

## ACTIVITY RECORD FOR BILLING

Name: -----  
UHID No : -----  
Date of Admission : -----  
Room / Bed No : -----  
Ward : -----  
Suggested Billable bed type : -----  
IP-00060631  
Baby B/O AMEENA BEGUM  
09-07-2026 0 Y 0 M 0 D 2 H (M)  
Dr. SURENDER RAO DUSA  
Date of Discharge : ----- Time: -----  
Attendant : ----- Dept : -----



## WARD TRANSFERS

| Date | Time   | From | To  | Signature of Nurse |
|------|--------|------|-----|--------------------|
| 15/7 | 3:20pm | NICU | 217 |                    |
|      |        |      |     |                    |
|      |        |      |     |                    |
|      |        |      |     |                    |
|      |        |      |     |                    |

## Cross Consultation Visit

|     | Doctors Name                               | Date     | Order No. | Signature |
|-----|--------------------------------------------|----------|-----------|-----------|
| 1.  | Dr. Murtaza Kamal                          | 9/7/26   | 3099350   |           |
| 2.  | Dr. Md Abdul Karim                         | 9/7/26   | 3099461   |           |
| 3.  | Cross checked done by Dr. Acharya 13/7/26  |          |           |           |
| 4.  | Dr. Sai Krishna                            | 16/08/26 | 3102213   |           |
| 5.  | Cross checked done by Dr. Acharya 16/08/26 |          |           |           |
| 6.  |                                            |          |           |           |
| 7.  |                                            |          |           |           |
| 8.  |                                            |          |           |           |
| 9.  |                                            |          |           |           |
| 10. |                                            |          |           |           |

# INVESTIGATIONS

| Date | Investigations               | Order No.            | Sign  |
|------|------------------------------|----------------------|-------|
| 9/7  | VB ABG (OT)                  | 26022873             | Marie |
|      | CBP, blood grouping          | 26022871             |       |
|      | CXR                          | 26010964             |       |
|      | VBG, RBS                     | 26022874             |       |
|      | blood culture                | 26022832             |       |
|      | RBS                          | 26022891             |       |
| 9/7  | 2D-Echo                      | 26001985             | St    |
| 9/7  | NSG                          | 26011003             | St    |
|      | RBS                          | 26022935             | St    |
|      | RBS                          | 26022971             | St    |
| 10/7 | CBP, CRP, SBR, S/E, Urea,    |                      | St    |
|      | Creatinine, Calcium, p1/APTT | 26023001<br>26023001 |       |
| 10/7 | RBS                          | 26023001             | St    |
| 9/7  | RBS                          | 26023011             | St    |
| 10/7 | RBS                          | 26023011             | St    |
| 10/7 | RBS                          | 26023083             | St    |
| 11/7 | RBS                          | 26023114             | St    |
| 11/7 | RBS                          | 26023115             | St    |
| 11/7 | SBR                          | 26023126             | St    |
| 11/7 | RBS                          | 26023287             | St    |
| 11/7 | RBS                          | 26023287             | St    |
| 12/7 | RBS                          | 26023329             | St    |
| 13/7 | RBS                          | 26023448             | St    |



### MEDICAL EQUIPMENT ( WARD & ICU)

[illegible]

# PROCEDURE

| Date                                             | Procedure      | Quantity | Order No. | Signature          |
|--------------------------------------------------|----------------|----------|-----------|--------------------|
| 9/3                                              | IV cannulation | 1        | 3099250   | <i>[Signature]</i> |
| 10/7                                             | IV cannulation | 1        | 3099806   | <i>[Signature]</i> |
| <i>Gross checked done by Sri Achuth 13/7/26</i>  |                |          |           |                    |
| 16/09/26                                         | AABR           | 1        | 3102212   | <i>[Signature]</i> |
| <i>Gross checked done by Sri Achuth 16/09/26</i> |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |
|                                                  |                |          |           |                    |

## ANY OTHER INFORMATION

Date: 16/09/26

Time: 11:19 AM

Prepared By:

*[Signature]*  
16/09/26 @ 11:19 AM

| Staff Nurse      | Shift / Ward     | Billing Assistant | Billing Supervisor |
|------------------|------------------|-------------------|--------------------|
| <i>Sis. Toja</i> | <i>Sis. Toja</i> |                   |                    |



# DAILY INVESTIGATION SHEET

VIH-00206726

IP-00060631

Baby B/O AMEENA BEGUM  
10-67-2222

09-07-2026

0Y0M0D2H

(M

Patient Name

Dr. SURENDER RAO DUSA

Age : .....

' No. : .....

[illegible]

## ADMISSION SHEET

**Registration Details :**

**Admission No** : IP-00060631

**Admit Date** : 09-Jul-2026

**Admit Time** : 02:20 AM **UHID** : VIH-00206726

**Patient Details :**
**Patient Name** : Baby B/O AMEENA BEGUM

**Age** : 0 D

**Guardian** : Mr MD AHAMAD

**DOB** : 09-07-2026 12:30 AM

**Gender** : Male

**Religion** :

**Occupation** :

**Martial Status** :

**Address (H)** : 4-69,EAST GANDHU NAGAR,NAGARAM  
Nagaram Hyderabad Telangana INDIA  
500083

**Phone No** : 6305994836

**E-mail** : NA@GMAIL.COM

**Admission Details :**
**Bed Type** : BASINET

**Bed No** : CRDL-MICU-228-1

**Ward Name** : N 2F-MICU

**Room No** : CRDL-MICU-228-1

**Admission Type** : First Visit

**Contact Details :**
**Name** : Mr MD AHAMAD

**Relationship** : Father

**Contact Address** : 4-69,EAST GANDHU NAGAR,NAGARAM  
Nagaram Hyderabad Telangana INDIA 500083

**Phone No** : 6305994836

*MD Ahamad*  
Signature

**Doctor Details :**
**Doctor Name** : Dr. SURENDER RAO DUSA

**Specialisation** : GENERAL PEDIATRICS

**Referral Doctor** :

**Phone No** :

**Co-Consultant** :

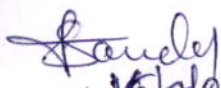
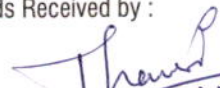
**Payment Details :**
**Deposit Amount** : 0.00

**Payment Mode** : Cash

**Payor Name** : SELFPAY



# PATIENT TRANSFER FORM

|                                                                                                                                                                                               |                                                            |                                                                                                                                                                            |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| VIH-00206726 IP-00060631<br>Baby B/O AMEENA BEGUM<br>09-07-2026 0 Y 0 M 6 D (M)<br>Dr. SURENDER RAO DUSA<br> |                                                            | Date & Time of Admission<br>9/7/26 2:20 AM                                                                                                                                 | Date & Time of Transfer Order<br>15/7/26 3pm |
|                                                                                                                                                                                               |                                                            | Transfer Ordered by<br>Dr. Hanish                                                                                                                                          | Reason for Transfer<br>stable                |
| From Unit<br>NICU                                                                                                                                                                             | To Unit<br>217                                             | Information to Attendant<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                            |                                              |
| Number of Sheets in Clinical File<br>32                                                                                                                                                       | Number of Imaging Films<br>X-ray + ①<br>ABH - ①<br>VBH - ① | Personal belongings including clinical documents. If any handed over to attendant<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, what ? |                                              |
| Medications / Consumables / Surgicals / Hand over                                                                                                                                             |                                                            |                                                                                                                                                                            |                                              |
| Sl.No.                                                                                                                                                                                        | Item Name                                                  | Quantity                                                                                                                                                                   |                                              |
| 1.                                                                                                                                                                                            | leaches                                                    | 2                                                                                                                                                                          |                                              |
| 2.                                                                                                                                                                                            | vlt dz                                                     | 1                                                                                                                                                                          |                                              |
| 3.                                                                                                                                                                                            | Zincovit                                                   | 1                                                                                                                                                                          |                                              |
| 4.                                                                                                                                                                                            | leaches                                                    | 1                                                                                                                                                                          |                                              |
| 5.                                                                                                                                                                                            | Feely bottle                                               |                                                                                                                                                                            |                                              |
| Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                         |                                                            |                                                                                                                                                                            |                                              |
| Name & Signature of Person who is Transferring<br><br>15/7/26 3pm                                          |                                                            | Name of Person Ordered Transfer<br>Dr. Ganesh                                                                                                                              |                                              |
| Patient & Clinical Records Received by :<br><br>15/7/26 3pm                                                |                                                            |                                                                                                                                                                            |                                              |
| Date & Time of Patient Received :                                                                                                                                                             |                                                            |                                                                                                                                                                            |                                              |

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

☐ Unavailable Bed

☐ Nurse not Available

☐ Available Bed not ready





## CONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Ameena Begum Age : 21yr Father's Name : ..... Age : .....  
Date of Birth : 8/2/76 Date of Admission : 9/9/26 UHID No.: .....  
NICU Consultant : Dr. Surendra Rao 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 Ameena Begum Mother's Blood Group : O+  
Gender ☒ M ☐ F Blood Group : ..... Birth Weight (gms) : 1.885 Kg Length (cms) : .....  
Date of Birth : 9/8/26 Time of Birth : 12:30:10 AM OFC (cms) : .....  
Place of Birth : Vikrampet Estimated Gesth Age : 32W + 6D.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 21yr Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : 26/8/26  
Conception : Spontaneous or with Rx : Spontaneous  
Booked at what GA : 8w7d AN Steroids Drugs / Doses : .....  
Last Scans Details : 8w7d SUF 32W+2D mild oligo AC-3.7cm  
EFW: 1827 ± 261gms. TT Immunization and Iron / Folic Acid : Given

### MATERNAL RISK FACTORS

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

**PPROM** : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....  
Medication during Pregnancy : 10mg P/V 5 days Duration : 5 days



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

| Sl. No. | Age | GA wks | B. W         | Gender | Significant      | Details |
|---------|-----|--------|--------------|--------|------------------|---------|
|         |     |        | <u>primi</u> |        | <u>ms: 24200</u> |         |

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

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

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;<br>Hypoventilation | Good, Crying             |

TOTAL

| 1 Minute | 5 Minutes | 10 Minutes |
|----------|-----------|------------|
|          |           |            |
|          |           |            |
|          |           |            |
|          |           |            |
|          |           |            |
|          |           |            |
| 5/10     | 7/10      | 10/10      |

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

|                          |                      |                |               |            |
|--------------------------|----------------------|----------------|---------------|------------|
| 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) | < 8rd (12)     |               |            |

Chief Complaints :

Socio Economic History :

Family History :

Past History :

Feeding History :

Investigation details in previous Hospital 3 weeks of 100 wt given

I by Emergency use 1/100 no NG changes  
 Feeding 1/100  
 Baby cried immediately after delivery  
 delayed cord clamping done at 1 min  
 by Vitamin K not given.  
 Baby was sent into Cyanosed

shifted to New 1/100 pressure and  
 P.N.S.

IP-00060631  
 Baby S/O AMEENA BEGUM  
 09-07-2026  
 0 Y 0 M 0 D 2 H (M)  
 Dr. SURENDER RAO DUSA





## GENERAL EXAMINATION ON ADMISSION

General Disposition :

• Acyanotic  
• flexed on 4 limbs

VITALS : Temperature : Normal HR : 156 RR : 66 NIBP : CFT :

Color of the extremities : Acyanotic

Jaundice : Pallor : SpO2 : 98% on Cfin

Anthropometry : Birth Weight : 1.886kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

## HEAD TO TOE EXAMINATION

HEAD :

Fontanelles :

Sutures

Shape / Moulding :

Edema / Bruising :

Size - (H.C.) :

Facies :

(Any Facial  
Dysmorphism)

NECK and  
CLAVICLES :

Range of Motion :

Asymmetry :

Masses :

EYES :

Symmetry :

Red Reflex :

Discharge :

EARS, NOSE  
MOUTH and  
THROAT :

Ear set / Shape :

Periauricular Pits / Tags :

Nasal shape / Patency :

Palate :

Gums :

Lips :

Tongue :

no acc, date



of Thorax :  
 on of Nipples and Number :

**ABDOMEN and UMBILICUS :**

Shape :  
 Organomegaly :  
 Bowel Sounds :  
 Umbilical Stump :  
 Discharge :

**GENITALIA :**

Labia / Hymen :  
 Testicles/penis :  
 Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

**SKIN LESIONS :**

**EXTREMITIES :**

Fingers / Toes :

Arms / Legs :

Deformities :

Mobility :

Hip Joint Examination :

**SYSTEMIC EXAMINATION**

**Respiratory System :**

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : on Chg

SpO<sub>2</sub> : 99% Auscultation : B/L AEC Breath Sounds: No Endotracheal Added Sounds : .....

**Cardiovascular System :**

HR : 156 BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

**Abdomen :**

Shape : ..... Hernia orifice : .....

