





**Blood Culture:**

S.No	Date	DOL	Specimen	Findings	Antibiotics

**Neurosonogram:**

S.No	Date	DOL	Findings
	06/5/26	1	(N)

**ROP Screening:**

S.No	Date	DOL	Findings

**2D ECHO:**

S.No	Date	DOL	Findings

**Thyroid Function:**

S.No	Date	DOL	Findings
	9/5/26	4.	T <sub>3</sub> = 71.15 ; T <sub>4</sub> = 7.08 ; TSH = 0.79

**Hearing Screening:** Date .....

Results: .....

- Supplements:
- |              |                  |                            |
|--------------|------------------|----------------------------|
| 1) Calcium   | 2) Multivitamins | 3) HMF                     |
| 4) Iron      | 5) Vitamin D     | 6) 3% NaCl                 |
| 7) Vitamin A | 8) Caffeine      | 9) Fluconazole Prophylaxis |





BAH-00655577 IP5-00173414  
Baby Of JUNTIPALLY KAVERI TWIN 1  
05-05-2026 0 Y 0 M 0 D 2 H (F)  
Dr. NITASHA BAGGA



## ADMISSION CRITERIA – NICU

### Admission / Transfer from:

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

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

#### Prematurity and Low Birth Weight Babies:

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

#### Major Surgical Problems:

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

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

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

Signature of the Doctor: .....

Name of the Doctor: .....

Date & Time: .....

Patient Sticker



### DISCHARGE CRITERIA – NICU

**Discharge to:**

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

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

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

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173414      Admit Date : 05-May-2026      Admit Time : 07:20 PM      UHID : BAH-00655577

Patient Details :

Patient Name : Baby Of JUNTIPALLY KAVERI TWIN 1      Age : 0 D  
Guardian : Mr GADDAM PALLY PRASHANTH REDDY      DOB : 05-05-2026 07:16 PM  
Gender : Female      Religion :  
Occupation :      Martial Status : Single  
Address (H) : H NO 1-13, BALANAGAR MANDAL,      Phone No : 7986616106/ 8374171504  
THIRUMALAPUR, Nawabpeta Mahabubnagar      E-mail : KARTHIKREDDYJ8374@GMAIL.COM  
Telangana INDIA 509340

Admission Details :

Bed Type : NICU      Bed No : NICU 259      Ward Name : 2F-NICU 2  
Room No : NICU 259      Admission Type : First Visit

Contact Details :

Name : Mr GADDAM PALLY PRASHANTH REDDY      Relationship : Father  
Contact Address : H NO 1-13, BALANAGAR MANDAL,      Phone No : 7986616106 / 8374171504  
THIRUMALAPUR, Nawabpeta Mahabubnagar  
Telangana INDIA 509340

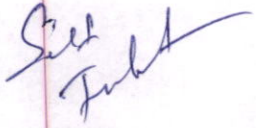
  
Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : SELFPAY



**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Baby Of JUNTIPALLY KAVERI TWIN 1      **Age :** 0 Y 0 M 0 D 0 H  
**IP No:** IP5-00173414      **Sex:** Female  
**Consultant:** Dr. NITASHA BAGGA      **Ward/Bed No:** 2F-NICU 2/NICU 259

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

( ) Givers Signature:..... *[Signature]*

- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: *[Signature]*

Name: Prashanta Reddy  
Relationship: Fr  
Date: 05/05/2026  
Witness Name: *[Signature]*  
Witness Signature:

Time: 7:45 PM

Patient Address:  
H NO 1-13, BALANAGAR MANDAL,  
THIRUMALAPUR, Nawabpeta  
Mahabubnagar Telangana INDIA  
509340

BAH-0065577      IP5-00173414  
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Dr. NITASHA BAGGA



## BILLING POLICY

- **Billing cycle:** - With effective from 1<sup>st</sup> January 2020, Our billing cycle to be start from 12 PM to 12 PM. Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason th'en hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery/scans performed in Emergency hours (8pm-7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges for every TPA cases as per insurance.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP or IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

### INTERIM BILLING

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

### MODE OF PAYEMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only ), cards, online transfer and Demand Drafts.
- All refund more than Rs 2,000/- will be refund through NEFT in three Bank working days

\_\_\_\_\_  
 Name & signature of Patient/Attendant

\_\_\_\_\_  
 (Signature of Admission Desk executive)

**NOTE:** Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

### Rainbow Children's Medicare Private Limited

kegitt<sup>®</sup>.red Office: Road No. 2, Banjara Hills, Near Hotel Part Hyatt, Hyde

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11,

Branches. BANJARAHILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 241  
 L B NAGAR - T: 71111333 | MARATHAHALLI, BENGALURU - T: +9180 7111 2345 | BANN

CIN : U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

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 Baby Of JUNTIPALLY KAVERI TWIN 1  
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Y - T: 4246 2300  
 1 2345

whospitals.in



# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name : Mrs. Kaveri - Twin Age : 30y Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr. P. U. R. R. Referring Consultant : .....  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

