



ANC-00015838 IP28-00004467
Baby Of VIRUTHIKA A K
26-05-2026 0 Y 0 M 2 D (M)
Dr. SHOBANA RAJENDRAN



DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	29/8/26 @ 10:30am		 D/R	
Activity Sheet updated by Pharmacy		11:21 Am		

ACTIVITY RECORD FOR BILLING



Name:
 ANC-00015838 IP28-00004467
 UHID No: Baby Of VIRUTHIKA A K
 26-05-2026 0Y0M0D2H (M) Consultant: *Dr. Neeraja* Dept: *Neonol*
 Dr. NEERAJA PATCHA V R Date of Admissic: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:










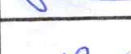

WARD TRANSFERS

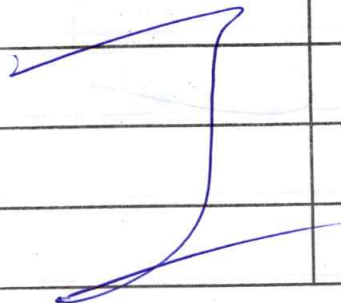
Date	Time	From	To	Signature of Nurse
<i>26/5/26</i>	<i>10 AM</i>	<i>OT-IT</i>	<i>Postup</i>	<i>S. D. Post</i>
<i>26/5/26</i>	<i>1 PM</i>	<i>Postup</i>	<i>New</i>	<i>New</i>
<i>26/5/26</i>	<i>→</i>			<i>2015</i> <i>2016</i>

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/05/26	Blood grouping	7154 ✓	
26/5/26 ³⁰ 10am	RBS	7166 ✓	
26/5/26 at 11am	RBS	7167 ✓	
26/5/26 at 12 ³⁰ pm	RBS	7168 ✓	
26/5/26	RBS	(7186) ✓	
27/5/26	RBS	(7203) ✓	
27/5/26	RBS	(Food) ✓	
27/5/26	Hb, PCV, Blood Cultures, CRP	7209 ✓	
27/5/26	RBS	7229	
26/5/26	I. Calcium, CBC	(7169) ✓	
26/5/26	RBS		
28/5/26 ep	RP ₂ , FreeTy, TSH	(7230) ✓	
29/5/26	TCB	7284	
29/5/26	RBS ✓	7290	
29/5/26	NBS	7293 ✓	





①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 11:00am	8/8 Dr. <u>Sahil Arora</u> IGDM	
	Cry & activity good Alert	
	Pink	
	Tolerated Breast Feed	<u>CBG</u>
	Cos. S.S. 7	35 after feed.
	Deep. Bl are only good	
	Abd. soft.	
	A/C	
	Tare @	Monitor for jitteriness, activity
		- 2hrly. feed, Breast feed +
		Top up formula
		Rpt CBL after next feed
	Discussed with Dr. Shobana (NICU). Plan to shift	
	to shift to NICU in case repeat CBL < 45.	
26/5/26	8/8 Dr. <u>Mithuna</u>	<u>S</u>
1PM	Baby Feeds	
	DBF + Top-up Nando 20ml/gln	
	Repeat CBL @ 4:45PM - 38 mg/dl	
	Discussed with Dr. Sahil Arora + Dr. Shobana - Shift to NICU	
		for further care

M
11/5/26

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2024 1:35pm	C/S/B Dr. Arshwarya	
	D- Term/Aust/male/10m/LSL asymptomatic hypoglycaemia	
	<ul style="list-style-type: none"> ✓ 60cc (100+4g) ✓ AD lab (30cc) ✓ 30cc fluids - SOV ↓ ✓ 30ml PF 	
	<ul style="list-style-type: none"> ✓ stop iv fluids 	
	<ul style="list-style-type: none"> ✓ hearse x 1h 	
	<ul style="list-style-type: none"> ✓ repeat Hb, PCV 	
	<ul style="list-style-type: none"> ✓ oral calcium 	
	<ul style="list-style-type: none"> ✓ CAP, Blood c/s 	

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 26-06-2026 0 Y 0 M 0 D 7 H (M)
 Dr. SHOBANA RAJENDRAN



3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	S/B Do Maluu	
9:30am		
	Term / LSCS / boy / IDM / 32wks	Asymptomatic Hypoglycemia
	DOL - 25 hrs	Birth wt - 3.58kg
		today - 3.42kg
		160g ↓
		4.5% wt loss
	Issue - dusky periphery	require dobutamine
	RS → Room air	
	BAE +, clear	
	RR - 50-60/min	
	SpO ₂ - 98%	
	CVS → quiet, normothermic	
	dusky periphery	
	CRT 2sec - perfusion good	
	HR - 120/min	BP - 53/37 (43)
	S ₂ +, no murmur	
	On Dobutamine	6Mcg/kg/min
	Echo plan today	

ANC-00015838 IP28-00004467

Baby Of VIRUTHIKA A K
26-05-2026 0 Y 0 M 0 D 7 H (M)