Palpation : ..... Anal Patency : .....

Palpable masses : ..... Umbilical Cord : ..... A/V

Abdominal girth : ..... First urine passed : ..... 2

Meconium passed : .....





**Nervous System** : Higher Intellectual functions (Sensorium) : ..... 40  
 State of wakefulness : .....  
 Prechtle Score : .....

Nerves : .....

**Motor System :**

Passive Tone : ..... (4)

Active Tone : ..... (4)

Neonatal Reflexes : .....

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

Moro's : ..... (Impuls) DTR : ..... (4)

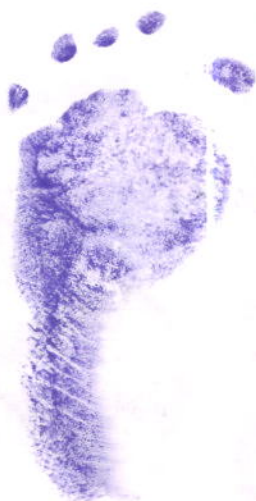
ATNR : ..... (4) Skull and Spine : .....

Any Congenital Anomalies : ..... No any abnormality

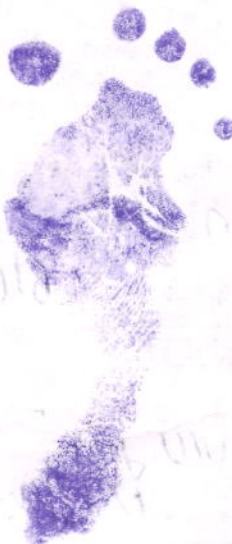
Diagnosis : ..... Moderat preterm / BW + 60 / male Baby / AUA / LBSW /  
 1-8 kg / RPI - 1 / 6/12

**FOOT PRINTS**

Left Side :



Right Side :



**Resident Doctor :**

Signature : ..... (Signature)

Name : ..... (Name)

Date & Time : ..... 9/8/20: 12:10 PM

**Consultant :**

Signature : ..... (Signature)

Name : ..... (Name)

Date & Time : .....



Information given by

Family

☐ Friend

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

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

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

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

Breastfeeding ☐ Yes ☐ No ☐ NA

Formula Feed ☐ Yes ☐ No ☐ NA

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

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

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

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....





feeding: ☐ Breastfeeding Exclusively ☒ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☒ Yes ☐ No

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

Neonatal Screen Taken: ☐ Yes ☒ No, parents advised to have Neonatal Screen at National screening

program center on: ...../...../.....

Hearing Test: ☒ Yes ☐ No

Jaundice: ☒ NIL ☐ Slight ☐ Moderate

Passed Urine: ☒ Yes ☐ No

Passed Meconium: ☒ Yes ☐ No

Weight at discharge: ..... 1.25kg

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

Date of Discharge: 16 / 07 / 2026

Discharge to ☒ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☒ No

Discharge Medications: ☒ Yes ☐ No

Details: .....

Final Diagnosis: 1. IV Fluro 107. DEXTROSE + 9ml (10% Glucose) + 1ml MV.

2. TT 80ml/141 day.

3. LG piperacillin + Tazobactam.

Noted by  
Nandan

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....





①

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time   | Progress Notes                                                        | Doctor's Order                                             |
|---------------|-----------------------------------------------------------------------|------------------------------------------------------------|
| 9/7/26<br>8am | mod preterm   32w+6d   male Baby   AUA   USW  <br>1.814   RDJ → Lifia |                                                            |
|               | T-W 1.88                                                              | Normothermic                                               |
|               | 1/0 39   30                                                           | ON Lifia                                                   |
|               | U-O 2.6U/4hr                                                          | (U: S, ⊕)                                                  |
|               | GRAS: 116 myld                                                        | My All ⊕                                                   |
|               | S/O: 2 times                                                          | HA 100% non tender.                                        |
|               | Plan                                                                  |                                                            |
|               | Day 14 Stg 90-95%                                                     |                                                            |
|               | Day 14 MAP 232 mm Hg                                                  |                                                            |
|               | ARR 6 hwy                                                             |                                                            |
| ADG           | T-V 80ml/kg/day 10% DEXTROSE 100ml/kg/day from                        |                                                            |
| array.        | 1mg piperacillin + Tazobactam D <sub>2</sub> 12am 10/8/26.            |                                                            |
|               | 1/0 chatty, 1/10y Mammory.                                            |                                                            |
|               | NP, after 12am: 10/8/26.                                              |                                                            |
|               | OG feed 3→6→9. ⊕                                                      |                                                            |
| Plan          | - Plan to start OG feeds today. (DBM/EBM/APTomid)                     |                                                            |
|               | - 2D echo, USG - FOLGANT (repe).                                      |                                                            |
|               | - feeds - 3ml x 3hwy. (7 2ml - 6hwy) -                                |                                                            |
|               | - NP, + P/LADIT - 7/10/26                                             |                                                            |
|               | Noted by<br>Sr. Sravani<br>9/7/26 @ 10AM                              | Dr. Surender Rao Dusa<br>Reg. No. 27776<br>9/7/26.<br>11AM |





### PROGRESS NOTES AND DOCTOR'S ORDER





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                                                                                   | Doctor's Order                           |
|--------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|
| 10/5/26<br>6AM     | DOL-2 / MOD PT / 32w + 6D → 33w 7d / Male Boy / AGR<br>LBW / 1.8 kg / RDS - LFO, - RA / prem coe |                                          |
|                    | Issues: none                                                                                     |                                          |
|                    | TWB - 1.861g (↓ 20g)                                                                             | Normothermia                             |
|                    | IL - 163 / 103                                                                                   | SV @ RA                                  |
|                    | ULO - 2.3 cc / kg / hr                                                                           | CVS - 9.8 L (⊕)                          |
|                    | ALO - 50 ml                                                                                      | RS - BILAE (⊕)                           |
|                    | GRBS - 127 mg / dl                                                                               | PLA - soft                               |
| 27 Feb 2026<br>NSO | Plans: none                                                                                      |                                          |
|                    | - Target $SpO_2$ - 90-95%                                                                        |                                          |
|                    | - Target MAP > 32 mmHg                                                                           |                                          |
|                    | - GRBS - 6 hly (prefeed)                                                                         |                                          |
|                    | - IV - 100 ml / kg / day (10% Dextrose + MVX + Co <sup>2+</sup> )                                |                                          |
|                    | - Feed - 9 ml x 3 hly (T 2nd - 6hr)                                                              |                                          |
|                    | (T/F - 15 ml x 2 hly)                                                                            |                                          |
|                    | - WLF abd distension, feed intolerance                                                           |                                          |
|                    | - Inj: PIPLOZ - D3 (4 doses)                                                                     |                                          |
| At<br>chronic      | - Trace NT, TT, APTT, TCR, Bldg - 2 hrs no growth                                                |                                          |
|                    | - ILO churning, vitals monitoring                                                                |                                          |
|                    | stop IV Antibiotic after 48 hrs                                                                  |                                          |
|                    |                                                                                                  | Dr. Surender Rao Dusa<br>10AM<br>10/5/26 |





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                                     | Doctor's Order     |
|-------------|----------------------------------------------------|--------------------|
| 10/7/26     | Baby reviewed.                                     |                    |
| 5:10 PM     | No RD. on RA.                                      |                    |
|             | TV - 100cc/kg/day.                                 |                    |
|             | on feeds tolerating                                |                    |
|             | Plan Continue Supplement &                         |                    |
|             | - oral demand feeds (upto 12ml TST)                |                    |
|             | - w/f desaturation/brady/arr Q2H                   |                    |
|             | - Rpt SBR. t/m 6Am                                 |                    |
|             | - Continue antibiotics.                            |                    |
|             | * Trace B/GS 48 hrs.                               |                    |
|             | - IVF (10% Dext + Calcium gluconate extrol + mv1). |                    |
|             | - E/O.                                             |                    |
|             | charting, at checking                              |                    |
|             |                                                    | <i>[Signature]</i> |
|             |                                                    | noted by Rekha     |
|             |                                                    | 10/7/26 @          |
|             |                                                    | 5:15 PM            |



3

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                                                            | Doctor's Order                       |
|-------------|---------------------------------------------------------------------------|--------------------------------------|
| 11/7/26     | DOL-3 / moderate RT / 32wk + G                                            | d → PMA: 33w + 1d (male / AGA / LBW) |
| 7 AM        | B.Wt = 1.8 kg / ROS - LPO <sub>2</sub> - RA                               | preterm care                         |
|             | Issues: -                                                                 |                                      |
|             | T.Wt = 1.89 kg (↑ 30gm).                                                  | - normothermia                       |
|             | I/O = 196 / 120 ml                                                        | - maintaining at Room Air.           |
|             | U/O = 2.6 ml / kg / day                                                   | - CICA - good.                       |
|             | B/O = 2                                                                   | - CVS - S <sub>2</sub> ⊕             |
|             | GRBS = 96 mg/dl.                                                          | - RS - BAE ⊕                         |
|             |                                                                           | - DIA - soft.                        |
|             | Plan                                                                      |                                      |
|             | - Target SpO <sub>2</sub> : 90-95%.                                       |                                      |
|             | - Target MAP > 32 mmHg                                                    |                                      |
|             | - GRBS QID (prefeed).                                                     |                                      |
|             | - TV: 120 ml / kg / day - Feeds: 15 ml x 3rd only (↑ 2ml - 4th only).     |                                      |
|             | (T/F 21 ml / 2nd only).                                                   |                                      |
|             | - Trace Blood cfr 48 hours report → if -ve stop Antibiotics (by 11/7/26). |                                      |
|             | - Trace SBR.                                                              |                                      |
|             | - I/O charting, monitor vitals                                            | KMC.                                 |
|             | - 2D - Echo done (1.1 mm PAA).                                            |                                      |
|             | - NSG done                                                                |                                      |
|             | Noted by<br>Rsharan<br>11/7/26                                            |                                      |

Surender Rao Dusa  
11/7/26  
10:30 AM



(N)



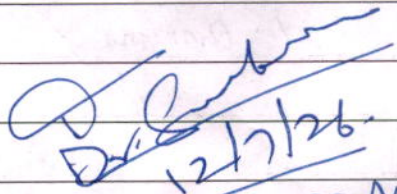
| Date & Time          | Progress Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Doctor's Order |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 11/7/2026<br>3:30 PM | <p>Baby Review<br/>on RA / NO RA</p> <p>Intermittent breathing @</p> <ul style="list-style-type: none"> <li>- OH feeds tolerating</li> <li>- C/A - Good.</li> </ul> <p><u>Plan</u></p> <ul style="list-style-type: none"> <li>- 48hrs Bkcs No Growth</li> <li>* Stopping Piptez</li> <li>- OH feeds 3rd hrly</li> <li>(TV - 120 - 1 kg/day)</li> <li>- S/O charting, not checking.</li> <li>- Target SPO<sub>2</sub> (90-95%)</li> <li>- Inform SCS</li> <li>- CRBS QID (pref-cd1)</li> </ul> |                |





(M)

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes                                                                                                                                                                                    | Doctor's Order                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 12/17/26<br>6am | DOB-4 / mod PT / 32W+6D → PMA 33W+2D / male /<br>AGA / LSW / BW 1.8kg / RNs Lm-RA / preterm care                                                                                                  |                                                                                                              |
|                 | Invet No 15161<br>Antibiotic stopped                                                                                                                                                              | Normomarmak<br>Ap 3/1 880                                                                                    |
|                 | T.WR 1.93 ↑ 40prems<br>I/O 214ml / 110ml                                                                                                                                                          | on norm air<br>C/P/A - good                                                                                  |
|                 | V.O 2.33cc / hr<br>S/O 5 hrms                                                                                                                                                                     | CR - 5.60<br>MA 10m NT                                                                                       |
|                 | GRAS 10my 10L                                                                                                                                                                                     |                                                                                                              |
|                 | Plan: Gayer sta 90-94%<br>Gayer MAP > 33mmHg<br>- GRAS 6hrly.<br>- IV 140ml / 14/day<br>feeding 15ml x 3 <sup>rd</sup> hrly & 2ml 6 <sup>th</sup> hrly<br>I/O chaming<br>- TM out demand feeding. |                                                                                                              |
| one             |                                                                                                                                                                                                   | Notes by<br>Sherry                                                                                           |
|                 |                                                                                                                                                                                                   | <br>12/17/26<br>10:00 AM |





## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes                                            | Doctor's Order                |
|-----------------|-----------------------------------------------------------|-------------------------------|
| 13/7/26<br>8 AM | DOB-5 / mod PT / 32+6D →<br>1.8KJ / RDS-LF02 / 7.1mm PDA. | 33+3 wpt MA / male / MA / LBN |
|                 | Diagnosis - nil.                                          |                               |
|                 | T-Wt 1.92K (Thogus)                                       | Normothermic.                 |
|                 | I/O - 270 / 140 cc/kg/day.                                | SV @ RA                       |
|                 | U/O - 160 / 3.4 cc/kg/h                                   | CNS - Sp/20                   |
|                 | S/O - 8 times,                                            | PS - BAEP.                    |
|                 | ARBL = 113 mg/dl                                          | PA - soft, BS.                |
|                 |                                                           | CNS - C/T/A AHA               |
|                 | <u>Advice.</u>                                            |                               |
|                 | Target SpO <sub>2</sub> 90-94%, MAP >32.                  |                               |
|                 | ABG/CXR SOL, GIBBS OD.                                    |                               |
|                 | IV - 150 ml/Kg/day                                        |                               |
|                 | Try oral demand feeds → Not taking well                   | NP, ITM.                      |
|                 | Vit D3 drops.                                             | Og = 33 ml x 3rd hly.         |
|                 | Syp as per D/Hm.                                          |                               |
|                 | Monitor Vitals.                                           | TFT                           |
|                 | S/O charting                                              |                               |
|                 | Dr. S. Surender Rao                                       |                               |
|                 | Noted by<br>Sharda                                        |                               |
|                 |                                                           | 13/7/26<br>10:30 AM           |



VIH-00206726 IP-00060631  
Baby B/O AMEENA BEGUM  
09-07-2026 0 Y 0 M 2 D (M)  
Dr. SURENDER RAO DUSA  




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### PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes                                                                                  | Doctor's Order                               |
|-----------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|
| 14/7/26<br>5 AM | DOL-6 / MOD PT / 3246 D - S 33+4 W PMA / Male / AGA / LBW<br>1.8 kg / RBS - $CO_2$ - 1.1 mm PDA |                                              |
|                 | ISSUES:- Wt.                                                                                    |                                              |
|                 | T.Wt - <sup>5.01</sup> <del>1207</del> kg (700g)                                                | NORMOTHERMIC                                 |
|                 | T <sub>10</sub> - 26.6 / 6.5                                                                    | SV Q RA                                      |
|                 | VLO - 3-6 cc/kg/hr                                                                              | CVS - $S_2$ ⊕                                |
|                 | SILO - 6.6 ml                                                                                   | RS - BAC ⊕                                   |
|                 | CATS - 9.7 mg/kg                                                                                | PIA - 40 PE                                  |
|                 |                                                                                                 | CNS - CHIT - PGP                             |
|                 | Advice:                                                                                         |                                              |
|                 | - Target $SpO_2$ 90-95% MAP > 33                                                                | <u>Crib Care</u>                             |
|                 | - ABG/CxP 50%, CATS - QD                                                                        |                                              |
|                 | - TV - 150 ml/kg of COC - 33hr x 3hr hr                                                         |                                              |
|                 | - NIBP 3 drops                                                                                  |                                              |
|                 | - 9/7 ossopon - D                                                                               |                                              |
|                 | - Monitor vitals                                                                                |                                              |
| A               | - T <sub>10</sub> , monitoring                                                                  |                                              |
|                 | - Try oral demand feed from 10 AM                                                               |                                              |
|                 | - Troce NP, JPT                                                                                 |                                              |
|                 | - Zincovit Drops                                                                                |                                              |
|                 | Noted by<br>Bhavan<br>14/7/26                                                                   | Dr. Surender Rao Dusa<br>14/7/26<br>10:00 AM |





6

### PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time     | Progress Notes                                                                                                                                                                                                                                       | Doctor's Order |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 11/17/26<br>5pm | <ul style="list-style-type: none"> <li>Care reviewed</li> <li>accepting well orally</li> <li>no vomitings</li> <li>no issues</li> <li>Crib Care</li> <li>-Trace TET.</li> <li>-accepting oral feeds 20-25ml / 3rd hly. (TF=37ml/3rd hly).</li> </ul> |                |
|                 | <p>noted by</p> <p>Sr. Svettha</p> <p>11/17/26</p> <p>@8pm</p>                                                                                                                                                                                       |                |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes                                                                                    | Doctor's Order                          |
|----------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|
| 15/7/26<br>9am | DOI-7 / mod PT / 32 + 60 → 33W + 50 / M de / SAA /<br>(13W) / 1.8kg / RDI- (F <sub>0</sub> ) → RA |                                         |
|                | 13W/18 No 13W/18                                                                                  |                                         |
|                | T-WR. 1.99kg ↓ 20 gram                                                                            |                                         |
|                | 1/0 200 / B3                                                                                      | • NORMOTENSIVE                          |
|                | V-O: 28cc / 14 L/H                                                                                | • ON RA                                 |
|                | 5/0 3 H/m                                                                                         | • (M - 5.40                             |
|                | GRMS: 104 ml / dL                                                                                 | by 13/08                                |
|                | adv                                                                                               | 1/0 10/0                                |
|                | •ayer spn 90-95%                                                                                  | C/T/A Fam                               |
|                | •ayer mmp > 22 mmh                                                                                |                                         |
|                | •Cray ANG (501)                                                                                   |                                         |
|                | •TV 150 ml / 1 day                                                                                |                                         |
|                | 33ml x 2 <sup>nd</sup> hrly                                                                       |                                         |
|                | Vitamin drops                                                                                     |                                         |
|                | •Ossopan-b, Zinco vir drops                                                                       |                                         |
|                | •Monitor levels                                                                                   |                                         |
|                | •1/0 Chamy                                                                                        |                                         |
|                | •OAT 17M.                                                                                         |                                         |
|                | Report                                                                                            |                                         |
|                | Noted by<br>Bhavan<br>15/7/26                                                                     |                                         |
|                |                                                                                                   | Dr. Surender Rao<br>15/7/26<br>10:40 AM |



VIH-00206726

IP-00060631

Baby B/O AMEENA BEGUM

09-07-2026

0 Y 0 M 6 D

(M)

Dr. SURENDER RAO DUSA



2

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## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Doctor's Order                                                                                                                                                                                                                                                                           |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15/7/2026   | Shifting notes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                          |
| 9:25 AM     | <p>A 32wt6D male baby delivered to prim mother with B.wt of 1.886 Kg.</p> <p>Antenatally Steroids and mg. Son Coverage given. As the baby had premature delivery &amp; low birth wt along with persisting respiratory distress, baby was admitted in NICU &amp; treated with empirical antibiotics for 1st 2 days. As the cultures are sterile they are stopped. Baby gained wt, no apneas noted, maintained on low flow initially gradually on Room air, with proper feeds. Baby tolerated no vomiting and abdomen was normal and hence moving to room. Following advice.</p> |                                                                                                                                                                                                                                                                                          |
|             | Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                          |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Target SpO<sub>2</sub> - 90-95%.</li> <li>Continuous monitoring</li> <li>IV - 150 cc/kg/day</li> <li>33ml Q18-CORAL</li> <li>- NO IVF</li> <li>- OAE T/M.</li> <li>- Continue Supplements</li> <li>- I/O charting</li> <li>wt checking</li> </ul> |



VIH-00206726 IP-00060631  
 Baby B/O AMEENA BEGUM (M)  
 09-07-2026 0 Y 0 M 6 D  
 Dr. SURENDER RAO DUSA

## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes                                                                              | Doctor's Order                                                                                                                      |
|----------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 15/7/26<br>4pm | S/R Resident                                                                                |                                                                                                                                     |
|                | Baby reviewed                                                                               | plan                                                                                                                                |
|                | Maintaining on RA<br>No new concerns                                                        | - Ex + Conf. some instructions<br>- Continuous monitoring<br>- Allow oral feeds<br>- Monitor vitals<br>- Ab checking<br>- Inform me |
|                | OL - eutrophic<br>CVR - S1S2 (a)<br>R - BA2 (a)<br>PA - sohr.<br>CLA h - good<br>CPR < 3sec |                                                                                                                                     |
|                | <del>Diagnosed by</del><br>15/7/26 @ 4pm                                                    |                                                                                                                                     |
|                | for - <del>diagnosed</del><br>15/7/26<br>1pm.                                               |                                                                                                                                     |



| Date & Time        | Progress Notes                                                                                                                                                                                                                                                                                                                                                                                | Doctor's Order                                                                                                                                                                                                                                                                   |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16/7/24<br>9:30 AM | <p>8/13 Resident</p> <p>DS / mod pt (32<sup>nd</sup> wk → 33<sup>rd</sup> wk pma) / male / SSA / A.Wt - 1.8 kg / Lbw / RBC - 1.60<sub>2</sub> - RA / 1.1 mmHg</p> <p>ck - NO New Concerns</p> <p>Exercising - oral demand</p> <p>feels</p> <p>v / p away</p> <p>wt - 1.85 kg ↓ upm</p> <p>DS - Euthymic</p> <p>He was</p> <p>PA - sm</p> <p>CLA - good</p> <p>CAT - 2.12</p> <p>GAS - wnr</p> | <p>plan</p> <p>- let it continue</p> <p>injections</p> <p>- Allow oral demand</p> <p>feels</p> <p>- Monitor vitals</p> <p>- the checking</p> <p>= improves</p> <p>- Continuity of (open d)</p> <p>2.12 wnt</p> <p>- CRBC - DO (preferred)</p> <p>↓</p> <p>inform if complete</p> |
|                    |                                                                                                                                                                                                                                                                                                                                                                                               | <p>Note by<br/>Rafa Co<br/>16/7/24<br/>@ 2:30 PM</p>                                                                                                                                                                                                                             |



7. SURENDER RAO DUGA



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## NURSING SHIFT HAND OVER FORM

|                       |                                                           |                                                                     |                                                                                                                                                |                                                                     |                                                          |                                                          |
|-----------------------|-----------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| SITUATION             | Diagnosis: PT- 32 + 6 weeks                               |                                                                     | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                                     |                                                          |                                                          |
|                       | Surgery / Procedure: —                                    |                                                                     | Post OP Day: —                                                                                                                                 |                                                                     |                                                          |                                                          |
| BACKGROUND            | Date                                                      | 15/7/26<br>E                                                        | 15/7/26<br>N                                                                                                                                   | 16/7/26<br>M                                                        |                                                          |                                                          |
|                       | Shift                                                     |                                                                     |                                                                                                                                                |                                                                     |                                                          |                                                          |
|                       | Medical Condition<br>(Any special condition to be noted): | Nil                                                                 | Nil                                                                                                                                            | Nil                                                                 |                                                          |                                                          |
|                       | Diet:                                                     | FF+DBM                                                              | DBF                                                                                                                                            |                                                                     |                                                          |                                                          |
| ASSESSMENT            | Allergy:                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | Ventilation (RA, NP, NIV, VENTI):                         | RA                                                                  | RA                                                                                                                                             | RA                                                                  |                                                          |                                                          |
|                       | Tubes/Drains/Catheter:                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | Vital Signs:                                              |                                                                     |                                                                                                                                                |                                                                     |                                                          |                                                          |
|                       | Temp:                                                     | 36.5°C                                                              | 36°C                                                                                                                                           | 98.7°F                                                              |                                                          |                                                          |
|                       | Res:                                                      | 40 blm                                                              | 41 blm                                                                                                                                         | 35 blm                                                              |                                                          |                                                          |
|                       | SpO <sub>2</sub> :                                        | 98%                                                                 | 99%                                                                                                                                            | 98%                                                                 |                                                          |                                                          |
|                       | Pulse:                                                    | 151 blm                                                             | 141 blm                                                                                                                                        | 155 blm                                                             |                                                          |                                                          |
|                       | BP:                                                       | —                                                                   | Nil                                                                                                                                            | Nil                                                                 |                                                          |                                                          |
|                       | LOC:                                                      | conscious                                                           | conscious                                                                                                                                      | conscious                                                           |                                                          |                                                          |
| Fall Risk Score:      | 15                                                        | 15                                                                  | 15                                                                                                                                             |                                                                     |                                                          |                                                          |
| Pain Score:           | 10                                                        | 0                                                                   | 0                                                                                                                                              |                                                                     |                                                          |                                                          |
| Skin Integrity        | Intact                                                    | Intact                                                              | Intact                                                                                                                                         |                                                                     |                                                          |                                                          |
| Recommendations       | Safety Needs:                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | Physiotherapy:                                            | —                                                                   | —                                                                                                                                              | Nil                                                                 |                                                          |                                                          |
|                       | Others Specify:                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | Special Diet:                                             | DBF+FF                                                              | DBF                                                                                                                                            |                                                                     |                                                          |                                                          |
|                       | Critical Lab Test / Values:                               | —                                                                   | —                                                                                                                                              | Nil                                                                 |                                                          |                                                          |
|                       | Other Special Orders / Medications:                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | PU Prophylaxis:                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | DVT Prophylaxis:                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       | ADL (Dependent / Non Dependent):                          | dependent                                                           | dependent                                                                                                                                      | dependent                                                           |                                                          |                                                          |
|                       | Post Operative Procedure Special Orders:                  | —                                                                   | OAC<br>TTC1                                                                                                                                    | etc today                                                           |                                                          |                                                          |
| Handed Over By Name : | Thamir                                                    | Padma                                                               | Raja                                                                                                                                           |                                                                     |                                                          |                                                          |
| Signature / ID :      | 012542                                                    | 606329                                                              | 010001                                                                                                                                         |                                                                     |                                                          |                                                          |
| Date:                 | 15/7/26                                                   | 16/7/26                                                             | 16/7/26                                                                                                                                        |                                                                     |                                                          |                                                          |
| Time:                 | 8pm                                                       | 8am                                                                 | 11am                                                                                                                                           |                                                                     |                                                          |                                                          |
| Taken Over By Name :  | Padma                                                     | Raja                                                                |                                                                                                                                                |                                                                     |                                                          |                                                          |
| Signature / ID :      | 606329                                                    | 010001                                                              |                                                                                                                                                |                                                                     |                                                          |                                                          |
| Date:                 | 15/7/26                                                   | 16/7/26                                                             |                                                                                                                                                |                                                                     |                                                          |                                                          |
| Time:                 | 8pm                                                       | 8am                                                                 |                                                                                                                                                |                                                                     |                                                          |                                                          |