## BIRTH INFORMATION

Name : BIO Kaveri Twin - 1 Mother's Blood Group : A+  
 Gender :  M  F Blood Group : A+ve Birth Weight (gms) : 1.407 Length (cms) : .....  
 Date of Birth : 5/5/26 Time of Birth : 6:33pm OFC (cms) : .....  
 Place of Birth : REM Bangalore Estimated Gesth Age : 30+3

Current Obstetric History : (Booked / Unbooked Case) .....  
 Maternal Age : 30y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 4/10/25 EDD : 11/7/26  
 Conception : Spontaneous or with Rx : I.V.F (confidential) Primie  
 Booked at what GA : ..... AN Steroids Drugs / Doses : 2 dose Dexa  
 Last Scans Details : 2D/3D - Twins - Twin - 1 144g - cephalic 8:30pm / 8:30am  
 TT Immunization and Iron / Folic Acid : 1508g - breech. 4/5 / 5/5

## MATERNAL RISK FACTORS

Age :  <18 yrs  > 35yrs  
 Consanguinity :  Yes  No Y  
 If yes, degree of consanguinity :  1  2  3  
 H/o PIH (after 20 weeks) / PE Y  
 How many Drugs / Doses / Since how long : .....  
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : ..... X  
 IUGR - when detected : .....  
 Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....  
 AFI : .....

H/o GDM/ pre GDM/ on diet or insulin  
 Controlled or not, recent values, HbA1 values : .....  
 Compliance with Rx : .....  
 Scans : LGA, TIFFA, Fetal Echo : TIFFA/NJ = (N) 2 weeks mark - (B)  
 H/o Hypothyroidism : when diagnosed ? Medication ?  
 Any other Chronic Medical Problems, when detected drugs ? C/O - white discharge.  
 ( Anemia, SLE, Jaundice, CHD, Heart Disease )  
 Infection : H/O, Fever - cervical stick in VC 22+3, 1 week  
 (  Malaria  UTI  TORCH  TB  HIV  HBV )  
 UTI : when : ..... Any culture : .....  
 Pre - term labour

PPROM: Duration : .....  Uterine Tenderness  Foul Smelling Liquor  WVS (if taken) - Results : (R) awaited  
 Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

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

Sl. No.	Age	GA wks	B.W	Gender	Significant	Details
			<i>Primi</i>			

**PERINATAL HISTORY**

Treating Obstetrician : *Dr. Annia* Hospital : .....  Inborn  Outborn

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

**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

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

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

1 Minute	5 Minutes	10 Minutes
<i>1</i>	<i>1</i>	<i>2</i>
<i>1</i>	<i>2</i>	<i>2</i>
<i>1</i>	<i>2</i>	<i>2</i>
<i>1</i>	<i>1</i>	<i>2</i>
<i>1</i>	<i>2</i>	<i>2</i>
<i>5/10</i>	<i>8/10</i>	<i>10/10</i>

**TOTAL**

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

**Snapee II Score**

**Score**

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

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :



History of Present Illness:

Baby delivered by LSCS → DNCLAB →  
Cord → Immediate cord - clamped  
- received ↓ ~~was~~ plastic wrap →  
given PPV for 2mins → HR  
improved but baby developed severe  
respiratory distress, and continued on  
DRCPAP - PEEP 6 - brought to  
NICU after routine care. → then gradually reduced  
Inj VIL-K  
Inj I.M given

Investigation details in previous Hospital :

Feeding History :



Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Alert, e moved RD

VITALS : Temperature : 36.5 HR : ..... RR : ..... NIBP : ..... CFT : L3sr

Color of the extremities : ..... pink

Jaundice : ..... Pallor : ..... SpO2 : 95%  
DRCPAP - 60

ANTHROPOMETRY: Birth Weight : 1407 Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : 2 ..... SGA : ..... LGA : .....



**HEAD TO TOE EXAMINATION**

<b>HEAD :</b> Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :		(N)
<b>FACIES :</b> (Any Facial Dymorphism)		(N)
<b>NECK and CLAVICLES :</b> Range of Motion : Asymmetry : Masses :		(N)
<b>EYES :</b> Symmetry : Red Reflex : Discharge :		— need to be seen
<b>EARS, NOSE MOUTH and THROAT :</b> Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :		(N) no cleft
<b>THORAX and BREASTS :</b> Shape of Thorax : Position of Nipples and Number :		(N)
<b>ABDOMEN and UMBILICUS :</b> Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :		(N) 2A 4V
<b>GENITILIA :</b> Labia / Hymen : Testicles/penis : Anus :		(N) female genitalia
<b>HERNIAL ORIFICES</b>		
<b>TRUNK and SPINE :</b>		(N)
<b>SKIN LESIONS :</b>		
<b>EXTREMETIES :</b> Fingers / Toes : Deformities : Hip Joint Examination :		(N)
Arms / Legs : Mobility :		(N)



**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 : .....

SpO<sub>2</sub> : ..... Auscultation: ..... Breath Sounds: ..... Added Sounds: *grunt*

**CARDIOVASCULAR SYSTEM :**

HR : *150* ..... BP : .....

