

ADMISSION SHEET



Registration Details :

Admission No : IP5-00171911

Admit Date : 31-Mar-2026

Admit Time : 07:27 PM UHID : BAH-00650784

Patient Details :

Patient Name : Baby Of P SANDHYA RANI

Age : 0 Y 0 M 20 D

Guardian : Mr BHANU CHANDER GOUD M

DOB : 11-03-2026 01:09 PM

Gender : Male

Religion :

Occupation :

Marital Status : Single

Address (H) : #H.NO:1-77 YENUGONDA Mahabubnagar
Mahabubnagar Telangana INDIA 509001

Phone No : 9603375503/ 8074719775

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : NICU

Bed No : NICU 253

Ward Name : 2F-NICU 2

Room No : NICU 253

Admission Type : First Visit

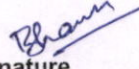
Contact Details :

Name : Mr BHANU CHANDER GOUD M

Relationship : Father

Contact Address : #H.NO:1-77 YENUGONDA Mahabubnagar
Mahabubnagar Telangana INDIA 509001

Phone No : 9603375503 / 8074719775


Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI

Specialisation : NEONATAL INTENSIVE CARE

Referral Doctor : DR. A SMITHA

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

BAH-00650784 IP5-00171911
Baby Of P SANDHYA RANI
11-03-2026 0 Y 2 M 15 D (M)
Dr. VIJAYANAND JAMALPURI



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ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 8 D (M)
 Dr. VIJAYANAND JAMALPURI

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ACTIVITY RECORD FOR BILLING

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/3/26	5:00PM	new	335	Shrestha

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
6/5/26	VBG, RBS	26046172	<i>Agnes</i>
06/05/26	X-ray	23060	<i>Kensul</i>
7/5/26	VBG, RBS	26046342	<i>Kensul</i>
7/5/26	RBS		<i>Agnes</i>
8/5/26	CBP, CRP	26046687	<i>Kensul</i>
8/5/26	VBG, RBS	26046699	<i>Kensul</i>
9/5/26	RBS		<i>Kensul</i>
10/5/26	RBS		<i>Kensul</i>
12/5/26	RBS	26048173	<i>Kensul</i>
14/5	de, cal, po, ALP		<i>AA</i>
14/5	VBG, RBS		<i>AA</i>
15/5	RBS		
16/5	CRBS	26049564	<i>Kensul</i>
17/5	CRBS	26049925	<i>Kensul</i>
18/5	CRBS	26050203	<i>Kensul</i>
21/5	ROP	9619046	<i>Kensul</i>
23/5	CRBS	26052360	<i>Kensul</i>
24/5	CRBS		<i>Kensul</i>
28/5	RBS	26054105	<i>Loy</i>
28/5	Ultrasound Screening	265-028953	<i>Kensul</i>
29/5	RBS	26054570	<i>AA</i>
29/5	RBS	9633590	<i>AA</i>

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
07/5	INV MONITOR	31/3/26		9536003	[Signature]
7/5	SYR PUMP	28/4/26		9582769	
7/5	OXYGEN	06/04/26		9594880	
	CPAP	06/04/26		9594880	
8/5	INV MONITOR	31/3/26		9536003	[Signature]
	SYR PUMP	28/4/26		9582769	
	OXYGEN	06/04/26		9594880	
	CPAP	06/04/26		9594880	
9/5	Inv monitor	31/3/26		9536003	[Signature]
	SYR Pump	28/4/26		9582769	
	oxygen	06/05/26		9594880	
	CPAP	06/05/26		9594880	
10/5	Inv monitor	31/3/26		9536003	[Signature]
	oxygen	06/05/26		9594880	
	CPAP	06/05/26	11/5/26 @ 6pm	9594880	
11/5/26	HFNC	11/5/26 @ 6pm			
13/5/26	Inv. Monitor	31/3/26		9536003	[Signature]
	oxygen	6/5/26		9594880	
	HFNC	11/5/26		9594880	
15/5	Inv monitor	31/3/26	29/5/26 @ 6pm	9536003	[Signature]
	oxygen	6/5/26	11/5/26	9594880	
	HFNC	11/5/26		9594880	

BAH-00650784
 Baby Of P SANDHYA RANI
 11-03-2026
 Dr. VIJAYANAND JAMALPURI

IP5-00171011
 IP5-00171911

0 Y 0 M 23 D (M)



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : 33y Father's Name : Age :

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

NICU Consultant : Referring Consultant :

Transferring Unit : OT Labour Room ER Ward

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

BIRTH INFORMATION

Name : B/o P-Sandhya Rani Mother's Blood Group : B positive

Gender : M F Blood Group : A +ve Birth Weight (gms) : 345 gm Length (cms) :

Birth : 11/3/2026 Time of Birth : 11:59am OFC (cms) :

Place of Birth : RCH Banjara Estimated Gesth Age : 28+6w

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33y Ht : 160cm Wt : 73kg BMI : Married Life : LMP 8/8/25 EDD : 15/5/25

Conception : Spontaneous or with Rx : Spont concep Mgso4 - covered

Booked at what GA : AN Steroids Drugs / Doses : Dexametha last dose

Last Scans Details : SLUF, 28+5d, cephalic preg, AFI-10.4 cm, 9/3
umb. Axt REDF & Cereb redistr, DV doppler - (N) MPI-0.77, (8am)

Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs	TIFFA (N)	H/o GDM/ pre GDM/ on diet or insulin	<u>12+1 wk</u>
Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>SGIA - 20 wks</u>	Controlled or not, recent values, HbA1 values :	<u>Resist ut. qvt.</u>
If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<u>NIPT - low risk</u>	Compliance with Rx :	
H (after 20 weeks) / PE	<u>Down 8-1: 275</u>	Scans : LGA, TIFFA, Fetal Echo :	
How many Drugs / Doses / Since how long :	<u>Chr. ATN.</u>	H/o Hypothyroidism : when diagnosed ? Medication?	<u>Hypothyroidism</u>
H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :		Any other Chronic Medical Problems, when detected drugs ?	<u>Renal stones Surg 10yrs ago.</u>
IUGR - when detected :	<u>WBC - 11.3i</u>	(Anemia, SLE, Jaundice, CHD, Heart Disease)	
Doppler (Increased Resistance / ADEF / REDF)	<u>LFT - (N)</u>	Infection : H/O, Fever	<u>lap: cholecysti June 2025</u>
Redistribution in MCA) / Ductus Venosus :	<u>PLT - 2.9B</u>	(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)	
AFI :		UTI : when :	Any culture :

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

Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

G: P: A: L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G ₁ -2011	Male	Term	Severe PG	1-2 Kg	LSCS	
G ₂ -2012	4th mon	900 g	male	Death @ 1 mon of age	LSCS	
G ₃	PP					

PERINATAL HISTORY

Treating Obstetrician : Kirti Reddy Hospital : Inborn Outborn

Duration of Labour First stage (> 18 hours sig) <u>Em - LSCS</u> Second stage (> 2 hours after dilation) <u>CREBF & Cereb redist</u> LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : <u>Ciluro prev LSCS</u> Specify the reason : Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No Cord ABG : <u>7.33 / 41.3 / 19.9 / -3.4 / 2.2</u> <u>PCO₂ / HCO₃</u> Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE 8/8 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
	0	1	
	2	2	
	1	2	
	1	1	
	1	2	
TOTAL	5/10	8/10	8/10

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

Comments : swal. 7714
8/8 - 8/8
11/4 - 11/5

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : 11-11
8/8 - 8/8
18-11 - 11/11



Pre-delivery equipment check done.

Baby delivered by Em-18cs with
Cephalic with forceps.

- Baby cried immediately after birth.
- Delayed cord clamping 30-60 sec
 - ↓
 - taken under warmer, plastic wrap.
 - ↓
 - Started DR-CPAP
 - Given PPV for 10 sec - Poor efforts
 - ↓
 - Good cry
 - ↓
 - DR CPAP continued SRS = 5/10
 - ↓
 - Umbilical cord - cut 2A + IV
 - ↓
 - Shifted to NICU

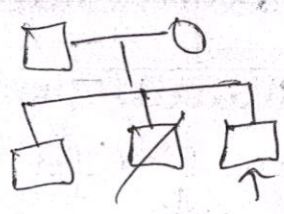
Investigation details in previous Hospital :

Feeding History: 1:00 P



Handwritten notes in the top section, including 'Baby's address' and other illegible text.

Family History :



Socio Economic History :

Handwritten notes in the Socio Economic History section.

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Large empty space for General Disposition notes.

VITALS : Temperature : ~~100.4~~ ^{36.5 F} HR : RR : ^{16/min} RR : ^{68/min} NIBP : CFT : ^{<3 Sec}

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 94%

Anthropometry : Birth Weight : 848g Length : HC : Present Weight :

Ponderal Index : AGA : ! SGA : ✓ LGA :



HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures : AF open - forceps mark on
Shape / Moulding : (R) fronto parietal
Edema / Bruising : region
Size - (H.C.) :

Facies :
(Any Facial Dysmorphism) (N)

NECK and CLAVICLES : Range of Motion : } (N)
Asymmetry : }
Masses :

EYES : Symmetry :
Red Reflex : - Need to be assessed
Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : No cleft palate
Palate :
Gums :
Lips :
Tongue : AS

THORAX and BREASTS : Shape of Thorax :
Position of Nipples and Number : (N)

ABDOMEN and UMBILICUS : Shape : } (N)
Organomegaly : }
Bowel Sounds : }
Umbilical Stump : - 2A + IV
Discharge :

GENITALIA : Labia / Hymen :
Testicles/penis : male genitalia , B/L testis palpable
Anus :

HERNIAL ORIFICES free

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

EXTREMITIES : Fingers / Toes :
Arms / Legs : (N)
Deformities :
Mobility :
Hip Joint Examination :



SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

Scoring of respiratory distress if present (Silverman or Downe's) : (4)

Mention if baby is on : Hood box CPAP Ventilator

Settings : 1

Spo2 : Auscultation : BAC (+) Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :

Femoral Pulses : Murmurs : NO murmur

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice : (N) free

Palpation : Anal Patency : (+)

Palpable masses : Umbilical Cord : 2A + 1V

Abdominal girth : First urine passed : NOT PASSED

..... Meconium passed : PASSED

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : awake, alert

Prechtle Score :

Nerves :

(N)
.....
.....
.....

Motor System :

Passive Tone : approp gest age

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

DTR :

Skull and Spine :



Diagnosis: Very preterm / ELBW / male / Em. LSCS / JUGIR / RDS
Chr. HTN / REDE

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Sneha

Name : Y. Sneha

Date & Time : 11/3/26

Consultant :

Signature : [Signature]
Reg. No. 40516

Name :

Date & Time : 11/3/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of te referring Hospital :
Address :
Contact Numbers :
3. Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
4. Name of the Doctor in Rainbow Team :

..... on whose name the patient is being referred.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

1) Warm care - Incubator

Medications :

2) T_w = 80ml/kg/day
10% D + 3ml/kg Ca gluconate
0.5ml 2nd hourly (EBM + DBM)

3) GRBS - 6th hourly
Gas - BD

Plan during ward follow up :

(next gas - 6pm)

4) Send - CBP, PT, INR

5) ~~APP~~ Cord Blood for Blood grouping

6) Ilo charting 6th hourly

Feeding Plan at the time of shifting :

7) w/f - Brady desat

J. neha

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI

26/5/26



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

Day in NICU: Day of Life: 76 PMA: 39 + 5
 Term Preterm Gestation: 28 + 6 Corrected Gestational Age: Today's Weight: 2.222
↑ 32gm

	Problems		
	S.No.	Current	Past Problems
Overview	1.	UPT / EBW	UAP - Klebsiella
	2.	CD grade II	Hypocalcaemia
	3.	Hypospadias	
	4.		
	5.		
	6.		
Clinical Assessment	on RA, no distress.		HR - 142/min
	Taken day paladay (6) well, no desats/apnea.		SpO ₂ - 98%
Medications Used	PA - soft		RR - 56/min
	Panned cross x 2 time		BP - 67/26 (41).
<p>Onefer XT. (R) - caffeine</p> <p>Vit D₃ - fortification - P?</p> <p>ossepan D. - 3Y. Nall.</p>			
<p>Plan of Care:</p> <p>① TV = 170ml / 4 day → 32ml @ 2H (R) paladay + 6 bottle</p> <p>(R) ↑ paladay/bottle.</p> <p>② cont KMC, OMS, NNS</p>			

Doctor's Name (Hand over given): Dr Anshwarya Doctor's Name (Hand over taken): Poojitha
 Signature: [Signature] Signature: [Signature]
 Date & Time: 26/5/26. 8AM Date & Time: 26/5/26 8:30am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 10:10am.		Seen by Dr. Vijayanand
	→	Full paladay feeds today
	→	Crib can tomorrow.
	→	ROP after 1 month
	→	Stop Caffeine.
	<p>↓ Proglutix → Dress the baby.</p>	<p>↓ Dress the baby.</p>
26/5/26 3 PM.	Afternoon Round.	
	<p>On RA. Accepting nipple feed. minimal spillage ⊕ No beady / desat</p>	<p>Plan. → Continue full nipple feeds - 32ml/2 hourly</p>
	<p>Vitals HR - 119/min. RR - 22/min SpO2 - 100%</p>	<p>→ Crib can tomorrow</p>
	<p>PLA - Soft</p>	<p>→ Dress the baby → Monitor vitals</p> <p>↓ Proglutix</p>

Dr. VIJAYANAND JAMALPURI
 Reg. No: 40520

AH-00650784 IP5-00171911
 baby Of P SANDHYA RANI
 03-2026 0 Y 2 M 13 D (M)
 VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	nutritional calculation	Ospan → 12ml
	74 day / 28 tswt → 39 t 3 wgt	360ml (30ml)
	Bwt - 342 gm	TU - 170ml/kg/day 2wose
	T.wt - 2.190	MMF 0.5gm each
	cal protein ca pop iron vit ₁₂	each day
ERM		
(67/101/35)	241.2 3.96 126 .54 0.7	-
15/0.2		
MMF (12)	46.6 3.24 71.8 16.3 1 4810	
(3.29/0.27/5.99)		
1.36/0.209/		
0.01		
Ospan D (12)	300 132	480
Ospan - XT		5ml
VIT D3		40000IU
1ml	← — — — — —	
		226 91.9
		=

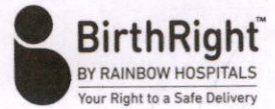
BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2028 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		
5:30pm		
	Self Ventilating on RA -	
	Taking full palatal feed	
	Dr Poopithe	
	Handover given by Dr. Poopithe	Handover taken given by Dr. Remy

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI

27/5/26



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

Day in NICU: Day of Life: 77 PMA: 39+6
 Term Preterm Gestation: 28+6 Corrected Gestational Age: Today's Weight: 2.235
1.3gm

Problems		
S.No.	Current	Past Problems
1.	VPT / EUBW	VAP - klebsiella
2.	CID grade II	Hypocalcemia
3.	Hypopspadias	
4.		
5.		
6.		

Overview	
Clinical Assessment	<p>on RA, no distress Enteral care & cub care Taken full paladay well PA - soft Stools passed</p> <p>HR - 120/min SpO₂ - 100%</p>
Medications Used	<p>omeprazole XT Fortification vit D₃ ossepan D 3-7. NaCl</p>
<p>Plan of Care:</p> <p>① TV = 170 ml/kg/day → 32ml @ 2H full paladay ② cont cub care ③ (R) soft out by evening</p>	

Doctor's Name (Hand over given): Dr. Ashwarya
 Signature: [Signature]
 Date & Time: 27/5/26 Sam
 Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken): Dr. Deepthi
 Signature: [Signature]
 Date & Time: 27/5/26 1am

Patient Sticker

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):

Doctor's Name (Hand over taken):

Signature:

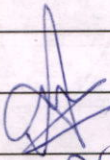
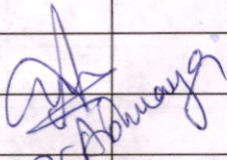
Signature:

Date & Time:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11:30 AM	Seen by Dr Vijayanand.	Plan
		① Full paladay
		② cub care
		③ shift out 7m.
		④ stop 37-Nacl.
		⑤ onfer a 4mleday
		 Dr. Abhinav Dr. VIJAYANAND JAMALPURI Reg. No: 40526
		<hr/> Noted by Sister Anona
27/5/26 1 PM	Afternoon Round on room air, no distress	Plan
	cub care	① cont cub care
	extremie	② TV = 170ml/y day
	HR- 140/min	32ml q4h
	SpO ₂ - 98%	full paladay
	taking paladay well	③ shift out 7m.
	PA 3qt.	
		 Dr. Abhinav Noted by J

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 Baby Of P SANDHYA RANI
 1-03-2026 0 Y 2 M 17 D (M)
 Dr. VIJAYANAND JAMALPURI

28/5/26

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

Day in NICU: 78 Day of Life: 78 PMA: 39~~4~~ 40 weeks

Term Preterm Gestation: 28-16 Corrected Gestational Age: Today's Weight: 2.285
 (↑ 30gms)

S.No.	Problems	
	Current	Past Problems
1.	VPT / EIBW	vsp - klebsiella
2.	CD grade II	typhlococci
3.	teypospadias	
4.	Metabolic Bone disease	
5.		
6.		

Clinical Assessment

- on room air,
 - accepting nipple feeds slowly.
 [30 to 40 min]
 SpO₂ - 96%
 PR - 160/min
 RR - 40/min.

Medications Used

Order AT -
 Fortification
 Vit - D3
 Ossopan-D.

Plan of Care:

- TW - 170ml / day → 32ml 2nd hly full
 paladar feeds
 - crib care only
 - R/v Shift out today tomorrow -
 - Involve parents in feeding. - w/f apnoea, Brady,
 - RBS OD

Doctor's Name (Hand over given): Dr. Anu
 Signature: Dr. Anu
 Date & Time: 28/5/26

Doctor's Name (Hand over taken): Dr. Poojitha
 Signature: Poojitha
 Date & Time: 28/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3/26		Seen by Dr. Vijayanand
10:06am	→	Continue full nipple feed
	→	Crib care
	→	R/v shift out
	→	NP ₂ on Saturday
	<p>Ⓞ Poojithe</p>	<p>referred by Dr. Sushr. 02/03/26</p> <p style="text-align: right;">Dr. VIJAYANAND JAMALPURI Reg. No. 40526</p>
	<p style="text-align: center;">Afternoon rounds</p>	
28/3/26		
12:30pm		plan:
	- Stable on room air	- continue full
	- NO Bradycardia	Nipple Bottle feed
	- NO resaturation	3rd and hourly
	- on full GBM.	flb keep dry + 5g MUF

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SpO ₂ - 96% PR - 161/min RR - 46/min	- Involve parents in feeding. - Crib care.
	- Urine passed - Stool not passed	- PPS OD - NP ₂ on Saturday - PLV shift out in afternoon rounds, - Vaccination BIG, OPV, Hep-B, AABR NBS } after shifting to room
		- Pop next month 2/16/26.
	Last NSG - 29/4/26 [at 6 weeks]	- Developmental followup after discharge. - NSG today.
		- Temperature monitoring q4h hourly (temp of 97.5) feed - Neurological assessment today. <i>del</i>
		- Review about formula feed

checked by susang
 2022

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI (M)
 11-03-2026 0 Y 2 M 15 D
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

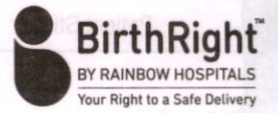
Date & Time	Progress Notes	Doctor's Order
29/5/26		Seen by <u>Dr. Vijayanand</u>
5:30pm		→ Shift out today.
		→ NP2 tomorrow.
		Noted by Justice 02/02
	<u>Shifting Note</u>	
	→ On RA.	
	Hemodynamically stable.	Plan
	Accepting paladay feed	→ Shift to room
		→ 32ml 2nd hely bottle fed ALB keeping
		→ Keep baby warm.
		→ NP2 tomorrow.
		→ BCG, OPV, HepB } tomorrow
		AABR }
	<u>Progress</u>	→ Monitor vitals
		→ Rv NBS



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/3/26 8:10am	Morning Round.	
	DOL-80 DS+6 → 40+2 wks VPT EUBW UD-II Hypospadias Metabolic bone disease	
	on RA accepting bottle feed well.	
	T.W - 2185g (↑19g)	<u>Plan.</u>
	Euthermic GRBS-	→ Continue. 30-35ml/2nd hly paladay bottle feed
	P/A - soft passed urine & stool.	→ Trace NP2. report
		→ BCG, OPV, Hep B-2 Today AABK
		→ R/V NBS, RCV
		→ I/O charting for hly
		→ Monitor vitals
	d <u>Prophylax</u>	→ GRBS - OD

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>30/5/26</u>		Seen by <u>Dr. Vijayanand</u>
	→	AABR - today
	→	BLS - today
	→	RN discharge Monday
	→	Hexaxim, Prevenar BCG today
	→	RSV - 50mg <small>Dr. VIJAYANAND JAMALPURI Reg. No: 40526</small>
	→	NBS - on follow up.
<u>30/5/26</u> 11:30 AM	→	Plan - BCG, Rota teq Plan
	→	BCG, Rota teq, Hexaxim today
	→	Prevenar + RSV-50mg tomorrow

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>30/5/26</u>
		AABR - Hearing Assessment Bilateral responses are present Bilateral Normal
		<u>Adv</u> : BERA after 3 months
		<i>[Signature]</i>
@ 30/5/26 3pm		→ Been by Dr. Vijayanand
		→ BCG, Hexaxim, Rotateq today
		→ Prevenar, RSV-50mg tomorrow.
		→ R/v with endocrinologist regarding MBD.
	<i>[Signature]</i>	Noted by <i>[Signature]</i> @ 3:10pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	Morning Round	
10:30 AM	DOL 81 / 28 + 6 → 40 + 3. VPT / EUBW / CD-II	
	Hypospadias / MBP	
	on RA taking bottle feed well	Plan ① cont 30-35ml q2H Paladay / bottle 170ml/kg/day
	wt = 2.230 (↑ 45gm)	② RSV (50mg) today Prevenar
	BCG. ✓ Rota. ✓ Hexaxim ✓	③ (R) to add Adphas. after discussing w/ Dr. Vijayanand
	Genital orifices are normal.	④ NSS after on follow up. ⑤ Nutrition assessment to be done
	Dr. Abhinav	⑥ stop vitamin D noted by Ranya
		Dr. Nilesh



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:10am	<u>Morning Round</u>	
	DOL-82 28 ⁺⁶ → 40 ⁺⁴ wk VPT ELBW CD-II MBD Hypospadias	
	on RA	<u>Plan</u>
	Hemodynamically stable. Accepting paladay bottle feed well.	→ Continue 30-35ml/meal feed with nipple. Ab breathing
	T.wt - 2248g (118g) Euthemic. passed urine & stool.	→ R/v to addphos after rounds
		→ BLS training today
	vaccination - done	→ NBS on follow up
		→ monitor vitals
		→ R/v discharge
	<u>Prophyl</u>	

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 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 17 D (M)
 Dr. VIJAYANAND JAMALPURI

29/5/26

ASSESSMENT AND HANDOVER SHEET OF NICU (NON-VENTILATED)

Day in NICU: Day of Life: 79 PMA: 40+1 wks
 Term Preterm Gestation: 28+6 wks Corrected Gestational Age: Today's Weight: 2280g

		Problems (459)	
Overview	S.No.	Current	Past Problems
	1.	VPT/ELBW	VAP - Klebsiella
	2.	CID grade II	Hypocalcaemic tetany
	3.	Hypoparathyroidism	
	4.	Metabolic Bone disease	
	5.		
	6.		

Clinical Assessment
 on RA
 Accepting paladay feed 35-40ml r.
 HR - 125/min.
 SpO₂ - 96%.
 RR - 49/min.

Medications Used
 Orsu x 5
 Folic acid
 Vit D3
 Orsopan-D

Plan of Care: Tr - 170cc/kg/day → 32ml/2nd hely full paladay feed
 Crib care.
 Rlv shiftout.
 NP₂ on Saturday → Tomorrow.
 ROP - 2/6/26 ✓

Doctor's Name (Hand over given): Dr. Pojilte
 Signature:
 Date & Time: 29/5/26 9am

Doctor's Name (Hand over taken): Dr. Ashwarya
 Signature:
 Date & Time: 29/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/1/26 9:54am		Seen by Dr. Vijayanand
		→ Continue crib care
		→ feeding assessment
		→ Full paladay feeds
		→ R/v shiftout
	⊕ Poopthru	→ NP tomorrow
		Noted by Dr. Vijayanand JamalPuri Reg. No: 40526
	Afternoon Round	
28/1/26 2PM	on RA	Plan
	Hemodynamically stable	→ Crib care
	Accepting per bottle feed in.	→ 32ml and help bottle feed.
	Vitals - Stable	→ R/v shiftout
	P/A - soft	→ NP tomorrow
	⊕ Poopthru	→ Monitor vitals

CROSS CONSULTATION FORM

Doctor Name : Dr. Leena Priyambada Date : 4/5/26 Time : 5PM

Diagnosis :

Hospital : Rainbow Children's Hospital
Ballana Hill

Type of Referral :

- Emergency
- Urgent
- Non-Urgent

Referred for : Opinion Co-Management Transfer of care

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

MBD, Acute hypophosphatemia
22/4.

Signature: _____

Findings and Recommendations :

→ Cal/P - 8.2 / 4.8
28/4 D > 200
 PTH - @

Plan :

- Stop D₃ drops x 2 weeks
- Change to Ossipam D - $\left. \begin{array}{l} \text{Ca} - 180 \text{ mg/kg/day} \\ \text{Vit D} - 75 \text{ mg/day} \\ \text{K} - \text{K/day} \end{array} \right\}$
- Repeat Cal/P - $\rightarrow 11.5 \text{ ml/day}$
 after 7-10 days. $(= 78 \text{ mg/kg/day P})$

Leena

Consultant :

Name : LEENA PRIYAMBADA Signature : _____ Date & Time : 4/5/26
5pm



B/o Sandhya Rani

CROSS CONSULTATION FORM

Doctor Name : Dr. Leena Priyambada Date : 29/4/26 Time : 2PM

Diagnosis :

Hospital : Rainbow Children's Hospital
Bansara HCU

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Hyperphosphatemia

Signature: _____

Findings and Recommendations :

28th / 848 gm
1 mo 17 days → Hypothyroidism / HTN / Renal stones in mother

Metabolic bone dis.

8/4/26 - Ca / P / ALP creat-C
10.4 / 34 / 976

7/4/26 - Add phos

13/4/26 - 9.3 / 8 / 749

20/4/26 - 9.5 / 4.9 / 659

27/4/26 - 10.3 / 3.8 / 829

28/4/26 - 3.5 / 213 / 690 ; 4.3 / 144

29/4/26 - 6 / 9.9 ; 6.6 / 8.4

Acute hyperphosphatemia induced hypocalcemic seizures
Currently improving

P. 7. 0

Consultant :

Name : LEENA PRIYAMBADA Signature : Leena Priyambada Date & Time : 29/4/26

Plan

- Adj. Calcium gluconate 10 ml/kg/day till Ca ≥ 7.5 .
- Continue ~~Calcium gluconate~~ (Calimax⁺) 50 mg/kg/day Q8H

↓
After stopping IV Calcium gluconate
↑ Calimax⁺ to 100 mg/kg/day Q8H
with feeds.

- Hydration to continue.
 - Fentanyl, to be given, 1-2 doses more if SElectrolyte
- Ⓜ

Deems

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 1 M 21 D (M)
 Dr. VIJAYANAND JAMALPURI



(b)



RESULT SHEET

Date	01/05/26	3/5/26	5/5/26	8/5/26	14/5/26	23/05/26
Time	10.54 PM	9:15 AM	7.15 AM	7 AM		5:28 AM
Hb	10.4	9.1	11.8	12.2		8.6
PCV	33	27.2	36.1	38.4		27.0
RBC	3.61	3.17	4.13	4.27		3.12
WBC	9.11	10.33	14.15	15.39		9.32
N/L	22.9/44.9	49.6/30	43.8/89.9	25/52		24.5/50.2
Platelets	200	342	289	429000		659
CRP		51	36.0	14.1		-
ESR						
PCT						
RBS						
Na		132			134	136
K		5.1			4.7	5.4
Cl		10.4			113	109
Ca/Mg		8.2			9.6	9.8
Phosphate		4.8			3.3	3.6
Urea						
Creatinine						
ALP					519	1087
SGPT						
SGOT						2
T.Bill/Conj						
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						
W/L						

3AH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 13 D (M)
 Dr. VIJAYANAND JAMALPURI



RESULT SHEET

Date	30/5				
Time					
Hb	9.5				
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na	135				
K	5.9				
Cl	112				
Ca/Mg	10.21				
Phosphate	4.5				
Urea					
Creatinine					
ALP	1036				
SGPT					
SGOT					
T.Bill/Conj					
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					



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil 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: NIA Shifted to: 3rd floor (335)

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	SYR. OSSOPAN D	2ml	P.O	4th hourly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	VITAMIN D3 DROPS	1ml	P.O	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	OROFERXT DROPS	0.9ml	P.O	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	FORTIFICATION	0.5gm Ci sachet in each feed	P.O	each feed		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Neethu

Date & Time: 29/05/26 3 PM

Nurse Name & Signature: Shreshya

Date & Time: 29/5/26 @ 5 PM

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 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 12 D (M)
 Dr. VIJAYANAND JAMALPURI



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG :				Date						
Dose	Route	Frequency	Start Dt.	Time						
CROFERXYT DROPS				28/5	29/5	30/5	31/5			
0.9ml	PO	OD	27/5							
Name & Signature of the Doctor Starting the Drugs: Dr. Anwar...				<div style="display: flex; justify-content: space-between;"> <div> <p>Dr. Anwar...</p> </div> <div> <p>Dr. N...</p> </div> </div>						
Additional Instructions: 4mg/kg/day ml = 100µg										
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-around;"> </div>						
DRUG :				Date						
Dose	Route	Frequency	Start Dt.	Time						
Name & Signature of the Doctor Starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										
DRUG :				Date						
Dose	Route	Frequency	Start Dt.	Time						
Name & Signature of the Doctor Starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										
DRUG :				Date						
Dose	Route	Frequency	Start Dt.	Time						
Name & Signature of the Doctor Starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										

VERIFIED

Signature

Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

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

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

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

Signature
VERIFIED BY : Name

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 0 M 23 D (M)
 Dr. VIJAYANAND JAMALPURI



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 1.2 kg Ward.

20260311
 VERIFIED
 0

DRUG : Add phos Seche				Date Time
Dose	Route	Frequency	Start Date	
0.5ml	PO	BD	7/14	
Name & Signature of the Doctor Starting the Drugs:				
Rupanjali				
Additional Instructions:				
1mmal 1ks 1 day				
mix 1 sachet + 16ml DN				
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.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/4/26	1:15 pm	LRBC	20ml/kg over 4 hours	W	N.P.P	N.P.P parjitha
		inj. Lasix	1mg/kg			
13/4/26	11 pm	inj. Lasix	1mg	W	N.P.P	N.P.P vishnu
23/4/26	10 AM	FOROPED	1.5mg	ORAL	H	H vishnu
28/4/26	3 pm	LRBC	20ml/kg over 4 hours	W	N.P.P	N.P.P parjitha
28/4/26	11:20 am	inj LEVITIC (20mgly/dose)	30mg	IV	Rep	
28/4/26	11:25 pm	INOCALCIUM GLUCONATE	2ml/kg	IV	R	R parjitha

VERIFIED BY: Name: Signat

I.V. FLUIDS CHART

Weight. 1.270 Ward.



		Position 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
13/4/26	11 AM	TU- 10% ISO-P 150 ml/kg/day	IV	0.5ml	N. Prj	Miss N. Prj	14/4/26		Miss N. Prj
28/4/26		TU- 165 ml/kg/day 20ml/kg Remaining LRBC 10% ISO-P	IV		N. Prj				
28/4/26		TU- 150 ml/kg/day 20ml/kg Remaining LRBC 10% ISO-P	IV		N. Prj		29/04		
28/4/26	12 PM	+ 5mb/kg Dobutamine Ca. gluconate 60 mg / kg + 50 ml 25	J.V	0.2 ml		Karaj Hain	29/04		Sneha Karaj
28/4/26	8 PM	Drg TU= 180mb/kg/day 10% ISO-P + 10mb/kg Ca. gluconate	IV	0.7 ml	Snee	Yousum Karaj	29/04		Sneha Karaj
28/4/26	10 PM	TU= 180mb/kg/day P.ICC 7.5% ISO-P + 12mb/kg Ca. gluconate	P.ICC	8.7 ml	Snee	Yousum Karaj	29/04		Sneha Karaj
28/4/26	8 PM	Drg- FENTANYL 2mb + 8mb NS	P.ICC	0.2 ml	Snee	Yousum Karaj	29/04		Sneha Karaj
28/4/26	8 PM	Drg- Hep NS 2.5ml + 47.5ml 1/2 NS	P.ICC	0.2	Snee	Yousum Karaj	29/04		Sneha Karaj
28/4/26									
29/4/26	8 PM	INS DOBUTAMINE 60mg/kg/day + some STD	P.ICC	0.3ml		Sneha Karaj			Sneha Karaj

VERIFIED BY: Name: Signature

B/O P. Sandhya Rani

Sheet No: REGULAR PRESCRIPTIONS Weight Ward

VERIFIED

21/03/26

21/03/26

21/03/26

DRUG: OSSOPAN-D
Dose: 1.5ml
Route: PO
Frequency: Q2D
Start Dt.: 31/3
Name & Signature of the Doctor Starting the Drugs: Rupanjali
Additional Instructions: 5ml = 125 mg
 150mg / ks / day of Calcium
Daily Doctor's Endorsement by a Sign

Date/Time	2/3/26	3/3/26	4/3/26	5/3/26	6/3/26	7/3/26	8/3/26	9/3/26	10/3/26	11/3/26	12/3/26	13/3/26	14/3/26	15/3/26
8am	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6pm	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Re write sheet 16/4

DRUG: Fortification
Dose: PO
Frequency: each feed
Start Dt.: 31/3
Name & Signature of the Doctor Starting the Drugs: Rupanjali
Additional Instructions: 0.5g sachet each feed
Daily Doctor's Endorsement by a Sign

Date/Time	2/4/26	3/4/26	4/4/26	5/4/26	6/4/26	7/4/26	8/4/26	9/4/26	10/4/26	11/4/26	12/4/26	13/4/26	14/4/26	15/4/26
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Re write sheet 16/4

DRUG: SYPCAFFEINE CITRATE
Dose: 0.2ml PO
Frequency: OD
Start Dt.: 30/3
Name & Signature of the Doctor Starting the Drugs: Rupanjali
Additional Instructions: 5mg / ks / dose
Daily Doctor's Endorsement by a Sign

Date/Time	3/4/26	4/4/26	5/4/26	6/4/26	7/4/26	8/4/26	9/4/26	10/4/26	11/4/26	12/4/26	13/4/26	14/4/26	15/4/26	16/4/26
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Re write sheet 16/4

DRUG: ORFER XT
Dose: 0.25ml oral
Frequency: OD
Start Dt.: 30/3
Name & Signature of the Doctor Starting the Drugs: Sneha
Additional Instructions: 10mg = 10mg
 3mg/kg/day of Elemental Iron
Daily Doctor's Endorsement by a Sign

Date/Time	3/4/26	4/4/26	5/4/26	6/4/26	7/4/26	8/4/26	9/4/26	10/4/26	11/4/26	12/4/26	13/4/26	14/4/26	15/4/26	16/4/26
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Re write sheet 16/4



Set No: REGULAR PRESCRIPTIONS Weight 1.2kg Ward *W11*

DRUG: *Alpenin syrup* Date/Time: 13/4, 14/4, 15/4, 16/4, 17/4, 18/4, 19/4, 20/4

Dose	Route	Frequency	Start Dt.
<i>6 cm</i>	<i>PO</i>	<i>BD</i>	<i>13/4</i>

Name & Signature of the Doctor Starting the Drugs: *N. Prakash*

Additional Instructions: *0.2ml + 0.3ml NS*

Daily Doctor's Endorsement by a Sign: *[Signatures]*

DRUG: *3% NaCl* Date/Time: 13/4, 14/4, 15/4, 16/4, 17/4, 18/4, 19/4, 20/4, 21/4, 22/4, 23/4, 24/4, 25/4, 26/4

Dose	Route	Frequency	Start Dt.
<i>5ml</i>	<i>PO</i>	<i>Each feed</i>	<i>13/4</i>

Name & Signature of the Doctor Starting the Drugs: *N. Prakash*

Additional Instructions: *7meals/day*

Daily Doctor's Endorsement by a Sign: *[Signatures]*

DRUG: *VITAMIN D drops* Date/Time: 13/4, 14/4, 15/4, 16/4

Dose	Route	Frequency	Start Dt.
<i>0.5ml</i>	<i>PO</i>	<i>OD</i>	<i>13/4</i>

Name & Signature of the Doctor Starting the Drugs: *Dr. Ravi*

Additional Instructions: *2me = 800 IU; 327*

Daily Doctor's Endorsement by a Sign: *[Signatures]*

DRUG: *FORTIFICATION* Date/Time: 13/4, 16/4, 17/4, 18/4, 19/4, 20/4, 21/4, 22/4, 23/4, 24/4, 25/4, 26/4

Dose	Route	Frequency	Start Dt.
<i>30.5g</i>	<i>PO</i>	<i>each feed</i>	<i>31/3</i>

Name & Signature of the Doctor Starting the Drugs: *Dr. Acharya*

Additional Instructions: *30.5g in each feed*

Daily Doctor's Endorsement by a Sign: *[Signatures]*

VERIFIED

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 1: 5.7kg

Ward NICU

DRUG : SYP. OSSOPAN-D				Date																			
Dose	Route	Frequency	Start Dt.	Time	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	31/4			
1.5ml	PO	QID	16/4	12 AM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech		
Name & Signature of the Doctor Starting the Drugs: Sneha				6 AM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	
Additional Instructions: 150mg/kg/day of elemental Calcium				12 PM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech
Daily Doctor's Endorsement by a Sign				6 PM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech

DRUG : SYP. CAFFEINE CITRATE				Date																			
Dose	Route	Frequency	Start Dt.	Time	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	31/4	1/5	2/5		
0.2ml	PO	OD	17/4	6 AM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	
Name & Signature of the Doctor Starting the Drugs: Sneha (17/4)				6 AM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech
Additional Instructions: 5mg/kg/dose																							
Daily Doctor's Endorsement by a Sign																							

DRUG : SYP. OROFER-XF				Date																			
Dose	Route	Frequency	Start Dt.	Time	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	31/4	1/5		
0.3ml	orab	OD	16/4	6 PM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	
Name & Signature of the Doctor Starting the Drugs: Sneha																							
Additional Instructions: 3mg/kg/day of elemental Iron																							
Daily Doctor's Endorsement by a Sign																							

DRUG : VITAMIN D3 DROPS				Date																			
Dose	Route	Frequency	Start Dt.	Time	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	31/4	1/5		
1ml	PO	OD	16/4	6 PM	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	Mech	
Name & Signature of the Doctor Starting the Drugs: Sneha																							
Additional Instructions: 1ml = 800IU																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED Sneha

VERIFIED Sneha

VERIFIED Sneha

VERIFIED Sneha

H-00650784 IP5-00171911
 Dr. P SANDHYA RANI
 03-2026 0 Y 1 M 2 D (M)
 VIJAYANAND JAMALPURI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.57kg Ward N.C.U

DRUG : DROPROFER XT

Dose	Route	Frequency	Start Dt.	Date Time
0.5ml				

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : DROPROFER-XT

Dose	Route	Frequency	Start Dt.	Date Time
0.5ml	PO	DD	20/4	20/4 21 22/4 23/4 24/4 25/4 26/4 27/4 28/4

Name & Signature of the Doctor Starting the Drugs:
Rupanjali

Additional Instructions:
Amg | ks | day

Daily Doctor's Endorsement by a Sign

DRUG : Add phos Sachet

Dose	Route	Frequency	Start Dt.	Date Time
0.5ml	PO	BD	7/4	23/4 24/4 25/4 26/4 27/4 28/4

Name & Signature of the Doctor Starting the Drugs:
Rupanjali

Additional Instructions:
1 mmol / ks / day
mix 1 sachet + 16 ml D1W (1 ml = 1 mmol) - 0.5ml BD

Daily Doctor's Endorsement by a Sign

DRUG : INJ LEVETIRACETAM

Dose	Route	Frequency	Start Dt.	Date Time
16mg	I.V	TID	28/4	28/4 29/4 30/4

Name & Signature of the Doctor Starting the Drugs:
Rupanjali

Additional Instructions:
10mg / ks / dose

Daily Doctor's Endorsement by a Sign

SIGNED

VERIFIED

VERIFIED

PREPARED

PREPARED

PREPARED

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 1 M 2 D (M)
 Dr. VIJAYANAND JAMALPURI



REGULAR PRESCRIPTIONS

Weight 11.5 kg Ward N.I.U.

DRUG : <u>INS. FUROSEMIDE</u>				Date/Time																		
Dose	Route	Frequency	Start Dt.																			
<u>0.8mg</u>	<u>IV</u>	<u>BD</u>	<u>28/4</u>	<u>6am</u>																		
Name & Signature of the Doctor Starting the Drugs:																						
<u>Sneha</u>																						
Additional Instructions:																						
<u>1mg/kg/day</u>																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INS. FUROSEMIDE</u>				Date/Time																		
Dose	Route	Frequency	Start Dt.																			
<u>1.6mg</u>	<u>IV</u>	<u>BD</u>	<u>28/4</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>Sneha</u>																						
Additional Instructions:																						
<u>1mg/kg/dose</u>																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>CALCINAX PLUS SYP</u>				Date/Time																		
Dose	Route	Frequency	Start Dt.																			
<u>0.4ml</u>	<u>PO</u>	<u>6th hourly</u>	<u>28/4</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>Sneha</u>																						
Additional Instructions:																						
<u>50mg/kg/day of elemental Calcium</u>																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INS. FLUCONAZOLE</u>				Date/Time																		
Dose	Route	Frequency	Start Dt.																			
<u>4.5mg</u>	<u>PO</u>	<u>twice weekly</u>	<u>29/4</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
<u>Sneha</u>																						
Additional Instructions:																						
<u>3mg/kg/dose</u>																						
Daily Doctor's Endorsement by a Sign																						

VERIFIED

BAH-00650784 P5-00171911
 Baby Of P SANDHYA RANI (M)
 11-03-2026 0 Y 1 M 19 D
 Dr. VIJAYANAND JAMALPURI

Weight 1.57 kg Ward

REGULAR PRESCRIPTIONS

Sheet No:

DRUG : INS MEROPENEM
 Dose 63mg Route IV Frequency Q8H Start Dt. 29/4

Name & Signature of the Doctor Starting the Drugs:
Dr. Ashwarya

Additional Instructions:
40mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	Time	Signature
29/4	10:00 AM	[Signature]
29/4	11:00 AM	[Signature]
29/4	12:00 PM	[Signature]
29/4	1:00 PM	[Signature]
29/4	2:00 PM	[Signature]
29/4	3:00 PM	[Signature]
29/4	4:00 PM	[Signature]
29/4	5:00 PM	[Signature]
29/4	6:00 PM	[Signature]
29/4	7:00 PM	[Signature]
29/4	8:00 PM	[Signature]
29/4	9:00 PM	[Signature]
29/4	10:00 PM	[Signature]
29/4	11:00 PM	[Signature]
29/4	12:00 AM	[Signature]

DRUG : INS FURSEMIDE
 Dose 1.6mg Route IV Frequency BD Start Dt. 28/4

Name & Signature of the Doctor Starting the Drugs:
Dr. Ashwarya

Additional Instructions:
1mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	Time	Signature
28/4	10:00 AM	[Signature]
28/4	11:00 AM	[Signature]
28/4	12:00 PM	[Signature]
28/4	1:00 PM	[Signature]
28/4	2:00 PM	[Signature]
28/4	3:00 PM	[Signature]
28/4	4:00 PM	[Signature]
28/4	5:00 PM	[Signature]
28/4	6:00 PM	[Signature]
28/4	7:00 PM	[Signature]
28/4	8:00 PM	[Signature]
28/4	9:00 PM	[Signature]
28/4	10:00 PM	[Signature]
28/4	11:00 PM	[Signature]
28/4	12:00 AM	[Signature]

DRUG : Wj MEROPENEM
 Dose 63mg Route W Frequency 8H Start Dt. 01/05

Name & Signature of the Doctor Starting the Drugs:
N. Prakash

Additional Instructions:
40mg/kg/dose IV infusion over 2 hours W.

Daily Doctor's Endorsement by a Sign

Date	Time	Signature
01/5	10:00 AM	[Signature]
01/5	11:00 AM	[Signature]
01/5	12:00 PM	[Signature]
01/5	1:00 PM	[Signature]
01/5	2:00 PM	[Signature]
01/5	3:00 PM	[Signature]
01/5	4:00 PM	[Signature]
01/5	5:00 PM	[Signature]
01/5	6:00 PM	[Signature]
01/5	7:00 PM	[Signature]
01/5	8:00 PM	[Signature]
01/5	9:00 PM	[Signature]
01/5	10:00 PM	[Signature]
01/5	11:00 PM	[Signature]
01/5	12:00 AM	[Signature]

DRUG : Wj COLISTIN
 Dose 63000 units Route W Frequency 8H Start Dt. 01/05

Name & Signature of the Doctor Starting the Drugs:
N. Prakash

Additional Instructions:
40000 units/kg/dose 1 vial 0.9% w/v (2ml) = 1 lakh units. Take 0.63ml (62800 units).

Daily Doctor's Endorsement by a Sign

Date	Time	Signature
01/5	10:00 AM	[Signature]
01/5	11:00 AM	[Signature]
01/5	12:00 PM	[Signature]
01/5	1:00 PM	[Signature]
01/5	2:00 PM	[Signature]
01/5	3:00 PM	[Signature]
01/5	4:00 PM	[Signature]
01/5	5:00 PM	[Signature]
01/5	6:00 PM	[Signature]
01/5	7:00 PM	[Signature]
01/5	8:00 PM	[Signature]
01/5	9:00 PM	[Signature]
01/5	10:00 PM	[Signature]
01/5	11:00 PM	[Signature]
01/5	12:00 AM	[Signature]

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED

BAH-00650724
 Baby Of P SANDHYA RANI
 11-03-2028
 Dr. VIJAYANAND JAMALPURI
 0 Y 1 M 19 D
 IPS-00171911
 (M)

Sheet No:

REGULAR PRESCRIPTIONS



Weight: 15.57

Ward:

DRUG:	Dose	Route	Frequency	Start Dt	Date/Time	Remarks
My caffeine create	13 mg	iv	QD	09/05	05/05	changed to oral
Additional Instructions: N. Pratsusku						
Daily Doctor's Endorsement by a Sign: [Signature]						

DRUG:	Dose	Route	Frequency	Start Dt	Date/Time	Remarks
NER: COUSUM	63000	u/ml	NE8	TTD	02/5	stop
Additional Instructions: N. Pratsusku						
Daily Doctor's Endorsement by a Sign: [Signature]						

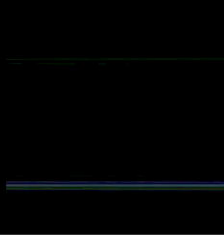
DRUG:	Dose	Route	Frequency	Start Dt	Date/Time	Remarks
MUCOMIX	0.8 ml	NE8	TTD	02/5	05/05	stop
Additional Instructions: 40000 u/kg/dose						
Daily Doctor's Endorsement by a Sign: [Signature]						

DRUG:	Dose	Route	Frequency	Start Dt	Date/Time	Remarks
ASOFRAND	3 ml	po	QID	5/12	05/05	stop
Additional Instructions: 0.5 ml/kg + 2ml 3/1 NS						
Daily Doctor's Endorsement by a Sign: [Signature]						

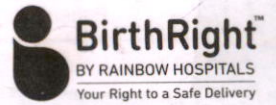
Date/Time	05/05	06/05	07/05	08/05	09/05	10/05	11/05	12/05	13/05	14/05	15/05	16/05	17/05	18/05	19/05	20/05	21/05	22/05	23/05	24/05	25/05	26/05	27/05	28/05	29/05	30/05	31/05	
ASOFRAND	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MUCOMIX	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
My caffeine create	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Additional Instructions:
 1 sample/day

Doctor's Endorsement by a Sign: [Signature]



EAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 1 M 22 D (M)
 Dr. VIJAYANAND JAMALPURI



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.6kg Ward

VERIFIED

DRUG : <u>Fortification</u>				Date/Time	<u>5/5/26</u>	<u>6/5/26</u>	<u>9/5/26</u>	<u>8/5/26</u>	<u>9/5/26</u>													
Dose	Route	Frequency	Start Dt.																			
	<u>PO</u>	<u>each feed</u>	<u>5/5/26</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Rupjale</u>																						
Additional Instructions: <u>0.5g (1 sachet) in each feed.</u>																						
Daily Doctor's Endorsement by a Sign																						

Dose change
8/5/26

VERIFIED

DRUG : <u>FORTIFICATION</u>				Date/Time	<u>8/5/26</u>	<u>9/5/26</u>																
Dose	Route	Frequency	Start Dt.																			
	<u>PO</u>	<u>each feed</u>	<u>8/5/26</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Poojitha</u>																						
Additional Instructions: <u>0.5g (1.5 sachet) in each feed.</u>																						
Daily Doctor's Endorsement by a Sign																						

changed each

VERIFIED

DRUG : <u>3-7 Nace</u>				Date/Time	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>	<u>14/5</u>	<u>15/5</u>	<u>16/5</u>	<u>17/5</u>	<u>18/5</u>	<u>19/5</u>	<u>20/5</u>	<u>21/5</u>	<u>22/5</u>	<u>23/5</u>					
Dose	Route	Frequency	Start Dt.																				
<u>0.8ml</u>	<u>PO</u>	<u>each feed</u>	<u>10/5</u>																				
Name & Signature of the Doctor Starting the Drugs: <u>Dr Ashwarya</u>																							
Additional Instructions: <u>Smeg/16/day</u>																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED

DRUG : <u>FORTIFICATION</u>				Date/Time	<u>10/5</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>	<u>14/5</u>	<u>15/5</u>	<u>17/5</u>	<u>18/5</u>	<u>19/5</u>	<u>20/5</u>	<u>21/5</u>	<u>22/5</u>	<u>23/5</u>	<u>24/5</u>					
Dose	Route	Frequency	Start Dt.																				
	<u>PO</u>	<u>each feed</u>	<u>10/5</u>																				
Name & Signature of the Doctor Starting the Drugs: <u>N. Prathima</u>																							
Additional Instructions: <u>0.5gm) 1 sachet in each feed</u>																							
Daily Doctor's Endorsement by a Sign																							

IP5-00171911

SANDHYA RANI
11-03-2026 0 Y 1 M 28 D (M)
Dr. VIJAYANAND JAMALPURI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : Drops OROFER XT				Date/Time	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5
Dose	Route	Frequency	Start Dt.																
0.5ml	PO	OD	10/5																
Name & Signature of the Doctor Starting the Drugs: Popli																			
Additional Instructions: Smgl kg/day																			
Daily Doctor's Endorsement by a Sign																			

DRUG : Drops VITAMINE D3				Date/Time	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5
Dose	Route	Frequency	Start Dt.																
0.5ml	PO	OD	10/5/26																
Name & Signature of the Doctor Starting the Drugs: Popli																			
Additional Instructions: 1ml=800IU Smgl/OD																			
Daily Doctor's Endorsement by a Sign																			


DRUG : Syri CAPRENE CITRATE				Date/Time	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	
Dose	Route	Frequency	Start Dt.																
14mg	PO	OD	10/5/26																
Name & Signature of the Doctor Starting the Drugs: Dr. Rang																			
Additional Instructions: Smgl kg/day																			
Daily Doctor's Endorsement by a Sign																			

DRUG : 31- Nall Neb.				Date/Time	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	
Dose	Route	Frequency	Start Dt.																
1cc	Neb	Q12H	11/5																
Name & Signature of the Doctor Starting the Drugs: Popli																			
Additional Instructions: Smgl 1/2 tspule																			
Daily Doctor's Endorsement by a Sign																			

VERIFIED

VERIFIED

VERIFIED

IP5-00171911
 NDHYA RANI
 0 Y 2 M 1 D (M)
 AND JAMALPURI


REGULAR PRESCRIPTIONS

Weight Ward

DRUG: SYPP. OSSOPAN-D

Date/Time	12/05	13/05	14/05	15/05	16/05	17/05	18/05	19/05	20/05	21/05	22/05	23/05
Route	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O
Frequency	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times
Start Dt.	14/5											
Name & Signature of the Doctor	Dr. Anand											
Starting the Drugs:	4 times											
Additional Instructions:	200mg/eq/day of calcium											
Daily Doctor's Endorsement by a Sign	[Signatures]											

DRUG: Syr. OSSOPAN-D

Date/Time	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6
Dose	2ml	2ml	2ml	2ml	2ml	2ml	2ml	2ml	2ml	2ml
Route	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O	P/O
Frequency	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times	4 times
Start Dt.	23/5									
Name & Signature of the Doctor	Dr. Anand									
Starting the Drugs:	6 times									
Additional Instructions:	150mg/eq/day									
Daily Doctor's Endorsement by a Sign	[Signatures]									

DRUG: VITAN D3 DPOD

Date/Time	25/5
Dose	1ml
Route	P/O
Frequency	OD
Start Dt.	25/5
Name & Signature of the Doctor	Dr. Anand
Starting the Drugs:	
Additional Instructions:	1ml = 800 IU
Daily Doctor's Endorsement by a Sign	[Signature]

DRUG: VIT D3 drops

Date/Time	25/5	26/5	27/5	28/5	29/5	30/5
Dose	1ml	1ml	1ml	1ml	1ml	1ml
Route	P/O	P/O	P/O	P/O	P/O	P/O
Frequency	OD	OD	OD	OD	OD	OD
Start Dt.	25/5					
Name & Signature of the Doctor	Dr. Anand					
Starting the Drugs:	6 times					
Additional Instructions:	1ml = 800 IU					
Daily Doctor's Endorsement by a Sign	[Signatures]					

VERIFIED

VERIFIED



Sheet No: REGULAR PRESCRIPTIONS Weight Ward

VERIFIED

DRUG : SYP CAFFIENE UTAT

Date/Time: 26/5

Dose	Route	Frequency	Start Dt.
20mg	PO	OD	10/5/26

Name & Signature of the Doctor Starting the Drugs:
 Dr Ashwarya

Additional Instructions:
 8mg 1/4 dose
 ml = 20mg

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : DROPS PROFERKT

Date/Time: 25/5 26/5

Dose	Route	Frequency	Start Dt.
0.5ml	PO	OD	1/5

Name & Signature of the Doctor Starting the Drugs:
 Dr Ashwarya

Additional Instructions:
 2mg 1/4 dose

Daily Doctor's Endorsement by a Sign

VERIFIED

VERIFIED BY: Name

DRUG : 3-7-Flac

Date/Time: 26/5 27/5

Dose	Route	Frequency	Start Dt.
0.8ml	PO	each feed	10/5

Name & Signature of the Doctor Starting the Drugs:
 Dr Ashwarya

Additional Instructions:
 2mg 1/4 day

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : FORTIFICATION

Date/Time: 26/5 27/5 28/5 29/5 30/5 31/5 1/6/26

Dose	Route	Frequency	Start Dt.
0.5gm	PO	each feed	10/5

Name & Signature of the Doctor Starting the Drugs:
 Dr Ashwarya

Additional Instructions:
 0.5gm (2 each) in each feed

Daily Doctor's Endorsement by a Sign

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 13 D (M)
 Dr. VIJAYANAND JAMALPURI

26/5/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?		AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM

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

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

Heart Rate (Number)	148	160	144	170	134	137	147	156	141	135	130	132
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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

Resp Rate (Number)	42	61	60	42	53	40	39	47	42	46	71	39
--------------------	----	----	----	----	----	----	----	----	----	----	----	----

Resp Distress	Mod/ Severe	None / Mild										
---------------	-------------	-------------	--	--	--	--	--	--	--	--	--	--

O ₂ Saturations (%)	97%	98%	98%	100%	96%	98%	99%	100%	98%	98%	100%	100%
--------------------------------	-----	-----	-----	------	-----	-----	-----	------	-----	-----	------	------

Conscious Level	Normal	Altered										
-----------------	--------	---------	--	--	--	--	--	--	--	--	--	--

GCS *	C	C	C	C	C	C	C	C	C	C	C	C
-------	---	---	---	---	---	---	---	---	---	---	---	---

TOTAL SCORE												
Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	L	L	L	L	L	L	L	L	L	L	L	L

ACTIONS	Score 1	: Continue normal observation by staff nurse
	Score 2	: Shift in charge nurse to be informed and continue hourly observations
	Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4	: Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
	Score 5 & 6	: Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

BAH-00650784 IP5-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 15 D (M)
 Dr. VIJAYANAND JAMALPURI

27/5/26

Doc. No. : RCHBH / 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

EARLY WARNING SCORE: CHILDREN'S UNIT

27/5/26

Date: 27/5/26 Time: 8:00 AM 10 AM 12 PM 2 PM 4 PM 6 PM 8 PM 10 PM 12 AM 2 AM 4 AM 6 AM
 Doctor/Nurse/Family Concern?

Temperature (F)	104																				
	103																				
	102																				
	101	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	98.5	
	100																				
	99																				
	98																				
	97																				
	96																				
	95																				
	94																				

Heart Rate (bpm)	190																			
	180																			
and Blood Pressure (mmHg) *	150																			
	140																			
Note: BP does not score in early warning scoring	130																			
	120																			
	110																			
	100																			
	90																			
	80																			
	70																			
	60																			
	50																			

Heart Rate (Number) 138 145 150 139 134 150

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

Resp Rate (Number)

Resp Mod/ Severe Distress None / Mild

Receiving O₂(l/min) O₂Saturations (%) 99% 100% 98% 99% 99% 99% 96% 98% 99% 100% 100% 100%

Conscious Level Normal / Altered N N N N N N N N N N N N

GCS * C C C C C C C C C C C C

TOTAL SCORE Number of shaded boxes 1 1 1 1 1 1 1 1 1 1 1 1

Pain Score 0 0 0 0 0 0 0 0 0 0 0 0

Observer's Initials A A A A A A A A A A A A

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed
- NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

3AH-00650784
 Baby Of P SANDHYA RANI (M)
 0 Y 2 M 17 D
 11-03-2026
 Jr. VIJAYANAND JAMALPURI

IP5-00171911

Loc. No. : RCHBH / FRM / CLINICAL / 124

28/5/22

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

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

BIRTH
 BY RAINBOW HOSPITAL
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/22 Time: 8 10 12 2 4 6 8pm 10pm 12am 2am 4am 6am

Doctor/Nurse/Family Concern? Am pm pm pm pm pm

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														

(sub case) (sub case)

Heart Rate (Number) 138b/m 143b/m 145b/m 136b/m 138b/m 128b/m

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

Resp Rate (Number)

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 95%, 100%, 99%, 99%, 100%, 99%, 98%, 99%, 99%, 100%, 99%

Conscious Level Normal Altered N N N N N N

GCS * C C C C C C C C C C C

TOTAL SCORE Number of shaded boxes 1 1 1 1 1 1 1 1 1 1 1

Pain Score 0 0 0 0 0 0 0 0 0 0 0

Observer's Initials

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

* NB: 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:

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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/03/26	Time: 5	10	12	2	4	6:30	10PM	2am	6am
Doctor/Nurse/Family Concern?	AN	AN	AN	AN	AN	AN			
Temperature (F)	104								
	103								
	102								
	101								
	100								
	99	98.7C	98.5C	98.5C	98.5C	98.5C	98.5C	98.5C	98.5C
	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									
Heart Rate (Number)	150	155	142	158	145	140b/m	138b/m	143b/m	152b/m
Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	Resp Rate (Number)					40b/m	42b/m	38b/m	36b/m
	Resp Distress						N	N	N
	Receiving O ₂ (l/min)								
	O ₂ Saturations (%)	99%	100%	99%	100%	99%	100%	100%	99%
Conscious Level									
GCS *	C	C	C	C	C	N	N	C	
TOTAL SCORE									
Number of shaded boxes	1	1	1	1	1	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	
Observer's Initials	AN	AN	AN	AN	AN	AN	AN	AN	

ACTIONS

Score 1 : Continue normal observation by staff nurse

Score 2 : Shift in charge nurse to be informed and continue hourly observations

Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.

Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see

Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

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:

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R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00650784

IP5-00171911

Baby Of P SANDHYA RANI
0 Y 2 M 19 D (M)
11-03-2026
Dr. VIJAYANAND JAMALPURI



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

30/5/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Time:	10AM	2PM	6PM	10PM	2AM	6AM
Doctor/Nurse/Family Concern?						

Temperature (F)	104					
	103					
	102					
	101					
	100					
	99	*98.3F	*98.5F	*98.5F	*98.5F	*98.5F
	98					
	97					
	96					
	94					

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

Heart Rate (Number)	138b/m	140b/m	142b/m	136b/m	142b/m	138b/m
---------------------	--------	--------	--------	--------	--------	--------

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

Resp Rate (Number)	40b/m	40b/m	42b/m	40b/m	38b/m	37b/m
--------------------	-------	-------	-------	-------	-------	-------

Resp Distress	Mod/ Severe	None / Mild				
	N	N	N	N	N	N

Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	100%	100%	99%	100%	100%

Conscious Level	Normal	Altered				
	N	N	N	N	N	N

GCS *	15	15	15	15	15	15
-------	----	----	----	----	----	----

TOTAL SCORE						
Number of shaded boxes	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0
Observer's Initials	A	A	A	A	A	A

ACTIONS	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
	Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* 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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- 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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 10 AM	2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	AM	AM

Temperature (F)	104					
	103					
	102					
	101					
	100					
	99	98.5	98.5	98.5	98.5	98.5
	98					
	94					

Heart Rate (bpm)	190					
	180					
	170					
	160					
	150					
	140					
	130					
	50					

Heart Rate (Number)	142 bpm	140 bpm	148 bpm	142 bpm	136 bpm	142 bpm
---------------------	---------	---------	---------	---------	---------	---------

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

Resp Rate (Number)	36 bpm	36 bpm	36 bpm	36 bpm	36 bpm	36 bpm
--------------------	--------	--------	--------	--------	--------	--------

Resp Distress	None	None	None	None	None	None
---------------	------	------	------	------	------	------

Receiving O ₂ (l/min)						
O ₂ Saturations (%)	99%	99%	99%	99%	99%	99%

Conscious Level	Normal	Normal	Normal	Normal	Normal	Normal
-----------------	--------	--------	--------	--------	--------	--------

GCS *	15/15	15/15	15/15	15/15	15/15	15/15
-------	-------	-------	-------	-------	-------	-------

TOTAL SCORE	0	0	0	0	0	0
-------------	---	---	---	---	---	---

Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0

Observer's Initials	J	J	J	J	J	J
---------------------	---	---	---	---	---	---

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
 - Score 5 & 6 : Shift in charge and PICU /NICU fellow or PICU/NICU consultant to be informed

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



FLUID CHART

Sheet No. :

26/5/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	EBM + 3% NS + MAF 32ml				Not passed			9ml			
	10:00 am											
	11:00 am	EBM + 3% NS + MAF 32ml				Not passed			10ml			
	12:00 pm											
	01:00 pm	EBM + 3% NS + MAF 32ml				Not passed			12ml			
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm	EBM + 3% NS + MAF 32ml				Not passed			8ml			
	04:00 pm											
	05:00 pm	EBM + 3% NS + MAF 32ml				Not passed			10ml			
	06:00 pm											
	07:00 pm	EBM + 3% NS + MAF 32ml				Not passed			13ml			
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm	EBM + 3% NS + MAF 32ml				passed			10ml			
	10:00 pm											
	11:00 pm	EBM + 3% NS + MAF 32ml				not passed			11ml			
	12:00 am											
	01:00 am	EBM + 3% NS + MAF 32ml				little bit passed			10ml			
Total Intake :					Total Output :							
	02:00 am											
	03:00 am	EBM + 3% NS + MAF 32ml				passed			9ml			
	04:00 am											
	05:00 am	EBM + 3% NS + MAF 32ml				Not passed			10ml			
	06:00 am											
	07:00 am	EBM + 3% NS + MAF 32ml				Not passed			10ml			
Total Intake : 384					Total Output : 122ml							

Total 24 hrs. Intake 170 cc/kg/day

Total 24 hrs. Output 2.3 cc/kg/day

25/5

FLUID CHART



Sheet No. :

22/5/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
27/5/26	08:00 am										1	
	09:00 am	EBM + MMF 32ml					-			9ml	0	80
	10:00 am											
	11:00 am	EBM + MMF 32ml					-			10ml	1	
	12:00 pm											
	01:00 pm	EBM + MMF 32ml					-			5ml	1	
Total Intake :					Total Output :							
22/5/26	02:00 pm										1	
	03:00 pm	EBM + MMF 32ml								7ml	0	
	04:00 pm											
	05:00 pm	EBM + MMF 32ml								9ml	1	
	06:00 pm						little passed					
	07:00 pm	EBM + MMF 32ml								7ml	1	
Total Intake :					Total Output :							
	08:00 pm										1	
	09:00 pm	EBM + MMF 32ml					-			9ml	1	
	10:00 pm										0	80
	11:00 pm	EBM + MMF 32ml					-			8ml	1	
	12:00 am											
	01:00 am	EBM + MMF 32ml					passed			-	1	
Total Intake :					Total Output :							
	02:00 am										1	
	03:00 am	EBM + MMF 32ml					-			10ml	1	
	04:00 am	EBM + MMF 32ml									0	80
	05:00 am	EBM + MMF 32ml					little passed			7ml	1	
	06:00 am											
	07:00 am	EBM + MMF 32ml					-			8ml	1	
Total Intake : 384 ml					Total Output : 89 ml							

Total 24 hrs. Intake 170 cc/kg/day

Total 24 hrs. Output 1.6 cc/kg/day

FLUID CHART

Sheet No. :

28/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/5/26	08:00 am												
	09:00 am	EBM	32ml				-			4ml	0		
	10:00 am												
	11:00 am	EBM	32ml				-			5ml	1		
	12:00 pm												
	01:00 pm	EBM	32ml				passed			2ml			
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm	EBM	32ml				-			8ml	1		
	04:00 pm												
	05:00 pm	EBM	32ml				-			10ml	1		
	06:00 pm												
	07:00 pm	EBM	32ml				-			5ml	1		
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	EBM	32ml				-			10ml	1	latter	
	10:00 pm										NO		
	11:00 pm	EBM	32ml				-			5ml	IV	latter	
	12:00 am												
	01:00 am	EBM	32ml				passed			8ml	1	latter	
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	EBM	32ml				-			5ml	1	latter	
	04:00 am										NO		
	05:00 am	EBM	32ml				-			9ml	IV	latter	
	06:00 am												
	07:00 am	EBM	32ml				-			5ml	1	latter	
Total Intake :						Total Output :							

Total 24 hrs. Intake 170cc / kg / day

Total 24 hrs. Output 1. latter / day



FLUID CHART

Sheet No. :

29/5/26

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
29/5/26	08:00 am											
	09:00 am	CBM 32ml							10ml			
	10:00 am									0		
	11:00 am	CBM 32ml							5ml			
	12:00 pm											
	01:00 pm	CBM 32ml					Passage			5ml		
Total Intake :					Total Output :							
29/5/26	02:00 pm											
	03:00 pm	CBM 32ml										
	04:00 pm											
	05:00 pm	CBM 32ml										
	06:00 pm											
	07:00 pm	CBM 32ml										
Total Intake :					Total Output :							
29/5/26	08:00 pm											
	09:00 pm	CBM 32ml										
	10:00 pm											
	11:00 pm	CBM 32ml										
	12:00 am											
	01:00 am	CBM 32ml										
Total Intake :					Total Output :							
30/5/26	02:00 am											
	03:00 am	CBM 32ml										
	04:00 am											
	05:00 am	CBM 32ml										
	06:00 am											
	07:00 am	CBM 32ml										
Total Intake :					Total Output :							

Total 24 hrs. Intake Taken

Total 24 hrs. Output U-8 M-2

BAH-00650784 IPS-00171911
 Baby Of P SANDHYA RANI
 11-03-2026 0 Y 2 M 19 D (M)
 Dr. VIJAYANAND JAMALPURI

FLUID CHART

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

30/02/26

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
30/02/26	08:00 am											
	09:00 am	EBM 32ml				✓			✓			
	10:00 am											
	11:00 am	EBM 32ml				✓			✓			
	12:00 pm											
	01:00 pm	EBM 32ml										
Total Intake :					Total Output : u-2 m-2							
30/02/26	02:00 pm											
	03:00 pm	EBM 32ml				✓			✓			
	04:00 pm											
	05:00 pm	EBM 32ml				✓			✓			
	06:00 pm											
	07:00 pm	EBM 32ml										
Total Intake :					Total Output : u-2 m-2							
30/02/26	08:00 pm											
	09:00 pm	EBM 32ml				✓			✓			
	10:00 pm											
	11:00 pm	EBM 32ml				✓			✓			
	12:00 am											
	01:00 am	EBM 32ml							✓			
Total Intake :					Total Output : u-3 m-2							
30/02/26	02:00 am											
	03:00 am	EBM 32ml				✓			✓			
	04:00 am											
	05:00 am	EBM 32ml				✓			✓			
	06:00 am											
	07:00 am	EBM 32ml							✓			
Total Intake :					Total Output : u-3 m-0							
Total 24 hrs. Intake		Taken			Total 24 hrs. Output		u-10 m-6					

31/5/26

FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am									✓		
	09:00 am	EBM	30ml									Leena
	10:00 am						NP				NO	
	11:00 am	EBM	32ml								IV	
	12:00 pm									✓		Leena
	01:00 pm	EBM	32ml									Leena
Total Intake :					Total Output : M - 0 U - 2							
	02:00 pm											
	03:00 pm	EBM	30ml							✓		Leena
	04:00 pm						NP				NO	
	05:00 pm	EBM	30ml								IV	
	06:00 pm									✓		Leena
	07:00 pm	EBM	30ml									Leena
Total Intake :					Total Output : M - 0 U - 2							
	08:00 pm											
	09:00 pm	EBM	30ml							✓		Leena
	10:00 pm						NP				NO	
	11:00 pm	EBM	30ml							✓		Leena
	12:00 am											Leena
	01:00 am	EBM	30ml									Leena
Total Intake :					Total Output : M - 2 U - 0							
	02:00 am											
	03:00 am	EBM	30ml							✓		Leena
	04:00 am						NP				NO	
	05:00 am	EBM	30ml							✓		Leena
	06:00 am											Leena
	07:00 am	EBM	30ml							✓		Leena
Total Intake :					Total Output : M - 0 U - 3							

Total 24 hrs. Intake *taken*

Total 24 hrs. Output *U - 9 M - 0*

DBM

BAH-00650784 IP5-00171911
Baby Of P SANDHYA RANI
11-03-2026 0 Y 1 M 28 D
Dr. VIJAYANAND JAMALPURI (M)

CO



BREAST MILK



Patient Name : Bio Sandya Rani Age 1 m 28 d Gender : Male Female

UHID No: 656784 Department : NICU Date : 9/5/26

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

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

9/5/26 I hereby give consent for Donor Breast Milk for my child. Doctors have explained me about the Donor Breast Milk feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : Bhanu

Name : Bhanuchandrea

Relationship with Patient : Father

Date & Time : 9/5/26; 5pm

Witness :

Signature : Saniya

Name : Saniya

Date & Time : 9/5 @ 5pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr RANIYA

Date & Time : 9/5/26; 5pm.

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: Age: 21 day Gender: Male Female
UHID.No: Date: 31/3/20

BAH-00650784 IP5-00171911
Baby Of P SANDHYA RANI
11-03-2026 0 Y 0 M 21 D (M)
Dr. VIJAYANAND JAMAL PUJRI



I S/o, D/o, W/o hereby
declare that our patient Mr. / Ms B/O P Sandhya Rani who is related to me as
son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital
on 31/3/20

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

The doctors have clearly explained to me that my patient B/o P. Sandhya Rani 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 P. Sandhya Rani
..... 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 :
Name : P. Sandhya Rani
Relationship with Patient:
Date & Time : 02/04/26 @ 8:40

Witness :
Signature :
Name : Sani
Date & Time : 02/04/26 @ 8:40

Doctor (who is taking the consent) :
Signature :
Name : Poojali
Date & Time : 02/04/26 @ 8:40

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 రేయిన్స్పీ బిల్డ్ ఆసుపత్రి లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేదీ
 నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద
 తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపు ణుడు నాకు 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 ఇంసర్జన్ 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)
 సంతకము
 పేరు
 వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)
 సంతకము
 పేరు

సాక్షి
 సంతకము
 పేరు
 తేదీ మరియు సమయము

Baby Of P SANDHYA RANI
11-03-2026 0 Y 1 M 18 D (M)
Dr. VIJAYANAND JAMALPURI



CONSENT FORM FOR RESTRAINT

Patient Name : B/o - P. Sandhya Rani UHID No : BPH - 06650784
Gender: Male Female Age : 0-4yr Date of Restraint : 28/4/26 Time of Restraint : 8pm

Type of Restraint:

Physical :
Chemical : INJ^o FENTANYL
Duration of Restraint : SINFUSION - CONTINUOUS

Any likely complications: Hypotension Bradycardia Injury to skin

Any alternatives: Yes No if 'Yes' Specify:

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :
Signature : [Signature]
Name : Dhanu Chandra
Relationship with Patient: Father
Date & Time : 28/4/26 @ 2M

Witness :
Signature : [Signature]
Name : Vijay
Address :
Contact No:
Date & Time: 28/4/26 2M

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Manjula
Date & Time : 28/4/26 2M