Discharge Note  
Sent for billing  
proceed

Note by  
Raja  
16/7/26  
@11am





## NURSING SHIFT HAND OVER FORM

|                                          |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>SITUATION</b>                         | Diagnosis:                                                |                                                          | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known<br>If Yes Specify: ..... |                                                          |                                                          |                                                          |                                                          |
|                                          | Surgery / Procedure:                                      |                                                          | Post OP Day:                                                                                                                        |                                                          |                                                          |                                                          |                                                          |
| <b>BACKGROUND</b>                        | Date                                                      |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Shift                                                     |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Medical Condition<br>(Any special condition to be noted): |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Diet:                                                     |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| <b>ASSESSMENT</b>                        | Allergy:                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Ventilation (RA, NP, NIV, VENTI):                         |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Tubes/Drains/Catheter:                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Vital Signs:                                              | Temp:                                                    |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Res:                                                     |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | SpO <sub>2</sub> :                                       |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Pulse:                                                   |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | BP:                                                      |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | LOC:                                                     |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Fall Risk Score:                                         |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Pain Score:                                              |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          |                                                           | Skin Integrity                                           |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| <b>Recommendations</b>                   | Safety Needs:                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Physiotherapy:                                            |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Others Specify:                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | Special Diet:                                             |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Critical Lab Test / Values:                               |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
|                                          | Other Special Orders / Medications:                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | PU Prophylaxis:                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                          | DVT Prophylaxis:                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADL (Dependent / Non Dependent):         |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Post Operative Procedure Special Orders: |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Handed Over By Name :                    |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Signature / ID :                         |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Date:                                    |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Time:                                    |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Taken Over By Name :                     |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Signature / ID :                         |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Date:                                    |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |
| Time:                                    |                                                           |                                                          |                                                                                                                                     |                                                          |                                                          |                                                          |                                                          |



# NURSING CARE RECORD

Date: 9/7/26

**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       | Nurse Name & Signature    |
|-----------|-------------------|------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------|----------------------------------|---------------------|---------------------------|
| Morning   | 8AM               | - Assessment                                                     | -                 | Assessed baby condition                                                                | - Baby is active                 | - vitals are normal | <br>Sy<br>9/7/26<br>@ 2PM |
|           | 2PM               | - cheek vitals<br>- provide comfortable position<br>- Ilo chart. | -                 | - cheeked vitals<br>- provided comfortable position<br>- maintained Ilo chart          |                                  |                     |                           |
| Afternoon | 2PM               | - Assessment                                                     | -                 | Assessed baby condition                                                                | Baby is active                   | - vital are normal  | Sy<br>9/7<br>@ 8PM        |
|           | 8PM               | - Cheek vitals<br>- Feed<br>- Ilo chart                          | -                 | - cheeked vitals<br>- given feeds                                                      |                                  |                     |                           |
| Night     | 8 pm<br> <br>9 pm | Assessment<br>vital signs<br>feeds                               | 8 pm<br> <br>8 am | → assessed the baby condition<br>→ Monitored vital signs.<br>→ gives feeds 3rd hourly. | baby is active<br>baby is stable | monitor Ilo chart.  | shuly<br>id1<br>@ 8 am    |





# NURSING CARE RECORD

Date: 9/7/26

**Goals**

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

|           | Time       | Plan of Care              | Time       | Implementation                                      | Evaluation        | Re-Assessment           | Nurse Name & Signature |
|-----------|------------|---------------------------|------------|-----------------------------------------------------|-------------------|-------------------------|------------------------|
| Morning   |            |                           |            |                                                     |                   |                         |                        |
| Afternoon |            |                           |            |                                                     |                   |                         |                        |
| Night     | 2AM<br>6AM | assessment<br>vital signs | 2AM<br>6AM | assessed baby<br>conscious<br>monitored & Rechecked | baby is<br>stable | attach for<br>discharge | <br>9/7/26<br>SPM      |

Ref No. F/INPR/19

VIH-00206726 IP-00060631  
 Baby B/O AMEENA BEGUM  
 09-07-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. SURENDER RAO DUSA

Patient Name :



I.P. No

# NURSES ASSESSMENT CHART

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Date : 9/3/26 Diagnosis : pt 32 weeks Weight : 1.88kg Chart No. : 2

| Guide                    | Time | 8   | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 1 | 2 | 3    | 4    | 5    | 6    | 7    |      |
|--------------------------|------|-----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|------|------|------|------|------|------|
| COLOUR CODE              | 200  |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          | 210  |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| RED - PULSE              | 200  |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| BLACK - RESP             | 105  | 190 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   | 128  | 122  | 134  | 120  | 118  | 160  |
| GREEN - TEMP             | 104  | 180 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| BLUE - NIBP              | 103  | 170 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          | 102  | 160 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          | 101  | 150 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| A- ALERT                 | 100  | 140 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 |
| V-VOICE                  | 99   | 130 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| P-PAIN                   | 98   | 120 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| U-UNRESPONSIVE           | 97   | 110 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          | 96   | 100 |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| VERBAL                   | 95   | 90  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 5-ORIENTED               |      | 80  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   | 60   | 52   | 24   | 60   | 68   | 78   |
| 4-CONFUSED               |      | 70  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 3-IN APPROPRIATE WORDS   |      | 60  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 2-INCOMPREHENSIBLE SOUND |      | 50  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 1-NONE                   |      | 40  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          |      | 35  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| MOTOR                    |      | 30  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 6-OBEYS                  |      | 28  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   | 58   | 59   |      |      |      |      |
| 5-LOCALISES PAIN         |      | 26  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 4-WITHDRAWS              |      | 24  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 3-FLECTION               |      | 22  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 2-EXTENSION              |      | 20  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| 1-NONE                   |      | 18  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          |      | 16  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          |      | 14  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          |      | 12  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
|                          |      | 10  |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| Q2                       |      |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| SPO2                     |      |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| RBS                      |      |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| SUCTION                  |      |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| PHYSIOTHERAPY            |      |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |
| AVPU                     |      |     |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |   |      |      |      |      |      |      |

Signature of the Nurse : .....

Morning Shift : .....

Evening Shift : .....

Night Shift : .....

*Handwritten signature*  
 9/3/26  
 SAN



VIH-00206726 IP-00060631  
Baby B/O AMEENA BEGUM  
09-07-2026 0 Y 0 M 0 D 11 H (M)  
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 10/7/26 Diagnosis : PT-33 wks Weight : 1.86 Chart No. : 2

# NURSES ASSESSMENT CHART

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

| Guide                    | Time | 8   | 9    | 10   | 11   | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 1    | 2    | 3    | 4    | 5    | 6    | 7    |
|--------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| COLOUR CODE              | 200  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 210  | 128 | 132  | 125  | 142  | 137  | 140  | 141  | 130  | 149  | 150  | 120  | 129  | 146  | 130  | 140  | 160  | 144  | 156  | 135  | 121  | 1    | 130  | 121  | 160  |
| RED - PULSE              | 200  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| BLACK - RESP             | 105  | 190 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| GREEN - TEMP             | 104  | 180 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| BLUE - NIBP              | 103  | 170 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 102  | 160 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 101  | 150 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| A- ALERT                 | 100  | 140 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| V-VOICE                  | 99   | 130 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 | 98.6 |
| P-PAIN                   | 98   | 120 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| U-UNRESPONSIVE           | 97   | 110 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 96   | 100 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| VERBAL                   | 95   | 90  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 5-ORIENTED               | 80   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 4-CONFUSED               | 70   | 30  | 33   | 44   | 76   | 35   | 40   | 41   | 28   | 66   | 27   | 53   | 74   | 46   | 60   | 48   | 60   | 35   | 61   | 87   | 54   | 88   | 58   | 31   | 62   |
| 3-IN APPROPRIATE WORDS   | 60   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 2-INCOMPREHENSIBLE SOUND | 50   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 1-NONE                   | 40   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 35   | 60  | 57   | 57   | 61   | 60   | 58   | 60   | 62   | 58   | 61   | 64   | 56   | 58   | 59   | 58   | 58   | 56   | 56   |      |      |      |      |      |      |
| MOTOR                    | 30   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 6-OBEYS                  | 28   | 47  | 48   | 40   | 54   | 48   | 35   | 30   | 49   | 48   | 46   | 49   | 49   | 48   |      |      |      |      |      |      |      |      |      |      |      |
| 5-LOCALISES PAIN         | 26   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 4-WITHDRAWS              | 24   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 3-FLECTION               | 22   | 42  | 43   | 57   | 51   | 40   | 24   | 30   | 43   | 43   | 40   | 40   | 49   | 38   |      |      |      |      |      |      |      |      |      |      |      |
| 2-EXTENSION              | 20   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 1-NONE                   | 18   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 16   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 14   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 12   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 10   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| Q2                       |      | 98  | 98   | 96   | 95   | 95   | 96   | 99   | 98   | 99   | 98   | 100  | 99   | 100  | 99   | 100  | 100  | 96   | 99   | 100  | 100  | 100  | 100  | 98   | 100  |
| SPO2                     |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| RBS                      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| SUCTION                  |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| PHYSIOTHERAPY            |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| AVPU                     |      | A   | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    |

Signature of the Nurse :

Morning Shift : 10/7/26 @ 2PM

Evening Shift : 10/7/26 8PM

Night Shift : 11/7/26 8AM



VIH-00206726 IP-00060631  
 Baby B/O AMEENA BEGUM  
 09-07-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :



I.P. No

Date : 9/7/26 Diagnosis : Pt 33 weeks Weight : 1.88 Chart No. : 2

# NURSES ASSESSMENT CHART

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

| Guide                    | Time | 8   | 9    | 10   | 11   | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 1    | 2    | 3    | 4    | 5    | 6    | 7    |
|--------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| COLOUR CODE              | 200  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 210  | 138 | 138  | 130  | 134  | 125  | 117  | 140  | 145  | 138  | 134  | 148  | 133  | 120  | 139  | 141  | 138  | 125  | 140  | 151  | 142  | 158  | 157  | 154  | 142  |
| RED - PULSE              | 200  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| BLACK - RESP             | 105  | 190 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| GREEN - TEMP             | 104  | 180 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| BLUE - NIBP              | 103  | 170 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 102  | 160 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 |
|                          | 101  | 150 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| A- ALERT                 | 100  | 140 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| V-VOICE                  | 99   | 130 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| P-PAIN                   | 98   | 120 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| U-UNRESPONSIVE           | 97   | 110 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 96   | 100 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| VERBAL                   | 95   | 90  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 5-ORIENTED               | 80   | 47  | 52   | 54   | 49   | 51   | 51   | 49   | 48   | 58   | 49   | 55   | 56   | 50   | 54   | 52   | 68   | 53   | 53   | 58   | 60   | 59   | 58   | 62   | 62   |
| 4-CONFUSED               | 70   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 3-IN APPROPRIATE WORDS   | 60   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 2-INCOMPREHENSIBLE SOUND | 50   | 39  | 41   | 42   | 41   | 42   | 40   | 35   | 38   | 39   | 41   | 46   | 47   | 40   | 48   | 47   | 50   | 52   | 45   | 45   | 48   | 47   | 45   | 48   | 47   |
| 1-NONE                   | 40   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 35   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| MOTOR                    | 30   | 35  | 35   | 36   | 38   | 44   | 35   | 40   | 34   | 30   | 37   | 41   | 42   | 38   | 45   | 44   | 45   | 50   | 39   | 41   | 42   | 30   | 49   | 42   | 39   |
| 6-OBEYS                  | 28   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 5-LOCALISES PAIN         | 26   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 4-WITHDRAWS              | 24   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 3-FLECTION               | 22   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 2-EXTENSION              | 20   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 1-NONE                   | 18   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 16   | 44  | 40   | 30   | 17   | 35   | 71   | 70   | 42   | 59   | 92   | 92   | 36   | 56   | 50   | 45   | 39   | 40   | 45   | 39   | 40   | 45   | 50   | 55   | 60   |
|                          | 14   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 12   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 10   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| O2                       |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| SPO2                     |      | 97  | 95   | 96   | 96   | 97   | 99   | 98   | 96   | 96   | 99   | 98   | 97   | 97   | 97   | 96   | 97   | 98   | 97   | 96   | 91   | 98   | 96   | 90   | 98   |
| RBS                      |      | -   | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| SUCTION                  |      | -   | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| PHYSIOTHERAPY            |      | -   | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| AVPU                     |      | A   | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    |

Signature of the Nurse : .....