Precordial Activity : *(N)* .....

Femoral Pulses : ..... | *felt*

Murmurs : ..... | *no*

Other Peripheral Pulses : ..... | *felt*

Signs of Cardiac Failure : ..... | *no*

**ABDOMEN:**

Shape : ..... | *(N)*

Hernia orifice : .....

Palpation : ..... | *(N)*

Anal Patency : *open*

Palpable masses : .....

Umbilical Cord : *2A 4*

Abdominal girth : .....

First urine passed : ..... | *NO*

Meconium passed : ..... | *NO*

**NERVOUS SYSTEM:**

Higher intellectual functions (Sensorium) : .....

State of wakefulness : ..... | *Alert*

Prechtle Score : .....

Nerves : .....

**MOTOR SYSTEM:**

Passive Tone : ..... | *appropriate for gest age*

Active Tone : .....

Neonatal Reflexes : .....

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

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

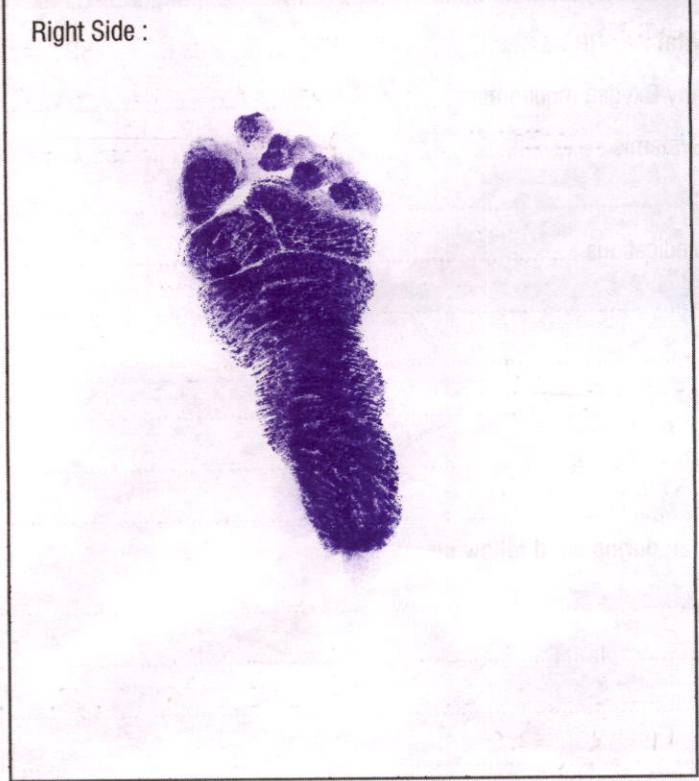
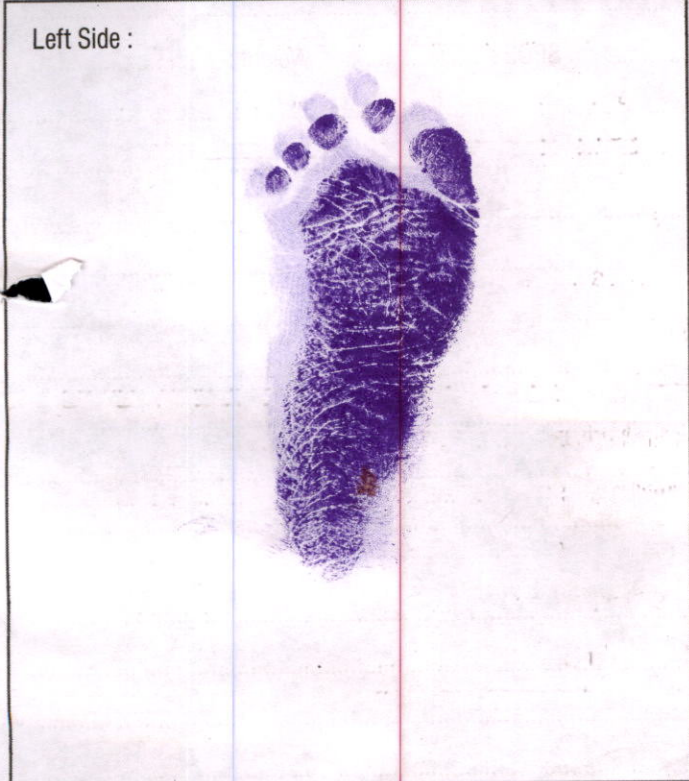
ATNR : ..... Skull and Spine : *(N)*




No gross congenital anomalies

Diagnosis : 30 + 3 / DCDA twin - 1 / SGA / Female / RDS

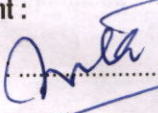
FOOT PRINTS



Resident Doctor :

Signature :   
Name : Rupjalo  
Date & Time : 5/5/26

Consultant :

Signature :   
Name :  
Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

BAH-00655577 IP5-00173414  
Baby Of JUNTIPALLY KAVERI TWIN 1  
15-05-2026 0 Y 0 M 0 D 2 H (F)  
Dr. NITASHA BAGGA



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

Final Diagnosis : .....

