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

Name	Baby Of RESHMABHANU	**UHID**	BAH-00630516
Father/Guardian	Mr MOHAMMAD NAYEEMUDDIN	**Age/Gender**	0 Y 0 M 21 D/Female
Address	H.NO-12-3-100/3/2/1/A, Siddipet, Medak, Telangana, INDIA, 502103		
IP No	IP5-00160655	**Admission Date**	03-08-2025
Ref Doctor	DR. RAVI TEJA	**Discharge Date**	21-08-2025

DISCHARGE SUMMARY

Consultants :
Dr. MVB PRATHYUSH
MBBS ,DCH (PAEDIATRICS) ,DNB PAEDIATRICS,
DM NEONATOLOGY
CONSULTANT NEONATOLOGIST

Diagnosis:
Term)/2.00kg (SGA)/ Baby Girl Z38.2
Neonatal Seizures/ Probable Neonatal Epilepsy P90
Laryngomalacia /Supraglottoplasty Q31.5
Culture Negative Sepsis P36.10
Grade-1 Intraventricular Haemorrahge P52.0

History: Baby of Reshma bhanu is a Term (37weeks) baby girl, birth weight of 2kg, delivered to G2P1L1 mother by LSCS on 31.07.2025 at 12:03pm at Teja hospital Siddipet, Baby cried immediately after birth as told by the relatives Apgar scores were not known. Baby developed respiratory distress soon after birth for which oxygen support was given for 20-30 minutes and shifted to mother side. On day 3 baby had poor acceptance of feeds, dull activity and had one episode of seizure like activity noticed by parents for which baby was admitted at outside hospital where the baby was loaded with levipil. In view of

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IP No	IP5-00160655	**Admission Date**	03-08-2025

multiple episodes of seizures, baby was loaded with levipil again and phenobarbitone, electively intubated and transported to rainbow hospital for further management.

Maternal history: Mrs. Reshma bhanu is a G2P1 mother. Non - consanguinous marriage.
G1 -Emergency LSCS/Female-2yrs-Alive and healthy.
G2 - Present pregnancy, spontaneous conception, had regular antenatal checkup's, received two doses of Inj.Tetanus Toxoid. Antenatal scans showed normal. No history antepartum hemorrhage / Urinary Tract Infection/ Oligohydramnios/ Polyhydramnios/ Fever.

Examination: On admission baby temperature was 36.7*C. Baby was Ventilated ,Heart rate was 137/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft and with no organomegaly. AF was at level. Encephalopathic, hypotonic, reflexes not elicitable, no cry. There were no obvious external congenital anomalies noted.

Anthropometry:
Weight at admission : 2.0kg.
Head Circumference at admission : 32cm.
Length at admission : 46 cm.

Weight at discharge : 2.1kg.
Head Circumference at discharge : 33.5cm.
Length at discharge : 49cm.

Management:
RD - Ventilated: Baby was nursed in thermoneutral environment and continued on mechanical ventilator. Chest X-rays and blood gas analysis were serially monitored and extubated to CPAP support. After 4 days of life CPAP

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support, in view of MLB, baby was re-intubated and ventilated. Baby was extubated to CPAP support after 24 hours. Baby required CPAP support for 1 day and low flow oxygen support for 1 days. Now baby is maintaining saturation at room air without any respiratory distress.

Neonatal Seizures/ Probable Neonatal Epilepsy: In view of encephalopathy and possible neonatal seizures baby was continued on anti-seizure medications and started on metabolic supplements. For metabolic workup, Newborn screening was done which was normal. NSG was done which was normal. Baby was seen by Dr.Ramya Bandi (Consultant Pediatric Neurologist) who advised to continue anti-seizure medications and to do MRI Brain. MRI Brain done on 06.08.2025 showed grade I intraventricular hemorrhage in the lateral ventricle with possible ependymitis. Collosal oedema – might be secondary to metabolic derangement (hypoglycemia, seizures or infective process. EEG was done which showed occasional frontal sharps with 1 Hz. Inter burst interval up to 10-12 seconds. Intermittent fast beta activity probably drug induced with impression suggestive of diffuse cerebral dysfunction. In view of persistent encephalopathy, neuro review was done and Anti-seizure medications optimized, phenobarbitone levels were sent which were normal and repeat CSF examination done which showed normal biochemistry and culture was sterile with biofire meningitis panel PCR being negative. Baby's neurological status was serially monitored. During the further stay, baby's activity improved, baby was extubated and shifted to NIV support followed by CPAP and then room air which the baby tolerated well.

Culture Negative Sepsis: Baby was screened for sepsis and started on IV antibiotics after sending blood culture. Initial hemogram was normal and CRP was 5mg/L. In view of suspected meningitis , CSF analysis was done which showed count of 0, CSF sugar of 46mg/dl and CSF protein of 974mg/dl, probably due to traumatic tap. CSF culture was sterile. Blood counts were serially monitored which showed gradual improvement. Repeat CSF analysis

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Name	Baby Of RESHMABHANU	**UHID**	BAH-00630516
IP No	IP5-00160655	**Admission Date**	03-08-2025

showed count of 0, CSF sugar of 42mg/dl and CSF protein of 138mg/dl. Last CRP was 5mg/dl. Blood culture was sterile and IV antibiotics were stopped after 10 days.

Laryngomalacia /Supraglottoplasty: Post extubation, baby continued to have stridilous breathing with respiratory distress and desaturations requiring respiratory support. Baby was seen by Dr.Chandana (Consultant ENT surgeon) who opined it to be a case of laryngomalacia and in view of persistent respiratory concerns advised for microlaryngobronchoscopy.

Procedure Notes: Awake nasopharyngoscopy-Short AE folds, bilateral arytenoids, collapsing into glottis. Vocal cords not seen.
Direct laryngoscopy + supraglottoplasty-- bilateral vocal cords mobile. Subglottis and trachea up to carina appear normal. Baby was intubated prior to procedure. Short AE folds – separated. redundant arytenoids tissue ablated.

Metabolic: Baby was started on IV fluids. Blood sugars were serially monitored which remained stable. Serum electrolytes, calcium and renal function tests were within normal limits.

Feeding: Baby was started on NG tube feeding which were gradually increased and upgraded to paladay feeding. Baby accepted and tolerated feeds well.

Neurosonogram

04.08.2025 Normal

At the time of discharge: Baby is active, hemodynamically stable and maintaining saturation room air. Now baby is on paladay feeding, which she is accepting and tolerating well. Parents were advised for regular

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IP No	IP5-00160655	**Admission Date**	03-08-2025

neurodevelopmental follow up.

Parents advised to take all the necessary measures to avoid contact with anybody suffering from any viral illness (e.g cough, cold, runny nose and fever).

Advice:
Keep baby clean and warm.
Continue paladay feeding as advised.
Syp.Ossopan D 2ml orally twice daily till further advice.
Syp.Domstal suspension 0.6ml orally thrice daily ½ hour before feeding till further advice.
Syp.Levetiracetam 0.3ml orally thrice daily till further advice.
Vitamin D drops (1ml=800IU), 0.5ml orally once daily till further advice.

Plan:
Immunization at local hospital (Birth vaccination - BCG/ OPV/ Hepatitis B).
AABR to be done on follow up.
BERA to be done after 3 months.

Review consultation with Dr. MVB Prathyush on 25.08.2025 in OPD Clinic at Banjara Hills with prior appointment **(Review consultation will be charged).**

Review consultation with Dr. Bandi Ramya on 25.08.2025 in OPD Clinic at Banjara Hills with prior appointment **(Review consultation will be charged).**

Review consultation with Dr. Chandana after 6 weeks in OPD Clinic at Banjara Hills with prior appointment **(Review consultation will be charged).**

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Name	Baby Of RESHMABHANU	**UHID**	BAH-00630516
IP No	IP5-00160655	**Admission Date**	03-08-2025

Neurodevelopment follow up schedule (Only on Tuesday & Friday Between 02.pm-04.pm)

4 months corrected GA	**28.11.2025**
8 months corrected GA	**31.03.2026**
12 months corrected GA	**31.07.2026**

Follow up immediately in Emergency Room in case of any emergency like high grade fever, vomiting, breathlessness, refusal to feed, increased icterus and any abnormal movements.

In case of emergency, **9989499108** or 040-23551555, emergency pediatrician on duty. To take appointment for OPD consultation at Rainbow **Banjara Hills** / Rainbow **Attapur Clinic/ Himayath nagar/ Kukatpally/ Vikrampuri/ LB Nagar / Financial District** dial just one toll free number **18002122.**

I was explained about feeding techniques, handling, positioning and other aspects of care of term/ premature baby along with the risks related to prematurity like aspiration, hypothermia and infection. All the discharge advice and medications have been explained to me by Dr. Keshav Priya in the language that I understand best on 21/08/25 at 7:30 pm.

Parents/ Attendant Name: Nayeem

Parents/ Attendant signature:

Summary prepared by **Dr.Keshav Priya**

Typist **Anil**

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Name	Baby Of RESHMABHANU	**UHID**	BAH-00630516
IP No	IP5-00160655	**Admission Date**	03-08-2025

Dr. Dinesh Kumar Chirla
MD(Ped), DM(Neonate), MRCPCH (UK), CCST (Neonatology, UK), FRCPCH (UK), FNNF, FIAP Director - Intensive Care Services (Neonatal & Pediatric Intensive Care)

Dr. A.Venkatalakshmi
MD, DCH, (CMC -Vellore)
Neonatal Fellow (USA/AUS)**Consultant Neonatologist & Paediatrician**

Dr. Nalinikanta Panigrahy
MD Paediatrics, DrNB-Neonatology, PG Diploma – Dev. Neurology, FNNF,
Consultant Paediatrician & Neonatologist
Development Paediatrician
Reg no: TSMC/ FMR/03605

Dr. Vijayanand Jamalpuri
MD, MRCPCH, FRCPCH, CCT (UK) & Fellowship in Neonatology (NZ), Post Graduate Certificate in Medical Education-University of Bristol (UK), Certificate in Clinician Performed Ultrasound-AUSUM (Australia), IPSS-INSPIRE Fellowship in Simulation (USA).
Consultant Neonatologist and Paediatrician
40526

Dr. Nitasha Bagga
DNB(Peds), Fellowship in Neonatology
Consultant Neonatologist

Dr. MVB PRATHYUSH
Mbbs, Dch (Paediatrics), Dnb paediatrics, DM Neonatology
Consultant Neonatologist

Registrar/Resident/C.M.O

Dr. MVB PRATHYUSH
MBBS ,DCH (PAEDIATRICS) ,DNB PAEDIATRICS,
DM NEONATOLOGY
CONSULTANT NEONATOLOGIST

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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ACTIVITY RECORD FOR BILLING

Name : B/o Reshma - shanu

UHID No. : 630518 IP No : 160655 Consultant: Dr. Prathyush Dept : NICU

Date of Admission: 31/7/25 Time : — Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bandi Ramya	5/8/25	9136961	
2				
3				
4				
5				
6				
7				
8				
9				
10				

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/8/25	Np, Ammonia mg SO4	BA 25072314	
	Blood C/S, Blood Group	BA 25072314	
	VBG, RBS		
4/8/25	VBG, RBS	25072406	
4/8/25	NSG	036963	
4/8/25	EEG	037206	
4/8/25	CSF Culture	25072669	
	CSF Analysis		
4/8/25	RBS	25072678	
4/8/25	NBS	2507269	
5/8/25	VBG, GRBS	25072791	
5/8/25	CBP, RBS	250703045	
6/8/25	VBG, RBS	BA 25073195	
6/8/25	phenobarbitin level, SBR	25073449	
6/8	RBS	25073465	
7/8	VBG, RBS	25073571	
8/8	VBG, RBS	25073964	
9/8	CBP, CRP	25074332	Jayashree
9/8	VBG, RBS	25074331	
9/8	CSF Culture & Sensitivity	25074559	
9/8	CSF analysis	25074559	
10/8	VBG, RBS	25074756	
11/8/25	CXR	038216	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
4/8/25	Inv monitor	4/8/25		9134482	
"	Ventilator	4/8/25		"	
"	Syp pump (1)	"		"	
"	Syp pump (2)	"		9134484	
5/8/25	Inv monitor	4/8/25		9134482	
	ventilator	4/8/25		9134482	
	Syp. pump	4/8/25		9134482	
6/8/25	Inv monitor	4/8/25		9134482	
	Ventilator	4/8/25		9134482	
7/8/25	Inv monitor	4/8/25		9134482	
	~~Ventilator~~	4/8/25		9134482	
8/8/25	Inv Monitor				
	ventilator	4/8/25		9134482	Jaya
9/8/25	Inv Monitor				
	ventilator	4/8/25		9134482	Jaya
10/8/25	Inv Monitor				
	ventilator	4/8/25		9134482	Jayashree
11/8/25	Inv Monitor				
	ventilator	4/8/25		9134482	Jayashree

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/8/25	IV Placement	1	9134730	
4/8/25	LP	1	9135581	
9/8/25	LP	1	9144047	
11/8/25				

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

(3)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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ACTIVITY RECORD FOR BILLING

Name :_____

UHID No. : _____ IP No : _____Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/8/23	VBG, RBS		
12/8	VBG, RBS	25075429	
13/8	RBS	25075853	
14/8	RBS	25076321	
15/8	RBS	25076760	
16/8	RBS	25077136	
16/8	Nebulisation	9154864	
16/8	X-Chest	039171	
16/8	VBG, GRBS	25077400	M.C
16/8	RBS	25077400	
16/8	Gas	25077400	
16/8	Nebulisation 2	9155982	
16/8	VBG	25077508	
16/8	VBG, RBS	25077548	
17/8	RBS, VBG	25077682	
18/8	RBS		
20/8	RBS	25079150	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/8	c-PAP	12/8/25		9147731	
	oxygen				
	Inv. monitor	3/8/25		9134482	
13/8	oxygen	12/8/25		9147737	
	Inv. monitor	3/8/25		9134482	
14/8	CPAP	14/8/25	15/8/25 @11AM	9152869	
~~16/8~~	~~Nebulisation~~				
16/8	Ventilator	1	4:30PM	9155642	
16	~~Syringe pump~~	1	4:30PM	9155642	
17/8	Inv. monitor	1	3/8/25	9134482	
	~~Ventilator~~ CPAP	1	17/8/25	9156585	
	~~Syringe Pump~~ oxygen	1			
21/8/25	Inv. Monitor		31/8/25 (11:53)	9134482	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/8	ET Intubation	1	9155641	
16/8	IV placement	1	9155495	
16/8	Caesarean section	1	9155641	
16/8	PAC	1	9155475	
17/8	Nebulisation	2	9156574	
18/8/25	Random Blood glucose	1	25077815	

ANY OTHER INFORMATION

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 20 D (F)
Dr. MVB PRATHYUSH

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	4			
6	Doctors progress sheets	49			
7	Nursing plan of care and handover sheets				
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)	6			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	74			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 28/8/25

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00160655 **Admit Date** : 03-Aug-2025 **Admit Time** : 11:53 PM **UHID** : BAH-00630516

Patient Details :

Patient Name	: Baby Of RESHMABHANU	**Age**	: 0 Y 0 M 3 D
Guardian	: Mr MOHAMMAD NAYEENUDDIN	**DOB**	: 31-07-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H.NO-12-3-100/3/2/1/A Siddipet Medak Telangana INDIA 502103	**Phone No**	: 8096575829/ 7780200475
		E-mail	: MOHAMMAD.NAYEEMUDDIN@BAJAJFI

Admission Details :

Bed Type : NICU **Bed No** : NICU 282 **Ward Name** : 2F-NICU 4

Room No : NICU 282 **Admission Type** : First Visit

Contact Details :

Name : Mr MOHAMMAD NAYEENUDDIN **Relationship** : Father

Contact Address : H.NO-12-3-100/3/2/1/A Siddipet Medak Telangana INDIA 502103 **Phone No** : 8096575829 / 7780200475

Signature

Doctor Details :

Doctor Name : Dr. MVB PRATHYUSH **Specialisation** : NEONATAL INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

Printed Date / Time : 03/08/2025 23:54 Printed By : 017494 Page 1 of 2

Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby Of RESHMABHANU**	**Age :**	**0 Y 0 M 3 D**
IP No:	**IP5-00160655**	**Sex:**	**Female**
Consultant:	**Dr. MVB PRATHYUSH**	**Ward/Bed No:**	**2F-NICU 4/NICU 282**

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.

[redacted]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:
[redacted]e 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.
(Receivers Signature:.....)

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:

Name: Md. Nayeemuddin
Relationship: father
Date: 03/8/25 Time: 11:53pm
Witness Name: Nagasaiu
Witness Signature:

Patient Address:
H.NO-12-3-100/3/2/1/A Siddipet
Medak Telangana INDIA 502103

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 3 D (F)
Dr. MVB PRATHYUSH

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Rainbow Children's Hospital

BILLING POLICY

- Billing cycle: - With effective from I[st] January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason th'en hospital tariff will he applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.900 for every TPA route cases.
- All charges vary as per Room category, e›:cept Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days

Name & signature of Patient/Attendant

Nagaraju

(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

Rainbow Children's Medicare Priv

kegitt°.red Office: Road No. 2, Banjara Hills, Near Hotel Part Hyatt, Hyder

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, B

Branches . BANJARAHILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400

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www.rainbowhospitals.in

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 3 D (F)
Dr. MVB PRATHYUSH

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	3/8/2025	16/8/25
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. prathyush	Dr. prathyush-	MLB
From Unit	**To Unit**	**Information to Attendant**
NICU	4 flood OT	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
32	2	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
manisha	Dr. prathyush-

Patient & Clinical Records Received by :

Date & Time of Patient Received : 16/08/25

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

Docu. No. : RCHBH /FRM / CLINICAL / 102

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
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NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 4/8/25

Source of Admission: ☐ OPD ☐ Ward ☐ Labor Ward ☐ Other:

Reason for Admission: Seizures

Admission Diagnosis: Seizures & RDS

Accompanied By: ☐ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☐ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☐ No

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other:

If yes, identify

Source of Information : ☐ Family ☐ Others, Specify

Past Medical History	Past Surgical History	Last Hospital Admission
Nil	Nil	Teja Hospital

Significant History

Family History: No any significant history

Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list,

Was the child's birth normal? ☐ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☐ Yes ☐ No

Current Medications

Taking Medications? ☐ Yes ☐ No
If yes, Fill the reconciliation form
Medicine brought to the hospital? ☐ Yes ☐ No

Observations:

Birth Weight: 2 kgs Head Circumference: 33 cm Length: 42 cm

☐ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: A+ve Baby: B+ve

Feeding: ☐ Breast Feeding ☐ Formula ☐ Both

Maternal Details: Age: 38 years, **PARA:** 1 **Gestation:** 37 Weeks, 3 Days

Risk Factors: ☐ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes
☐ PH / Pre Eclampsia ☐ Others, Specify:

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

Indication:

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Baby Of RESHMABHANU
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Newborn Assessment:

Temp: 36.6°C HR 147 / Min RR 38 / Min BP 53/38 (49) SpO²: 97 %

Pain Score ..... (Follow N Pass and Document)

Fall Risk Intervention Done: ☐ Yes

Risk of Pressure Sore: ☐ Yes ☐ No (Fill Braden Q Sheet)

General Appearance: ☐ Posture ☐ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☐ Sleeping Crying ☐ Calm ☐ Drowsy

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

Functional Screening: If a patient needs assistance with any of the following inform consultant

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With .....

Siblings in household ☐ Yes ☐ No (if yes How Many?) .....

All Information Obtained From ☐ Patient ☐ Mother ☐ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☐ ID Band in situ

☐ Bedside safety explained

☐ NICU Routine: Doctor's rounds/Medication time

☐ Visiting policy explained

Orientation given to: ☐ Family ☐ Others

Name of Person Orientation was given to: Mr- Nayeemuddin

Orientation not given Reason: .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

Page: 2/3

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Dr. MVB PRATHYUSH

Discharge Medications: ☑ Yes ☐ No

Details:

Final Diagnosis: Seizures R/D S

Nurse Signature:

Nurse Name: Diffi

Date & Time: 4/8/25

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

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

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

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

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

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

Page: 3/3

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
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Dr. MVB PRATHYUSH

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/o Reshma Bhanu Age: D4 Gender: Male ☐ Female ☑

UHID.No : BAH-630516 Date: 4/8/25

I Nayeem S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms. B/o Reshma Bhanu who is related to me as Brushour is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 4/8/25

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

Encephalopathy
Seizures

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

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

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

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

I give my consent to the team of doctors to go ahead and admit the child B/o : Reshma Bhanu in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

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

Patient Attendant :

Signature : [signature]

Name : Md. Nayeem

Relationship with Patient: Father

Date & Time : 4/8/25 [illegible]

Witness :

Signature : [signature]

Name : Diffi

Date & Time : 4/8/25 [illegible]

Doctor (who is taking the consent) :

Signature : [signature]

Name : Spruha

Date & Time : [illegible]

Docu. No. : RCHBH /FRM / CLINICAL / 012

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

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

యు.హెచ్.ఐ.డి .....

నేను ..... చి .....

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

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

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

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

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

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

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

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

సహాయకుడు(అటెంన్డెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Docu. No. : RCHBH /FRM / CLINICAL / 012

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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CONSENT FOR DONOR BREAST MILK

Patient Name : S/o Reshya Bar. Age 4 days Gender : ☐ Male ☑ Female

UHID No: 630516 Department : 160655 Date : 4/8/25

I Mr / Mrs. : Nayeem aged : ..... years, hereby declare that I have admitted my ☑ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on 4/8/25 I hereby give consent for Donor Breast Milk for my child. Doctors have explained me about the Donor Breast Milk feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : [signature]

Name : Md. Nayeem

Relationship with Patient : Father

Date & Time : 4/8/25 6pm

Witness :

Signature : [signature]

Name : Diffn

Date & Time : 4/8/25 6pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : [signature]

Date & Time : [signature] 6pm 14/8/25

Docu. No. : RCHBH / FRM / CLINICAL / 194

Dr. Chandana

ENT

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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CROSS CONSULTATION FORM

Doctor Name : B/O RESHMA BANU Date : 16/8/25 Time : 3pm

Diagnosis : Laryngomalacia

Hospital : Rainbow Children's Hospital, Kondapur

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Laryngomalacia

Signature

Findings and Recommendations :

c/s/B. Dr. Chandana. (ENT)

Term Baby / Neonatal Seizures / Stridor ↓ Evaluation

Birthweight - 2kg

- Intubated for 4 days
- 3 size - ? uncuffed
- post extubation stridor / persisting.
- Better on proning / continuous

O/E

Insp. Stridor
Tracheal tug
Subcostal Retractions.

SpO_2 - 100% without B/L AE (+) O_2.

plan: MLB ↓ GA

USG Larynx

B/L VC - ? mobile
Subglottis / Trachea appear normal
Supraglottis not appreciated.

Consultant :

Name : Dr. Chandana Signature : Date & Time : 16/8/25

Doc. No. : RCHBH/ FRM / CLINICAL / 049

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Reshma Banu Gender: ☐ Male ☑ Female

UHID No : 680576 Department : NICU Date : 09/08/25

I Nagaraj S/D/W/O .....

Here by give consent for procedure of : Lumbar puncture

For my patient, Named : B/O Reshma Banu

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

pain/bleeding/infection

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

N R/o Tamil

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

Name of the Doctor performing the procedure: Dr Nilesh

Patient Attendant :

Signature : .....

Name : Reshma

Relationship with Patient: mother

Date & Time : 9/8/25 7pm

Witness :

Signature : .....

Name : Agnes Babu

Date & Time : 9/8/25 7pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Nilesh

Date & Time : 09/08/25 7pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Reshma Banu Gender: ☐ Male ☐ Female

UHID No : 630516 Department : NICU Date : 04/08/25

I Nayeem S/D/W/O .....

Here by give consent for procedure of : Lumbar puncture

For my patient, Named : K/C Reshma Banu

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

Bleeding / pain / infection

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

R/o meningitis

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

Name of the Doctor performing the procedure: Dr. SUNIL

Patient Attendant :
Signature : .....
Name : Md. Nayeem
Relationship with Patient: Father
Date & Time : 04/08/25

Witness :
Signature : .....
Name : Priyanka
Date & Time : 04/08/25

Doctor (who is taking the consent) :
Signature : .....
Name : Dr Vinith
Date & Time : 04/08/25

Docu. No. : RCHBH /FRM / CLINICAL / 019

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Prathyusha
Asst. Surgeon :
Anaesthetist : Dr. Sunitha
Scrub Nurse : Babi

BAH-0063051 IP5-00160655
Baby Of RESHMABHANU
Patient Name 31-07-2025 0 Y 0 M 16 D (F)
Dr. MVB PRATHYUSH
UHID No. :
Date :

Gender :

Rainbow Children's Hospital
BirthRight BY RAINBOW HOSPITALS

Before Induction of Anaesthesia ➤➤

SIGN IN Time: 3:00 pm

Patient Has Confirmed
- Identity ☑Yes ☐No
- Site ☐Yes ☑No
- Procedure ☑Yes ☐No
- Consent ☑Yes ☐No

Site Marked ☐Yes ☐No ☑NA
Anaesthesia Safety Check Completed ☑Yes ☐No
Pulse Oximeter on Patient & Functioning ☑Yes ☐No
Does Patient have a:
- Known Allergy? ☐Yes ☑No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☑Yes ☐No

Risk of > 500ml Blood Loss (7ml/kg in Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐Yes ☑No ☐NA
- Blood Units Reserved ☐Yes ☑No ☐NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐Yes ☑No ☐NA

Signature :
Name : Dr. Shalini

Before Skin Incision ➤➤

TIME OUT Time: 3:10 p.m.

Confirm all team members have introduced themselves by Name and Role ☑Yes ☐No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑Yes ☐No
- Correct Site ☑Yes ☐No
- Correct Procedure ☑Yes ☐No

Anticipated Critical Events
Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nil 30min Nil ☑Yes ☐No ☐NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☑Yes ☐No ☐NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☑Yes ☐No ☐NA
- **Is Essential Imaging Displayed?** ☐Yes ☑No ☐NA

Signature :
Name :

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑Yes ☐No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑Yes ☐No ☐NA
- The Specimen is Labelled (including patient name) ☐Yes ☐No ☑NA
- Whether there are any Equipment Problems to be addressed ☑Yes ☐No ☐NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐Yes ☐No

Signature :
Name : Dr. Chandana

Doc. No. : RCHBH/ FRM / CLINICAL / 111

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
Pati 31-07-2025 0 Y 0 M 16 D (F)
Dr. MVB PRATHYUSH

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BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 16/8/25

Department : P.OT Duration of Procedure : 30m

Name of Surgeon : Dr. Prathyusha Date of Admission : 16/8/25

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☐ Yes ☐ No ☐ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☐ Yes ☐ No Name of the Antibiotic : Nil	
2.	Hair Removal ☐ Yes ☐ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	
3.	Patient's body temperature immediately post operation (Recovery Room)_____ °C ☐ Oral Or ☐ Axilla (Goal : 36-37 °C)	
4.	Name of doctor or staff administering the antibiotic : Nil Date & Time of antibiotic administration : Nil Date & Time procedure started : Nil	

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Docu. No. : RCHBH/ FRM / CLINICAL / 038

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OPERATION NOTES

Surgeon : Dr. Chandana		Asst. Surgeon :
Pre-Operative Diagnosis:	Stridor & Evaluation	
Surgical Procedure :	MLB + Supraglottoplasty	
Indications for Surgery :	Respiratory distress	
Date : 16/8/25	Start Time : 3:15 pm	End Time : 4 pm
Post Operative Diagnosis:	Laryngomalacia Type - I and II	

Peri-Operative Complications: - Neonatal Seizures.

Operation Notes: Awake flexible Nasopharyngoscopy done
findings: ~~Lax~~ Short AE folds, B/L Arytenoids collapsing into glottis. Vocal cords not seen.
Direct Laryngoscopy + Supraglottoplasty.
→ B/L Vocal cords ~~a~~ mobile
→ Subglottis and trachea upto carina appear normal. Baby intubated prior to procedure.
→ Short AE folds - separated, redundant arytenoid tissue ablated with MCW wand
→ Baby shifted to NICU intubated.

Doc. No. : RCHBH/ FRM / CLINICAL / 099 (P.T.O.)

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	

Name of the Surgeon: Dr. Cherdsuna

Signature of the Surgeon:

Date & Time: 16/8/25 @ 4pm

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Supraglottoplasty LGA.

Post-Surgical Diagnosis: Laryngomalacia type I and II

Post-Operative Monitoring Parameters /Frequency:

Wound Care:

Drain /Special Lines/Catheters:

Special Patient Positioning and Requirements: proning / Lateral positioning.
- Antireflux to continue / feeding techniques

Nutritional Instructions: - weight monitoring.

When to Start Mobilization:

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

☐ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up - Inj Dexa - 0.1mg/kg - 24 hrs

Treating Surgeon (Signature & Stamp) Dr Chandana.

Date: 16/8/25 Time: 4pm.

Note: Plan of care will be readjusted if necessary.

Docu. No. : RCHBH /FRM / CLINICAL / 106

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FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

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Patient Name : Baby of Reshma Bhanu Age : 12 Days Gender : Male ☐ Female ☐

UHID NO: ..... Surgeon Name: Dr Chandan

Anaesthesiologist : DR-Subhramanyam

Operative procedure planned : MLR

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease ☐ Hypertension ☐ Diabetes mellitus ☐ Renal failure

☐ Hepatic disorders ☐ Shock ☐ Multiple organ failure ☐ Polytrauma / Renal Tubular Aacidosis

☐ Incapacitating Cronic Obstructive Pulmonary Disease

☐ Others : Hypotension, Bradycardia.

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Baby of Reshma Bhanu the above mentioned operation / Diagnostic / Therapeutic procedures MLR .....

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

Docu. No. : RCHBH/ FRM / CLINICAL / 021 P.T.O

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : ☐ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Nayeem

Relationship with Patient: Father

Date & Time : 16th Aug 2025 . 3.02 PM

Witness :

Signature : .....

Name : Reshma Bhanu

Date & Time : 16/8/25, 3:03 pm

Doctor (who is taking the consent) :

Signature : .....

Name : DR. RAMANTHA

Date & Time : 16/8/25 @ 2:19 pm

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...ONSENT FOR SURGERY OR SPECIAL PROCEDURE

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Patient Name : M/O RESHMA BANU Gender: ☑ Male ☐ Female Age : 16 DOL

UHID No : Date : 16/8/25

Instruction:
This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

MLB +/- SUPRAGLOTTOPLASTY

upon

(Name of the Patient) B/O RESHMA BANU

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

LARYNGOSPASM / BLEEDING

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure:

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature :

Name : Nayeem

Relationship with Patient: Father

Date & Time : 16/8/25 3 pm

Witness :

Signature :

Name : Reshma Bhanu

Date & Time : 16/8/25, 3:05pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. CHANDANA

Date & Time : 16/8/25 @ 3.05 pm

Docu. No. : RCHBH /FRM / CLINICAL / 027

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 16 D (F)
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Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

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Name: Baby of Reshma Bhanu Age: 12 Days Sex: Female. UHID.No :
Date: 16/8/25 Time: 2:10 pm. Proposed Operation: MLB.
Diagnosis: Neonatal Seizures
B.P / CRT: H.R: 143 bpm Weight: 2 kg's ASA Physical Status: ☐1 ☐2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.6	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC: 9.09	Creat:	Total Bill:	HCV:	2D Echo:
Plate: 6.39	Na: 138	Dir. Bill:	Blood group: B+ve.	Stress/Anglo:
PT:	K: 5.2	LDH:	T3	Other:
PTT:	Ca++: 11.0	Alk phos:	T4	
INR:	Mg++: 2.1	Amylase:	TSH	
	Cl -: 105	SGOT/SGPT:		

Allergies: —

Medical History: CVS : TERM / LSCS / B+wt :- 2 kg.
RESP : H/O Seizures. last episode @ Day 3 Intubated & Extubated on 11/8/25
CNS : Day-2 Neonatal Seizures, Septis, IEM.
Renal :
Hepatic / GE : Physical Activity:
Others :

Spor. RA @ 97%.

Past Anaesthetic History: —
Physical Exam: —

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
Lungs : BAE (+) Stridor (+)
Heart: S1 S2 (+)
CNS: NAD

Pregnant: ☐ Yes ☐ No ☐ NA Venous Access Site (+) Spine Exam for regional :

Anaesthetic Plan: ☐ MAC ☐ REGIONAL ☐ ~~GA-ETT~~ ☐ LMA

Peri-Operative Plan Explained to the Patient: ☐ ~~Yes~~ ☐ No

CURRENT MEDICATIONS	DOSAGE
Inj Isop	10%
Neb c Budecort	@ 10:00 Am

Pre-Operative Instructions: NBM @ 5 Am.
1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; → Others 6 Hours
3. Informed Consent: ☐ Standard ☐ High Risk
4. Post Operative Pain Management: ☐ Discussed with Patient
5. Other Instructions:
(1) Consent pending.

Signature: Name: DR-RASHMITHA
Docu. No. : RCHBH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☒ No — Fasting Status: adequate

Physical Status: ☒ Patient Identified ☐ Consent Present ☐ Chart Reviewed

H.R: 165 | B.P / CRT: 84/41 | SpO_2: 96 | R.R: 45 | Last Feed: 4 am

Pre-OP Diagnosis: Neonatal seizures | Operation: NLP | Date: 16/8/2025

Surgeon: DS | Anaesthesiologist: Dr. Sowmya | Technician: Bapu, Pragna

TIME	3:15	4:00
N_2O /AIR /O, LPM	→	→
HALO /SEVO	→	→
Drugs:		
Inj propofol	4+4	
Inj. xylo	1mg	
Inj midaz	0.1	
Inj glyco	20mg	
dexa	0.2mg	0.2
FIO_2 / SaO_2	100	100
$ETCO_2$	37	36
ECG	SR	SR
Temperature	37	
Urine Output		
Fluids / Blood	RINGER	20ml/hr

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG 3:35pm

GRBS 94mg%

GRBS

Others

☒ Equipment Checked and Functional
☐ BP
☒ Cuff Site: (R) leg
☐ Art Site:
☒ EKG Lead
☒ Temp Site skin
☐ FIO_2 Monitor
☑ Agent Monitor
☑ Pulse Oximeter
☑ Capnograph
☑ Ventilator
☐ Nerve Stimulator

Position: supine
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☒ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: 3:15pm
OP Start:
OP End:
Leave OR:

Anaesthesia: 4pm
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP:
☐ ART:
☒ IV: 24 G Lt leg
☒ IV: 24 G right
☐ IV:

Induction
☒ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# 2.5 at 8 cm
☒ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug:

☐ Awake ☒ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# straight Attempts: 2
Difficulty Why?

☐ Bilat = BS
☐ Semi-Closed Circle
☑ Closed Circle
☐ Other

Regional:
Extremity Specify:
☐ Spinal ☐ Epidural ☐ Caudal
Others:
Position:
Site:
Needle Size: Depth:
Parasthesia ☐ Yes ☐ No
Catheter at skin cm
Drug Name & Conc:
Bolus:
Infusion:
Block Level:
Comments:

Transportation to
☐ PACU ☒ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor: Dr. Shahu
Signature of the Doctor:

Patient Sticker

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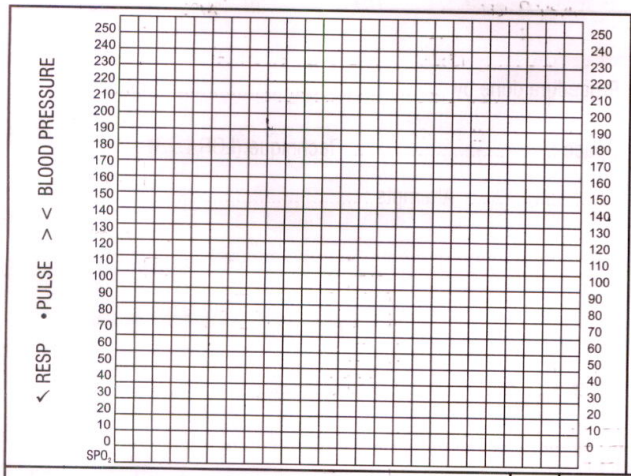
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : .....
Anaesthesiologist Signature: .....
Date & Time: .....

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

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HANDOVER FORM
From ☐ PICU / ☐ NICU to Operation Theatre

Date: 16/8/25 Time: _____

Procedure: Microlaryngoscopy and Bronchoscopy.

Diagnosis: Term/SGA/HIE?.

Gestational Age: 37 Post Conceptional Age: 39+2

Time of Reaching OT: 3:00pm Time of Leaving ICU: _____

Brief History / Events: _____

GCS: ☐E ☐M ☐V	A/V/P/U		Temperature	36.7°C	Pupils	Reactive.

Previous Surgeries: _____

Pulse Rate: 148/m	RHYTHM: (R)	CRT: <3s	MURMURS: –	BP: 64/35 mmHg	Peripheral Pulses - Good Volume / No	Good

Resp. Rate: 48/min	Breathing Pattern: retractions (+)	SpO_2: 98%	O_2 Support: R.A	NIV:

ETT	
Cuffed / Uncuffed	
Size	
Length of Fixation	

VENTILATORY SETTINGS:	
PIP:	PEEP:
RR:	FIO_2:
INSPIRATORY TIME:	

NG LENGTH OF FIXATION	LAST FEED	LAST GRBS	OTHER DRAINS	FOLEY'S	OTHER OBSERVATIONS

CENTRAL / PICC LINE	SITE	SIZE	**No. of Lumens**	**Free Flow - Yes/No**
ARTERIAL LINE	SITE	GAUGE	Back Flow - Yes / No	
PERIPHERAL LINES	SITE left upper limb.	SIZE	Free Flow - Yes / No	
	SITE left lowerlimb	SIZE	Free Flow - Yes / No	
	SITE	SIZE	Free Flow - Yes / No	

IV Fluids: 10% LR	Solution:	Rate: 12 ml/hr	CBP: Hb WBC Platelets
Other Infusions:			S Electrolytes: Na K Cl HCO_3
Rate of Flow:			Coagulation: PT APTT
Other Infusions:			ABG /VBG /CBG: pH PaO_2 SaO_2 $PaCO_2$ B.E Lac

Antibiotics - DRUG:				OTHERS:	
DOSE:					
TIME OF LAST DOSE:					

Note (If any):

* A - Alert / V - Verbal / P - Pain / U - Unresponsive

HANDOVER TAKEN BY
Signature: Sgowda
Doctor Name: Sgowda
Date & Time: 16/8/25

HANDOVER GIVEN BY
Signature: .....
Doctor Name: .....
Date & Time: .....

Docu. No. : RCHBH /FRM / CLINICAL / 030

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CONSENT FOR [illegible]CIAL PROCEDURES

Patient Name : ..... Gender: ☐ Male ☑ Female

UHID No : ..... Department : ..... Date : .....

I ..... S / D / W / O .....

Here by give consent for procedure of : ET Intubation

For my patient, Named : .....

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

.....

.....

.....

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

.....

.....

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

Name of the Doctor performing the procedure: .....

Patient Attendant :

Signature : .....