Morning Shift : 9/7 @ 2pm

Evening Shift : 9/7 @ 8pm

Night Shift : 9/7 @ 8am



VIH-00206726 IP-00060631  
Baby B/O AMEENA BEGUM  
09-07-2026 0 Y 0 M 0 D 11 H (M)  
Dr. SURENDER RAO DUSA

Ref No. F/INPR/19

Patient Name :



I.P. No

Date : 11/12/26 Diagnosis : Pt 32+6 weeks Weight : 1.89 kg Chart No. : 3

# NURSES ASSESSMENT CHART

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

**BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

| Guide                    | Time | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 1   | 2   | 3   | 4   | 5   | 6   | 7   |     |
|--------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| COLOUR CODE              | 200  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 210  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| RED - PULSE              | 200  | 124 | 132 | 127 | 130 | 128 | 148 | 118 | 112 | 128 | 125 | 132 | 130 | 127 | 136 | 130 | 127 | 133 | 157 | 128 | 116 | 121 | 127 | 123 | 129 |     |
| BLACK - RESP             | 105  | 190 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| GREEN - TEMP             | 104  | 180 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| BLUE - NIBP              | 103  | 170 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 102  | 160 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 101  | 150 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| A- ALERT                 | 100  | 140 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| V-VOICE                  | 99   | 130 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| P-PAIN                   | 98   | 120 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| U-UNRESPONSIVE           | 97   | 110 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 96   | 100 | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  | 98  |     |     |
| VERBAL                   | 95   | 90  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5-ORIENTED               | 80   | 59  | 14  | 39  |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 63  | 53  | 69  | 74  | 68  | 62  | 106 | 108 |
| 4-CONFUSED               | 70   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3-IN APPROPRIATE WORDS   | 60   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2-INCOMPREHENSIBLE SOUND | 50   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 1-NONE                   | 40   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| MOTOR                    | 30   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6-OBEYS                  | 28   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5-LOCALISES PAIN         | 26   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4-WITHDRAWS              | 24   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3-FLECTION               | 22   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2-EXTENSION              | 20   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 1-NONE                   | 18   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 16   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 14   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 12   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 10   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| O2                       |      | 96  | 99  | 99  | 100 | 100 | 99  | 98  | 99  | 100 | 99  | 97  | 99  | 100 | 100 | 100 | 100 | 100 | 99  | 99  | 100 | 100 | 100 | 100 | 100 |     |
| SPO2                     |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| RBS                      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| SUCTION                  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| PHYSIOTHERAPY            |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| AVPU                     |      | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   |     |

Signature of the Nurse : .....

Morning Shift : .....

Evening Shift : .....

Night Shift : .....

Bhawan  
11/12/26  
2pm

Bhawan  
11/12/26  
2pm

Shirley  
12/12/26  
2pm



Ref No. F/INPH-00206726 IP-00060631  
 Baby B/O AMEENA BEGUM  
 Patient Name 9-07-2026 0 Y 0 M 2 D (M)  
 Jr. SURENDER RAO DUSA  
 I.P. No

# NURSES ASSESSMENT CHART

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Date : ..... Diagnosis : ..... Weight : 1.97 kgs Chart No. : .....

| Guide                    | Time | 8   | 9    | 10   | 11   | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 1    | 2    | 3    | 4    | 5    | 6    | 7    |    |
|--------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|
| COLOUR CODE              | 200  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 210  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| RED - PULSE              | 200  | 143 | 121  | 154  | 146  | 135  | 140  | 139  | 141  | 151  | 131  | 152  | 164  | 140  | 141  | 144  | 158  | 135  | 138  | 142  | 147  | 157  | 152  | 126  | 154  |    |
| BLACK - RESP             | 105  | 190 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| GREEN - TEMP             | 104  | 180 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| BLUE - NIBP              | 103  | 170 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 102  | 160 | 86.5 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 | 86.6 |    |
|                          | 101  | 150 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| A- ALERT                 | 100  | 140 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| V-VOICE                  | 99   | 130 | 50   | 88   | 52   | 32   | 62   | 78   | 30   | 71   | 68   | 62   | 57   | 58   | 47   | 79   | 61   | 34   | 55   | 76   | 86   | 31   | 92   | 43   | 60   | 89 |
| P-PAIN                   | 98   | 120 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| U-UNRESPONSIVE           | 97   | 110 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 96   | 100 | 53   | 65   | 58   | 70   | 65   | 56   | 57   | 57   | 67   | 54   | 47   | 53   | 69   | 53   | 56   | 59   | 60   | 67   | 48   | 68   | 54   | 69   | 41   | 52 |
| VERBAL                   | 95   | 90  | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    |    |
| 5-ORIENTED               | 80   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 4-CONFUSED               | 70   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 3-IN APPROPRIATE WORDS   | 60   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 2-INCOMPREHENSIBLE SOUND | 50   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 1-NONE                   | 40   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 35   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| MOTOR                    | 30   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 6-OBEYS                  | 28   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 5-LOCALISES PAIN         | 26   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 4-WITHDRAWS              | 24   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 3-FLECTION               | 22   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 2-EXTENSION              | 20   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| 1-NONE                   | 18   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 16   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 14   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 12   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
|                          | 10   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| O2                       |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| SPO2                     |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| RBS                      |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| SUCTION                  |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| PHYSIOTHERAPY            |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |
| AVPU                     |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    |

Signature of the Nurse : .....

Morning Shift : .....

Evening Shift : .....

Night Shift : .....

Raj  
 12/7/26  
 0811



IH-00206726 IP-00060631  
 Ref No. F/INP Baby B/O AMEENA BEGUM  
 9-07-2026 0 Y 0 M 2 D (M)  
 Patient Name : r. SURENDER RAO DUSA  
 I.P. No

# NURSES ASSESSMENT CHART

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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Date : ..... Diagnosis : ..... Weight : ..... Chart No. : .....

| Guide                    | Time | 8   | 9    | 10   | 11   | 12   | 13   | 14   | 15   | 16   | 17   | 18   | 19   | 20   | 21   | 22   | 23   | 24   | 1    | 2    | 3    | 4    | 5    | 6    | 7    |
|--------------------------|------|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| COLOUR CODE              | 200  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 210  |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| RED - PULSE              | 200  | 131 | 135  | 146  | 156  | 133  | 134  | 124  | 130  | 137  | 147  | 131  | 146  | 144  | 144  | 142  | 143  | 144  | 136  | 137  | 135  | 120  | 133  | 131  | 141  |
| BLACK - RESP             | 105  | 190 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| GREEN - TEMP             | 104  | 180 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| BLUE - NIBP              | 103  | 170 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 102  | 160 | 36.5 | 36.5 | 36.6 | 36.6 | 36.5 | 36.6 | 36.6 | 36.6 | 36.5 | 36.6 | 36.5 | 36.6 | 36.6 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 |
|                          | 101  | 150 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| A- ALERT                 | 100  | 140 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| V-VOICE                  | 99   | 130 | 63   | 78   | 73   | 43   | 63   | 66   | 44   | 59   | 55   | 44   | 47   | 67   | 43   | 43   | 65   | 63   | 105  | 54   | 40   | 66   | 46   | 47   | 55   |
| P-PAIN                   | 98   | 120 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| U-UNRESPONSIVE           | 97   | 110 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 96   | 100 |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| VERBAL                   | 95   | 90  | 54   | 50   | 58   | 54   | 57   | 61   | 58   | 61   | 59   | 60   | 58   | 59   | 60   | 60   | 61   | 53   | 60   | 56   | 59   | 59   | 57   | 58   | 53   |
| 5-ORIENTED               | 80   |     | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    |
| 4-CONFUSED               | 70   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 3-IN APPROPRIATE WORDS   | 60   |     | 42   | 44   | 45   | 46   | 44   | 46   | 45   | 47   | 43   | 46   | 43   | 45   | 50   | 50   | 43   | 40   | 45   | 43   | 47   | 44   | 46   | 44   | 40   |
| 2-INCOMPREHENSIBLE SOUND | 50   |     | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    | 1    |
| 1-NONE                   | 40   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 35   |     | 86   | 41   | 38   | 42   | 38   | 37   | 38   | 38   | 36   | 38   | 35   | 38   | 45   | 45   | 32   | 34   | 37   | 36   | 34   | 37   | 39   | 36   | 33   |
| MOTOR                    | 30   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 6-OBEYS                  | 28   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 5-LOCALISES PAIN         | 26   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 4-WITHDRAWS              | 24   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 3-FLECTION               | 22   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 2-EXTENSION              | 20   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| 1-NONE                   | 18   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 16   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 14   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 12   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                          | 10   |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| O2                       |      |     |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
| SPO2                     |      |     | 96   | 97   | 97   | 100  | 99   | 99   | 98   | 99   | 98   | 98   | 98   | 97   | 98   | 98   | 95   | 97   | 97   | 98   | 99   | 97   | 99   | 99   | 96   |
| RBS                      |      |     | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| SUCTION                  |      |     | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| PHYSIOTHERAPY            |      |     | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| AVPU                     |      |     | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    | A    |

Signature of the Nurse : .....

Morning Shift : *Bhavana*

Evening Shift : *Benanka*

Night Shift : *14/7/26 8am*



$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$   
 $\frac{1}{16} \times \frac{1}{16} = \frac{1}{256}$

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$   
 $\frac{1}{16} \times \frac{1}{16} = \frac{1}{256}$



The diagram shows a network of nodes and directed edges. The nodes are labeled with letters and numbers, and the edges are labeled with numbers. The diagram appears to be a flow network or a dependency graph.



VIH-00206726

IP-00060631

Ref No. F/INPR/19

Baby B/O AMEENA BEGUM

09-07-2026 0 Y 0 M 4 D

(M)

Dr. SURENDER RAO DUSA

Patient Name :



## NURSES ASSESSMENT CHART

Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

I.P. No

Date : 14/7/26 Diagnosis : PT 33 weeks Weight : 2.01 kgs Chart No. :

| Guide                    | Time | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 1   | 2   | 3   | 4   | 5   | 6   | 7   |
|--------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| COLOUR CODE              | 200  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 210  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| RED - PULSE              | 200  | 133 | 125 | 128 | 140 | 140 | 151 | 142 | 143 | 131 | 132 | 144 | 140 | 159 | 153 | 164 | 156 | 149 | 143 | 152 | 159 | 139 | 146 | 153 | 156 |
| BLACK - RESP             | 105  | 190 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| GREEN - TEMP             | 104  | 180 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| BLUE - NIBP              | 103  | 170 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 102  | 160 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 101  | 150 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| A- ALERT                 | 100  | 140 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| V-VOICE                  | 99   | 130 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| P-PAIN                   | 98   | 120 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| U-UNRESPONSIVE           | 97   | 110 |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 96   | 100 | 96  | 98  | 96  | 98  | 96  | 99  | 96  | 98  | 96  | 98  | 96  | 98  | 96  | 98  | 96  | 98  | 96  | 98  | 96  | 98  | 96  | 98  | 96  |
| VERBAL                   | 95   | 90  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5-ORIENTED               | 80   | 51  | 60  | 55  | 45  | 62  | 66  | 44  | 53  | 40  | 38  | 55  | 44  | 40  | 51  | 46  | 37  | 53  | 68  | 31  | 42  | 56  | 59  | 48  | 43  |
| 4-CONFUSED               | 70   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3-IN APPROPRIATE WORDS   | 60   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2-INCOMPREHENSIBLE SOUND | 50   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 1-NONE                   | 40   | 56  | 52  | 52  |     | 58  | 59  | 52  | 57  | 54  | 55  | 54  | 54  | 50  | 61  | 57  | 56  | 56  | 57  | 56  | 56  | 58  | 64  | 64  |     |
|                          | 35   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| MOTOR                    | 30   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6-OBEYS                  | 28   | 48  | 42  | 46  |     | 48  | 42  | 41  | 41  | 43  | 39  | 44  | 40  | 44  | 43  | 48  | 44  | 37  | 46  | 43  | 52  | 33  | 47  | 58  |     |
| 5-LOCALISES PAIN         | 26   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4-WITHDRAWS              | 24   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3-FLECTION               | 22   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2-EXTENSION              | 20   | 32  | 34  | 40  |     | 34  | 36  | 33  | 33  | 32  | 29  | 32  | 38  | 41  | 30  | 33  | 37  | 26  | 41  | 33  | 44  | 24  | 41  | 41  |     |
| 1-NONE                   | 18   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 16   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 14   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 12   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 10   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| O2                       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| SPO2                     |      | 99  | 100 | 100 | 100 | 99  | 100 | 100 | 100 | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  | 99  |
| RBS                      |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| SUCTION                  |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| PHYSIOTHERAPY            |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| AVPU                     |      | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   |

Signature of the Nurse :

Morning Shift : Bhavani

14/7/26  
2pm

Evening Shift :

14/7/26  
6pm

Night Shift :

15/7/26  
@ 8am



Ref No. F/INPR/19

Patient Name :

I.P. No

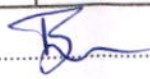
Date : 15/12/16 Diagnosis : PT 33 weeks Weight : 1.99 kg Chart No. :

## NURSES ASSESSMENT CHART

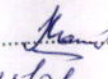
**Rainbow's  
Children's  
Hospital**  
It takes a lot to treat the little.

