	1.3kg

REGULAR PRESCRIPTIONS

DRUG: SUDECINIDE ^{NAB.}

Dose: 1 capsule Route: P/N Frequency: 1st time Start Dt: 2/6

Name & Signature of the Doctor starting the Drugs: Dr. Jarjapu Kireeti

Additional Instructions: 1 capsule = 0.5mg

Daily Doctor's Endorsement by a Sign.

DRUG: SUP. CALCIUM - P

Dose: 2ml Route: O/G Frequency: 8th time Start Dt: 2/6

Name & Signature of the Doctor starting the Drugs: Dr. Jarjapu Kireeti

Additional Instructions: 5ml = 300mg

Daily Doctor's Endorsement by a Sign.

DRUG: INHER DROPS

Dose: 0.07ml Route: O/G Frequency: ONCE DAILY Start Dt: 2/6

Name & Signature of the Doctor starting the Drugs: Dr. Jarjapu Kireeti

Additional Instructions: 3mg/kg/day (1ml = 50mg)

Daily Doctor's Endorsement by a Sign.

DRUG: OROFER XT DROPS

Dose: 0.2ml Route: O/G Frequency: ONCE DAILY Start Dt: 2/6

Name & Signature of the Doctor starting the Drugs: Dr. Jarjapu Kireeti

Additional Instructions: 2mg/kg/day

Daily Doctor's Endorsement by a Sign.

VIH-00205259
Baby OF ANKITHA
08-05-2026 0 Y 1 M 16 D (M)
Dr. JARJAPU KIREETI

Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No. 60429 Sheet No. 2 Wards N/11 Weight (kg) 13.2 kg

REGULAR PRESCRIPTIONS

DRUG : SYP PHENOBARRITONE 20mg/ml				Date	25/6															
Dose	Route	Frequency	Start Dt.	Time																
0.25 ml	OG	ONCE DAILY	25/6																	
Name & Signature of the Doctor starting the Drugs:				11 PM 25/6																
Additional Instructions:				4mg/kg/DOSE																
Daily Doctor's Endorsement by a Sign.																				

DRUG : SYP PHENOBARRITONE				Date	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6	26/6
Dose	Route	Frequency	Start Dt.	Time																
0.3 ml	OG	ONCE DAILY	26/6																	
Name & Signature of the Doctor starting the Drugs:				11 PM 26/6																
Additional Instructions:				1 mg/kg (DOSE)																
Daily Doctor's Endorsement by a Sign.																				

DRUG : PROCOGUARD OINT.				Date																
Dose	Route	Frequency	Start Dt.	Time																
-	L/A	TWICE DAILY	30/6																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : SYP URSODEOXY COLIC (125mg/5ml) ASD				Date	2/7	3/7	4/7	5/7	6/7	7/7	8/7									
Dose	Route	Frequency	Start Dt.	Time																
20 mg (1 ml)	PO	12th hourly	2/7																	
Name & Signature of the Doctor starting the Drugs:				AM 2/7 3/7 4/7 5/7 6/7 7/7 8/7																
Additional Instructions:				15 mg/kg DOSE																
Daily Doctor's Endorsement by a Sign.																				

Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

3

NICU

1.3 kg

REGULAR PRESCRIPTIONS

DRUG : TAB. KENADION (10MG)				Date													
				Time													
Dose	Route	Frequency	Start Dt.														
dismg.	OG	ONCE EVERY 3 DAYS	4/7														
Name & Signature of the Doctor starting the Drugs:																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign.																	

DRUG : AMPU AMP				Date													
				Time													
Dose	Route	Frequency	Start Dt.														
1 AMP	OG	EACH 8 HRS	5/7														
Name & Signature of the Doctor starting the Drugs:																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign.																	

DRUG : VITAMIN D3 DROPS				Date													
				Time													
Dose	Route	Frequency	Start Dt.														
0.5ml	OG	ONCE DAILY	5/7/26														
Name & Signature of the Doctor starting the Drugs:																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign.																	

DRUG : ZINCOVIT DROPS				Date													
				Time													
Dose	Route	Frequency	Start Dt.														
0.5ml	OG	ONCE DAILY	5/7/26														
Name & Signature of the Doctor starting the Drugs:																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign.																	

Weight. 1.56 kg Ward. NICU

[illegible]

VIH-00205259 IP-00060429
Baby Of ANKITHA
08-05-2026 0 Y 2 M 0 D (M)

Patient Name : Dr. JARJAPU KIREETI	I.P. No.	Sheet No.	Wards	Weight (kg)
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ULAR PRESCRIPTIONS

DRUG : SYP. CALLIMAX - P				Date Time															
Dose 2ml	Route PO	Frequency 8 hrly	Start Dt. 8/7	2 am															
Name & Signature of the Doctor starting the Drugs: Dr. Sameera Sameera				10 am															
Additional Instructions: 5ml - 300 mg				6 pm															
Daily Doctor's Endorsement by a Sign.																			

DRUG : OROFER - XT DROPS				Date Time															
Dose 0.2ml	Route PO	Frequency ONCE DAILY	Start Dt. 9/7	4 pm															
Name & Signature of the Doctor starting the Drugs: Dr. Sameera Sameera																			
Additional Instructions: 2 mg / kg / day																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

Verified
Dr. Rishika
Clinical Pharmacologist

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

08-05-2026

0 Y 1 M 14 D

(M)

Dr. JARJAPU KIREETI

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.
RUG :			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[illegible]



REGULAR PRESCRIPTIONS

Weight. 1.8kg Ward. NICU

DRUG : T. BACT. OINTMENT				Date	Time
Dose	Route	Frequency	Start Date	21/6	12 AM
100g	local	6th July	21/6	12 AM	X
Name & Signature of the Doctor Starting the Drugs:				21/6	12 AM
				21/6	12 AM
Additional Instructions:				21/6	12 PM
				21/6	6 PM
Daily Doctor's Endorsement by a Sign					

DRUG : RESCUNATE				Date	Time
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : NIG HMF				Date	Time
Dose	Route	Frequency	Start Date	21/6	12 AM
100g	o/c	6th July	21/6	12 AM	X
Name & Signature of the Doctor Starting the Drugs:				21/6	12 AM
				21/6	12 AM
Additional Instructions:				21/6	12 PM
				21/6	6 PM
Daily Doctor's Endorsement by a Sign					

DRUG : INT MEROPENEM				Date	Time
Dose	Route	Frequency	Start Date	21/6	6 AM
79.2mg	IV	8th July	21/6	6 AM	X
Name & Signature of the Doctor Starting the Drugs:				21/6	6 PM
				21/6	10 PM
Additional Instructions:				21/6	6 PM
				21/6	10 PM
Daily Doctor's Endorsement by a Sign					