Name : Nayeem

Relationship with Patient: Father

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : Anusha

Name : Anusha

Date & Time : 16/8/25

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : .....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Docu. No. RCHBH / FRM / CLINICAL / 019

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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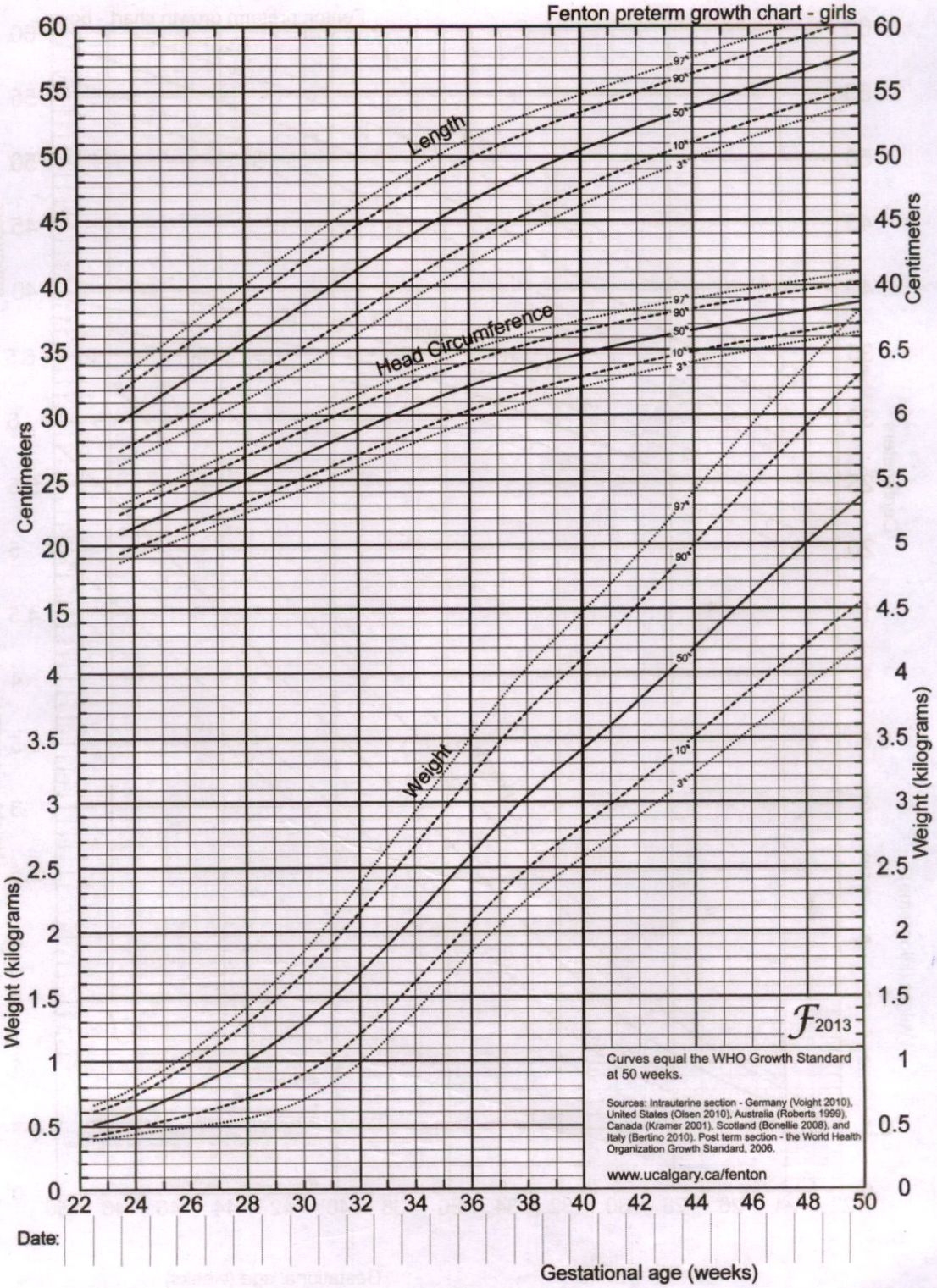

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Patient Sticker

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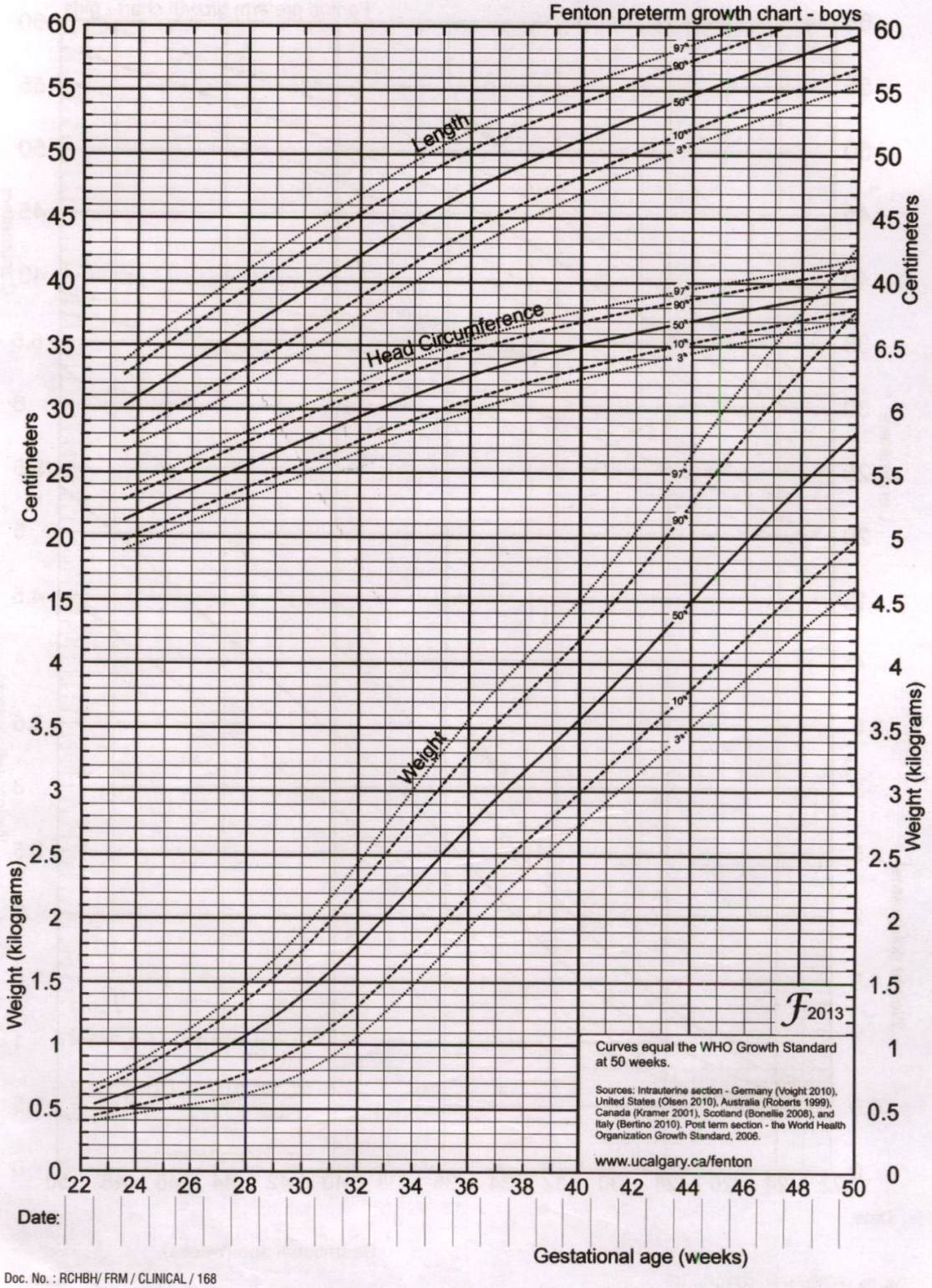

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ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: .....

Tick (✓) any of the following criteria requiring admission / transfer to NICU

Prematurity and Low Birth Weight Babies:

- ☐ Respiratory Distress
- ☐ Congenital Heart Disease
- ☐ Suspected or CONFIRMED SEPTICAEMIA
- ☐ Suspected or Diagnosed Meningitis
- ☐ UTI
- ☐ Septic Arthritis or Osteomyelitis
- ☐ Congenital Infections (Varicella, Pneumonia)
- ☐ Acquired Viral Illness
- ☐ Hyperbilirubinemia
- ☐ Severe Dehydration
- ☐ Bleeding Manifestations
- ☐ Neonatal Seizures
- ☐ Birth Asphyxia
- ☐ Surgical Problems
- ☐ Suspected Metabolic Disorders
- ☐ Dysmorphic Features
- ☐ Congenital Serious Cutaneous Disorder

Major Surgical Problems:

- ☐ Congenital Hydrocephalus
- ☐ Neural Tube Defects
- ☐ Choanal Atresia
- ☐ Trachea- Esophageal Fistula
- ☐ Esophageal Atresia
- ☐ Congenital Diaphragmatic Hernias
- ☐ Eventration of Diaphragm
- ☐ Congenital Cystic Adenomatoid Malformation
- ☐ Intestinal Atresias
- ☐ Gastric Volvulus
- ☐ Cleft lip or Cleft Palate
- ☐ Ompalecele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydrouretero Nephrosis
- ☐ Posterior Urethral Valves
- ☐ Congenital Tumors
- ☐ Cystic Hygromas

Criteria for shifting inborn babies from wards to NICU:

- ☐ Any Baby with Lethargy, Poor Feeding, Gross Weight Loss and Dehydration
- ☐ Any Baby with Severe Jaundice Requiring Exchange Transfusion
- ☐ Any Baby with Blood Sugar Abnormalities (Hypo or Hyperglycaemia)
- ☐ Any Baby with Temperature Instability
- ☐ Any Baby with Signs of Sepsis
- ☐ Any Baby with Seizures
- ☐ Out Born Babies: (Including Walk in Patients to the Emergency Room / Neonatal Transports)

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: .....

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DISCHARGE CRITERIA – NICU

Discharge to:

☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others: .....

Tick (✓) any of the following criteria requiring discharge / transfer from NICU

- ☐ The clinical status of the patient no longer warrants constant medical and nursing monitoring or specialized services originally required.
- ☐ Preterm baby once attained weight of >1.5kgs and crossing the PMA of >35 weeks of gestation.
- ☐ Preterm babies maintaining normal temperatures (36.5-37.5°c) in room temperature.
- ☐ All preterm, low birth weight babies and babies who had critical course in the NICU

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

Docu. No. : RCHBH /FRM / CLINICAL / 206

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/o Mhd. Reshma Baanu Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : Dr. Ravi Teja Goud Rich Hosp, Siddipet.

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Mohd Reshma Baanu

Gender : ☐ M ☑ F Blood Group : B+ve.

Date of Birth : 31/7/25 Time of Birth : 12:03 pm

Place of Birth : Teja Hosp.,

Mother's Blood Group : A positive

Birth Weight (gms) : 2kgs Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

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

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

Last Scans Details : .....

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

NO

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

NO

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

NO

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever

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

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

PPROM : Duration : NO ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

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

Patient Sticker

PAST OBSTETRIC HISTORY

G : 2 P : 2 A : ..... L : 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	G_1 - female - 2yrs A&H, LSCS i/v/o Bleeding PV.					
	G_2 - present pregnancy					

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig) LSCS i/v/o

Second stage (> 2 hours after dilation) Prev. LSCS

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : NO

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

	1 Minute	5 Minutes	10 Minutes
TOTAL			

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : iStat VBG PH - 7.34, PCO_2 - 39.5, PO_2 36. HCO_3 - 21.7, Base - 4.

GRBS - 121mg/dl

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

Baby was born on 31/7/25 @ 12:03 pm at Teja Hospital Siddipet
↓
? cried immed after birth, required resp. O_2 support for 20-30min
↓
Shifted to mother side
↓
at 36 HOL → Acceptance of feeds is less, activity is dull
↓
DOL-3 → Baby ~~had~~ ~~cried~~ Not accepting feeds, Acrocyanosed, Hypothermic, Seizure like activity
↓
Admitted in NICU at 12am - 3/8/25 → at Rich Hosp Siddipet
↓
Noted 1 episode of Seizure
↓
Loaded c 30mg/kg - Inj Levetiracetam
GRBS - 102mg/dl
↓
Sepsis Screen Sent Negative, No dyselectrolyt
Inj. Ca-gluconate given at 2ml/kg
Hypoventilation, ↓ Resp drive - Started on CPAP c mask
low perfusion Started - dobut - 5ug/kg/min
Inj Meropenem, Inj Amikacin, ↓ given (3 doses)
RRT → Baby is dull, responding to Stimulus

Investigation details in previous Hospital :

On CPAP Support c mask PEEP-5 FiO_2-40%
- HR - 155/min, RR - 40/min
- CFT 3sec
↓
Had 2 epi of Seizure - loaded c Levitaracetam (15mg/kg)
Reached max
↓
2nd epi of Seizure - 10mg/kg - phenobarbitone
↓ 1 hr
10mg/kg - phenobarbitone
↓
Seizures Continued → Intubated with 3 size ET → fixed at 8.5
↓
Given 1 dose of 0.1mg/kg
Prepared midaz drip but not started
↓
transported on CMV at PIP/PEEP = 15/5
FiO_2-21%, Ti-0.4, Te - 1.1 sec.

Feeding History :

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
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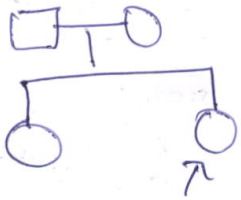
Family History :



Socio Economic History :

Middle class

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 98°F HR : 155/m RR : NIBP : CFT : 3 Sec.

Color of the extremities : P

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : 2kg Length : HC : Present Weight : 1.92kg

Ponderal Index : AGA : SGA : ✓ LGA :

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	Af 1cmx1cm
	Sutures	at the level
	Shape / Moulding :	
	Edema / Bruising :	no moulding
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		no facial dysmorphism
NECK and CLAVICLES :	Range of Motion :	(N)
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	To be determined
	Red Reflex :	
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	(N)
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	
	Palate :	
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	(N)
	Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape :	(N)
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	
	Discharge :	
GENITILIA :	Labia / Hymen :	(N) external female genitalia
	Testicles/penis :	
	Anus :	
HERNIAL ORIFICES		free
TRUNK and SPINE :		(N)
SKIN LESIONS :		none
EXTREMETIES :	Fingers / Toes :	(N)
	Arms / Legs :	
	Deformities :	
	Mobility :	
	Hip Joint Examination :	

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : FiO_2 25%; PEEP 3cm; SIMV rate: 25

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 131/min BP : 55/30 (38) mmHg Precordial Activity : ⊖

Femoral Pulses : well felt Murmurs : ⊖

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

Abdomen :

Shape : (N) Hernia orifice : free

Palpation : soft Anal Patency : patent

Palpable masses : (-) Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : dull, lethargic

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : increased

Neonatal Reflexes : .....

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

Moro's : Incomplete DTR : .....

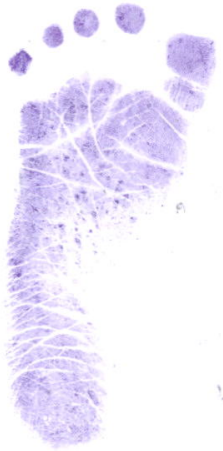
ATNR : ..... Skull and Spine : NAD

00630516 IP5-00160655
Of RESHMABHANU
-2025 0Y0M9D (F)
VB PRATHYUSH

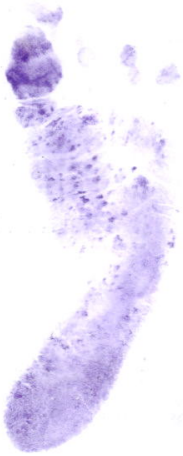
Diagnosis : Term (37wk) | SGA (2Kg) | ?CIAB | LSCS | Female | Neonatal Seizures (R/o Sepsis, IEM, ~~TORCH~~) DOL-2

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Sneha

Name : Y. Sneha

Date & Time : 3/8/25 0.6m

Consultant : Dr. MVB PRATHYUSH
Registration No: TSMC/FMB/30369

Signature :

Name :

Date & Time : 4/8/25 [illegible]

PLEASE FILL UP THE FOLLOWING DETAILS

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

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Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Plan

Medications :

1. continue on SIMV pressure control
   FiO_2 25%
   PEEP 5cm
   Rate 25cm
   PIP → 14/5

Plan during ward follow up :

2. TV = 100ml/kg/day
   - 5ml Q3H
   - Rest IVF. DJSOP 10% + 3ml/kg Calcium

3. Inj. levepil 60mg/kg/day given
   Inj. phenobarbitone 20mg/kg/day given
   ↓
   Inj. levepil 20mg/kg/dose TID
   Inj. phenobarbitone 5mg/kg/dose H/S

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

4. Inj. meropenam 40mg/kg/dose TID

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

5. N.P., Ammonia level, Blood cls, Blood group, SE, mg^{+2}, calcium, Blood ketones } Now

6. Neurological opinion (Tlm)

7. NSG (Tlm)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/25 11:45pm	DOL-4 / Term / LSCS / ?CIAB / Neonatal seizures	c/s/e Dr. Nilesh
		Plan
	Baby on SIMV + PS	
	FiO_2 25%	① Start Levi/ml ~~Sing~~
	RR: 25hr	20mg/kg/d TID
	PEEP: 5	menopenem.
	PIP 14/5	② Inj. phenob 5mg/kg HS
	HR: 126hr	
	RR: CRT<3sec	Inj. Neonatal forte 2ml IV
	on Ionotrope	
	NIBP: 55/29 (38)	TV 100ml/kg/day
		- 10% ISOP + 3ml/kg Ca + fluid
	Afat the level	- 5ml Q3H OG feed - feed (↑5ml 6th hrs)
	CP	Send. NP, Do CKD.
	Birth H/o: CIAB according to parents	Ammonia.
	On oxygen support for 30 mins	BHCPS, Bl. group.
	↓	Sugar.
	No NICU admission	~~VBG~~
		~~GRBS~~.
		Blood Ketones.
	Noted by Dipti 3/8/25 @11:45pm	③ Bedside NSG
		④ Collect NBS. (Don't send)
		⑤ RBS BD.
		-S.

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		6 Connect CFM now
		Conv: EEG thru
		7 Sml Q3H feeds
		DBM to start
		↓
		↑ Sml Q6H.
		7 Inj- Dobutamine 5mg/kg/min
		8 I/O Charting

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S/B prathyush sir
		✓ V → 14/5 rate - 25 SIMU + PS - 10
		✓ TV - 120ml/kg/day
		↑ feed - 5ml/6hour
	* NSG (N)	
		✓ NSG EEG] today
	* ponderal index → $\frac{2000}{(46)^3} \times 100$	
	↓ → ~~0.94~~ 2.05	✓ Stop dobutamine
	<2 - Asy IUGR	
	>2 - Sym IUGR.	
		Noted By Priyanka 6049/24 04/08/25 11AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Ch3 [signature]
		Tc trace NSH / EEG reports
		↓ ventilator settings PIP-13 Ps-8 rate 25
		Tc do cf analysis + viral ~~[illegible]~~ panel
		↑ feeds on planned
4/8 @ 5pm	Noted by priyanka 04/8/25 2pm.	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
	CSF LP	
	under all aseptic precautions / LP was done at L3-L4 level 1st prick was traumatic 2nd time did at L2-L3 → yellowish / xanthochromic CSF came!	Ad - CSF analysis / cls + viral panel

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4/8/25

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : 1 Day of Life : 4 **PMA:**

Term ☐ **Preterm** ☐ Gestation : 37 Corrected Gestational Age:

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term / SGA / ? CIAB	
2.	Neonatal Seizure	
3.	Susp Sepsis	
4.	? IEM	
5.		
6.		

Today's Weight : 2kg.

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day # of Vent :

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐

Ventilator Settings : PIP 14 PEEP 5 VG Rate 25 Fio_2 25% Oxygen : L/min

Last CXR : Spo_2 96%

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:

Change over the Last 24 Hours

CARDIO VASCULAR SYSTEM

Plan of Care : ↓ SIMV PS mode

CNS

Neurological Examination :

Sedation No Sedation

Last Neurosonogram : Any Seizures 1 episode Post column ⊕

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools passed small amount

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:..... Soft .....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

Soft

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic Sl.No.	Drugs	Days	
1.	Inj meropenem	D1	Inj leveteracetum
2.			Inj phenobarbitone
3.			Inj pyridoxine.
			Inj Dobutamine

Plan of Treatment :

→ Ct SIMV-PS mode @ current setting

→ Target SpO_2 90-95%

→ Tv 100ml/kg/day

10% ISOP + 3ml/kg/day

Calcium gluconate

feed 10ml x 3rd hrly

↑ 5ml feed 6 hrly

→ GRBS BD

→ CBG OD

→ RN Tapper & stop Inj Dobutamine

→ W/F seizure

→ NSG today Pediatric Neurology opinion today

Doctor's Name (Handover given) : Faisal

Signature : Faisal

Date & Time: 4/8/25

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8 @ 4:43PM	evening rounds	
		Plan
	V → baby on SIMV+PS mode	→ continue SIMV+PS mode
	13/5 rate-25	Target SpO2 - 90-95%
	PS-8	
	FiO2-21%	
		→ send for CSF analysis tels
	C → HR-134 bpm	viral panel
	BP - 85/41 (55)	
	U/O - 2cc/kg/hr	→ feed 20ml should ↑ 5ml should
	P/A - soft tolerating feeds	→ Trace EEG Reports
		→ Ilo charting should
		→ W/F seizures
		Dr. Manthan
		Noted by priyanka 04/8/25 604924 5pm

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/8/25 1.20 Am	Night Rounds	
		Plan
	(U) SIMV + PS	
		- continue SIMV + PS
	13/5 & PS → 8	
	& FiO2 - 21	& 13/5 & PS - 8
	& 25/min	& 25/min
	No trigger	- Tgt
	No leak	
		- TV - 120 ml/kg/day
	HR - 120/min	20 ml BSH
	SPO2 - 96%	10% ISOP + Ca3
	54/22 (37)	- Tx feed 5 ml 6th hourly
	TV - 120 ml/kg/day	
		- Trace EEG
	20 ml BSH	
	10% ISOP + Ca3	-
	U/O - 2.2 ml/kg/hr	
	- a EEG → (N) 5-25	
	No seizure activity	

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H-00630516 IP5-00160655
y Of RESHMABHANU
7-2025 0 Y 0 M 12 D (F)
MVB PRATHYUSH

5/8/25

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : 2 Day of Life : 5 PMA : ~~37~~

Term ☐ Preterm ☐ Gestation : 37wk Corrected Gestational Age :

ERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term / SGA / ? CIAB	
2.	Neonatal Seizures	
3.	Susp Sepsis	
4.	? IEM	
5.		
6.		

Today's Weight :

SPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day of Vent :

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP 13 PEEP 5 VG Rate Fio_2 21% Oxygen L/min

Last CXR : SPO_2

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG

Change over the Last 24 Hours

on continuous aEG monitoring

CARDIO VASCULAR SYSTEM

Plan of Care : Baby on SIMV-PS mode with PIP-13, PEEP-5 FiO_2-21%.

HR-159/min
SPO_2-96%
RR-30/min

CNS

Neurological Examination :

Sedation

Last Neurosonogram : Any Seizures

Docu. No. RCHBH / FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference .....

Input ...../(+/-)..... Output : ..... ml/k/d Urine Output ..... ml/kg/hr Stools .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr .....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume ..... Frequency .....

TPN : ☐ Yes ☐ No - If yes, details : ..... Calories : .....

Abdominal Examination : ..... RBS

TV = 120 mL/kg/day U/D.

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

Soft

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic

Sl No.	Drugs	Days
1.	Inj. Meropenem	D2
2.		
3.		

Inj. Levetiracetam

Inj. phenobarbitone.

~~Inj. Pyridoxine~~

tab Pyridoxine

Plan of Treatment :

1) SIMV + PS ⇒ PIP - 13, PEEP - 5cm, FiO_2 - 21%.

2) TV = 120 mL/kg/day 20mL 3rd hrly.

+

IV fluids 10%. IS OP + 3mL/kg Ca-gluconate

3) Trace - EEG

(aEEG - (N) 5-25 No Seizure activity)

4) GRBS - BD

CBG - OD.

5) w/f - Seizures

Doctor's Name (Handover given) Y. Sneha

Signature : Sneha

Date & Time : 5/8/25

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/8 @10:39AM		C/s/B. Pratyush sir
		→ V → GMW – 13/5 PS-7, rate-25
		→ review – with neurology team
		→ stop – phenobarbin
		→ ↑ TV – 130 alog 1dy
		→ trace – EEG – report
		Plr – MRI brain.
		→ CBP in the evening
		→ trace – meningitic panel.

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

noted By
Abin
1530f
@10:39am

Dr. Manoj

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/8 @1:32pm	evening rounds	
	5days/ 37wk/ 2kg/ neonatal seizure	
	suspected meningitis	
		plan
	N - Baby on SIMV+PS	
	mode	→ Continue SIMV+PS
	13/5 rdte - 25	target SpO_2 90-95%
	PS - 7	
		→ TV - 130ml/kg/day
	C → HR - 130 bpm	32ml/3 hourly
	Bp - 57/36 (43)	
meningitis panel - (N)	U/O - 3.1ml/kg/hr	→ Trace Eeg
		neuro - review
	P/A - soft	
	tolerating feeds	→ CBP - evening
		→ monitor vitals
		↓ Sr. mandhu

Noted By
Abin
15308
@1:35pm

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 4 D
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	4 S/B Dr. PR sir	Plan
4:30pm		
		1) take MRI slot for tfm. Brain ~~cos~~ contrast
		2) Conventional EEG tfm. after MRI.
		3). Cont SIMV - PS.
		B/S 1hr 10, 21%
		4).
		If MRI (N) → Consider repeat EEG as first EEG was inconclusive.
		5) CBP now.
		NPO in morning - 6:00am.
		Yeshanthiyi
		Get Bain Circuit.
		Noted by Arpita 018853 @ 8pm

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S/B Dr. NB mam.
5/8/25 9:54pm	Night rounds	
		plan
	Baby on SIMV + PS mode.	continue SIMV+PS 21% 13/5 25bpm
	no desaturation.	
	no tachypnoea.	TV - 130 ml/kg/day ↓ 32 ml/3rd hrly
	C-H.R - 148/min	GAS OD, GRBS-BD
	Spo2 - 94%.	MRI tmr 8:30am ↓
	B.P - 59/36. (43)	Keep NPO from 6:00am.
	tolerating feeds well.	
		(ask for Bain circuit)
	P/A - soft - no distension	monitor vitals.
		Sprinkle Noted by Diff. 5/8/25 @ 9:54pm

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 4 D
Dr. MVB PRATHYUSH

6/8/25

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 6 **PMA :** .....

Term ☑ **Preterm** ☐ Gestation : 37 week Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term / SGA / Neonatal seizure.	
2.		
3.	Suspected sepsis.	
4.	IEM.	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio_2 21%. Oxygen..... L/min

Last CXR : ..... SPO_2 96%.

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG

Change over the Last 24 Hours .....

on continous EEG monitor.

CARDIO VASCULAR SYSTEM

Plan of Care :

MRI tmr.
Continue SIMV + PS mode.

CNS

Neurological Examination : .....

Sedation —

Last Neurosonogram : N Any Seizures.....

Docu. No. RCHBH / FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☑ NG Feeds Wt. Gain ..... Head Circumference .....

Input ...../(+/-)..... Output : ..... ml/k/d Urine Output ..... ml/kg/hr Stools .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr .....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume ..... Frequency .....

TPN : ☐ Yes ☐ No - If yes, details : T.V - 140 ml/kg/day ..... Calories : .....

Abdominal Examination : .....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

P/A soft no distension

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic	Sl No.	Drugs	Days	
	1.	mj Meropenem	D3	mj levetiracetam
	2.			~~mj phenobarbitone~~
	3.			

Plan of Treatment :

→ continue SIMV + PS mode

→ 21%. 13/5 25bpm.

T.V - 140ml/kg/day · 35ml 3rd hrly

→ ~~MRI~~ plan (trace) report.

GRBS - BD

CBG - OD

w/f seizures

(OTV) plan EEG repeat again

Doctor's Name (Handover given) Sprinkle

Signature : Sprinkle

Date & Time : 6/8/22

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/25 10:17am		C/S/B Dr. PRSir
		Jaundice assement.
		trace MRI ↳ Neuro review
	Stool - passed	Repeat EEG. if needed
		T.V - 140ml/kg/day.
		2 Half feeds.
		later full feeds
		trace < BC/S
		CSF < C/S
		Suction regularly
		Sprints
		Notebg Deevea 602620 6/8/25 10:30A
Tm	C/D/W Dr Prathyush sir	Plan
		1) Send PT APTT INR
	MRI Bmain - B/L Gr 2 IVH	Give Stat Inj. VH K.
		Sis Deveeha Keshavi.

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

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

Baby Of RESHMABHANU IP5-00160655
31-07-2025 0 Y 0 M 4 D
Dr. MVB PRATHYUSH (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/25 4pm.	4S/B Dr PR	
		Plan
		1) monitor: semonium
		2) Consider PCV then morning.
		3). ~~Etch to do now.~~ ~~(Informed)~~
		4) Send phenobarbitone level. SBR } Now
		5) Shift to NCO-3.
		Peshawal

Posted by [illegible]

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/25	Afternoon notes	
5pm		
	V- stable on SIMV/PS.	Plan
	13/5	
	PrO_2 21%.	(1) cont SIMV/PS
	No Afmea/Desat/Pmady	13/5 PrO_2 21%
	C- Euthmic CRT 1 sec	(2) Consider PSV t/m morning
	HR 140/min.	
		(3) stand phenobarbitone levels/
	on full OH feeds	SBR / nero
	tolerating well.	
	P/mgt	(4) monitor sensorium.
	N- minimal eye opening	(5) ~~wt~~ shift to NCCO-3.
	no spont. movts	
	response to stimulus (+)	
	No further seizures / paroxysm	Kishanf
	efmodes.	

Noted by WBO

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8 @10:30pm	Night rounds	Plan
	Baby on Ventilator, SIMV+PS mode.	1) Cont. SIMV+PS 13/5, FiO2 -21%
	PIP - 13	
	FiO2 -21%.	2) TV - 140 ml/kg/day 35ml 3rd hrly OG
	Very low Spont efforts 2-3/min	3) GRBS - BD
	AR - 140/m	CBG - OD.
	RR - 25/m	Consider PSV in morning
	SpO2 94%	Monitor Sensorium
	Tolerating feeds well	Noted by Dr. ff 6/8/25 @ 1:30pm

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
Dr. MVB PRATHYUSH

7/8/25

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : .....Day of Life : 7.....PMA : .....

Term ☑ Preterm ☐ Gestation : 37wk.....Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term/SGA/ Neonatal Seizure	
2.	Suspected Sepsis	
3.	JEM	
4.	T	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio_2.....Oxygen.....L/min

Last CXR : .....SPO_2.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG

Change over the Last 24 Hours .....

On :-SIMV+PS mode.

13/5 , Fio_2-21%.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR-160/mn No further episodes of Seizures

RR- 58/mn -> Spont. efforts (+)

SpO_2- 100%.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

Docu. No. RCHBH / FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference.....

Input...../(+/-)..... Output : ..... ml/k/d Urine Output..... ml/kg/hr Stools.....

IV Fluids - Type of IVF : ..... @..... ml / hr.....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume..... Frequency.....

TPN : ☐ Yes ☐ No - If yes, details : ..... Calories : .....

Abdominal Examination : ..... Tv - 140mg/kg/day

..... RBS - 93mg/dl

U/O - 2.6cc/kg/d

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

..... P/A - Soft

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic

Sl No.	Drugs	Days
1.	Inj. Meropenem	D4
2.		
3.		

Inj. Levetiracetam

Plan of Treatment :

1) On SIMV+PS ⇒ 13/5, FiO2 - 21%, RR - 25
↓
Plan to change to PSV mode (Spont efforts ↑)

2) Tv - 140mg/kg/day 35mg 3rd hrly

3) GRBS - BD
CBG - OD

4) W/f - Seizures

5) Suction regularly

Trace phenobarbitone levels.

Monitor - Resp efforts, activity Sensorium

Doctor's Name (Handover given) Y. Sneha

Signature : Sneha

Date & Time : 7/8/25

Doctor's Name (Handover taken).....

Signature : .....

Date & Time : .....

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/8/25		
10 AM	US/B Dr. PR sir	
		Plan
		1) Changed to PS-CPAP.
		PEEP 5
		FiO_2 25%.
		Backup rate 30 /min.
		2) Trace EEG.
		3) ~~TV to 150 ml/kg/day~~
		4) Trace phenobarb levels.
		* 5) If no pt efforts change back to SIMV-PS
		6) Cont TV 100 ml/kg/day
		7) Chop Antis if CSF final culture sterile
		Noted By Priyanka 604924 7/8/25 10 AM.

Dr. MVB PRATHYUSH
Registration No. TSMC/EMR/30369

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

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31-07-2025 0 Y 0 M 4 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3pm	U/S/B Dr. PRGV	Plan
		1) To assess Encephalopathy
		periodically –
		sensorium.
		Moros.
		Grasp
		Suck.
		Activity.
		2) To do EEG now.
		3) If absolutely no effects
		to change to SMV-PK.
		4) To do LP on 9/8/25.
		5) Trace phenobarb levels
		[signature]
		6) To cont AnB till the
		next CSF analysis.
		Noted by
		SIS Priyal
		7/8/25

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/8/25		
4pm	Evening notes	
	V- No patient efforts.	Plan
	↳ on CPAP PS.	1) change to SIMV-PS
		13/5, RR 30/min, FiO_2 25%.
	C- Euthmic.	TiO_2 4.
	CRT 1.3sec.	
		2) Close watch on [illegible]
	On full OA feeds	
	tolerating well	~~3) To do EEG now.~~
	N- Activity better.	4) Trace phenobarb levels.
	Sucking on ET tube.	
	No eye	5). To do IP on 9/8/25
		6). Suctioning as needed.
		Keshavi
		Noted by
		Sis Priyanka
		7/8/25

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

AH-00630516 IP5-00160655
aby Of RESHMABHANU
1-07-2025 0 Y 0 M 6 D (F)
r. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/25 10 Am	UCIB Dr. PRSIV	
		Plan
		(1) Assess.
		moves
		sucking
		grasp } periodically
		rooting
		(2) suction now
		3) cont tv mock/g/day
		(4) Trace CSF 72 hrs culture.
	CSF C/L - GP growth → shift to NIW - Sy.	(5) Changed to CPAP-PS now.
		Add domstal
		(6) Aim for extubn tfm → after CXR tfm LP tfm.
		(7) Memo of minion reg EEG - No EEG
		(8) CXR mem Neshanf

Dr. MVB PRATHYUSH
Registration No. TSMC/FMR/30369

Noted
By Priyanka
6 04 9 24
8/8/25
10 Am.

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8/25		
12:05AM	B/o Reshma Baanu	
	from DOL→2 Baby had bluish discolouration, abnormal movements (+), DULL in activity → Increased CIAB with Oxygen support for 30 mins No Antenatal H/o fever in mother Baby had repeated seizures at referral hospital, poor respiratory efforts ↓ In v/o repeated seizure & on antiepileptics Baby intubated and transported to RCH, Banjara hills ↓ EEG Tomorrow; Rule out the cause for seizure S. Electrolytes R/o structural abnormalities of Brain Neuro opinion (Dm) ↓ DBM for feeding R/o → Infection Meningitis	

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	DD ~~Fee~~ Encephalopathy E.I seizures / Poturing	
	① Sepsis / HIE	
	② metabolic	
	→ Urea Cycle d/o.	
	→ NKH	
	→ MSUD (less likely)	
	③ Ichleed → (NSG normal)	
	④ Drug - Post midaz / Pheno.	
	⑤ Structural - IUGR.	
	⑥ Genetic -	
	plan	
	① CSF Analysis	
	② Extended NBS	
	③ EEG - (1 hr)	
	④ NSG	
	⑤ Decide on TOR etiprofile	

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/25 4:00 PM	4S/B Dr PRSH	Plan
		1) CBP, CRP } t/m.
		2) suctioning every 6th hourly.
		3). LP t/m.
		4). To monitor serum. periodically.
		Noted By Priyanka 604929 8/8/25 5pm
11:30 pm	4S/B Dr. PRSH	Plan
		1). 12/6 MO_2 22% RR 30/min. Conts IMV-PS
		2) LP t/m.
		3). CBP/CRP t/m.
		4) suctioning every 6th hrly.

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
11-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/25	Night notes	
	Baby on SIMV-PS mode	Plan
	PIP 12	at current ventilator
	PEEP 5	setting
	PS 9	
	FiO_2 25	TV 140ml/kg/day
	RR 30	35ml x 3rd daily
	SpO_2 94%	
	HR 148bpm	CBP
	auspiciy +	CRP } T/m.
	tolerating feed	LP
	Pancyte	
		VIYAL (m)
	Haemodynamically	
	Stable	

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H-00630516 IP5-00160655
by Of RESHMABHANU
07-2025 0 Y 0 M 7 D (F)
MVB PRATHYUSH

9/8/25

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 9 ..... PMA : .....

Term ☐ Preterm ☐ Gestation : 37wt ..... Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term/SGA/ neonatal seizure	
2.	Suspected Sepsis	
3.	IEM	
4.	? meningitis	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☐ No - Day of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... Fio_2..... Oxygen..... L/min

Last CXR : ..... SPO_2.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG

Change over the Last 24 Hours .....

on SIMV PS
PIP 12 PS-9
PEEP 5 FIO2 25
RR 30

CARDIO VASCULAR SYSTEM

Plan of Care :

ct same ventilation
LP today

CNS

Neurological Examination : .....

..... Sedation ..... -

Last Neurosonogram : ..... — ..... Any Seizures ..... -

Docu. No. RCHBH / FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference .....

Input ...../(+/-) ..... Output : ..... ml/k/d Urine Output ..... ml/kg/hr Stools passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume 35 ml Frequency 3rd hrly

TPN : ☐ Yes ☐ No - If yes, details : ..... Calories : .....

Abdominal Examination : ..... Tv 140 ml/kg/day .....

.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

..... Soft .....

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Inj levetiracetam

Antibiotic	Sl No.	Drugs	Days
	1.	INJ MEROPENEM	D6
	2.		
	3.		

Plan of Treatment :

+ on SIMV-PS
at current ventilatory setting.

+ Tv 140 ml/kg/day
35 ml q 3rd hrly feed

+ Trend CBP & CRP & LFT

+ LP today

+ H/O Charting

Doctor's Name (Handover given) Faizal

Signature : Faizal

Date & Time : 9/8/24

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

(21)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/1/13 PR Sir
		@ ventilation → P.S. CPAP
		PEEP-5
		FiO_2 - 25%
		PS above PEEP - 10
		- LP today (informed Dr. Nilesh sir).
		- to keep extract. sample
		- Trace CBP, CRP
	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369	
		Noted By Priyanka 6/4/24 9/8/25 10 Am
9/8/2025 2pm	Procedure Note: Lumbar puncture	
	under sterile precautions after taking verbal consent, lumbar puncture done, yellowish (Xanthochromic) CSF obtained	
	sugar RBS-146, CSF-50	Plan
		(1) send CSF analysis, c/s
		preserve 1 specimen
		(2) Attach consent sheet.
		Noted by Dgnej 0/4/2025 at 3pm

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/8/25	Afternoon Round	
	on SIMV - PS mode	Plan
	PIP = 12	
	PEEP 5.	1) Trace L.P.
	FiO_2 = 25 %	
	SpO_2 = 97 %.	2) TV = 140ml/kg/day.
		35ml/3 hourly OG feed.
	O/E HR - 140/min	
	RR - 40/min.	3) monitor vitals
	SpO_2 = 97%	
	to Lacte feed.	4) W/F desaturation
		tachypnea
	noted by Agnes 019085 at 5.30pm	Alech.

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

10/08

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 10 **PMA :** .....

Term ☑ **Preterm** ☐ Gestation : 37wks. Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term/SGA/Neonatal Sz	
2.	Suspected Sepsis	
3.	?HIE	
4.	?Meningitis	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☑ +PS Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP..... PEEP 5 VG..... Rate..... Fio_2 21% Oxygen..... L/min

Last CXR : ..... SPO_2 95%

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG

Change over the Last 24 Hours ..... CPAP +PS → 12

CARDIO VASCULAR SYSTEM

Plan of Care : changed from SIMV +PS → CPAP +PS ↓ continue. Secretions ⊕ ⊕. clear / thin.

CNS

Neurological Examination : .....

..... Sedation.....

Last Neurosonogram : ..... Any Seizures.....

Docu. No. RCHBH / FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference.....

Input...../(+/-)..... Output : ..... ml/k/d Urine Output 2 ml/kg/hr Stools ✓

IV Fluids - Type of IVF : ..... @ ..... ml / hr.....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume..... Frequency.....

TPN : ☐ Yes ☐ No - If yes, details : TV= 140 cc/kg/day Calories : .....

Abdominal Examination : full OG feeds

.....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

.....

Repeat LP ⇒ 138/42

WBC - nil

RBC - occasional.

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic

Sl No.	Drugs	Days
1.	Inj Meropenem	27
2.		
3.		

Levepsil

Gomstal.

Plan of Treatment :

(1) On CPAP - PS
R/v to wean as tolerated

(2) TV = 140 cc/kg/day
R/v to ↑ - 150 cc/kg/day
full OG feed.

(3) Trace CSF c/s

(4) R/v antibiotics

(5) N/o chesting

Doctor's Name (Handover given).....

Signature : .....

Date & Time : 10/08/25

Doctor's Name (Handover taken).....

Signature : .....

Date & Time : .....

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

(23)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/08 11am	C/S/B ASPR Sri.	
		Plan
		if accidental extubation
		&
		put on NIV
		check for suck reflex
		Moro's reflex
		Grasp reflex.
		(T) CSF C/S.
		R/V antibiotic t/m
		Noted
		By Priyanka
		604924
		10/8/25
		11Am.
		a

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

Dr Nikita

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

(24)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Night Round	
11.50 pm		S/S Dr A Bhikshu
	on PSV.	Plan
		- continue @ PSV
	Tri ipsu weed	
	FiO2 21%	- plan - Extn - T/M
	• [illegible]	
		- full feed
	HR - 144/min	
	Spo2 - 92%	
	• P/A - [illegible]	
		[signature]
		Dr. [illegible]

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 11 ..... PMA : .....

Term ☑ Preterm ☐ Gestation : 37wks Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term/SGA/Neonatal Seizures	
2.	Suspected Sepsis	
3.	↓EM	
4.	& HIE.	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....Fio_2.....Oxygen.....L/min

Last CXR : .....SPO_2.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG

Change over the Last 24 Hours .....

on MV - Pressure Support.

PIP-12

PEEP-5

CARDIO VASCULAR SYSTEM

Plan of Care :

Fio_2 - 21%.

HR- 141/min.

RR- 30/min

Spo_2 - 95%.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

Docu. No. RCHBH / FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain ..... Head Circumference .....

Input ...../(+/-)..... Output : ..... ml/k/d Urine Output ..... ml/kg/hr Stools .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr .....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume ..... Frequency .....

TPN : ☐ Yes ☐ No - If yes, details : ..... Calories : .....

Abdominal Examination : .....

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

P/A Soft

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic	Sl No.	Drugs	Days	
	1.	Meropenem.	D8/10.	Leviteracetam Domstal
	2.			
	3.			

Plan of Treatment : 1) on Pressure Support with minimal Settings PIP/PEEP - 12/5, FiO_2 - 21%.

2) R/v Plan for Extubation

3) TV = 140ml/kg/day
35ml x 3rd hrly feeds (full OG feeds)

4) Trace CSF C/S

5) R/v antibiotics

6) I/O charting

Doctor's Name (Handover given) M. Sneha

Signature : Sneha

Date & Time : 14/8/16

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

(25)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/25 9:40 AM	4S/B Dr. PRSiv	
		Plan
		1) suction now.
		2). Inform Dr. Hafsa. reg CLF refmt
		3). To vent monopenem for total 10 days.
		4). Trace final CLF c/s.
		5). ~~Extub~~ CXR now. ↓ To extubate after 12pm.
		6). D/W Dr. Ramya. reg EEG - Plan.
		7) NPO from now.
		Noted by vidya 11/8/25 @9:40 AM
		gas RBS] DD

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

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

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Baby Of RESHMABHANU
11-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/25 11:53pm		c/d/w Dr. P. Rishi → Extubate & take on NIPPV mode. T8/6 Rate 60 bpm Ti - 0.40. Noted by Vidya 604356 11/8/25 @ 11:53pm
11/8/25	Procedure notes - Baby was extubated and kept on Nasal CPAP. FiO_2 - 30%, PEEP - 6 - Tolerating well - Post extubation vitals:- - SpO_2 - 100%. - PR - 156 RR - 75/min 58	plan - W/f vitals - W/f Desaturation - Gas after 2 hrs. → Xray after 6 hrs (SOS) Noted by Vidya 11/8/25 @ 12pm

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
11-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

(27)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/25 2:20pm	Baby taken on NIV mode	
	Ti-0.40sec rate 40bpm	
	18/6.	
		plan
	Post extubation vitals	GAS after 2hrs.
	HR-170/min	
	Cpr -98%	w/f desaturation
	B.P - 70/58mm	tachypnoea
		xray (SO)
		Sprinkles
		Noted by vidya 11/8/25 @ 3pm
2:40pm	C/S/B Dr PRSir	Plan
	V- Extubated to NIV. 18/6 | 40min | FiO_2 26%.	1) Change to CPAP by night if good spontaneous effort
	No distress.	2) Aim to remove CPAP by 4m money.
	SpO_2 96%.	3) Start feeding. OG.
	C- Enteric HR - 148/min.	Keshavi
	Kept NPO for now u/OV.	Noted by vidya 11/8/25 @ 2:40pm -Rtr antibiotics t/m.

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8		C/S/B Dr Arjun
		① ~~Consult~~ NIV → CPAP 6/22%
		② Monitor distress
11/8/25 11PM	Night Rounds	
	on CPAP 6/22%	
	SpO_2 - 96%	
	HR - 144/min	Plan
	RR - 38/min	① cont CPAP 6/22%
	No retractions	② TV = 140ml/kg/day
	tolerating well	35ml Q3H OG feeds
	comfortable in prone	③ w/f distress
		④ Xray SOS
	tolerating OG feeds	⑤ Trace final CSF c/s
	PA - soft, non distended	⑥ Monitor vitals
	stools passed	⑦ Inform SOS
		Noted by Arpita 11/8/25 @ 12:30 PM
	Euthermic	
	CRT < 3 sec	
	PP wt	
	vitally stable	

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	~~B/D~~ C/S/B Dr. PRasir	
10 AM		Plan
	B/L Gr 2 IVH	
	? Mean. E/rule/my.	1) stop CPAP by evening 4pm.
		2). stop menoperem after 10 days.
		3). Trace final csf c/s.
		4) ↑ TV 150 ml/kg/day. 38ml Q3H.
5pm		Keshav
	V- weaned to low flow from CPAP 0.4 l/min	Plan
	No tachypnea	
	No desat	1) cont low flow 0.4 l/min → Try to tape as tolerated
	SPO2 100%	2) cont TV 150 ml/kg/day 38ml Q3H. OG
	C- Enteric/ CRT 2 sec HR - 136/min.	3) Trace final csf c/s.
		4) plan to stop menoperem. after 10 days.
	on. 38ml Q3H feeds Q3H.	
		Keshav

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(30)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Night notes	
11pm		
	Baby on low flow @ 2 l/min	Plan
	SpO_2: 97%	1. Adjust to mini low flow
	HR: 146/min	with target SpO_2 90-95%
	RR: 49/min	
	Bp: 58/42 (44) mmHg	2. TV = 150 cc/kg/day
	No BD/No desaturation	↓
	Accepting & tolerating	40 ml Q 3 H OG feed
	feeds well	3. Continue Antibiotic for
	PA: soft	10 days
	CRT < 3 sec	4. Trace csf c/s
	C/T/A: Good	
		Dr. Venkat

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(31)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/8/25		
	DOL- 13/ 37wks → 38+6wk/Term/SGA/ Neonatal seizures	
	Suspected sepsis	
	Today's weight: 2.095 ~ 95gms	plan
	RBS: 96mg/dL	
	Baby on mini low flow	1. Adjust mini low flow
	0.02 L/min	with target SpO_2 90-95%
	SpO_2: 98% min tachymea (+).	
	HR: 156/min	2. TV = 150 cc/kg/day
	RR: 49/min	↓
	BP: 64/34 (44) ~ kg	40ml Q3H
	No RD/ No desaturation	R/v try Paladi feed
	Euthermic, CRT < 3sec	
	C/T/A: Good	3. Stop meropenam after
	AFAL	today last dose
	Sucking, Rooting (+)	
	B/L pupil → Reactive	4. w/f RD/ Desaturation
	Accepting & tolerating feeds well	noted by
	P/A: soft	Arpita
		13/8/25 @6Am
		Dr. venkat
	- Inj. Meropenam (D.O)	
	- Inj. Leviberacetam	
	- Syp. Domperidone	
	CSF c/s → No growth after 72hrs	
	Final Blood c/s → No growth after 7days	

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/8/25 10 Am	US/B Dr. PR sir	Plan
		1) stop oxygen mon
		2) To try paladai in evening, if no distress
		3) stop menopenem after today's dose
		Keshavi.
		Noted by vidya 13/8/25 @ 10 am
		C/s/B Dr. Pratyush sir
		→ occupation therapy
		→ Preteen nipple to use

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/08	Evening Rounds	
4pm		
		Plan
	On RA	
	SpO_2 - 98%	- ct TV = 150cc/kg/day
	HR - 144/min	full OG feeds.
	No Bradycardia/desaturn/apnea	Try palladai once ↓ senior
		sister supervision
	On TV = 150cc/kg/day	
	OG feeds.	- Occupational therapist today
	Not taking palladai well.	
		- Stop Meropenem after Today's dose
		- w/f ↑ distress
		Noted By Sravan 01634 4pm Dr Nikita

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/8	Morning Rounds	
7:40 AM	D14 / 37wks → 39wks / Term / SGA / Neonatal seizures / suspected sepsis	
	T.wt - 2.075 (↓ 20gms)	
	On RA	Plan
	O/E	- TV - 150ml/kg/day
	- Stridor (+)	40ml @ 3hrly OG feeds
	- RS - BAE (+)	- MO
	Transmitted sounds (+)	- monitor vitals
	CVS - S1S2 (+)	- w/f desaturation /
	RR - 54/min	bradycardia / distress
	HR - 157/min	- Nasal suction SOS.
	SpO2 - 97%	
	Tried palada but	
	unable to accept	
		Dr Ramakrishna
		→ Noted by
		Vishnupriya
		019011
		14/8/25 @ 8:40 AM

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/8/25 8:44 am		C/S/B Dr. PRATHYUSH plan
		↑ T.V – 160 ml/4 (day
		→ 40 ml 3rd hly
		Noted by Sonja 14/8/25 @ 8pm
14/8/25 4.24 pm		
	Stridor (+) Supra sternal retraction SR (+)	→ Adrenalin Neb – stat
		Budecourt Neb stat

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	USB Dr. VJ sir	Plan
6pm		
		1). Start CPAP PEEP 5
	sub/mast. Retract (+)	FiO_2 21%.
	Stridor (+)	
		2) Gas now.
	SpO_2 - 92%.	
		3). Neb c̄ Adre now
		stat
		Neb c̄ Budecount
		4) Stat dexa. IV.
		Cannulate now.
		Keshav
		Noted by
		Richu modak
		14/8/25 @8pm

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

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 12 **PMA :** .....

Term ☐ **Preterm** ☐ Gestation : 37 Corrected Gestational Age : .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term / SGA / Neonatal seizures	
2.	suspected sepsis	
3.	?EM	
4.	?HIE	
5.		
6.		

Today's Weight : 2kg (bt wt) → 2.040

RESPIRATORY SYSTEM

Ventilatory Support : ☑ Yes ☒ ~~No~~ - Day of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☑ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐

Ventilator Settings : PIP..... PEEP 6 VG..... Rate..... FiO_2 22% Oxygen..... L/min

Last CXR : ..... SPO_2 96%

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG 7.35 / 46.8 / 23.7 / 0.4 / 2.

Change over the Last 24 Hours .....

Extubated → NIV → CPAP

tolerated well.

No distress

CARDIO VASCULAR SYSTEM

Plan of Care :

cont CPAP

wean if tolerated.

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : ..... Any Seizures .....

FLUIDS STATUS NUTRITION

☐ NPO ☑ NG Feeds Wt. Gain ..... Head Circumference .....

Input ...../(+/-)..... Output : ..... ml/k/d Urine Output 2.5 ml/kg/hr Stools ADL

IV Fluids - Type of IVF : ..... @ ..... ml / hr .....

Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume 36ml Frequency Q2H @140ml/kg/day

TPN : ☐ Yes ☑ No - If yes, details : ..... Calories : .....

Abdominal Examination : soft, non distended

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis Screen : .....

Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF : .....

Antibiotic	Sl No.	Drugs	Days	
	1.	meropenem	Da/10	Donostal. 1kg levetiracetam
	2.			
	3.			

Plan of Treatment :

1. cont CPAP 6/22% by Rams.
2. TV = 140ml/kg/day
   36ml Q3H
3. Trace CSF final c/s.
4. w/f distress
5. monitor vitals

Doctor's Name (Handover given) Dr Aishwarya

Signature : [signature]

Date & Time : 12/8/25

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/8/25 @ 12:30am	Night rounds	Plan
	Baby on CPAP	
	PEEP - 6	1) Cont CPAP PEEP-6
	FiO_2 - 21%	FiO_2 - 21%
		to target SPO_2 90-95%
	Vitals Stable.	
	HR - 146/min	2) TV = 150 cc/kg/day
	RR - 35/min	40mb 3rd hrly OG feed
	SPO_2 - 97%	
		3) Nasal Suction SOS
	No RD	
	No Brady /	4) w/f - Brady
	desaturation	desaturation
		[signature]

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IP5-00160655
BAH-00630516
Baby Of RESHMABHANU (F)
0 Y 0 M 12 D
31-07-2025
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/8/25 @ 7:15am	Morning Rounds DOL-15 | 37wk → 39+1wk | Term SGA | Neonatal Seizures. T.wt - RBS - U/O - Baby on CPAP with PEEP-6 cm FiO_2 - 21%. HR - 145/min RR - 59/min SpO_2 - 100%. P/A - Soft, Non distern feeds (OG) tolerating well. Neb: Budecort Levetiracetam Syp. Domeperidone	Plan. 1) Cont on CPAP - PEEP-6 FiO_2 - 21%. To target SpO_2 90-95%. 2) TV = 150mL/kg/day 40mL 3rd hrly OG feeds 3) Gentle Nasal Suction SOS 4) W/F - Bradycardia desaturation, vitals 5) Noted by team 15/8/25

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10 Am	4 CB Dr. PPSTV	
		Plan
		① wean off CPAP now start how flow 0.3 l/min
		② Stat dera now.
		③ cont on feeding for now.
		④ W/H Apneal Desat/Bradys.
		Keshavi
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		noted by Sujja 15/8 11 Am

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/08	Evening Rounds	
8pm		
		Plan
	On 0.3L/min low flow	- Suction now / Nasoclear SOS.
	SpO_2 - 100%	- R/V CPAP SOS
	Sternal retraction (+)	
	HR - 162/min	- ct TV = 150cc/kg/day
	noisy breathing (+).	full OG feed.
	TV = 150cc/kg/day	- Gentle Nasal Suction SOS
	full OG feed.	
		- w/f ↑sing distress
		desaturn
		bradycardia
		- prone nursing
		Dr. Nikita.
		- ENT Dr Chandane opinion
		t/m
		- Cls/B PR
		→ CXR - Thy
		→ ENT consultation
		(Chandana) CT/m

Note by Kavya 606575

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/08	Morning Rounds	
9am		
	AOL-16 / 37 → 39+2 / Term / SGA	Plan
	HIE	
		- TV = 150 ml/kg/day full OG feed
	Wt - 2.082kg (↓9gm)	
		- prone nursing
	On RA	
	SpO_2 - 94%	- ENT opinion
	Sternal Retraction (+)	Dr. Chandana Maam (R/v MVB)
	SSR (+)	
	comfortable in prone position.	- SE, S. Calcium, S. Magnesium. (now)
	On TV = 150 ml/kg/day full OG feeds.	
	taking well.	- Gentle Nasal Suctioning.
		- Stop low flow
		- CPAP SOS if severe distress desaturation
		Dr. Mikita

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 12 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/8/25 1pm		Plan 1) cont NPO cont IVF 2) PAC to be done 3) shift to OT for MCB on call. Keerthana
16/8/25 4:00pm		→ Dexa - 8th hrly ~~keep~~ domperidone → start lanzol
16/8/25 4:24pm	supraglottoplasty. ETT fixed at 9cm	C/S/B Dr. VJ Siv → PC-AC mode. → 40% 15/5 30bpm → Good sedation ↓ → 0.5ml/hr fentanyl Intermittent muscle relaxation → After 2hr GAS → 6:30pm ↓ give 2 half feeds. ↓ next full feeds

Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ if agitated. ↓ start PCM.
		→ Extubation plan tmr.
		→ ~~Keep~~ Dexa dose ↳ 8th hrly
		→
		→ do gentle suction only do go deep.
		→
		→ start. domstal suspension Jr. lanzol.
		→ SOS - xray. Sprinkle
16/8/25 4:38pm	Evening rounds. Term/SGA/HIE/laryngomalacia/Supraglottoplasty done	
	on PC-AC mode fiO2 - 35% PIP - 15/5 peep-5	plan → continue PC-AC mode.
	no desaturation no tachycardia	→ T.V. 150ml/kg/day. 10% Isop.
		→ After 2hrs do GAS ↓ if (N) 2 Half feeds. ↓ later full feeds.

Note by manisha

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Start fentanyl
	C-HR - 150/min	→ Start Antireflux
	Spez - 98%	medications
	B.P - 74/44	after starting feeds
	(55)	
	[illegible].	→ Dexa to be
		covered 8th/hrly
	P/A - soft	
	no distension.	→ plan extubation tmr
		then plan to stop fentanyl
		→ Do gentle suction
		not deep.
		→ PCM (SOS).
		SOS - xray.
		→ Decide to remove
		1 cannula
	* Do a RBS before	after reaching
	Dexa dose @ 12 Am	full feeds
		→ I/O charting 6th/hrly
		Gomhe
		Note by manisha
		606572
		@ 8pm

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/8/25	Night notes.	
	Baby on SIMV-PS	Plan
	PIP 15	
	PEEP 5	→ Ct current ventilation.
	FiO_2 21%	
	RR 25	→ T.V. 150ml/kg/day
	SpO_2 98	40ml x 3rd hrly
	HR 132	feed
	Euthemic	
	AF @ Cal	→ R/V extubation
	Auspicing &	tomorrow
	tolerating feed	
	P/A soft	→ I/O charting 6th hrly.
		→ VITAL (m)
		noted by Arpita 16/8/25
16/8/25 2Am	Baby had sudden	
	desat bradycardia	
	HR went down to 70b/m	
	SpO_2 ↓ 20%	

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan
	Bag & tube ventilation	→ ct current ventilatation
	given for 15 sec	→ CBG after 1 hours.
	Saturation & Heart rate	→ skip one feed
	Pick up mode changed to PCV mode.	→ TV 150ml/kg/day 10% ISOP.
		→ VITAL (m) SpO_2 (m).
	PIP 17	
	PEEP 5	I/O charting 6hrly
	RR 35	
	FiO_2 27%.	Noted by Arpita 16/8/25
17/8/25 5:50AM		
	Baby self entubated.	C/S/B Arjun sir
	HR 148bpm	→ ct NIPPV
	RR 48 cpm	PIP 18
	SpO_2 97%	PEEP 6
	mild subcostal	FiO_2 25%.
	retraction present	RR 40
	Suprasternal retraction (+).	→ Remove 1 cannula

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

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31-07-2025 0 Y 0 M 12 D (F)
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...S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Euthanic	w/ F ↑ RD
	Suchoing done	↑ WOB
	taken on	VITAL (m)
	NIPPV	Inform SOS
	Stopped tentangl.	
	CBG	
	after 1 hour.	

Note by manisha 606572 @ 8pm

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2026 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : DOL-17 **PMA:** 39+3

Term ☑ **Preterm** ☐ Gestation : 37 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Term, SGA	
2.	MLE	
3.	Cutaneoglottoplasty	
4.	S/D POD-1	
5.		
6.		

Today's Weight :

RESPIRATORY SYSTEM

Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : .....

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐

Ventilator Settings : PIP 18→16 PEEP 6 VG..... Rate 40 FiO_2 21% Oxygen : .....L/min

Last CXR : ..... SpO_2:.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: .....

Change over the Last 24 Hours.....

SIMV-PS → NIPPV mode.

CARDIO VASCULAR SYSTEM

Plan of Care :

↳ NIPPV

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : .....Any Seizures.....

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output 2.8cc/kg/hr ml/kg/hr Stools : ..... passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....

Abdominal Examination:..... soft

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :.....

Antibiotic	Sl.No.	Drugs	Days	
	1.			SYP Levera
	2.			Neb c̄ Budhont
	3.			Neb c̄ Adr
				Dorsal suspension
				Tab lanzol

Plan of Treatment :

→ Ct NIPPV @ current setting
target spo2 90-95%

→ Tv 150ml/kg/day
40ml p3rd hrly
full OG feed

→ CBG BD
GRBS BD

→ VITAL (m)

→ I/O charting

→ Minimal & gentle suctioning sos
W/F ↑ RD

Doctor's Name (Handover given) : Faisal

Signature : Faisal

Date & Time: 17/8/21

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time: .....

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/8/2025		
9:30 AM		(1) Wean NIV.
		P-16/6, Rate-40, TB-0.50
		(2) Gas } OD
		RBS }
	Dr MVB PRATHYUSH Registration No: TSMC/FMR/30369	(3) Add Inj PCM x 3 doses
		for pain.
		Nursn
12/8/25	S/B NK Sir	
		to CPAP → FiO2 = 25%
		PEEP = 6.
		monitor 1 hour

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/8/25 5pm	Afternoon Round	
	on CPAP → FiO_2 → 23% → 6 cm H_2O	
		Plan
	1 episode of desaturation and self → pick up	- continue CPAP
	SpO_2 = 94%	- TV = 150ml/g/day
	RR - 50/min	feed = 40ml/3hy
	HR = 144/min	
		- W/F desaturation
		Bradycardia
		apnea.
17/8/25 10pm	S/B NK Sir	[signature]
		- Refix Ramm cannula properly
		- do not allow displacement
		- prone nursing

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/8/25	4S/B Dr. PRSir	Plan
		1). To stop CPAP by evening.
		2). cont on feeds
		3) ~~Stat Dexa to be given~~
		4). Give Dexa BD. for 2 more days
		5). PCM 4.BD.
		6) Try paladai thm if off support. Recharge
		7) Dr. Chandana to review.
		Noted by Deekshitha @2pm 18/8/25.

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/8/25	c/s/B. Dr Chandana.	
	POD - 2 -	Sx: Supraglottoplasty
	O/E	
	Baby on CPAP	
	PEEP-5	
	no stridor on positive pressure	Adv
		- Can stop IV. DEXA 48hrs post op
	Retractions (+) on stopping CPAP.	- Continue Nebs c̄ Budecort
		- hold orally until
		- tapered O_2 support to Nasal prongs
		Inform - SOS

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		dss Pmy.
		→ remove CPAP.
		by 5pm
		→ low flow 0.2 L/min
		on Feeds
		→ monitor for
		↑ WCB / ↑ distress
		noted by
18/8 5pm	Evening Rounds	Arpita 18/8/25 @ 5pm
	On CPAP / 4cm H2O	Plan
	FiO2 - 21%	Changed to
	SpO2 - 100%	- ~~On~~ low flow 0.2L/min
	HR - 170/min	
		- On full OG feeds.
	No Bradycardia / desaturation / apnea.	
Inter.	Tachycardia (+)	- w/f Bradycardia / desaturation / apnea
	NPO	
	TV = 150 ml/kg/day	Dr Mikita

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/8/25 12:30Am	Night rounds	
	Baby on lowflow 0.2 L/min SpO_2: 100% HR: 139/min RR: 51/m BP: 67/46 (51) mmHg No RBI No desaturation ~~BFA~~: Accepting & tolerating feeds well PA: soft CRT <3 sec	Plan 1. Weanoff lowflow Baby on Room air 2. W/f ↑wob/ Desaturation 3. On full oh feeds 4. (RT) paladi feed (RT) Inj. Dexamethasone Entreview done Advised for Stopping Inj. Dexamethasone noted by vidya 19/8/25 @12:30Am
19/8/25 8Am	Morning notes	
	DOL-19/ 37wk→ 39+5wk/ Term/ SGA/ Neonatal seizure/ POD-3 supraglottoplasty	
	Today wt: 2.01 kg (↑15g). Baby on Room air SpO_2: 98% HR: 148/min RR: 44/min No RBI No desaturation Accepting & tolerating feeds well PA: Soft U/O: Stool:	Plan 1. Neb. Budecort 2. TV= 150ml/kg/day ↓ 40ml Q2H full oh feed 3. W/f ↑wob/ Desaturation 4. (RT) Paladi feed (RT) Inj. Dexamethasone 5. GRBS-OD

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/8 10:30am	C/s by Dr. PR	
		Wean off O2
		Try paladai 1-2 palladai taking well continue
		Stop Dexa & Remove cannula.
		continue Adr. nebs. for 1 day.
	Note By Sunita (01/570) 19/8/25 HAM	Ans
19/8/25 4:16pm.		C/s/B Dr. PR Sir
		continue ~~pall~~ 6 palladai today taking if well - full palladai
	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369	

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	19/8 5:30	~~of~~ Evening rounds
		Plan:
	- On room air,	- TV - 150ml/kg/day, 40ml 2nd hrly (EBM)
	SPO2 - 94% c̄ RA	
	PR - 154/min	
	RR - 50/min	- continue Adr. nebs for 1 day.
	- ~~On Syr PCM~~	- w/f ↑ distress;
		- Try 1 to 2 paladai ↓ if taking well continue paladai otherwise OG feeds.
		Anish
		Noted By Sravani @ 8pm

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	20/8	- C/s by Dr. PR
	Term/ D20% B/L Grade I GMH / Neonatal Epilepsy	-Plan:-
	V-stable-HRA	-Crib care today.
	No Apneal Desat	- Temperature monitoring.
	hoarse cry (+)	-Shift to room by evening,
	Intern. min tachypnea.	- continue levipil at Discharge
	C- Euthmic CRT<3sec	-Add vit D3, OSSOPAN,
	HR 135/min.	- ~~At~~ Stop Neb c̄ Bud & Adre
	on palada feeds	Lanzol.
	taking well.	Domstal.
	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369	- cont oral Lanfril Domstal SOS.
		Keshavlyn

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 20 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/25 4pm.	V- stable ↓ RA	
	Intermi. tachypnea (+)	Plan
	Shiddhous breathing (+).	
	No Apnea / Desat / Bradyp	1) crib care
	C- Enthusic	2) TV 150ml/kg/day
	CRI 23sec	40ml Aqtl palada
	HR 132/min	(mother to give feed)
	on palada feels	3) Vitals monitoring
	taking well.	4) W/F ↑RR
		Desatin.
		5) can shift to room once
		available
		Keshav

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

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Baby Of RESHMABHANU
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/8 9:30am	Morning Rounds	
	D21 / Term / B/L Grade I GMH / Neonatal Epilepsy /	
	T.wt - 2kg (↑21 gms)	
	On RA	
	HR - 116/min	Plan
	SpO_2 - 100%	1) TV - 150ml/kg/day
		40ml Q 3hrly Paladai
	- Accepting Paladai well when	(mother to give feed)
	given 3rd hrly.	2) vitals monitoring
	- Mother is confident	3) w/f. Desat / Resp distress
		4) R/v to shift to Room
		5) Trained mother.
		Dr Ramesh
21/8/25 10:45am	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369	C/S/B Dr. PRasir
		plan → d/c today.
		↑ TOV - 160ml/kg/day.
		[signature]

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 20 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

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Baby Of RESHMABANU
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
4/8/25	1 am	83 mg/dl	10% Isop	
4/8/25	7 am	126 mg/dl	10% Isop	
4/8/25	3 pm	81 mg/dl	10% ISOP	
4/8/25	3 pm	57 CSF	10% ISO P	
5/8/25	6am	83 mg/dl	10% Isop + feeds	
5/8	6PM	91 mg/dl	Full feed	
6/8/25	6am	99 mg/dl	10% Isop	
7/8/25	6am	96 mg/dl	Full feed	
8/8/25	6a	108 mg/dl	full feed	
9/8/25	6a	96 mg/dl	Full feed	
8/8/25	6pm	87 mg/dl	full feed	
10/8/25	6 am	72 mg/dl	Full feed	
11/8/25	6 am	90 mg/dl	Full feed	
11/8/25	3pm	101 mg/dl	full feed	
12/8/25	6AM	98 mg/dl	"	
13/8	6AM	86 mg/dl	"	
14/8	6AM	112 mg/dl	full feed	
15/8	6am	109 mg/dl	full feed	
16/8	6am	101 mg/dl	Full feed	
16/8	6pm	283 mg/dl	10% ISOP	
17/8	10PM	211 mg/dl	"	
17/8	6AM	196 mg/dl	"	
18/8	6am	107 mg/dl	full feed	
19/8	6AM	89 mg/dl	Full feed	
20/8	7Am	105 mg/dl	full feed	
21/8	6a	96 mg/dl	full feed	

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

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

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

B/o Reshma

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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RESULT SHEET

Blood Keton - 0.3

Date	4/8	5/8	6/8	6/8	9/8/25	16/8/25
Time	1[illegible]	5pm	2:11 PM	6.43PM		9:0AM
Hb	13.3	12.9			11.6	
PCV	39.7	38.7			35.5	
RBC	3.71	3.59			3.21	
WBC	2.88	6.80			9.09	
N/L	51.7/34.4	21.6/66.3			13.1/74.3	
Platelets	272	225			639	
CRP	5.0				5	
ESR						
PCT						
RBS						
Na	138					138
K	4.6					5.2
Cl	109					10.2
Ca/Mg	10.1/2.5					11.0/2.1
Phosphate						
Urea	7					
Creatinine	0.4					
ALP						
SGPT						
SGOT						
T.Bill/Conj	11.8 < Pi.7			10.8 < 0.1 / 10.7		
T.Protein	—					
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		[illegible]	15/1.1			
APTT		[illegible]	33			
CSF Protein / Sugar	974/46				138/42	
Cells	Nil				nil	
~~N/L~~ NH3	45				Occassional RBCs	

Docu. No. : RCHBH /FRM / CLINICAL / 0138 (P.T.O)

Date				9/8/25		
Time				2.30pm		
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
CSF Analysis				CSF Analysis		
Colour - Yellow				Colour	Pale yellow	
Appearance Slightly Turbid				Appearance	clear	
PH - 8.0				PH	8.0	
Clot formation No Clot				Clot Formation	No clot	
Csf protein - 97.4				CSF Protin	138	
Csf Glucose 46				CSF Glucose	42	
Cell Count occasional RBCS Seen.				Cell count	Few RBE's	seen
				WBC	Nil	

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

RESTRICTED ANTIMICROBIAL USE JUSTIFICATION FORM

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Patient Name : ..... Age : ..... Gender : ☐ Male ☐ Female

UHID No. : ..... Department: ..... Date of Admission: .....

Diagnosis : .....

Brief Clinical History:

Clinical Features & Relevant Investigations Suggestive of Infection					
Date					
Fever					
Other C/F					
HB					
TLC					
N,L,E					
PLT					
CRP					
PCT/ESR					
WIDAL					
MP Optimal					
WEIL-FELIX					
CUE					
BODY FLUID CYTOLOGY					
LATEX					

Restricted Antimicrobial Use							
Antimicrobial	Date	DOA	Justification	Antimicrobial	Date	DOA	Justification
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Any Other Comment:

		Date	DOA	Result	Date	DOA	Result	Date	DOA	Result
A.	Blood									
B.	Urine									
C.	CSF									
D.	ET Secretion									
E.	ET BAL									
F.	ET Mini BAL									
G.	Body Fluids									
H.	PCR									

Docu. No. : RCH / FRM / CLINICAL / 110

(P.T.O)

Elaboration:

If no please justify

At Day 7 De-Escalation done: ☐ Yes ☐ No

If no please justify

Justification:			
I	**Risk Factor for ESBL**	**I**	**Risk Factor for MDR Infection**
11	Prior Antibiotic use (within 90 days)	11	Prior Antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within 90 days)	12	Recent hospitalization (>2d, within 90 days)
13	current hospitalization of (>5 days)	13	current hospitalization of (>5 days)
14	Immunosuppression	14	Chronic / Nursing Home Care
15	Prolonged Mechanical Ventilation (>3days)	15	Dialysis
16	Suspected Septic Shock-hit First Hit hard Policy	16	Immunosuppression
17	Other	17	Suspected Septic Shock-Hit First Hit Hard Policy
		18	Others
K	**Risk Factors for Invasive Candidacies / Candidemia**	**L**	**Risk Factors for MRSA**
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged Hospitalization (>5 days)	L3	Exposure to MRSA
K4	Previous Broad Spectrum Antibiotic Use	L4	Central Lines, ICD, PD, Catheter, ET Tubes
K5	CVP/HD Catheter / PA Catheter	L5	Chronic / Nursing Home Care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida Coloniation
K7	Others	L7	Suspected Septic Shock-Hit First Hit Hard Policy
		L8	Others

Signature of Consultant

Signature of Microbiologist

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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

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Dr. MVB PRATHYUSH

REGULAR PRESCRIPTIONS Weight. ...2.1kg..... Ward. .....

DRUG : Inj. MEROPENAM

Dose	Route	Frequency	Start Date
80mg	IV	8th hrly	4/8

Name & Signature of the Doctor Starting the Drugs: 40mg/kg/dose

Additional Instructions: 40mg/kg/dose

Daily Doctor's Endorsement by a Sign

(1) Monabar VERIFIED

DRUG : Inj. LEVITERACETAM

Dose	Route	Frequency	Start Date
40mg	IV	8th hrly	4/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 20mg/kg/dose

Daily Doctor's Endorsement by a Sign

(2) Mongba VERIFIED

DRUG : Inj. PHENOBARITONE

Dose	Route	Frequency	Start Date
10mg	IV	H/S	4/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 5mg/kg/dose in the night time

Daily Doctor's Endorsement by a Sign

(2) Monaba

DRUG : Inj. NEUROBION

Dose	Route	Frequency	Start Date
60mg	IV	8th hrly	4/8

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 30mg/kg/dose

Daily Doctor's Endorsement by a Sign

Changed Done.

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : Inj. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
0.3mg	IV.	TID.	16/8

Name & Signature of the Doctor Starting the Drugs: Reshma

Additional Instructions:
a 0.15mg/kg/dose
Give only 3 doses.

Daily Doctor's Endorsement by a Sign

Date / Time: 16/8 ... 12

DRUG : Inj. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
0.3mg	IV.	TID	16/8

Name & Signature of the Doctor Starting the Drugs: Reshma

Additional Instructions:
0.15mg/kg/dose.
Give only 3 doses.

Daily Doctor's Endorsement by a Sign

Date / Time: 16/8 ... 6AM ... 12 AM.

DRUG : Tab. LANZOL

Dose	Route	Frequency	Start Dt.
2ml.	PO	OD	16/8

Name & Signature of the Doctor Starting the Drugs: Reshma

Additional Instructions:
1 tab = 15mg Dml in 15ml
give 2ml.

Daily Doctor's Endorsement by a Sign

Date / Time: 16/8 ... 19/8 ... 10PM ... Stop

DRUG : INJ DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
0.3mg	IV	TID	16/8

Name & Signature of the Doctor Starting the Drugs: Reshma

Additional Instructions:
0.15mg/kg/dose
Give only 3 dose (2ml = 3mg) Dil 2ml in 8ml NS (1ml = 0.8mg) then give 0.4ml

Daily Doctor's Endorsement by a Sign

Date / Time: 16/8 ... 6AM ... 2PM ... 10PM

VERIFIED

Docu. No. : RCHBH /FRM / CLINICAL / 108 (P.T.O)

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 2kg Ward .....

DRUG : Inj PARACETAMOL

Dose	Route	Frequency	Start Dt.
20mg	IV	8 hrly	17/8/25

Name & Signature of the Doctor Starting the Drugs: Dr MVB PRATHYUSH

Additional Instructions: 10mg/kg/dose TID for pain upto 3 doses.

Daily Doctor's Endorsement by a Sign

Date/Time: 17/8 — 6 am ✓ — 2 pm 5pm — 10 pm Cold

changed BD Kiruf

DRUG : Inj. PARACETAMOL

Dose	Route	Frequency	Start Dt.
20mg	IV	BD	18/8

Name & Signature of the Doctor Starting the Drugs: Keshanuf.

Additional Instructions: @ 10mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 18/8/25 — 10am — 10pm

stop Vomit

DRUG : Inj. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.
0.3mg	IV	BD	18/8

Name & Signature of the Doctor Starting the Drugs: Keshanuf

Additional Instructions: 0.1mg/kg/dose

2ml/8mg Dilute 2ml in 8ml NS. (1ml = 0.8mg) then give 0.4ml

Daily Doctor's Endorsement by a Sign

Date/Time: 18/8 — 10am — 10pm

stop! Respules

DRUG : NIT D3 DROPS

Dose	Route	Frequency	Start Dt.
0.5ml	NG	OD	20/8

Name & Signature of the Doctor Starting the Drugs: Keshanuf

Additional Instructions: 1ml = 800IU.

Daily Doctor's Endorsement by a Sign

Date/Time: 20/8 — 10pm ✓

Menaloo

Docu. No. : RCHBH /FRM / CLINICAL / 108

VERIFIED

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Sheet No: .....

REGULAR PRESCRIPTIONS

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

DRUG : SYP OSSOPAN D	Dose	Route	Frequency	Start Dt.	Date / Time
	2ml	PO	BD.	2018	2/8 2/8 6pm.
Name & Signature of the Doctor Starting the Drugs: Veeranjaneya.					
Additional Instructions: 5/125mg =					6pm.
Daily Doctor's Endorsement by a Sign					

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

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

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Sheet No: .....

REGULAR PRESCRIPTIONS

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

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

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

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

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

VERIFIED BY : Name .....

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 2 kg Ward .....

DRUG : INJ NEUROBION forte

Dose	Route	Frequency	Start Dt.
20mg	IV	8th hrly	4/8/25

Name & Signature of the Doctor Starting the Drugs: Dr faisal

Additional Instructions: - 30mg/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time: 4/8 — 6am, 2pm, 10pm — stop & Dr. sponsh

DRUG : TAB PYRIDOXINE (BLONG)

Dose	Route	Frequency	Start Dt.
100mg	PO/OG	OD	4/8

Name & Signature of the Doctor Starting the Drugs: Dr sponsh

Additional Instructions: 1 tab = 100mg
dilute 5ml DW give

Daily Doctor's Endorsement by a Sign

Date/Time: 4/8 5/8 — 6am 2pm 10pm — 5ml — stop Kavya 8/8

DRUG : SYP DOMPERIDONE

Dose	Route	Frequency	Start Dt.
0.5ml	PO	QSH	8/8

Name & Signature of the Doctor Starting the Drugs: Keshant

Additional Instructions: 1ml = 1mg. 0.3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 8/8 9/8 10/8 11/8 12/8 13/8 14/8 15/8 — 6am 2pm 10pm

DRUG : Neb i Adrenaline -

Dose	Route	Frequency	Start Dt.
	Neb	QSH	13/8

Name & Signature of the Doctor Starting the Drugs: Keshant

Additional Instructions: 0.5ml/kg. → 1ml + 2ml NS.

Daily Doctor's Endorsement by a Sign

HOLD

BAH-00630516
Baby Of RESHMABHANU IP5-00160655
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH (F)

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BY RAINBOW HOSPITALS
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Sheet No: 0.3ml

REGULAR PRESCRIPTIONS

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

VERIFIED

DRUG : SYRP. LEVETIRACETAM

Dose	Route	Frequency	Start Dt.
30mg	p/o	T/D	13/8

Name & Signature of the Doctor Starting the Drugs: Dr. Manthe

Additional Instructions: 15mg/kg/dose (5ml=500mg)

Daily Doctor's Endorsement by a Sign

Date / Time	13/8	14/8	15/8	16/8	17/8	18/8	19/8	20/8
6am								
2pm								
10pm								

DRUG : Neb c̄ BUDECORT.

Dose	Route	Frequency	Start Dt.
1/2 resp.	Neb	BD	14/8

Name & Signature of the Doctor Starting the Drugs: Keshavi

Additional Instructions: 1/2 resp + 2ml NS in each Neb

Daily Doctor's Endorsement by a Sign

Date / Time	14/8	15/8	16/8	17/8	18/8	19/8
10pm						
10pm						

DRUG : Neb Adrenaline

Dose	Route	Frequency	Start Dt.
	Neb	BD	16/08

Name & Signature of the Doctor Starting the Drugs: Dr. Nikita

Additional Instructions: 0.5ml/kg 1ml + 2ml NS

Daily Doctor's Endorsement by a Sign

Date / Time	16/8	17/8	18/8	19/8	20/8
6am					
6pm					

DRUG : DOMSTAL SUSPENSION

Dose	Route	Frequency	Start Dt.
0.6ml	fro	T/D	16/8

Name & Signature of the Doctor Starting the Drugs: Keshavi

Additional Instructions: 1ml = 1mg. 0.3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	16/8	17/8	18/8	19/8	20/8
6am					
2pm					
10pm					

made sop

Docu. No. : RCHBH /FRM / CLINICAL / 108

150 / 335

Patient Sticker

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

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

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

Signature

VERIFIED BY : N

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/8	9am	Inj. NEUROBION	100mg	IV	[signature]	[signature]
4/8	1:30pm.	Syp PEDICHLORYL	1ml	PO	[signature]	[signature]
		~~Syp pedichlorryl~~	~~1ml~~	~~PO~~	[signature]	
6/8	9:50 am	Inj. Midazolam	0.1mg/kg diluted to 1ml	IV	Sneha	
6/8	9:15am	Inj. Midazolam	0.1mg/kg diluted to 1ml	IV	Sneha	Deen Deen
6/8	9:25am	Inj. Midazolam	0.2mg/kg diluted to 1ml	IV	Sneha	Deen
6/8/25	1pm	Inj VITAMINK	1mg	SCOW IV	[signature]	Deen
14/8/25	5pm.	Adrenaline Nes	1/2 ml/kg (1ml + 2ml NS)	NS	[signature]	[signature]
14/8/25	5:20pm	Budicort Nes	1/2 ml/kg + 2ml NS	Nes	[signature]	[signature]
14/8		Inj. Dexamethasone	0.15mg/kg	0.3mg	[signature]	

Page: 3/4 (P.T.O)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/8/25	1am	Inf. 11op 10.1. + Calcium 3ml/kg	IV	6ml					
3/8/25	1am	Inj. DOBUTAMINE 6omg/kg in 50ml 5.1.D	IV	0.2ml/kg/hr			4/8/25		
6/8	7am	T.V 150 ml/kg/day 10% 150p	IV	11.3					
16/8		TV. 150 ml/kg/day 10% 150.	IV.	12.					
16/8		INJ FENTANYL 2ml + 8ml NS	IV						

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
14/8	7:40 pm	Inj. Dexamethasone 0.3mg/kg IV.					
15/8		Inj. Dexamethasone 0.3mg/kg IV. 1ml=4mg → Dilute 2ml in					
15/8	2:30 pm	Inj DEXAMETHASONE 2ml=8mg	0.3mg/kg				
		Dilute 2ml in 8ml	NS ⇒ Give 0.75ml of Reconstituted	IV			
16/8	22:20	INJ ROCURONIUM (1ml=10mg)	0.45mg/kg (i.e 0.9mg)				
			Dil 1ml Rocuronium in 9ml NS (1ml=1mg) then give 0.9ml	IV			

Docu. No. : RCHBH /FRM / CLINICAL / 136

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 20 D (F)
Dr. MVB PRATHYUSH

Ref. No. F / INPR / 23

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Name of Patient : S/O Keshava Babu

I.P. No.: ..... Ward NICU

Room No.: .....

CERTIFIED THAT IN RESPECT OF THE ABOVE PATIENT :

a. There are no drugs for return.

b. Emergency cupboard issues have been replenished.

c. No pending indents are there against above patient.

d. Checked the bed side cupboard of the bed.

e. Checked by the patient mother/father in the room.

31/8/25

Patient authorised sign Nurse sign Pharmacy sign

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
1	INVASIVE MONITORING	NEQP00026	03-08-2025	04-08-2025	1	1,260.00
2	SYRINGE PUMP	NEQP00040	03-08-2025	04-08-2025	1	420.00
3	VENTILLATOR	NEQP00043	03-08-2025	04-08-2025	1	10,080.00
4	SYRINGE PUMP	NEQP00040	03-08-2025	04-08-2025	1	420.00
5	VENTILATOR INITIATION	VI01	03-08-2025		1	1,500.00
6	NICU BEDCHARGES	BED	03-08-2025		1	8,000.00
7	CONSULTANT CHARGES	NINV04121	03-08-2025		1	2,200.00
8	NICU CONSULTATION CHARGES.	NCON00001	03-08-2025		2	5,000.00
9	NICU NURSING CHARGES	NURSING	03-08-2025		1	2,000.00
10	REGISTRATION CHARGES	REG01	03-08-2025		1	240.00
11	MEDICAL RECORDS CHARGES	MRD01	03-08-2025		1	1,500.00
12	DRUG ADMINISTRATION CHARGES	DAC01	03-08-2025		1	27,500.00
13	WARMER	NEQP00044	03-08-2025	13-08-2025	10	10,000.00
14	AMMONIA	NINV00106	03-08-2025		1	2,350.00
15	MAGNESIUM	NINV00717	03-08-2025		1	1,790.00
16	BLOOD CULTURE AND SENSITIVITY	NINV00223	03-08-2025		1	4,330.00
17	BLOOD GROUPING	NINV00228	03-08-2025		1	620.00
18	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	03-08-2025		1	380.00
19	VENOUS BLOOD GAS (POCT)	NINV01154	03-08-2025		1	1,540.00
20	NICU BEDCHARGES	BED	04-08-2025		1	8,000.00
21	CONSULTANT CHARGES	NINV04121	04-08-2025		1	2,200.00
22	NICU CONSULTATION CHARGES.	NCON00001	04-08-2025		2	5,000.00
23	NICU NURSING CHARGES	NURSING	04-08-2025		1	2,000.00
24	NEONATAL PACK I	NP(PRIV/ICU/DLX)	04-08-2025		1	4,370.00
25	CAPRIN INJ VIAL 5000 IU 5 ML	10-0000353	04-08-2025		1	118.77
26	DSYRINGE 50 ML LUER SLIP NIPRO	70-0002645	04-08-2025		2	398.00
27	RAMS CANNULA N4902 NEW BRON	70-0003589	04-08-2025		1	3,150.00
28	DEXTROSE IV 10% 500 BOTTLE	10-0000164	04-08-2025		1	39.17
29	3M 9263 AVAGARD CHG HANDRUB-500ML	10-0011105	04-08-2025		1	985.00
30	ACULYTE-P 500ML BOTTLE	10-0012322	04-08-2025		1	331.28
31	E.C.G LEADS	70-0000169	04-08-2025		1	792.00
32	ET TUBE - 3.5 MM STERIMED	70-0005237	04-08-2025		1	244.00
33	RESUSCITATIONTPIECECIRCUTRD1300 (NEOPUF)	70-0000454	04-08-2025		1	836.00
34	MEZOLAM INJ 5 MG 5 ML	10-0000550	04-08-2025		1	33.10
35	DEXTROSE IV 25 % 100 ML BOTTLE	10-0000165	04-08-2025		2	45.58

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
36	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	04-08-2025		1	269.41
37	B.P.CUFF M1870B 3	70-0000650	04-08-2025		1	700.00
38	DOTAMIN INJ 250 MG 5 ML	10-0000417	04-08-2025		2	101.00
39	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	04-08-2025		3	1,275.00
40	DEXTROSE 5 % 500 ML CLOSED BOTTLE	10-0008041	04-08-2025		1	97.75
41	VENTILATER CIRCUIT (DISPOSABLE) - MU04771	70-0000616	04-08-2025		1	4,731.00
42	X RAY CHEST AP VIEW	NINV01199	04-08-2025		1	900.00
43	CALCIUM GLUCONATEINJ10ML-SWISSCRITICURE	10-0000349	04-08-2025		1	7.60
44	SUCTION CATHETER 6 ROMSONS	70-0003566	04-08-2025		4	356.00
45	SGLOVE # 6.5 (SURGICARE)	70-0000478	04-08-2025		2	194.00
46	DSYRINGE 10ML (NIPRO)	70-0000761	04-08-2025		12	330.00
47	BABY WIPES 72S BUTTERFLY	90-0000039	04-08-2025		1	299.00
48	DSYRINGS 2.5ML(NIPRO)	70-0000795	04-08-2025		10	110.00
49	DSYRINGE 1ML (NIPRO)	70-0000800	04-08-2025		10	270.00
50	I.V PACK STERILE	70-0000928	04-08-2025		2	140.00
51	VACCUME SUCTION SET (ROMSONS)	70-0003405	04-08-2025		1	795.00
52	NEUROBION FORTE INJ AMP 3 ML	10-0000581	04-08-2025		1	21.78
53	NS IV 10 ML AMPULE	10-0000181	04-08-2025		10	172.20
54	PHENOBARBITONE INJ 200 MG 1 ML	10-0000625	04-08-2025		2	49.58
55	INTROCAN 24G	70-0000283	04-08-2025		3	720.00
56	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	04-08-2025		4	408.00
57	D WATER 10 ML AMPULE	10-0000158	04-08-2025		10	32.20
58	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	04-08-2025		1	270.00
59	DSYRINGE 5ML.(NIPRO)	70-0000771	04-08-2025		10	210.00
60	SMART SITE BI EXTENSION	70-0003559	04-08-2025		1	759.00
61	TEGADERM WITHOUT CUT (1624)	70-0000568	04-08-2025		1	124.00
62	ICUBAC INJ 125 MG	10-0006881	04-08-2025		2	1,367.20
63	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	04-08-2025		1	64.28
64	HAND CARE GLOVE	70-0000252	04-08-2025		15	660.00
65	EPICETAM INJ 500MG5ML	10-0007023	04-08-2025		3	390.00
66	NITRILE EXAMINATION GLOVES P F- MEDIUM	70-0001936	04-08-2025		50	1,250.00
67	FREESTYLE OPTIUM H BLOOD KETONE STRIPS	10-0010217	04-08-2025		2	350.00
68	ABG+ ELECTROLYTES + CALCIUM (POCT)	NINV02299	04-08-2025		1	5,480.00
69	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	04-08-2025		1	380.00

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
70	VENOUS BLOOD GAS (POCT)	NINV01154	04-08-2025		1	1,540.00
71	IV PLACEMENT CANNULATION	NPRO00153	04-08-2025		1	600.00
72	HEATED PATIENT CIRCUIT (RT-225 265)	70-0000254	04-08-2025		1	6,848.00
73	INFANT FEEDING TUBE-5	70-0000271	04-08-2025		1	68.00
74	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	04-08-2025		2	850.00
75	NS 100ML ACCULIFE - EH	10-0013670	04-08-2025		1	47.92
76	TEGADERM WITHOUT CUT (1624)	70-0000568	04-08-2025		1	124.00
77	INTROCAN 24G	70-0000283	04-08-2025		1	240.00
78	DSYRINGE 20ML(NIPRO)	70-0000785	04-08-2025		1	55.50
79	MERSILK 3-0 NW 5003(5002)	10-0001670	04-08-2025		1	281.00
80	FEEDING BOTTLE W S 125 ML	10-0005906	04-08-2025		3	360.00
81	NEUROBION FORTE INJ AMP 3 ML	10-0000581	04-08-2025		3	65.34
82	B-LONG TAB 100MG30S	10-0002000	04-08-2025		5	30.25
83	PEDICLORYL SYRUP 500MG 30 ML	10-0001892	04-08-2025		1	145.54
84	NEUROSONOGRAM.	NINV00824	04-08-2025		1	3,300.00
85	Dr. Bandi Ramya	502607	04-08-2025		1	2,040.00
86	BIOFIRE MENINGITIS PANEL	NINV03800	04-08-2025		1	14,180.00
87	CSF CULTURE AND SENSITIVITY	NINV00332	04-08-2025		1	4,330.00
88	CSF ANALYSIS	NINV00328	04-08-2025		1	2,990.00
89	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	04-08-2025		1	380.00
90	LUMBAR PUNCTURE	NPRO00165	04-08-2025		1	3,040.00
91	DSYRINGE 10ML (NIPRO)	70-0000761	04-08-2025		12	330.00
92	INFANT FEEDING TUBE-6	70-0000272	04-08-2025		4	256.00
93	PROTO GOWN (ADULT)	70-0000432	04-08-2025		2	900.00
94	SGLOVE # 7.0(SURGICARE)	70-0000479	04-08-2025		1	97.00
95	SGLOVE # 6 (SURGICARE)	70-0000476	04-08-2025		1	97.00
96	HAND CARE GLOVE	70-0000252	04-08-2025		12	528.00
97	NEEDLE 24 G	70-0000381	04-08-2025		2	5.20
98	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	04-08-2025		1	380.00
99	NEONATAL SCREENING ADVANCED	NINV03786	04-08-2025		1	6,000.00
100	NEUROBION FORTE INJ AMP 3 ML	10-0000581	04-08-2025		-3	- 65.34
101	D WATER 10 ML AMPULE	10-0000158	04-08-2025		20	64.40
102	NS IV 10 ML AMPULE	10-0000181	04-08-2025		20	344.40
103	INVASIVE MONITORING	NEQP00026	04-08-2025	05-08-2025	1	1,260.00
104	SYRINGE PUMP	NEQP00040	04-08-2025	05-08-2025	1	420.00

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

Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
105	VENTILLATOR	NEQP00043	04-08-2025	05-08-2025	1	10,080.00
106	SYRINGE PUMP	NEQP00040	04-08-2025	05-08-2025	1	420.00
107	NICU BEDCHARGES	BED	05-08-2025		1	8,000.00
108	CONSULTANT CHARGES	NINV04121	05-08-2025		1	2,200.00
109	NICU CONSULTATION CHARGES.	NCON00001	05-08-2025		2	5,000.00
110	NICU NURSING CHARGES	NURSING	05-08-2025		1	2,000.00
111	INTRAFIX(TRANSFLO)	70-0000282	05-08-2025		1	323.00
112	THREE WAY STOP COCK (B.D)	70-0000583	05-08-2025		1	161.00
113	ACULYTE-P 500ML BOTTLE	10-0012322	05-08-2025		1	331.28
114	CALCIUM GLUCONATEINJ10ML-SWISSCRITICURE	10-0000349	05-08-2025		1	7.60
115	DSYRINGE 50 ML LUER SLIP NIPRO	70-0002645	05-08-2025		1	199.00
116	DEXTROSE IV 25 % 100 ML BOTTLE	10-0000165	05-08-2025		2	45.58
117	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	05-08-2025		1	425.00
118	ICUBAC INJ 125 MG	10-0006881	05-08-2025		1	683.60
119	TEGADERM WITHOUT CUT (1624)	70-0000568	05-08-2025		1	124.00
120	INTROCAN 24G	70-0000283	05-08-2025		2	480.00
121	SUCTION CATHETER 6 ROMSONS	70-0003566	05-08-2025		4	392.00
122	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	05-08-2025		1	380.00
123	VENOUS BLOOD GAS (POCT)	NINV01154	05-08-2025		1	1,540.00
124	EEG	NINV00476	05-08-2025		1	5,180.00
125	PEDIATRIC MRI BRAIN PLAIN	NINV03621	05-08-2025		1	12,480.00
126	Dr. Bandi Ramya	502607	05-08-2025		1	2,040.00
127	COMPLETE BLOOD PICTURE	NINV00264	05-08-2025		1	850.00
128	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	05-08-2025		1	380.00
129	EPICETAM INJ 500MG5ML	10-0007023	05-08-2025		2	260.00
130	ICUBAC INJ 125 MG	10-0006881	05-08-2025		2	1,367.20
131	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	05-08-2025		1	269.41
132	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	05-08-2025		1	64.28
133	NS IV 10 ML AMPULE	10-0000181	05-08-2025		7	120.54
134	BABY WIPES-OCTENISAN	10-0009832	05-08-2025		1	549.00
135	DSYRINGE 10ML (NIPRO)	70-0000761	05-08-2025		10	275.00
136	NEEDLE 21G SMALL 1 INCH	70-0000378	05-08-2025		2	5.20
137	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	05-08-2025		1	270.00
138	INFANT FEEDING TUBE-7	70-0000273	05-08-2025		1	64.00

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Your Right to a Safe Delivery

Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
139	NEEDLE 18 G	70-0000376	05-08-2025		1	3.30
140	NEEDLE 21G SMALL 1 INCH	70-0000378	05-08-2025		1	2.60
141	INVASIVE MONITORING	NEQP00026	05-08-2025	06-08-2025	1	1,260.00
142	VENTILLATOR	NEQP00043	05-08-2025	06-08-2025	1	10,080.00
143	NICU BEDCHARGES	BED	06-08-2025		1	8,000.00
144	CONSULTANT CHARGES	NINV04121	06-08-2025		1	2,200.00
145	NICU CONSULTATION CHARGES.	NCON00001	06-08-2025		2	5,000.00
146	NICU NURSING CHARGES	NURSING	06-08-2025		1	2,000.00
147	ET TUBE - 3.0 MM	70-0000172	06-08-2025		1	190.00
148	BAIN CIRCUIT-CHILD	70-0000035	06-08-2025		1	3,070.00
149	DISPOSABLE SKIN TEMP PROBE 6600 0873 700	70-0000144	06-08-2025		1	1,550.00
150	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	06-08-2025		1	380.00
151	VENOUS BLOOD GAS (POCT)	NINV01154	06-08-2025		1	1,540.00
152	TRANSPORE 1 INCH	70-0000599	06-08-2025		1	213.00
153	HAND CARE GLOVE	70-0000252	06-08-2025		12	528.00
154	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	06-08-2025		1	270.00
155	INTROCAN 24G	70-0000283	06-08-2025		1	240.00
156	SUCTION CATHETER 6 ROMSONS	70-0003566	06-08-2025		5	445.00
157	DSYRINGE 10ML (NIPRO)	70-0000761	06-08-2025		10	275.00
158	TEGADERM WITHOUT CUT (1624)	70-0000568	06-08-2025		1	124.00
159	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	06-08-2025		5	510.00
160	STERI-STRIP 1 2*4IN.(R1547)	70-0000537	06-08-2025		1	246.00
161	DSYRINGE 5ML.(NIPRO)	70-0000771	06-08-2025		10	210.00
162	SUCTION CATHETER 8 ROMSONS	70-0003567	06-08-2025		5	490.00
163	PT/APTT	NINV00927	06-08-2025		1	2,020.00
164	SUCTION CATHETER 6 ROMSONS	70-0003566	06-08-2025		7	641.00
165	E.C.G LEADS	70-0000169	06-08-2025		1	792.00
166	EPICETAM INJ 500MG5ML	10-0007023	06-08-2025		2	260.00
167	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	06-08-2025		2	128.56
168	ICUBAC INJ 125 MG	10-0006881	06-08-2025		2	1,367.20
169	NS IV 10 ML AMPULE	10-0000181	06-08-2025		15	258.30
170	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	06-08-2025		1	425.00
171	FEEDING BOTTLE W S 125 ML	10-0005906	06-08-2025		3	360.00
172	BILIRUBIN (INDIRECT / DIRECT)	LBBI0010	06-08-2025		1	1,440.00

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
173	PHENOBARBITONE LEVEL	NINV00882	06-08-2025		1	2,300.00
174	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	06-08-2025		1	380.00
175	INVASIVE MONITORING	NEQP00026	06-08-2025	07-08-2025	1	1,260.00
176	VENTILLATOR	NEQP00043	06-08-2025	07-08-2025	1	10,080.00
177	NICU BEDCHARGES	BED	07-08-2025		1	8,000.00
178	CONSULTANT CHARGES	NINV04121	07-08-2025		1	2,200.00
179	NICU CONSULTATION CHARGES.	NCON00001	07-08-2025		2	5,000.00
180	NICU NURSING CHARGES	NURSING	07-08-2025		1	2,000.00
181	COTTON 500 G (400 G NETT)	70-0000105	07-08-2025		1	415.00
182	SUCTION CATHETER 6 ROMSONS	70-0003566	07-08-2025		6	588.00
183	MICRO PORE 1 INCH (3M)	70-0003947	07-08-2025		1	123.00
184	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	07-08-2025		1	269.41
185	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	07-08-2025		1	64.28
186	TRANSPORE 1 INCH	70-0000599	07-08-2025		1	213.00
187	HAND CARE GLOVE	70-0000252	07-08-2025		15	660.00
188	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	07-08-2025		1	425.00
189	TEGADERM WITHOUT CUT (1624)	70-0000568	07-08-2025		1	124.00
190	CARTOON FLEXI THERMOMETER (YELLOW DUCK)	90-0000818	07-08-2025		1	325.00
191	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	07-08-2025		1	380.00
192	VENOUS BLOOD GAS (POCT)	NINV01154	07-08-2025		1	1,540.00
193	Dr. Bandi Ramya	502607	07-08-2025		1	2,040.00
194	NS IV 10 ML AMPULE	10-0000181	07-08-2025		20	344.40
195	SUCTION CATHETER 8 ROMSONS	70-0003567	07-08-2025		6	588.00
196	HAND CARE GLOVE	70-0000252	07-08-2025		15	660.00
197	NITRILE EXAMINATION GLOVES P F- MEDIUM	70-0001936	07-08-2025		30	750.00
198	D WATER 10 ML AMPULE	10-0000158	07-08-2025		10	32.20
199	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	07-08-2025		1	270.00
200	ICUBAC INJ 125 MG	10-0006881	07-08-2025		3	2,050.80
201	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	07-08-2025		1	269.41
202	EPICETAM INJ 500MG5ML	10-0007023	07-08-2025		3	390.00
203	FEEDING BOTTLE W S 125 ML	10-0005906	07-08-2025		2	240.00
204	DSYRINGE 10ML (NIPRO)	70-0000761	07-08-2025		10	275.00
205	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	07-08-2025		1	380.00
206	BABY WIPES 72S BUTTERFLY	90-0000039	07-08-2025		1	299.00

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
207	SUCTION CATHETER 6 ROMSONS	70-0003566	07-08-2025		5	490.00
208	D WATER 10 ML AMPULE	10-0000158	07-08-2025		10	32.20
209	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	07-08-2025		1	270.00
210	NEOFLON 26 G	70-0000386	07-08-2025		1	379.00
211	NITRILE EXAMINATION GLOVES P F- MEDIUM	70-0001936	07-08-2025		30	750.00
212	TEGADERM WITHOUT CUT (1624)	70-0000568	07-08-2025		1	124.00
213	DSYRINGS 2.5ML(NIPRO)	70-0000795	07-08-2025		10	110.00
214	DSYRINGE 10ML (NIPRO)	70-0000761	07-08-2025		10	275.00
215	SUCTION CATHETER 8 ROMSONS	70-0003567	07-08-2025		6	588.00
216	NS IV 10 ML AMPULE	10-0000181	07-08-2025		15	258.30
217	B.P.CUFF M1870B 3	70-0000650	07-08-2025		1	700.00
218	INVASIVE MONITORING	NEQP00026	07-08-2025	08-08-2025	1	1,260.00
219	VENTILLATOR	NEQP00043	07-08-2025	08-08-2025	1	10,080.00
220	NICU BEDCHARGES	BED	08-08-2025		1	8,000.00
221	CONSULTANT CHARGES	NINV04121	08-08-2025		1	2,200.00
222	NICU CONSULTATION CHARGES.	NCON00001	08-08-2025		2	5,000.00
223	NICU NURSING CHARGES	NURSING	08-08-2025		1	2,000.00
224	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	08-08-2025		1	380.00
225	VENOUS BLOOD GAS (POCT)	NINV01154	08-08-2025		1	1,540.00
226	MEZOLAM INJ 5 MG 5 ML	10-0000550	08-08-2025		1	33.10
227	NEOFLON 26 G	70-0000386	08-08-2025		1	379.00
228	NEEDLE 21G SMALL 1 INCH	70-0000378	08-08-2025		1	2.60
229	NEEDLE 22 G	70-0000379	08-08-2025		1	2.60
230	TRANSPORE 1 INCH	70-0000599	08-08-2025		1	213.00
231	X RAY CHEST AP VIEW	NINV01199	08-08-2025		1	900.00
232	SPLINT - I	70-0000533	08-08-2025		1	100.00
233	DOMSTAL SYRUP 1MG 30ML	10-0001816	08-08-2025		1	41.66
234	SUCTION CATHETER 8 ROMSONS	70-0003567	08-08-2025		8	784.00
235	BACTOPREP SOLUTIONS 100 ML	10-0007619	08-08-2025		1	245.00
236	NS IV 10 ML AMPULE	10-0000181	08-08-2025		12	206.64
237	HAND CARE GLOVE	70-0000252	08-08-2025		15	660.00
238	FEEDING BOTTLE W S 125 ML	10-0005906	08-08-2025		2	240.00
239	SUCTION CATHETER 6 ROMSONS	70-0003566	08-08-2025		8	784.00
240	FEEDING BOTTLE W S 125 ML	10-0005906	08-08-2025		2	240.00
241	SUCTION CATHETER 8 ROMSONS	70-0003567	08-08-2025		5	490.00

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(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
242	HAND CARE GLOVE	70-0000252	08-08-2025		12	528.00
243	SUCTION CATHETER 6 ROMSONS	70-0003566	08-08-2025		5	490.00
244	UROBAG SMALL	70-0000609	08-08-2025		2	94.00
245	LIQUID CLINSER 300ML	10-0005595	08-08-2025		1	279.00
246	INVASIVE MONITORING	NEQP00026	08-08-2025	09-08-2025	1	1,260.00
247	VENTILLATOR	NEQP00043	08-08-2025	09-08-2025	1	10,080.00
248	NICU BEDCHARGES	BED	09-08-2025		1	8,000.00
249	CONSULTANT CHARGES	NINV04121	09-08-2025		1	2,200.00
250	NICU CONSULTATION CHARGES.	NCON00001	09-08-2025		2	5,000.00
251	NICU NURSING CHARGES	NURSING	09-08-2025		1	2,000.00
252	HAND CARE GLOVE	70-0000252	09-08-2025		15	660.00
253	NAN EXCELLA PRO 1 POWDER 400 GM 7HMO	10-0006125	09-08-2025		1	1,030.00
254	DSYRINGE 10ML (NIPRO)	70-0000761	09-08-2025		15	412.50
255	Oxygen Mask With Tubing - Pead (ROMSONS)	70-0003402	09-08-2025		1	494.00
256	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	09-08-2025		1	102.00
257	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	09-08-2025		1	269.41
258	COTTON 200 G (150 G NETT)	70-0000103	09-08-2025		1	170.00
259	D WATER 10 ML AMPULE	10-0000158	09-08-2025		50	161.00
260	BABY WIPES-OCTENISAN	10-0009832	09-08-2025		1	549.00
261	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	09-08-2025		3	306.00
262	COTTON 200 G (150 G NETT)	70-0000103	09-08-2025		-1	- 170.00
263	D WATER 10 ML AMPULE	10-0000158	09-08-2025		-50	- 161.00
264	DSYRINGE 10ML (NIPRO)	70-0000761	09-08-2025		-15	- 412.50
265	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	09-08-2025		-1	- 269.41
266	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	09-08-2025		-1	- 102.00
267	HAND CARE GLOVE	70-0000252	09-08-2025		-15	- 660.00
268	NAN EXCELLA PRO 1 POWDER 400 GM 7HMO	10-0006125	09-08-2025		-1	- 1,030.00
269	Oxygen Mask With Tubing - Pead (ROMSONS)	70-0003402	09-08-2025		-1	- 494.00
270	C REACTIVE PROTEIN	NINV00244	09-08-2025		1	1,220.00
271	COMPLETE BLOOD PICTURE	NINV00264	09-08-2025		1	850.00
272	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	09-08-2025		1	380.00
273	VENOUS BLOOD GAS (POCT)	NINV01154	09-08-2025		1	1,540.00
274	CSF CULTURE AND SENSITIVITY	NINV00332	09-08-2025		1	4,330.00
275	CSF ANALYSIS	NINV00328	09-08-2025		1	2,990.00

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(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
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Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
276	D WATER 10 ML AMPULE	10-0000158	09-08-2025		10	32.20
277	NS IV 10 ML AMPULE	10-0000181	09-08-2025		10	172.20
278	DSYRINGE 10ML (NIPRO)	70-0000761	09-08-2025		10	275.00
279	LUMBAR PUNCTURE	NPRO00165	09-08-2025		1	3,040.00
280	INVASIVE MONITORING	NEQP00026	09-08-2025	10-08-2025	1	1,260.00
281	VENTILLATOR	NEQP00043	09-08-2025	10-08-2025	1	10,080.00
282	NICU BEDCHARGES	BED	10-08-2025		1	8,000.00
283	CONSULTANT CHARGES	NINV04121	10-08-2025		1	2,200.00
284	NICU CONSULTATION CHARGES.	NCON00001	10-08-2025		2	5,000.00
285	NICU NURSING CHARGES	NURSING	10-08-2025		1	2,000.00
286	DSYRINGS 2.5ML(NIPRO)	70-0000795	10-08-2025		10	110.00
287	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	10-08-2025		1	102.00
288	NEOFLON 26 G	70-0000386	10-08-2025		1	379.00
289	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	10-08-2025		1	269.41
290	NS IV 10 ML AMPULE	10-0000181	10-08-2025		20	344.40
291	DSYRINGE 10ML (NIPRO)	70-0000761	10-08-2025		15	412.50
292	INTROCAN 24G	70-0000283	10-08-2025		1	240.00
293	SUCTION CATHETER 8	70-0000546	10-08-2025		10	980.00
294	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	10-08-2025		1	425.00
295	KLIM FILM (SMALL)	10-0005913	10-08-2025		1	180.00
296	EPICETAM INJ 500MG5ML	10-0007023	10-08-2025		5	650.00
297	DSYRINGE 5ML.(NIPRO)	70-0000771	10-08-2025		5	105.00
298	VACCUME SUCTION SET (ROMSONS)	70-0003405	10-08-2025		1	795.00
299	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	10-08-2025		2	128.56
300	ICUBAC INJ 125 MG	10-0006881	10-08-2025		3	2,050.80
301	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	10-08-2025		1	380.00
302	VENOUS BLOOD GAS (POCT)	NINV01154	10-08-2025		1	1,540.00
303	HAND CARE GLOVE	70-0000252	10-08-2025		15	660.00
304	ICUBAC INJ 125 MG	10-0006881	10-08-2025		2	1,367.20
305	DSYRINGE 10ML (NIPRO)	70-0000761	10-08-2025		15	412.50
306	SUCTION CATHETER 8	70-0000546	10-08-2025		6	588.00
307	NITRILE EXAMINATION GLOVES P F- MEDIUM	70-0001936	10-08-2025		20	500.00
308	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	10-08-2025		5	510.00
309	INVASIVE MONITORING	NEQP00026	10-08-2025	11-08-2025	1	1,260.00
310	VENTILLATOR	NEQP00043	10-08-2025	11-08-2025	1	10,080.00

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
311	NICU BEDCHARGES	BED	11-08-2025		1	8,000.00
312	CONSULTANT CHARGES	NINV04121	11-08-2025		1	2,200.00
313	NICU CONSULTATION CHARGES.	NCON00001	11-08-2025		2	5,000.00
314	NICU NURSING CHARGES	NURSING	11-08-2025		1	2,000.00
315	X RAY CHEST AP VIEW	NINV01199	11-08-2025		1	900.00
316	RAMS CANNULA N4903 (INFANT)	70-0003590	11-08-2025		1	3,150.00
317	LIQUID CLINSER 300ML	10-0005595	11-08-2025		1	279.00
318	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	11-08-2025		1	380.00
319	DSYRINGE 1ML (NIPRO)	70-0000800	11-08-2025		10	270.00
320	ACULYTE-P 500ML BOTTLE	10-0012322	11-08-2025		1	331.28
321	INTRAFIX(TRANSFLO)	70-0000282	11-08-2025		1	323.00
322	HAND CARE GLOVE	70-0000252	11-08-2025		15	660.00
323	HIGH PRESSUR EXTENTION 200CM-ROMSONS	70-0000262	11-08-2025		1	425.00
324	NEEDLE 22 G	70-0000379	11-08-2025		2	5.20
325	THREE WAY STOP COCK (B.D)	70-0000583	11-08-2025		1	161.00
326	DSYRINGE 10ML (NIPRO)	70-0000761	11-08-2025		15	412.50
327	DSYRINGE 50 ML LUER SLIP NIPRO	70-0002645	11-08-2025		1	199.00
328	EPICETAM INJ 500MG5ML	10-0007023	11-08-2025		3	390.00
329	DEXTROSE IV 25 % 100 ML BOTTLE	10-0000165	11-08-2025		1	22.79
330	RAMS CANNULA N4902 NEW BRON	70-0003589	11-08-2025		1	3,150.00
331	TEGADERM WITHOUT CUT (1624)	70-0000568	11-08-2025		1	124.00
332	NEEDLE 24 G	70-0000381	11-08-2025		1	2.60
333	SGLOVE # 7.0(SURGICARE)	70-0000479	11-08-2025		2	194.00
334	SURGICAL BLADE 11	70-0000553	11-08-2025		1	7.50
335	NEEDLE 23 G	70-0000380	11-08-2025		1	2.40
336	INTROCAN 24G	70-0000283	11-08-2025		1	240.00
337	INVASIVE MONITORING	NEQP00026	11-08-2025	12-08-2025	1	1,260.00
338	VENTILLATOR	NEQP00043	11-08-2025	12-08-2025	1	10,080.00
339	NICU BEDCHARGES	BED	12-08-2025		1	8,000.00
340	CONSULTANT CHARGES	NINV04121	12-08-2025		1	2,200.00
341	NICU CONSULTATION CHARGES.	NCON00001	12-08-2025		2	5,000.00
342	NICU NURSING CHARGES	NURSING	12-08-2025		1	2,000.00
343	VENOUS BLOOD GAS (POCT)	NINV01154	12-08-2025		1	1,540.00
344	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	12-08-2025		1	380.00
345	C-PAP	C-PAP	12-08-2025	13-08-2025	1	5,280.00

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
346	OXYGEN	NEQP00034	12-08-2025	13-08-2025	1	4,200.00
347	COTTON 200 G (150 G NETT)	70-0000103	12-08-2025		1	170.00
348	ICUBAC INJ 125 MG	10-0006881	12-08-2025		2	1,367.20
349	I.V PACK STERILE	70-0000928	12-08-2025		2	140.00
350	ALCOHOL SWABS HMD	70-0003830	12-08-2025		15	60.00
351	DSYRINGE 10ML (NIPRO)	70-0000761	12-08-2025		12	330.00
352	SUCTION CATHETER 6 ROMSONS	70-0003566	12-08-2025		4	392.00
353	INFANT FEEDING TUBE-7	70-0000273	12-08-2025		3	192.00
354	DSYRINGE 5ML.(NIPRO)	70-0000771	12-08-2025		12	252.00
355	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	12-08-2025		3	306.00
356	HAND CARE GLOVE	70-0000252	12-08-2025		12	528.00
357	RAMS CANNULA N4903 (INFANT)	70-0003590	12-08-2025		-1	- 3,150.00
358	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	12-08-2025		1	270.00
359	SGLOVE # 7.0(SURGICARE)	70-0000479	12-08-2025		1	97.00
360	UROBAG SMALL	70-0000609	12-08-2025		2	94.00
361	INVASIVE MONITORING	NEQP00026	12-08-2025	13-08-2025	1	1,260.00
362	NICU BEDCHARGES	BED	13-08-2025		1	8,000.00
363	CONSULTANT CHARGES	NINV04121	13-08-2025		1	2,200.00
364	NICU CONSULTATION CHARGES.	NCON00001	13-08-2025		2	5,000.00
365	NICU NURSING CHARGES	NURSING	13-08-2025		1	2,000.00
366	ICUBAC INJ 500 MG	10-0003168	13-08-2025		2	1,619.48
367	OXYGEN	NEQP00034	13-08-2025	14-08-2025	1	4,200.00
368	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	13-08-2025		1	380.00
369	NEBULIZATION CHAMBER (PEAD)-AERO COMFORT	70-0000373	13-08-2025		1	662.00
370	ADROGLARE(ADRENALINE) INJ 1MG 1ML	10-0007939	13-08-2025		4	54.80
371	LEVIPIL SYRUP 100MG 100ML	10-0001847	13-08-2025		1	452.27
372	NASOCLEAR NASAL DROPS	10-0000107	13-08-2025		1	70.78
373	MUPIMET OINT 2% 5GM	10-0009090	13-08-2025		1	114.50
374	INVASIVE MONITORING	NEQP00026	13-08-2025	14-08-2025	1	1,260.00
375	NICU BEDCHARGES	BED	14-08-2025		1	8,000.00
376	CONSULTANT CHARGES	NINV04121	14-08-2025		1	2,200.00
377	NICU CONSULTATION CHARGES.	NCON00001	14-08-2025		2	5,000.00
378	NICU NURSING CHARGES	NURSING	14-08-2025		1	2,000.00
379	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	14-08-2025		1	380.00
380	HAND CARE GLOVE	70-0000252	14-08-2025		15	660.00

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
381	DSYRINGE 10ML (NIPRO)	70-0000761	14-08-2025		12	330.00
382	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	14-08-2025		1	270.00
383	Dr.JYOTHI LAL DAS - AUDIOLOGY	501304	14-08-2025		1	1,950.00
384	ET TUBE - 3.5 MM STERIMED	70-0005237	14-08-2025		1	244.00
385	ADROGLARE(ADRENALINE) INJ 1MG 1ML	10-0007939	14-08-2025		4	54.80
386	NEBULIZATION CHAMBER (PEAD)-AERO COMFORT	70-0000373	14-08-2025		1	662.00
387	VENOUS BLOOD GAS (POCT)	NINV01154	14-08-2025		1	1,540.00
388	C-PAP	C-PAP	14-08-2025	15-08-2025	1	5,280.00
389	OXYGEN	NEQP00034	14-08-2025	15-08-2025	1	4,200.00
390	RAMS CANNULA N4902 NEW BRON	70-0003589	14-08-2025		1	3,150.00
391	VENTSTAR HEATED (N) MP00308	70-0000964	14-08-2025		1	5,198.00
392	NEEDLE 24 G	70-0000381	14-08-2025		2	5.20
393	DSYRINGS 2.5ML(NIPRO)	70-0000795	14-08-2025		2	22.00
394	CAPRIN INJ VIAL 5000 IU 5 ML	10-0000353	14-08-2025		1	120.83
395	MAGNECURE INJ 2ML	10-0007942	14-08-2025		1	11.00
396	DEXTROSE IV 25 % 100 ML BOTTLE	10-0000165	14-08-2025		1	22.79
397	DSYRINGE 1ML (NIPRO)	70-0000800	14-08-2025		5	135.00
398	INVASIVE MONITORING	NEQP00026	14-08-2025	15-08-2025	1	1,260.00
399	NICU BEDCHARGES	BED	15-08-2025		1	8,000.00
400	CONSULTANT CHARGES	NINV04121	15-08-2025		1	2,200.00
401	NICU CONSULTATION CHARGES.	NCON00001	15-08-2025		2	5,000.00
402	NICU NURSING CHARGES	NURSING	15-08-2025		1	2,000.00
403	INFANT FEEDING TUBE-6	70-0000272	15-08-2025		4	272.00
404	DUODERM EXTRA THIN 10X10 CM(187955)	70-0000162	15-08-2025		1	269.41
405	TEGADERM WITHOUT CUT (1624)	70-0000568	15-08-2025		1	124.00
406	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	15-08-2025		1	64.28
407	STERI-STRIP 1 2*4IN.(R1547)	70-0000537	15-08-2025		1	246.00
408	INTROCAN 24G	70-0000283	15-08-2025		1	240.00
409	NEBULISATION WITH OXYGEN	NPRO00187	15-08-2025		1	340.00
410	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	15-08-2025		1	380.00
411	NEBULISATION	NPRO00186	15-08-2025		1	130.00
412	INTROCAN 24G	70-0000283	15-08-2025		3	720.00
413	CATH FLUSH INJ 10 IU 2ML	10-0000359	15-08-2025		1	21.41
414	ET TUBE - 3.5 MM STERIMED	70-0005237	15-08-2025		2	488.00
415	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	15-08-2025		1	64.28

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
416	DEXAMETHASONE INJ 2 ML	10-0000403	15-08-2025		1	11.40
417	SUCTION CATHETER 6 ROMSONS	70-0003566	15-08-2025		6	534.00
418	HAND CARE GLOVE	70-0000252	15-08-2025		12	528.00
419	BUDECORT RESPULES 0.5 MG 2 ML	10-0000940	15-08-2025		5	133.25
420	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	15-08-2025		4	408.00
421	DSYRINGE 10ML (NIPRO)	70-0000761	15-08-2025		10	275.00
422	C-PAP	C-PAP	15-08-2025	16-08-2025	1	5,280.00
423	OXYGEN	NEQP00034	15-08-2025	16-08-2025	1	4,200.00
424	SURGICAL BLADE 11	70-0000553	15-08-2025		1	7.50
425	LOX 2% JELLY 30 GM	10-0000820	15-08-2025		1	36.90
426	NS 100ML ACCULIFE - EH	10-0013670	15-08-2025		1	47.92
427	INVASIVE MONITORING	NEQP00026	15-08-2025	16-08-2025	1	1,260.00
428	NICU BEDCHARGES	BED	16-08-2025		1	8,000.00
429	CONSULTANT CHARGES	NINV04121	16-08-2025		1	2,200.00
430	NICU CONSULTATION CHARGES.	NCON00001	16-08-2025		2	5,000.00
431	NICU NURSING CHARGES	NURSING	16-08-2025		1	2,000.00
432	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	16-08-2025		1	380.00
433	X RAY CHEST AP VIEW	NINV01199	16-08-2025		1	900.00
434	DSYRINGE 10ML (NIPRO)	70-0000761	16-08-2025		10	275.00
435	HAND CARE GLOVE	70-0000252	16-08-2025		15	660.00
436	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	16-08-2025		1	270.00
437	COBULATOR.	NEQP00011_1	16-08-2025	17-08-2025	1	4,850.00
438	RECOVERY ROOM CHARGES.	RRC01_D	16-08-2025		1	2,000.00
439	ANESTHETIST ASSISTANT	ANA01	16-08-2025		1	2,305.00
440	ASST SURGEON FEES	NASU00001	16-08-2025		1	2,305.00
441	CSSD CHARGES.	CSSD01_D	16-08-2025		1	695.00
442	OT CONSUMABLES	NOTH00015	16-08-2025		1	4,500.00
443	ETO Wand Charges	OTHRES	16-08-2025		1	4,500.00
444	MAGNESIUM	NINV00717	16-08-2025		1	1,790.00
445	CALCIUM	NINV00252	16-08-2025		1	760.00
446	ELECTROLYTES	NINV00482	16-08-2025		1	1,370.00
447	DSYRINGE 50 ML LUER SLIP NIPRO	70-0002645	16-08-2025		1	199.00
448	HIGH PRESSUR EXTENTION 200 CM - PRYMAX	70-0006072	16-08-2025		2	958.00
449	DSYRINGE 50 ML LUER SLIP NIPRO	70-0002645	16-08-2025		2	398.00
450	IV PLACEMENT CANNULATION	NPRO00153	16-08-2025		1	600.00