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

| Guide                    | Time | 8   | 9   | 10  | 11  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 1   | 2   | 3   | 4   | 5   | 6   | 7   |
|--------------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| COLOUR CODE              | 200  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 210  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| RED - PULSE              | 200  | 132 | 163 | 144 | 152 | 132 | 182 | 156 | 180 | 140 | 155 | 160 | 150 | 140 | 150 | 148 | 148 | 152 | 153 | 145 | 143 | 147 | 140 | 140 | 147 |
| BLACK - RESP             | 105  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| GREEN - TEMP             | 104  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| BLUE - NIBP              | 103  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 102  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 101  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| A- ALERT                 | 100  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| V-VOICE                  | 99   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| P-PAIN                   | 98   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| U-UNRESPONSIVE           | 97   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 96   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| VERBAL                   | 95   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5-ORIENTED               | 80   | 59  | 62  | 64  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  | 62  |
| 4-CONFUSED               | 70   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3-IN APPROPRIATE WORDS   | 60   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2-INCOMPREHENSIBLE SOUND | 50   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 1-NONE                   | 40   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 35   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| MOTOR                    | 30   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 6-OBEYS                  | 28   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 5-LOCALISES PAIN         | 26   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 4-WITHDRAWS              | 24   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 3-FLECTION               | 22   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 2-EXTENSION              | 20   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| 1-NONE                   | 18   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 16   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 14   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 12   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|                          | 10   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| O2                       |      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| SPO2                     |      | 96  | 100 | 98  | 95  | 96  | 93  | 100 | 98  | 99  | 100 | 96  | 97  | 98  | 99  | 98  | 100 | 99  | 99  | 99  | 99  | 100 | 100 | 99  | 99  |
| RBS                      |      | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   |
| SUCTION                  |      | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   |
| PHYSIOTHERAPY            |      | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   | -   |
| AVPU                     |      | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   | A   |

Signature of the Nurse : 

Morning Shift : B. Bhawan

Evening Shift : Night Shift : 15/12/16  
2PM15/12/16  
2PM16/12/16  
9:45 AM





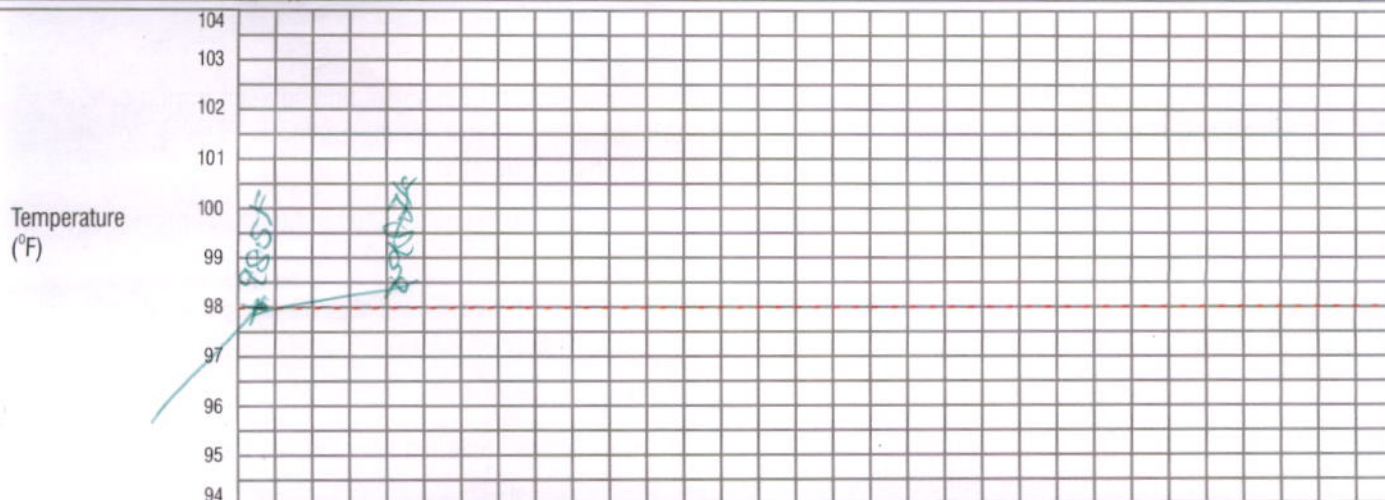
**INFANT (<1 year)**

### Children's Observation & Early Warning Scoring Chart

## EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/2/24 Time: 9 10 11 12

|                              |    |    |    |    |    |
|------------------------------|----|----|----|----|----|
| Doctor/Nurse/Family Concern? | Am | Am | Am | Am | Am |
|------------------------------|----|----|----|----|----|

Heart Rate  
(bpm)

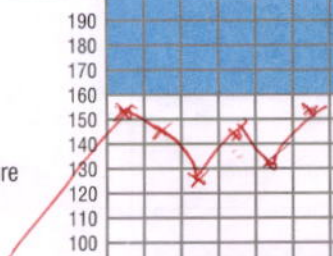
and

Blood Pressure  
(mmHg) \*

**Note:**

BP does not score in early warning scoring

Heart Rate (Number)



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

|                    |    |    |    |    |    |    |
|--------------------|----|----|----|----|----|----|
| Resp Rate (Number) | 38 | 47 | 50 | 37 | 40 | 57 |
|--------------------|----|----|----|----|----|----|

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

Receiving O<sub>2</sub> (l/min)  
O<sub>2</sub> Saturations (%)

|                 |                   |
|-----------------|-------------------|
| Conscious Level | Normal<br>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 2 | : Shift in charge nurse to be informed and continue hourly observations.                                  |
| Score 3 | : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue. |

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

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





## CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

### INSTRUCTIONS:

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

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

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

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

|   |                                                                                                                                                                                                                                                                                                                                      |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)                                                                                                                                                                                                                                                      |
| S | <b>SITUATION :</b> 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 | <b>BACK GROUND :</b> 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 | <b>ASSESSMENT :</b> 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 | <b>RECOMMENDATION :</b> 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. : ..... ① .....

9/7/26

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

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

Total 24 hrs. Intake

79.1 cc/kg/day

Total 24 hrs. Output

2.6 cc/kg/hr





## FLUID CHART

Sheet No. 2

9/7/26

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

| Date           | Time     | Nature of Fluid | Intake        |      |           | Output         |          |       |               |      | IV Site Thrombo-phlebitis Score | Sign. Nurse           |  |
|----------------|----------|-----------------|---------------|------|-----------|----------------|----------|-------|---------------|------|---------------------------------|-----------------------|--|
|                |          |                 | Route         | NG   | Diarrhoea | Vomit          | Drainage | Urine |               |      |                                 |                       |  |
|                |          |                 | Mouth         | I.V  | N.G       |                |          |       |               |      |                                 |                       |  |
|                | 08:00 am |                 |               | 6.2  |           |                |          |       |               | 15ml | 0                               | } 8/7<br>9/7<br>@ 2pm |  |
|                | 09:00 am |                 |               | 6.2  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 10:00 am |                 |               | 6.2  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 11:00 am |                 |               | 6.2  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 12:00 pm | Aptamit repti   | 3ml           | 56.6 |           |                |          |       | 10ml          | 0    |                                 |                       |  |
|                | 01:00 pm |                 |               | 56.6 |           |                |          |       | 0             | 0    |                                 |                       |  |
| Total Intake : |          |                 | 39 ml         |      |           | Total Output : |          |       | 25 ml         |      |                                 |                       |  |
|                | 02:00 pm |                 |               | 5.6  |           |                |          |       |               | 0    | } 8/7<br>9/7<br>@ 2pm           |                       |  |
|                | 03:00 pm | Aptamit repti   | 3ml           | 5.6  |           |                |          |       | 10ml          | 0    |                                 |                       |  |
|                | 04:00 pm |                 |               | 5.6  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 05:00 pm |                 |               | 5.6  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 06:00 pm | Aptamit repti   | 5ml           | 4.6  |           |                |          |       | 15ml          | 0    |                                 |                       |  |
|                | 07:00 pm |                 |               | 4.6  |           |                |          |       | 0             | 0    |                                 |                       |  |
| Total Intake : |          |                 | 39.6 ml       |      |           | Total Output : |          |       | 25 ml         |      |                                 |                       |  |
|                | 08:00 pm |                 |               | 4.6  |           |                |          |       |               | 0    | } 8/7<br>9/7<br>@ 2pm           |                       |  |
|                | 09:00 pm |                 | 5ml           | 4.6  |           |                |          |       | 10ml          | 0    |                                 |                       |  |
|                | 10:00 pm |                 |               | 4.6  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 11:00 pm |                 |               | 4.6  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 12:00 am |                 | 1ml           | 5.4  |           |                |          |       | 9ml           | 0    |                                 |                       |  |
|                | 01:00 am |                 |               | 5.4  |           |                |          |       | 0             | 0    |                                 |                       |  |
| Total Intake : |          |                 | 41.2          |      |           | Total Output : |          |       | 19 ml         |      |                                 |                       |  |
|                | 02:00 am |                 |               | 5.4  |           |                |          |       |               | 0    | } 8/7<br>9/7<br>@ 2pm           |                       |  |
|                | 03:00 am |                 | 7ml           | 5.4  |           |                |          |       | 14ml          | 0    |                                 |                       |  |
|                | 04:00 am |                 |               | 5.4  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 05:00 am |                 |               | 5.4  |           |                |          |       |               | 0    |                                 |                       |  |
|                | 06:00 am |                 | am            | 8.2  |           |                |          |       | 20ml          | 0    |                                 |                       |  |
|                | 07:00 am |                 |               | 8.2  |           |                |          |       | 0             | 0    |                                 |                       |  |
| Total Intake : |          |                 | 43.2 (163 ml) |      |           | Total Output : |          |       | 34ml (103 ml) |      |                                 |                       |  |

Total 24 hrs. Intake

87.6 ccl/kg/day.

Total 24 hrs. Output

2.3 ccl/kg/day.



