

01861155
Dr. A. NEELAM JAIN
09-07-2026
Dr. A. JINIKANTA PANIGRAHY
IP5-00176170
0 Y 0 M 0 D 16 H (N)
BirthRight
Rainbow

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 : IP5-00176170

Admit Date : 09-Jul-2026

Admit Time : 09:00 PM UHID : BAH-00661155

Patient Details :

Patient Name : Baby Of NEELAM JAIN

Guardian : Mr JINAL JAIN

Gender : Male

Occupation :

Address (H) : #PLOT NO 79,80 PAIGAH COLONY, BEHIND
ANAND THEATRE Secunderabad Hyderabad
Telangana INDIA 500003

Age : 0 D

DOB : 09-07-2026 08:06 PM

Religion :

Martial Status : Single

Phone No : 9966111151 / 8500288888

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : NICU

Bed No : NICU 268

Ward Name : 2F-NICU 3

Room No : NICU 268

Admission Type : First Visit

Contact Details :

Name : Mr JINAL JAIN

Relationship : Father

Contact Address : #PLOT NO 79,80 PAIGAH COLONY, BEHIND
ANAND THEATRE Secunderabad Hyderabad
Telangana INDIA 500003

Phone No : 9966111151 / 8500288888

Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY

Specialisation : NEONATAL INTENSIVE CARE

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELF PAY

PROCEDURE

[illegible]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00661155

IP5-00176170

Dr. NEELAM JAIN

09-07-2026

0 Y 0 M 0 D 22 H (M)

Dr. NALINIKANTA PANIGRAHY

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Children's
Hospital

It takes a lot to treat the little



BirthRight

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery

NEWBORN MONITORING FORM

Date of Birth : 09/07/2026
Time of Birth : 8:06 PM
Mode of Delivery : NVD
Birth Weight : 2.359 kg
Head Circumference :
Length :
Red Reflex :

New Born Screening	_____
TFT	_____
OAE	_____
Mother's Blood Group	_____
Baby's Blood Group	_____
Anomaly Scan	_____
Vaccination	_____

[illegible]

[illegible]

3AH-00661155 IP5-00176170
 Baby Of NEELAM JAIN
 19-07-2026 0 Y 0 M 0 D 1 H (M)
 Dr. NALINIKANTA PANIGRAHY

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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

*late pre-term
 & PPROM*

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
- ☐ Omphalocele / Gastrochiasis
- ☐ Anorectal Malformations
- ☐ Gross Hydronephrosis
- ☐ 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:

Patient Sticker

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:



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Neelam Jain Age : 35 Father's Name : Age :
Date of Birth : Date of Admission : UHID No. :
NICU Consultant : as per pata Referring Consultant :
Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward
Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : BIO Neelam Jain Mother's Blood Group : O+ve
Gender : ☒ M ☐ F Blood Group : A+ve Birth Weight (gms) : 2359 Length (cms) :
Date of Birth : 9/7/26 Time of Birth : 8:06 PM OFC (cms) :
Place of Birth : Estimated Gesth Age : 35+6

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35 Ht : Wt : BMI : Married Life : LMP : 29/10/25 EDD : 7/8/26

Conception : Spontaneous or with Rx. : spont conception

Booked at what GA. : 6 weeks AN Steroids Drugs / Doses :

Last Scans Details : 33⁺ cephalic EFW - 2095 gm , Doppler (N)

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs X
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 : X
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : X
IUGR - when detected :
Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : X
AFI :

H/o GDM/ pre GDM/ on diet or insulin
Controlled or not, recent values, HbA1 values :
Compliance with Rx : X
Scans : LGA, TIFFA , Fetal Echo : TIFFA - (N) NIScan (N)
H/o Hypothyroidism : when diagnosed ? Medication? X
Any other Chronic Medical Problems, when detected drugs ? X
(Anemia, SLE, Jaundice, CHD, Heart Disease)
Infection : H/O, Fever
(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
UTI : when : Any culture :

PPROM: Duration : 17 hours ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : Send

Medication during Pregnancy : Duration : Reports pending



PAST OBSTETRIC HISTORY

G: 2 P: A: 1 L:

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
<u>1</u>	<u>2017</u>	<u>-</u>	<u>5-6 weeks</u>	<u>TOP</u>	<u>-</u>	<u>MEROC</u>
<u>2</u>	<u>PP</u>	<u>-</u>	<u>r</u>			

PERINATAL HISTORY

Treating Obstetrician : Dr. Pranathi Hospital : Red Banjara ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

NVD

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication :

Specify the reason :

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitation : ☐ Yes ☐ No

Cord ABG :

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
<u>1</u>	<u>1</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>9/10</u>	<u>9/10</u>	

TOTAL

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

Snapee II Score

Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Histo

Baby Devised by NVD → & CTAB
con 1 → delayed cord clamping
done

↓

Received + warmer

↓

~~Rate~~ Routine New born care
given

↓

Cord cut - 241V seen

↓

Baby ~~shift~~ given first Breast milk

↓

Baby shifted to NLUV in UB
Late PT (35+6 hrs)

Investigation details in previous Hospital :

Feeding History :



Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Alert active

VITALS : Temperature : 36.6 HR : 130 RR : NIBP : CFT :

Color of the extremities :

Jaundice : Pallor : SpO2 : 95.4

ANTHROPOMETRY: Birth Weight : 2359 Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD :

Fontanelles :

Sutures

Shape / Moulding :

Edema / Bruising :

Size - (H.C.) :

mild caput

FACIES :

(Any Facial
Dysmorphism)

NO facial dysmorphism

NECK and CLAVICLES :

Range of Motion :

Asymmetry :

Masses :



EYES :

Symmetry :

Red Reflex :

Discharge :

- Needs to be checked

EARS, NOSE MOUTH and THROAT :

Ear set / Shape :

Periauricular Pits / Tags :

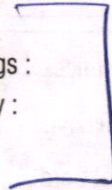
Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

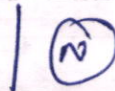


NO cleft

THORAX and BREASTS :

Shape of Thorax :

Position of Nipples and Number :



ABDOMEN and UMBILICUS :

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump :

Discharge :



2A 1V

GENITALIA :

Labia / Hymen :

Testicles/penis :

Anus :



male genitalia

HERNIAL ORIFICES

free

TRUNK and SPINE :



SKIN LESIONS :



EXTREMITIES :

Fingers / Toes :

Deformities :

Hip Joint Examination :

Arms / Legs :

Mobility :





SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: SCR / ICR / See - Saw breathing : *Blk EAR*

Scoring of respiratory distress if present (Silverman or Downe's) : *No grunts*

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

Settings :

SpO₂: Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : *130* BP :

Precordial Activity :

Femoral Pulses : *1 good*

Murmurs : *1 (N)*

Other Peripheral Pulses :

Signs of Cardiac Failure :

ABDOMEN:

Shape : *1 (N)*

Hernia orifice : *free*

Palpation :

Anal Patency :

Palpable masses :

Umbilical Cord :

Abdominal girth :

First urine passed :

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness : *Alert*

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone : *1 good*

Active Tone :

Neonatal Reflexes :

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

Moro's : *1 (N)* DTR :

ATNR : *1 (N)* Skull and Spine :

BAF-01861155
Baf. (P) NEELAM JAIN IP5-00176170
09-11-2026 0Y0M0D16H (M)
Dr. A. JINIKANTA PANIGRAHY

Any Congenital Anomalies

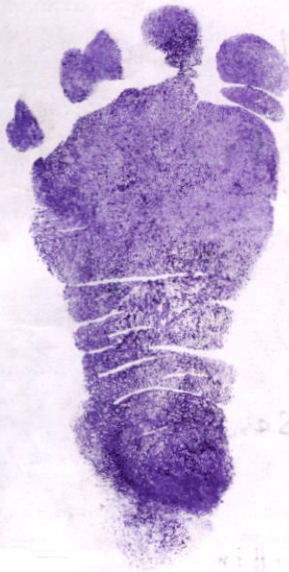
gross cong. anomaly

Diagnosis :

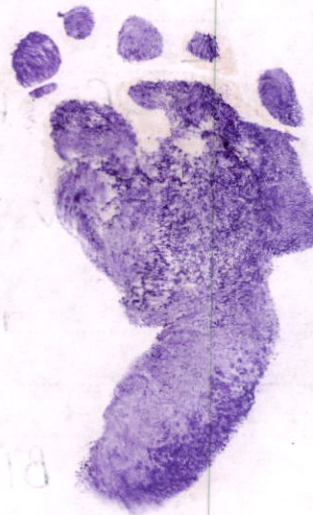
late PT / PPRM - 17 hours / NVD / CIAB /
2359 (AGA)

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

Rupanjali
9/7/26

Consultant :

Signature :

Name :

Date & Time :

Dr. NAJINIKANTA PANIGRAHY
Reg. No: ISMC/EMR/03605
18/3/26
Dr. Na. Panigrahy

PLEASE FILL UP THE FOLLOWING DETAILS

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given):

Doctor Name:

Date & Time:

Doctor Signature (Handover Taken):

Doctor Name:

Date & Time:

BAF: 01561155 IP5-00176170
Bm: C/NEELAM JAIN 0 Y 0 M 0 D 16 H (M)
08-11-2026
Dr. A. JINIKANTA PANIGRAHY

Patient

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: 13 H 01 PMA:

Term ☐ Preterm ☒ Gestation: 35+6 wks Corrected Gestational Age: Today's Weight: 2.35 kg

	S.No.	Problems	
		Current	Past Problems
Overview	1.	late preterm / AGA / male / G ₂ A ₁	
	2.	PPROM - 17 hours -	
	3.	Suspected, early onset Sepsis	
	4.		
	5.		
	6.		
Clinical Assessment	Baby on Room air. No Resp. distress Euthermic, pink CFT < 3 sec. CVS - NO murmur. Urine } Passed Meconium }		
Medications Used	Piptaz D ₁ (2 doses)		
Plan of Care: 1) TV = 40 ml/kg/day = 14 ml 2nd h/ly full pale 2) Trace Bld/E 3) NPI at 24 H 01. 4) monitor vitals, activity Dress the baby			

Doctor's Name (Hand over given): Y. Sreha

Signature: Sreha

Date & Time: 16/7/26

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Doctor's Name (Hand over taken):

Signature:

Date & Time:

①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 11:30 AM		Seen by Dr. NK. 1) CBP, CRP Now. 2) Dress the baby 3) GRBS monitoring 4) Cont antibiotic - fib BICIS 5) Gib care. 6) Shift to Room by Night. 7) Full paladay, DBF. Noted by [signature]
10/7/26 2pm	Afternoon Rounds Baby hemodynamically stable on air Tolating paladay feeds 14 ml 2hly, no vomit No apnea/bradycardia/desat qe - HR - 120/min RR - 36/min SPO ₂ - 99% Passing urine & stool.	Plan 1) TV - 70 c/kg/day - 14 ml 2hly full paladay 2) Carb care, Dress the baby 3) Trace CBP, CRP, Blood C/S 4) Continue antibiotics till blood C/S report 5) Plan to shift to room by night 6) GRBS 8hly (per feed)

[Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr. NKC
		1) GRBS-BD
		2) Shift by 7pm to mother side
		3) full DBM, Epiladon feeds
		Snch
		noted by Submit A. 10/2/26 C 30
11/7/26 8 AM	Morning Notes	
	self ventilating on RA vitality stable	Plan
M/O A+	tolerating feeds RA - soft No vomiting	① cont TV = 70ml/kg/day 14ml B2H full paladon + DBM.
	✓ ✓	② RBS BD.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Extremities	③ Trace final blood c/s
	wt - 2.344 → 2.303 (↓ 41 gm).	↳ (Rv) antibiotics
	RBS - 119 - 99 - 98.	④ Vaccination after Abx
		⑤ SBR > 2 48 Hrs.
		NBS
		(7:10 PM)
		Start Antibiotics
		Remove SV cannula
		1 CBR now.
		Hr discharge tm
11/7 9 AM	Lactation notes:	
	- Well formed breast and nipples	
	- colostrum good.	
	- Suck good.	
	<u>Advice:</u>	
	- Direct breast feeding	
	- Aim for deep latch as demonstrated in cradle hold.	
	- Make baby feed for 15-20 min on each side at every session not exceeding 2-2½ hours	
	- counselled about expressing milk to avoid formula	
		11/7/26
		Super



Date & Time	Progress Notes	Doctor's Order
		→ Start phototherapy (SSPT)
		→ SBR } NB3 } Tm bar CRP }
		→ R/v discharge Tm - if d/s fluTms.
		→ Temp checking 4m hely
	✓	→ AABR - flu.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 9:20am		
	C/S / B - Resident	
	G1HOL 35 ⁶ wk NVD / Mch 2.35 kg Suspected sepsis / NNT / OA set up. Baby & SSPT Plan	
M/Oive B / A + uo	hemodynamically → TV: 100 cells / d. - 20ml / d. h Stable. → discharge today	
T. wgt: 2.26 kg B. wgt: 2.35 kg W. loss: 3.8%	C/T / A - good periphery - warm passed - urine (11). stool.	→ AABR - on followup - Trace NBS on followup
	→ On measured feeds → BCG - BCG / OPV / Hep B TCBR. SSPT SBR (12.1) (9.7) C 15:50pm	today done → Stop CRBS monitoring
	CRBS - 80 mg / d. CRP - 5	Flu - on tuesday
	2 small wounds 1 at neck	
	Dr. NALINIKANTA PANIGRAHY Reg. No. TSMC/FMR/03605 12/7/26	Paracetamol



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00661155 IP5-00176170
 Baby Of NEELAM JAIN
 09-07-2026 0 Y 0 M 0 D 1 H (M)
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RESULT SHEET

Date	10/7/26	12/7/26				
Time	2pm	6:42AM				
Hb	19.1					
PCV	54.7					
RBC	5.37					
WBC	16.66					
N/L	68/22					
Platelets	308					
CRP	5	5				
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj		9.7 < 9.6				
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						



①



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[illegible]

[illegible]



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : INJ PIPERCILIN				Date Time	9/7/26 11/2
Dose 240mg	Route I.V	Frequency 12h	Start Date 9/7		
Name & Signature of the Doctor Starting the Drugs: <i>Rupanjali</i>					
Additional Instructions: 100mg / 4 / dose 12h					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date Time	
Dose	Route	Frequency	Start Date		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Date Time								
		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.

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.	

[illegible]

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

Signature

BAH-00661155 IP5-00176170
Baby Of NEELAM JAIN
09-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. NALINKANTA PANIGRAHY



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Baby of Neelam Jain Mother's Name: Mrs. Neelam Jain
Date of Birth: 09/07/2026 Time of Birth: 8:06 PM Gender: ☒ Male ☐ Female
Birth Weight: 2.359 Kgs HC: cm Length: cm
Meconium in Liquor: ☐ Yes ☐ No Cried at Birth: ☒ Yes ☐ No
Term / Pre-term / Post-term:
Resuscitated: ☐ Yes ☐ No Blood Group: Mother: Baby:
Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time:

AFFIX MOTHER'S
IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 98.0°F °C HR: 138b /Min RR: 32b /Min BP: SpO₂: 99%
Pain Score: 98.0 (Follow N Pass)

Fall Risk Assessment: ☐ Yes ☐ No Score: (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore: ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☒ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture: ☒ Well-Flexed ☐ Asymmetry

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

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from ☒ Mother ☒ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Piyu

Signature: Piyu

Date & Time: 10/7/26 @ 5:40 PM



9/2 INFANT (<1 year)
Children's Observation &
Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 10:00 AM 11:00 AM 12:00 PM 3:00 PM 5:00 PM 7:00 PM

Doctor/Nurse/Family Concern?