Neonatal condition at the time of Transfer: .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up : .....

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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

Doctor Name: ..... Doctor Name: .....

Date & Time: ..... Date & Time: .....



8/5/26

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

Day in NICU: ..... Day of Life: 3 PMA: 30+6

Term  Preterm  Gestation: 30+3 Corrected Gestational Age: ..... Today's Weight: 1.410 kg

		Problems <span style="float: right;">(↓ 13 gm)</span>		
Overview		S.No.	Current	Past Problems
		1.	VPT/VLBW	
		2.	SGA/RDS → CPAP	
		3.	Suspected Sepsis	
		4.	NNJ	
		5.		
		6.		
Clinical Assessment		<p>On low flow O<sub>2</sub> - 0.01 L/min                      No bradycardia                      Accepting feeds well                      HR - 165/min                      RR - 33/min                      SpO<sub>2</sub> - 92% on <del>low</del> low flow                      U/O - 4.5 ml/kg/hr                      S/G - 7 hrs                      BP - 70/51 (55) mmHg</p>		
Medications Used		<p>Ij Pipraz - D3                      Ij fluconazole                      Ij Caffeine</p>		
Plan of Care:		<p>• Continue low flow 0.01 L/min                      • SOS trial of O<sub>2</sub> to be given - NOW                      • IV = 80ml/kg/day, 9ml/2nd half (EBM + D/BM) full OG feeds.                      • I/O Charting                      • Monitor vitals.</p>		

Doctor's Name (Hand over given): Dr. Rang

Doctor's Name (Hand over taken): Dr. Paul

Signature: [Signature]

Signature: [Signature]

Date & Time: 8/5/26, 8am

Date & Time: .....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 10 am	Seen by <u>Dr. Nitasha mam</u>	Plan:
		<ul style="list-style-type: none"> <li>Continue ↑ TV = 100ml/kg/day</li> <li>Full OI feeds.</li> </ul>
		<ul style="list-style-type: none"> <li>Counsel parents to transfer the care to Army hospital.</li> <li>In level = 2 NICU.</li> </ul>
		<ul style="list-style-type: none"> <li>Prepare Discharge summary.</li> </ul>
		<ul style="list-style-type: none"> <li>GRBS - OD</li> </ul>
		<ul style="list-style-type: none"> <li>↓ to SSPT</li> <li>KMC, NNS, OMS - Start</li> </ul>
		Stop phototherapy
		SBR, TFT on Sunday.
8/5/26 1:50 am	Seen by <u>Resident</u>	Plan
	<ul style="list-style-type: none"> <li>On room air</li> <li>Tolerating feeds</li> <li>Vitals</li> </ul>	<ul style="list-style-type: none"> <li>TV - 100cc/kg/day</li> <li>12ml - 2hly</li> <li>GRBS - OD</li> <li>KMC</li> <li>NNS to continue</li> <li>OMS</li> </ul>
	<ul style="list-style-type: none"> <li>HR = 156/min</li> <li>SpO<sub>2</sub> = 99%</li> <li>RR = 52/min.</li> </ul>	<ul style="list-style-type: none"> <li>to Prepare Summary</li> </ul>

Noted by  
 Madaloni  
 28pm

BAH-0065577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0Y0M3D (F)  
 Dr. NITASHA BAGGA

9/5/26



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

Day in NICU: ..... Day of Life: 4 PMA: 31

Term  Preterm  Gestation: 30+3 Corrected Gestational Age: ..... Today's Weight: .....

Overview	Problems	
	S.No.	Current
1.	VPT / VLBW	
2.	SCA / RDS → CPAP → Lowflow → RA	
3.	Suspected Sepsis	
4.	NNS	
5.		
6.		

Clinical Assessment	<p>On room air          Tolerating &amp; accepting feeds well          HR = 134/min          RR = 60/min          SpO<sub>2</sub> = 94% on RA</p>
Medications Used	<p>Inj Piptez - D<sub>4</sub>          Inj flucon -          Inj caffeine</p>

Plan of Care: • Continue TV = 100ml / kg/day, 12ml / 2nd hly.  
 • ARBS - OD  
 • KMC, NNS, OMS - to continue  
 • Monitor vitals  
 • No chelating BHT.  
 • SBR, TFT on Sunday.

Doctor's Name (Hand over given): Dr. Rang

Doctor's Name (Hand over taken): Dr. Fahy

Signature: [Signature]

Signature: .....

Date & Time: 9/5/26; 8am

Date & Time: .....



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26		Seen by Dr. Nitasha
8 AM		→ SBR, PFF Now
		→ TV - 12oz/13/day
		Meds
9/5/26	Afternoon Rounds	• Plan:
2 pm	Seizure → 8-6 (0.1) 8-5	• Continue TV = 12oz/ml/day.
	T3 - 71.15	(14ml/2nd half) EBM + DDM
	T4 - 7.08	• GRBS - OD
	T874 - 0.79	• No chertig
	No breath, duscet, teary.	• KMC, NNS, OMS - to continue
	HR = 130/min	• Continue SSPT → R/V
	RR = 52/min	• Jace HUS Dr. Ranje
	SpO2 = 99% on RA	• Antibio
		Noted by
		Nagalaxmi
		9/5/26

BAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 0 D 14 H (F)  
 Dr. NITASHA BAGGA

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>9/5/26            2:00pm</p>		<p>Seen by Dr. Nitasha</p> <p>Trace HUS</p> <p>start photo keep x 24 hrs</p> <p>Plan to give <del>10</del> antibiotics x 48 till 5 days</p> <p>Noted by Nagalaxmi 9/5/26</p>
<p>10/5/26            @ 12:56pm</p>	<p><u>Night Rounds</u></p>	<p>Seen by Dr. Nishu</p> <p>Cont SSPT.</p> <p>monitor feeds</p> <p>Sneha</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><del>10/5/2026</del>  <del>11:00 AM</del></p>	<p>20.7 → 21.7</p>	
	<p>on full feeds,          Room air</p>	<p>Plan</p>
	<p>ABS - 45.          Wt - 1.440 kg</p>	<p>(1) IV - 130 ml/kg/day          Pch 06 feeds</p>
		<p>Start 1/3 AMF today          TM 1/2 AMF.</p>
		<p>(2) caffeine IV → oral</p>
		<p>(3) Port site new IV cannula</p>
		<p>(4) Trace maternal HUS          &amp; stop antibiotics.</p>
	<p>Vaginal swabs</p>	<p>(5) CRP - 03</p>
	<p><u>E. coli</u></p>	<p>(6) KMC</p>
	<p>Sr to - Gentamicin          Amikacin</p>	<p>(7) CRP          CRP  <del>CRP</del> ] T/m.</p>
	<p>Tobramycin          sulfamethoxazole          chloramphenicol</p>	<p>noted by          Rajalaxmi          10/5/26</p>
	<p>Trimethoprim          ciprofloxacin          meropenem</p>	
	<p>meropenem          Entapenem          Trimethoprim</p>	

BAH-0065577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 2 D (F)  
 Dr. NITASHA BAGGA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 9am	<u>Morning Rounds</u>	
	DOL-5 / 30+3 → 31+1 PMA / T.Wt = 1.410 kg (113gm)	
	<u>As:</u> VPT / VLBW	<u>Plan:</u>
	SGA / RDS → CPAP → Lowflow → RA	
	Suspected sepsis	• Continue SSPT - Eyes & genitals covered
	NNT	for 24hrs i.e till 4pm today.
	On room air.	• Continue TV = 130ml/kg/day, 15ml/2nd half
	on SSPT.	full OG feeds; + 1/3rd HMF
	HR = 154/min	• Trace returned HVS report
	U/o - 2.2	sos stop antibiotic
	RR = 68/min	• start KMC
	SPO2 = 99% on RA	• CBP } T/m.
	RBS - 95mg/dl	CRP } T/m.
	BP = 61/45 (57) mmHg.	• Don't site new IV cannula.
	Ij Piptaz - D5	
	Ij Fluconazole; Ij caffeine	

~~Plotted by Nagalakshmi Remy~~  
 10/5/26  
 9:10am



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26		
4:30pm	Evening Rounds	
	On room air	Plan:
	No brady, desat	• Continue TV = 130ml/kg/day,
	Accepting feeds well.	but O <sub>2</sub> feeds + 1/3rd HMF.
	HR = 138/min	• Plan to start TIM - 1/2 HMF
	RR = 56/min	
	SpO <sub>2</sub> = 100% on RA	• Stop SSPT now
		• TIM → CBP
		→ CRP
		→ SBP. <del>if baby is stable</del>
		• RMC - continue
		• GMB5 - OD
		Noted by
		Gowri
		10/5/26
		1548



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/3/26 8h/10am	Dof - 6 30+3-431+2	
	Makine hrs - E-GI ⊕	Ph
	Ea / RDS / CPAP - low flow - Suspected sepsis / NNT <sup>RA</sup>	p On TV - 130 ml/kg/day
	Today wt - 1.44g (4gm wt gain)	Full on feeds + 1/3 4MF 15ml.
	No vomiting.	Review ↑ TV - 140 ml/kg/day
	KMC -	- Review antibiotics
	KMC -	- Trace reports
	Kj - r	- KMC continue start
	D6 Kj. PIPPO Kj. Fluconazole	- GRBS TO
		Dr. N. Pearwala

BAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 3 D (F)  
 Dr. NITASHA BAQGA



LB

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>11/5/26</del>		<u>Seen by PRML</u>
11:30 AM	Thrombocytopenia	
		→ change HMF to 1/2 sachet
		→ MV + 40cc / 12/day
		→ HMF 1/2 sachet
		→ Stop Piptay Flucanazole
		→ remove cannula

BAH-00655577 IP5-00173414  
Baby Of JUNTIPALLY KAVERI TWIN 1  
05-05-2026 0 Y 0 M 3 D (F)  
Dr. NITASHA BAGGA



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# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9pm		Seen by Dr. Nilesh
		continue same.
		Cling wrap:
		cap.

noted by  
8/16/26  
11/5/26  
9:30PM

rush

lets

BAH-0065577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 3 D (F)  
 Dr. NITASHA BAGGA



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26		Adv
7:30 am		
	DOL - 7	TV - 150 cc / kl / day
	T.W = 1.390 (54 gm) ↓	18 ml - 2 hourly
	30w+2 → 31+3	EBM + 1/2 rd
	B.W = 1.407	HMF 2/3 rd HMF
	(1.2.1.	
	Wt loss)	
	- one episode	→ W/F apnea
	of Brady in morning	brady deal
	i self pick up	
	~ 3:00 am	
	<u>current vitals</u>	Rup
	• HR = 156	Noted by Srinivas RSDS
	• SpO <sub>2</sub> = 97%	
	• RR = 40	
<del>12/3/26</del>	37/ PMA = 31+3	Plan
<del>8:30 AM</del>	down adv ✓	(1) EBM 18 ml q2h + 2/3 HMF
	wt - 1.390 ↓ 54 gm	7 TV to 150 ml / kl / day
		(2) GROSS - P
		(3) KMC
		(4) prone nursing
		Dress the baby
		M. N. M. M.



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 2:20pm	DOL-7 30+3 → 31+3.	Plan 1. TV - 50 cc/kg/day 18ml @ 2H + 2/3 HMF
	on room air on OR feeds	2. KMC continue
	tolerating OR feeds well.	3. GRB50D
	+ SpO <sub>2</sub> - 97% HR - 152/min RR - 37/min.	4. Prone nursing 5. sling wrap over the baby.
	PIA - no distension 2/3	
	CNS - good	Dr. N. Prathibha
	colour → pink	
12/5/26 5pm	Seen by Dr. Sareth sir	
	2 episodes of bready, dist → self pickup	Plan: • Continue TV = 150ml/kg/day, 18ml @ 2H + 2/3 HMF (OR feeds) • W/P bready, dist • Prone nursing • KMC continue • Dress the baby • R/V 2 DEchs before discharge





①

### RESULT SHEET

Date	5/5/26	6/5/26	8/05/26	9/5/26	11/5/26	
Time	9pm	4pm	2.33AM	11.43AM		
Hb	15.2	15.0	14.3		14.2	
PCV	47.9	47.3			43.5	
RBC	4.21	4.17	4.04		4.06	
WBC	5.04	10.69	12.57		15.17	
N/L	41.9/47.4	39.4/43.4	34.9/44.3			
Platelets	215	247	288		496	
CRP		6	5.0		8.0	
ESR	ANC-2095					
PCT						
RBS						
Na		139				
K		5.8				
Cl		113				
Ca/Mg		8.6				
Phosphate						
Urea		36				
Creatinine		0.9				
ALP						
SGPT						
SGOT						
T.Bill/Conj		7.1 < 0.1 6.9	5.4 < 0.1 5.3	8.6 < 0.1 8.5	7.1 < 0.1 7.0	
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	9/5/26				
Time	(11 AM)				
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
	<del>ISH</del>				
	T <sub>3</sub> 71.15				
	T <sub>4</sub> 7.08				
	TSH 0.790				

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....







**ACTIVITY RECORD FOR DRUGS**

Name : BABY OF JUNTIPALLY KAVERI TWIN 1  
 UHID No. : 05-05-2026  
 Dr. NITASHA BAGGA

IP5-00173414  
 05-05-2026  
 OYOMOD6H (F)

Consultant: Dr. Nitasha Bagga Dept: Neonatology

Date of Admission: 05/05/2026 Time: 10:30 AM Date of Discharge: 05/05/2026 Time: 02:30 PM

Room / Bed No: 101 Ward: 101 Suggested Billable bed type: Single

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse

**Cross Consultation Visit**

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



MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature			
6/5/26	INV Monitor ✓	} 5/5/26 @ 8pm		} 9593798	} <del>at [Signature]</del>			
	C-PAP ✓							
	Oxygen ✓							
	Syringe Pump ✓							
6/5/26	<del>DSPT</del> ✓	6/5/26 @ 8pm	<del>at 9/5/26</del> @ 10AM	9595001	Naveen			
08/5	Inv. monitor ✓	} 5/5/26 @ 2am			} [Signature]			
	Oxygen ✓					9593798		
	Syringe pump ✓							
	<del>DSPT</del> ✓		6/5/26 @ 8am			9595001		
9/5	Inv monitor ✓	5/5/26 @ 8am	8/5/26	9593798	[Signature]			
	Syringe pump ✓							
9/3	<del>SSPT</del> ✓	9/5/26 @ 4PM	10/5/26 @ 4PM		[Signature]			
12/5	Inv. monitor			9593798	[Signature]			







Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ... 1.4 kg Ward .....

DRUG : ORACAFFINE CITRATE				Date Time
Dose 7mg	Route PO	Frequency OD	Start Dt. 10/5	11/5/26
Name & Signature of the Doctor Starting the Drugs: N. Peewshu.				<i>[Signature]</i>
Additional Instructions: Sngl/kg/day.				
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>
DRUG : HMF SACHET				Date Time
Dose 90	Route PO	Frequency Each feed	Start Dt. 10/5	11/5/26
Name & Signature of the Doctor Starting the Drugs: N. Peewshu				<i>[Signature]</i>
Additional Instructions: 1/3 HMF Each feed				change done Ruprijal 11/5/26
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>
DRUG : HMF SACHET				Date Time
Dose PO	Route PO	Frequency Each feed	Start Dt. 11/5/26	11/5/26
Name & Signature of the Doctor Starting the Drugs: Ruprijal				<i>[Signature]</i>
Additional Instructions: 1/2 sachet + each feed				changed
Daily Doctor's Endorsement by a Sign				<i>[Signature]</i>
DRUG : HMF SACHET				Date Time
Dose PO	Route PO	Frequency Each feed	Start Dt. 12/5	11/5/26
Name & Signature of the Doctor Starting the Drugs: N. Peewshu.				<i>[Signature]</i>
Additional Instructions: 2/3 sachet Each feed				
Daily Doctor's Endorsement by a Sign				

DHANU

Signature

VERIFIED BY : Name



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

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



# DRUG CHART

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

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

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



REGULAR PRESCRIPTIONS

Weight: 1.4kg Ward: .....

VERIFIED

VERIFIED

VERIFIED

**DRUG:** INJ PEPERILIN 7AZO

Dose	Route	Frequency	Start Date	Date/Time
140mg	I.V	12hr hourly	5/5	5/5 6/5 7/5 8/5 9/5 10/5

Name & Signature of the Doctor Starting the Drugs:  
Rupanjali

Additional Instructions:  
100mg/kg/day

Daily Doctor's Endorsement by a Sign

**DRUG:** Inj FIUCONAZOLE

Dose	Route	Frequency	Start Date	Date/Time
8.5mg	I.V	Once daily	5/5	5/5 6/5 7/5 8/5 9/5 10/5

Name & Signature of the Doctor Starting the Drugs:  
Rupanjali

Additional Instructions:  
6mg/kg/day once daily

Daily Doctor's Endorsement by a Sign

**DRUG:** Inj CAFFEINE CITRATE

Dose	Route	Frequency	Start Date	Date/Time
7mg	I.V	once a day	5/5	5/5 6/5 7/5 8/5 9/5 10/5

Name & Signature of the Doctor Starting the Drugs:  
Rupanjali

Additional Instructions:  
5mg/kg/day

Daily Doctor's Endorsement by a Sign

**DRUG:** T BACT OINTMENT

Dose	Route	Frequency	Start Date	Date/Time
L/A	TID		7/5	7/5 8/5 9/5 10/5 11/5 12/5

Name & Signature of the Doctor Starting the Drugs:  
Rupanjali

Additional Instructions:  
Local application on lesion over forehead

Daily Doctor's Endorsement by a Sign









8/5/2026

BAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 2 D (F)  
 Dr. NITASHA BAGGA

# FLUID CHART



TW<sup>o</sup> - 100cc  
 B.mt<sup>l</sup> - 1.4  
 TF<sup>o</sup> -

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	NG	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	EBM		9ml						10ml			
	10:00 am										0		
	11:00 am	EBM		12ml			Passed			7ml			
	12:00 pm												
	01:00 pm	DBM		12ml						9ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm	DBM		12ml			Passed			5ml			
	04:00 pm												
	05:00 pm	DBM		12ml						10ml			
	06:00 pm												
	07:00 pm	EBM		12ml			Passed			8ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	DBM		12ml						10ml			
	10:00 pm												
	11:00 pm	DBM		12ml			Passed			8ml			
	12:00 am												
	01:00 am	DBM		12ml						9ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am	DBM		12ml			Passed			6ml			
	04:00 am												
	05:00 am	DBM		12ml			Passed			8ml			
	06:00 am												
	07:00 am	DBM		12ml						8ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>			100cc			<b>Total 24 hrs. Output</b>					2.9cc		