VIH-00206726

Baby B/O AMEENA BEGUM

IP-00060631

09-07-2026

0 Y 0 M 0 D 11 H (M)

Dr. SURENDER RAO DUSA



TIF (282)

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

**BirthRight™**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

# FLUID CHART

Sheet No. : 3

10/1/26

188

2256

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

| Date                   | Time     | Nature of Fluid | Intake                   |       |      | Output               |           |       |             |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|------------------------|----------|-----------------|--------------------------|-------|------|----------------------|-----------|-------|-------------|-------|---------------------------------|-------------|
|                        |          |                 | Mouth                    | I.V   | N.G  | NG                   | Diarrhoea | Vomit | Drainage    | Urine |                                 |             |
|                        | 08:00 am |                 |                          | 3.2   |      |                      |           |       |             | 15ml  | 0                               |             |
|                        | 09:00 am | Afternoon       |                          | 3.2   | 9ml  |                      |           |       |             |       | 0                               |             |
|                        | 10:00 am |                 |                          | 3.2   |      |                      |           |       |             |       | 0                               |             |
|                        | 11:00 am |                 |                          | 3.2   |      |                      |           |       |             |       | 0                               |             |
|                        | 12:00 pm | Afternoon       |                          | 2.6   | 11ml |                      |           |       |             | 15ml  | 0                               |             |
|                        | 01:00 pm |                 |                          | 2.6   |      |                      |           |       |             |       | 0                               |             |
| Total Intake : 38 ml   |          |                 | Total Output : 30 ml     |       |      |                      |           |       |             |       |                                 |             |
|                        | 02:00 pm |                 |                          | 2.6   |      |                      |           |       |             |       | 0                               |             |
|                        | 03:00 pm | Afternoon       |                          | 4.1   | 11ml |                      |           |       |             |       | 0                               |             |
|                        | 04:00 pm |                 |                          | 4.1   |      |                      |           |       |             | 10ml  | 0                               |             |
|                        | 05:00 pm |                 |                          | 4.1   |      |                      |           |       |             |       | 0                               |             |
|                        | 06:00 pm | Afternoon       |                          | 4.1ml | 12ml |                      |           |       |             | 15ml  | 0                               |             |
|                        | 07:00 pm |                 |                          | 4.1ml |      |                      |           |       |             |       | 0                               |             |
| Total Intake : 45.1 ml |          |                 | Total Output : 25ml      |       |      |                      |           |       |             |       |                                 |             |
|                        | 08:00 pm |                 |                          | 4.1   |      |                      |           |       |             |       |                                 |             |
|                        | 09:00 pm | Afternoon       |                          | 3.5ml | 13ml |                      |           |       |             | 15ml  |                                 |             |
|                        | 10:00 pm |                 |                          | 3.5   |      |                      |           |       |             |       |                                 |             |
|                        | 11:00 pm |                 |                          | 3.5   |      |                      |           |       |             |       |                                 |             |
|                        | 12:00 am |                 |                          | 3.5   | 13ml |                      |           |       |             | 15ml  |                                 |             |
|                        | 01:00 am |                 |                          | 5.6   |      |                      |           |       |             |       |                                 |             |
| Total Intake : 49.2 ml |          |                 | Total Output : 30ml      |       |      |                      |           |       |             |       |                                 |             |
|                        | 02:00 am |                 |                          | 5.6ml |      |                      |           |       |             |       |                                 |             |
|                        | 03:00 am | Afternoon       |                          | 5.6ml | 15ml |                      |           |       |             | 20ml  |                                 |             |
|                        | 04:00 am |                 |                          | 5.6ml |      |                      |           |       |             |       |                                 |             |
|                        | 05:00 am |                 |                          | 5.6ml |      |                      |           |       |             |       |                                 |             |
|                        | 06:00 am |                 |                          | 5.6ml | 15ml |                      |           |       |             | 15ml  |                                 |             |
|                        | 07:00 am |                 |                          |       |      |                      |           |       |             |       |                                 |             |
| Total Intake : 63.6ml  |          |                 | Total Output : 20ml      |       |      |                      |           |       |             |       |                                 |             |
| Total 24 hrs. Intake   |          |                 | 196.4ml ⇒ 105.5cc/kg/day |       |      | Total 24 hrs. Output |           |       | 2.6cc/kg/hr |       |                                 |             |





## FLUID CHART

Sheet No. : (4)

11/7/16

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

| Date           | Time     | Nature of Fluid | Intake       |           |      | Output         |           |       |            |       | IV Site Thrombophlebitis Score | Sign. Nurse |
|----------------|----------|-----------------|--------------|-----------|------|----------------|-----------|-------|------------|-------|--------------------------------|-------------|
|                |          |                 | Mouth        | I.V.      | N.G. | NG             | Diarrhoea | Vomit | Drainage   | Urine |                                |             |
|                |          |                 |              | 1st 7 sup |      |                |           |       |            |       | 0                              |             |
|                | 08:00 am |                 |              | 5-6       |      |                |           |       |            |       | 0                              |             |
|                | 09:00 am | Aptur           | 3.7          | 12ml      |      |                | ✓         |       |            | 15ml  | 0                              |             |
|                | 10:00 am | per             | 3.7          |           |      |                |           |       |            |       | 0                              |             |
|                | 11:00 am |                 | 3.7          |           |      |                |           |       |            |       | 0                              |             |
|                | 12:00 pm | Aptur           | 3.7          | 12ml      |      |                | ✓         |       |            | 20ml  | 0                              |             |
|                | 01:00 pm |                 | 3.7          |           |      |                |           |       |            |       | 0                              |             |
| Total Intake : |          |                 | 58.1         |           |      | Total Output : |           |       | 30ml       |       |                                |             |
|                | 02:00 pm |                 | 3.7          |           |      |                |           |       |            |       | 0                              |             |
|                | 03:00 pm | Aptur           | 3.7          | 19ml      |      |                | ✓         |       |            | 15ml  | 0                              |             |
|                | 04:00 pm |                 | 3.0          |           |      |                |           |       |            |       | 0                              |             |
|                | 05:00 pm |                 | 3.0          |           |      |                |           |       |            |       | 0                              |             |
|                | 06:00 pm | Aptur           | 3.0          | 19ml      |      |                | ✓         |       |            | 15ml  | 0                              |             |
|                | 07:00 pm |                 | 3.0          |           |      |                |           |       |            |       | 0                              |             |
| Total Intake : |          |                 | 52.4ml       |           |      | Total Output : |           |       | 30ml       |       |                                |             |
|                | 08:00 pm |                 | 2.4          | 2ml       |      |                |           |       |            |       | 0                              |             |
|                | 09:00 pm |                 | 2.4          | 2ml       |      |                |           |       |            | 15ml  | 0                              |             |
|                | 10:00 pm |                 | 2.4          | 2ml       |      |                |           |       |            |       | 0                              |             |
|                | 11:00 pm |                 | 2.4          | 2ml       |      |                | ✓         |       |            |       | 0                              |             |
|                | 12:00 am |                 | 2.4          | 2ml       |      |                |           |       |            | 10ml  | 0                              |             |
|                | 01:00 am |                 | 2.4          |           |      |                |           |       |            |       | 0                              |             |
| Total Intake : |          |                 | 42ml         |           |      | Total Output : |           |       | 25ml       |       |                                |             |
|                | 02:00 am |                 | 2.4          |           |      |                |           |       |            |       |                                |             |
|                | 03:00 am |                 | 1.7          | 23ml      |      |                |           |       |            | 10ml  |                                |             |
|                | 04:00 am |                 | 1.7          |           |      |                | ✓         |       |            |       |                                |             |
|                | 05:00 am |                 | 1.7          |           |      |                |           |       |            |       |                                |             |
|                | 06:00 am |                 | 1.7          | 23ml      |      |                |           |       |            | 15ml  |                                |             |
|                | 07:00 am |                 | 1.7          |           |      |                |           |       |            |       |                                |             |
| Total Intake : |          |                 | 56.9 (214.4) |           |      | Total Output : |           |       | 25ml (110) |       |                                |             |

Total 24 hrs. Intake

111.0 mg/dl.

Total 24 hrs. Output

2-3 cell/kg/day.



VIH-00206726 IP-00060631

Baby B/O AMEENA BEGUM

09-07-2026 0 Y 0 M 2 D

Dr. SURENDER RAO DUSA



TF-33

270.2

282

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



BirthRight

BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## FLUID CHART

Sheet No. : 12/126

(5)

140 cc/kg/day

1.93 kg

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

| Date                 | Time     | Nature of Fluid | Intake          |      | Output               |       |          |                 |      | IV Site Thrombophlebitis Score | Sign. Nurse |  |
|----------------------|----------|-----------------|-----------------|------|----------------------|-------|----------|-----------------|------|--------------------------------|-------------|--|
|                      |          |                 | Mouth           | NG   | Diarrhoea            | Vomit | Drainage | Urine           |      |                                |             |  |
| 12/12/26             |          |                 | 10% D50 P + mvt | 0.G  |                      |       |          |                 |      |                                |             |  |
|                      | 08:00 am |                 | 1.7             |      |                      |       |          |                 |      |                                |             |  |
|                      | 09:00 am | Aptamil         | 2.9             | 25ml |                      | ✓     |          |                 | 20ml |                                |             |  |
|                      | 10:00 am | Pepti           | 2.9             |      |                      |       |          |                 |      |                                |             |  |
|                      | 11:00 am |                 | 2.9             |      |                      |       |          |                 |      |                                |             |  |
|                      | 12:00 pm | Aptamil         | 2.9             | 25ml |                      | ✓     |          |                 | 20ml |                                |             |  |
| 01:00 pm             | Pepti    | 2.9             |                 |      |                      |       |          |                 |      |                                |             |  |
| Total Intake :       |          |                 | 66.2ml          |      | Total Output :       |       |          | 40ml            |      |                                |             |  |
| 12/17/26             | 02:00 pm |                 | 2.9             |      |                      |       |          |                 |      |                                |             |  |
|                      | 03:00 pm | Aptamil         | 2.2             | 27ml |                      | ✓     |          |                 | 20ml |                                |             |  |
|                      | 04:00 pm | Pepti           | 2.2             |      |                      |       |          |                 |      |                                |             |  |
|                      | 05:00 pm |                 | 2.2             |      |                      |       |          |                 |      |                                |             |  |
|                      | 06:00 pm | Aptamil         | 2.2             | 27ml |                      | ✓     |          |                 | 20ml |                                |             |  |
|                      | 07:00 pm | Pepti           | 2.2             |      |                      |       |          |                 |      |                                |             |  |
| Total Intake :       |          |                 | 67.9ml          |      | Total Output :       |       |          | 40ml            |      |                                |             |  |
| 13/12                | 08:00 pm |                 | 2.2             |      |                      |       |          |                 |      |                                |             |  |
|                      | 09:00 pm | Aptamil         | 1.5ml           | 29ml |                      | ✓     |          |                 | 20ml |                                |             |  |
|                      | 10:00 pm | Pepti           | 1.5ml           |      |                      |       |          |                 |      |                                |             |  |
|                      | 11:00 pm |                 | 1.5ml           |      |                      |       |          |                 |      |                                |             |  |
|                      | 12:00 am | Aptamil         | 1.5ml           | 29ml |                      | ✓     |          |                 | 15ml |                                |             |  |
|                      | 01:00 am | Pepti           | 1.5ml           |      |                      |       |          |                 |      |                                |             |  |
| Total Intake :       |          |                 | 67.7 ml         |      | Total Output :       |       |          | 35ml            |      |                                |             |  |
| 13/12/26             | 02:00 am |                 | 1.5ml           |      |                      |       |          |                 |      |                                |             |  |
|                      | 03:00 am | Aptamil         | 1ml             | 31ml |                      | ✓     |          |                 | 20ml |                                |             |  |
|                      | 04:00 am | Pepti           | 1ml             |      |                      |       |          |                 |      |                                |             |  |
|                      | 05:00 am |                 | 1ml             |      |                      |       |          |                 |      |                                |             |  |
|                      | 06:00 am | Aptamil         | 1.5ml           | 31ml |                      | ✓     |          |                 | 25ml |                                |             |  |
|                      | 07:00 am | Pepti           | 1ml             |      |                      |       |          |                 |      |                                |             |  |
| Total Intake :       |          |                 | 68.5ml          |      | Total Output :       |       |          | 45ml (160ml)    |      |                                |             |  |
| Total 24 hrs. Intake |          |                 | 36.0 cc/kg/day  |      | Total 24 hrs. Output |       |          | 160 ml          |      |                                |             |  |
|                      |          |                 | 140 cc/kg/day   |      |                      |       |          | 3.4 cc/kg/hours |      |                                |             |  |