Dr. SHOBA NA RAJENDRAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A → soft; no distens 30ml D2H paladai feeds	
	passed 5 times stool - greenish yesterday ↑ watery	
	today - yellow coloured stool one time	
	CNS → AF → Cry / activity good.	
	F&E → stopped IVF sugar → 94 → 81 → 52 lca - 1.38	
	seps → CRP - 5 ↳ pcp las	
	Hemod → Hb - 19.2 → 18.4 Pcv - 55 → 52	
	on calcium supplement sugar - BD today ECHO plan to	

[Handwritten signature]

ANC-00015838 IP28-00004467
 Baby Of VIRUTHIKA A K
 26-06-2025 0Y0M1D (M)
 Dr. SHOBANA RAJENDRAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	✓ Blood Clk - 24hrs NA - transfer out	
	✓ Oral Ab	
	✓ 10 th day - TFI	
	<u>S/B. Dr. Rajan</u>	
28/5/26 11am	<p>T_{axu} / LSCS / Boy / IDM / TTNB / Sepsis / Asymptomatic Hypoglycemia DOL = 3</p>	<p>B.wt = 3.5 Kg T.wt = 3.4 Kg (29g)</p>
	<p>RS - pink, B/C AEC⁺, clear RR = 52/min, NO resp. distress SpO₂ - 98% RA.</p>	
	<p>CVS - pink, ppaf. @ vduar, CRT⁺ HR = 152/min, BP = 56/38 mmHg No Biotopes</p>	
	<p>CNS = AF, c(T/A = ACA. No symptoms of hypoglycemia / sepsis.</p>	
	<p>P/A: soft, no distension cu 30ml / Q2H pabai feeds passed stools</p>	(P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><u>28/5/26</u> 11:00 AM</p>	<p>FE = a.o = 1.3g/kg/day. No IVP Sugars = (N) Sepsis: NOTI CRP - 5 Bed c/s: awaited. (No growth after 36hrs) Piptaz</p>	<p style="text-align: right;"><i>[Signature]</i> 11/2/26.</p>
<p><u>28/5/26</u> 3pm</p>	<p style="text-align: center;"><u>s/B Dr. Aneesh</u></p> <p>- Baby reviewed. - Pushing urine & stool @ Nly Cx J Tdx J (N) Activity J Pulses well felt CRT < 3sec sFe - (N)</p> <p>Today 7AM CBG - 72mg/dl.</p>	<p style="text-align: right;"><i>[Signature]</i> 16/5/26</p>

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 26-06-2026 0 Y 0 M 1 D (M)
 Dr. SHOBANA RAJENDRAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 PM	S/B <u>Do Maline</u>	
	<p>°IE Baby pink</p> <p>periphery - cdg</p> <p>clunky</p> <p>pulse volume good</p>	
	<p>CNS - S2+</p> <p>RS - BAE+, clear</p> <p>WOB(N)</p> <p>P/A - cdg</p> <p>CNS - AF →</p>	
	<p>continue DBF alternative</p> <p>To do TCB POB / OAE</p>	<p>̄ formula feeds</p> <p>Vaccine tomorrow</p>
29/5/26 10 AM	<p>D/C</p> <p>PT tell Discharge</p> <p>DBF</p> <p>Vit D 0.5ml/day</p> <p>Calcimax + 2.5ml tds x 6wk</p> <p>R' monday</p> <p>Stop Taxim-O</p>	<p style="text-align: right;"><i>[Signature]</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	SIBDM: Mithuwa	
10:30 AM	A: Term / LSCS / Reg / IDM.	
	B-wt: 3.58 kgs.	
	T-wt: 3.340 kgs.	
	On DBF + FF.	
	U/o: Adequate	
	Musculum: Adequate	
	D/g: Gyn + Activity (M)	
	PPWF	
	S/g: NAD	
	Plan: To vaccinate, check reflex.	
	To do OAS today.	
	To do NBE today.	
	Mithuwa.	



Sheet No: ①

REGULAR PRESCRIPTIONS

Weight ~~3.58 kg~~ 3.58 kg Ward New

DRUG : <u>INJ. PIPRAZ</u>				Date & Time	<u>27/5</u>	<u>28/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>350mg</u>	<u>IV</u>	<u>BD</u>	<u>28/5/24</u>	<u>10 am</u>	<u>10 am</u>	<u>10 am</u>															
Name & Signature of the Doctor Starting the Drugs:				<u>am</u> <u>10 am</u> <u>10 am</u> <u>10 pm</u> <u>10 am</u> <u>10 am</u> <u>10 pm</u> <u>10 am</u> <u>10 am</u> <u>10 pm</u> <u>10 am</u> <u>10 am</u>																	
Additional Instructions:				<u>(100mg / 18 / dose)</u>																	
Daily Doctor's Endorsement by a Sign																					