*albee*

# FLUID CHART

Sheet No. : ..... *2* .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	O.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	DBM			12ml		Passed			10ml			<i>Q</i>
	10:00 am												
	11:00 am	DBM			14ml		-			8ml			<i>Q</i>
	12:00 pm												
	01:00 pm	DBM			14ml		-			12ml			
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm	DBM			14ml		Passed			7ml			<i>Q</i>
	04:00 pm												
	05:00 pm	DBM			14ml		-			8ml			<i>Q</i>
	06:00 pm												
	07:00 pm	DBM			14ml		Passed			10ml			<i>Q</i>
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm	DBM			14ml					7ml			
	10:00 pm												
	11:00 pm	DBM			14ml		Passed			8ml			
	12:00 am												
	01:00 am	DBM			14ml								<i>Q</i>
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am	DBM			14ml		Passed			9ml			
	04:00 am												
	05:00 am	DBM			14ml								
	06:00 am												
	07:00 am	DBM			14ml					8ml			<i>Q</i>
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake** *115 cc/kg/day*

**Total 24 hrs. Output** *2.2 cc/kg/day*

BAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 3 D (F)  
 Dr. NITASHA BAGGA

10/5/26

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

T.V. :- 1300  
 15ml  
 B.W. :- 1.440

# FLUID CHART

Sheet No. : 3

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

Date	Time	Intake			Output							
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	DBM HMF			14ml		passed			0ml		
	10:00 am											
	11:00 am	DBM HMF			15ml		passed			0ml		
	12:00 pm											
	01:00 pm	DBM HMF			15ml		passed			10ml		
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm									11ml		
	03:00 pm	DBM HMF			15ml		passed			0ml		
	04:00 pm											
	05:00 pm	DBM HMF			15ml		passed			10ml		
	06:00 pm											
	07:00 pm	DBM HMF			15ml		passed					
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm	DBM HMF			15ml		passed			8ml		
	10:00 pm											
	11:00 pm	DBM HMF			15ml		passed			10ml		
	12:00 am											
	01:00 am	DBM HMF			15ml		passed					
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am	DBM HMF			15ml		passed			10ml		
	04:00 am											
	05:00 am	DBM HMF			15ml					8ml		
	06:00 am											
	07:00 am	DBM			15ml		passed			0ml		
<b>Total Intake : 179ml</b>					<b>Total Output :</b>							

Total 24 hrs. Intake 179ml 12.5 cc/kg/day

Total 24 hrs. Output 2.4 cc/kg/day

RAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-01-2026 0 Y 0 M 5 D (F)  
 Dr. NITASHA BAGGA



11/5/26

# FLUID CHART



T.V.  
T.F.  
B...

Sheet No. : 4

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/5/26	08:00 am												
	09:00 am	DBM		16ml					10ml				
	10:00 am												
	11:00 am	DBM		16ml		passed			10ml				
	12:00 pm												
	01:00 pm	EBM		16ml					11ml				
<b>Total Intake :</b>						<b>Total Output :</b>						31	
11/5/26	02:00 pm												
	03:00 pm	EBM		16ml					10ml				
	04:00 pm					passed							
	05:00 pm	EBM		16ml					12ml				
	06:00 pm												
	07:00 pm	EBM		16ml					10ml				
<b>Total Intake :</b>						<b>Total Output :</b>						34	
	08:00 pm												
	09:00 pm	EBM		16ml		-			9ml	1			
	10:00 pm												
	11:00 pm	EBM		16ml		-			9ml	0			
	12:00 am									1			
	01:00 am	EBM		16ml					10ml				
<b>Total Intake :</b>						<b>Total Output :</b>						28	
	02:00 am												
	03:00 am	DBM		16ml		-			8ml	7			
	04:00 am												
	05:00 am	DBM		16ml		passed			9ml	9			
	06:00 am												
	07:00 am	DBM		16ml		-			10ml	1			
<b>Total Intake :</b>						<b>Total Output :</b>						120	

Total 24 hrs. Intake : 400 cc / by day

Total 24 hrs. Output : 3.5 cc / by day

BAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 5 D F)  
 Dr. NITASHA BAGGA

12/5/26



# FLUID CHART

Sheet No. : 5

- 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	NG							
	08:00 am										}	+ Jay 21/5/26
	09:00 am	DBM							6ml			
	10:00 am											
	11:00 am	DBM				passed			8ml			
	12:00 pm											
	01:00 pm	DBM							8ml			
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 pm										}	+ Jay 21/5/26
	03:00 pm	EBM				passed			8ml			
	04:00 pm											
	05:00 pm	EBM							10ml			
	06:00 pm											
	07:00 pm	EBM										
<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** 18ml

**Total 24 hrs. Output** 26ml

BAH-00655577 IP5-00173414  
 Baby Of JUNTIPALLY KAVERI TWIN 1  
 05-05-2026 0 Y 0 M 5 D (F)  
 Dr. NITASHA BAGGA



# 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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	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>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**