

ADMISSION SHEET
Registration Details :

Admission No : IP5-00175814

Admit Date : 01-Jul-2026

Admit Time : 11:17 AM **UHID :** BAH-00660374

Patient Details :
Patient Name : Baby Of NITYA BANSAL

Age : 0 D

Guardian : Mr SHREYANS JAIN

DOB : 01-07-2026 10:37 AM

Gender : Female

Religion :
Occupation :
Martial Status : Single

Address (H) : 8-2-324/10, PLOT NO 9 & 10, GREEN VALLEY,
RD NO 3, Banjara Hills Hyderabad Telangana
INDIA 500034

Phone No : 9642733602

E-mail : NITYAGEMINI@GMAIL.COM

Admission Details :
Bed Type : BASINET

Bed No : CRDL-PRESIDENTIAL
SUITE423-1

Ward Name : 4F-BIRTHRIGHT
PREMIUM

Room No : CRDL-PRESIDENTIAL
SUITE423-1

Admission Type : First Visit

Contact Details :
Name : Mr SHREYANS JAIN

Relationship : Father

Contact Address : 8-2-324/10, PLOT NO 9 & 10, GREEN
VALLEY, RD NO 3, Banjara Hills Hyderabad
Telangana INDIA 500034

Phone No : / 9642733602

Signature
Doctor Details :
Doctor Name : Dr. DINESH KUMAR CHIRLA

Specialisation : NEONATOLOGY

Referral Doctor : Self

Phone No :
Co-Consultant :
Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

Date of Birth	:	1-7-26
Time of Birth	:	10:37 AM
Mode of Delivery	:	NVD
Birth Weight	:	30328
Head Circumference	:	34 cm
Length	:	50 cm
Red Reflex	:	

Vaccination : OPV, BCG, Hep-B

Vaccination : OPV, BCG, Hep-B
Given on 1/7/26 Sis. Yadamora

Quantity	Temperature	Signature
		1/7/26

Docu. No. : RCHBH /FRM / CLINICAL / 132

[illegible]

BAH-00660374 IP5-00175814
Baby Of NITYA BANSAL
01-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. DINESH KUMAR CHIRLA



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: Nitya Bansal
Date of Birth: 11/7/26 Time of Birth: 10:37 AM Gender: ☐ Male ☒ Female
Birth Weight: 3.328 Kgs HC: 34 cm Length: 50 cm
Meconium in Liquor: ☐ Yes ☒ No Cried at Birth: ☒ Yes ☐ No
Term / Pre-term / Post-term: Term
Resuscitated: ☐ Yes ☒ No Blood Group: Mother: Baby:
Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time: 11: AM

AFFIX MOTHER'S
IDENTIFICATION LABEL

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

Physical Assessment of New Born:

Temp: 98.6 °C HR: 144 /Min RR: 44 /Min BP: SpO₂: 100%
Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☒ Yes ☐ No Score: 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture: ☒ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No
All information obtained from ☒ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Preem

Signature: [Signature]

Date & Time: 11/7/26 11 AM

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Nitya Bansal Age : 29 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 : Bo Nitya Bansal Mother's Blood Group : B+ Positive
Gender : ☐ M ☒ F Blood Group : B+ Birth Weight (gms) : 3328 Length (cms) : 50
Date of Birth : 17/7/26 Time of Birth : 10:37 AM OFC (cms) : 34 wfl
Place of Birth : CHIRLA Estimated Gesth Age : 37+4

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 29 Ht : _____ Wt : _____ BMI : _____ Married Life : _____ LMP : 10/10/25 EDD : 17/7/26

Conception : Spontaneous or with Rx : _____

Booked at what GA : 6wks

AN Steroids Drugs / Doses : _____

Last Scans Details : 26/6 : 37wks / cephalic / 3375 / ACSI / AFI: 9.4 / 2 Dopplers
Placenta Posterior TT Immunization and Iron / Folic Acid : _____

MATERNAL RISK FACTORS

Age : ☐ < 18 yrs ☐ > 35 yrs

Consanguinity : ☐ Yes ☒ No

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

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : _____

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

IUGR - when detected : _____

Doppler (Increased Resistance / ADEF / REDF /

Redistribution in MCA) / Ductus Venosus : _____

AFI : _____

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

Controlled or not, recent values, HbA1 values : _____

Compliance with Rx : _____

Scans : LGA, TIFFA, Fetal Echo : _____

H/o Hypothyroidism : when diagnosed ? Medication?

Gest Hypothyroid

Any other Chronic Medical Problems, when detected drugs ? _____

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

Infection : H/O, Fever

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

UTI : when : _____ Any culture : _____

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

Medication during Pregnancy : _____ Duration : _____



PAST OBSTETRIC HISTORY

G: P: A: L:

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : Dr. Gouthi Reddy Hospital : LCH-BH ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication :

Specify the reason : SVD

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL :

Resuscitation : ☐ Yes ☐ No

Cord ABG :

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
1	2	
8	9	

TOTAL

Snapee II Score

Score

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

Resuscitation

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



Equipment check done

↓
Baby received in a prewarmed incubator

↓
Dried - warm care

↓
Cord cleaned / clamped / cut

↓
Baby had mild tachypnea ⊕ grunting

Started on DE-CPAP
for 10 minutes

↓
vitals stable / distress settled

↓
Shifted to mother's side

Investigation details in previous Hospital :

Feeding History :



Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Euthermic Acrocyanotic
Ct/A: good.
hemodynamics are stable.