Temperature
(F)

104
103
102
101
100
99
98
97
96
95
94

98.5
98.4
98.5
98.5
98.5

Heart Rate
(bpm)

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

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

Heart Rate (Number)

134 145 132-155 144 132

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

70
60
50
40
30
20
10

Resp Rate (Number)

34 29 34 42 43 45

Resp Mod/ Severe
Distress None / Mild

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

99 92 93 92 94 98

Conscious Level
Normal Altered

GCS *

N N N N N Y

TOTAL SCORE

Number of shaded boxes

0 0 0 0 0 0

Pain Score

Observer's Initials

9 2 3 4 5 6

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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

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.
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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-00661155
Baby Of NEELAM JAIN IP5-00176170
09-07-2026 0 Y 0 M 0 D 22 H (M)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCH / FRM / CLINICAL / 124

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 11/7/26 Time: 10Am

EARLY WARNING SCORE: CHILDREN'S UNIT

Doctor/Nurse/Family Concern?

Temperature
(F)

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
3P does not score
1 early
warning scoring

Heart Rate (Number)

Heart Rate (bpm)
per 1 Minute *

Heart Rate (Number)

Mod/ Severe
None / Mild

Living O₂ (l/min)
Saturations (%)

Circulation Normal
Altered

SCORE
Number of shaded boxes

Score

Observer's Initials

- 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 ED doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND ED doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 5 & 6 : Shift in charge and PICU follow or PICU/NICU consultant to be informed
- Score 5 & 6 : Shift in charge and PICU follow or PICU/NICU consultant to be informed
- Score 5 & 6 : Shift in charge and PICU follow or PICU/NICU consultant to be informed

For Scores 3 should be
shaded overleaf

For the Oxygen requirement is >3 Lit/min, the respective rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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



FLUID CHART

Sheet No. :

1

T.V = 70 cc/day/kg
B.W = 2.35 kg
T.T

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm	Polymyx B	12ml				-			10ml	0	edge
	12:00 am											
	01:00 am	Polymyx B	12ml				passed			8ml	1	
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	Polymyx B	12ml				-			12ml		edge
	04:00 am											
	05:00 am	Polymyx B	12ml				passed			10ml	0	
	06:00 am											
	07:00 am	Polymyx B	12ml				-			8ml	1	
Total Intake :						Total Output :						
Total 24 hrs. Intake			Total 24 hrs. Output									



FLUID CHART

Sheet No. : 2

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse					
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine							
			Mouth	I.V	N.G												
	08:00 am											8	}				
	09:00 am	Banana	12ml				Passed	—	—	10ml							
	10:00 am																
	11:00 am	Banana	12ml				—	—	—	9ml							
	12:00 pm																
	01:00 pm	Banana	12ml				Small	—	—	8ml							
Total Intake :						Total Output :											
	02:00 pm						passed					1	}				
	03:00 pm	DBF								30ml							
	04:00 pm																
	05:00 pm	DBF								15ml							
	06:00 pm						pass										
	07:00 pm	DBF					✓										
Total Intake :						Total Output : V= 2, M= 3											
	08:00 pm										0	0	}				
	09:00 pm	DBF								✓	0						
	10:00 pm						✓				0						
	11:00 pm	FF 15ml					✓				0						
	12:00 am									✓	0						
	01:00 am	DBF									0						
Total Intake : taken						Total Output : U= 2 M= 2											
	02:00 am										0	0	}				
	03:00 am	DBF					✓			✓	0						
	04:00 am										0						
	05:00 am	DBF					✓			✓	0						
	06:00 am										0						
	07:00 am	DBF									0						
Total Intake : Taken						Total Output : U= 3 M= 2											
Total 24 hrs. Intake			taken										Total 24 hrs. Output			U= 10 M= 9	



107/26

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. : 3

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					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am									✓	1	Sopriti	
	09:00 am	DBF					✓						
	10:00 am										No IV		
	11:00 am	DBF								✓			
	12:00 pm						✓			✓			
	01:00 pm	DBF									1	Sopriti	
Total Intake :						Total Output : U-3 m-2							
	02:00 pm										1	Ashwini	
	03:00 pm	DBF					✓			✓			
	04:00 pm										2/10		
	05:00 pm	DBF					✓			✓	1/1		
	06:00 pm										1		
	07:00 pm	DBF					✓			✓	1	Ashwini	
Total Intake :						Total Output : U-3 m-3							
	08:00 pm											Sumi	
	09:00 pm	DBF					1			✓			
	10:00 pm	DBF + FF 15ml					NP						
	11:00 pm												
	12:00 am	DBF								✓			
	01:00 am												
Total Intake :						Total Output : U-2 m-0							
	02:00 am	DBF					✓			✓		Sumi	
	03:00 am												
	04:00 am	DBF + FF 15ml					NP			✓			
	05:00 am									✓			
	06:00 am	DBF					1						
	07:00 am									✓			
Total Intake :						Total Output : U-3 m-1							
Total 24 hrs. Intake		Taken.											
Total 24 hrs. Output		U-11 m-6											

BAH-00661155
Baby OF NEELAM JAIN
09-07-2026 0 Y 0 M 2 D (M)
Dr. NALINIKANTA PANIGRAHY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. :

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

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



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 09/08/26

Assessment: late - preterm,

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
9 pm	① collect the culture of the baby	9 pm	① collected the culture of the baby	
11 pm	② start the formula feed to the baby	11 pm	② started formula feed to the baby	
12 am	③ check the gears	12 am	③ checked the gears	
3 AM	④ Administer medication to the baby	3 AM	④ Administered medication to the baby	
7 AM	⑤ Give comfortable position	8 AM	⑤ given comfortable position	

Re-Assessment:

Special Notes: none observed for RDS

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 9/12/26 registration

AH-00661155
 Baby of NEELAM JAIN
 07-2028
 R. NALINIKANTA PANIGRAHY
 IP5-00176170
 QYOMOD2H (M)

NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 10/12/20

Assessment: Baby is late PF

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's General Condition	8Am	Assess the General Condition of the baby	Baby is well New
9Am	Maintain the vital signs of the baby	9Am	Maintained the vital signs of the baby	
10Am	Maintain the UO chart	10Am	Maintained UO chart	
11Am	Provide comfortable position	11Am	Provided comfortable position	
12Pm	Maintain personal hygiene	12Pm	Maintained personal hygiene	
1Pm	All medication administration	1Pm	All medication administered	
2Pm	Shift to mother side 2Pm	2Pm		

Re-Assessment: and heavy feeds given.

CBS, CRP done report sent.

Special Notes: * shift to mother side 2pm.

Nurse Signature: [Signature]

Nurse Name: Dipa

Date & Time: 10/12/20 2pm

BAH-00661155 IP5-00176170
 Baby Of NEELAM JAIN
 09-07-2026 0 Y 0 M 0 D 22 H (M)
 Dr. NALINIKANTA PANIGRAHY



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: 10/7/26

Assessment: New born baby

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 general condition of the patient	8:10pm	Assessed the general condition of the patient	Baby is stable
10pm	monitor vitals.	10:15pm	monitored vitals.	
12Am	maintain Ilo chart	12:40Am	maintained Ilo chart	
4Am	To give feed 2nd hourly	4:30Am	Given feed 2nd hourly	
6Am	Ensure safety	6:15Am	Ensured safety.	
8pm	check GRBS 8 th hourly	8Am	checked GRBS 8 th hourly	

Re-Assessment: Re-assessment done

Special Notes: GRBS 8th hourly

Nurse Signature: Jyothy

Nurse Name: Jyothy

Date & Time: 11/7/26 @ 8Am.



NURSING CARE RECORD

Shift: ☒ Morning ☒ Afternoon ☐ Night

Date: 11/12/26

Assessment: Baby under phototherapy

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 general condition of Baby	8:10AM	Assessed the general condition of Baby	Baby is stable now
10am	maintain monitor vitals and records	10:10AM	maintained monitor vitals and records.	
12pm	maintain s/o chart	12:10pm	maintained s/o chart.	
2pm	given feed and burp	2:10pm	giving feeding and burp	
4pm	DBF and burping	4:20pm	DBF and burping	
6pm	Ensure safety	6:10pm	Ensure safety	

Re-Assessment: Re-assessment done

Special Notes: SRR, NBS, CRP T/m

Nurse Signature: *[Signature]*

Nurse Name: *[Signature]*

Date & Time: 11/12/26



NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☒ Night

Assessment:

Baby 15 under Phototherapy

Date: 11/7/25

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's general condition.	8:10pm	- Assessed the Baby's general condition.	Baby is stable now.
10pm	- To do monitor vitals.	10:10pm	- Monitor vitals & Record	
12pm	- To monitor Electrocard	12:15pm	- Monitored Electrocard	
3pm	- To provide SPT & Precautions	3:10pm	- SPT continued & Precautions	
5pm	- To provide warm care.	5:10pm	- Provided warm care.	
8pm	- To provide DBC+FF feeds and hold.	8pm	- Provided DBC+FF feeds and hold.	

Re-Assessment:

Phototherapy continued, as directed.

Special Notes:

* Trace SRA-CPR (P) * send IPRS

Nurse Signature:

[Signature]

Nurse Name:

[Signature]

Date & Time:

12/7/25 8pm

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: _____ Nurse Name: _____ Date & Time: _____

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Nalinikanta Panigrahy Department: 3rd floor Date of Admission:

SITUATION		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:						
BACKGROUND	Area	Shift Time						
	Medical Condition (Any special condition to be noted):	3rd floor 6:40 PM	3rd floor 8 PM - 8 AM	3rd floor 8 AM - 2 PM	3rd floor 2 PM - 8 PM	3rd floor 8 PM - 11 AM		
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Vital Signs:	Temp:	97.8°F	98.0°F	98.1°F	98.2°F	98.0°F	
		Res:	38b/m	37b/m	37b/m	38b/m	38b/m	
		SpO ₂ :	99%	99%	99%	100%	98%	
		Pulse:	140b/m	131b/m	132b/m	138b/m	140b/m	
		BP:	-	-	-	-	-	
	Fall Risk Score:					15		
Pain Score:	0/10	0/10	0/10	0/10	0/10			
Recommendations	Safety Needs:	Crib care	Crib care	Crib care	Crib care	Crib care		
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Others Specify:	NA	NA	NA	NA	NA		
	Special Diet:	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No	
	Other Special Orders / Medications:	NA	NA	NA	NA	Take Respiratory NBS		
Post Operative Procedure Special Orders:		NA	GRAS 8 PM onwards	NA	NA	NA		
Handed Over By Name :		Riya	Jyothy	Sopriti	Ashini	Sushma		
Signature :		Riya	Jyothy	Sopriti	Ashini	Sushma		
Date:		10/7/26	11/7/26	11/7/26	11/7/26	12/7/26		
Time:		8 PM	@ 8 AM	@ 2 PM	@ 8 PM	@ 8 AM		
Taken Over By Name :		Jyothy	Sopriti	Ashini	Sushma	Lakshmi		
Signature :		Jyothy	Sopriti	Ashini	Sushma	Lakshmi		
Date:		10/7/26	11/7/26	11/7/26	11/7/26	12/7/26		
Time:		@ 8 PM	@ 8 AM	@ 2 PM	@ 8 PM	@ 8 AM		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:				
BACKGROUND	Area Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature :						
	Date:						
	Time:						