## FLUID CHART

Sheet No. : 6

13/7/26

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

| Date                 | Time     | Nature of Fluid | Intake           |     |      | Output               |           |       |               |       | IV Site Thrombophlebitis Score | Sign. Nurse                 |
|----------------------|----------|-----------------|------------------|-----|------|----------------------|-----------|-------|---------------|-------|--------------------------------|-----------------------------|
|                      |          |                 | Mouth            | I.V | O.G  | NG                   | Diarrhoea | Vomit | Drainage      | Urine |                                |                             |
| 13/7/26              | 08:00 am |                 |                  |     |      |                      |           |       |               |       |                                | Berrynka<br>13/7/26<br>@2pm |
|                      | 09:00 am | Aptamil         |                  |     | 83ml |                      | ✓         |       |               | 20ml  |                                |                             |
|                      | 10:00 am | Pepti           |                  |     |      |                      | ✓         |       |               |       |                                |                             |
|                      | 11:00 am |                 |                  |     |      |                      |           |       |               |       |                                |                             |
|                      | 12:00 pm | Aptamil         |                  |     | 32ml |                      | ✓         |       |               | 30ml  |                                |                             |
|                      | 01:00 pm | pepti           |                  |     |      |                      |           |       |               |       |                                |                             |
| Total Intake :       |          |                 | 66 ml            |     |      | Total Output :       |           |       | 50ml          |       |                                |                             |
|                      | 02:00 pm |                 |                  |     |      |                      |           |       |               |       |                                | Berrynka<br>13/7<br>@7pm    |
|                      | 03:00 pm | EBM             |                  |     | 83ml |                      | ✓         |       |               | 25ml  |                                |                             |
|                      | 04:00 pm |                 |                  |     |      |                      |           |       |               |       |                                |                             |
|                      | 05:00 pm |                 |                  |     |      |                      |           |       |               |       |                                |                             |
|                      | 06:00 pm | EBM + Aptamil   |                  |     | 33ml |                      | ✓         |       |               | 20ml  |                                |                             |
|                      | 07:00 pm | pepti           |                  |     |      |                      |           |       |               |       |                                |                             |
| Total Intake :       |          |                 | 66 ml            |     |      | Total Output :       |           |       | 45ml          |       |                                |                             |
|                      | 08:00 pm |                 |                  |     |      |                      |           |       |               | 0     |                                | By<br>14/7<br>Berrynka      |
|                      | 09:00 pm | EBM             |                  |     | 33ml |                      | ✓         |       |               | 20ml  | 0                              |                             |
|                      | 10:00 pm |                 |                  |     |      |                      |           |       |               | 0     |                                |                             |
|                      | 11:00 pm |                 |                  |     |      |                      |           |       |               | 0     |                                |                             |
|                      | 12:00 am | Aptamil         |                  |     | 33ml |                      |           |       |               | 0     |                                |                             |
|                      | 01:00 am | pepti           |                  |     |      |                      |           |       |               | 0     |                                |                             |
| Total Intake :       |          |                 | 66ml             |     |      | Total Output :       |           |       | 20ml          |       |                                |                             |
|                      | 02:00 am |                 |                  |     | 33ml |                      |           |       |               | 0     |                                | Berrynka                    |
|                      | 03:00 am | Aptamil         |                  |     | 33ml |                      |           |       |               | 20ml  | 0                              |                             |
|                      | 04:00 am |                 |                  |     |      |                      |           |       |               | 0     |                                |                             |
|                      | 05:00 am |                 |                  |     |      |                      |           |       |               | 0     |                                |                             |
|                      | 06:00 am | Aptamil         |                  |     | 33ml |                      |           |       |               | 0     |                                |                             |
|                      | 07:00 am |                 |                  |     |      |                      |           |       |               | 20ml  | 0                              |                             |
| Total Intake :       |          |                 | 66ml             |     |      | Total Output :       |           |       | 50ml          |       |                                |                             |
| Total 24 hrs. Intake |          |                 | 141.9 ccl/kg/day |     |      | Total 24 hrs. Output |           |       | 3.6 ccl/kg/hr |       |                                |                             |



## FLUID CHART

Sheet No. : .....

14/7/26

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

| Date                 | Time     | Intake          |       |     | Output         |           |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |  |
|----------------------|----------|-----------------|-------|-----|----------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
|                      |          | Nature of Fluid | Route |     | NG             | Diarrhoea | Vomit | Drainage | Urine |                                 |             |  |
|                      |          |                 | Mouth | I.V | N.G            |           |       |          |       |                                 |             |  |
|                      | 08:00 am | EBM             |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 09:00 am | EBM 20ml        |       |     |                | ✓         |       |          | 15ml  | 0                               |             |  |
|                      | 10:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 11:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 12:00 pm | Applaid 25ml    |       |     |                | ✓         |       |          | 10ml  | 0                               |             |  |
|                      | 01:00 pm | rebn            |       |     |                |           |       |          |       | 0                               |             |  |
| Total Intake :       |          | 45ml            |       |     | Total Output : |           |       |          |       | 30ml                            |             |  |
|                      | 02:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 03:00 pm | EBM 25ml        |       |     |                | ✓         |       |          | 20ml  | 0                               |             |  |
|                      | 04:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 05:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 06:00 pm | EBM 25ml        |       |     |                | ✓         |       |          | 18ml  | 0                               |             |  |
|                      | 07:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
| Total Intake :       |          | 50ml            |       |     | Total Output : |           |       |          |       | 38ml                            |             |  |
|                      | 08:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 09:00 pm | EBM 30ml        |       |     |                | ✓         |       |          | 10ml  | 0                               |             |  |
|                      | 10:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 11:00 pm |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 12:00 am | EBM 30ml        |       |     |                |           |       |          | 20ml  | 0                               |             |  |
|                      | 01:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
| Total Intake :       |          | 60ml            |       |     | Total Output : |           |       |          |       | 30ml                            |             |  |
|                      | 02:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 03:00 am | Applaid 25ml    |       |     |                |           |       |          | 25ml  | 0                               |             |  |
|                      | 04:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 05:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
|                      | 06:00 am | Applaid 30ml    |       |     |                | ✓         |       |          | 10ml  | 0                               |             |  |
|                      | 07:00 am |                 |       |     |                |           |       |          |       | 0                               |             |  |
| Total Intake :       |          | 55ml → 210ml    |       |     | Total Output : |           |       |          |       | 35ml → 133ml                    |             |  |
| Total 24 hrs. Intake |          | 106.5 cc/kg/day |       |     |                |           |       |          |       |                                 |             |  |
| Total 24 hrs. Output |          | 2.8 cc/kg/hr    |       |     |                |           |       |          |       |                                 |             |  |





## FLUID CHART

Sheet No. : .....

15/7/26

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

| Date                | Time     | Intake          |       |     | NG                  | Output    |       |          |       | IV Site Thrombophlebitis Score | Sign. Nurse |  |
|---------------------|----------|-----------------|-------|-----|---------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
|                     |          | Nature of Fluid | Route |     |                     | Diarrhoea | Vomit | Drainage | Urine |                                |             |  |
|                     |          |                 | Mouth | I.V | N.G                 |           |       |          |       |                                |             |  |
|                     | 08:00 am |                 |       |     |                     |           |       |          |       | 0                              |             |  |
|                     | 09:00 am | Apfen 29ml      |       |     |                     | ✓         |       |          | 15ml  | 0                              |             |  |
|                     | 10:00 am |                 |       |     |                     |           |       |          |       | 0                              |             |  |
|                     | 11:00 am |                 |       |     |                     |           |       |          |       | 0                              |             |  |
|                     | 12:00 pm | FBM 30ml        |       |     |                     |           |       |          | 15ml  | 0                              |             |  |
|                     | 01:00 pm |                 |       |     |                     |           |       |          |       | 0                              |             |  |
| Total Intake : 59ml |          |                 |       |     | Total Output : 30ml |           |       |          |       |                                |             |  |
|                     | 02:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 03:00 pm | FBM 30ml        |       |     |                     | ✓         |       |          |       |                                |             |  |
|                     | 04:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 05:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 06:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 07:00 pm | FBM 40ml        |       |     |                     |           |       |          |       |                                |             |  |
| Total Intake :      |          |                 |       |     | Total Output :      |           |       |          |       |                                |             |  |
|                     | 08:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 09:00 pm | EBM (30ml)      |       |     |                     | ✓         |       |          |       |                                |             |  |
|                     | 10:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 11:00 pm |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 12:00 am | EBM (40ml)      |       |     |                     |           |       |          |       |                                |             |  |
|                     | 01:00 am |                 |       |     |                     | ✓         |       |          |       |                                |             |  |
| Total Intake :      |          |                 |       |     | Total Output :      |           |       |          |       |                                |             |  |
|                     | 02:00 am | EBM             |       |     |                     |           |       |          |       |                                |             |  |
|                     | 03:00 am |                 |       |     |                     | ✓         |       |          |       |                                |             |  |
|                     | 04:00 am |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 05:00 am | EBM             |       |     |                     |           |       |          |       |                                |             |  |
|                     | 06:00 am |                 |       |     |                     |           |       |          |       |                                |             |  |
|                     | 07:00 am | EBM             |       |     |                     | ✓         |       |          |       |                                |             |  |
| Total Intake :      |          |                 |       |     | Total Output :      |           |       |          |       |                                |             |  |

Total 24 hrs. Intake

Total 24 hrs. Output





## FLUID CHART

Sheet No. : .....

18/7/26

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

| Date                  | Time                  | Nature of Fluid | Intake |     |     | Output                |                       |       |          |       | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|-----------------------|-----------------------|-----------------|--------|-----|-----|-----------------------|-----------------------|-------|----------|-------|---------------------------------|-------------|
|                       |                       |                 | Mouth  | I.V | N.G | NG                    | Diarrhoea             | Vomit | Drainage | Urine |                                 |             |
| 18/7/26               | 08:00 am              | DBF             | 30ml   |     |     |                       |                       |       |          |       |                                 |             |
|                       | 09:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 10:00 am              | DBF             | 25ml   |     |     |                       |                       |       |          |       |                                 |             |
|                       | 11:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 12:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 01:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | <b>Total Intake :</b> |                 |        |     |     |                       | <b>Total Output :</b> |       |          |       |                                 |             |
|                       | 02:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 03:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 04:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 05:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 06:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 07:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
| <b>Total Intake :</b> |                       |                 |        |     |     | <b>Total Output :</b> |                       |       |          |       |                                 |             |
|                       | 08:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 09:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 10:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 11:00 pm              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 12:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 01:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
| <b>Total Intake :</b> |                       |                 |        |     |     | <b>Total Output :</b> |                       |       |          |       |                                 |             |
|                       | 02:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 03:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 04:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 05:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 06:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
|                       | 07:00 am              |                 |        |     |     |                       |                       |       |          |       |                                 |             |
| <b>Total Intake :</b> |                       |                 |        |     |     | <b>Total Output :</b> |                       |       |          |       |                                 |             |

Total 24 hrs. Intake

Total 24 hrs. Output





## FLUID CHART

Sheet No. : .....

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

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



Date of Admission: 9/27/06 Drug Allergies: Nil ☐ Not known any Drug Allergies

**GENERAL DOCTOR**

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

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

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

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





REGULAR PRESCRIPTIONS

Weight. 1.886 Ward. ....

Verified  
Dr. Rishika  
Clinical Pharmacologist

|                                                                   |               |                          |                    |                                                  |
|-------------------------------------------------------------------|---------------|--------------------------|--------------------|--------------------------------------------------|
| <b>DRUG</b> INT PIPERACILIN +                                     |               |                          |                    | Date<br>Time 9/7/17 11/7                         |
| Dose<br>188mg                                                     | Route<br>IV   | Frequency<br>12hrly      | Start Date<br>9/7  |                                                  |
| Name & Signature of the Doctor<br>Starting the Drugs: [Signature] |               |                          |                    | 10am Mon 9/7<br>Dr. Surender Rao                 |
| Additional Instructions:<br>100mg 11/4/17                         |               |                          |                    | 1pm 8/7/17<br>stop bleeds<br>no growth by 8/7/17 |
| Daily Doctor's Endorsement by a Sign                              |               |                          |                    |                                                  |
| <b>DRUG</b> Vitamin D3 drops                                      |               |                          |                    | Date<br>Time 13/7 15/7                           |
| Dose<br>0.5ml                                                     | Route<br>Oral | Frequency<br>ONCE DAILY  | Start Date<br>13/7 |                                                  |
| Name & Signature of the Doctor<br>Starting the Drugs: [Signature] |               |                          |                    | 12pm 13/7<br>Dr. Surender Rao                    |
| Additional Instructions:<br>400IU/day                             |               |                          |                    |                                                  |
| Daily Doctor's Endorsement by a Sign                              |               |                          |                    |                                                  |
| <b>DRUG</b> Symp. OSSOPAN D                                       |               |                          |                    | Date<br>Time 14/7 15/7 16/7                      |
| Dose<br>2.5ml                                                     | Route<br>Oral | Frequency<br>THREE DAILY | Start Date<br>14/7 |                                                  |
| Name & Signature of the Doctor<br>Starting the Drugs: [Signature] |               |                          |                    | 6pm 14/7<br>Dr. Surender Rao                     |
| Additional Instructions:<br>(120-200mg/Kg/day)                    |               |                          |                    | 10pm 15/7<br>Dr. Surender Rao                    |
| Daily Doctor's Endorsement by a Sign                              |               |                          |                    |                                                  |
| <b>DRUG</b> ZINLOVIT DROPS                                        |               |                          |                    | Date<br>Time 15/7                                |
| Dose<br>0.5ml                                                     | Route<br>Oral | Frequency<br>ONCE DAILY  | Start Date<br>15/7 |                                                  |
| Name & Signature of the Doctor<br>Starting the Drugs: [Signature] |               |                          |                    | 6pm 15/7<br>Dr. Surender Rao                     |
| Additional Instructions:<br>MULTI VITAMIN                         |               |                          |                    |                                                  |
| Daily Doctor's Endorsement by a Sign                              |               |                          |                    |                                                  |







Weight. 1-8849 Ward. nva

[illegible]

9/17  
Nagil's

S. maculosa 10/15/92

Signature

VERIFIED BY: Name:



