



## ADMISSION CRITERIA – NICU

### Admission / Transfer from:

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

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

#### Prematurity and Low Birth Weight Babies:

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

#### Major Surgical Problems:

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

#### Criteria for shifting inborn babies from wards to NICU:

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

Signature of the Doctor: .....

Name of the Doctor: Dr. Anurag

Date & Time: 14/5/26

Patient Sticker



## DISCHARGE CRITERIA – NICU

**Discharge to:**

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

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

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

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173799      Admit Date : 14-May-2026      Admit Time : 02:16 AM      UHID : BAH-00656234

Patient Details :

Patient Name : Baby Of MOMULA SIRISHA      Age : 0 D  
Guardian : Mr TELUGU SRINIVAS      DOB : 13-05-2026 01:00 AM  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : #4-2-522 SHIVARAM NAGAR COLONY      Phone No : 9032018448 / 9030678448  
Vikarabad Ranga Reddy Telangana INDIA      E-mail : nomailid@gmail.com  
501101

Admission Details :

Bed Type : NICU      Bed No : NICU 271      Ward Name : 2F-NICU 3  
Room No : NICU 271      Admission Type : First Visit

Contact Details :

Name : Mr TELUGU SRINIVAS      Relationship : Father  
Contact Address : #4-2-522 SHIVARAM NAGAR COLONY      Phone No : 9032018448 / 9030678448  
Vikarabad Ranga Reddy Telangana INDIA  
501101

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI      Specialisation : NEONATAL INTENSIVE CARE  
Referral Doctor : Self      Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : STAR HEALTH AND ALLIED INSURANCE CO LTD



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : ..... Age : ..... Father's Name : ..... Age : 32yrs  
 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 M. Sirisha Mother's Blood Group : O positive  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.4kg Length (cms) : .....  
 Date of Birth : 13/5/2026 Time of Birth : 2:14pm OFC (cms) : .....  
 Place of Birth : Tanur Hospital Estimated Gesth Age : 37wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 25yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 3yrs LMP : 21/8/25 EDD : 3/6/26  
 Conception : Spontaneous or with Rx : Spontaneous Conception  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : @ 36wks - 8LUF, 36wks, AFI-12cm, EFW=2.6kg  
marginal Placenta previa TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs          Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <b>H/o PIH (after 20 weeks) / PE</b>          How many Drugs / Doses / Since how long : .....          H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....          IUGR - when detected : .....          Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....          AFI : .....</p>	<p><b>H/o GDM/ pre GDM/ on diet or insulin</b>          Controlled or not, recent values, HbA1 values : .....          Compliance with Rx : .....          Scans : LGA, TIFFA , Fetal Echo : .....  <b>H/o Hypothyroidism</b> : when diagnosed ? Medication? .....          Any other Chronic Medical Problems, when detected drugs ? <u>PRBC-transfusion during delivery</u>          ( Anemia, SLE, Jaundice, CHD, Heart Disease )          Infection : H/O, Fever .....          ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )          UTI : when : ..... Any culture : .....</p>
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**PROM** : Duration : No  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
	Gr-	MTP				
		Spont	miscarriage			

**PERINATAL HISTORY**

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

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig) <i>Elec-LSCS</i></p> <p>Second stage (&gt; 2 hours after dilation) <i>Placenta Previa</i></p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : ..... <i>Marginal</i></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitation : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

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

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

	1 Minute	5 Minutes	10 Minutes
TOTAL	<i>7/10</i>	<i>9/10</i>	

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :



History of Present Illness:

Baby delivered by Elec. LSCS

⊙ CTAB with APGAR 8/10 - at 1min, 5min.

⊙ at 4HOL - developed RD with Grunt

↓ & minimal tachypnea  
Started on low flow O<sub>2</sub> - 24/min

↓  
on RRT arrival

at 10:30 HOL - Baby on low flow O<sub>2</sub> @ 24/min

⊙ Grunt ⊕

Tachypnea - RR - 65/min } 5/10.

XR ⊕, Scr ⊕

Air entry - decreased B/L

↓  
Pulse volume - Good

Peri - warm, HR = 135/min.

CFT < 3 sec.

⇒ once ambulance arrived

Started on CPAP PEEP - 6 with Rams.