DRUG : <u>SYP. CALCIMAX-PLUS</u>				Date & Time	<u>27/5</u>	<u>28/5</u>	<u>29/5</u>															
Dose	Route	Frequency	Start Dt.																			
<u>2.5ml</u>	<u>PO</u>	<u>TDS</u>	<u>27/5/24</u>	<u>5 pm</u>	<u>10 am</u>	<u>10 am</u>	<u>6 am</u>															
Name & Signature of the Doctor Starting the Drugs:				<u>5 pm</u> <u>10 am</u> <u>10 am</u> <u>6 am</u> <u>9 am</u> <u>BT</u> <u>2</u> <u>AM</u> <u>SD</u> <u>pm</u> <u>5</u> <u>pm</u> <u>10 pm</u>																		
Additional Instructions:				<u>(100mg / 18 / day)</u>																		
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>TAXIM-O drops</u>				Date & Time	<u>27/5</u>	<u>29/5</u>																
Dose	Route	Frequency	Start Dt.																			
<u>0.7ml</u>	<u>PO</u>	<u>Q12H</u>	<u>28/4/26</u>	<u>10 pm</u>	<u>8 am</u>	<u>9 am</u>	<u>10 am</u>															
Name & Signature of the Doctor Starting the Drugs:				<u>10 pm</u> <u>8 am</u> <u>9 am</u> <u>10 am</u> <u>10 pm</u> <u>8 am</u> <u>9 am</u> <u>10 am</u>																		
Additional Instructions:				<u>10mg / 18 / day</u>																		
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 BY : Name Signature

STAR: GENOME-WIDE ANALYSIS OF RNA SEQUENCING DATA

Anders, N., & Pertea, M. (2016). STAR: ultrafast universal RNA-seq aligner. *BMC Bioinformatics*, 17, 1-16.

STAR	GENOME	INDEX	ALIGNMENT	OUTPUT
STAR	GENOME	INDEX	ALIGNMENT	OUTPUT





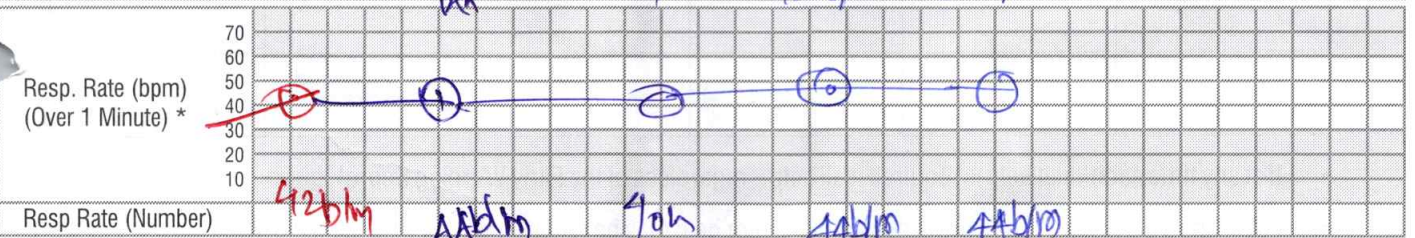
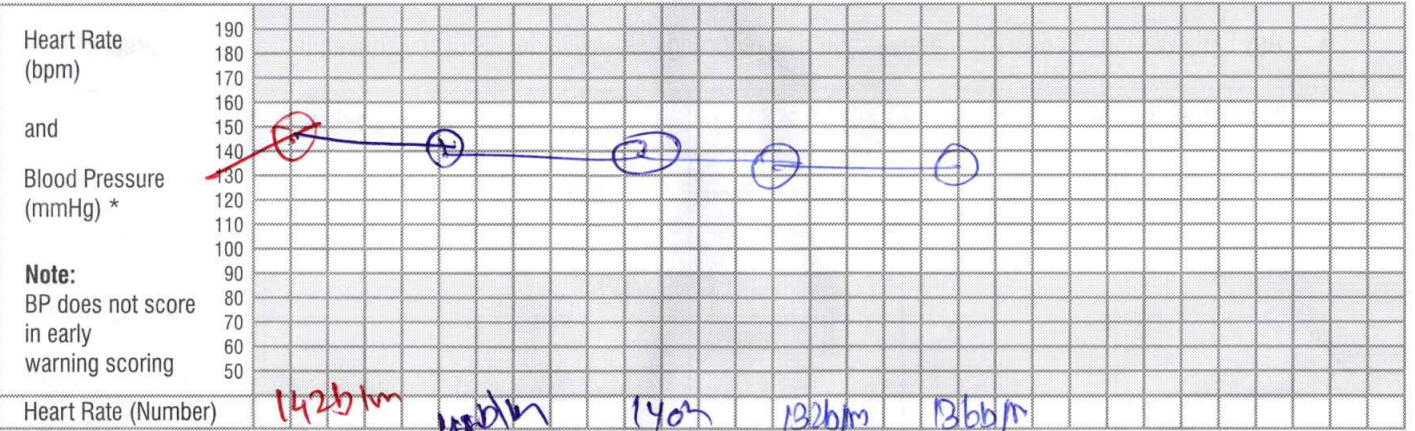
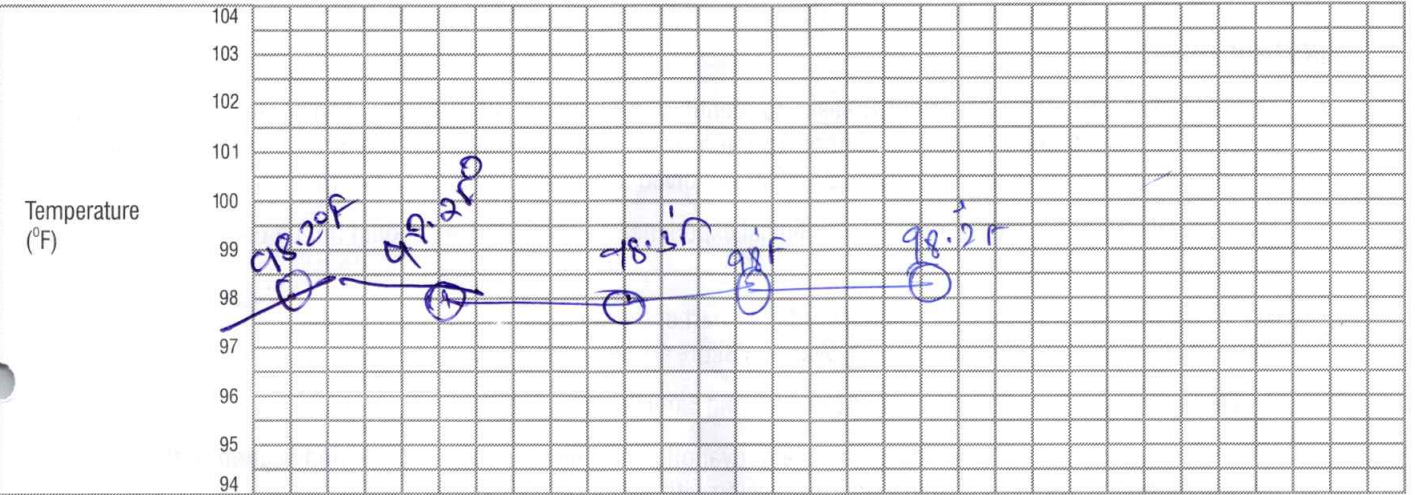
INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/26 Time: 2PM 4PM 8PM 12AM 4AM
 Doctor/Nurse/Family Concern?