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
451	PRE ANESTHESIA CHECK-UP	NPRO00230	16-08-2025		1	920.00
452	Dr.Chandana	OTHRES	16-08-2025		1	2,040.00
453	BRONCOSCOPY EQPT	NEQP00005	16-08-2025	16-08-2025	1	7,260.00
454	VERFEN 2ML INJ 50 MCG ML	10-0004430	16-08-2025		1	47.75
455	CONSCIOUS SEDATION	NPRO00057	16-08-2025		1	1,260.00
456	ET INTUBATION	NPRO00091	16-08-2025		1	3,040.00
457	SYRINGE PUMP	NEQP00040	16-08-2025	17-08-2025	1	420.00
458	VENTILLATOR	NEQP00043	16-08-2025	17-08-2025	1	10,080.00
459	NITRILE EXAMINATION GLOVES P F- MEDIUM	70-0001936	16-08-2025		20	500.00
460	ET TUBE - 3.0 MM STERIMED	70-0005236	16-08-2025		1	244.00
461	ALLESORB CORE TURNAROUND COVER 40x60IN	70-0007233	16-08-2025		1	425.00
462	MINISPIKE-V	70-0001164	16-08-2025		1	163.00
463	LOX 2% JELLY 30 GM	10-0000820	16-08-2025		1	36.90
464	THEMIPYRRNOM 0.2MG INJ	10-0013789	16-08-2025		1	16.26
465	OXYGEN NASAL CANNULA (NEO)	70-0000397	16-08-2025		1	375.00
466	E.C.G LEADS	70-0000169	16-08-2025		1	792.00
467	DSYRINGE 1ML (NIPRO)	70-0000800	16-08-2025		1	27.00
468	SAVLON 100 ML	10-0005940	16-08-2025		1	62.00
469	GAUZE PACK STERILE 10X10X12PLY 5S X-RAY	70-0004095	16-08-2025		3	330.00
470	H.M.E FILTER (NEO)1441	70-0000249	16-08-2025		1	755.00
471	INTRAFIX(TRANSFLO)	70-0000282	16-08-2025		1	323.00
472	BED SHEET (PLASTIC)	70-0000038	16-08-2025		1	150.00
473	SGLOVE # 7.0(SURGICARE)	70-0000479	16-08-2025		2	194.00
474	DEXAMETHASONE INJ 2 ML	10-0000403	16-08-2025		1	11.40
475	MCT-ROF 100MG 10ML	10-0011817	16-08-2025		1	72.50
476	BACTOPREP SOLUTIONS 100 ML	10-0007619	16-08-2025		1	245.00
477	ET TUBE - 3.0 CUFFED (KIMBERLY CLARK)	70-0000173	16-08-2025		1	1,452.00
478	INFANT FEEDING TUBE-7	70-0000273	16-08-2025		1	64.00
479	RL 500 ML CLOSED SYSTEM	10-0005541	16-08-2025		1	74.02
480	DSYRINGE 10ML (NIPRO)	70-0000761	16-08-2025		5	137.50
481	ROCUNIUM INJ 50 MG 5 ML	10-0000658	16-08-2025		1	919.00
482	MYOSTIGMIN INJ 1ML	10-0000563	16-08-2025		1	5.60
483	SPLINT - I	70-0000533	16-08-2025		1	65.00
484	NS IV 10 ML AMPULE	10-0000181	16-08-2025		1	17.22

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Inpatient Provisional Bill(Detail)

(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
485	FACE MASK-3LAYER THREADED	70-0006094	16-08-2025		10	100.00
486	VACCUME SUCTION SET (ROMSONS)	70-0003405	16-08-2025		2	1,590.00
487	DSYRINGE 5ML.(NIPRO)	70-0000771	16-08-2025		3	63.00
488	MOPS 30X30 8PLY 5S X-RAY	70-0000811	16-08-2025		1	850.00
489	SGLOVE # 6 (SURGICARE)	70-0000476	16-08-2025		4	388.00
490	NS 1000 ML CLOSED EUROFLEX	10-0006082	16-08-2025		1	110.31
491	SURGEONS CAP	70-0000552	16-08-2025		10	120.00
492	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	16-08-2025		1	380.00
493	VENOUS BLOOD GAS (POCT)	NINV01154	16-08-2025		1	1,540.00
494	Dr. ALLU CHANDANA	NSUR00001	16-08-2025		1	23,040.00
495	Dr. SUBRAMANYAM	NANE00001	16-08-2025		1	6,912.00
496	OPERATION THEATRE CHARGES	NOPE00002	16-08-2025		1	12,000.00
497	HIGH PRESSUR EXTENTION 200 CM - PRYMAX	70-0006072	16-08-2025		1	479.00
498	TEGADERM WITHOUT CUT (1624)	70-0000568	16-08-2025		1	124.00
499	INTROCAN 24G	70-0000283	16-08-2025		1	240.00
500	NEEDLE 18 G	70-0000376	16-08-2025		1	3.30
501	MICRO POLY SITE BI EXTENTION	70-0007813	16-08-2025		1	820.00
502	C-PAP	C-PAP	16-08-2025	17-08-2025	1	5,280.00
503	OXYGEN	NEQP00034	16-08-2025	17-08-2025	1	4,200.00
504	ET TUBE 4.0 CUFFED REBELLE	70-0001408	16-08-2025		1	380.00
505	NEBULISATION	NPRO00186	16-08-2025		2	260.00
506	DSYRINGE 10ML (NIPRO)	70-0000761	16-08-2025		15	412.50
507	DSYRINGE 5ML.(NIPRO)	70-0000771	16-08-2025		15	315.00
508	DSYRINGE 1ML (NIPRO)	70-0000800	16-08-2025		15	405.00
509	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	16-08-2025		1	270.00
510	DSYRINGE 10ML (NIPRO)	70-0000761	16-08-2025		15	412.50
511	HAND CARE GLOVE	70-0000252	16-08-2025		18	792.00
512	ROCUNIUM INJ 50 MG 5 ML	10-0000658	16-08-2025		1	919.00
513	DSYRINGS 2.5ML(NIPRO)	70-0000795	16-08-2025		10	110.00
514	JUNIOR LANZOL DT 15MG TAB 15S	10-0002131	16-08-2025		5	65.60
515	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	16-08-2025		5	510.00
516	DEXAMETHASONE INJ 2 ML	10-0000403	16-08-2025		3	34.20
517	INVASIVE MONITORING	NEQP00026	16-08-2025	17-08-2025	1	1,260.00
518	NICU BEDCHARGES	BED	17-08-2025		1	8,000.00
519	CONSULTANT CHARGES	NINV04121	17-08-2025		1	2,200.00

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(Original)

IPID	: IP5-00160655	Bill No	:
UHID	: BAH-00630516	Bill Date	:
Patient Name	: Baby Of.RESHMABHANU	Age / Sex	: 0 Y 0 M 21 D / Female
Address	: H.no-12-3-100/3/2/1/a, Siddipet, Medak, - 502103 Telangana, India	Company	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
520	NICU CONSULTATION CHARGES.	NCON00001	17-08-2025		2	5,000.00
521	NICU NURSING CHARGES	NURSING	17-08-2025		1	2,000.00
522	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	17-08-2025		1	380.00
523	VENOUS BLOOD GAS (POCT)	NINV01154	17-08-2025		1	1,540.00
524	VENOUS BLOOD GAS (POCT)	NINV01154	17-08-2025		1	1,540.00
525	DEXTROSE IV 25 % 100 ML BOTTLE	10-0000165	17-08-2025		1	22.79
526	NEEDLE 18 G	70-0000376	17-08-2025		1	3.30
527	ACULYTE-P 500ML BOTTLE	10-0012322	17-08-2025		1	331.28
528	DSYRINGE 50 ML LUER SLIP NIPRO	70-0002645	17-08-2025		1	199.00
529	C-PAP	C-PAP	17-08-2025	18-08-2025	1	5,280.00
530	OXYGEN	NEQP00034	17-08-2025	18-08-2025	1	4,200.00
531	NEBULISATION	NPRO00186	17-08-2025		2	260.00
532	HAND CARE GLOVE	70-0000252	17-08-2025		10	440.00
533	SUCTION CATHETER 6 ROMSONS	70-0003566	17-08-2025		6	534.00
534	RELIFERON 3MIU INJECTION 0.5 ML	10-0013354	17-08-2025		1	714.87
535	NS IV 10 ML AMPULE	10-0000181	17-08-2025		10	172.20
536	RELIPARA(PARACETAMOL)1000MG 100ML BOTTLE	10-0012729	17-08-2025		3	2,144.25
537	VENOUS BLOOD GAS (POCT)	NINV01154	17-08-2025		1	1,540.00
538	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	17-08-2025		1	380.00
539	C-PAP	C-PAP	17-08-2025	18-08-2025	1	5,280.00
540	INVASIVE MONITORING	NEQP00026	17-08-2025	18-08-2025	1	1,260.00
541	NICU BEDCHARGES	BED	18-08-2025		1	8,000.00
542	CONSULTANT CHARGES	NINV04121	18-08-2025		1	2,200.00
543	NICU CONSULTATION CHARGES.	NCON00001	18-08-2025		2	5,000.00
544	NICU NURSING CHARGES	NURSING	18-08-2025		1	2,000.00
545	D WATER 500 ML BOTTLE (NIRLIFE)	10-0003129	18-08-2025		1	64.28
546	NS IV 10 ML AMPULE	10-0000181	18-08-2025		10	172.20
547	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	18-08-2025		1	380.00
548	C-PAP	C-PAP	18-08-2025	19-08-2025	1	5,280.00
549	OXYGEN	NEQP00034	18-08-2025	19-08-2025	1	4,200.00
550	DSYRINGE 10ML (NIPRO)	70-0000761	18-08-2025		15	412.50
551	GAUZE PACK STERILE 10X10X12 PLY 5S	70-0000239	18-08-2025		4	408.00
552	HAND CARE GLOVE	70-0000252	18-08-2025		15	660.00
553	C-PAP	C-PAP	18-08-2025	19-08-2025	1	5,280.00
554	INVASIVE MONITORING	NEQP00026	18-08-2025	19-08-2025	1	1,260.00

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(Original)

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UHID	: BAH-00630516	Bill Date	:
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Bed	: NICU 268	TPA	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD
Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

S.NO	Name	Code	Order/From Date	To Date	Qty	AMOUNT
555	NICU BEDCHARGES	BED	19-08-2025		1	8,000.00
556	CONSULTANT CHARGES	NINV04121	19-08-2025		1	2,200.00
557	NICU CONSULTATION CHARGES.	NCON00001	19-08-2025		2	5,000.00
558	NICU NURSING CHARGES	NURSING	19-08-2025		1	2,000.00
559	OXYGEN	NEQP00034	19-08-2025	20-08-2025	1	4,200.00
560	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	19-08-2025		1	270.00
561	HAND CARE GLOVE	70-0000252	19-08-2025		20	880.00
562	C-PAP	C-PAP	19-08-2025	20-08-2025	1	5,280.00
563	BABY WIPES 72S BUTTERFLY	90-0000039	19-08-2025		1	299.00
564	MICROSHIELD 4% 500ML	10-0010576	19-08-2025		1	799.00
565	INVASIVE MONITORING	NEQP00026	19-08-2025	20-08-2025	1	1,260.00
566	NICU BEDCHARGES	BED	20-08-2025		1	8,000.00
567	CONSULTANT CHARGES	NINV04121	20-08-2025		1	2,200.00
568	NICU CONSULTATION CHARGES.	NCON00001	20-08-2025		2	5,000.00
569	NICU NURSING CHARGES	NURSING	20-08-2025		1	2,000.00
570	BABY WIPES-OCTENISAN	10-0009832	20-08-2025		1	549.00
571	NEEDLE 24 G	70-0000381	20-08-2025		1	2.60
572	NEEDLE 18 G	70-0000376	20-08-2025		4	13.20
573	E.C.G LEADS	70-0000169	20-08-2025		1	792.00
574	Oxygen Mask With Tubing - Pead (ROMSONS)	70-0003402	20-08-2025		1	494.00
575	BABY DIAPER NEW BORN TEDDYS 10S PACK	10-0014257	20-08-2025		1	270.00
576	OSSOPAN-D SYRUP 200 ML	10-0001885	20-08-2025		1	198.31
577	HAND CARE GLOVE	70-0000252	20-08-2025		8	352.00
578	Oxygen Mask With Tubing - Pead (ROMSONS)	70-0003402	20-08-2025		-1	- 494.00
579	KIDRICH - D3 DROPS 800 IU 15 ML	10-0003112	20-08-2025		1	199.50
580	NEBULIZATION CHAMBER (ADULT)	70-0000372	20-08-2025		1	662.00
581	INVASIVE MONITORING	NEQP00026	20-08-2025	21-08-2025	1	1,260.00
582	NICU BEDCHARGES	BED	21-08-2025		0.5	4,000.00
583	CONSULTANT CHARGES	NINV04121	21-08-2025		0.5	1,100.00
584	NICU CONSULTATION CHARGES.	NCON00001	21-08-2025		1	2,500.00
585	NICU NURSING CHARGES	NURSING	21-08-2025		0.5	1,000.00
586	RANDOM BLOOD GLUCOSE(POCT)	LBPA0349	21-08-2025		1	380.00
587	INSURANCE PROCESSING FEE	NOTH00013	21-08-2025		1	900.00

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Ward	: 2F-NICU 3	GSTIN	:
Doctor	: Dr. MVB PRATHYUSH	Admission Date & Time	: 03-08-2025 11:53 PM
Procedure	: SUPRAGLOTTOPLASTY (16/08/2025 15:25:00)		

Total Amount :	929,091.24
Net Amount :	929,091.24
Balance :	9,29,091.24

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
Pati 31-07-2025 0 Y 0 M 16 D (F)
Dr. MVB PRATHYUSH

MLW ward
BTO

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SURGERY DETAILS

76955

Date : 16/8/25

Patient Name: Baby of Reshmebhanu Date of Birth: 31-07-25 Age: 16 D

Gender: female Ward : P.OT UHID No.: 00630516

Date of Surgery: 16/8/25 ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Supraglottoplasty

Time in : 3:15 PM Time Out : 4 PM

	NAME	AMOUNT
1. Surgeon	Dr. Chandana	S.F. 23040/
2. Anaesthetist	Dr Savitha	AB. 6912/
3. Assistant Surgeon		
4. OT Technician	Bapu	12000/
5. Circulating Nurse	Saraswathi	4500/
6. Assistant Nurse	Babi	

9155710

Special Equipment: ☐ Laparascopy ☐ Broncoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others Coblator → 9155710

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9155711/712 Order by: Babi

Docu. No. : RCHBH/FRM/GENERAL/114

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 16 D (F)
Dr. MVB PRATHYUSH

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CONSUMABLES OF OT

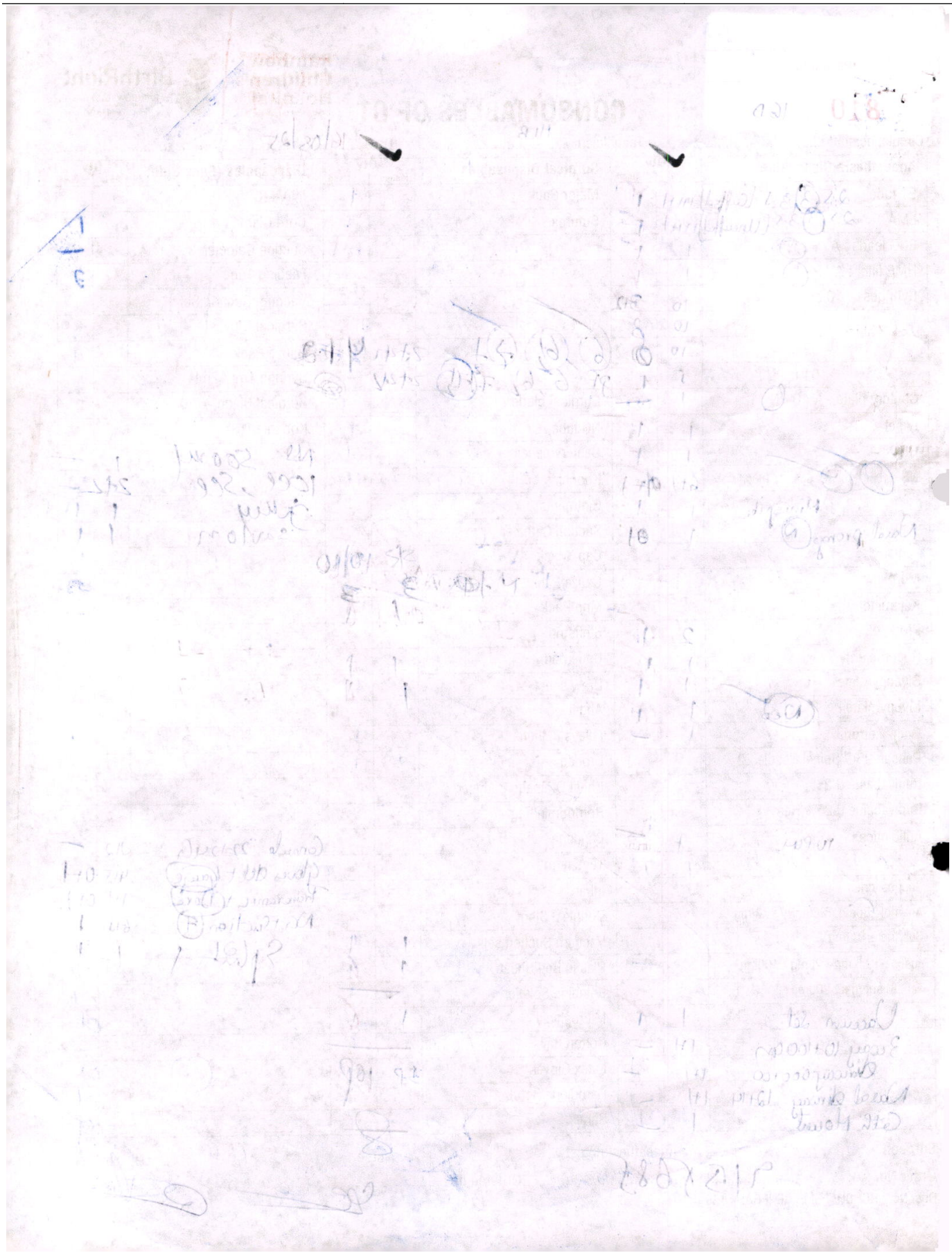
Circulating staff : ..... Technician : HLB ..... Date : 16/08/25 ..... Time : .....

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube 2.5 3 3.5 [Cuffed]	1+1+1	1	Major Pack			Inj Vit.K		
LMA 2.5 3 3.5 [Uncuffed]	1+1+1	1	Sutures			Cord Clamp		
ECG leads : A / P / N	1	1				Suction Catheter		
HME filter : A / P / N	1	1				Feeding Tube		
Syringes : 10 cc	10	3+2				Vaccum Suction Set		
05 cc	10	3	Gloves			Surgical Gloves		
02 cc	10	0	6 6½ 7½	2+2+2	4+2+2	Gauze Pack		
01 cc	5	1	SF 6 6½ 7 7½	2+2+2	0	Syringe 1ml / 2ml		
Cautery plate : A / P / N	1	—	Surgical blade			Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil			NS 500ml	1	—
NS : 10ml / 100ml / 500ml / 1000ml	6+1	0+1	Koochies			10cc, 5cc	2+2	—
Minispike	1	1	Ointments			Jelly	1	1
Nasal prongs N	1	0+1	Suction Catheter			Savlon	1	1
Fentanyl			Cap, Mask	SP	10/10			
Morphine			Gauze Pack N	3	3			
Ketamine			Mop Pack	1	1			
Propofol	2	1	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	1	1			
Myopyrolate Neo	1	1	Abgel					
Ondansetron	1	—	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics 10 PCM	1	—	Bandage			Cannula 22+24G	2+2	—
			Tegaderm			Gloves all + Gauze	4+5	0+1
Suppositories			Ioban			Pranoramic + Dera	1+1	0+1
Anamol : 80mg / 250mg / 170 mg			Double J Stent			NG+Suction 7	6+5	1
Supridol : 100mg			Vaccum Suction set	1	1	Splint	1	1
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	—	—			
Vaccum Set	1	1	Microshield	1	1			
3way 10+100cm	1+1	—	Cotton Balls	—	—			
Airway 000+00	1+1	—	Latex Gloves	SP	10P			
Nasal airway 12+14	1+1	—	Ramdione Scrub					
Cath Mount	1	—	Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : 9155685 ..... Ordered by : .....

Doc. No. : RCHBH/ FRM / GENERAL / 125



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12:08pm

ESTIMATION SLIP

Date : 16/Aug/2025 UHID / IP No. : Baby of Reshma BAH-00630516 Sl No. 76955

Name of Patient : Baby of Reshma Bashi Age: 16 D. Gender: F

Father's / Husband's Name : Mr. Nayeem. Corporate / Occupation : Bajaj Finance.

Address : Phone : 8096575899. Email:

Procedure / Plan : Medical Mx + MLB (Diagnostic Bronchoscopy)

MODE OF PAYMENT : ☐ SELF ☐ TPA : Bajaj Insurance ☐ GIPSA: OTHERS

TARIFF INFORMATION : Dy. Chandana A PTH-2

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges (per Day)										
Doctor's Fee							✓			
L. Tax										

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	SF+ASF+ 25344 AF+AAF+ 9216 OT 12000/hrs.
O.T. Consumables	6500. Subject to approval by TPA / Insurance Company
Instrument Charges	7260 → Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations	Extra As per actual - Not Included in Estimation

Equipment Charges						
Monitor :		Oxygen :		Infusion pump / Syringe pump :		
Ventilator :	Conventional :		HFO-SLE 5000 :		HFO Sensormedix :	
Phototherapy :	Single Surface :		Double Surface :		Triple Surface :	

Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	Extra As per actual - Not Included in Estimation
Package	
Others	
Initial Minimum Deposit	Final Amount Item.

RMP 25k. G.B. 85k. (Only procedure charges).

REMARKS:

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. **The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.**
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. 12:31 only. Room Allin SK. STA
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
6. **For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.** PPC, DAC, CSD
7. During Non-working hours of O.T (8:00 PM ot 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
8. Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Mr. Nayeem. have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client | Father | Signatory Relationship | Signature of the Financial Counselor

Bajaj Allianz General Insurance Co. Ltd.

BAJAJ Allianz
Caringly yours

ii.	ICU rent /day -	0 /-
iii.	Nursing Charges /day-	0/-
iv.	Consultant Charges /day-	0/-
v.	Surgeon`s fee -	0/-
vi.	OT charge -	0/-
vii.	Anaesthetist -	0/-
viii.	Others -	/-

Authorization Summary:-

Note: ** Field are to be considered as a deduction and should not be added in the Bill Amount.**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
Pathology Charges	93590	0	0	93590	
Equipment Charges	230226	10000	0	220226	Warmer-10000,
ICU Charges	148000	0	0	148000	
Radiology Charges	24560	0	0	24560	
Other Deduction***	52332	52332	0	---	remining amount processed on to up claim
Miscellaneous	1605	1595	0	10	Insurance Processing Fee-900,Csso Charges-695
Non-Medical Charges	1740	1740	0	0	Medical Records Charges-1500,Registration Charges-240
Nursing Charges	68676	27500	0	41176	Drug Administration Charges-27500,
Doctor Charges	195207	0	0	195207	
Member Co-pay***	115117	115117	0	---	15%Member Co-pay
OT Charges	12000	0	0	12000	
Pharmacy Charges	151182	37189	0	113993	Return,Hand Care Glove-11044,Savlon 100 Ml-62,Microshield 4% 500ml-799,Baby Wipes 72s Butterfly-897,Feeding Bottle Ws 125-960,Bed Sheet-150,Sglove 7.0-485,Baby Wipes-Octenisan-1647,Alcohol Swabs Hmd-60,Lox 2% Jelly 30-72,Vaccume Suction Set-1590,Sglove 6.5-194,3m 9263 Avagard Chg-985,Baby Diaper

Bajaj Allianz General Insurance Co. Ltd.

vi. OT charge - /-
vii. Anaesthetist - /-
viii. Others - /-

Authorization Summary:-

Note: ** Field are to be considered as a deduction and should not be added in the Bill Amount.**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
ICU Charges	148000	0	0	148000	
Radiology Charges	24560	0	0	24560	
Doctor Charges	187947	0	0	187947	
Nursing Charges	68676	27500	0	41176	Drug Administration Charges-27500
Non-Medical Charges	1740	1740	0	0	Medical Records Charges-1500,Registration Charges-240
Pathology Charges	93590	0	0	93590	
Pharmacy Charges	139476	33509	0	105967	Return,Hand Care Glove-11044,Savlon 100 Ml-62,Microshield 4% 500ml-799,Neonatal Pack I-4370,Baby Wipes 72s Butterfly-897,Feeding Bottle Ws 125-960,Bed Sheet-150,Sglove 7.0-485,Baby Wipes-Octenisan-1647,Lox 2% Jelly 30-72,Sglove 6.5-194,3m 9263 Avagard Chg-985,Baby Diaper New Born-2970,Cartoon Flexi Thermometer-325,Allesorb Core Turnaround Cover-425,Face Mask-3layer Threaded-100,Nitrile Examination Gloves P.F.-1250,Feeding Bottle W S-480,Klim Film-180,Mops 30x30 Bply 5s-850,Proto Gown-900,Nitrile Examination Gloves P-1750,Bactoprep Solutions 100 Ml-490,Sglove N 7.0-97,Mupimet Oint 2% 5gm-114,Surgeons

Bajaj Allianz General Insurance Co. Ltd.

vi. OT charge - /-
vii. Anaesthetist - /-
viii. Others - /-

Authorization Summary:-

Note: ** Field are to be considered as a deduction and should not be added in the Bill Amount.**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
ICU Charges	148000	0	0	148000	
Radiology Charges	24560	0	0	24560	
Doctor Charges	187947	0	0	187947	
Nursing Charges	68676	27500	0	41176	Drug Administration Charges-27500
Non-Medical Charges	1740	1740	0	0	Medical Records Charges-1500,Registration Charges-240
Pathology Charges	93590	0	0	93590	
Pharmacy Charges	139476	33509	0	105967	Return,Hand Care Glove-11044,Savlon 100 Ml-62,Microshield 4% 500ml-799,Neonatal Pack I-4370,Baby Wipes 72s Butterfly-897,Feeding Bottle Ws 125-960,Bed Sheet-150,Sglove 7.0-485,Baby Wipes-Octenisan-1647,Lox 2% Jelly 30-72,Sglove 6.5-194,3m 9263 Avagard Chg-985,Baby Diaper New Born-2970,Cartoon Flexi Thermometer-325,Allesorb Core Turnaround Cover-425,Face Mask-3layer Threaded-100,Nitrile Examination Gloves P.F.-1250,Feeding Bottle W S-480,Klim Film-180,Mops 30x30 Bply 5s-850,Proto Gown-900,Nitrile Examination Gloves P-1750,Bactoprep Solutions 100 Ml-490,Sglove N 7.0-97,Mupimet Oint 2% 5gm-114,Surgeons

Bajaj Allianz General Insurance Co. Ltd.

BAJAJ Allianz
Caringly yours

ii.	ICU rent /day -	0 /-
iii.	Nursing Charges /day-	0/-
iv.	Consultant Charges /day-	0/-
v.	Surgeon`s fee -	0/-
vi.	OT charge -	0/-
vii.	Anaesthetist -	0/-
viii.	Others -	/-

Authorization Summary:-

Note: ** Field are to be considered as a deduction and should not be added in the Bill Amount.**

Particular	Bill Amount	Disallowed Amount	Tariff Excess Deduction	Approved Amount	Disallowance Reason
Pathology Charges	93590	0	0	93590	
Equipment Charges	230226	10000	0	220226	Warmer-10000,
ICU Charges	148000	0	0	148000	
Radiology Charges	24560	0	0	24560	
Other Deduction***	52332	52332	0	---	remining amount processed on to up claim
Miscellaneous	1605	1595	0	10	Insurance Processing Fee-900,Csso Charges-695
Non-Medical Charges	1740	1740	0	0	Medical Records Charges-1500,Registration Charges-240
Nursing Charges	68676	27500	0	41176	Drug Administration Charges-27500,
Doctor Charges	195207	0	0	195207	
Member Co-pay***	115117	115117	0	---	15%Member Co-pay
OT Charges	12000	0	0	12000	
Pharmacy Charges	151182	37189	0	113993	Return,Hand Care Glove-11044,Savlon 100 Ml-62,Microshield 4% 500ml-799,Baby Wipes 72s Butterfly-897,Feeding Bottle Ws 125-960,Bed Sheet-150,Sglove 7.0-485,Baby Wipes-Octenisan-1647,Alcohol Swabs Hmd-60,Lox 2% Jelly 30-72,Vaccume Suction Set-1590,Sglove 6.5-194,3m 9263 Avagard Chg-985,Baby Diaper

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 20 D (F)
Dr. MVB PRATHYUSH

Rainbow® Children's Hospital
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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary				
3	Nursing Initial assessment				
4	Patient Transfer form				
5	In-patient Medical record				
6	Doctors progress sheets				
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation	7			
29	TPR & BP chart	9			
30	Intake and Out take chart (fluid chart)	9			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart	2			
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)	16			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	8			
38	Braden Q Scale	8			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
	EXTRA	13			
		5			
	Total No. of Pages	65			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 21/8/25

(P.T.O)

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU / 2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE : 2/4/8

SIGNATURE OF MRD INCHARGE / EXECUTIVE

Patient Name : Reshma Bany

Age : ..... Gender : ☐ Male ☑ Female Weight (kg) : 2 kg

Rainbow Retrieval Team

TRANSPORT SHEET

NURSING CHART

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Diagnosis : Neonatal Sepsis Nurse : Abin Registrar : Dr. Sneha

INPUT								HRLY Input	OUTPUT				
Name of Infusion	1	2	3	4	5	6	Arterial Flush		Urine	NGASP	Stool	Total	Balance
Time													

Medications (Prescription Chart)

Time	Medication	Dose	Route	Doctor Sign	Nurse Sign
10 pm	Midaz.	0.1 mg/kg	IV		

Infuzion:

Time	Medication	Dose	Route	Doctor Sign	Nurse Sign
10 pm	10% Dsop.	120 cc/kg	IV		

Doc.No: RCHBH/FRM/GENERAL/004

Patient Name : .....

Age : ..... Gender : ☐Male ☐Female Weight (kg) : .....

Rainbow Retrieval Team

TRANSPORT SHEET

NURSING CHART

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Diagnosis : ..... Nurse : ..... Registrar : .....

	Time →	10 pm	10:30	11 pm	11:30		
	HR 220						
	RR 200						
Temperature	BP 180	138	132	135	128		
42	160						
41	140						
40	130	38	38	38	38		
39	120						
38	110	36.3	36.5	36.7	36.7C		
37	100						
36	90	57	73	76	57		
35	80						
34	70						
33	60						
32	55	43	64	56	43		
31	50						
30	45						
29	40						
28	35	35	54	46	38		
27	30						
26	25						
25	20						
	15						
	12						
	10						
	8						
	6						
	4						
	2						

Mode of Ventilation	CMV	CMV	CMV	CMV		
SPO_2	95	98	95	96		
PIP / Δ P	15	15	15	15		
PEEP	6	6	6	6cm		
Ti	0.40	0.45	0.40	0.40		
MAP						
FiO_2	30 %	25 %	21 %	21 %		
iNO (ppm)						
RATE / FREQ.	40	40	40	40		
TV						

Doc.No: RCHBH/FRM/GENERAL/003

Rainbow Retrieval Team

TRANSPORT SHEET

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RRT No. | Year | NICU / PICU | Number |

Date: | Date | Month | Year |

Type of Transport: ☐ Urgent ☐ Standard ☐ Planned

Patient Name : ..... DoB: Day Month Year ToB (NICU) AM/PM

Gender : Male Female Birth Weight: Current Weight: GA: Weeks Days CGA: Weeks Days

History (by Doctor) : .....

.....

.....

.....

Maternal History: Antenatal Steroids ☐ PROM ☐ Hrs $MgSO_4$ ☐ APGAR ☐☐☐ Vit-K ☐

Antibiotics ..... HVS .....

Referring Hospital : ..... Referring Doctor .....

Destination Hospital : ☐ Banjara Hills. ☐ Vikarampuri ☐ Hydernagar ☐ Others .....
☐ RCHI ☐ Kondapur ☐ LB Nagar

Estimated Kilometers of transport : ..... Parents Contact Number: .....

Call received by : ..... Time Transport Confirmed: ..... (24 Hr Format)

Transport discussed with Rainbow consultant : Dr. .....

PRE-DEPARTURE EQUIPMENT CHECKING

Sno	Equipment Name	Rainbow Hospital	Referring Hospital
1	Transport Ventilator		
2	Ventilator Tubing		
3	Transport Incubator (NICU)		
4	Syringe Pumps .....(Numbers).....		
5	Transport Monitor		
6	Transport Kit (Sealed)		
7	Suction Machine Checked		
8	Defibrillator (for PICU)		
9	iSTAT		
10	iSTAT - Cartridge		
11	Gases Checked		

PRE-DEPARTURE EQUIPMENT CHECKING

Sno	Equipment Name	Rainbow Hospital	Referring Hospital
12	Oxygen Cylinder (Portable)		
13	Transwarmer		
14	Humivent		
15	iNo		
16	Forms & Reports		
17	Surfactant Vial (NICU)		
18	Fridge Drugs		
19	Airway Bag		
20	Transfer Plan Agreed with Rainbow Consultant		

Note: '✓' = Yes, '×' = No, 'NA' = Not Application

Timing (in 24 Hrs Format)		
Time Ambulance Requested		
Time Ambulance Ready		
Time of Departure from Rainbow Hospital		
Time Team arrived at baby (Referring Hospital)		
Time Team depart with baby (from Referring Hospital)		
Time of arrival at Rainbow Hospital		
Any delays?	Yes	No

Transport Team

Team Leader / Doctor : .....

Nurse : .....

Driver : .....

Others : .....

Reasons for delay: .....

.....

Assessment at Referring Hospital

Airway & C-Spine

- ☐ Clear
- ☐ Compromised
- ☐ Intubated
- ☐ being Intubated
- ☐ Tracheostomy
- ☐ Collar
- ☐ Blocks & Tape
- ☐ Surfactant (Time)

Size,
Route,
Lenght
Cuffed / Uncuffed

Breathing

- ☐ Ventilated - (Mode)
- ☐ HFOV
- ☐ CPAP / HFNC
- ☐ SV (Air/O_2..... L/Min)

PIP / DP ☐ PEEP ☐ FiO_2 ☐ MAP ☐ V. Rate ☐

SpO_2 ☐ Insp. Time ☐ Exp. Time ☐ Nitric PPM ☐ Oxyg Index ☐

Resp Rate ☐ Resp Efforts Mild | Moderate | Severe

Circulation

Observations		Fluid Boluses (ml/kg)	
HR		Colloid	
BP		Crystalloid	
Mean BP		Blood	
CAP Refill		FFP / CRYO	
		U/Output	

Inotropes (Dose)

IV Access & Site

- ☐ Peripheral _____
- ☐ Central _____
- ☐ Arterial _____

Blood Gases

ART / VEN / CAP

Time	pH	pCO_2	pO_2	HCO_3^-	BE	Lactate	Glucose	Na^+	K^+	Hb

Neurology

GCS E V M — A V P U

Sedated ☐ Paralysed ☐

Pupils R L

AF ☐ Activity ☐ Tone ☐

- ☐ 3% Saline
- ☐ Mannitol
- ☐ NG Tube
- ☐ OG Tube

Antibiotics.....

Temp. Core Skin RBS ☐ mg/dl

Culture Results

Investigations at Referring Hospital

Date & Time			
Hb			
WBC			
Platelets			
Na^+			
K^+			
Urea			
Creatinine			
INR/PT			
APTT			
AST/ALT			
Billrubin			
CRP			
Others			

Imaging

Date & Time	Plain X-Rays	CT /US/ MRI

Primary Diagnosis .....

.....

Co-Morbidity .....

.....

Co-Morbidity Type ☐ Resp ☐ Cardiac ☐ Neuro ☐ Genetic / Syndrome ☐ Metabolic/Endo ☐ Haem/Onc ☐ Multisystem

Plan discussed with RRT Consultant : Yes No

Consultant Name: .....

Comments: .....

.....

.....

.....

Summary of Interventions at Referring Hospital

Airway & C-Spine

Primary Intubation	☐ RRT	☐ RH	Other Airway	☐ RRT	☐ RH
Re-Intubation	☐ RRT	☐ RH	C-Spine Immobilisation	☐ RRT	☐ RH
ETT Repositioning	☐ RRT	☐ RH			

Detailed Notes: .....

Breathing

LFO_2 (..... L/min)	☐ RRT	☐ RH	Chest Drain	☐ RRT	☐ RH
HFNC	☐ RRT	☐ RH	Non-Invasive Vent	☐ RRT	☐ RH
Mechanical Vent	☐ RRT	☐ RH	ECMO	☐ RRT	☐ RH
Inhaled Nitric Oxide	☐ RRT	☐ RH	Surfactant	☐ RRT	☐ RH

Detailed Notes: .....

Circulation

Inotropes / Vasopressors	☐ RRT	☐ RH (Dose)	Intraosseous Access	☐ RRT	☐ RH (Site)
Central Venous Line / UVC	☐ RRT	☐ RH (Size, Site,	Peripheral IV	☐ RRT	☐ RH (Site)
Ultrasound Guidance	☐ RRT	☐ RH Lumen, Attempt)	CPR / Defibrillation	☐ RRT	☐ RH
Arterial Line / UAC	☐ RRT	☐ RH	Postaglandin Infusion	☐ RRT	☐ RH (Dose)

Detailed Notes: .....

Neurology

CT Scan / NSG	☐ RRT	☐ RH	Sedation	☐ RRT	☐ RH
3% Sailne / Mannitol	☐ RRT	☐ RH	Muscle Relaxant	☐ RRT	☐ RH

Detailed Notes: .....

Others

Nasio / Orogastric Tube	☐ RRT	☐ RH	Blood Products	☐ RRT	☐ RH
Urinary Catheter	☐ RRT	☐ RH	Neonatal Cooling	☐ RRT	☐ RH

Detailed Notes: .....

Discussed with RRT Consultant : Yes No Consultant Name: .....

Comments: .....

Monitoring During Transport by Doctor (Hourly)

Time	Temp	HR	RR	SpO_2	BP	CRT	$ETCo_2$	PUPIL	AVPU

Clinical Status at Arrival to Rainbow Children's Hospital

Clinical Examination

Temperature	:	Heart Rate	:	Respiratory Rate	:	NIBP	:
SPO2	:	$EtCO_2$	:	CVP	:	CRT	:
RBS	:	Pupils	:				

Systemic Examination: .....

.....

.....

Handover given to (Name)

RCH IP No :

Reasons for Not Transported

☐ Patient Improved ☐ Patient Died with Team ☐ Patient Died in the Ambulance

Events During Transfer: ☐ Administrative ☐ Equipment ☐ Clinical ☐ Vehicle ☐ Communication ☐ Personel

Details: .....

.....

Final Outcome of the Patient: DISCHARGED | DEATH | LAMA

Other Comments: .....

.....

TRANSPORT CONSENT

I ..... Aged ..... S/o. .....

hereby given my consent for my Son / Daughter ..... for the transportation

from ..... hospital to ..... hospital.

I give consent for any procedure or interventions needed for the treatment of my child.

I am fully aware that the transport of my child in the ambulance is risky and the associated risks have been fully explained to me by the transport team. I also state that the hospital authorities, including referring hospital, transport team and the hospital to which the transport is being carried out, will not be held liable for the consequences arising out of the transportation.

A fully description of the transportation, including risk, complications and consequences including possibility of fatality like death, has been discussed with me in a language known to me to my satisfactory understanding.

Expected cost of treatment has been explained to me in my own language.

Patient / Guardian:

Name & Signature : Md. Nayeem

If guardian, Relation : Father

Address : .....

.....

Contact No : .....

WITNESS:

Name & Signature : .....

If guardian, Relation : .....

Address : .....

.....

Contact No : .....

DOCTOR

Name : Y. Sneha

Signature : Sneha

Date & Time : 3/8/25

Patient Sticker

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2

Docu. No. : RCHBH /FRM / CLINICAL / 136

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I,

Patient's / Learner Language : .....Patient / Learner Literacy : ☐ Read ☐ Write ☐ Speak Willingness to Learn : ☐ Yes ☐ No Healthcare Literacy : ☐ Yes ☐ No

Identified Education Needs :

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Trerapy (safety, effects/side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others.....

Part - II

Date	Time	Need Indentified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III : CODES

Who was taught : PT : Patient F : Father M : Mother S : Spouse Sn : Son D : Daughter C : Caregiver O : Other (Specify).....

Learning Barriers :

1. No Learning Barries
2. Physical Impairment
3. Emotional Barries
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process / Cognitive limitations
8. Responsibilities at Home
9. Cultural Difference
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision / or Hearing
13. Cultural / Religion Practice
14. Others (Specify) .....

Teaching Tools Used : A : Audio D : Demonstration V : Video O : Oral P : Printed

Mechanism/s to overcome barrier/s :

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify.....

Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

Doc No. RCHBH / FRM / CLINICAL / 187

Clinical Summary For Infectious Disease Round

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

NAME: B/o Reshma Bam. Date: 6/8/25.

BACKGROUND:

Age:	Birth GA:	PMA:	Birth weight:	Current weight:
6.	37wks.		2kg.	

Last ID rounds discussion	–

Infectious Disease Concerns

Clinical	Born on 3/7 – ? LRTI, Requiring O2 supp for ~30 mins 3640L → poor feeding, lethargic. D3 → seizures → Hb 2 episodes of hospital ARDS-102. Septic Neg. 8/V/10 2-3 episodes of seizures + lethargy. - Interbased. on meropl Amikin. on D4 →		
Investigations:			
CBP	12.3/2880/272. → 129/6800/2.2	Urine culture	
CRP	Neg	Blood culture:	3/9 → sterile.
PCT	–	CSF culture	
CSF	Prot – 974 culture-sterile Gluc – 46.	Other cultures	
Other	TMX-(6) MRI – Gr 2 IVH Bil. Ephdymitis	PCR	

Antibiotic Diary	Antibiotic	Days	Reason
(1)	Inj. meropenem.	D3.	suspect meningitis

Discussion	cont meropenem. Rep CSF analysis on Monday.
Suggested plan	

Clinical Summary For Infectious Disease Round

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

NAME: B/o Rasmin			Date: 6/8/24	
BACKGROUND:				
Age: D8	Birth GA: Term	PMA:	Birth weight: 4.5kg	Current weight: 4.3kg
Last ID rounds discussion				
Infectious Disease Concerns				
Clinical	Didn't CIAB → Req. Resuscan (? PPV / Chest confirmation) or only low → ↑ RD. – Intubated. / Sev PAHN / Seizure multiple episodes on D1. Received hemoptysis / Phenobarb. given Genta / Hemoptysis / Acute / Dobutin. Extubated on D6 / Activity better.			
	2/8 4/8	Investigations:		
CBP	18.8 / 9900 / 1.08 → 19.6 / 13000 / 1.31	Urine culture		
CRP	63 → 38	Blood culture:	48 hrs sterile.	
PCT		CSF culture		
CSF	—	Other cultures		
Other	MRI – (N) EEG – (N)	PCR		
Antibiotic Diary	Antibiotic	Days	Reason	
(1)	Inj meropenem	D4	susp. meningitis.	
Discussion	Stop meropenem tfm.			
Suggested plan				

outside 15 20.8 22,800 13K 96K → 11K CRP 35

BANJARA HILLS (JCI, NABH & NABL Accredited) Emergency 040 - 4466 5555, 91009 25516 HYDERNAGAR (NABH Accredited) Emergency 040 - 4246 2300 KONDAPUR OUTPATIENT CLINIC (JCI Accredited-IVF) Emergency 040 - 4246 2100 SECUNDERABAD (NABH Accredited) Emergency 040 - 4246 2200 KONDAPUR Emergency 040 - 4246 2400 L B NAGAR (NABH Accredited) Emergency 040 - 7111 1333 NANAKRAMGUDA Emergency 040-69313233
1800 2122 www.rainbowhospitals.in

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
4/8/25	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	Oxygen support Seizures Star feed	Remove Oxygen Started feed	Infection Prevent		☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Docu. No. : RCHBH /FRM / CLINICAL / 040

Patient Sticker

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

Docu. No. : RCHBH /FRM / CLINICAL / 040

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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NEONATAL WEIGHT CHART

Birth Weight: Admission Weight: Discharge Weight: NICU:

| Month | | |

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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INTENSIVE CARE UNIT
RESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: B +ve Sheet No: (5)

Gest Age: 37 WKS Birth Weight: 2kg

Date: 16/8/25	Date: 17/8	Date: 18/8
DOL - D16 Weight 2.082 ↓9 gms	DOL D17 Weight Not checked	DOL D18 Weight 2.085
Problems: Term - sepsis	Problems: Term/sepsis	Problems: Term/Sepsis
Rs. - 30-60 b/m Exam - Done Vent. Setting ~~RA~~ F ABG } NA CXR }	Rs. 30-60 b/m Exam Done Vent. Setting Venti ABG] NA CXR]	Rs. 30-60 b/m Exam Done Vent. Setting Venti ABG] NA CXR]
CVS - Normal HR - 120-160 b/m BP Map Cap Refil <2-3 sec	CVS Normal HR 120-160 b/m BP 72/47 Map 37 Cap Refil <2-3 sec	CVS Normal HR 120-160 b/m BP Map Cap Refil <2-3 sec
F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: } NA WCC Plats Transfusion	F / E / N 140cc/kg/d T. Fluids 217 ml CC /kg /day 108.5 cc/kg/d I / O / RBS: 106 mg/dl U Output: 103 ml (CC/kg/hr) 2.8cc/kg/hr Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F / E / N 140cc/kg/day T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB:] NA WCC Plats Transfusion
C/s Results CRP } NA Antibiotics	C/s Results CRP] NA Antibiotics	C/s Results CRP] NA Antibiotics
Med * Syp Lactulose * Domostal Neuro:	Med * Syp Domstal Neuro: * Syp Levipil	Med * Syp- Domstal Neuro: * Syp- Levipil
Assessment Done	Assessment Done	Assessment - Done
Plan RBS - OD	Plan RBG - OD, RBS - OD	Plan

Docu. No. : RCHBH /FRM / CLINICAL / 183

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: B+ve Sheet No: 6

Gest Age: 31 wks Birth Weight: 2kg

Date: 19/8/25	Date: 20/8/25.	Date: 21/8/25
DOL D19 Weight 2.021 kg 715gms	DOL D20 Weight 2.021 kg (715gms)	DOL D21 Weight 2kg 721 gms
Problems: Term / sepsis	Problems: Term / Sepsis	Problems: Term / Sepsis
Rs. 30-60b/m Exam Done Vent. Setting Venti ABG } NA CXR	Rs. 30-60 b/m Exam Done Vent. Setting R/A ABG } NA CXR	Rs. 30-60b/m Exam Done Vent. Setting RA ABG } NA CXR
CVS Normal HR 120-160b/m BP Map Cap Refil < 2-3sec	CVS Normal HR 120-160 b/m BP Map Cap Refil < 2-3sec	CVS Normal HR 120-160b/m BP Map Cap Refil < 2-3sec
F / E / N 100cc/kg/day T. Fluids 320 ml c. CC /kg /day 160 cc/kg/day I / O / RBS: 89 mg/dl U Output: 150 (CC/kg/hr) 2.7cc/kg/hr Exam Done T. Bil/D Na Hc03 K BUN Cl Crea } NA Hemat HB: WCC Plats Transfusion	F / E / N 150cc/kg/day T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea } NA Hemat HB: WCC Plats Transfusion	F / E / N 150cc/kg/day T. Fluids 31 sml CC /kg /day 155cc/kg/day I / O / RBS: 90 mg/dl U Output: 100ml (CC/kg/hr) 2.1cc/kg/hr Exam T. Bil/D Na Hc03 K BUN Cl Crea } ND Hemat HB: WCC Plats Transfusion
C/s Results CRP } NA Antibiotics	C/s Results CRP } NA Antibiotics	C/s Results CRP } ND Antibiotics
Med Syp: Domstal Neuro: Syp:- Levpie	Med Syp Domast Neuro:	Med Syp Domstal syp vit D Neuro:
Assessment Done	Assessment Done	Assessment Done
Plan RBS OD	Plan RBS OD.	Plan RBS OD

Docu. No. : RCHBH /FRM / CLINICAL / 183

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply			✓	
Flow Between 5-7 Litres / Min			✓	
Humidifier Temperature Correct (36.5-37.5*C)			✓	
Humidifier Water Level Correct			✓	
Proper Oxygen Tubing From Blender to Humidifier.			✓	
Tubing Correctly Placed (Position & Leak)			✓	
Excess Fainout (Afferent Tubing) Drained			✗	
Excess Rainout (Efferent Tubing) Drained			✗	
Temperature Probe away from Heat / Cover with Aluminium Foil			✓	
Gas Bubbling Continuously			maqvet	
Water Level at Desired Level in Bubble Chamber.			maqvet	
INTERFACE:				
Nasal Prong / Mask Correct Size			✓	
Nasal Prong/ Mask Correctly Placed			✓	
Hat Fits Snugly			✓	
Moustache Suitable and Effective			✓	
Nasal Bridge Intact			✓	
Septum Intact			✓	
POSITION:				
Head Position Correct			✓	
Head Roll - Correct Size and Position			✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring			✓	
Oro Nasal Suctioning Documentation			✓	
OG Tube in SITU			✓	
Baby Comfortable			✓	
Chest Retractions			✗	
Name of the Nurse:			rakya	
Signature of the Nurse:			[signature]	
Date & Time:			14/8/25	

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

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MAINTAINING CPAP / HFNC / NIV

Date: 17/8/25

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓		✓	
Flow Between 5-7 Litres / Min	✓		✓	
Humidifier Temperature Correct (36.5-37.5*C)	✓		✓	
Humidifier Water Level Correct	✓		✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓		✓	
Tubing Correctly Placed (Position & Leak)	✓		✓	
Excess Fainout (Afferent Tubing) Drained	X		X	
Excess Rainout (Efferent Tubing) Drained	X		✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓		✓	
Gas Bubbling Continuously	maquet		maquet	
Water Level at Desired Level in Bubble Chamber.	maquet		maquet	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓		✓	
Nasal Prong/ Mask Correctly Placed	✓		✓	
Hat Fits Snugly	✓		✓	
Moustache Suitable and Effective	✓		✓	
Nasal Bridge Intact	✓		✓	
Septum Intact	✓		✓	
POSITION:				
Head Position Correct	✓		✓	
Head Roll - Correct Size and Position	✓		✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓		✓	
Oro Nasal Suctioning Documentation	✓		✓	
OG Tube in SITU	✓		✓	
Baby Comfortable	✓		✓	
Chest Retractions	X		X	
Name of the Nurse:	Deekshitha		Gayatri	
Signature of the Nurse:				
Date & Time:	17/8 @9pm		18/8@2pm	

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

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VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: ..... No of Days on Ventilation: ..... Date of Tracheostomy: .....

Parameters / Date / Shift Time	18/8 8AM 2PM	18/8 2PM 8PM					
Ready for Extubation today? (Discuss during the clinical round)	☐ Yes ☐ No	~~☐ Yes ☐ No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Sedation holiday discussed? (Discuss during the clinical round)	☐ Yes ☐ No	~~☐ Yes ☐ No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Suction container visibly Soiled? (If Yes - Please Change)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Inline Suction Used?	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is AMBU bag soiled? (If Yes - Please Change)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Oral and Nasal Care every 4 Hrs	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Is ET / Oral Suction needed (2nd hrly)	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Sterile Suctioning Done	☑ Yes ☐ No	☑ 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	☐ Yes ☐ No
Name of the Nurse	Deepthi	Arpita					
Signature of the Nurse							

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BED SIDE CHECK LIST FOR NURSES

Date:	17/8	18/8	18/8	19/8	20/8				
Doctor's Orders	done	~	~	~	✓				
Carried out or not	Yes	~	~	~	✓				
Bed Side									
Structured Handover done	Yes	~	~	~	~				
IV Site	Yes	~	~	~	~				
Central Lines	NA	NA	X	X	X				
Arterial Lines	NA	NA	X	X	X				
Feeding Catheter	Yes	~	~	✓	✓				
Urinary Catheter	NA	X	X	X	X				
Skin Care	Yes	~	~	~	✓				
Eye Care	Yes	~	~	~	✓				
Mouth Care	Yes	~	~	~	~				
Sterillum Bottle, Stethoscope	NA	X	X	X	X				
Suction Bottle (Should be clean & empty)	Yes	~	~	~	✓				
Intubation Tray	NA	X	X	X	X				
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	X	X	X	X				
Ventilator Tubing,(Any Water, Blood)	NA	X	X	X	X				
Humidification	Yes	~	~	~	✓				
Check all Infusion (Labelling,Correct Preparation)	NA	X	X	X	X				
Chest Physio & Neb	NA	X	X	X	X				

Checked & Handover given by
Name of the Nurse : Arpita
Signature :
Date & Time: 17/8/25 @8Am

Checked & Handover taken by
Name of the Nurse : Deekshitha
Signature :
Date & Time: 17/8 @ 2Pm

Doc. No. : RCHBH/ FRM / GENERAL / 088

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5

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THE HUMPTY DUMPTY SCALE

	CRITERIA	SCORE	DATE 16/8	DATE 17/8	DATE 17/8	DATE 18/8	DATE 18/8
Age	Less than 3 years old	4	6am	6Am	2pm	8pm	2pm
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	3
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓	✓	✓
Call device within reach		✓	✓	✓	✓	✓
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		✗	✗	✓	✓	✓
Other Intervention(s) Specify		✗	✗	✗	✗	✗
Nurse's Name:		Kavya	Appita	Deekh	[illegible]	Deekshita
Signature:		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		16/8	17/8	17/8	18/8	18/8
Time:		8am	6Am	2pm	[illegible]	2pm

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31-07-2025 0 Y 0 M 12 D (F)
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BRADEN 'Q' SCALE

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					Date : 17/8	18/8	19/8	19/8
					Time : 6pm	6am	2pm	6am
Mobility	**immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	2	2	2	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	2	2	2	2
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	15	15	15	15
				Evaluator's Name				

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

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

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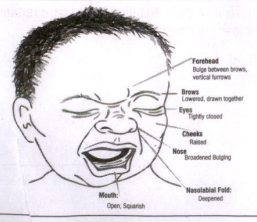
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date 6/8	Date 18/8	Date 19/8	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time 6AM	Time 2pm	Time 7pm	Time	Time	Time	Time	Time	Time
					Procedure ➡									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0						
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0						
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0						



Premature Pain Assessment: Scoring
+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

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

Gestational Age / Corrected Age	37 wks	37 wks	37 wks						
Total Pain / Agitation Score	2/10	2/10	2/10						
Intervention	EBM	EBM	EBM						
Effectiveness	Good	good	Good						
Signature	[signature]	[signature]	[signature]						

Docu.No: RCH /FRM /CLINICAL /094 (P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

19/8/25

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Your Right to a Safe Delivery

FLUID CHART

TV – 150cc/kg/day
B.Wt – 2kgs
TF 7

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – NG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	NG							
	08:00 am							1				
	09:00 am	EBm			25ml					12ml		
	10:00 am							NO vomit				
	11:00 am	EBm			25ml		passed			8ml		
	12:00 pm											
	01:00 pm	EBm	25ml		~~25~~							
Total Intake :						Total Output :						
	02:00 pm		(20 Mins)									
	03:00 pm	EBm	40ml				passed	1		10ml		
	04:00 pm		(30 Mins)									
	05:00 pm	EBm	40ml					NIL				
	06:00 pm		(25 Mins)									
	07:00 pm	EBm	40ml				passed	1		10ml		
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	EBm	40ml				passed	1		11ml	1	
	10:00 pm							0				
	11:00 pm	EBm	40ml				passed	1		10ml	0	BS
	12:00 am											
	01:00 am	EBm	40ml				—			—	1	
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	EBm	40ml				passed			11ml	1	
	04:00 am											
	05:00 am	EBm	40ml				—	0		—	0	BS
	06:00 am											
	07:00 am	EBm	40ml				passed			11ml		
Total Intake :		480				Total Output :				83 ml		

Total 24 hrs. Intake	960cc/kg/day	Total 24 hrs. Output	1.7cc/kg/day

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00630516
Baby Of RESHMABHANU IP5-00160655
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

20/8/25

FLUID CHART

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM	30ml				passed			8ml		
	10:00 am											
	11:00 am	EBM	30ml				passed			10ml		
	12:00 pm											
	01:00 pm	EBM	30ml				—			12ml		
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	EBM	30ml				—			8ml		
	04:00 pm											
	05:00 pm	EBM	30ml				—			10ml		
	06:00 pm											
	07:00 pm	EBM	30ml				Passed			8ml		
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	EBM	25ml				passed			12ml		
	10:00 pm	90ml										
	11:00 pm	EBM	25ml									
	12:00 am	90ml					Nwl			10ml		
	01:00 am						pen					
Total Intake :						Total Output :						
	02:00 am	EBM	45ml				passed			9ml		
	03:00 am	90ml										
	04:00 am											
	05:00 am	EBM	45ml				passed			15ml		
	06:00 am	90ml										
	07:00 am											
Total Intake :			310ml			Total Output :				103ml		

Total 24 hrs. Intake	1555cc/kg/day	Total 24 hrs. Output	2.1cc/kg/hr

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00630516 IP5-00160655
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31-07-2025 0 Y 0 M 18 D (F)
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FLUID CHART

IV:-
B.wt:-
TF:-

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	EBM	40ml				passed		-	10ml		
	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	

Docu. No. : RCHBH /FRM / CLINICAL / 092

Patient Sticker

FLUID CHART

Rainbow® Children's Hospital
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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.
3. 24 hrs. total to be entered in the kardex in RED.

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

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

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

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

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
Temperature (°F)	98.1°F	98.5°F	98.1°F	98.6°F	98.6°F	98.5°F	36.5°C	36.4°C	36.5°C				
Heart Rate (bpm) and Blood Pressure (mmHg) *	159 (88)	154 (84)	161 (84)	157 (87)	146 (78)	153 (80)	72 (73)	73 (75)	74 (80)				
Heart Rate (Number)	139	154	161	157	146	153	147	150					
Resp. Rate (bpm) (Over 1 Minute) *	53	42	37	48	38	32	50	60					
Resp Rate (Number)													
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2 (l/min)	RA	RA	RA	RA	RA	RA	RA	RA					
O_2 Saturations (%)	99%	100%	98%	97%	100%	95%	99%						
Conscious Level: Normal / Altered													
GCS *	N	N	N	N	N	N	N						
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1					
Pain Score	0	0	0	0	0	0	0	0					
Observer's Initials													

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

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

Patient Sticker

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

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Your Right to a Safe Delivery

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)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

20/8/25

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

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

Rainbow® Children's Hospital — It takes a lot to treat the little.
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm	pm	pm	Am	Am	Am	Am
Temperature (°F)	436 Rec	436 Rec	86 Rec	98.5F	98.0F	97.9F	98.7F	98.7F		98.5F	98.7F	
Heart Rate (bpm) and Blood Pressure (mmHg) *	65 (43) 31	62 (41) 30	53 32 25	Cribe Care			Cribe Care					
Heart Rate (Number)	115	135	140	180	135	121	134	121		134	162	152
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)		41	43									
Resp Distress — Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	100%	180%	97%	98%	99%	100%	98%	96%		93%	96%	100%
Conscious Level — Normal / Altered												
GCS *	C	C	C	C	C	C	H	H		H	H	H
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1		1	1	1
Pain Score	0	0	0	0	0	0	0	0		0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf		
	Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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BirthRight
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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

2/1/8/25

. No. : RCH / FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

| | | |

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
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)

Jr RESHMABHANU IP5-00160655
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

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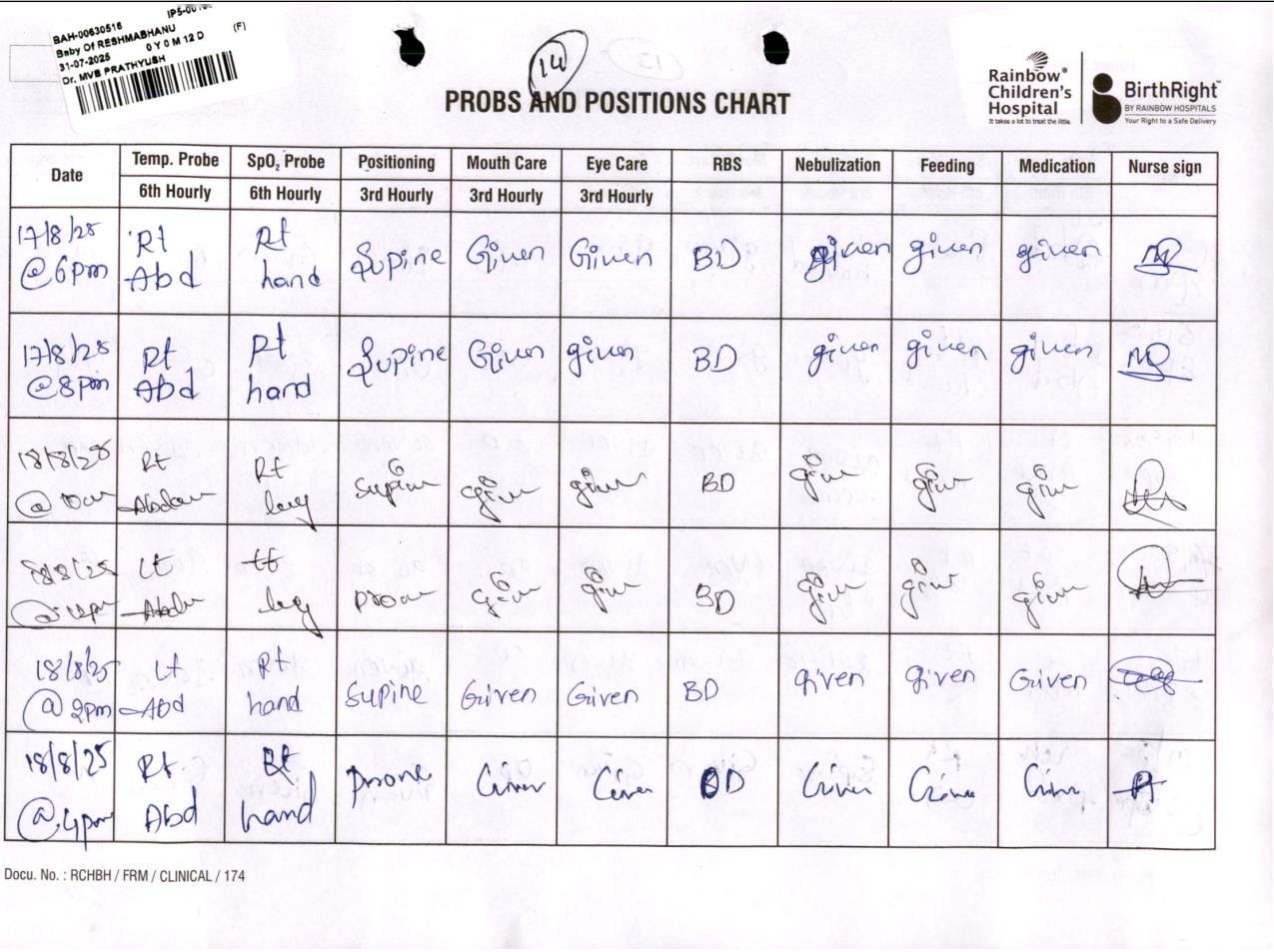
Date	Temp. Probe 6th Hourly	SpO_2 Probe 6th Hourly	Positioning 3rd Hourly	Mouth Care 3rd Hourly	Eye Care 3rd Hourly	RBS	Nebulization	Feeding	Medication	Nurse sign
@ 2pm	~~Rt~~ ~~Abd~~	~~Rt~~ hand	Rt hand	given	given	OD	Given	Given	Given	
16/8/25 8pm	Rt Abd	Rt hand	given	given	given	OD	Given	Given	Given	
16/8/25 @11PM	Lt Abd	Rt hand	~~given~~ supine	given	given	OD	Given	Given	Given	
~~16~~ 17/8 @ 3AM	Rt Abd	Rt leg	~~given~~ Rt up	given	given	OD	given	given	given	
17/8 @ 7AM	Lt Abd	Rt hand	supine	given	given	OD	given	given	given	
17/8 @ ~~8pm~~	Left Abd	Rt leg	Supine	Given	Given	OD	Given	Given	Given	

Docu. No. : RCHBH / FRM / CLINICAL / 174



BAH-00630516 IP5-00
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH

14

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROBS AND POSITIONS CHART

Date	Temp. Probe 6th Hourly	SpO_2 Probe 6th Hourly	Positioning 3rd Hourly	Mouth Care 3rd Hourly	Eye Care 3rd Hourly	RBS	Nebulization	Feeding	Medication	Nurse sign
17/8/25 @6pm	Rt Abd	Rt hand	Supine	Given	Given	BD	given	given	given	
17/8/25 @8pm	Rt Abd	Rt hand	Supine	Given	given	BD	given	given	given	
18/8/25 @ 0am	Rt Abdom	Rt leg	Supine	given	given	BD	given	given	given	
18/8/25 @ 2am	Lt Abdo	Rt leg	prone	given	given	BD	given	given	given	
18/8/25 @ 2pm	Lt Abd	Rt hand	Supine	Given	Given	BD	given	given	Given	
18/8/25 @ 4pm	Rt Abd	Rt hand	Prone	Given	Given	BD	Given	Given	Given	

Docu. No. : RCHBH / FRM / CLINICAL / 174

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
18/8/25 @8pm	Rt Abd	Rt hand	prone	given	given	OD	given	given	given	
18/8 10pm	Rt Abd	Left hand	prone	given	Given	OD	given	Given	Given	
19/8 12am	Rt Abd	Lt hand	prone	Given	Given	OD	Given	Given	Given	
19/8 2am	Rt Abd	Lt hand	supine	Given	Given	OD	Given	Given	Given	
19/8 6am	Rt Abd	Lt hand	supine	Given	Give	Ob	Given	Given	Given	
19/8/25 @2pm	Rt abd	Lt hand	supine	given	given	OD	given	given	given	

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
19/8/25 @ 6pm	Rt Abd	Rt ~~Supine~~ hand	~~Supine~~	given	given	OD	~~NA~~	given	given	[illegible]
20/8/25 @ 12AM	Rt Abd	Rt hand	Supine	given	given	OD	NA	given	given	[illegible]
20/8/25 @ 8Am	Rt Abd	Rt hand	Supine	given	given	OD	NA	given	given	[illegible]
20/8 @ 6pm	Rt Abd	Rt hand	Supine	Given	given	OD	NA	given	given	[illegible]
20/8 @ 11Am	Rt ab	Cache Ca	Sup	Giv	Giv	OD	NA	Giv	Giv	[illegible]
21/8 @ 3Am	Cache Ca	Cache Ca	Sup	Giv	Giv	OD	NA	Giv	Giv	[illegible]

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

PROBS AND POSITIONS CHART

Rainbow® Children's Hospital
It takes a lot to treat the little.
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Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
21/8/ @ 7A	Cabin Care	Cabin Care	Supin	give	give	OD	NA	give	give	[illegible]
21/8/ @12pm	Cabin care	Cabin care	Supine	give	give	OD	NA	give	give	[illegible]
21/8/ @2pm	Cabin care	Cabin care	Supine	give	give	OD	NA	give	give	[illegible]

Docu. No. : RCHBH / FRM / CLINICAL / 174

Patient Sticker

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

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Your Right to a Safe Delivery

PROBS AND POSITIONS CHART

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 31/7/25	Diagnosis: ~~Term~~/RDS		Surgery / Procedures: NA			
	Allergies: NA			Post OP Day: NA			
	Date:	15/6	16/8	16/8	17/8	17/8	
	Area / Shift Time	N3 8pm-8am	N3 8pm-8pm	N3 8pm-8am	N3 8am-2pm	N3 2pm-8pm	N3 2pm-8am
	Diet:	OG-(1)	OG-(1)	OG(1)	OG(1)	OG-(1)	OG-(1)
	Ventilation (RA, NP, NIV, VENTI)	IV-(1)	IV-(1)	IV(1)	IV(1)	IV-(1)	IV-(1)
INVASIVE LINES	1.	NA	NA	NA	NA	NA	NA
	2.						
	3.						
	4.						
ASSESSMENT	Infusions / Transfusions	NA	NA	NA	NA	NA	NA
	PU Prophylaxis						
	DVT Prophylaxis						
	Vitals BP	76/52(59)	59/44/46	65/44 (46)	80/61(60)	65/52 (57)	–
	PR	155	131	142b/m	151b/m	146	–
	RR	58	34	42b/m	71b/m	45b/m	–
	SpO_2	97%	99%	94%	97%	99%	98%
	Temp	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C
	Pain Score	1/10	1/10	2/10	2/10	2/10	2/10
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition	Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical / Chemical	NA	NA	NA	NA	NA	NA
	Fall Risk (Vulnerable Y/N) if yes score	yes	yes	yes	yes	yes	yes
	(Ambulation, walking, moving with assistance, bed ridden)	moving	moving	moving	moving	moving	moving
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Depend	Depent	Depent	Depend
	Critical Lab Test / Values (If any)	NA	NA	NA	NA	NA	NA

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS								
	Investigations Procedures	Date:	15/8	16/8	16/8	17/8	17/8	
		Area / Shift Time	N3 8pm-8am	N3 8am-8pm	N3 8pm-8am	N3 8am-2pm	N3 2pm-8pm	N3 8pm-8am
		Ordered / Planned	RBS OD NA	RBS OD NA	RBS OD NA	RBS-OD NA	RBS OD NA	RBS OD NA
		Due	NA	NA	NA	NA	NA	NA
		Reports Pending	NA	NA	NA	NA	NA	NA
		Referrals (If any)	NA	NA	NA	NA	NA	NA
		Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA	NA	NA	NA
		Handed Over By Name :	Kavya	manisha	Arpita	Deekshita	manisha	
		Signature :						
		Date:	16/8	16/8	17/8	17/8	17/8	18/8
		Time:	@	@8pm	8Am	2pm	8pm	8Am
		Taken Over By Name :	manisha	Arpita	Deekshita	manisha	Gayatri	Deekshita
		Signature :						
		Date:	16/8/25	16/8	17/8	17/8	17/8	8/8
		Time:	@8Am	8pm	8Am	8pm	8pm	8am

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 31/7/25	Diagnosis: Term / RDS		Surgery / Procedures: NA			
	Allergies: NA			Post OP Day: NA			
	Date:	18/8/25	18/8/25	18/8/25	19/8/25	20/8/25	20/8
	Area / Shift Time	N3 8am-2pm	N3 2pm-8pm	N1 8pm-2am	N3 2am-8am	N3 8am-2pm	N3 2pm-8pm
	Diet:	EBM	EBM	EBM	EBM	EBM	EBM
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	RA	RA	RA	
INVASIVE LINES	1.	RA	RA	IV line	IV line		
	2.		IV				
	3.	NA			Yes	NA	
	4.						
ASSESSMENT	Infusions / Transfusions	NA	NA	NA	NA	NA	NA
	PU Prophylaxis	NA	NA	NA	NA	NA	NA
	DVT Prophylaxis			NA			
	Vitals BP		71/45(54)	78/40(54)	85/60(65)	71/30(45)	
	PR		149 b/m	133 b/m	140 b/m	139 b/m	
	RR		48 b/m	38 b/m	40 b/m	50 b/m	
	SpO_2		98%	97%	98%	99%	
	Temp		36.6°C	36.9°C	36.8°C	36.5°C	
	Pain Score	2/10	1/10	2/10	4/10	1/10	
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Conscious	Conscious	Alert	
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact	
	Restraints If any Physical	NA	NA	NA	NA	NA	
	Restraints If any Chemical			NA			
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Yes	Yes	Yes	Yes	
	(Ambulation, walking, moving with assistance, bed ridden)	Moving	Moving	Bed ridden	Bed ridden	Moving	
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	
	Critical Lab Test / Values (If any)	NA	NA	NA	NA	NA	

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS							
	Date:	[illegible]		18/8/25	19/8/25	20/8/25	20/8
	Area / Shift Time	8am-8pm	N3 2pm-8pm	Micus 8pm-8am	N3 2pm-8am	N3 8pm-8am	N3 8am-8pm
Investigations Procedures	Ordered / Planned	RBS OD	RBS-OD	RBS OD	RBS OD.	RBS OD	RBS OD
		NA					
	Due	NA	NA	NA	NA	NA	NA
	Reports Pending	NA	NA	NA	NA	NA	NA
	Referrals (If any)	NA	NA	NA	NA	NA	NA
	Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA	NA	NA	NA
Handed Over By Name :		Deekshita	Anpita	Vidya	Sravani	Badeer	Sujatha
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		18/8/25	18/8/25	19/8/25	19/8/25	20/8/25	20/8
Time:		2pm	8pm	8AM	@8pm	@8AM	@8pm
Taken Over By Name :		Anpita	Vidya	Sravani	Bader	Sujatha	Kavya
Signature :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		18/8/25	18/8/25	19/8/25	19/8/25	20/8	20/8
Time:		2pm	8pm	@8pm.	@8pm	@8am	@8pm

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 31/7/25	Diagnosis: Fever/R		Surgery / Procedures: NA				
	Allergies:			Post OP Day: 1				
	Date:	30/7	30/7	31/7				
	Area / Shift Time	NB 2pm-8pm	NB 8pm-2am	NB 8am-2pm				
	Diet:	EBM	EBM	EBM				
	Ventilation (RA, NP, NIV, VENTI)							
INVASIVE LINES	1.	NA	NM	NA				
	2.							
	3.							
	4.							
ASSESSMENT	Infusions / Transfusions	NA	NM	NA				
	PU Prophylaxis	NA	M	NA				
	DVT Prophylaxis							
	Vitals BP	—	—	—				
	Vitals PR	136 bpm	142	129				
	Vitals RR	—	—	—				
	Vitals SpO_2	98%	99%	99%				
	Vitals Temp	98.6°C	99°	98.6°				
	Pain Score	1/10	1/10	4/10				
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert				
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact				
	Restraints If any Physical / Chemical	NA	NM	NA				
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Yes	Yes				
	(Ambulation, walking, moving with assistance, bed ridden)	bearing	Mov	move				
	ADL (Dependent / Non-Dependent)	Dependent	Dep	Dependent				
	Critical Lab Test / Values (If any)	NA	NM	NA				

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS								
		Date:	20/8	21/8	21/8			
	Investigations Procedures	Area / Shift Time	N3 2pm-8pm	N3 8pm-2pm	N3 8pm-2pm			
		Ordered / Planned	RBS OD NA	RBS OD NA	RBS OD NA			
		Due	NA	NA	NA			
		Reports Pending	NA	NA	NA			
		Referrals (If any)	NA	NA	NA			
	Remarks (Special Interventions like, Drainage tube flushing etc.)		NA	NA	NA			
Handed Over By Name :			Kavya	Jibendra	manisha			
Signature :								
Date:			20/8/25	21/8	21/8			
Time:			@8pm	@8pm	@8pm			
Taken Over By Name :			Jibendra	manisha				
Signature :								
Date:			20/8	21/8				
Time:			8pm	8pm				

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH

16/8/25

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

Shift: ☑ Morning ☑ Afternoon ☐ Night Date: 16/8/25

Assessment: Baby is in R/F

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
8Am	Assess the baby of general condition.	8AM	Assessed the baby of general condition.	Baby is stable.
10Am	Maintain I/O chart.	10AM	Maintained I/O chart.	
12pm	Monitor vital signs.	12pm	Monitored vital signs.	
2pm	Provide comfortable position	2pm	provided comfortable position	
4pm	Give feed and hourly	4pm	Given feed and hourly.	
6pm	Administer medication as per doctor order	6pm	Administered medication as per doctor order.	
8pm	RBS check OD.	8PM	RBS checked OD	

Re-Assessment: Re-assessment done

Special Notes: RBS-OD

Nurse Signature: Nurse Name: Manisha Date & Time: 16/8/25

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 16/8/25

Assessment: Term / sepsis / RDS

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
8pm	=> Assess the baby condition.	8PM	=> Assessed the baby condition.	Baby is stable now
11 Pm	=> monitor vital sign	11PM	=> monitored vital sign	
2A.m	=> maintain I/o chart	2AM	=> maintai I/o chart.	
6Am	=> Provide comfortable position to the baby	6AM	=> provided comfortable position to the baby	
8 Am	=> Administer medication as prescription.	8AM	=> Administered medication as prescription.	

Re-Assessment: Re-Assessment done

Special Notes: RBS-OD, VBG-OD

Nurse Signature: Nurse Name: Arpita Date & Time: 17/8/25@8Am

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU 0 Y 0 M 12 D (F)
31-07-2025
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☐ Night

Assessment: Term/Sepsis/RDS

Date: .....

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
8Am	Assess the baby general condition	8Am	Assessed the baby general condition	Baby is now stable.
9Am		9Am		
10Am	monitor vitals	10Am	monitoring vitals	
11Am	maintain I/o chart	11Am	maintaing I/o chart	
12Pm	Provide comfortable position	12Pm	provided comfortable Position	
1Pm	Administrate medications	1Pm	Given feed 2nd baby	
2Pm	To give feed	2Pm	Administrated medications	

Re-Assessment: Done

Special Notes: RBS-OP (changed to CPAP DR-NK)

Nurse Signature: De Nurse Name: Deekshitha Date & Time: 12/8 @2Pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 17/8/25 @ 2pm

Assessment: Term. / Sepsis IRDS

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
8pm	Assess the baby condition monitor vital Sings	2pm	Assessed the baby condition monitored vital Sings.	Baby is stable.
4pm	maintion I/O Chart. Administer medication	4pm	maintioned I/O chart Administer medication	
6pm	as per doctor order	6pm	as per doctor order	
8pm	Give feeding 2 hourly provide comfortable position	8pm	Given feeding hourly provided comfortable position	

Re-Assessment: Done

Special Notes: Done RBS – BD

Nurse Signature: MS Nurse Name: manisha Date & Time: 17/8/25 @ 8pm

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 13/8/25

Assessment: Baby is on CPAP

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
8pm	- assess the baby general condition	8pm	- assessed the baby general condition	- Baby is on CPAP
10pm	- monitor the vitals	10pm	- monitored the vitals	
12Am	- maintain I/o chart	12Am		
2Am		2Am	- maintained I/o chart	
4Am	- provide baby comfortable position	4Am	- provided baby comfortable position	
6Am		6Am		

Re-Assessment: Re-assessment done

Special Notes: GRBS - OD

Nurse Signature: Gayatri Nurse Name: Gayatri Date & Time: 13/8/25 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 12/8/25

Assessment: Baby is on CPAP.

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
8am	→ Assessing baby general condition	8am	→ Assessed the baby general condition	→ Baby is stable on CPAP.
10am	→ monitor vitals.	10am	→ monitor vitals.	
	→ maintain I/O chart.		→ maintain I/O chart.	
12pm	→ 2nd hourly feed given	12pm	→ 2nd hourly feed given	
2pm	→ Administrate medicines as per doctor advice	2pm	→ Administrate medicines as per doctor advice	

Re-Assessment: 2pm

Special Notes:

Nurse Signature: Nurse Name: Rakshita Date & Time: 8/8/25 - 2pm

Patient Sticker

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 18/8/25

Assessment: Baby is on L/F (0.1 L/min)

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
2pm	Assess the general condition of baby	2pm	Assessed the general condition of baby	Baby activity is good.
4pm	Monitor & record vitals 2nd hourly	4pm	Monitored & recorded vitals 2nd hourly	
6pm	Give feeds 2nd hourly	6pm	Give feeds 2nd hourly	
8pm	Administn medication as per doctor's order	8pm	Administered medication as per doctor's order	

Re-Assessment: Re assessment done

Special Notes: GRBS - OD

Nurse Signature: [signature] Nurse Name: Anjitha Date & Time: 18/8/25 @ 8pm

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
Dr. MVB PRATHYUSH

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 18/8/25

Assessment: Baby having oxygen support

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
8PM	Assess the baby condition	9PM	Assessed the baby Condition	Now baby is maintaining saturation in RIA
10PM	Monitor vitals	11PM	Monitored vitals	
12AM	Maintain I/o chart	1AM	Maintained I/o chart	
2AM	To give Feed	3AM	Feed given 3rd hourly	
4AM	To give Medication	5AM	Medication given as Per doctors order	
6AM	RBS	7AM	RBS done	

Re-Assessment: Re-Assessment done

Special Notes: RBS done

Nurse Signature: VM Nurse Name: Vidya Date & Time: 19/8/25 @8Am

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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 19/8/25

Assessment: Baby is on Room air, Bradny / Dent feedings.

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
2pm	* Serve the Baby general condition * Monitoring vitals. * Maintd I/O chart * 2nd hourly feeds given. * medication given as per Doctor order.	2pm	* Served the Baby general condition * Monitoring vitals. * Maintd I/O chart. * 2nd hourly feeds given * medication given as per Doctor order.	Baby is on Room air. Maintd
4pm				
6pm.				

Re-Assessment:

Special Notes: Done.
RBS – OUD.

Nurse Signature: Sravani M. Nurse Name: Sravani M. Date & Time: 19/8/25 @ 2pm 2pm.

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 20/8/25

Assessment: Baby is on Room air-

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
8pm	Assess the general condition of Baby-	8pm	Assess the general condition of Baby	Baby is stable now
10pm	monitor vital	10pm	monitor vital 2nd hourly-	
12Am	maintain I/O chart	12AM	maintained I/O chart	
2Am	Feeding given.	2Am	Feeding given 2nd hourly	
8Am	medication-	8Am	medication given as per doctor order	

Re-Assessment: Re-Assesment Done-

Special Notes: GRBS - OD

Nurse Signature: Nurse Name: Badeeq Date & Time: 20/8/25 8AM

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NURSING CARE RECORD

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 20/8/25

Assessment: Baby is On R/A

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
8am	Assess the baby General condition	8am	Assessed the baby General condition	Baby is stable
10am	monitor the vitals	10am	monitord the vitals	
12pm	maintain I/o chart	12pm	maintaind I/o chart	
	Given 2nd hrly feed		Given 2nd hrly feed	
2pm	Administar medication as per doctor order	2pm	Administar medication as per doctor Orders	

Re-Assessment: Re-Assessment done

Special Notes: RBS - 00

Nurse Signature: S Nurse Name: Suyatha Date & Time: 20/8/25 @ 2pm

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 18 D (F)
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NURSING CARE RECORD

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 20/8/25

Assessment: Baby is on RA

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
2Pm	Assess the Baby General condition	2Pm	Assess the Baby General condition	* Baby is Stabule
4Pm	maintain I/o Chart	4Pm	maintained I/o Chart	
5Pm	monitor vital sing	5Pm	monitored vital sing	
6Pm	To Given 2nd hourly feed	6Pm	To Given 2nd hourly feed	
8Pm	Administer medication as Per Doctor order	8Pm	Administer medication as Per Doctor order	

Re-Assessment: Done

Special Notes: NBS-OD

Nurse Signature: Nurse Name: kavya Date & Time: 20/8/25 8Pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 20/8/22

Assessment: Baby is on Cribe Care

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
8pm 10pm 12Am 2Am 4Am 6Am	> Assess the general condition of the baby > Monitor vital > Maintain Ilo chart > Give feed 2nd hourly > Given medication as per doctor order	8pm 10pm 12Am 2Am 4Am 6Am	> Assessed the general condition of the baby > Monitored vital > Maintain Ilo chart > Given medication as per doctor order > Provided comfortable position	Baby is on stable

Re-Assessment: Re-assess dr

Special Notes: ABS on

Nurse Signature: [signature] Nurse Name: Jitendra K Date & Time: 8pm 20/8/22

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NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 21/8/25

Assessment: Baby is on Room air

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
8	Assess the baby condition monitor vital sings maintain I/o chart Given feeding 3 hourly Administer medication as per doctor order provide comfortable position		Assessed the baby condition monitored vital sings maintain I/o charts Given feeding 2 hourly administer medication as per doctor order provide comfortable position	Baby is stable

Re-Assessment: Done

Special Notes: RBS OD

Nurse Signature: ..... Nurse Name: manisher Date & Time: 21/8/25 @ 2pm

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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: B+ve Sheet No: 1

Gest Age: 37 week Birth Weight: 2kg

Date: 4/8/25	Date: 5/8/25	Date: 6/8/25
DOL D4 Weight Not Checked	DOL D5 Weight Not checked	DOL D6 Weight Not checked
Problems: PT/RDS/LBW	Problems: PT/RDS/LBW	Problems: PT/RDS/LBW
Rs. 30-60b/m Exam Done Vent. Setting simv+PS ABG Done CXR Done	Rs. 30-60b/m Exam Done Vent. Setting vent ABG Done CXR Not done	Rs. 30-60b/m Exam Done Vent. Setting Vent ABG Done CXR Not Done
CVS Normal HR 120-160b/m BP 63/49 Map (52) Cap Refil <2-3sec	CVS Normal HR 120-160b/m BP 60/29 Map (48) Cap Refil <2-3 sec	CVS Normal HR 120-160b/m BP 59/34 Map (43) Cap Refil <2-3sec
F / E / N 100cc/kg/day T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 Cl ~~Crea~~ 109 Hemat HB: 13.3 WCC 2.88 Plats 272 Transfusion NA	F / E / N 120cc/kg/day T. Fluids 234.8ml CC /kg /day 117 cc/kg/day I / O / RBS: 83mg/dl U Output: 120 ml (CC/kg/hr) 2.5 cc/kg/day Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 Cl ~~Crea~~ 109 Hemat HB: 13.3 WCC 2.88 Plats 272 Transfusion NA	F / E / N 130 cc/kg/d T. Fluids 263ml CC /kg /day 131.5cc/kg/d I / O / RBS: 99mg/dl U Output: 180 (CC/kg/hr) 3.7cc/kg/d Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 Cl ~~Crea~~ 109 Hemat HB: 12.9 WCC 6.80 Plats 225 Transfusion NA
C/s Results NA CRP 5 Antibiotics Inj-Meropenem	C/s Results NA CRP 5 Antibiotics Inj-Meropenem	C/s Results NA CRP 5 Antibiotics Inj-Meropenem
Med Inj-Linipil Neuro: Normal	Med Inj-Linipil Neuro: Normal	Med Inj-Linipil Neuro: Normal
Assessment Done	Assessment Done	Assessment Done
Plan GRBS BD Gym OD	Plan GRBS BD Gym OD	Plan GRBS BD Gym OD

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: B+ve Sheet No: 2

Gest Age: 27 week Birth Weight: 2kg

Date: * 7/8/25	Date: 8/8/25	Date: 9/8/25
DOL * D7 Weight * Not checked	DOL D8 Weight Not cheked	DOL D9 Weight * Not cheked
Problems: * PT/RDS/LBW	Problems: * PT/RDS/LBW	Problems: PT/RDS/LBW
Rs. * 30-60 b/mn Exam * Done Vent. Setting * Venti ABG * Done CXR * Not Done	Rs. 30-60 b/m Exam Done Vent. Setting Venti ABG Done CXR Not done	Rs. 30-60 b/m Exam Done Vent. Setting Venti ABG } done CXR }
CVS * Normal HR * 120-160 b/mn BP * 60/32 Map * (42) Cap Refil * <2-3 sec	CVS Normal HR 120-160 b/m BP 65/39 Map (50) Cap Refil <2-3 sec	CVS Normal HR 120-160 b/m BP 67/38 Map (47) Cap Refil <2-3 sec
F / E / N * 140cc/kg/day T. Fluids * 278ml CC /kg /day * 132.3 cc/kg I / O / RBS: * 93 mg/dl U Output: * 1.6 (CC/kg/hr) * 2.6 cc/kg Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 Cl ~~Crea~~ 109 Hemat HB: * 12.9 WCC * 680 Plats * 225 Transfusion * NA	F / E / N 140cc/kg/day T. Fluids 280ml CC /kg /day 140cc/kg/day I / O / RBS: 108mg/dl U Output: 2.5 (CC/kg/hr) Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 } 4/8/25 Cl ~~Crea~~ 109 Hemat HB: 12.9 WCC 680 } 5/8/25 Plats 225 Transfusion NA	F / E / N 140cc/kg/day T. Fluids 280ml CC /kg /day 140cc/kg/day I / O / RBS: 96mg/dl U Output: 2.2 (CC/kg/hr) Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 } 4/8/25 Cl ~~Crea~~ 109 Hemat HB: 12.9 WCC 680 } 5/8/25 Plats 225 Transfusion
C/s Results * NA CRP * 5 Antibiotics * Inj - Meropenem	C/s Results NA CRP 5 Antibiotics Inj Meroponam	C/s Results NA CRP 5 Antibiotics Inj Meropenam
Med * Inj - Livipil Neuro: * Nomal	Med Inj Livipid Neuro: Normal	Med Inj Livipid Syp Domastal Neuro:
Assessment * Done	Assessment Done	Assessment Done
Plan * GRBS BD Gas OD	Plan RBS - BD, Gas - OD	Plan RBS - BD, Gas - OD

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Baby Of RESHMABHANU
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Dr. MVB PRATHYUSH

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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: B+ve Sheet No: 3

Gest Age: 37 week Birth Weight: 2 kg

Date: 10/8/25	Date: 11/8/25	Date: 12/8/25
DOL D10 Weight Not cheked	DOL D11 Weight Not cheked	DOL D12 Weight 2.040
Problems: PT/RDS/LBW	Problems: PT/RDS/LBW	Problems: PT/RDS/LBW
Rs. 30-60 b/m Exam Done Vent. Setting Vent-i ABG Done CXR Not done	Rs. 30-60 b/m Exam Done Vent. Setting N ABG done CXR ~~Not~~ Not done	Rs. 30-60 b/m Exam Done Vent. Setting NIV ABG Done CXR NOT DONE
CVS ~~120-160 b/m~~ Normal HR 120-160 b/m BP 65/43 Map (52) Cap Refil <2-3 sec	CVS Normal HR 120-160 b/m BP 70/40 Map (51) Cap Refil <2-3 sec	CVS normal HR 120-160 b/m BP 57/39 Map 42 Cap Refil <2-3 sec
F/E/N 140 cc/kg/day T. Fluids 280ml CC /kg /day 140 cc/kg/day I / O / RBS: U Output: 2.0 (CC/kg/hr) Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 4/8 Cl ~~Crea~~ 109 Hemat HB: 11.6 WCC 9.09 9/8 Plats 639 Transfusion	F/E/N 140 cc/kg/day T. Fluids 280ml CC /kg /day 140 cc/kg/day I / O / RBS: 90 mg/dl U Output: 2.5 (CC/kg/hr) Exam T. Bil/D Na ~~Hc03~~ 138 K ~~BUN~~ 4.6 4/8 Cl ~~Crea~~ 109 Hemat HB: 11.6 WCC 9.09 9/8 Plats 639 Transfusion	F/E/N 140 cc/kg/d T. Fluids 2680ml CC /kg /day 134.1 cc/kg/ I / O / RBS: 98 mg/dl U Output: 123 ml (CC/kg/hr) 2.5 cc/kg/hr Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion NA
C/s Results No Growth CRP 5 - 9/8/25 Antibiotics Inj Meropenam	C/s Results No Growth CRP 5 - 9/8/25 Antibiotics Inj Meropenam	C/s Results No growth CRP 6 / 8 / 25 Antibiotics Inj. meropenam
Med Inj Livipil Neuro: Normal	Med Inj Livipil Neuro: Normal	Med Inj. Livipil Neuro: normal
Assessment Done	Assessment Done	Assessment done
Plan RBS - BD, VBG - OD	Plan RBS - BD, VBG - OD	Plan RBS - BD, VBG - OD

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: B+ve Sheet No: 4

Gest Age: 37wks Birth Weight: 2kg

Date: 13/8/25	Date: 14/8/25	Date: 15/8/25
DOL D13 Weight 2.095 1458gms	DOL D14 Weight 2.075 ↓ 120gms	DOL - D15 Weight - 2.91 ↑ 16gms
Problems: Term / sepsis	Problems: Term / RDS	Problems: Term - sepsis
Rs. 30-60 b/m Exam Done Vent. Setting R/A ABG CXR } NA	Rs. 30-60 b/m Exam Done Vent. Setting R/A ABG CXR } NA	Rs. - 30-60 b/m Exam - Done Vent. Setting R/A ABG CXR } NA
CVS Normal HR 120-160 b/m BP 61/44 Map 36 Cap Refil < 2-3 sec	CVS Normal HR 120-160 b/m BP 67/34 Map 46 Cap Refil < 2-3 sec	CVS Normal HR 120-160 b/m BP 79/42 Map (55) Cap Refil < 2-3 sec
F / E / N 150 cc/kg/d T. Fluids 302 ml CC /kg /day 151 cc/kg/d I / O / RBS: 97 mg/dL U Output: 147ml (CC/kg/hr) 3.7cc/kg/hr Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } NA	F / E / N 150 cc/kg/day T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } NA	F / E / N T. Fluids CC /kg /day I / O / RBS: U Output: (CC/kg/hr) Exam - Done T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } ~~None~~ NA
C/s Results CRP Antibiotics * Inj. mero	C/s Results CRP Antibiotics } NA	C/s Results CRP Antibiotics } NA
Med * Inj. levipil Neuro: * Syp. Domstal	Med * Syp. Lavipil Neuro: * Syp. Domstal	Med * Syp. Lavipil * Domstal Neuro:
Assessment Done	Assessment Done	Assessment Done
Plan RBS-QP	Plan RBS-QD	Plan RBS - OD

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 4 D
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PROBS AND POSITIONS CHART

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Date	Temp. Probe 6th Hourly	SpO_2 Probe 6th Hourly	Positioning 3rd Hourly	Mouth Care 3rd Hourly	Eye Care 3rd Hourly	RBS	Nebulization	Feeding	Medication	Nurse sign
4/8/25 @2am	Left upper abdomen	Left Leg	Supi.	Given	Given	BD	NA	Given	Given	
4/8/25 @7am	Left upper abdomen	Right hand	Supi	Given	Given	BD	NA	Given	Given	
4/8/25 9AM	Left Abd	left hand	Supine	Cared	Cared	BD	NA	Cared	Cared	
4/8/25 12PM	Left abdomen	Right hand	Supine	Cared	Cared	BD	NA	Cared	Cared	
4/8/25 6PM	Left abdomen	Left Hand	Supine	Cared	Cared	BD	NA	Cared	Cared	
4/8/25 11pm	Left upper abdomen	Left Leg	Supi.	Given	Given	BD	NA	Given	Given	

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PROBS AND POSITIONS CHART

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
5/8/25 2am	Right upp abdomen	Left Hand	Supine	Given	Given	BD	NA	Given	Given	
5/8/25 7am	Left upp abdomen	Right Leg	Supine	Given	Given	BD	NA	Given	Given	
5/8/25 11Am	Rt upper ABD.	~~Left~~ Hand	Supine	Given	Given.	BD	NA	Given	Given	
5/8/25 2pm	Rt upper Abd	Rt leg	Supine	Given	Given.	BD	NA	Given	Given	
5/8/25 5pm	Lt Upper Abd	Rt hand	Supine	Given	Given	BD	NA	Given	Given	
5/8/25 @8pm	Rt Upper Abd	Lt hand	Supine	Given	Given	BD	NA	Given	Given	

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

(3)

PROBS AND POSITIONS CHART

Rainbow® Children's Hospital
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Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
5/8/25 @ 11pm	Left upp abdome	Left Leg	Supi	Given	Given	BD	NA	Given	Given	[signature]
6/8/25 2am	Reglut upp abdome	Right hand	Supin	Given	Given	BD	NA	Given	Given	[signature]
5/8/25 6am	Left upp abdom	Left Leg	Supin	Given	Given	BD	NA	Given	Given	[signature]
6/8/25 10am	~~Left~~ Rt Abd ~~hand~~	Left Leg	Supin	given	given	BD	NA	given	given	[signature]
6/8/25 2pm	Rt Abd	Left hand	Supin	given	given	BD	NA	given	given	[signature]
6/8 @ 7PM	Rt Abdom	Rt hand	Supin	Given	Given	BD	NA	Given	Given	[signature]

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 5 D (F)
Dr. MVB PRATHYUSH

5

PROBS AND POSITIONS CHART

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
6/8/25 @ 11pm	Left upper abdomen	Left hand	Supine	Given	Given	BD	NA	Given	Given	
7/8/25 2am	Right upper abdomen	Left Leg	Supine	Given	Given	BD	NA	Given	Given	
7/8/25 8am	Left upper abdomen	Right Leg	Supine	Given	Given	BD	NA	Given	Given	
7/8/25 12pm	Rt abdomen	Left Hand	Supine	Given	Given	BD	NA	Given	Given	
7/8/25 2pm	Rt abd	Rt Hand	Supine	Given	Given	BD	NA	Given	Given	
7/8/25 5pm	Left Abdomen	Right Leg	Supine	Given	Given	Twice Daily	NA	Given	Given	

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
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Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
7/8/25 10pm	Rt abd	Rt leg	supine	Given	Given	BD	NA	Given	Given	[signature]
8/8/25 2am	Rt abd	Rt hand	supine	Given	Given	BD	NA	Given	Given	[signature]
8/8/25 6am	Rt abd	Lf hand	supine	Given	Given	BD	NA	Given	Given	[signature]
8/8/25 10Am	Rt abd	Rt Hand	Supine	Given	Given	BD	NA	Given	Given	[signature]
8/8/25 12pm	Rt abd	Rt Hand	Supine	Given	Given	BD	NA	Given	Given	[signature]
8/8/25 6pm	Rt abd	Left Hand	Supine	Given	Given	BD	NA	Given	Given	[signature]

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Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
8/8/25 10pm	Rt abd	Rt hand	supine	Given	Given	BD	NA	Given	Given	R
9/8/25 2am	Rt abd	Rt hand	supine	Given	Given	BD	NA	Given	Given	R
9/8/25 6am	Rt abd	Lt hand	supine	Given	Given	BD	NA	Given	Given	R
9/8/25 8Am	Rt abd	Rt Hand	Supine	Glide	Glide	BD	NA	Glide	Glide	R
9/8/25 12pm	Lt abd	Lt Hand	Supine	Glide	Glide	BD	NA	Glide	Glide	R
9/8/25 4pm	Rt abdomen	Lt hand	supine	given	given	BD	NA	given	given	R

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
9/8/25 5pm	Rt Abdomen	Lt hand	Supine	~~Supine~~ gm	gm	BD	NA	gm	gm	[illegible]
9/8/25 8pm	Rt Abdomen	Rt hand	Supine	gm	gm	BD	NA	gm	gm	[illegible]
9/8/25 10pm	Rt abd	Rt hand	supine	Given	Given	BD	NA	Given	Given	[illegible]
10/8/25 2am	Rt abd	Lt hand	supine	Given	Given	BD	NA	Given	Given	[illegible]
10/8/25 6am	Rt abd	Rt hand	supine	Given	Given	BD	NA	Given	Given	[illegible]
10/8/25 8AM	Left abdd	~~Rt~~ Hand	Supine	Given	Given	BD	NA	Given	Given	[illegible]

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Dr. MVB PRATHYUSH

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PROBS AND POSITIONS CHART

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
10/8/25 1pm	Rt abdn	left hand	supine	Given	Given	BD	NA	Given	Given	
10/8/25 6pm	Rt abdn	Rt hand	supine	Given	Given	BD	NA	Given	Given	
10/8/25 10pm	Rt abd	Rt hand	supine	Given	Given	BD	NA	Given	Given	
11/8/25 2pm	Rt abd	Rt leg	supine	Given	Given	BD	NA	Given	Given	
11/8/25 6am	Rt abd	Lt hand	supine	Given	Given	BD	NA	Given	Given	
11/8/25 9am	Rt Abdon	Lt Hand	Supine	given	given	BD	NA	given	given	

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PROBS AND POSITIONS CHART

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date	Temp. Probe	SpO_2 Probe	Positioning	Mouth Care	Eye Care	RBS	Nebulization	Feeding	Medication	Nurse sign
	6th Hourly	6th Hourly	3rd Hourly	3rd Hourly	3rd Hourly					
11/8/25	Rt shoulder	Rt Hand	Supine	given	given	BD	NA	given	given	
11/8/25 @1PM	Rt shoulder	Lt hand	supine	given	given	BD	NA	given	given	
12/8/25 @8AM	Lt shoulder	Rt hand	supine	given	given	BD	NA	given	given	
12/8/25 @7AM	Rt shoulder	Lt hand	supine	given	given	BD	NA	given	given	
12/8/25 @12pm	Left upper abdomen	Left Leg	Supine	Given	Given	BD	NA	Given	Given	
12/8/25 5pm	Right upper abdomen	Right hand	Supine	Given	Given	BD	NA	Given	Given	

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Dr. MVB PRATHYUSH

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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROBS AND POSITIONS CHART

Date	Temp. Probe 6th Hourly	SpO_2 Probe 6th Hourly	Positioning 3rd Hourly	Mouth Care 3rd Hourly	Eye Care 3rd Hourly	RBS	Nebulization	Feeding	Medication	Nurse sign
12/8 @11pm	Rt Abd	Lt hand	supine	given	given	OD	NA	given	given	
13/8 @3AM	Lt Abd	Rt hand	supine	given	given	OD	NA	given	given	
13/8 @7AM	Rt Abd	Lt hand	supine	given	given	OD	NA	given	given	
13/8 @9am	Lt Abdomen	Rt hand	Side lateral	given	given	OD	given	given	given	
13/8 @2pm	Rt Abdomen	Lt hand	Supine	given	given	OD	given	given	given	
13/8/25 @6pm	Rt Abdomen	~~Rt~~ hand	Rt upt	given	NA	On	Given	Given	Given	

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PROBS AND POSITIONS CHART

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date	Temp. Probe 6th Hourly	SpO_2 Probe 6th Hourly	Positioning 3rd Hourly	Mouth Care 3rd Hourly	Eye Care 3rd Hourly	RBS	Nebulization	Feeding	Medication	Nurse sign
14/8/25 @12am	Rt abdomen	Rt hand	Supine	Given	Given	OD	NA	Given	Given	
14/8/25 @6AM	Rt abdomen	Rt hand	Supine	Given	Given	OD	NA	Given	Given	
14/8/25 @2pm	Right Abdomen	left Hand	Supine	Given	Given	OD	NA	Given	Given	
14/8/25 @6pm	Rt flank	Rt hand	Prone	Given	Given	OD	Given	Given	Given	
15/8/25 @12AM	Rt flank	Lt hand	Prone	Given	Given	OD	Given	Given	Given	
15/8/25 @ 6AM	Rt flank	Rt hand	Prone	Given	Given	OD	Given	Given	Given	

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PROBS AND POSITIONS CHART

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

Date	Temp. Probe 6th Hourly	SpO_2 Probe 6th Hourly	Positioning 3rd Hourly	Mouth Care 3rd Hourly	Eye Care 3rd Hourly	RBS	Nebulization	Feeding	Medication	Nurse sign
15/8/25 @ 8pm	flank	Lt hand	Prone	Given	Given	OD	Given	Given	Given	
15/8/25 @ 12pm	flank	Right hand	Prone	Given	Given	OD	Given	Given 3rd Feed	Given	
15/8/25 @ 4pm	flank	Rt hand	Prone	Given	Given	OD	Given	Given	Given	
15/8/25 @ 8pm	flank	Rt leg	Prone	Given	Given	OD	Given	Given	Given	
15/8/25 @ 12am	flank	Rt hand	Prone	Given	Given	OD	Given	Given	Given	
15/8/25 @ 4am	flank	Lt hand	Prone	Given	Given	OD	Given	Given	Given	

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VENTILATOR CARE BUNDLE CHECK LIST

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date of Intubation: 4/8/25 No of Days on Ventilation: D1 Date of Tracheostomy: .....

Parameters	Date / Shift Time	3/8/25 8pm-8a	4/8/25 8AM-8PM	4/8/25 8pm-8a	5/8/25 8AM.	5/8/25 2PM-8PM	5/8/25 8pm-8a	6/8/25 8PM-8P
Ready for Extubation today? (Discuss during the clinical round)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Sedation holiday discussed? (Discuss during the clinical round)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Suction container visibly Soiled? (If Yes - Please Change)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Inline Suction Used?		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is AMBU bag soiled? (If Yes - Please Change)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Oral and Nasal Care every 4 Hrs		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Mouth Care with EBM (Only for Neonatal Patient)		☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA	☐Yes ☐No ☐NA
Is ET / Oral Suction needed (2nd hrly)		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Sterile Suctioning Done		☐Yes ☐No	☐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	☐Yes ☐No
Name of the Nurse		Diffi	Reigarto	Diffi	Rain	Arpita	Diffi	
Signature of the Nurse								

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Baby Of RESHMABHANU
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Dr. MVB PRATHYUSH

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Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 4/8/25 No of Days on Ventilation: ..... Date of Tracheostomy: .....

Parameters / Date / Shift Time	6/8/25	6/8/25 8pm-8am	7/8/25 8AM-8PM	7/8/25 8pm-8am	8/8/25 8pm-8am	8/8/25 8AM-8PM	9/8/25 8pm-8am
Ready for Extubation today? (Discuss during the clinical round)	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Is Sedation holiday discussed? (Discuss during the clinical round)	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Is Suction container visibly Soiled? (If Yes - Please Change)	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Inline Suction Used?	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Is AMBU bag soiled? (If Yes - Please Change)	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)	☑Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☑No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)	☐Yes ☑No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No
Oral and Nasal Care every 4 Hrs	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No
Mouth Care with EBM (Only for Neonatal Patient)	☑Yes ☐No ☐NA	☐Yes ☐No ☑NA	☐Yes ☐No ☑NA	☐Yes ☐No ☐NA	☑Yes ☐No ☐NA	☑Yes ☐No ☐NA	☑Yes ☐No ☐NA
Is ET / Oral Suction needed (2nd hrly)	☑Yes ☐No	☐Yes ☑No	☐Yes ☑No	☐Yes ☐No	☑Yes ☐No	☑Yes ☐No	☑Yes ☐No
Sterile Suctioning Done	☑Yes ☐No	☐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	☐Yes ☑No
Name of the Nurse	[illegible]	[illegible]	priyanka	priyanka	Jayashree	priyanka	Jayashree
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: ..... No of Days on Ventilation: ..... Date of Tracheostomy: .....

Parameters / Date / Shift Time	9/8/25 8Am 2pm	9/8/25 2pm - 8pm	9/8/25 8pm - 8a	10/8/25 8Am 8pm	10/8/25 8pm - 8a	11/8/25 8Am 8pm	11/8/25 8pm - 8Am
Ready for Extubation today? (Discuss during the clinical round)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☑ No	☑ Yes ☐ No
Is Sedation holiday discussed? (Discuss during the clinical round)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is Suction container visibly Soiled? (If Yes - Please Change)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Inline Suction Used?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is AMBU bag soiled? (If Yes - Please Change)	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)	☑ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)	☑ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Oral and Nasal Care every 4 Hrs	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Mouth Care with EBM (Only for Neonatal Patient)	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA
Is ET / Oral Suction needed (2nd hrly)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Sterile Suctioning Done	☑ Yes ☐ No	☑ 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	☐ Yes ☑ No
Name of the Nurse	Priyanka	Agnes	Jayashree	Priyanka	Jayashree	Vidya	Appita
Signature of the Nurse	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

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Dr. MVB PRATHYUSH

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BED SIDE CHECK LIST FOR NURSES

Date:	3/8	4/8	4/8	5/8	6/8	6/8	7/8	8/8	9/8
Doctor's Orders	Done	Done	Done	Done	done	DONE	Done	Done	Done.
Carried out or not	Done	Done	Done	Done	yes	yes	yes	yes	yes
Bed Side									
Structured Handover done	Done	Done	Done	Done	yes	DONE	Done	Done	Done
IV Site	Yes	yes	yes	yes	yes	YES	yes	yes	yes
Central Lines	No	NO	NA	NA	NA	NO	No	NO	No
Arterial Lines	No	NO	NA	NA	NA	NO	No	NO	No
Feeding Catheter	Yes	yes	yes	yes	yes	yes	with	yes	yes
Urinary Catheter	No	No	NO	NO	No	NO	No	NO	No
Skin Care	Given	with	given	given	given	Given	with	Given	Given
Eye Care	Given	with	given	given	given	Given	with	Given	with
Mouth Care	Given	with	given	given	given	Given	with	Given	with
Sterillum Bottle, Stethoscope	Yes	yes	yes	yes	yes	YES	yes	yes	yes
Suction Bottle (Should be clean & empty)	Yes	yes	yes	yes	yes	YES	yes	yes	yes
Intubation Tray	No	No	NO	NO	No	NO	NO	NO	No
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampouies of Adrenaline	No	No	NO	NO	No	NO	NO	Ambu-1	Ambu (0) masks
Ventilator Tubing,(Any Water, Blood)	No	No	NO	NO	No	NO	No	NO	No
Humidification	No	No	NO	NO	No	NO	NO	NO	No
Check all Infusion (Labelling,Correct Preparation)	Yes	yes	yes	yes	yes	YES	yes	yes	yes
Chest Physio & Neb	No	NO	NO	NO	No	NO	No	NO	No

Checked & Handover given by

Name of the Nurse : D

Signature : Diff

Date & Time: 4/8/25 @ 8am

Checked & Handover taken by

Name of the Nurse : Priyanka

Signature : D

Date & Time: 4/8/25 10Am.

Doc. No. : RCHBH/ FRM / GENERAL / 088

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(2)

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BED SIDE CHECK LIST FOR NURSES

Date:	9/8	10/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8
Doctor's Orders	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes
Carried out or not	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	yes
Bed Side									
Structured Handover done	Done	Done	Done	Done	Done	Done	Done	Done	Done
IV Site	Yes	Yes	Yes	Yes	Done	Done	Done	Done	Done
Central Lines	NA	NA	NA	NO	NA	NA	NA	NA	NA
Arterial Lines	NA	NA	NA	NA	NA	NA	NA	NA	NA
Feeding Catheter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Urinary Catheter	NA	NA	NA	NA	NA	NA	NA	NA	NA
Skin Care	Given	Given	Given	given	given	given	Given	Given	Given
Eye Care	Given	Given	Given	given	given	given	Given	Given	Given
Mouth Care	Given	Given	Given	given	given	given	Given	Given	Given
Sterillum Bottle, Stethoscope	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Suction Bottle (Should be clean & empty)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes	Yes
Intubation Tray	NO	No	NO	NO	NO	NO	NO	NO	NO
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	O Mask Ambu	O mask Ambu	O Mask Ambu	O mask Ambu	O' mask Ambu	O' mas Ambu	O' mask Ambu	O' mask Ambu	O' mask Ambu
Ventilator Tubing,(Any Water, Blood)	NO	No	NO	NO	NA	NA	NA	NA	NA
Humidification	NO	No	NA	NA	NA	NA	NA	NA	NA
Check all Infusion (Labelling,Correct Preparation)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Chest Physio & Neb	NA	NA	NA	NA	NA	NA	NA	NA	NA

Checked & Handover given by
Name of the Nurse : Jayashree
Signature : Jay
Date & Time: 10/8/25 @ 8am

Checked & Handover taken by
Name of the Nurse : Priyanka
Signature : P
Date & Time: 10/8/25 8 Am.

Doc. No. : RCHBH/ FRM / GENERAL / 088

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
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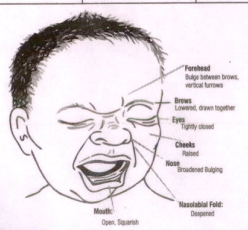
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation -2	Sedation -1	Normal 0	Pain / Agitation 1	Pain / Agitation 2	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time	Date / Time
						4/8 6am	4/8 10A	5/8 6am	5/8 4PM	6/8 6a	7/8 6am	8/8 8Am	8/8 10pm	9/8 10Am
					Procedure →	Canula	RBS	VBG RBS	VBG RBS	VBG RBS	VBG RBS	VBG RBS	suction	suction
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	+1	+1	+1	+1	+1	+1	+1	+1	+1
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0	0	+1	+1
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	+1	+1	+1	+1	+1	+1	+1	+1	+0
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0	0	0	0	0
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0	0	0	0
					Gestational Age / Corrected Age	37 week	37 week	37 week	37 wks	37 week	37 week	37 week	37 week	37 week
					Total Pain / Agitation Score	+2	+2	+2	+2/10	+2	+2	+2	+3	+3
					Intervention	25% D	25% D	25% D	25% DEX	25% D	25% D	25%	EBM	EBM
					Effectiveness	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
					Signature									



Premature Pain Assessment: Scoring

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

Intervention

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

Docu.No: RCHBH/FRM/CLINICAL/094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

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Baby Of RESHMABHANU
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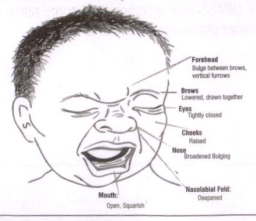
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						10/8	10/8	10/8	11/8	12/8	13/8	14/8	15/8	16/8
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						6am	8Am	10pm	10 Pm	6AM	6 AM	6am	6am	6am
					Procedure →	VBG	UBG	suction	suction	suction	suction	RBS	RBS	RBS
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0	0	0	0	0
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	1	1	1	1	1	1	1	1	1
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	1	1	1	1	1	1	1	1	1
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	1	1	1	1	1	1	1	1	1
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0	0	0	0
Gestational Age / Corrected Age						37 week	37 weeks	37 week	37 w	37 wks	37 wks	37 W(s)	37 week	37 week
Total Pain / Agitation Score						3	3	3	3	3/10	2/10	2/10	2/10	2/10
Intervention						EBM	EBM	EBM	RIA	EBM	EBM	EBM	EBM	EBM
Effectiveness						Good	Good	Good	good	good	good	Good	Good	Good
Signature														



Premature Pain Assessment: Scoring

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

Intervention

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

Docu.No: RCH /FRM /CLINICAL /094

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 3/8 2pm	DATE 4/8 10AM	DATE 5/8 6am	DATE 5/8 4PM	DATE 6/8
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	NA	NA		NA	
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	NA			NA	
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	NA			NA	
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3	NA			NA	
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		14	14	14	14	14

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	X	X
	Other Intervention(s) Specify		X	X	X	X	X
	Nurse's Name:		Diff	Priya	Diff	Diff	Devi
	Signature:						
	Date:		3/8	4/8	5/8	5/8	6/8
	Time:		2pm	10AM	6am	4PM	10a

Docu. No. : RCHBH /FRM / CLINICAL / 005

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 7/8 8am	DATE 7/8	DATE 8/8 8Am	DATE 8/8	DATE 9/8 10Am
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1	N/A		NA		
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	N/A	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1				
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4		4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	N/A				
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3	N/A				
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		10	16	16	16	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		—	Yes	Yes	Yes	Yes
Call device within reach		—	Yes	Yes	Yes	Yes
Wheels Locked		—	Yes	Yes	Yes	Yes
Room free of clutter		—	Yes	Yes	Yes	Yes
Adequate lighting		—	Yes	Yes	Yes	Yes
Wheel chair support		X	NO	No	NO	No
Other Intervention(s) Specify		X	NO	No	NO	No
Nurse's Name:		Diff	Jaya	Reddy	Jaya	Reddy
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		7/8/25	7/8	8/8	8/8	9/8
Time:		@8am	10pm	8Am	10pm	10Am

Docu. No. : RCHBH /FRM / CLINICAL / 005

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 9/8	DATE 10/8 8Am	DATE 10/8	DATE 11/8	DATE 12/8
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		Yes	yes	Yes	✓	✓
Call device within reach		Yes	yes	Yes	✓	✓
Wheels Locked		Yes	yes	Yes	✓	✓
Room free of clutter		Yes	yes	Yes	✓	✓
Adequate lighting		Yes	yes	Yes	✓	✓
Wheel chair support		NO	yes	NA	X	X
Other Intervention(s) Specify		NO	No	NA	X	X
Nurse's Name:		Jaya	priya	Jaya	vidya	Appaa
Signature:		[signature]	[signature]	[signature]	[signature]	[signature]
Date:		9/8	10/8	10/8	11/8	12/8
Time:		10pm	8Am	10pm	8am	6Am

Docu. No. : RCHBH /FRM / CLINICAL / 005

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE 12/8 2pm	DATE 13/8 6AM	DATE 13/8	DATE 14/8 10AM	DATE 15/8 6am
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3	3	3	3	3	3
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3					
	Patient Placed in Bed	2	2	2	2	2	2
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
	Total		16	16	16	16	16

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

	Bed in low position		✓	✓	✓	✓	✓
	Call device within reach		✓	✓	✓	✓	✓
	Wheels Locked		✓	✓	✓	✓	✓
	Room free of clutter		✓	✓	✓	✓	✓
	Adequate lighting		✓	✓	✓	✓	✓
	Wheel chair support		X	X	X	✓	X
	Other Intervention(s) Specify		X	✓	X	✓	X
	Nurse's Name:		Dr HR	Arpita	vidya	Nisha	Renuka
	Signature:						
	Date:		12/8	13/8	13/8	14/8	15/8
	Time:		2pm	6AM	10am	10AM	6am

Docu. No. : RCHBH /FRM / CLINICAL / 005

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Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 3/8			4/8 DAY-2			5/8 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1			NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3			NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4			NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Docu. No. : RCH/ /FRM / CLINICAL / 137

BAH-00630516 (IP5-00160655)
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 6/8 M	DAY-1 E	DAY-1 N	DAY-2 M	DAY-2 E	DAY-2 N	DAY-3 M	DAY-3 E	DAY-3 N	Remarks
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :
Signature : ..... Name : .....

Signature of Ward In Charge :
Signature : ..... Name : .....

Doc. No. : RCH /FRM / CLINICAL / 137

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(3)

Rainbow Children's Hospital
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Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	9/8 DAY-1			10/8 DAY-2			11/8 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	
		Signature of the Nurse											

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

Signature of Shift In Charge :
Signature : ..... Name : .....

Signature of Ward In Charge :
Signature : ..... Name : .....

Docu. No. : RCH /FRM / CLINICAL / 137

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

Rainbow Children's Hospital
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Your Right to a Safe Delivery

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Docu. No. : RCH /FRM / CLINICAL / 137

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
21-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

BRADEN 'Q' SCALE

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					Date : 4/8	5/8	5/8	6/8
					Time : 2am	6am	@4pm	
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	2	2	2	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	2	2	2	2
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	16	16	16	16
				Evaluator's Name				

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

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

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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				Date :	7/8	7/8	8/8	8/8
				Time :	8am	10pm	8Am	10pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	2	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	2	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
				TOTAL SCORE	16	20	20	20
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(3)

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little.
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					Date : 9/8	9/8	10/8	10/8
					Time : 10 PM	10pm	8 AM	10 pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	5	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
					TOTAL SCORE	20	20	20
					Evaluator's Name			

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

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

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

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(4)

BRADEN 'Q' SCALE

Rainbow Children's Hospital — It takes a lot to treat the little.
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					Date : 11/8	12/8	12/8	13/8
					Time : 8.01	6AM	1pm	2AM
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	2	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	2	2
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	4	4
				TOTAL SCORE	20	20	20	20
				Evaluator's Name				

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

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

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

1

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FLUID CHART

TV - 150 cc/Kg/day
B.wt - 2Kg
TF - 40 ml

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM			40ml		passed			16ml		Vidya
	10:00 am											
	11:00 am											
	12:00 pm	EBM			40ml		passed			13ml		
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	EBM			40ml		passed			16ml		
	04:00 pm											
	05:00 pm											
	06:00 pm	EBM	Rabadi Tiwari 7ml		33ml		not passed			21ml		
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	EBM			40ml		passed			15ml		
	10:00 pm											
	11:00 pm											
	12:00 am	EBM			40ml		passed			12ml		
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	EBM			40ml		passed			15ml		
	04:00 am											
	05:00 am											
	06:00 am	EBM			40ml		passed			11ml		
	07:00 am											
Total Intake : 320ml						Total Output : 119ml						

Total 24 hrs. Intake	160 cc/kg/day	Total 24 hrs. Output	2.4 cc/kg/day

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Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
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FLUID CHART

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TV — 150cl/kg/day.
Bwt — 2kg
TF — 40ml

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am									15ml		
	09:30 am	EBM			30ml		—					
	10:00 am											
	11:00 am	EBM 20ml/25mins			20ml		passed			15ml		
	12:30 pm						—					
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:30 pm	EBM 20ml			30ml		passed			15ml		
	04:00 pm											
	05:00 pm											
	06:30 pm	EBM			40ml		passed			10ml		
	07:00 pm									25ml		
Total Intake :						Total Output :						
	08:00 pm											
	09:30 pm	EBM			40ml		passed			10ml		
	10:00 pm											
	11:00 pm											
	12:30 am	EBM			40ml		—			10ml		
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:30 am	EBM			40ml		passed			10ml		
	04:00 am											
	05:00 am											
	06:30 am	EBM			40ml		—			10ml		
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake		Total 24 hrs. Output	

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BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

16/8/25

FLUID CHART

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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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM			40ml		passed			10ml		MS
	10:00 am				10% ISOP							
	11:00 am											
	12:00 pm	NIL			12.5M		passed			10ml		MS
	01:00 pm				12.5M	10% ISOP						
Total Intake :						Total Output :						
	02:00 pm				12.5m							
	03:00 pm				12.5m							
	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	

Docu. No. : RCHBH/FRM/CLINICAL/092

Patient Sticker

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	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	

Docu. No. : RCHBH /FRM / CLINICAL / 092

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

13/8/25

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:					4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	8am	10am	12pm	2pm	pm	pm	pm	pm	pm	pm	pm	pm
Temperature (°F)	36.6°C	36.5°C	36.5°C	36.4°C	36.5°C	36.4°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	53 / 43 / 41		70 / 52 / 43	60 / 46 / 40	53 / 26 / 36	69 / (50) / 41	67 / (33) / 40		58 / (42) / 38	54 / (59) / 47	62 / (59) / 51	57 / (39) / 29
Heart Rate (Number)	147	138	156	155	145	170	148		142	153	156	154
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	46	56	51	57	48	54	56		42	46	44	29
Resp Distress — Mod/ Severe None / Mild	41	39	42	46								
Receiving O_2(l/min) O_2Saturations (%)	94%	99	98	95	99	97%	100%		96%	99%	98%	97%
Conscious Level — Normal Altered	N	N	N	N								
GCS *	C	C	C	C	C	C	C		C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	1	1		1	1	1	1
Pain Score	1	1	1	1	1	1	0		0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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Your Right to a Safe Delivery

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)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

16/8/25

No. : RCH / FRM / CLINICAL / 124

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM					
Temperature (°F)	36.4°C	36.5°C	36.6°C	36.5°C	36.6°C	36.6°C						
Heart Rate (bpm) and Blood Pressure (mmHg) *	96 / (71) / 60	72 / (63) / 51	59 / (48) / 44	65 / 49 / 43								
Note: BP does not score in early warning scoring												
Heart Rate (Number)	163	155	145	143								
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	64	66	40	48								
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	98%	100%	100%	99%								
Conscious Level: Normal / Altered	N	N	N	N								
GCS *	6	6	6	6								
TOTAL SCORE Number of shaded boxes	1	1	1	0								
Pain Score	0	0	0	0								
Observer's Initials	M	M	M	D								

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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)

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

5

BRADEN 'Q' SCALE

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					Date : 13/8/25	14/8/25	15/8	16/8
					Time : 8am	7:10am	6am	6am
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
					TOTAL SCORE	19	19	19	19
					Evaluator's Name				

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

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

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

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 4/8/25	Diagnosis: PT/RDS/Seizure			Surgery / Procedures:		
	Allergies:				Post OP Day:		
	Date:	3/8/25	4/8/25	4/8/25	5/8/25	5/8/25	5/8/25
	Area / Shift Time	NU 8pm-8am	NU 8am-8pm	NU 8pm-8am	NU 8am-2pm	NU 2pm-8pm	NU 8pm-8am
	Diet:	DBM	DBM	DBM	DBM	DBM	DBM
	Ventilation (RA, NP, NIV, VENTI)	Venti	Venti	Venti	Venti	Venti	Venti
INVASIVE LINES	1.	ET Tube	ET tube	ET Tube	ET Tube	ET	ET
	2.	IV line	IV Line	IV line	IV line	IV	IV
	3.	OG tube	OG tube	OG tube	OG tube	OG	OG tube
	4.		tube				
ASSESSMENT	Infusions / Transfusions	10% Isop	10% ISOP	10% Isop	10% ISOP	NA	
		Inj-Dobu					
	PU Prophylaxis	NA	NA	NA	NA	NA	NA
	DVT Prophylaxis						
	Vitals BP	72/38(49)	54/35	62/39(45)	59/32(40)	58/35(42)	50/32(38)
	PR	143b/m	123b/m	142b/m	133	126b/m	154b/m
	RR	48b/m	25b/m	38b/m	25b/m	28b/m	39b/m
	SpO_2	97%	96%	96%	98%	99%	98%
	Temp	36.6°C	36.5°C	36.6°C	36.6C	36.4C	36.6°C
	Pain Score	+3	+3	+3	+3	+3/10	+3
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	alert	Alert	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition	Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical	NA	NA	NA	NA	NA	NA
	Chemical						
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Yes	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)	Bed with	Bedrest	Bed with	Bedridden	Bed ridden	Bed with
	ADL (Dependent / Non-Dependent)	Dept	Depet	Dept	Dependt	Depend	Dept
	Critical Lab Test / Values (If any)	NA	NA	NA	NA	NA	NA

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS								
		Date:	3/8/25	4/8/25	4/8/25	5/8/25	5/8/25	5/8/25
	Investigations Procedures	Area / Shift Time	N4 8pm-8am	N4 8Am-8pm	N4 8pm-8a	N4 8pm-8Am	N4 2pm-8pm	N4 8pm-8a
		Ordered / Planned	TV-100 cc/kg 5H 2nd day GRBS-BD	TV 120 cc/kg NEFG today GRBS BD	TV-100 cc/kg GRBSBD Gas OD	RBS-BD Gas-OD	RBS-BD Gas-OD	RBS OD Gas OD MRI TM
		Due	NA					
		Reports Pending	Blood C/S	Blood culture NA	Blood c/s CSF c/s	B/C CSF/C	B/C CSF/C	NA
		Referrals (If any)		NA		NA	NA	
		Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA			NA
Handed Over By Name :			Diff.	Priyanka	Vidya	Abin	Appita	Diff
Signature :			D	D	V.K	Abin	A	D
Date:			4/8/25	4/8/25	5/8/25	5/8/25	5/8/25	6/8/25
Time:			@8am	8pm	@8a	@8pm	@8pm	@8a
Taken Over By Name :			Priyanka	Vidya	Abin	Appita	Diff	Deep
Signature :			D	VK	Abin	A	D	A
Date:			4/8/25	4/8/25	5/8/25	5/8/25	5/8/25	6/8/
Time:			8Am	@8pm	@8Am	2pm	@8pm	8Am

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 4/8/25	Diagnosis: PT/RDS/Sepsis		Surgery / Procedures:			
	Allergies:			Post OP Day:			
	Date:		6/8/25	7/8/25	7/8/25	7/8/25	
	Area / Shift Time	NICU 8pm-8am	NICU 8am-8pm	NICU 8pm-8am	N3 8am-2pm	NICU 2pm-8pm	N3 8pm-8am
	Diet:	EBM	EBM	DBM	DBM	DBM	DBM/EBM
	Ventilation (RA, NP, NIV, VENTI)	Vent	Vent	Venti	Venti	Venti	Venti
INVASIVE LINES	1.	Sl no 4 PS	Sl no	IV line	IV line	IV line	IV line
	2.	I.V (E)	I.V (V)	NG/ET	NG	NG	NG, ET
	3.	NG	I.V (U)	ET Tube	Tube	ET	
	4.	ET			ET tube		
ASSESSMENT	Infusions / Transfusions	10%	10%				
		ISOP	250ml				NA
					NA	NA	
	PU Prophylaxis					NA	NA
	DVT Prophylaxis			NA	NA	NA	NA
	Vitals BP	42/29(35)	30/19(23)	82/42(49)	62/41	59/30(48)	65/39(50)
	PR	126	139 b/m	148 b/m	136 b/m	128 b/m	149
	RR	33	39 b/m	56 b/m	30 b/m	38 b/m	46
	SpO_2	95	91%	98%	87%	93%	95%
	Temp	36	36.7°C	36.6°C	36.5°C	36.7°C	36.6°C
	Pain Score	2	+2/10	+2	+2	1/10	1
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	Alert	Conscious	Conscious
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical	NA	NA	NA	NA	NA	NA
	Chemical	NA				NA	NA
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Y	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)	Bed side Monday		Bedside	Bed Ridden	Bed ridden	Bed ridden
	ADL (Dependent / Non-Dependent)	Dep	Dep	Dep	Dependent	Dependent	Dependent
	Critical Lab Test / Values (If any)	NA	N	Nil	NA	NA	NA

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS							
	Date:	6/8/25	6/8	6/8/25	7/8/25	7/8/24	7/8/25
Investigations Procedures	Area / Shift Time	N4 8Am-2P	N4 2PM-8P	N4 8pm-8am	N3 8Am-8pm	N/103 8PM-8pm	N3 8pm-8am
	Ordered / Planned	→ TV. 140cc				RBS BD	RBS-BD
		→ 17ml		TV 140cc	140	VBG OD	VBG-OD
		DBD			cc		
		→ sample			day		LP-9/8
		send			RBS		
		PTPNK			BD		
				NA			
	Due	NA	NA		NA	NA	NA
	Reports Pending		Phenobarbital level	Phenobarbital level			
		MRI Reports			EEG	NA	NA
	Referrals (If any)	NA	NA		NA	NA	NA
	Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA	NA	NA	NA
Handed Over By Name :		Deevan	WBDHAR	Diff	Priyanka	Priyanka	Jayashree
Signature :		[signature]	[signature]	[signature]	[signature]	Priyanka	[signature]
Date:		6/8/25	6/8	7/8/25	7/8/25	7/8/25	8/8/25
Time:		8pm	@ 8pm	@ 8am	8pm	8PM	8am
Taken Over By Name :		WBDHAR	Diff	Priyanka	Priyanka	Jayashree	Priyanka
Signature :		[signature]	[signature]	[signature]	Priyanka	[signature]	[signature]
Date:		6/8	6/8/25	7/8/25	7/8/25	7/8/25	8/8/25
Time:		@	@ 8pm	8AM	8PM	8pm	8AM.

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 4/8/25	Diagnosis: PT/RDS/LBW			Surgery / Procedures: 2nd A		
	Allergies:				Post OP Day:		
	Date:	8/8/25	8/8/25	9/8/25	9/8/25	9/8/25	10/8/25
	Area / Shift Time	N3 8AM-2PM	N3 2PM-8PM	N3 8AM-2PM	N3 2PM-8PM	N3 8PM-8AM	N3 8AM-8PM
	Diet:	DBM	DBM/EBM	DBM/EBM	DBM/EBM	EBM/DBM	EBM/DBM
	Ventilation (RA, NP, NIV, VENTI)	Venti	Venti	Venti	Venti	Venti	Venti
INVASIVE LINES	1.	ET tube	ET, NG	ET tube	ET tube	ET, NG	ET
	2.	ET tube	IV line	NG tube	NG tube	IV line	NG tube
	3.	IV Line		IV Line			IV Line
	4.	Line			IV-D		IV Line
ASSESSMENT	Infusions / Transfusions	NA	NA	NA	NA	NA	NA
	PU Prophylaxis	NA	NA	NA	NA	NA	NA
	DVT Prophylaxis		NA			NA	
	Vitals BP	61/33	60/32(42)	75/44	78/46(56)	66/45(50)	83/35
	Vitals PR	147b/m	132	135b/m	140bpm	146	142b/m
	Vitals RR	30b/m	40	30b/m	46b/m	43	56b/m
	Vitals SpO_2	94%	92	92%	98%	98%	96%
	Vitals Temp	36.5°C	36.7°C	36.5°C	36.6°C	36.7°C	36.7°C
	Pain Score	4/10	3	3	3/10	3	3/10
	LOC (Alert, Conscious, Confusion, Unconscious)	alert	Alert	Alert	Alert	Alert	alert
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical	NA	NA	NA	NA	NA	NA
	Restraints If any Chemical		NA			NA	
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Yes	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden	Bed ridden	Bed ridden	Bed ridden	Bed ridden	Bed ridden
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
	Critical Lab Test / Values (If any)	NA	NA	NA	NA	NA	NA

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS

Investigations Procedures

Date:	8/8/25	8/8/25	9/8/25	9/8/25	9/8/25	10/8/25
Area / Shift Time	N3 8AM-3PM	N3 8pm-8am	N3 8AM-2PM	N3 2pm-8pm	N3 8pm-8am	N3 8AM-3PM
Ordered / Planned	RBS BD GHAS OD	RBS-BD GHAS-OD	RBS BD GHAS OD	RBS BD GHAS OD	RBS-BD VBG-OD	RBS BD GHAS OD
Due	NA	NA	NA	NA	NA	NA
Reports Pending	NA	NA	NA	NA	NA	NA
Referrals (If any)	NA	NA	NA	NA	NA	NA
Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Priyanka	Jayashree	Priyanka	Agnes	Jayashree	Priyanka
Signature :						
Date:	8/8/25	9/8/25	9/8/25	9/8/25	10/8/25	10/8/25
Time:	8PM.	8am	2pm.	6pm	8am	8pm.
Taken Over By Name :	Jayashree	Priyanka	Agnes	Jayashree	Priyanka	Jayashree
Signature :						
Date:	8/8/25	9/8/25	9/8/25	9/8/25	10/8/25	10/8/25
Time:	8pm	8AM.	2pm	8pm	8Am	8pm

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NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 4/8/25	Diagnosis: PT/RDS		Surgery / Procedures: NA			
	Allergies: Nil			Post OP Day: NA			
	Date:	10/8/25	11/8/25	11/8/25	12/8/25	12/8/25	13/8/25
	Area / Shift Time	N3 8pm-8am	N3 8am-8pm	N3 8PM-8AM	N3 8am-8pm	N3 8PM-8AM	N3 8AM-2PM
	Diet:	EBM	EBM	EBM	EBM	EBM	EBM
	Ventilation (RA, NP, NIV, VENTI)	Venti	Venti	NIV	L/F	L/F	R/A
INVASIVE LINES	1.	IV line	IV line	IV (1)	IV line		IV-(1)
	2.	OG tube	O.G	OG (1)	OG tube		OG-(1)
	3.	ET					
	4.						
ASSESSMENT	Infusions / Transfusions	NA	NA	NA			NA
	PU Prophylaxis	NA	NA	NA	NA		
	DVT Prophylaxis	NA	NA				
	Vitals BP	63/25 (39)	52/33 (41)	57/44 (36)	96/32 (55)	70/47 (54)	60/40 (46)
	Vitals PR	145	138b/m	144b/m	148b/m	144b/m	155 bpm
	Vitals RR	43	29b/m	37b/m	48b/m	47b/m	46 b/m
	Vitals SpO_2	94%	96%	97%	98%	99%	99%
	Vitals Temp	36.6°C	36.4°C	36.4°C	36.6°C	36.7°C	36.6°C
	Pain Score	+3	+2	+2/10	+2	+2/10	2/10
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	ALERT	Alert	ALERT	Alert
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical	NA	NA	NA	NA	NA	NA
	Restraints If any Chemical	NA	NA				
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Yes	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden	Bed ridden	Bed ridden	Bed ridden	Bed ridden	Bed ridden
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Depend	Dependent	Depend	Dependent
	Critical Lab Test / Values (If any)	NA	Nil	NA	NA	NA	NA

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS

Investigations Procedures

Area / Shift Time						
Date:	10/8/25	11/8/25	11/8/25	12/8/25	12/8/25	13/8/25
	N3 8pm-8am	N3 8am-8pm	N3 8pm-8am	N3 8am-8pm	N3 8pm-8am	N3 8am-2pm
Ordered / Planned	RBS-BD VBG-OD	RBS-BD VBG-OD	RBS-BD Glucose-OD	RBS-BD Glucose-SOS	RBS-BD Glucose-SOS	RBS-BD Glucose
Due	NA	NA	NA			NA
Reports Pending	NA	EEG NA	EEG	NA	NA	NA
Referrals (If any)	NA	NA	NA			NA
Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Jagashree	Vidya	Arpita	Diffi	Arpita	Vidya
Signature :						
Date:	10/8/25	11/8/25	12/8/25	12/8/25	13/8/25	13/8/25
Time:	8am	@8pm	8Am	@8pm	8AM	@2pm
Taken Over By Name :	Vidya	Arpita	Diffi	Arpita	Vidya	Swathi
Signature :						
Date:	11/8/25	11/8/25	12/8/25	12/8	13/8/25	
Time:	@8am	8pm	@8am	8PM	@8am	@8pm

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IAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA: 31/7/25	agnosis: Term/sepsis			Surgery / Procedures: NA		
	Allergies: NA				Post OP Day: NA		
	Date:	13/8/25	13/8/25	14/8/25	14/8/25	14/8	15/8
	Area / Shift Time	NICU-3 2pm-8pm	N3 8pm-8am	N3 8am-2pm	N3 2pm-8pm	N3 8pm-8am	N3 8am-2pm
	Diet:	EBM	EBM	EBM	EBM	EBM	EBM
	Ventilation (RA, NP, NIV, VENTI)	RA	RA	R/A	R/A	R/A	R/A
INVASIVE LINES	1.		OG-(1)	OG-(1)	OG-(1)	OG-(1)	OG-(1)
	2.	NA					IV-(1)
	3.	OG					
	4.						
ASSESSMENT	Infusions / Transfusions	NA	NA	NA	NA	NA	NA
	PU Prophylaxis	NA	NA	NA	NA	NA	NA
	DVT Prophylaxis						
	Vitals BP	64/36(46)	66/39(48)	58/32(40)	70/35(47)	76/33(49)	94/48(55)
	Vitals PR	154bpm	142bpm	155bpm	162bpm	144	157bpm
	Vitals RR	58	33bpm	51bpm	63	54	44bpm
	Vitals SpO_2	100%	100%	100%	92%	95%	99%
	Vitals Temp	36.5°	36.6°C	36.7°C	36.1°C	36.5°C	36.7°C
	Pain Score	2/10	2/10	1/10	1/10	1/10	1/10
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert	Alert	Alert	Alert	Alert
	Skin Integrity (Intact / Bedsore / Any other condition)	Intact	Intact	Intact	Intact	Intact	Intact
	Restraints If any Physical	NA	NA	NA	NA	NA	NA
	Restraints If any Chemical						
	Fall Risk (Vulnerable Y/N) if yes score	Yes	Yes	Yes	Yes	Yes	Yes
	(Ambulation, walking, moving with assistance, bed ridden)	Bed ridden	Bed ridden	Bed ridden	Bed ridden	moving	Bed ridden
	ADL (Dependent / Non-Dependent)	Dependent	Dependent	Dependent	Dependent	Dependent	dependent
	Critical Lab Test / Values (If any)	NA	NA	NA	NA	NA	NA

Note: RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

Docu. No. : RCHBH /FRM / CLINICAL / 122

RECOMMENDATIONS

Investigations Procedures

Date:	13/8/25	14/8/25	14/8/25	14/8/25	14/8	15/8
Area / Shift Time	NICU-3 8pm-8p	N3 8pm-8am	N3 8a-2p	N3 2pm-8pm	N3 8pm-8am	N3 8am-2pm
Ordered / Planned	Occupational therapy consultation	RBS-OD	RBS -OD	RBS -OD	RBS OD	RBS OD
Due	NA	NA	NA	NA	NA	NA
Reports Pending	NA	NA	NA	NA	NA	NA
Referrals (If any)	NA	NA	NA	NA	NA	NA
Remarks (Special Interventions like, Drainage tube flushing etc.)	NA	NA	NA	NA	NA	NA
Handed Over By Name :	Swathi	Vishnupriya	Soja	Richa	Kavya	Soja
Signature :						
Date:	13/8/25	14/8/25	14/8/25	14/8/25	15/8	15/8
Time:	8pm	@8pm	@8pm	@8pm	@8pm	2pm
Taken Over By Name :	Vishnupriya	Soja	Richa	Kavya	Soja	Kavya
Signature :						
Date:	13/8/25	14/8	14/8/25	14/8/25	15/8	15/8
Time:	@8pm	8a	8pm	8pm	8a	@8pm

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 3/8/25

Assessment: Brady desaturation Seizures feeding

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
2am	Plan to send sample	2am	Sample sended	Baby is stable
3am	Plan to CXR	3am	CXR done	
4am	Plan to check Blood ketone	4am	Checked Blood ketone	
5am	plan to start feed	5am	Started feed 5ml	
7am	Administer medication as per doctor orders	7am	Administered medication as per doctor orders	

Re-Assessment:

Special Notes: 6th RBS BD NSG 7/m

Nurse Signature: Nurse Name: Diffi Date & Time: 4/8/25 @ 8 am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☑ Morning ☑ Afternoon ☐ Night

Date: 4/08/25

Assessment: Baby is on Venti

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
8Am	Assess the Baby condition monitor vital	1pm	Assess the Baby condition monitor vital	Baby is stable
10Am	maintain IV chart GRBS BD	3pm	maintain IV chart GRBS BD	
11Am	Given feed 3rd Hourly.	4pm	3rd Hourly feed	
12pm.	Given position.	8pm.	Administer medication As per Doctor order.	

Re-Assessment: Done

Special Notes: NSW, EEW Bed Sid Done. GRBS BD

Nurse Signature: [signature] Nurse Name: Priyanka Date & Time: 4/8/25 8Am 8pm.

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 04/08/25

Assessment: Desaturation, Seizures

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
8pm	→ To TV → 120 cc/kg/day	8:30pm	→ TV → 120 cc/kg/day	Baby is stable
10pm	→ To monitor vitals	10:30pm	→ monitored vitals	No vomit, No
12Am	→ To maintain I/O chart	12:30Am	→ maintained I/O chart	Brady ~~[illegible]~~ No Desate
2Am	→ To give medication	2:30Am	→ medication given as per doctor's order	
4Am	→ To do suction	4:30Am	→ Oral & ET suction done	
6Am	→ To do VBG, RBS	6:30Am	→ VBG, RBS, done	

Re-Assessment: W/f → Bradycardia, Desaturation, Siezurs

Special Notes: VBG - OD, RBS - BD

Nurse Signature: [signature] Nurse Name: Vidya Date & Time: 05/08/2025 @8am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 5/8/25

Assessment: Baby on ventilator

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
8	monitor vitals	8	monitoring vitals	monitoring vitals
	maintain I/O chart	10	maintaing I/O chart	maintaing I/O chart
10	Continue feed's		Continuing feed's	
12	Administer medications	12	Administered med's	
	Continue ventilation		Continuing ventilation	
2	W/T Sizer's	2		

Re-Assessment:

Special Notes:

Nurse Signature: M Nurse Name: Abin Date & Time: 5/8/25

Patient Name: Baby Of
Patient Id: BAH-00630516
File Id: IP5-00160655

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 5/8/25

Assessment: PT| RDS|Sepsis

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
2pm	=> Assess the baby condition.	2pm	=> Assessed the baby condition.	Baby is stable now
4pm	=> monitor vital signs.	4pm	=> monitor vital signs.	
5pm	=> Give feed 3rd hourly	5pm	=> Given feed 3rd hourly	
6pm	=> Administer medication as prescription.	6pm	=> Administered medication as prescription	
8pm	=> provide comfortable position to the baby	8pm	=> provided comfortable position.	

Re-Assessment: Re-Assessment done

Special Notes: RBS-OD, Gas-OD

Nurse Signature: A Nurse Name: Arpita Date & Time: 5/8/25 @ 8Pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 4 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 5/8/25

Assessment: B.brady desaturation Apnea feeding

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
8pm	Assess the general condition of the baby	8pm	Assessed the genral condition of the baby	Baby is stable
10pm	Maintain I/o chart	10pm	Maintained I/o chart	
12am	Monitor vital sign	12am	Monitored vital sign	
2am	Give feed every 2nd hrly hrly	2am	Given feed every 2nd hrly	
4am	Plan to MRI T/m after that EEG	4am	MRI T/m after that EEG	
6am	Administer medications as per doctor ord	6am	Administered medications as per doctor ord	

Re-Assessment: .....

Special Notes: GRBS OD Gpx OD

Nurse Signature: ..... Nurse Name: Diffy Date & Time: 6/8/25 @ 8am

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 5 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date: 23/8/24

Assessment: Stable on SIMVTPS

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
8 AM	Assess the baby condition	8 AM	Assessed the baby condition	baby now
9 AM	monitor vitl	9 AM	monitor vitl 1 hrs	SIMVTPS
10 AM	mediction	10 AM	medication given doctors order	mode maintenance
11 PM	TV: 140 cc/g/d	11 AM	TV: 140 cc/g/d (0% Isop and feed	
12 PM	plan to suction	12 PM	suction done etaged	
2 PM	plan to MRI	2 PM	MRI done.	

Re-Assessment:

Special Notes: mat dan inj vitb given

Nurse Signature: Decker Nurse Name: Decker Date & Time: 6/8/2

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 5 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 06/8

Assessment: Baby in ventilation Supon

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
2PM	Assess to the baby	2PM	Assessed to the baby	Baby in maintain in vent
3PM	Monitor vital	3PM	Monitored vital	
4PM	Maintain I/O chart	4PM	Maintained I/O chart	
5PM	Give feed 2nd hourly	5PM	Given feed 2nd hourly	
6PM	Provide Comfortable posit	6PM	Provided Comfortable pos	
7PM	Suctioning done	7PM	Suctioning done	
8PM	Administer the medication	8PM	Administered the medi	

Re-Assessment: Done

Special Notes: RBS - BD RBS - BD

Nurse Signature: [signature] Nurse Name: [illegible] Date & Time:

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 6/8/25

Assessment: Brady desaturation feeding Seizures

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
8pm	Maintain I/O chart	8pm	Maintained I/O chart	
10pm	Monitor vital sign	10pm	Monitored vital sign	Baby is
12am	Give feed every 2nd hrly	12am	Given feed every 2nd hrly	stable
2am	Plan to do ET & Oral suction	2am	ET & Oral suction done	
6am	Administer medication as per doctor order	6am	Administered medication as per doctor order	

Re-Assessment:

Special Notes: GRBS BD Gas OD

Nurse Signature: [signature] Nurse Name: Diffr Date & Time: 7/8/25 @ 8 am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 7/8/25

Assessment: Baby is on Ventilator

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
8 Am	Assess the Baby condition	12pm	Assess the Baby condition	Baby is Stable
	monitor vital	1pm	monitor vital	
	maintain IV chart		maintain IV chart	
10Am	Cal RBS BP		3rd Hourly Recd	
11Am	3rd Hourly Recd.	2pm	plan to EE at today. medication DS per Dr. orders.	

Re-Assessment: Done

Special Notes: plan to EE at today. Cal RBS BD

Nurse Signature: Nurse Name: Priyanka Date & Time: 7/8/25 8 Aw2pm

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 7/8/25

Assessment: Baby having Oxygen Support

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
2PM	Assess the baby condition	3PM	Assess the beaby condition	Now baby is maintaining Saturation in PS+CPAP
3PM	Monitor vitals	4PM	Monitor vitals	
4PM	Maintain I/o chart	5PM	Maintained I/o chart	
5PM	To give feed	6PM	Full og feed given 3rd harly	
6PM	Suction	7PM	ET and oral suction done	
7PM	Medication	8PM	Medication given	

Re-Assessment: Re Assessment done

Special Notes:

Nurse Signature: Priyanka Nurse Name: Priyanka Date & Time: 7/8/25 @8PM

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 6 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 7/8/25

Assessment: PT / RDS

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
8pm	* Assess the baby condition	8pm	* Assessed the baby condition	* Baby is on SIMV+PS mood maintaing well.
10pm	* Monitor vitals	10pm	* Monitored vitals	
12am	* Maintain I/o chart	12am	* Maintained I/o chart	
4am	* Plan to give feed	4am	* feed given 3rd hourly	
5am	* Plan to do suetion.	5am	* ET & Oral suetion done	
6am	* Plan to give medication.	6am	* Medication given as per doctor's order.	

Re-Assessment: Done

Special Notes: RBS - BD, VBG - OD, ET & Oral suetion done.

Nurse Signature: Rst Nurse Name: Jayashree Date & Time: 8/8/25 @ 8am

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
1-07-2025 0 Y 0 M 7 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☑ Morning ☑ Afternoon ☐ Night Date: 8/08/25

Assessment: Baby is on Venti

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
8Am	Assess the Baby condition	2pm	Assess the Baby condition	Baby is on SIMV + PS mode
	Monitor vital		Monitor vital	
9Am	maintain IV chart	4pm	maintain IV chart	
	GRBS BD GAS OD	6pm	GRBS BD	
10Am	3rd Hourly feed.	8pm.	Administer medication AS per Doctor order.	
11Am.				

Re-Assessment: Done

Special Notes: CBP, CRP tomorrow.
GRBS BD GAS OD

Nurse Signature: [signature] Nurse Name: Priyanka Date & Time: 8/8/25 8:28 Am.

Docu. No: RCHBH /FRM / CLINICAL / 148

AH-00630516 IP5-00160655
aby Of RESHMABHANU
1-07-2025 0 Y 0 M 7 D (F)
r. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow Children's Hospital
It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 8/8/25

Assessment: Desaturation, Apnea

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
8 pm	* Assess the baby condition	8pm	* Assessed the baby condition	⊕ Baby is on SIMV+PS maintaing well.
10 m	* Monitor vitals	10pm	* Monitored vitals	
12 an	* Maintain I/O chart	12an	* Maintained I/O chart	
1 am	* Plan to give feed	1 an	* Feed given 3rd hourly	
5 an	* Plan to do suction	5 an	* ET & Oral suction done	
6 an	* Plan to give medication	6 an	* Medication given as per doctor's order.	

Re-Assessment: Done

Special Notes: RBS - BD, VBG - OD, CBP, CRP sended.

Nurse Signature: Ros Nurse Name: Jayashree Date & Time: 8/8/25 @ 8an

AH-00630516 IP5-00160655
aby Of RESHMABHANU
1-07-2025 0 Y 0 M 7 D (F)
r. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 9/8/25

Assessment: Baby is on Venti

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
8AM.	Assess the Baby condition	11Am	Assess the Baby condition	Baby is Stable.
	Monitor vital		Monitor vital	
9AM	Maintain IV chart	12pm	Maintain IV chart	
	GLRBS BD	1pm	ET and oral section Done.	
10AM	GLAS OD	2PM.	Administer medication.	
	3rd oral feed.		As per Dr. advice.	

Re-Assessment: Done.

Special Notes: Plan to LP today.
GLRBS BD GLAS OD

Nurse Signature: Nurse Name: Priyanka Date & Time: 9/8/25 8Am 2pm.

Docu. No: RCHBH /FRM / CLINICAL / 148

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aby Of RESHMABHANU
1-07-2025 0 Y 0 M 7 D (F)
r. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night Date: 9/8/25

Assessment: Baby is on ventilator

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
2pm	maintain airway & oxygenation	2.30pm	maintained airways & oxygenation.	L.P done
4pm	Identify potential complications	4.10pm	Identified potential complications	Suctioning done.
5pm	prevent infection	5.30pm	Prevented infection	airway clean.
6pm	maintain fluid balance	6.30pm	maintained fluid balance	
7pm	meet elimination needs	7.30pm	Elimination needs are met	

Re-Assessment: LP done by Dr. Nilesh sir, Sended - ~~Lpm~~ CSF analysis, CSF culture & sensitivity

Special Notes: RBS - BD

Nurse Signature: [signature] Nurse Name: Agnes Date & Time: 9/8/25 8pm

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 09/08/25

Assessment: Desaturation,

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
8pm	*Assess the baby condition	8pm	*Assessed the baby condition	Baby is Stable
10pm	*Monitor vitals	10pm	*Monitored vitals	
	*Maintain I/O chart		*Maintained I/O chart	
12AM		12AM		
1am	*Plan to give feed	1am	*Feed given 3rd hourly	
3am	*Plan to do suction	3AM	*ET & oral suction done	
5AM	*Plan to do VBG	5am	*VBG, RBS done	
6am	*Plan to give medication	6am	*Medication given as per doctor's order.	

Re-Assessment: Done

Special Notes: RBS - BD, VBG - OD

Nurse Signature: RT Nurse Name: Jayashree Date & Time: 10/8/25 @ 8am

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☑ Morning ☑ Afternoon ☐ Night
Date: 10/8/25

Assessment: Baby is on Ventl

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
8Am	Assess the Baby condition Monitor vital	2PM	Assess the Baby condition Monitor vital	Baby is Stable
10Am	Maintain IV chart CBRS BD GHS OD	4PM 4pm	Maintain IV chart CBRS BD	
11AM.	3rd Hourly Feed. ET and oral Suction Done.	8pm	Administer medication As per Doctor order	

Re-Assessment: Done

Special Notes: CBRS BD GHS OD

Nurse Signature: Nurse Name: Priyanka Date & Time: 10/8/25 8Am-8Pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 11/8/25

Assessment: Desaturation

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
	→ To Assess the baby condition → To monitor vitals → To maintain I/o chart → To Extubate → To keep NPO for Extubate → to do x-ray		→ Assessed baby condition → monitored vitals → maintained I/o chart → extubation done by dr. → NPO for 4 hrs then started	

Re-Assessment: .....

Special Notes: .....

Nurse Signature: ..... Nurse Name: ..... Date & Time: .....

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 11/8/25

Assessment: Term | Sepsis | RDS

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
8Pm => Assess the baby condition.		8pm => Assessed the baby condition.		Baby is maintaining now
11Pm => monitor vital signs.		11Pm => monitored vital signs.		
2Am => maintain I/o chart.		2Am => maintaine I/o chart.		
6Am => Give feed 3rd hourly		6Am => Given feed 2nd hourly.		

Re-Assessment: Re- Assessment Done

Special Notes: RBS-OD, Cog-SOS

Nurse Signature: A Nurse Name: Appita Date & Time: 12/8/25 @8Am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night Date: 12/8/25

Assessment: Baby is on L/F

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
8Pm	=> Assess the baby condition	8Pm	=> Assessed the baby condition	Baby is stable now
11Pm	=> monitor vital signs.	11Pm	=> Monitored vital signs.	
2Am	=> maintain I/o chart.	2Am	=> maintaing I/o chart.	
6Am	=> Give feed 3rd hourly	6Am	=> Given feed 2nd hourly	

Re-Assessment: Re-Assessment done

Special Notes: RBS-OD

Nurse Signature: Nurse Name: Appita Date & Time: 13/8/25 8Am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 9 D (F)
Dr. MVB PRATHYUSH

(23)

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

Shift: ☑ Morning ☐ Afternoon ☐ Night Date: 13/8/25

Assessment: Baby is on R/A

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
10pm	Assess general condition of baby	8Am	Assessed general condition of baby	Baby condition is stable
11pm	Monitor & record vitals 2nd hourly	10 Am	Monitored & recorded vitals 2nd hourly	
	Give feeds 3rd hourly	12 pm	Given feeds 3rd hourly	
1 pm	Administer medication as per drug chart	2pm	Administered medication as per doctor's order	

Re-Assessment:

Special Notes: Gras SOS, RBS - BD, Meropenem Stop after today's dose.

Nurse Signature: Nurse Name: Vidya Date & Time: 13/8/25 @ 2pm

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH (F)

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NURSING CARE RECORD

Rainbow® Children's Hospital — It takes a lot to treat the little. | BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 13/5/25

Assessment: Baby hand dull activity

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
2pm	→ To Assess the General Condition of the Baby	2:10pm	→ Assessed General Condition of the Baby	
3pm	→ To Monitor vitals & Recorded	3:10pm	→ Monitored Vitals & Recorded	
4pm	→ To Maintain I/O chart 6th hourly	4:10pm	→ Maintained I/O chart 6th hourly	Baby is stable on Room Air
5pm	→ To provide feeds every 3rd hourly	5:10pm	→ provided feeds 3rd hourly	
6pm	→ To Administered medication as per as doctor order	6:10pm	→ Administered medication as per as doctor order	

Re-Assessment: Reassessment done

Special Notes: ~~Baby~~ Trieved paladar feed By Dr. Selection under occupational Therapist But not taken well After 2 sips Baby getting distress

Nurse Signature: [signature] Nurse Name: Swathi Medisetti Date & Time: 13/5/25 @ 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 13/8/25

Assessment: Baby is On Roomair

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
8pm	→ Assess the general Condition of the baby.	8pm	→ Assessed the general condition of the baby.	Baby Was maintaining Saturation
10pm	→ Monitor Vital Signs	10pm	→ Monitored Vital Signs.	
1am	→ Maintain I/O chart	1am	→ Maintained I/O chart	
2am	→ Give feed every 2nd hrly	2am	→ Given feed every 2nd hrly	
5am	→ Administer medication as per doctors Order.	5am	→ Administered medication as per doctors Order	
7am	→ Provide Comfortable position.	7am	→ Provided Comfortable position	

Re-Assessment: Re-assessment done

Special Notes: RBS-OD

Nurse Signature: Vishnu Nurse Name: Vishnupriya Date & Time: 14/8/25 @ 8am

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow® Children's Hospital
It takes a lot to treat the little.
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 14/8/25

Assessment: Baby is on R/A

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
8Am	⇒ Assess baby General condition.	8Am	⇒ Assessed baby General condition	
10Am	⇒ monitor vitals	10Am	⇒ monitored vitals	⇒ Baby is stable on R/A
12pm	⇒ maintain I/O chart.	12pm	⇒ maintained I/O chart	
2pm	⇒ Administer medication as per doctor's order.	2pm	⇒ Administered medication as per doctor's order	

Re-Assessment: DONE

Special Notes: RBS -DD

Nurse Signature: [signature] Nurse Name: Sraja Date & Time: 14/8 2pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU (F)
31-07-2025 0 Y 0 M 12 D
Dr. MVB PRATHYUSH

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NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ ...ning ☑ Afternoon ☐ Night Date: 14/8/25

Assessment: Baby is on room air

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
2pm	Assess the baby general condition.	2pm	Assessed the baby general condition.	Baby is stable on RA.
4pm	Maintain I/o chart.	4pm	Maintained I/o chart.	
6pm	Monetor vital signs.	6pm	Monitored vital signs.	
7pm	Give feed 2nd hourely.	7pm	Given feed 2nd hourely	
8pm	Administer medication as new doctor order.	8pm	Administer medication as per ors doctor order.	

Re-Assessment: Re-assessment done.

Special Notes: RBS-OD

Nurse Signature: B Nurse Name: Richa Date & Time: 14/8/25 @ 8pm

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

Patient Sticker

NURSING CARE RECORD

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 14/8/25

Assessment: Baby is on CPAP

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
8Pm	Assess the Baby General condition	8Pm	Assess the Baby General condition	* Baby is Stable
10Pm	monitor vital sing	10Pm	monitored vital sing	
12am	maintain I/O Chart	12AM	maintained I/O Chart	
2am	TO Given 3rd hourly feed	2am	To Given feed 3rd hourly	
5am	Baby comfor Position	5am	Baby comfort Position	
8am	Administer medication as Per Doctor orde	8am	Administer medication as Per doctor order	

Re-Assessment: Done

Special Notes: RBS - OD

Nurse Signature: ..... Nurse Name: Ieavya Date & Time: 14/8/25 @8pm - 8am

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☐ Night Date: 15/8/25

Assessment: Baby is on L/F

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
8Am	⇒ Assess baby General Condition	8Am	⇒ Assessed baby General condition.	
10Am	⇒ Monitor Vitals	10a	⇒ monitored vitals	⇒ Baby is stable on L/F
12pm	⇒ Maintain F/o chart	12pm	⇒ Maintained F/o chart	
2pm	⇒ Administer medication as Per doctor's order.	2pm	⇒ Administer medication as Per doctor's orde	

Re-Assessment: DONE

Special Notes: RBS D/D wean offed CPAP started L/F 0.3 lit

Nurse Signature: Nurse Name: Srija Date & Time: 15/8 @2pm

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 15/8/25

Assessment: Baby is on C/F

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
2.pm	⇒ Assess the general condition of the baby	2.10pm	⇒ Assessed the general condition of the baby	⇒ Baby's stable vital are Normal.
3pm	⇒ provid comfotable position.	3.10pm	⇒ provided comfortable position	
5pm	⇒ cheek the vital.	5.10pm	⇒ Cheeked vital.	
	⇒ Maintain Y.chart.		⇒ Maintain Y.chart.	
6pm	⇒ Administer the Medicine As per Doctor order.	6.10pm	⇒ Administer the medicine As per Doctor order.	

Re-Assessment: As Assessment done.

Special Notes:

Nurse Signature: Nurse Name: Date & Time: 15/8/25 @ 8pm to 8pm

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

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

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 15/6/25

Assessment: Baby is on [illegible]

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
8pm	Assess the Baby General condition	8pm	Assess the Baby General condition	Baby is stable
10pm	maintain I/O Chart	10pm	maintaned I/O Chart	
12pm	monitor vital sing	12pm	monitored vital sing	
2pm	To Given feeds 3rd hourly	2pm	To Given feeds 3rd hourly	
5pm	Baby comfort position	5pm	Baby comfort position	
8pm	Administer medication as per Doctor order	8pm	Administer medication as per Doctor order	

Re-Assessment: Done

Special Notes: RBS-OD

Nurse Signature: [signature] Nurse Name: Sanya Date & Time: 15/6/25 [signature]

BAH-00630516 IP5-00160655
Baby Of RESHMABHANU
31-07-2025 0 Y 0 M 12 D (F)
Dr. MVB PRATHYUSH

PRE - OPERATIVE CHECK LIST

Rainbow Children's Hospital — It takes a lot to treat the little.
BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Date: .....

Patient's Name : Blo Reshma Bhanu Age : D12 Gender : ☐ M ☒ F

Blood Group : B+ve UHID : BAH-00630516

Planned Surgery : MLB Surgeon : Dr. Chandana

Anesthetist : ..... Date & Time of Operation : 16/8/25

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

	INSTRUCTIONS	ER/Ward, Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded?	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☐	☑	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☐	☑	☐	☐	☐	☐
7.	Is Blood arranged as required?	☐	☑	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12.	Skin Preparation	☐	☑	☐	☐	☐	☐
13.	Site is marked	☐	☑	☐	☐	☐	☐
	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☐	☑	☐	☐	☐	☐
15.	Implants are available	☐	☑	☐	☐	☐	☐
16.	Equipment is avaialble	☑	☐	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☐	☑	☐	☐	☐	☐
18.	Other (if any)	☐	☑	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☒ Yes ☐ No

Billing Executive Name : ..... OT Nurse Name : ..... ER/Ward Nurse Name : .....

Billing Executive Signature : ..... Signature of OT Nurse : ..... Signature of ER/Ward Nurse : .....

Date & Time : ..... Date & Time : ..... Date & Time : 16/8/25

Doc. No. : RCHBH/ FRM / CLINICAL / 107

RAINBOW CHILDREN'S MEDICARE LIMITED
8-2-120/86/1, Survey No: 403, Beside Park Hyatt
Road No: 2, Banjara Hills,
Hyderabad - 500 034, Telangana
Phone No: 040-44005495

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