Shifted NICU, RCH Bangalore

Investigation details in previous Hospital :

Feeding History :



Patient Sticker

Past History : *2021-2022 ...*

Family History :

Socio Economic History :

*upper middle class*

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

*awake, active*

VITALS : Temperature : *36.7c* HR : *135/min* RR : *65/min* NIBP : ..... CFT : *<3sec*

Color of the extremities : *Pink*

Jaundice : *(circle with minus)* Pallor : *(circle with minus)* SpO2 : *94%*

Anthropometry : Birth Weight : *2.7kg* Length : ..... HC : ..... Present Weight : *2.9kg*

Ponderal Index : ..... AGA : *✓* SGA : ..... LGA : .....

Patient Sticker



EXAMINATION

<b>HEAD :</b>	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	} AF - open @ level
<b>Facies :</b> (Any Facial Dysmorphism)		} No dysmorphism
<b>NECK and CLAVICLES :</b>	Range of Motion : Asymmetry : Masses :	} (N)
<b>EYES :</b>	Symmetry : Red Reflex : Discharge :	- Need to be assessed
<b>EARS, NOSE MOUTH and THROAT :</b>	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	} No cleft palate
<b>THORAX and BREASTS :</b>	Shape of Thorax : Position of Nipples and Number :	} (N)
<b>ABDOMEN and UMBILICUS :</b>	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	- 2A+1U (+)
<b>GENITALIA :</b>	Labia / Hymen : Testicles/penis : Anus :	} male genitalia - B/L testis palpable
<b>HERNIAL ORIFICES</b>		free
<b>TRUNK and SPINE :</b>		f. Normal
<b>SKIN LESIONS :</b>		No
<b>EXTREMITIES :</b>	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	} (N)



C EXAMINATION

Respiratory System :

Breathing Pattern  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 65/min SCR / ICR / See - Saw breathing : SCR (+)

Scoring of respiratory distress if present (Silverman or Downe's) : 5/10

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : Rams Cannula - PEEP-6

Spo2 : Auscultation : BAE (+) Breath Sounds : Crackles Added Sounds :

Cardiovascular System :

HR : 135/min BP : Precordial Activity : N (+)

Femoral Pulses : well felt Murmurs : NO

Other Peripheral Pulses : Signs of Cardiac Failure : NO

Abdomen :

Shape : N Anal Patency : free Present

Palpation : N Umbilical Cord : RA + IV

Palpable masses : N First urine passed : }

Abdominal girth : Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : awake, active (Crying)

Prechtle Score :

Nerves :

N

Motor System :

Passive Tone : N

Active Tone :

Neonatal Reflexes :

Grasp  Palmar  Plantar  Sucking  Rooting  Crossed adductor :

Moro's : complete DTR : N

ATNR : Skull and Spine : N

Patient Sticker

BAH-00656234 IP5-00173799  
Baby Of MOMULA SIRISHA  
13-05-2026 0 Y 0 M 1 D (M)  
Dr. VIJAYANAND JAMALPURI



Any Congenital Anomalies : .....

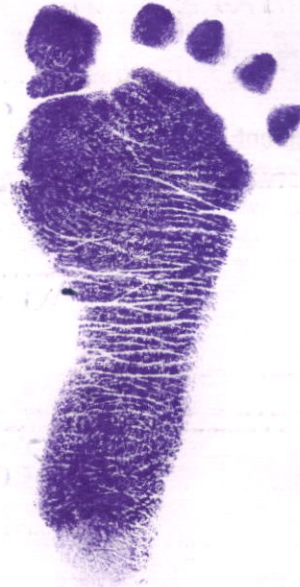
Diagnosis : Term / AGA / male / CIAB / Pl. lacg - Placenta previa | RD - TTNB Suspected Sepsis

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Sreha

Name : Dr Sreha

Date & Time : 14/5/26

Consultant :

Dr. VIJAYANAND JAMALPURI

Signature : Reg. No: 40526

Name : Dr. Vijayanand JamalPuri

Date & Time : 14/5/26

PLEASE FILL UP THE FOLLOWING DETAILS

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



Pt:

**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Present Issues : .....

Vital :  HR : .....  RR : .....  BP : .....  SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up : .....

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

Screenings done during NICU Stay : .....

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Plan  
1) clearm care  
2) IV = 60ml/kg/day  
10% Dextrose  
3) Send - CBP, CRP  
- chest X-ray  
- GIRBS  
- Blood gas  
- Blood grouping  
4) Based on CBP, CRP & X-ray  
decide on antibiotics  
5) GIRBS - 8th hrly

6) Gas - BD  
7) Flaccharing 6th hrly

8) w/f - vitals



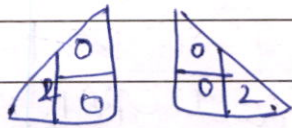
B/o Srisha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8AM	Baby received in NICU.	
	Gas → 7.19 / 59 / 17.6 / -5.3 / 5.9	
	HOL 12 / Term (37wks)	Pan
	Bwt - 2.7kg	① send CBP
	Adwt - 2.9kg	CRP
	ER USG (patent previa)	blood c/s
	BUAB - APGAR 7 & 9	② Chest Xray now
	issues of RD	③ Decide Abx based on reports
	↓	④ TV = 60ml/kg/day
	currently on CPAP	10% Dextrose
	RAMS 6 → 7cm	⑤ cont CPAP RAMS
	FIO <sub>2</sub> 30%	7cm, FIO <sub>2</sub> to target SpO <sub>2</sub> 90-95%
	Downe 5 → 4	⑥ Monitor for RD & Downe's scoring
	Dx - RD / TNR	⑦ Repeat gas @ 7AM
	? sepsis	
	Dr. [Signature]	⑧ GRBS - 8th hrly



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 7:30 AM	ON CPAP - 2 E R AMS flow - upto 30l.	
	<u>DIC</u> : intermittent grunt ⊕ tachypnea & RR upto 90/min mild SCR ⊕	<u>plan</u>
	Lung ultrasound	① Repeat CXR now ↓ SOS NIV
		
	CBC (C) PH: 7.83	
	Pw: 33	
	Lact: 3.94	

BAH-00656234 IP5-00173799  
 Baby Of MOMULA SIRISHA (M)  
 13-05-2026 0 Y 0 M 1 D  
 Dr. VIJAYANAND JAMALPURI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	seen by Dr. Vijayanand	
14/5/26 10:55 AM	Early term	Plan
	2-9 kgs. / AWA	① cont NW 16/6, rate=30
	RD - CPAP - NIV	② blood gas @ 12H - 7pm <del>next</del> next
	Swag sepsis	③ monitor resp distress
	down - 5 → 4 → 6-7.	④ c clinical scoring
	Xray shows improved expansion	⑤ cardiovascular examination
	ABCI <del>33.1</del> 33.1 / 22.7	⑥ TV = 60ml/kg/day 10-1. Dextrose.
	Lung Vsh score @ 4.	⑦ start 3ml @ 3H.
		⑧ NP <sub>2</sub> t/m.
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526
		noted By Aiswarya 14/5/26 @ 10 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5	evening rounds	
2:27 PM	2# HOC / teal dgal	plan
16/6	baby on NIV	
rate - 30	fio2 - 25%	→ continue NIV
Ducose store -	PE - 96 - 2	16/6 target spo2 90 - 98%
AR - 0	PE - 96 - 2	→ TV - 60ml/kg/day
PE - 96 - 2	AR - 0	10% DEXTROSE
PE - 96 - 2	PE - 96 - 2	feed - 3ml/3hourly
PE - 96 - 2	PE - 96 - 2	→ NPS - tomorrow
PE - 96 - 2	PE - 96 - 2	→ <del>gas</del> gas - 12hourly
PE - 96 - 2	PE - 96 - 2	→ cardiovascular assessment today
PE - 96 - 2	PE - 96 - 2	→ monitor vitals
PE - 96 - 2	PE - 96 - 2	Dr. Naullax
PE - 96 - 2	PE - 96 - 2	noted by Aruna 19 14/5/20 @ 2:27 PM

## PROGRESS NOTES AND DOCTOR'S ORDER

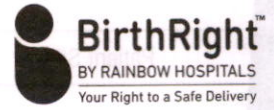
Date & Time	Progress Notes	Doctor's Order
4/5/26 6:30pm		Seen by <u>Dr. Vijayanand</u>
	Small PFO	1. continue NIV.
	Small PDA	2. Blood gas - BD
		3. feeds: 3ml/3 hourly ↑ 5ml @ 6 hourly
		4. loss - as planned.
		<p>Dr. N. Prakash</p> <p>Dr. VIJAYANAND Reg.</p>
4/5/26 11pm	Night Rounds	Seen by <u>Dr. Nitesh sir</u>
	On NIV → FiO <sub>2</sub> = 25%	Plans
	Ib/G Ti = 0.63	• Continue NIV @ Ti < 0.52
	Reli = 30	• GAST, RBS } T/M.
	RT petechial caput (+) Eyelid swelling (+)	• NP1
	Jeely mee (+) retractions (+)	• TV = 60ml/kg/day.
	SpO <sub>2</sub> = 95%	Continue Sml ↑/6th hourly
	HR = 138/min	• Cardio assessment - T/M
	RR = 40/min	
		Dr. Rang



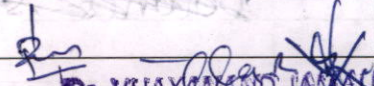
## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	<u>Morning Round</u>	
9 AM	<p>Wt 4.3 / early term (37 weeks) / AUA,            RD - CPAP - NIV.</p>	
	Susp sepsis	
	Wt = 2.944 (↓ 289gm)	<u>Plan</u>
	currently on <del>CPAP</del>	① cont NIV
	NIV PIP - 15	② TV = 80ml/kg/day (RW)
	PEEP - 6	3ml/kg/h
	FiO <sub>2</sub> - 28%	Rest 10% dextrose. CTF
	rate - 30.	③ trace NP,
		④ nas 2/h
	HR - 150/min	CURS 2/h
	SpO <sub>2</sub> - 98%	⑤ monitor vitals
	RR - 92/min	⑥ 2/10 6/h
	Downe - 4.	
	Gas - 7.381 / 21.1 / 3.4 / 3.7	
	PA - soft	
	on OA feeds	

BAH-00656234 IP5-00173799  
 Baby Of MOMULA SIRISHA 0 Y 0 M 2 D (M)  
 13-05-2026  
 Dr. VIJAYANAND JAMALPURI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5 @ 10:46 AM		Seen by Dr. vijayanand Sis
		→ Change to CPAP - 5
		→ <del>NI</del> - 30w/eq (dq)
		↑ feed 5ml 6 hourly [TF = 20ml]
		✓ CRBS - BD
		→ <del>gas</del>
		NO routine blood gas
		- Trace NPI
		Noted by 
		Aswarya 15/5 @ 10:46 AM
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 1:30pm	Afternoon Round	
	DOL - 2   37 wks   RD.	
	on CPAP, PEEP - 6. No brady / desat. Intermittent tachypnea - ↑wob.	Plan. → Continue CPAP - 6. Target SpO <sub>2</sub> 90-95%.
	<u>Vitals</u> HR - 149/min. RR - 66/min. SpO <sub>2</sub> - 97%. BP - 56/37(43)	→ TV - 80cc/kg/day. 8ml/2nd hely Full O <sub>2</sub> feed: (TF - 20ml) rest 10% <del>CPAP</del>
	<del>Downer score:</del>	<del>CPAP - 12th hely</del> RBS
	P/A - soft.	→ RBS - 12th hely → w/f ↑wob
	CRP - 31.	→ w/f ↑work of breathing (tachypnea, retractions)
		→ Monitor vitals
		<u>Respiratory</u>
		Noted by Als wasya 15/5 1:30pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>15/5/26</u> <u>3:38 PM</u>	C/Wb Dr. Vijayanand	A1 <del>Continue CPAP</del>
		<del>Trail off CPAP as tolerated</del>
		<del>Plan Antibiotics - 5 DAYS</del>
		① Pr - 80ml/kg/day
		Full feeds
		② STOP IV Fluids
		Noted by <del>Dr. Vijayanand Jamalpur</del> Anuragya 15/5/26 @ 3:38 PM Reg. No: 40526 (Dr. Sarath)
<u>15/5/26</u> <u>9:45 PM</u>	<u>Night rounds</u>	<u>Plan:-</u>
	- ON CPAP, PEEP 6	- continue CPAP
	- Tachypnoea ⊕	- TV - 80ml/kg/day
		↓ full OG feed
		- RBS 12 hourly
		- Blood gas op
		- Trace Blood clots

Noted by Chandan 15/5/26 @ 11 PM



BAH-00656234 IP5-00173799  
 Baby Of MOMULA SIRISHA  
 15-05-2026 0 Y 0 M 3 D (M)  
 Dr. VIJAYANAND JAMALPURI



**ADMISSION AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)**

Day in NICU : ..... Day of Life : (3) PMA: .....

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

OVERVIEW	Problems :	
	S.No.	Current
1.	Early Term / AAO	
2.	RD (CPAP - N2V)	
3.	Suspected sepsis	
4.		
5.		
6.		

Today's Weight : 2.891 (↓ 153g)

**RESPIRATORY SYSTEM**

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

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

Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO<sub>2</sub>..... Oxygen : ..... L/min

Last CXR : ..... Spo<sub>2</sub>.....

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

Change over the Last 24 Hours on CPAP - 6, FiO<sub>2</sub> = 21

- Intermittent tachypnea + lower chest retraction.

**CARDIO VASCULAR SYSTEM**

Plan of Care :

HR = 135  
SPO<sub>2</sub> = 99  
RR = 70/mi.

arterial gas = 7.43  
PCO<sub>2</sub> = 33.1  
PO<sub>2</sub> = 62.2  
Lae = 2.4  
BE = -2  
MCO<sub>2</sub> = 23.

**CNS**

Neurological Examination : .....

Sedation.....

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

**FLUIDS STATUS NUTRITION**

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

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

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

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

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

Abdominal Examination: .....

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

.....

.....

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

Sepsis screen: .....

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

**INFECTION**

Antibiotic	Sl.No.	Drugs	Days
	1.	Fuj. PIPTAZ	3/0's
	2.		
	3.		

**Plan of Treatment :**

- Total volume - 100cc / kg / day - full O2 feed
- continue CPAP @ 6cm → R/U to ↓ PEEP @ 5
- Trace - Blood c/s
- GRBS - OD
- GAS - OD
- plan to give IV antibiotic x 2s
- clean off CPAP
- Dress the baby

Doctor's Name (Handover given) : @  
 Signature : Rupayil  
 Date & Time: .....

Doctor's Name (Handover taken) : Dastak  
 Signature : Dr. Sub  
 Date & Time: 6/5/20

BAH-00656234 IP5-00173799  
 Baby Of MOMULA SIRISHA  
 13-05-2026 0 Y 0 M 2 D (M)  
 Dr. VIJAYANAND JAMALPURI

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 10:30 AM	seen by Dr. Vijayanand	Plan
	Early term	① transfer of care to
	RDS	Tanveer hospital
	Probable sepsis	② TV = 100ml / 1/2 day
	Given trial of CPAP.	③ cont 5 days of antibiotics
	tubing D <sub>3</sub>	④ Repeat CRP
	IV cannula D <sub>2</sub>	CRP } 4m. SBR }
		⑤ NBS at
		hearing assessment } at
		⑥ Trace final c/s. } referral
		hospital
	Dr. [Signature]	Dr. VIJAYANAND JAMALPURI
		Reg. No: 40526
		Noted By
		Aiswarya





## RESULT SHEET

Date	14/5/26	15/5/26			
Time	2:31	.			
Hb	16.2	14.			
PCV	49.0	41.4			
RBC	4.63	4.09			
WBC	21.70	16.7			
N/L	70.2	56/35			
Platelets	534	476			
CRP	7.0	31			
ESR					
PCT					
RBS					
Na		134			
K		5.1			
Cl		1.07			
Ca/Mg		7.7			
Phosphate					
Urea		35			
Creatinine		1.			
ALP					
SGPT					
SGOT					
T.Bil/Conj		6.4. ← 0.1 63.			
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					



**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

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Baby Of MOMULA SIRISHA  
13-05-2026 0 Y 0 M 1 D (M)  
Dr. VIJAYANAND JAMALPURI

UHID 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
14/5/26				

**Cross Consultation Visit**

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







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 Dr. VIJAYANAND JAMALPURI



# DRUG CHART

Date of Admission: 14/5/26 Drug Allergies: Nil  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)

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

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

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

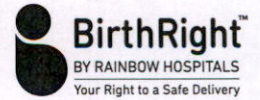
VERIFIED BY : Name ..... Signature .....







# CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



Name: ..... Age: 1 Day Gender: Male  Female   
 UHID.No : ..... Date: 14/5/26

BAH-00656234 IP5-00173799  
 Baby Of MOMULA SIRISHA  
 13-05-2026 0 Y 0 M 1 D (M)  
 Dr. VIJAYANAND JAMALPURI

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

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

The doctors have clearly explained to me that my patient B/o MOMULA SIRISHA 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 MOMULA SIRISHA 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 : S. SHANMUGA  
 Relationship with Patient: MOTHER  
 Date & Time : 14/5/26

**Witness :**  
 Signature : [Signature]  
 Name : Jayamalathe  
 Date & Time : 14/5/26

**Doctor (who is taking the consent) :**  
 Signature : [Signature]  
 Name : Dr. Aishwarya  
 Date & Time : 14/5/26