Resp Mod/ Severe Distress None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	97%	98%	98%	99%	100%
Conscious Level Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE	01	01	01	01	01
Number of shaded boxes	0/10	0/10	0/10	0/10	0/10
Pain Score	0/10	0/10	0/10	0/10	0/10
Observer's Initials	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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 Baby Of VIRUTHIKA A K (M)
 26-05-2026 0 Y 0 M 2 D
 Dr. SHOBANA RAJENDRAN



: RCH/ FRM / CLINICAL / 124

INFANT (<1 year)

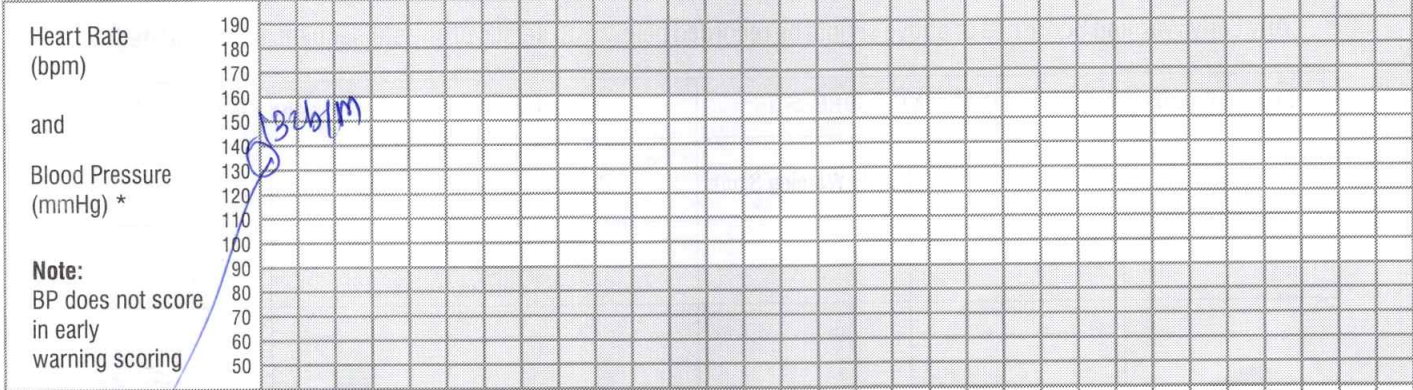
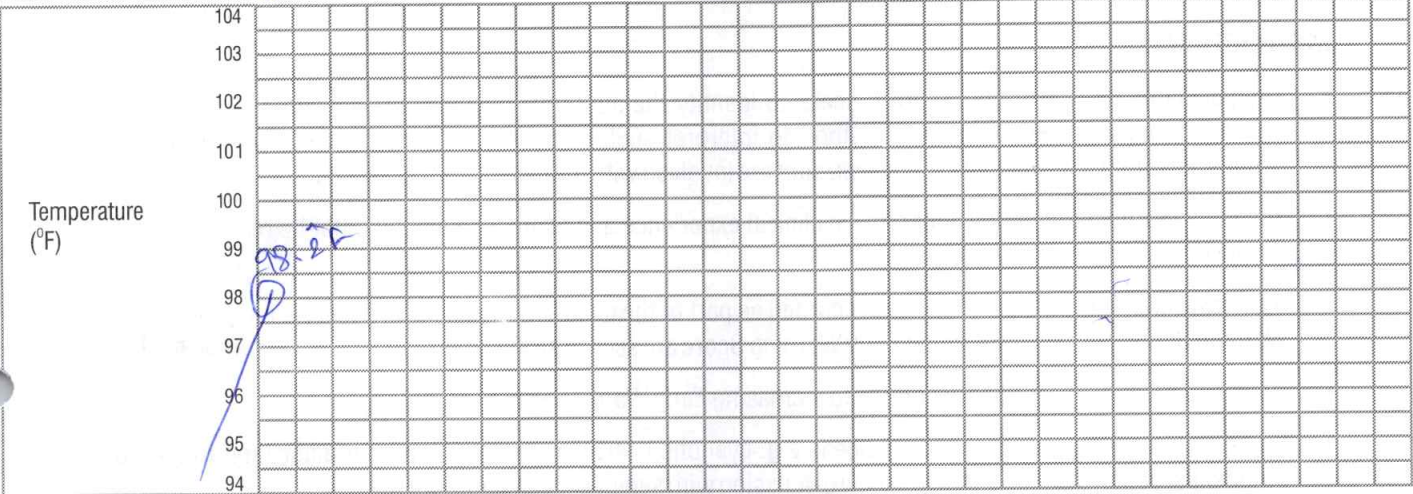
Children's Observation & Early Warning Scoring Chart



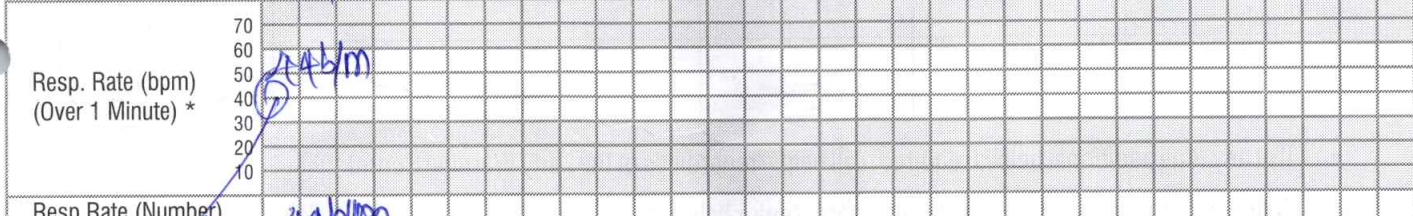
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 29/5/19 Time: 7:00 AM

Doctor/Nurse/Family Concern?



Heart Rate (Number) 132 bpm



Resp Rate (Number) 44 bpm

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

GCS * 15/15

TOTAL SCORE Number of shaded boxes 0

Pain Score 0/10

Observer's Initials SR

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
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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)



FLUID CHART

28/5/26

Sheet No. : ①

- 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													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm		Patient			Received from NICU:-								
	01:00 pm													
Total Intake :		Nil			M-0			Total Output : U- Nil						
	02:00 pm													
	03:00 pm	DBF ✓												
	04:00 pm													
	05:00 pm	FF 30ml												
	06:00 pm													
	07:00 pm	DBF ✓												
Total Intake :		DBF 2 + 30ml			M-1			Total Output : U-3						
	08:00 pm												85	
	09:00 pm												0125ml	
	10:00 pm	DBF FF 50ml											85	
	11:00 pm												0125ml	
	12:00 am													
	01:00 am	DBF ✓												
Total Intake :		DBF 2 times + FF 50ml			M-0			Total Output : U-1 time						
	02:00 am	EBM 10ml											85	
	03:00 am												0125ml	
	04:00 am	DBF FF 25ml											85	
	05:00 am												0125ml	
	06:00 am	DBF ✓											85	
	07:00 am												0125ml	
Total Intake :		DBF 2 times + 35ml			M-1			Total Output : U-2 times						
Total 24 hrs. Intake		DBF 6 times FF 85ml						Total 24 hrs. Output						
								U 6 times M 2 times						

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 Dr. SHOBANA RAJENDRAN



FLUID CHART

Sheet No. : 2

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V								N.G
28/5/22												
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>New born</u>						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>N/A</u>						
BACKGROUND		Surgery / Procedure:						Post OP Day:						
ASSESSMENT	Date	26/5/26	26/5	26/5	27/5	27/5	28/5	Shift	OT	E	N	N/E	N	N
	Medical Condition (Any special condition to be noted):	-	Hypocalcemia	Hypoglycemia	Hypocalcemia	Hypocalcemia	Hypocalcemia	Hypocalcemia						
RECOMMENDATIONS	Diet:	DBF	Nanpro	Nanpro	Nanpro	Nanpro	Nanpro							
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Ventilation (RA, NP, NIV, VENTI):	-	PA	PA	PA	PA	PA							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Vital Signs:	Temp:	36.5	36.5	36.5	36.5	36.5	36.5						
		Res:	46/rm	46/rm	45/rm	45/rm	52/rm	57/rm						
		SpO ₂ :	99%	95%	97%	97%	93%	90%						
		Pulse:	158/rm	133/rm	142/rm	142/rm	135/rm	132/rm						
		BP:	-	61/36/46	58/36/46	61/36/46	57/37/42	-						
		LOC:	A	Active	Active	Active	Active	Active						
Fall Risk Score:		14	14	14	14	14	14							
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10								
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact								
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Physiotherapy:	-	-	-	-	-	-								
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Special Diet:	DBF	Nanpro	Nanpro	Nanpro	Nanpro	Nanpro								
Critical Lab Test / Values:	-	-	-	-	-	-								
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent								
Post Operative Procedure Special Orders:														
Handed Over By Name :		Sugama		Pdeepika		Divya		Sugama		Sugama		Sugama		
Signature / ID :		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		
Date:		26/5/26		26/5/26		27/5/26		27/5/26		28/5/26		28/5/26		
Time:		10 AM		8 AM		8 AM		8 AM		8 AM		8 AM		
Taken Over By Name :		Sugama		Pdeepika		Divya		Sugama		Sugama		Sugama		
Signature / ID :		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		
Date:		26/5		27/5		27/5		28/5		28/5		29/5		
Time:		8 PM		8 AM		8 PM		8 AM		8 AM		8 AM		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NB / AMA		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	28/5	28/5				
	Shift	E	N				
	Medical Condition (Any special condition to be noted):	-	-				
	Diet:	DBA	DBF				
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-				
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	98.1C	98.2F			
		Res:	24b	24b/m			
		SpO ₂ :	99.1	99.1			
		Pulse:	136b	132b/m			
		BP:	A	-			
		LOC:	Ablet	Ablet			
	Fall Risk Score:	14	14				
Pain Score:	0/10	0/10					
Skin Integrity	Intact	Intact					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-				
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	-	-				
	Critical Lab Test / Values:	-	-				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	Dependent	Dependent					
Post Operative Procedure Special Orders:							
Handed Over By Name :		Shivan	Suga				
Signature / ID :							
Date:		28/5/25	29/5/25				
Time:		8 AM	8 AM				
Taken Over By Name :		Suga	Pamb				
Signature / ID :							
Date:		28/5/25	29/5/25				
Time:		8 AM	8 AM				

ANC-00015838
 Baby Of VIRUTHIKA A K
 26-05-2026
 Dr. NEERAJA PACHAVR (M)



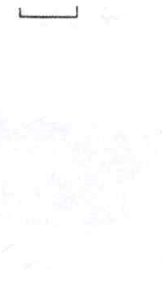
NURSING CARE RECORD

Date: 26/5/26

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Patient & Family Education
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation
- Reduce Anxiety

- Identify Potential Complications
- Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	→ Assess the Baby → Survey checked. → comfortable position	11 AM	→ Assessed the Baby Survey checked → comfortable position given	Very stable	Re-Assessment done	S. P. Pillai 02/05/15
Afternoon						
Night	→ Assess the Baby general condition → to monitor vital → to maintain hand hygiene		→ Assessed the Baby. → monitored vital → Hand hygiene maintained.	→ monitor vital	Re assessment done.	ay



NURSING CARE RECORD



- 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
 - Maintain Skin Integrity
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education

Date: 21/5/26

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning 8 am	assess the general condition provided the comforts positive		assess the general condition provided the comforts positive	baby calm signs checked and recorded	Re-assess plus now	Kes Gur
Afternoon	/		/	/	/	/
Night 8 pm	provide Baby feed 30 ml Nampuro orally.	11 pm	Provided Baby feed 80 ml Nampuro orally.	Baby feed tolerated	During feed no complaint	/

NURSING CARE RECORD

IP28-00004467

(M)

ANC-00015838
Baby Of VIRUTHIKA A K
O Y O M I D
26-05-2026
Dr. SHOBANA RAJENDRAN



Date: 28/5/26

- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education

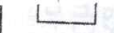
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....