BRADEN 'Q' SCALE

					Date :	10/7/26	10/7/26	11/7/26
					Time :	04	04	3pm
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 e.tremity 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	3	3	3
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	1	1	1
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	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.	4	4	4	4
TOTAL SCORE					21	21	21	21
Evaluator's Name					Dr. Nalinikanta Panigrahy			

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

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-00661155 IP5-00176170
Baby Of NEELAM JAIN
09-07-'026 0 Y 0 M 0 D 1 H (M)
Dr. NALINIKANTA PANIGRAHY



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	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	2	2	2	2
	Female	1				
Diagnosis	Neurological Diagnosis	4				
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	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
Environmental Factors	Patient uses assistive devices or Infant Toddler in Crib or Furniture / Lighting (Tripled Room)	3		2		
	Patient Placed in Bed	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				
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
TOTAL			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	x
Nurse's Name :		kur	air	sp	air
Signature :		Q	air	sp	air
Date :		9/2	10/7	11/7	11/7
Time :		ce	10:00m	7:00m	3:00m



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time
						Procedure →	CVY	CVY	GRAB	NA	NA		
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			
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			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	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	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			
	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	41	1	1	1	1		
	Total Pain / Agitation Score	3/10	2/10	3/10	3/10	3/10							
	Intervention	CVY	CVY	GRAB	GRAB	GRAB							
	Effectiveness	CVY	CVY	GRAB	GRAB	GRAB							
	Signature	CVY	CVY	GRAB	GRAB	GRAB							

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.



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			1	-	-	-				
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			1	-	-	-				
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			1	-	-	-				
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			1	-	-	-				
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			1	-	-	-				
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 of Ward In Charge :

Signature : Name :

Signature : Name :

INARY PATIENT / FAMILY EDUCATION RECORD

Patient's / Learner Language: Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
09/7	10PM	NO	VERBAL COMMUNICATION, ABOUT Baby conditions, plus	F	1	0	5	1	Good	Dr.

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 Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review



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					
4/7/26 11AM	RT Abd	RT Hand	Supine	given EBM	given eye	B.D	NR	win	-	valh
4/7/26 7AM	RT Abd	RT leg	Supine	given EBM	given D-cream	B.D	NR	win	-	Dr
10/7/26 10AM	RT-Abd	RT-leg	Supine	Given	Given	done (HAM)	NR	Given	Given	Dr
10/7/26 1PM	RT-Abd	RT-leg	Supine	Given	Given	-	-	Given	Given	Dr
10/7/26 7 PM	RT Abdomen	RT leg	supine	given	given	B.D	-	given	given	6

Patient Sticker

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					



NURSE HAND OFF COMMUNICATION - ICU

SITUATION & BACKGROUND	DOA : 9/2/26	Diagnosis : PT/RS/Myoquine	Surgery / Procedures :
	Allergies : PT/RS/Myoquine 10/7/26	Post OP Day :	
	Date :		
	Area	N2	N2
	Shift Time	8Am-2Pm	2Pm-8Pm
INVASIVE LINES	Diet :	PRE NAD	PRE NAD
	Ventilation (RA, NP, NIV, VENTI)	RD	IV-①
	1.		
	2.		
ASSESSMENT	3.		
	4.		
	Infusions / Transfusions		
	PU Prophylaxis		
	DVT Prophylaxis		
	Vitals	BP	74/49(60)
		PR	143b/m
		RR	34
		SpO ₂	99%
		Temp	36.4°C
	Pain Score	2/10	1/10
	LOC (Alert, Conscious, Confusion, Unconscious)	Alert	Alert
	Skin Integrity (Intact / Bedsores / Any other condition)	Intact	Intact
	Restraints If any	NA	NA
	Fall Risk (Vulnerable (Y/N) if yes score)	yes	yes
	(Ambulation, walking, moving with assistance, bed ridden)	get up	moving
	ADL (Dependent / Non-Dependent)	Dependent	Dependent
	Critical Lab Test / Values (if any)	NA	NA

Note : RA (Room Air, NP Nasal Prongs, NIV Non-Invasive Ventilation, VENTI Ventilator)

RECOMMENDATIONS	Investigations Procedures	Date :	10/7/26	10/7/26	10/7/26			
		Area	N2	N2	N2			
		Shift Time	8AM-2PM	8AM-2PM	2PM-8PM			
		Ordered / Planned	RBS	RH				
		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 :		Subir	Subir	Subir				
Signature :		Subir	Subir	Subir				
Date :		10/7/26	10/7/26	10/7/26				
Time :		8AM	2PM	8PM				
Taken Over By Name :		Subir	Subir	Subir				
Signature :		Subir	Subir	Subir				
Date :		10/7/26	10/7/26	10/7/26				
Time :		8AM	2PM	8PM				

PATIENT TRANSFER FORM

BAI 0361155 IPS-00176170

Bai (NEELAM JAIN

09-026 0Y0M0D16H (M)

Dr. A. JINIKANTA PANIGRAHY



Date & Time of Admission 9/11/26 @ 9 PM.		Date & Time of Transfer Order @ 10/12/26 @ 7 PM.
Treating Consultant Name DR. N.K.	Transfer Ordered by DR. N.K.	Reason for Transfer
From Unit NTEO	To Unit 3rd floor	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 15	Number of Imaging Films nil	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.	Feeding Bottle.	2
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes ☒ No ☐		
Name & Signature of Person who is Transferring Sugmita 10/12/26 @ 7 PM.		Name of Person Ordered Transfer DR. N.K.
Patient & Clinical Records Received by : Puja 10/12/26 @ 6:30 PM		
Date & Time of Patient Received :		

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready



DISCHARGE PLANNING FORM

Nationality: Indian

NOTES: * To be completed by a NURSE within (24) hours of admission.

