Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

Name: ---------- VIH-00206811 IP-00060658 Baby B/O N RESHMA 10-07-2026 0Y0M0D4H (M) Dr. SURENDER RAO DUSA

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

Date of Adm ---------- Date of Discharge : 14/7/26 Time: 11Am

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/7/26	1:20pm	NICU	2nd floor 212	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Murtaza Kamal	11/7/26	3100234	
2.	cross chwd by	Child	12/7/26	
3.	Sai Krishna Dr	13/7/26	3101050	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
11/7/26	ABG, RBS	26023112	
	x-ray	26011094	
10/7/26	ABG (cord)	26023116	
11/7/26	ABG, RBS	26023124	
11/7/26	X-ray	26011164	
11/7	2D Echo	26011129	
11/7	RBS	26023236	
11/7	RBS, ABG	26023240	
11/7	CBP, CRP, urea, creat, SBR, SLE culetin	26023244	
12/7	RBS	26023327	
12/7.	RBS	26023328.	
	Cross Chud by Chitk 12/7/26		
12/7	RBS	26023355	
14/7	SBR	26023635	
13/7	Blood gaping	26023489	
13/7	SBR	26023492	
[illegible]	[illegible]	[illegible]	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/7/26	Monitor	10/7/26	14/7/26 11AM		
	~~Syringe pump~~ Infusion pump	11pm.	12/7/26 10 AM	3100108665	[illegible]
	Oxygen	11Pm		3100101	
11/7/26	CPAP	11/7/26 12Am	11/7/26 11Am	3100102	[illegible]
	Syring pump (Dobutamine)	11/7/26 12Am	12/7 9:30Am	3100104	
	~~Infusion pump~~				
	Cross Checked by	Check	[illegible]	12/7/26	
13/7/26	DSPT	13/7/26 11AM	14/7/26 11AM	310083	[illegible]
	Name - N. Manoj.				
	Sign - [illegible]				
	Time & Date -	13/07/26 12:00pm			

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
10/7/26	IV placement	1	300105	Sy
12/7/26	IV cannulation.	1.	3100615	Sy
	cross chkd by	Chief	12/7/26	
13/7/26	AABR	1	310105	S
	Cross chkd by	Sn		

ANY OTHER INFORMATION

Date : 14/7/26 Time : 11 AM Prepared By : Sn 14/7/26

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sneha	2nd AR		

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SURENDER RAO DUSA

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NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
11/7/26	00.00	12Am RBS- 107mg/dl	By	26023112
11/7/26	01.00	7Am RBS - 150mg/dl	By	26023120
11/7	02.00	12pm RBS - 117 mg/dl	By	26023236
12/7	03.00	RBS - 110 mg/dl.	By	26023527
	04.00	RBS - 120 mg/dl.	By	26023326
	05.00	Cross Chwd by CN	12/7	
12/7	06.00	12pm RBS 100 mg/dl	By	26023358
13/7/26	07.00	12 Am RBS 81 mgdl.	[illegible]	26023422
13/7/26	08.00	12:30pm RBS 87 mg/dl.	[illegible]	26023541
14/07/26	09.00	GRBS @8Am - 75mg/dl		26023606
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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NEONATAL WEIGHT CHART

Birth :
Weight

Admission Weight
Discharge Weight

UHID No.: H-00206811 IP-00060658
Name : aby B/O N RESHMA
-07-2026 0Y0M0D4H (M)
. SURENDER RAO DUSA
Date of Birth :

NICU

Month	26	26	26	26	26
Date	7	7	7	7	07
Day	10	11	12	13	14
Weight	2.30kgs	2.30kgs (S.wt)	2.23kg (↓se 70gms)	2.17kg (↓60gm)	2.12kg (↓50gms)

WEIGHT IN GRAMS: 4500, 4400, 4300, 4200, 4100, 4000, 3900, 3800, 3700, 3600, 3500, 3400, 3300, 3200, 3100, 3000, 2900, 2800, 2700, 2600, 2500, 2400, 2300, 2200, 2100, 2000, 1900, 1800, 1700, 1600, 1500, 1400, 1300, 1200, 1100, 1000, 900, 800, 700

DO NOT WRITE OUTSIDE THE MARGINS

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0Y0M3D (M)
Dr. SURENDER RAO DUSA

Patient Name :

Ward:

IP.No: 60658

DOA: 10/01/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	✓	✓	
2	Discharge Summary				
3	Nursing Initial assessment form	2	✓	✓	
4	Patient Trasfer Forms	1	✓	✓	
5	In-patient Medical Record	4	✓	✓	
6	Doctors Progress Sheets	5	✓	✓	
7	Nurses Progress notes	4	✓	✓	
8	Consultation Sheets				
9	General Consent for Treatment	1	✓	✓	
10	Conset for ~~Surgery~~ NICU	1	✓	✓	
11	Consent for Blood Transfusion				
12	Consent forChemotherapy				
13	Consent for ~~High Risk~~ formula	1	✓	✓	
14	Consent for Restraint				
15	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes(Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3			
26	Intake and Output chart (fluid Chart)	2	✓	✓	
27	Drug Chart (Regular prescription)	3	✓	✓	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	✓	✓	
30	Nebulization Chart				
31	~~Diabetic~~ PICU chart	2	✓	✓	
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Educatlon Form				
	Medical Reconilation	1	✓	✓	
	Start	1	✓	✓	
	Braden Q	6	✓	✓	
	Humpty dumpty	2	✓	✓	
	Pain Assessment	2	✓	✓	
	Thrombo	2	✓	✓	
	X-ray, Othrs	4+5	✓	✓	
	Total No. of Pages	51 pages			

Signature and Date : 14/2/26

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060658 **Admit Date** : 10-Jul-2026 **Admit Time** : 11:09 PM **UHID** : VIH-00206811

Patient Details :

Patient Name	: Baby B/O N RESHMA	**Age**	: 0 D
Guardian	: Mr N MANOJ KUMAR	**DOB**	: 10-07-2026 08:55 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 11-3-367/24,madura nagar,colony, parshigutta Mylargadda Hyderabad Telangana INDIA 500061	**Phone No**	: 7569906325
		E-mail	: na@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 252 **Ward Name** : N 2F-NICU I

Room No : NICU 252 **Admission Type** : First Visit

Contact Details :

Name : Mr N MANOJ KUMAR **Relationship** : Father

Contact Address : 11-3-367/24,madura nagar,colony,parshigutta Mylargadda Hyderabad Telangana INDIA 500061 **Phone No** : 7569906325

Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA **Specialisation** : NEONATOLOGY

Referral Doctor : DR.POLISETTI SAMATHA **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

PATIENT TRANSFER FORM

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Patient Name / I.P. No.	Date & Time of Admission	Date & Time of Transfer Order
VIH-00206811 IP-00060658 Baby B/O N RESHMA 10-07-2026 0 Y 0 M 0 D 18 H (M) Dr. SURENDER RAO DUSA	10/7/26 11pm	12/7/26 1:20pm
	Transfer ordered by Dr. vishal	Reason for Transfer stable
From Unit NICU	To Unit 2nd flor 2W	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 25	Number of Imaging films X-ray (2) 4 ABG	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Icooches	2
2.	Baby wipes	1
3.	Feeding bottle	2
4.	Alcocal	1
5.		

Shifting Summary / notes written by Doctor : Dr. vishal

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Bhaveen	Dr. vishal

Patient & Clinical records received by :

Padma.

Date & Time of Patient Received: 12/7/26 @1:25pm

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SURENDER RAO DUSA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B/O Reshma Age : 28yr Father's Name : ..... Age : .....

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

NICU Consultant : Dr. Surendar Rao Sir Referring Consultant : Dr. Samatha maam

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

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

BIRTH INFORMATION

Name : B/O Reshma

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 10/7/26 Time of Birth : 8:55:10pm

Place of Birth : RCH V.

Mother's Blood Group : A positive.

Birth Weight (gms) : 2296 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 35+2wk

Current Obstetric History : (Booked / Unbooked Case) unbooked to RCH, ANC at Hebbamma clinic (Dr. Samatha) 12/8/26

Maternal Age : ..... Ht : 160cm Wt : 78kg BMI : ..... Married Life : 4y LMP : 5/11/25 EDD : 33+2wk

Conception : Spontaneous or with Rx. : spontaneous.

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

Last Scans Details : 10/7/26 - DFI doppler scan 35+2wk, SLWP, cephalic, PI-post high

.....TT Immunization and Iron / Folic Acid : 2doses TT taken -

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 : .....

—

.....

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

oliguria, any investigations (LFT, platelet count) : .....

—

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / - normal

Redistribution in MCA) / Ductus Venosus : .....

AFI : 14-

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

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

—

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

—

.....

Any other Chronic Medical Problems, when detected

drugs ? ..... —

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

Infection : H/O, Fever

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

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

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : on Tab ecosprin 150→75mg Duration : .....

since 7wks stopped at 24wks GA

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SURENDER RAO DUSA

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	3y.	35+6wk	1.75kg	Female	Lod fetal movemt	
G2		8wk			MTP.	

PERINATAL HISTORY

Treating Obstetrician : Dr Samatha. Hospital : RCH ☑ Inborn ☐ Outborn

Duration of Labour LSCS

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : Lod fetal movemnts

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : pH: 7.34, pCO_2: 42, HCO_3: 22.4

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
1	1	2
2	2	2
2	2	2
2	2	2
1	2	2
TOTAL 8/10	9/10	10/10

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

Baby B/O N KES...
10-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

History of Present Illness:

Baby delivered by Emergency LSCS in vertex position
& forceps assistance
↓
weak cry after birth
HR ≥ 100/min
↓
good cried & resp effort after tactile stimulation
oronasal suction done
↓
delayed cord clamping done
↓
cord clamped & cut under aseptic conditions
Inj vit K 1mg IIm given -
↓

Investigation details in previous Hospital :

grunt (+)
SCR (+).
Resp. distress (+).

Feeding History :

Past History :

Family History :

Socio Economic History :

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : C/TA : AGA (+)

.....

Motor System :

Passive Tone : Jn

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

Any Congenital Anomalies : .....

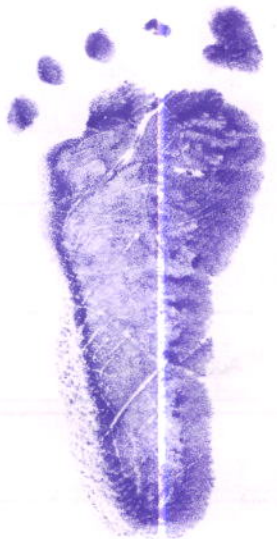
.....

Diagnosis : late Preterm / GA : 35+2wk / B.wt - 2.29kg / CLAB / AGA / RDS.

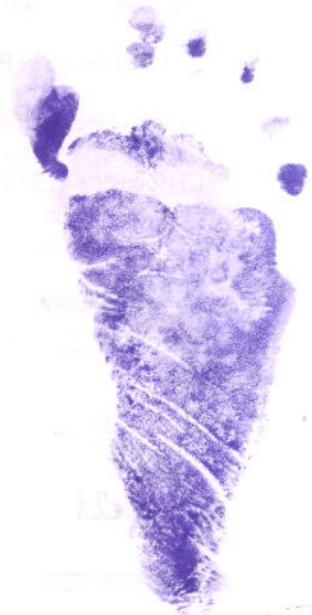
.....

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

Consultant : Dr. Surendar Rao Dusa

Signature : .....

Name : .....

Date & Time : .....

DI

Information given by: ☐ Friend

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

Will Physiotherapy require at home: ☐ Yes ☐ No ☐ NA

Is home medical equipment anticipated: ☐ Yes ☐ No ☐ NA

Is home oxygen therapy anticipated: ☐ Yes ☐ No ☐ NA

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

Are dressing needs at home anticipated: ☐ Yes ☐ No ☐ NA

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

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

Patient Sticker

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

Vitamin K given: ☐ Yes ☐ No

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

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

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

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

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

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Discharge Medications: ☐Yes ☐No

Details: .....

Final Diagnosis: - NF 10% D. @60ml/kg/day.

- ABG after 2hrs, CXR. now
- O2 support
- NPO.

Noted by
Sr. Shaista
10/7/22

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....

00206811 IP-00060658
y B/O N RESHMA
7-2026 0Y0M0D3H (M)
SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10 pm		
	grunt ⊕ } → Start Baby on CPAP	
	SUR ⊕. }	FiO_2 : 21%
	@ 1lt O_2	PEEP : 5 cmH2O
		↓
	Repeat ABG at	12 AM.
11/7/26.		
12:30 AM	- Repeat ABG at 6 AM.	
	- peripheral cyanosis ⊕ →	Start Dobutamine infusion @ 10 µg/kg/min.

Noted by.
Sr. Sushila

00206811 IP-00060658
y B/O N RESHMA
7-2026 0Y0M0D3H (M)
SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26. 6 AM	DOL-1 / Late Preterm / GA: 35+2wk / B.wt = 2.29kg / AGA / CIAB / RDS. /	- Acrocyanosis ⊕.
	Issues :- grunt & RD ⊕	
	- altered OG aspirates 5ml ⊕.	
	- peripheral cyanosis ⊕.	
	T.wt = 2.30kg	- normothermia
	I/O = 54.8/38ml	- maintaining on CPAP / PEEP-5 FiO2-21%.
	U/O = 38ml 1.8ml/kg/day	- CIT/A - moderate
	B/O = -	- RS : BAE ⊕, clear.
	GRBS = 150mg/dl	P/A - soft, no distension
		- CVS : S1S2 ⊕.
	Plan	
	- Target SpO_2 : 90-95%	
	- Target MAP > 35 mm Hg	
	- GRBS - 6th hrly, ABG - OD, CXR - OD.	
	- TV: 80ml/kg/day - NPO, on IVF D10% - Dextrose.	
	- w/f abdomen distension, OG aspirate	
	- plan to start feeds.	
	- Inj dobutamine infusion @ 10µg/kg/min.	
	- I/O charting, monitor vitals	
	- Plan 2D-Echo.	- Cold sterile water wash
		- 2D ECHO
		- 3, 6, 9 Feeds
		- Drops.
		- NPI evening.

Dr. Surender Rao Dusa 11/7/26. 10:20AM

Sd/ (Sumedha)

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0Y0M0D4H (M)
Dr. SURENDER RAO DUSA

(2)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026	Baby Reviewed - on RA /NCRD - OG feeds tolerating (U/n passing). Plan - NP, evening. Target (60ml/kg/day OG feeds + IVF (10% Dextrose). (3→6-9) Q3H. - on Dopamine. - Collect 2D echo Report. - I/O charting. - Target (90-95)' - w/f desaturation hypotension bradycardia.	

noted by Blues
11/7/26

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 6am	DOL-2 / late preterm / GA 35W+2D / B.wt 2.29kg / AGA / CIATS / RDS / Acrocyanosis	
	Issues - peripheral cyanosis resolved	
	· No Aspiration. - 2D Echo → (N)	
	· No Grunting. · NB done	
	· On Dobutamine 8 mcg/kg/min	
	T.Wt: 2.23 (↓ 70gms)	· Normothermic
	· U/O :	C/P/A → fair
	· I/O :	· on room air
	· GRBS:	RS/ S1 AE ⊕
	· S/O:	P/A soft non tender.
		CVS S1, S2 ⊕ No murmur
	Plan:	
	· Target SpO2 90-94%	
	· Target MAP > 35mmHg	- wean & Stop
	· GRBS 6hrly	- Dobutamine
	· TV 100ml/kg/day	
	· OG feed 23ml x 2nd hrly	- oral demand
	· TF →	feeds
	· Tg dobutamine	- Shift to room.
Divya	· I/O Monitoring, Vitals Monitoring	
	Noted by shirley 12/7/26 @ 8:20am	Dr. Surender Rao [stamp] 12/7/26 8:20AM

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SURENDER RAO DUSA

(3)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 12PM	Shifting Notes	
	DOL-2 / Late PT / 35 ⁺wks → 35+3wks PMA / 2.29Kg / AGA / CIAO /	
	RDS / Acro cyanosis.	
	Issues :- Nil	
		Adv
		1) ø Oral demand feeds
		2), GRBS, BP.
		3). Vitamin D3 drops -
		4) Syp Ostogan D 2.5ml PO TDS. t/m.
		5) AABR, SBR t/m.
		6), monitor Vitals.
		D. Vishal
	Noted by Bhanu 12/7/26	

VIH-00206811 IP-00060658
Baby B/O N RESHMA (M)
10-07-2026 0 Y 0 M 2 D
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 8pm	S/B Resident	
	DOL-2 / late PT / 35+2wk → 35+3 wk PMA / 2.29 kg / AGA / CIAB / RDS / Acrocyanosis	
	O/E	
	Baby warm	
	CP/A good	
	CRT <3sec	
	CVS - S1S2 ⊕	
	RS - BAE ⊕	
	P/A - soft	
		plan
		1) Oral demand feeds
		2) GRBS BD
	GRBS - 12pm - 100mg/dl	3) Vit D3 drops
		4) Syp Ostocalcium 2.5ml TIDS frm (T/m)
		5) AABR, BBR T/m
	[signature]	6) monitor vitals Inform SR
	Noted by Jusy	12/7/26 @ 8pm

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2025 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/25	S/B Resident	(60 Hr of life)
10 Am		
	D3 | Late PT (35+2 wks) → 35+6 wks PMA |	
	Em LSCS (↓ fetal movements) | Boy | CIAA | 2.28 kg | (AGA)	
	RDS - CPAP (NNHA - DSPT	
	wt - 2.17 kg	plan
	↓ 60 gm	
		CT → Cont. same instructions
	i/j / Pacing	
		- GRBS - BD (prefeed)
0.1 / 12.1	Tolerating oral demand feeds	inform if < 60 mg/dL
		- AABR today
	GRBS - WNL	- DSPT → decided after review
	O/E - Euthermic	- Monitor vitals
	CVS - S1 S2 (+)	Glucose chart
	RS - NAS (+)	- Urine output
	PA - soft	
	CNS - good	
	CRT ≤ 3 sec	Start DSPT
	M → A +ve	
	B → Not done	

SAR-12.1

Dr. [signature]

NRSN [illegible]

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 3pm	S/B Resident	
	Baby reviewed	Plan
	NNHB → DSPT	- Cu & Continue same instructions
	No new concern	- Continue DSPT
	Tolerating feeds - well	- GRMC - BD (prepared)
	U/ passing	↓ informed < 6 complete
	O/E - Euthermic	- AABR ✓
	CVS S1,S2 (+)	- to do BBR
	R - NAS(-)	+ NBS } - TCM @ 6Am
	P/A - soft	↓ if parents willing
	C/A/G - good	
	CRT < 3 sec	
		- Monitor vitals
		- W/O charting
		- expression
(signature)		Note by Rafa (signature) 13/7/26 6pm

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0Y0M3D (M)
Dr. SURENDER RAO DUSA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 10 AM	S/B Resident	
	D4 | LPT (35+2 wks) → 36 wks PMA | EmLSCS (↓ed fetal movements) | Boy | CGAR | 2.29 kg | AGA | RDS - CPAP | NNH - DSPT	
	Wt - 2.12 kg ↓ 50 gm	Plan - Cont + Cont same instructions = D/c today ↓ F/u on Friday
	Y/S: Improving	
	O/E - Euthermic H/L - NAD PA - soft C/A/T - good CRT <3 sec	- Stop GRBS monitoring.
	Rpt SBR → 5.9 - 0.1 5.8	
	GRBS - 75 mg/dl	

Noted by [signature] 14/7/26

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: RD

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

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E	13/7/26 N
Medical Condition (Any special condition to be noted):	-	-	-	-	Nill	Nill
Diet:	EBM+FF	EBM+FF	EBM+FF	EBM+FF	EBM+FF	EBM

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.1°F	98.1°F	98.6°F	97.0°F	98.7°F	98.6°F
Res:	80 b/m	80 b/m	84 b/m	80 b/m	39 b/m	44 b/m
SpO_2:	98%	99%	99%	98%	99%	99%
Pulse:	136 b/m	141 b/m	140 b/m	148 b/m	137 b/m	140 b/m
BP:	-	-	-	-		
LOC:	Conscious	conscious	Conscious	conscious	conscious	conscious
Fall Risk Score:	15	15	15	15	15	15
Pain Score:	0	0	0	0	0	0
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	-	-	-	-	Nill	Nill
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	EBM+FF	EBM+FF	EBM+FF	EBM+FF	EBM+FF	EBM+FF
Critical Lab Test / Values:	-	-	-	-	Nill	Nill
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:				-	SBP-11mm	-
Handed Over By Name :	Padma	Dupika	Sony	Ravi	Raju	Sony
Signature / ID :	60632	607469	905043	01645	01645	905043
Date:	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
Time:	@2pm	@8pm	@8am	@2pm	@8pm	@8am
Taken Over By Name :	Dupika	Sony	Ravi	Raju	Sony	Surendra
Signature / ID :	607469	905043	01645	01645	905043	03105
Date:	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
Time:	@2pm	@8pm	@8am	@2pm	@8pm	@8am

VIH-00206811 IP-00060658
Baby B/O N RESHMA (M)
10-07-2026 0 Y 0 M 3 D
Dr. SURENDER RAO DUSA

Rainbow® Children's Hospital — It takes a lot to treat the little.
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: RD			Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: —			
	Surgery / Procedure: Nil			Post OP Day:			
BACKGROUND	Date / Shift	14/7/26					
	Medical Condition (Any special condition to be noted):	Nil					
	Diet:	EBM					
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA					
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.4F					
	Res:	46b/min					
	SpO_2:	99					
	Pulse:	143					
	BP:	—					
	LOC:	Conscious					
	Fall Risk Score:	'15'					
	Pain Score:	'0'					
	Skin Integrity	Intact					
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—					
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	EBM					
	Critical Lab Test / Values:	Nil					
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	Dependent					
Post Operative Procedure Special Orders:		—					
Handed Over By Name :							
Signature / ID :		03105					
Date:		14/7/26					
Time:		10A					
Taken Over By Name :		~~Sa...~~					
Signature / ID :		File Send to Billing @ 11A					
Date:							
Time:							

Docu. No. : RCH /FRM / CLINICAL / 097

Patient Sticker

NURSING CARE RECORD

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

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	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm 3Am	- Assessment - vitals → IV fluids		Assessed the baby condition - monitored vitals & Recorded	→monitoring I/o chart 6th hourly	Baby is stable	10/7/26 @8pm

Docu. No: RCH /FRM / CLINICAL / 148

00206811 IP-00060658
Y B/O N RESHMA
7-2026 0Y0M0D3H (M)
SURENDER RAO DUSA

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 11/2/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2PM	→ Assessment → feeds → vitals	8AM 2PM	Assess the Baby condition	→ Baby is active	→ Hochat mantu → vitals manun	Bhavani 11/2/26 2PM
Afternoon	2PM 8PM	→ Assessment → feeds → vitals	2PM 8PM	→ Assess the Baby condition	→ Baby is active	→ Hochat mantu → vitals mantu	Bhavani 11/2/26 8PM
Night	8 PM 8 AM	Assessment vital signs feeds	8 PM 8 AM	Assessed the baby condition monitored vital signs given feeds 2nd hrly	baby is active	baby is stable.	Shirly 12/1/26 @8AM

H-00206811 IP-00060658
by B/O N RESHMA
-07-2026 0Y0M0D 18H (M)
. SURENDER RAO DUSA

NURSING CARE RECORD

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

Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am 2pm	-> Assessment -> feeds -> vitals	8Am 2pm	-> Assess the Babr condition	-> Baby is active	-> vitals monitor -> Ilochart maintained	Bhavani 12/7/26 2pm
Afternoon	2pm 4pm	Ensure Safety Maintain Good Nutritional Status	3pm 8pm	To provide side rails To give feeding 2nd hrly	To provide Safety To prevent dehydration	Re-Assessment was done Baby is safe	Deepika 12/7/26 @8pm
Night	10pm	* Maintain fluid balance	12Am	* Every 2nd hourly feeding & Burping is given	* TO prevent dehydration	* Baby is safe & active	Sony 12/7/26 @ 8pm

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 2 D (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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

Date: 13/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	prevent Infection. Ensure Safety.	9.30am	provided hand rubs. provided side rails.	prevented for Infection. prevent for fall risk.	Re assessment done every 4th hrly vital checked baby is stable	Shaj 13/7/26 @2pm
Afternoon	3pm	+ maintain Good Nutritional status	3:30 Pm	+ every 2nd hourly Feeding & Burping is a given	+ To prevented dehydration	+Re-assessment was done every 4th hourly vital monitor	Roja RN 13/7/26 @5pm
Night	9pm 11pm	* Ensure safety * Maintain fluid balance	9:30 pm 12 Am	* provide cribe care & room care * Every 2nd hourly feeding is given	* TO prevent falls from Risk * prevent dehydration	* Baby is Safe & Active & Sucking is very well	Sow 14th @6am

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

NURSING CARE RECORD

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

Date: 14/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Ensure safety	10 AM	Provided Crib care & Warm care	To prevent falls risk	Reassessment done. Baby is safe	
	11 AM	Maintain Fluid Balance	2 PM	Provided Feeding & Burping every 2nd hourly	Prevent dehydration		
Afternoon				Discuss Notes Doctor came for round's Baby condition is Stable Doctor advice for D/C			14/7/26 @ 10a
Night							

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

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	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

Rainbow Children's Hospital
BirthRight by Rainbow

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Baby B/O N RESHMA**	**Age :**	**0 Y 0 M 0 D 2 H**
IP No:	**IP-00060658**	**Sex:**	**Male**
Consultant:	**Dr. SURENDER RAO DUSA**	**Ward/Bed No:**	**N 2F-NICU I/NICU 252**

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.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
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: Mr. N. Manoj Kumar

Relationship: Father

Date: 10/7/26 Time: 11:09 pm

Witness Name: Venkat

Witness Signature:

Patient Address:

11-3-367/24,madura nagar,colony,
parshigutta Mylargadda Hyderabad
Telangana INDIA 500061

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CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I N. Manoj Kumar S/o Mr./ Ms N. Late Mahesh
hereby declare that our patient Mr. / Ms N. Manoj Kumar who is related to me as ..... is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's Hospital on ..... with UHID No. : 206811

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

The doctors have clearly explained to me that my patient Mr./ Ms. ..... during his / her stay in the NICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, UAC, UVC (Umblical Vein and Arterial Lines) PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

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

I understand that a sick child in NICU has life threatening medical conditions.

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

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms :..... ..... in the NICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

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

Patient Attendant :

Signature : .....
Name : N. Manoj Kumar
Relationship with Patient: Father
Date & Time : 11/7/26 1pm

Witness :

Signature : .....
Name : Bhaskar
Date & Time : 11/7/26 1pm

Doctor (who is taking the consent) :

Signature : .....
Name : D Vishal
Date & Time : 11/7/26 1pm

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

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

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

యు.హెచ్. ఐ.డి .....

నేను ..... చి .....

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్బో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్‌లో తేది ..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్‌కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ఆర్జీలియర్ లైన్, సింట్రల్ లైన్ క్రెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంనర్శన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో(సవివరంగా) వివరించారు.

పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడ / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

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

మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.

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

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

సహాయకుడు (అటెండెంట్)

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

సాక్షి

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

డాక్టర్

సంతకము .....

పేరు .....

తేది మరియు సమయము .....

neocare.

Ref. No. : F / NICU / FD / 02

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CONSENT FOR FORMULA FEEDS

Patient Name : B/o neshuun Age : NB

Gender : M☑ F☐ - IP No : 60658 Reg. No. :

Department : NICU Date : 11/2/26

I Mr / Mrs. : S / W / D / o. :

aged ..... years. Hereby declare that I have admitted my son / daughter .....

In the NICU of Rainbow Children's Hospital, Hyderabad on ..... Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature :

Name : N. Manoj Kumar

Relationship with Patient: Father

Date & Time : 11/2/26 1pm

Witness :

Signature :

Name : Bhavan

Date & Time : 11/2/26 1pm

Doctor (who is taking the consent) :

Signature :

Name : D Vishal

Date & Time : 11/2/26 1pm

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డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

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

రిజిస్ట్రేషన్ నం : ..... ఐ.పి. నం : .....

నేను శ్రీ/శ్రీమతి : ..... S/W/D/O: .....

వయస్సు : ..... సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్‌బో పిల్లల ఆసుపత్రి, ఎన్ఐసియులో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుతున్నాను. డాక్టర్లు డబ్బాపాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సంతకము : _____

పేరు : _____

తేది మరియు సంతకము : _____

సాక్షి

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____

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IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch f... / bradycardia, hypertension / hypotension any cardiac arrhythmia, patency of IV line, status of skin at IV ... and toes while administering these drugs)

IH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 7 H (M)
Dr. SURENDER RAO DUSA

Patient Name : B/o Reshma ..... Gender : ☐ M ☐ F

Weight : ..... I.P. No. : ..... et No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
11/7.	1 Am	INJ DOBUTAMINE	60mg/kg in 50ml of 5% Dextrose.	0.1-0.5ml/hr (5-10 mcg/kg/min)	SG	Raf	Ph	12/7/26 9:30hrs		

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 – 3mg/kg/hr)

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IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.
Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

Patient Name : B/o Reshma. Age : ..... Gender : ☐ M ☐ F

Weight : ..... I.P. No. : ..... Sheet No. : .....

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.		Stop Date	Dr's Sign.	Nurse Sign.
11/7										

CALCULATIONS FOR SOME COMMONLY USED DRUGS:

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)
NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)
Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)
Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)
Dexmedetomedine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr
Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)
Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)
0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)
Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

Ref No. F/INPR/19/00206811 IP-00060658

Patient Name : M/S/O N RESHMA 7-2026 0Y0M0D3H (M) SURENDER RAO DUSA

I.P No

NURSES ASSESSMENT CHART

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Date : 12/7/26 Diagnosis : PT - 35 WKS Weight : 2.25/24 Chart No. : 1

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	156	159	148	149	153	140	140	148	140	156	140	140	148	141	148	140	139	150	151	149	141	145	140	139
BLACK - RESP	190																								
GREEN - TEMP	180																								
BLUE - NIBP	170																								
	160																								
	150																								
A- ALERT	140																								
V-VOICE	130																								
P-PAIN	120																								
U-UNRESPONSIVE	110																								
	100																								
VERBAL	90	98.6	98.6	98.6	98.6	98.6	98.6	98.6	98.2	98.6	98.2	98.6	98.2	98.3	98.6	98.6	98.6	98.6	98.2	97.8	98.2	98.6	98.6	98.4	98.2
5-ORIENTED	80																								
4-CONFUSED	70	46	47	5	45	40	40	42	40	42	45	40	40	44	39	42	35	48	50	51	48	49	50	51	
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40	24	27	65	72																				
	35	1	1	1	1																				
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	60	63	52	56																				
4-WITHDRAWS	24	1	1	1	1																				
3-FLECTION	22																								
2-EXTENSION	20	47	57	46	48																				
1-NONE	18																								
	16																								
	14																								
	12																								
1 2 3 4 5 6 7 8	10																								
O2																									
SPO2		98	96	99	100	96	100	99	100	99	99	100	99	99	98	98	97	98	99	98	98	98	98	98	98
RBS		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
SUCTION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PHYSIOTHERAPY		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
AVPU		A	A	A	A	A	A	D	D	D	D	D	D	D	A	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : .....

Morning Shift : Bhavani 12/7/26 2pm

Evening Shift : Dupika 12/7/26 @8pm

Night Shift : Jomy 13/7/26 @ 8AM

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

H/ FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/7/26 Time: 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Heart Rate (Number)

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

70 60 50 40 30 20 10

Resp Rate (Number)

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level	Normal / Altered
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/4/Y Time: 9

Doctor/Nurse/Family Concern?

Temperature (°F)
104 103 102 101 100 99 98 97 96 95 94

Heart Rate (bpm) and Blood Pressure (mmHg) *
190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

Heart Rate (Number) 130

Resp. Rate (bpm) (Over 1 Minute) *
70 60 50 40 30 20 10

Resp Rate (Number) 40

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2 (l/min)	
O_2 Saturations (%)	99
Conscious Level	Normal / Altered
GCS *	-
TOTAL SCORE Number of shaded boxes	0
Pain Score	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.

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 18 H (M)
Dr. SURENDER RAO DUSA

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FLUID CHART

Sheet No. : (1) 12/7/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
											0	
	08:00 am										0	
	09:00 am	Aleoxm 23 ml								15 ml	0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm	Neoc 25 ml					✓			15 ml	0	
	01:00 pm										0	
Total Intake :		48 ml				**Total Output :**				30 ml		
12/7/26	02:00 pm											
	03:00 pm									✓		
	04:00 pm	EBM (40 ml)										
	05:00 pm						✓					
	06:00 pm	EBM (40 ml)										
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	EBM					✓					
	10:00 pm									✓	✓	
	11:00 pm	EBM					✓				0	
	12:00 am						✓			✓	4	
	01:00 am	EBM										
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	EBM								✓	?	
	04:00 am											
	05:00 am	EBM									0	
	06:00 am						✓			✓	4	
	07:00 am	EBM										
Total Intake :						**Total Output :**						

Bhavani 12/7/26 2pm

Deepika 12/7/26 @ 8pm

Sonu 13/7/26 @ 8AM

Sonu 13/7/26 @ 8AM

Total 24 hrs. Intake		Total 24 hrs. Output	Urine – 7 times Stool – 6 times

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FLUID CHART

Sheet No. : .....

13/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
13/7	08:00 am										1	
	09:00 am		EBM 30ml							✓		
	10:00 am						✓				0	
	11:00 am		EBM 30ml								1	
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
13/7	02:00 pm											
	03:00 pm		EBM									
	04:00 pm		30ml				✓			✓		
	05:00 pm											
	06:00 pm		EBM 30ml									
	07:00 pm						✓					
Total Intake :						**Total Output :**						
13/7/26	08:00 pm											
	09:00 pm		EBM									
	10:00 pm									✓		
	11:00 pm		EBM				✓					
	12:00 am											
	01:00 am		EBM									
Total Intake :						**Total Output :**						
14/7/26	02:00 am						✓			✓		
	03:00 am		EBM									
	04:00 am						✓					
	05:00 am		EBM									
	06:00 am									✓	4	
	07:00 am		EBM									
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	Urine - 5 times stool - 6 times

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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											
1+0	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											
Intake :						**Total Output :**						

Intake		Total 24 hrs. Output	

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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**	

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	VITAMIN D3 DROPS	0.5ml	ORAL	ONCE DAILY		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : A Vishal/

Date & Time : 12/8/26 12pm.

Nurse Name & Signature:

Date & Time :

Docu. No. : RCH /FRM / GENERAL / 090

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 4 H (M)
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DRUG CHART

Date of Admission: 10/7/26 Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 0 D 4 H (M)
Dr. SURENDER RAO DUSA

REGULAR PRESCRIPTIONS

Weight. 2-30 gms Ward. NICU

DRUG : Vitamin D3 drops

Dose	Route	Frequency	Start Date
0.5ml	oral	ONCE DAILY	12/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

400 IU/day

Daily Doctor's Endorsement by a Sign

Date	12/7	13/7														
Time																
	7	DBF														
	PM															

DRUG : SYP. OSCOPAN-D

Dose	Route	Frequency	Start Date
2.5ml	PO	8th hourly	13/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

120 - 200mg/kg/day

Daily Doctor's Endorsement by a Sign

Date	13/7															
Time																
	6															
	AM															
	8															
	PM															
	10															
	PM															

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D (M)
Dr. SURENDER RAO DUSA

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

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

LAR PRESCRIPTIONS

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.

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VIH-00206811 IP-00060658
Baby B/O N RESHMA
10-07-2026 0 Y 0 M 3 D
Dr. SURENDER RAO DUSA (M)

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

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

REGULAR PRESCRIPTIONS

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.

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Baby B/O N RESHMA IP-00060658
10-07-2026 0 Y 0 M 3 D
Dr. SURENDER RAO DUSA (M)

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

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

00206811 IP-00060658
y B/O N RESHMA
7-2026 0 Y 0 M 0 D 3 H (M)
SURENDER RAO DUSA

I.V. FLUIDS CHART

Weight. 2.30kg Ward. NICU

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
10/7	11pm	IVF 10% DEXTROSE. TV = 80ml/kg/day +3ml/kg calcium gluconate + 1ml MVI	IV	@5.7ml/hr	[illegible]	[illegible] / Prasanna	11/5/26 9pm	Sham / Prava
11/7	9pm	IVF 10% DEXTROSE 100ml/kg/day +3ml/kg Ca Gluconat	IV	9.5ml/hr	[illegible]	Shanthi / Prasanna	12/7 [illegible]		Bhavy / Sm

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