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

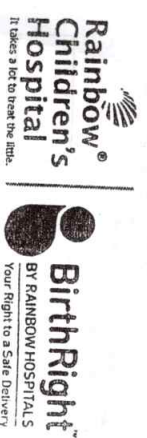
Goals

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	<p>Assess general condition of baby provided feed to baby</p> <p>→ To Assess the pt general condition</p>		<p>Assessed general condition of baby provided feed to baby</p> <p>→ Assessed the pt general condition</p>	<p>Baby吃 on Room air</p>	<p>Baby is Maintain well</p>	<p>[Signature]</p>
Afternoon	<p>2h</p> <p>→ To Assess the pt general condition</p>	3 pm		<p>Patient Stable</p>	<p>Re-assessment done</p>	<p>[Signature]</p>
Night	<p>8:10 pm</p> <p>→ Assess the general condition of the baby → check the patient</p>	9:30 pm	<p>→ Assessed the general condition of the patient → checked the vitals and documented</p>	<p>Patient vitals is stable</p>	<p>Re-assessment was done</p>	<p>[Signature]</p>

ANC-00015838 IP28-00004467
 Baby Of VIRUTHIKA AK
 26-05-2026 0 Y 0 M 2 D (M)
 Dr. SHOBANA RAJENDRAN



NURSING CARE RECORD



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

Date: 29/5/26

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM → To Administer medications AS PRN doctor advice.	10AM	Medications Administered as per drug order	Baby is stable and Alert.	Baby is Nourish	Prasanna
Afternoon						
Night						



NURSES NOTES

No Known Drug Allergies

Drug Allergies A.S.C.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<u>OT notes</u>	
26/5/26	10 AM	=> Baby on airium team Baby Elective 1st done => Boy Baby => routine care done => vitals are stable => Nasal & oral suction done => Anal patency checked. => cord clamp and cut done => Stry: vit K Im given => Baby vitals are stable	 26/5/26
		B - 26/5/26 A - 9.20 am. B - Male Y - 8/10-9/10	
		=> Baby shifted to Mother side	 26/5/26
26/5/26 @	10.30am	Baby received from OT. While receiving Baby is active & alert Vitals stable. Not passed urine by Meconium. Df Applied taken feed well	 Neeraja Pachav R

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



2



NURSES NOTES

No Known Drug Allergies

Drug Allergies *Nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/5/26	10.00am	CBH - 32mg/dl informed to Dr. Mituna advised to give Nan pro 20ml stat	<i>[Signature]</i>
	11am	Nanpro 20ml given as per doctors order. Vitals stable. Baby is active & alert. Baby seen by Dr. Shil. CBH @ 12.30pm	<i>[Signature]</i>
	12.30pm	CBH - 38mg/dl informed to Dr. Mituna. Vitals stable. Baby seen by Dr. Mituna. Nanpro 30ml given, advised to shift the baby to NIW. informed to parent & attendant. Baby shifted to NIW for observation.	<i>[Signature]</i>
	12:30pm	Baby received from OT Post Operative Room VOP Soth. JVF - 60cm/hr	
	3PM	Feed - 20ml nanpro	<i>[Signature]</i>
	4PM	Provide feed 20ml nanpro baby has no vomit no stool	<i>[Signature]</i>
	5PM	Provide feed 20ml nanpro baby has no vomit no stool	<i>[Signature]</i>
	7PM	CBH - 40mg/dl & provide feed 20ml nanpro baby has no vomit no stool	<i>[Signature]</i>
	8PM	check the vitals & record & baby details handed over to Dr. Nithya	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- No Known Drug Allergies
 Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/5/26	8:00 pm	<i>NIGHT Duty notes</i>	
		<i>Baby received from evening duty staff.</i>	
	9 pm	<i>Baby active alert - Baby 2nd hourly non pro 20ml saline.</i>	
		<i>Baby passed watery stool to chart - maintained.</i>	
		<i>Vitals checked and recorded.</i>	
	10 pm	<i>Baby pink colour, room air Baby sleeping - no other complaints</i>	
	11 pm	<i>Baby vitals are monitored and recorded</i>	
	12 AM	<i>Baby Diaper will be changed.</i>	
	1 PM	<i>Baby full oral feeding 30ml Gin as per doctor's order.</i>	
	2 PM	<i>Baby in room air, Baby vitals are monitored and saturation are maintained.</i>	
	3 PM	<i>Baby full oral feeding 30ml Gin as per doctor's order.</i>	
	4 PM	<i>Baby Diaper will be changed and cleaning done.</i>	
	5 PM	<i>Baby full oral feeding 30ml 30ml will gin</i>	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/5/26	6AM	Baby kept in room air and Baby provided comfort position	
	7AM	Baby diaper will be change and changing done. Baby	
	8AM	putal adai feeding 30ml given as per doctor's order and Baby vitals are monitor	
		Baby saturation are maintained	
		Baby vitals are stable	
		Baby details hand over given to the morning duty staff.	
		<u>Morning</u> & <u>Evening</u> <u>Duty Notes</u> :-	
	8am	⇒ Baby details handover taken from night duty staff	ds
		⇒ Baby is on room air & under waemae.	ds
		⇒ Baby tone is Normal & activity Good.	ds
		⇒ Vital sign Temp-36.0/RR-41 Pulse-147/Spo2 99/BP-61/26(36)	ds
		Maintained	
		⇒ Ref: Dotudamene 0.6ml/hr going onflow	ds
	9am	⇒ Baby urine & stool Passed change diaper.	ds

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



③
NURSES NOTES

- No Known Drug Allergies
 Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		=> Feed given some Nonpro gabs through PIF	<u>do</u>
		=> During feed No complaint	<u>do</u>
	11am	=> Feed given some Nonpro. gabs through PIF During feed. No vomiting Not desaturation vital sign stable	<u>do</u>
	12pm	=> Baby is comfortable position given baby is sleeping	<u>do</u>
		Morning duty note:-	
	3pm	Diaper changed urine passed Feed 30ml slowly given no vomit no aspiration no desaturation	
	5pm	Baby vital signs checked and normal Feed 30ml slowly given no vomit no aspiration no desaturation	<u>Alan</u> 021401
	7pm	Diaper changed urine passed Feed 30 ml slowly given no vomit no aspiration no desaturation	<u>do</u>
	8pm	baby hand over given by night duty staff	<u>do</u> 02117

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

No Known Drug Allergies
 Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
<i>27/5/26</i>		<i>Night Duty Notes</i>	
	<i>8pm</i>	<i>Baby details hand over taken from Evening duty Staff.</i>	<i>[Signature]</i>
	<i>9pm</i>	<i>Baby feed 30ml Nanpro given through Paladai. Baby diaper changed urine stool passed.</i>	<i>[Signature]</i>
	<i>10pm</i>	<i>Baby vitals are stable</i>	
	<i>11pm</i>	<i>Inj. Piptar given as per drug order.</i>	<i>[Signature]</i>
	<i>11pm</i>	<i>Baby feed 30 ml Nanpro given through Paladai. Baby feed tolerated.</i>	<i>[Signature]</i>
	<i>12 AM</i>	<i>Baby vitals are monitored and recorded. Inj. Dobutamine on flow 0.4 ml/hr</i>	<i>[Signature]</i>
	<i>1 AM</i>	<i>Baby feed 30 ml Nanpro given through Paladai. Syp. Calcimax + given as per drug order. Baby diaper changed urine passed. Stool passed.</i>	<i>[Signature]</i>
	<i>2 AM</i>	<i>Baby vitals are stable</i>	
	<i>3 AM</i>	<i>Baby feed 30 ml Nanpro given through Paladai. Baby feed tolerated.</i>	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- No Known Drug Allergies
- Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	4 AM	Baby vitals are monitored and recorded	<i>[Signature]</i>
	5 AM	Baby feed 30ml Nanpro given through Paladai.	<i>[Signature]</i>
	6 AM	Baby morning care done	
	7 AM	Baby feed 30ml Nanpro given through Paladai. Baby feed tolerated.	<i>[Signature]</i>
	8 AM	Baby details hand over given to next duty Staff. <i>Morning duty.</i>	<i>[Signature]</i>
	8 AM	Baby is hand over taken by morning duty. Baby is active, cry, tone is also good	<i>[Signature]</i>
	9 AM	Baby feed 30 ml Nanpro given through pvt. No desaturation, No vomiting. Sup: calimax-p given through as per drug chart	<i>[Signature]</i>
	10 AM	Sup: piptony 350 mg given as per drug chart	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

No Known Drug Allergies

Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	11 AM	Baby feed 30 ml NAsyn Curran through PR no desaturations, no vomiting	<i>Jy</i>
28/5/26	12:30 AM	Baby shifted to M floor M/B	<i>Jy</i>
<u>Receiving Notes (28/5/26)</u>			
28/5/26	12:30 PM	Patient received from NICU with the C/D Hypoglycemia, Now Baby is stable and alert, no further complaints present → <i>RP</i>	
28/5/26	2 PM	Patient Hand over with to BVP night duty staff → <i>RP</i>	
<u>Evening duty (28/5/26)</u>			
	2 PM	Patient details handing over taken from the morning duty staff, IV line removed Oral medication as per drug chart.	
		AP → Vitals checked and documented assessed the pt general condition.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES



No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	6	→ Baby stable active and pink no other concerns for Complain.	
	8pm	→ Medication given to the child as per drug chart	
	7P	→ I/O discussed and documented	
	8P	standing Over given to the next duty staff.	
Night duty notes (28/5/2026)			
28/5/26	8pm	Baby hand over taken from evening duty staff Baby active alert awake baby stable baby on room air baby pink and warm DBF - 2-3 hourly	
	10pm	DBF + FF → 30ml paladai feed given no vomiting baby passed urine diaper changed	
29/5/26	10am	Baby is slept Taxim 0 drops 0.7ml given vitals checked and rechecked	
	1AM	DBF given no vomiting, Baby is slept EBM 10ml given	
	1AM	DBF + FF → vitals checked and rechecked	
	6AM	Baby case done weight checked 3.34kg urine motion passed DBF given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