1. Anticipated Date of Discharge: 10.07.26

2. Destination Post Discharge: ☒ Home

Family Members Notified (Person Contacted)

☐ Transfer

Hospital Facility Notified (Person Contacted)

Discharge Status:

☐ Self Care

☒ Family Home Care

☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication ☐ Yes ☒ No

☐ Bathing ☐ Yes ☒ No

☐ Eating ☐ Yes ☒ No

☐ Walking ☐ Yes ☒ No

☐ Dressing ☐ Yes ☒ No

☐ Toileting ☐ Yes ☒ No

Need assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☐ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☐ Educational Topic/s: personal hygiene

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date and Time: 10/7/26 07:12



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No: *0+ve*

Gest Age: *35+4* Birth Weight: *2.359*

Date: <i>10/7</i>	Date:	Date:
DOL <i>D1</i> Weight <i>2.359</i>	DOL Weight	DOL Weight
Problems: <i>RRS/PT</i>	Problems:	Problems:
Rs. <i>30-60b/m</i> Exam <i>DOME</i> Vent. Setting <i>RA</i> ABG CXR <i>pure</i>	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS <i>normal</i> HR <i>110-120</i> BP <i>Map</i> Cap Refil <i>12-3u</i>	CVS HR BP <i>Map</i> Cap Refil	CVS HR BP <i>Map</i> Cap Refil
F/E/N <i>60</i> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <i>pure</i> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <i>pure</i>	Assessment	Assessment
Plan <i>RRS-7</i>	Plan	Plan

BAH-00661155

IP5-00176170

Baby Of NEELAM JAIN

09-07-2026

0Y0M0D1H

(M)

Dr. NALINIKANTA PANIGRAHY



It takes a lot to treat the little

BirthRight

BY RAINBOW HOSPITALS

Your Right to a Safe Delivery

NEONATAL WEIGHT CHART

Admission Weight:

NICU:

WEIGHT IN GRAMS

AH-00661155
aby Of NEELAM JAIN IPS-00176170
3-07-2026 0 Y 0 M 0 D 2 H (M)
C. NALINIKANTA PANIGRAHY

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CONSENT FOR FORMULA FEEDS

Patient Name : B/o Neelam Jain Age : 1.10 Gender : ☒ Male ☐ Female

UHID No : 661155 Reg. No. : 176170 Department : Nicu Date : 9/7/26

I Mr / Mrs. : Dinal Jain aged years, hereby declare that I have

admitted my ☒ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on

9/7/26 I hereby give consent for formula feed for my child. Doctors have explained me

about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : [Signature]

Name : Dinal Jain

Relationship with Patient : HUSBAND

Date & Time : 9/7/26 @ 2PM

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 9/7/26 2PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Ranjit

Date & Time : 9/7/26 2PM

డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ / శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

ARE UNIT

Name: B/o Neelam Jain Age: 4B Gender: Male ☒ Female ☐

UHID.No : 661155 Date: 9/7/26

I, _____ S/o, D/o, W/o _____ hereby

declare that our patient Mr. / Ms. B/o Neelam who is related to me as son is

getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 9/7/26

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

The doctors have clearly explained to me that my patient B/o Neelam 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 Neelam

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 : _____

Relationship with Patient: _____

Date & Time : _____

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Signature]

Date & Time : 9/7/26

Witness :

Signature : [Signature]

Name : [Signature]

Date & Time : 9/7/26

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 రేయిన్ఫీ బిల్డిన్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ
..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద
తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రిల్ లైన్ చెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంనర్వేన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు 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 అర్థమగు 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 అర్థం 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 అర్థమగు భాషలో అంతా వివరించారు.

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

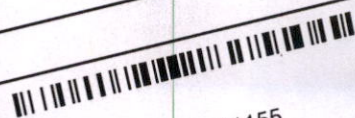
పేరు

1155
NEELAM JAIN
0 Y 0 M 0 D 16 H (N)
A INKANTA PANIGRAHY
IP5-00176170
BirthRight
Rainbow

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



Admit Time : 09:00 PM UHID : BAH-00661155

Registration Details :

Admission No : IP5-00176170

Admit Date : 09-Jul-2026

Patient Details :

Patient Name : Baby Of NEELAM JAIN
Guardian : Mr JINAL JAIN
Gender : Male

Occupation :
Address (H) : #PLOT NO 79,80 PAIGAH COLONY, BEHIND
ANAND THEATRE Secunderabad Hyderabad
Telangana INDIA 500003

Age : 0 D
DOB : 09-07-2026 08:06 PM
Religion :
Marital Status : Single
Phone No : 9966111151/ 8500288888
E-mail : nomailid@gmail.com