VITALS : Temperature : Euthermic HR : 170/min RR : 58/min NIBP : CFT : 23

Color of the extremities : Acrocyanotic

Jaundice : Pallor : SpO2 : 96%

ANTHROPOMETRY: Birth Weight : 3328 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

Caput (+)

FACIES :
(Any Facial
Dysmorphism)

(N)

**NECK and
CLAVICLES :**

Range of Motion :

Asymmetry : NO asymmetry

Masses :

EYES :

Symmetry :

Red Reflex : to be checked

Discharge :

**EARS, NOSE
MOUTH and
THROAT :**

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

NO cleft lip / Palate

**THORAX and
BREASTS :**

Shape of Thorax :

Position of Nipples and Number :

— N —

**ABDOMEN and
UMBILICUS :**

Shape :

Organomegaly :

Bowel Sounds :

Umbilical Stump : 2A + 1V

Discharge :

GENITALIA :

Labia / Hymen :

Testicles/penis :

Anus :

— N —

HERNIAL ORIFICES

— N —

TRUNK and SPINE :

— N —

SKIN LESIONS :

— N —

EXTREMITIES :

Fingers / Toes :

Deformities :

Hip Joint Examination :

Arms / Legs :

Mobility :

N



SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM.

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress: RR: 52/min SCR / ICR / See - Saw breathing :

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

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

Settings :

SpO₂ : 97 Auscultation: RAEF Breath Sounds: NI VBC + Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 169/min BP :

Femoral Pulses : all well felt

Other Peripheral Pulses :

Precordial Activity :

Murmurs : al

Signs of Cardiac Failure :

ABDOMEN:

Shape :

Palpation :

Palpable masses : al

Abdominal girth :

Hernia orifice :

Anal Patency : looks patent

Umbilical Cord : 2A + 1V

First urine passed : -

Meconium passed :

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves : al

MOTOR SYSTEM:

Passive Tone :

Active Tone : clasp

Neonatal Reflexes :

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

Moro's : al Symmetric DTR :

ATNR :

Skull and Spine :



Diagnosis :

37+4 / Posm / Gest. Hypothyroid / CVD / CMH / 3328 / Fch

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

[Signature]
D. Chirila
11/7/26

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Neonatal condition at the time of Transfer:

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

Any Oxygen requirement :

Systemic :

Medications :

1. Send cord blood for blood grouping

2. Vaccines - OPV
BCG
Hep-B / today

Plan during ward follow up :

3. DBF/2nd hourly.

4. SRR/NBS/OAE @ 48 hrs

5. W/F Resp. distress.

Feeding Plan at the time of shifting :

1.240mm so 100ml

6. norm care

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Doctor Signature (Handover Given): Doctor Signature (Handover Taken):

Doctor Name: Doctor Name:

Date & Time: Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/7/26 1:30 PM	C/S RESIDENT.	
	17+4 3 Hgt C/AB SVD Gest-Hypothyroid Fch 33 28.	
		Plan
	h - 8+	1. DBF 2H.
	m -	2. warm care
	C/TA good	3. vaccines OPV ✓
	Enteroconic Pink	RCG ✓ Today
	warm peripheries.	Hep B ✓
		4. trace blood group.
		<i>[Signature]</i>
	initiated by Sudhakar	
01/07	Lactation Notes mother motivated to feed, drops of colostrum seen, well formed nipple with a smaller areola seen, deep latch explained. Monitor urine output of the baby. Shreya Praduttu	

Given on
1/7/26 by
Sis. Yadav
1/7/26

[Signature]
1/7/26 2:10 PM

BAH-00660374

IP5-00175814

Baby Of NITYA BANSAL

01-07-2026

OYOM1D

(F)

Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 @ 8:15am	2240L Term Female child / 37+4 wks	mat.
	B.wt = 3.328	Plan
	T.dg wt = 3.180	
	↓ wt loss - 6.4%	1) Direct Breast
	MBG = B POSITIVE	feeding and brly
	BBG = B POSITIVE	fiby Bumping
	Baby active	2) NBS
	Eutermic	OPAE } at 48HOL
	HR = 138/min	SBR }
	RR = 40/min	
	NO Resp-distress	3) Warm care
	SpO ₂ - 100%	
	urine - Passed - 5 times	4) w/f - feeding
	Stool - 3 times passed	activity
		Resp-distress
	Vaccination - Done	
	Latching - well	
24HOL	SpO ₂ : 100% - CPA	
	Hip examination: Normal	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26	Seen by <u>Mr. Dinesh Sir</u>	
		→ Warmth care
		→ NBS OAE SBR } @ 48 Hrs
		→ clinical assessment of jaundice @ 4pm (30 Hrs)
2/7/26	Seen by <u>Resident</u>	
	29 Hrs Term primi SVD C/AB Fch 3.328 kg	
	Baby on Room air	plan
	m/s+ R/B+ Hemodynamically stable	
	Euthermic	1. Warmth care
	Cry } Tone } Good	2. DBf every 2nd hourly
	Activity } sucking: Good	Ab Burping
	passed urine & stool	3. Clinical assessment of jaundice @ 4pm (30 Hrs)
		4. SBR NBS OAE } (T/m) 10 Am
		5. vital monitoring 2nd hourly
	noted by Swarnam	

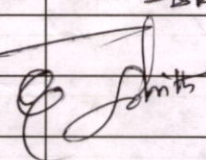
[Signature] Sai

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/07	Lactation notes	
02/07	Lactation 00-00-00 mother comfortable with feed.	
	Shrign Proddatur.	
03/07/2026	Morning Rounds	
@ 8:15am	HbHOL / Temp / CIAB / SVD / Gest. Hypothyroid (37+4)	
MBG / +ve BBG / +ve	B.Wt = 3328 Curr. wt - 3078 wt loss = 7.5% ↓	1) Direct Breast feeding 2nd fully fly by Bumping APP
m / B+ b / B+	Latching well Sucking well flow fully not established Activity - Good Baby warm. Pink	2) OAE } NBS } at 10 am today SBR }
	Jaundus (+)	3) warmth Case
	vitals: HR - 140/min SPO ₂ - 98% Rg - BAE (+) clea	4) w/f. feeding activity Resp distress
	Urine - Passed	
	Stool - Passed	

Sneha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		3/1/26
		OAE - New born hearing screen
		Bilateral responses are present
		Bilateral Pass
		 3/1/26
27 4:00 PM	CLERK RESIDENT. SYNTH 29+4 / SVD / Gest-hypothyroid / CIAB.	
	Rt	Flas
	B+	1. BIF / 2nd week.
	Eutermic pink	
	cl/A: good	2. warm call
	warm peripheries	
	Good perfusion.	3. ELN top-up Formula Feeding. (15-20ml) / 2nd week
		4. SBR - 1/1m 8:00am.
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/9 8:00 am	d/d B RESIDENT. Gestor 27+4 Svd Gest Hypothroid CIAB 3.328kg	
	Rwt: 3-108kg (↑20grams)	Plan 1. ct sept.
MV MV	B+	2- measured feeds as described. CR
	Euthemic/pink d/r/a: good warm peripheries Good perfusion	2. SBR - ^{today} at 2am
	SBR - 10.1 .	
	Lactation notes Mother comfortable with feed, Hot compression before feed suggested in view of engorgement. Sheya Problems.	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00660374 IP5-00175814
 Baby Of NITYA BANSAL
 01-07-2026 0 Y 0 M 0 D 3 H (F)
 Dr. DINESH KUMAR CHIRLA



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

**Rainbow[®]
Children's
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It takes a lot to treat the little.

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Your Right to a Safe Delivery

Part - I
 Patient's Name: _____ Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to Learn: ☐ Yes ☐ No Healthcare Literacy: ☐ Yes ☐ No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
11/7	11AM	7	Infection Control Measures	Pt	1	1	1	—	—	Dr

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

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

Mechanism/s to overcome barrier/s:

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

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

BAH-00660374
 Baby Of NITYA BANSAL
 01-07-2026
 Dr. DINESH KUMAR CHIRLA
 IPS-00175814
 0 Y 0 M 0 D 3 H (F)

MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
117 11 AM	☐ Medical ☒ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	New born Care	To reduce infection	Hand Hygiene		☒ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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Baby Of NITYA BANSAL
01-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. DINESH KUMAR CHIRLA



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It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: Nitya
Date of Birth: 1/2/2026 Time of Birth: 10:37 AM Gender: ☐ Male ☒ Female
Birth Weight: 3.328 Kgs HC: 34 cm Length: 50 cm
Meconium in Liquor: ☐ Yes ☒ No Cried at Birth: ☒ Yes ☐ No
Term / Pre-term / Post-term: Term
Resuscitated: ☐ Yes ☒ No Blood Group: Mother: Baby:
Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time:

AFFIX MOTHER'S
IDENTIFICATION LABEL

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

Physical Assessment of New Born:

Temp: 98.5 °C HR: 142 /Min RR: 31 /Min BP: SpO₂: 98 /
Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☒ Yes ☐ No Score: 15 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture: ☒ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

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

Newborn Screening Discussed: Yes / No

Nurse Name: Shweta

Signature: Shweta

Date & Time: 1/2/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 1/7/26 Time: 10:40 AM 2 PM 6 PM 10 PM 2 AM 6 AM
Doctor/Nurse/Family Concern?

Temperature
(F)

Heart Rate
(bpm)

and

Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring

Heart Rate (Number)

Resp Rate (bpm)
(Over 1 Minute) *

Resp Rate (Number)

Resp Mod/ Severe
Distress None / Mild

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

Conscious Normal
Level Level Altered

GCS *

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

ACTIONS

NB: Scores 3 should be
recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen *during serious childhood illnesses* and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
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- 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

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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-00660374 IP5-00175814
Baby Of NITYA BANSAL
01-07-2026 0 Y 0 M 1 D (F)
Dr. DINESH KUMAR CHIRLA



o. : RCH / FRM / CLINICAL / 124

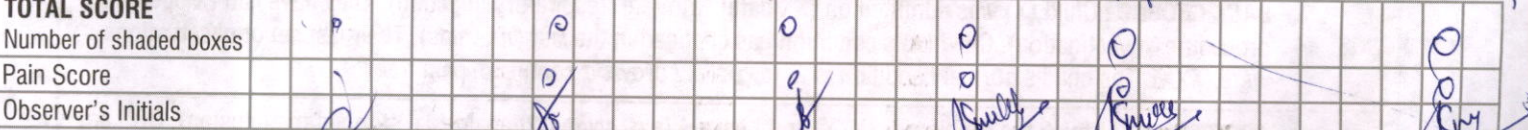
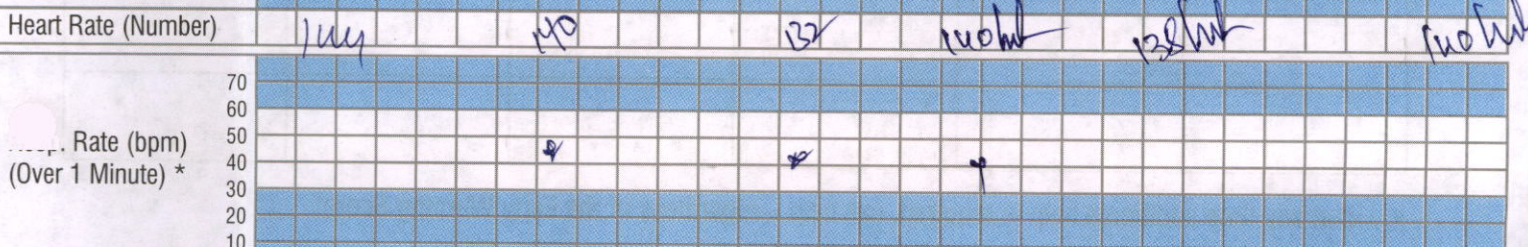
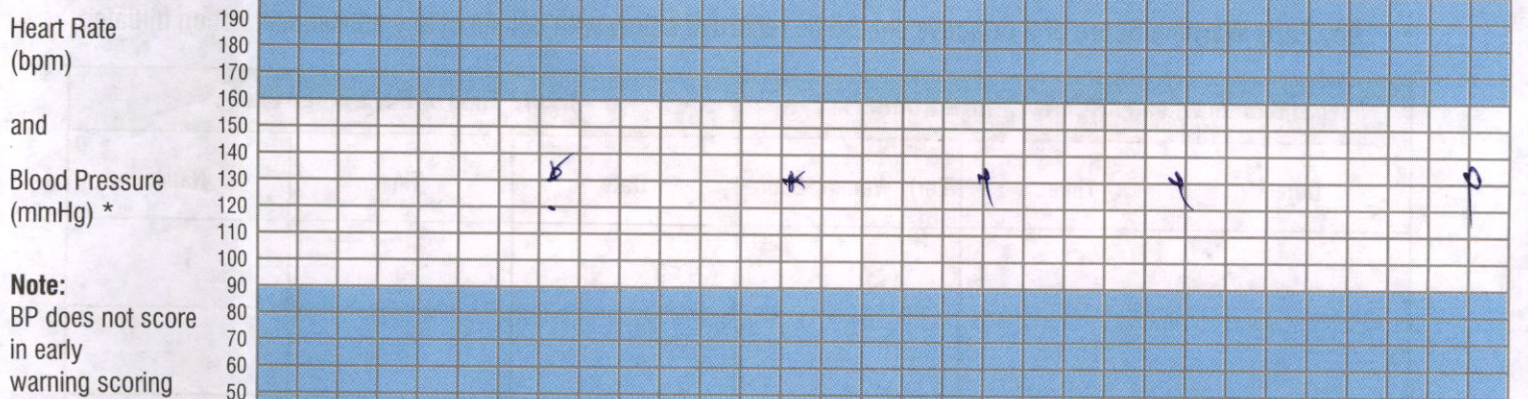
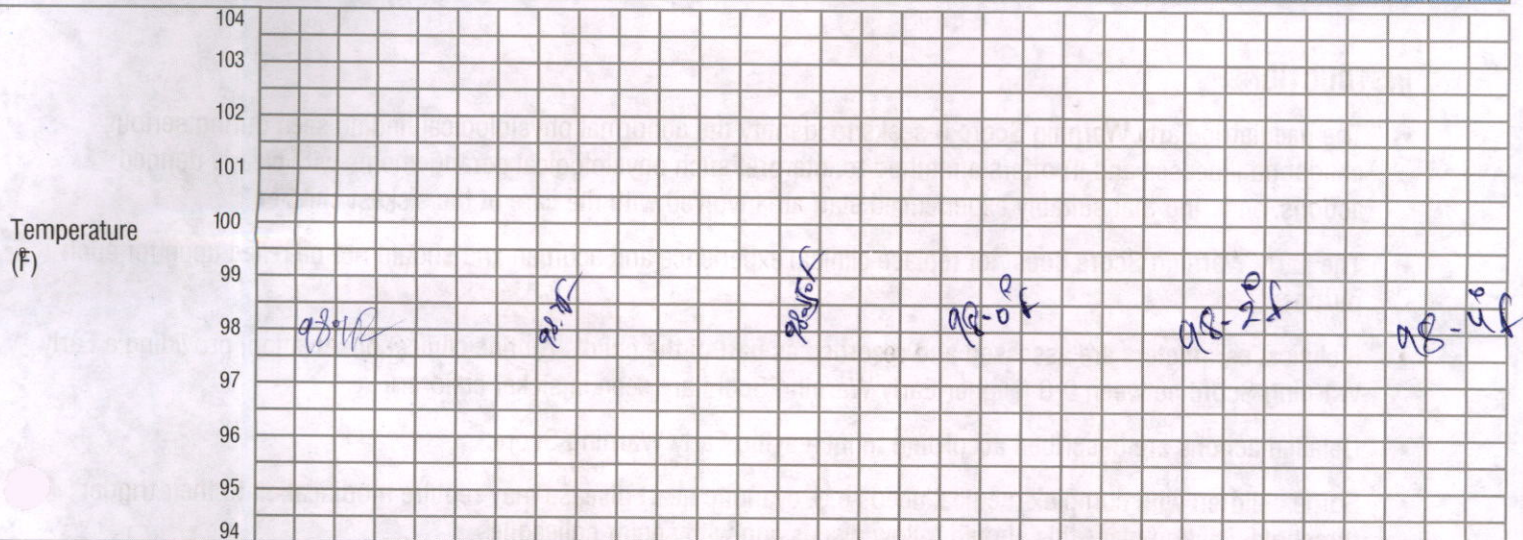
INFANT (<1 year) Children's Observation & Early Warning Scoring Chart

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/7 Time: 10 AM 1 PM 6:30 PM 10 PM 2 AM 6 AM
Doctor/Nurse/Family Concern?



TOTAL SCORE	
Number of shaded boxes	0
Pain Score	0
Observer's Initials	
ACTIONS	
NB: Scores 3 should be recorded overleaf	

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

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00660374
Baby Of NITYA BANSAL
01-07-2026
Dr. DINESH KUMAR CHIRLA
IP5-00175814
0 Y 0 M 1 D
(F)

: RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 3/7/26	Time:	10AM	2PM	6PM	10PM	2AM	6AM	
Doctor/Nurse/Family Concern?								
Temperature (°F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.6	98.1	98.1	98.2	98.0	98.1	
	97							
	96							
	95							
	94							
Heart Rate (bpm)	190							
	180							
	170							
	160							
and	150							
	140							
Blood Pressure (mmHg) *	130							
	120							
	110							
	100							
Note:	90							
BP does not score	80							
in early	70							
warning scoring	60							
	50							
Heart Rate (Number)		144	144	144	142	140	138	
Resp. Rate (bpm) (Over 1 Minute) *	70							
	60							
	50							
	40							
	30							
	20							
	10							
	Resp Rate (Number)		14	14	14	14	14	14
	Resp Distress	Mod/ Severe						
		None / Mild						
	Receiving O ₂ (l/min)							
O ₂ Saturations (%)		100	100	100	100	100	100	
Conscious Level	Normal							
	Altered							
GCS *								
TOTAL SCORE								
Number of shaded boxes								
Pain Score								
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.						
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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A	ASSESSMENT : I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

FLUID CHART

Sheet No. : 8

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

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am						Not			Not	NO	par
	11:00 am	DBF					par			par	W	
	12:00 pm	DBF										
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	DBF								✓	no	par
	04:00 pm										IV	
	05:00 pm											
	06:00 pm	DBF					✓					
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm	DBF					✓			✓	no	Smile
	09:00 pm										NO	Smile
	10:00 pm										IV	Smile
	11:00 pm	DBF								✓	can't	Smile
	12:00 am											
	01:00 am	DBF										Smile
Total Intake :						Total Output :						
	02:00 am	DBF										Smile
	03:00 am	DBF								✓	no	Smile
	04:00 am										IV	
	05:00 am											
	06:00 am	DBF					✓			✓		Smile
	07:00 am	DBF										
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

BAH-00660374

IP5-00175814

Baby Of NITYA BANSAL

01-07-2026

O Y O M I D

(F)

Dr. DINESH KUMAR CHIRLA



FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

 Sheet No. : 2

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

Date		Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
				Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/7/26		08:00 am											
		09:00 am											
		10:00 am	DBF								✓	no IV	\$
		11:00 am											
		12:00 pm	DBF										
		01:00 pm											
Total Intake : <u>Pulver</u>				Total Output : <u>U- M-</u>									
		02:00 pm											
		03:00 pm	DBF					✓			✓		
		04:00 pm	DBF									no IV	\$
		05:00 pm	DBF										
		06:00 pm						✓			✓		
		07:00 pm	DBF										
Total Intake : <u>Pulver</u>				Total Output : <u>U-2 M-2</u>									
		08:00 pm											
		09:00 pm	DBF								✓		Smile
		10:00 pm	DBF									NO IV	Smile
		11:00 pm	DBF					✓					Smile
		12:00 am											
		01:00 am	DBF										
Total Intake :				Total Output :									
		02:00 am											
		03:00 am	DBF								✓		Smile
		04:00 am										no IV	
		05:00 am											
		06:00 am	DBF					✓			✓		Smile
		07:00 am											
Total Intake : <u>Pulver</u>				Total Output : <u>Pulver</u>									
Total 24 hrs. Intake				Total 24 hrs. Output <u>U-6 M-4</u>									



FLUID CHART

Sheet No. : (3)

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am										No	
	10:00 am	DBM								✓	W	Par
	11:00 am	DBM										
	12:00 pm										cut	
	01:00 pm	DBM										
Total Intake :						Total Output :						
	02:00 pm	DBM					✓					
	03:00 pm	DBM									No	
	04:00 pm	DBM					✓				TV	Prana
	05:00 pm											
	06:00 pm	DBM					✓			✓	Cule	
	07:00 pm	DBM					✓			15th Drop		
Total Intake :						Total Output :						
	08:00 pm	DBF								✓	No	Surekha
	09:00 pm	FF-5ml										
	10:00 pm											
	11:00 pm	DBF					✓			✓	IV	Surekha
	12:00 am	FF-10ml										Surekha
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	DBF					✓				No	Surekha
	04:00 am	FF-5ml									12	
	05:00 am											
	06:00 am	DBF					✓			✓		Surekha
	07:00 am	DBF										
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

m - 7
 v - 5

Patient Sticker

FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. :

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
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		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	N.G										
	08:00 am						✓			✓	100				
	09:00 am										20		20		
	10:00 am										20				
	11:00 am														
	12:00 pm														
	01:00 pm														
Total Intake :						Total Output :									
	02:00 pm														
	03:00 pm														
	04:00 pm														
	05:00 pm														
	06:00 pm														
	07:00 pm														
Total Intake :						Total Output :									
	08:00 pm														
	09:00 pm														
	10:00 pm														
	11:00 pm														
	12:00 am														
	01:00 am														
Total Intake :						Total Output :									
	02:00 am														
	03:00 am														
	04:00 am														
	05:00 am														
	06:00 am														
	07:00 am														
Total Intake :						Total Output :									
Total 24 hrs. Intake															
Total 24 hrs. Output															

NURSING CARE RECORD

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 11/7/26

Assessment: New born care

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10:40am	u Monitor vitals and feed	10:45 am	u Monitoring vitals and feed	Baby is well
11am	u Given warm care	11:30am	u Given warm care	
12pm	u Done Crib care	12:30pm	u Done Crib care	
12:40pm	u Plan for DBF & Burping	12:45 pm	u Done DBF & Burping	
1pm	u Plan for Noctel	2pm	u Monitoring Noctel	
	u Plan for			

Re-Assessment:

Special Notes: vaccination today

Nurse Signature:

Nurse Name: Preeni

Date & Time: 11/7/26 2:20pm

BAH-00660374 IP5-00175814
 Baby Of NITYA BANSAL
 01-07-2026 0 Y 0 M 0 D 3 H (F)
 Dr. DINESH KUMAR CHIRLA

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 11/7/2026

Assessment: New Born Baby

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the baby condition	2:10pm	→ Assessed the baby condition	→ Baby's stable
3pm	→ Monitor vitals	3:10pm	→ vitals checked and recorded	
4pm	→ warm care	4:10pm	→ warm care provided	
5pm	→ crib care	5:10pm	→ crib care provided	
6pm	→ Burping	6:10pm	→ Burping done.	
7pm	→ Safety	7:10pm	→ Ensured safety	
8pm	→ Vaccination	8:10pm	→ Vaccination done.	

Re-Assessment: Vitals checked and recorded

Special Notes: Vaccination done

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 11/7/2026 @ 8pm

BAH-00660374 IP5-00175814
 Baby Of NITYA BANSAL
 01-07-2026 0 Y 0 M 0 D 3 H (F)
 Dr. DINESH KUMAR CHIRLA

NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 1/7/26

Assessment: New born Case

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the baby.	10pm	Assessed the general condition of the	Baby is stable
11pm	Warm care.	30 11pm	Provided warm care.	
	VO chat	10 2am	Maintained VO chat.	
2am	DBF & burping.	30 4am	DBF given Every 2-3 hrs.	
4am	Ensure Safety.	30 7am	Ensured Safety needs.	

Re-Assessment: Baby is sleeping

Special Notes: SBR, NBS, OAE @ 48 hrs.

Nurse Signature: \$

Nurse Name: Chirila

Date & Time: 2/7/26 @ 8AM

BAH-00660374 IP5-00175814

Baby Of NITYA BANSAL

01-07-2026 0 Y 0 M 1 D (F)

Dr. DINESH KUMAR CHIRLA



NURSING CARE RECORD

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Shift: ☒ Morning ☐ Afternoon ☐ Night

Date: 2/7/26

Assessment: New born care

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	Monitor vitals and Recorded	9AM	Monitoring vitals and Recorded	Baby is well
10AM	u Plan for DBF & Burping	11AM	u Done DBF & Burping	
12PM	u Plan for warm care	12:30PM	u Given warm care	
12:40PM	u Plan for Crib care	12:45PM	u Done Crib care	
1:1PM	u Plan for Sponging	1:40PM	u Sponging Done	
2PM	u Plan for Safety	2PM	Safety Done	

Re-Assessment: Reassess done

Special Notes: TCB at 4PM 2-7-26

Nurse Signature: [Signature]

Nurse Name: Preema

Date & Time: 2-7-26 @ 2PM

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 2/7/26

Assessment: New Born Baby

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	→ Assess the baby condition	2:10pm	→ Assessed the baby condition	→ Baby's stable
3pm	→ Monitor vitals	3:10pm	→ vitals checked and recorded	
4pm	→ DBF feeding	4:10pm	→ DBF feeding given	
5pm	→ Burping	5:10pm	→ Burping done	
6pm	→ warm care	6:10pm	→ warm care provided	
7pm	→ air care	7:10pm	→ air care provided	
8pm	→ Baby	8:10pm	→ Ensured baby	

Re-Assessment: Vitals checked and recorded

Special Notes:

Nurse Signature: [Signature]

Nurse Name: [Signature]

Date & Time: 2/7/26 @ 8pm

BAH-00660374 IP5-00175814
 Baby Of NITYA BANSAL
 01-07-2026 0 Y 0 M 1 D (F)
 Dr. DINESH KUMAR CHIRLA



NURSING CARE RECORD

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 2/7/26

Assessment: New born baby care

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	Assess the general condition of the Patient-Baby.	8pm	Assessed the general condition of the Baby.	Baby is stable.
11pm	Warm Care.	11pm	Provided warm care	
2am	VO chart.	2am	Maintained VO chart	
4am	DBF & burping.	4am	DBF 2nd baby taken	
7am	Prevent infection.	7am	Preventing infection by per long hand wash.	

Re-Assessment: Baby is sleeping

Special Notes: SBR, NBS, OAE @ 4 hours

Nurse Signature: [Signature]

Nurse Name: Chirala

Date & Time: 3/7/26 @ 8pm

NURSING CARE RECORD

Shift: ☐ Morning ☒ Afternoon ☐ Night

Date: 3-7-26

Assessment: New born care

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	u Monitor vitals and records	9AM	u Monitoring vitals and records	Baby is well
10AM	u Plan for DBP & Burping	11AM	u Done DBP & Burping	
11AM	u Plan for Crib Care	11:30AM	u Given Crib Care	
12PM	u Plan for warm care	1PM	u Given warm care	
2PM	u Plan W SBR NRs OAE	3PM	u Done SBR NRs OAE	
4PM	u Plan W SBR	8PM	u Done SBR Continue	

Re-Assessment:

Special Notes: SBR tomorrow at 8AM 4-7-26

Nurse Signature:

Nurse Name: Preeraj

Date & Time: 3-7-26 @ 8PM

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NURSING CARE RECORD

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Shift: ☐ Morning ☐ Afternoon ☒ Night

Date: 3/12/26

Assessment: New Born Baby

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8pm	→ TO Assess the Baby condition	8:30pm	→ TO Assess the Baby condition	Baby is stable
10pm	→ TO Monitor vitals	10:30pm	→ Vitals checked & Recorded	
12am	→ DBF every 2nd hourly	12:30am	→ DBF given followed by Burping	
2am	→ Crib care	2:30am	→ provided crib care	
4am	→ Baby is on SSPT	4:30am	→ continue SSPT	
7am	→ Ensure safety	7:30am	→ Ensured safety	

Re-Assessment: Re-Assessment done Baby is stable

Special Notes: Baby is on SSPT

Nurse Signature: [Signature]

Nurse Name: Suresha

Date & Time: 3/12/26 @ 8pm

Patient Sticker

NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature: Nurse Name: Date & Time:

Patient Sticker

NURSING CARE RECORD



Shift: ☐ Morning ☐ Afternoon ☐ Night

Date:

Assessment:

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation

Re-Assessment:

Special Notes:

Nurse Signature:

Nurse Name:

Date & Time:



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Dineesh Department: BEP Date of Admission: 1-7-26

SITUATION	Diagnosis: <u>New born Care</u>		Any Infection: ☐ Yes ☒ No ☐ Not Known If Yes Specify:					
	Area	Shift Time	<u>BEP 8AM-2PM</u>	<u>BEP 2PM-8PM</u>	<u>BEP 8PM</u>	<u>BEP 8AM-2PM</u>	<u>BEP 2PM-8PM</u>	<u>BEP 8PM</u>
BACKGROUND	Medical Condition (Any special condition to be noted):		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Vital Signs:	Temp: <u>98.6°F</u>	Temp: <u>98.5°F</u>	Temp: <u>98.2°F</u>	Temp: <u>98.6°F</u>	Temp: <u>98.5°F</u>	Temp: <u>98.2°F</u>	Temp: <u>98.2°F</u>
	Res:	<u>44</u>	<u>44 bpm</u>	<u>44</u>	<u>44</u>	<u>38 bpm</u>	<u>40 bpm</u>	<u>40 bpm</u>
	SpO ₂ :	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	Pulse:	<u>144</u>	<u>82 bpm</u>	<u>146 bpm</u>	<u>144</u>	<u>142 bpm</u>	<u>142 bpm</u>	<u>142 bpm</u>
	BP:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Fall Risk Score:	<u>-</u>	<u>15</u>	<u>16</u>	<u>15</u>	<u>15</u>	<u>16</u>	<u>16</u>
Recommendations	Pain Score:	<u>-</u>	<u>-</u>	<u>2</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Safety Needs:	<u>NA</u>	<u>yes</u>	<u>crib care</u>	<u>NA</u>	<u>crib care</u>	<u>crib care</u>	<u>crib care</u>
	Physiotherapy	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
	Others Specify:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
	Special Diet:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
Handed Over By Name :		<u>Prey</u>	<u>Sneha</u>	<u>Sneha</u>	<u>Prey</u>	<u>Sneha</u>	<u>Sneha</u>	<u>Sneha</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>1/7/26</u>	<u>1/7/26</u>	<u>2/7/26</u>	<u>2/7</u>	<u>2/7/26</u>	<u>3/7/26</u>	<u>3/7/26</u>
Time:		<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>8AM</u>
Taken Over By Name :		<u>Sneha</u>	<u>Sneha</u>	<u>Prey</u>	<u>Sneha</u>	<u>Sneha</u>	<u>Prey</u>	<u>Prey</u>
Signature :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Date:		<u>1/7/26</u>	<u>1/7/26</u>	<u>2/7</u>	<u>2/7</u>	<u>2/7/26</u>	<u>3/7</u>	<u>3/7</u>
Time:		<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>2PM</u>	<u>8PM</u>	<u>8AM</u>	<u>8AM</u>

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. K. Department: BHP Date of Admission: 1-7-26

SITUATION	Diagnosis: <u>New born care</u>		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: _____				
BACKGROUND	Area	<u>BHP</u>	<u>BHP</u>				
	Shift Time	<u>8am-2pm</u>	<u>2pm-8am</u>				
BACKGROUND	Medical Condition (Any special condition to be noted):	<u>NA</u>	<u>NA</u>				
ASSESSMENT	Allergy:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Tubes/Drains/Catheter:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
	Vital Signs:	Temp:	<u>98.5F</u>	<u>98.4F</u>			
		Res:	<u>24</u>	<u>24</u>			
		SpO ₂ :	<u>100%</u>	<u>100%</u>			
		Pulse:	<u>144</u>	<u>144</u>			
		BP:					
		Fall Risk Score:	<u>-</u>	<u>-</u>			
	Pain Score:	<u>-</u>	<u>-</u>				
	Recommendations	Safety Needs:	<u>NA</u>	<u>NA</u>			
Physiotherapy		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Others Specify:		<u>NA</u>	<u>NA</u>				
Special Diet:		☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	
Other Special Orders / Medications:		<u>NA</u>	<u>NA</u>				
Post Operative Procedure Special Orders:		<u>NA</u>	<u>NA</u>				
Handed Over By Name :		<u>Pritya</u>	<u>Pritya</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>3/7</u>	<u>4/7/26</u>				
Time:		<u>2pm</u>	<u>8pm</u>				
Taken Over By Name :		<u>Dinesh</u>	<u>Dinesh</u>				
Signature :		<u>[Signature]</u>	<u>[Signature]</u>				
Date:		<u>3/7/26</u>	<u>3/7/26</u>				
Time:		<u>8pm</u>	<u>8pm</u>				

BAH-00660374
Baby Of NITYA BANSAL
01-07-2026
Dr. DINESH KUMAR CHIRLA

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THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	1/7	1/7	1/7	2/7	2/7
	3 to less than 7 years old	3	4	4	4	4	4
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			15	15	15	15	15

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		X	X	X	X	X
Call device within reach		Y	Y	Y	Y	Y
Wheels Locked		✓	✓	✓	✓	✓
Room free of clutter		✓	✓	✓	✓	✓
Adequate lighting		✓	✓	✓	✓	✓
Wheel chair support		X	X	X	X	X
Other Intervention(s) Specify		Y	Y	Y	Y	Y
Nurse's Name:		Am	Am	Am	Am	Am
Signature:		Am	Am	Am	Am	Am
Date:		1/7	1/7	1/7	2/7	2/7
Time:		11AM	3PM	8PM	2PM	2PM



THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	8/11/26	8/11/26		
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1		
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1	1	1	1		
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3		
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1		
Total			15	15	15		

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		✓	✓	✓		
Call device within reach		✓	✓	✓		
Wheels Locked		✓	✓	✓		
Room free of clutter		✓	✓	✓		
Adequate lighting		✓	✓	✓		
Wheel chair support		✓	✓	✓		
Other Intervention(s) Specify						
Nurse's Name:		Smach	Pru	SW		
Signature:		✓	✓	✓		
Date:		2/7/26	3/2	2/7/26		
Time:		8PM	8AM	8PM		

IP5-00175814

BAH-00660374
Baby Of NITYA BANSAL

01-07-2026

0 Y 0 M 0 D 3 H (F)

01-07-2026
Dr. DINESH KUMAR CHIRLA



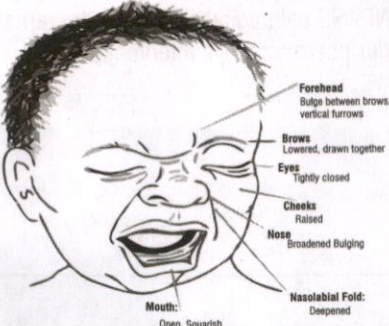
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NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	1/7	1/7	1/7	2/7	2/7	3/7	3/7	
						Time	Time	Time	Time	Time	Time	Time	
						11/4	2pm-3pm	2pm	2AM	2pm-4pm	2pm	2pm-4pm	2pm
						MA	amb	-	-	-	-	-	-
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0	0	0	0
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0	0	0
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0	0	0
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0	0	0	0
Vital Signs HR RR, BP, SaO ₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0	0	0



Premature Pain Assessment: Scoring
 +3 if less than 28 weeks gestation age / Corrected Age
 +2 if 28 - 31 weeks gestation age / Corrected Age
 +1 if 32 - 35 weeks gestation age / Corrected Age

Intervention
 Deep Sedation: Score = -10 to -5
 Light Sedation: Score = -5 to -2
 Pain Score less than or equal to 3 – No Intervention
 Pain Score greater than 3 – Intervention

Gestational Age / Corrected Age	37+4 wks	37+4 wks	37+4 wks	37+4 wks	37+4 wks	37+4 wks	37+4 wks
Total Pain / Agitation Score	-	-	-	-	-	-	-
Intervention	-	-	-	-	-	-	-
Effectiveness	-	-	NA	NA	NA	NA	NA
Signature	Rg	S	Amey	Kran	S	Smiley	S. M.

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	- Observe the infant for a minute before selecting a score for each behavior. - Stimulate the infant and observe and select a score for each behavior. - Select only one numeric value (Highest) per behavior.	- Observe the infant for a minute before selecting a score for each behavior. - Select only one numeric value per behavior.
Scoring/ Documentation	- Sedation scores are negative scores only - Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) - NPASS Sedation total score has a range from 0 to -10 possible. - Document total NPASS Sedation score in the medical record.	- Pain/Agitation scores are positive scores only - Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. - Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. - NPASS Pain/Agitation total score has a range from 0 to 13 possible. - Document the total NPASS Pain/Agitation score in the medical record
Interpretation	- Desired levels of sedation vary according to the situation. - Discuss and determine sedation goal with provider. "Deep sedation": goal score of -10 to -5 - Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea "Light sedation": goal score of -5 to -2 - Reassess patient per frequency in local sedation policy - A negative score without the administration of opioids/ sedatives may indicate: - The premature infant's response to prolonged or persistent pain/stress - Neurologic depression, sepsis, or other pathology	- Does not provide pain intensity rating. - Any score greater than 3 indicates the possibility of the presence of pain in the infant - Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). - Reassess patient per frequency of local pain policy. - If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

BAH-00660374
Baby Of NITYA BANSAL
01-07-2026 0 Y 0 M 0 D 3 H (F)
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BRADEN 'Q' SCALE

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					Date :	11/7	11/7	11/7	21/7
					Time :	11AM	12PM	2PM	8PM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		1	1	1	1
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		1	1	1	1
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		2	2	2	2
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		2	2	2	2
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		3	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
					TOTAL SCORE	16	16	16	16
					Evaluator's Name	AD	A	Smith	Q

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

Docu. No. : RCHBH / FRM / CLINICAL / 119

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

BAH-00660374 IP5-00175814
 Baby Of NITYA BANSAL
 01-07-2026 0 Y 0 M 1 D (F)
 Dr. DINESH KUMAR CHIRLA



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date :	2/7	3/7	3A
					Time :	8:30 AM	8:30 AM	8:30 AM
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or e.tremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	1	1	1	1
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	1	1	1	1
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Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	16	16	16
Docu. No. : RCHBH / FRM / CLINICAL / 119					Evaluator's Name	K	Swamy	P.D

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BAH-00660374 IP5-00175814
Baby Of NITYA BANSAL
01-07-2026 0 Y 0 M 0 D 3 H (F)
Dr. DINESH KUMAR CHIRLA

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE PLANNING FORM

Nationality: Indian

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

1. Anticipated Date of Discharge: 11/8/26

2. Destination Post Discharge: ☐ Home
☒ Family Members Notified (Person Contacted)

☐ Transfer
Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☒ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In:

Remarks

☐ Medication	☒ Yes	☐ No
☐ Bathing	☒ Yes	☐ No
☐ Eating	☒ Yes	☐ No
☐ Walking	☒ Yes	☐ No
☐ Dressing	☒ Yes	☐ No
☐ Toileting	☒ Yes	☐ No

No Need An Assistance

4. Nutritional Plan:

☐ Dietary Instruction Discussed with the:
☒ Patient ☐ Family Member

☐ Others:

5. Discharge Planning Discussed with the:

☒ Patient ☒ Family Member

☐ Others:

6. Patient/Family Educational Plan:

☒ Educational Topic/s: Medication Personal Hygiene

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

☒ Patient ☒ Family Member

☐ Others:

Nurse Signature: [Signature]

Nurse Name: Freemur

Date and Time: 11/8/26 2:10pm

CONSENT FOR FORMULA FEEDS

Patient Name : Baby H-00660374 IP5-00175814 Age : Gender : ☐ Male ☒ Female
UHID No : 07-2026 0 Y 0 M 2 D (F) Department : BRP Date : 3/7/26
I Mr / Mrs. : DINESH KUMAR CHIRLA aged years, hereby declare that I have
admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on
..... I hereby give consent for formula feed for my child. Doctors have explained me
about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature :
Name : Nitya Bansal
Relationship with Patient : Mother
Date & Time : 3/7/26 @ 10 PM

Witness :

Signature : \$
Name : Surbha
Date & Time : 3/7/26 @ 10 PM

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. Poojitha
Date & Time : 3/7/26