Ward Name : 2F-NICU 3

Admission Details :

Bed Type : NICU
Room No : NICU 268

Bed No : NICU 268
Admission Type : First Visit

Contact Details :

Name : Mr JINAL JAIN
Contact Address : #PLOT NO 79,80 PAIGAH COLONY, BEHIND
ANAND THEATRE Secunderabad Hyderabad
Telangana INDIA 500003

Relationship : Father
Phone No : 9966111151 / 8500288888

Signature

Doctor Details :

Doctor Name : Dr. NALINIKANTA PANIGRAHY
Referral Doctor : Self
Co-Consultant :

Specialisation : NEONATAL INTENSIVE CARE
Phone No :

Payment Details :

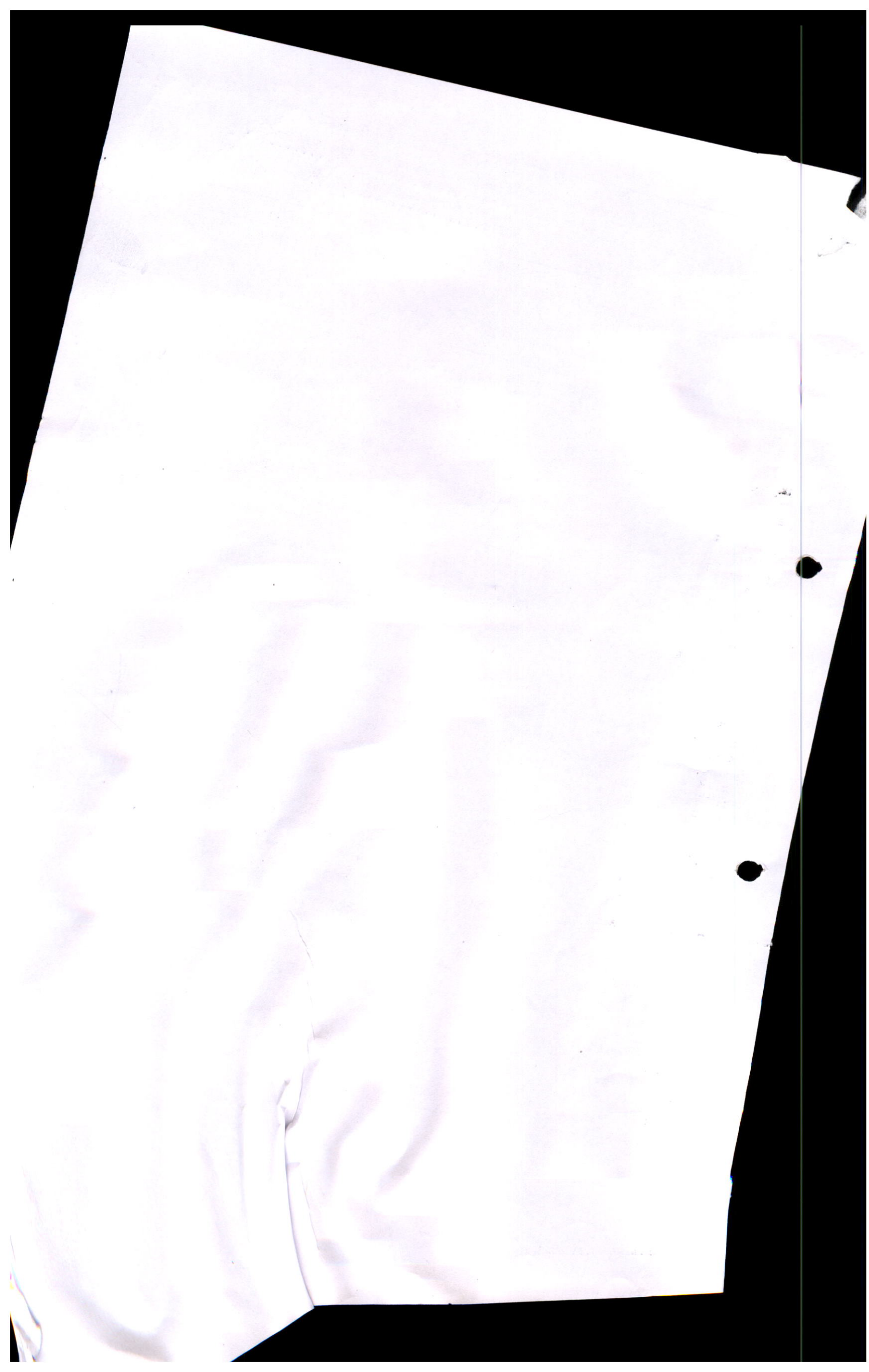
Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : SELF PAY

Printed By : 018621

Printed Date / Time : 09/07/2026 21:01

Page 1 of 2



BAH-00661155 IP5-00176170
Baby Of NEELAM JAIN
09-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. NALINIKANTA PANIGRAHY



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ACTIVITY RECORD FOR BILLING

Name : _____
UHID No. : _____ IP No. : _____ t: _____ Dept : _____
Date of Admission: _____ Discharge : _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

BAH-00661155 IP5-00176170
Baby Of NEELAM JAIN
09-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. NALINIKANTA PANIGRAHY



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/7/26	6:30pm	NICU	Bed 329	

Cross Consultation Visit

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

INVESTIGATIONS

[illegible]

[illegible]

PROCEDURE	
Date	

[illegible]

ANY OTHER INFORMATION									

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor