



CROSS CONSULTATION FORM

Doctor Name : DR. Srinivas Date : 23/5/2016 Time : 2 PM

Diagnosis :

Hospital : Rainbow Children's Hospital
Bangalore

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature: _____

Findings and Recommendations :

Extreme Pre Term / ELBW

OL PAART

LL BP's - noted

VL - 76/52 (59)

Adv

1) $\uparrow$ Nefidune to
0.5mg/kg/dose TID.

$\downarrow$

2) T. Paracetamol
0.05mg/kg/day BD.

3) CUE

4) USG abdomen / Doppler

Consultant :

Name : DR. SRINIVAS Signature : [Signature] Date & Time : 23/5/2016
2 PM

CONSENT FOR BLOOD TRANSFUSION

BAH-00654000 IP5-00172641
Name: Baby Of CHIKATI KIRANMAI (F)
18-04-2026 0 Y 1 M 6 D
Dr. DINESH KUMAR CHIRLA
UHID.No : 

Age: 27 days Gender: Male ☐ Female ☒

Date:

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others PRBC

Rambabu hereby give my consent for whole blood transfusion or blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

PRBC

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: Ch. Kiranmai

Name: Kiranmai

Date & Time 25/5/26 @ 12pm

Doctor (Who is talking the consent)

Signature: Dr. Ashwary

Name: Dr. Ashwary

Date & Time 25/5/26 @ 12pm

Witness

Signature: K. Blessy

Name: Blessy

Date & Time 25/5/26 @ 12pm

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయాప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఇతరులు.....

నేను
ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా
ధాత రక్తాన్ని హెచ్ ఐ వి యాంత్రికంగా
లక్షణాలు లేవని పరీక్షించి బయటపడిన
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి తక్కువ
ప్రతిచర్యలు సోకే ప్రమాదం ఉన్నది
చేసుకున్నాను.
ఈ ప్రక్రియకు ప్రత్యామ్నాయం

పైన పేర్కొన్న అన్ని ప్రమాదాలను
వివరించబడ్డాయి. చికిత్స చేసిన
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లాస్మా
నాకు పూర్తిగా అర్థమగు భాషలో నాకు

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HI/TS/2018/BB/G

LR-LEUCO REDUCED 1
63 ml. of
Prepared from Whole human
Solution

B
Rh Positive

HIV 1 & 2, HBsAG/ HCV - Non reactive
VDRL - Negative
MP - Negative
NAT(HIV 1 & 2) - Negative
Unit No.: BAH26-01252
Blood Group: B Rh Positive
Collection Date: 25/05/2026
Expiry Date: 05/07/2026

1) Administer Without Warming 2) Shake Gently Before Use.

Issue Label / CrossMatching
Patient : BABY.CHIKATI KIRANMAI
Patient's Blood Group : B Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
UHID No. : BAH-00654000 Wd-Bed No. :
Product : LR-PRBC Pedia-1
Blood Group : B Rh Positive Issue Dt : 25/May/2026
Unit No. : BAH26-01252 Colln. Dt : 24/May/2026
XMatching Report: Compatible Exp. Dt : 05/Jul/2026
X-matched by: R.RAMESH Issued By : Premalatha

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No.46/HI/TS/2018/BB/G

సుపత్రిలో అడ్మిట్ అయి
అంగీకారం తెలుపుతున్నాను.
లియా మరియు సిప్లీస్
పరీక్షలో కనబడని అనేక
రక్త మార్పిడికి సంబంధించిన
తెలివ్వు అని నేను అర్థం

ప్రస్తుత డాక్టర్ ద్వారా నాకు
రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన
నా అంగీకారము తెలుపుతున్నాను:

సాక్షి

సంతకం

పేరు

తేదీ మరియు సమయము



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Kiranmai Age: 21 days Gender: Male ☐ Female ☒

UHID.No : _____ Date: _____

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others LRBC

I, Rambabu hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that _____

PRBC

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N Rambabu

Name: Rambabu

Date & Time: 8/5/2026 @ 10am

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Pragathi

Date & Time: 8/5/26 10am

Witness

Signature: [Signature]

Name: M. Poja

Date & Time: 8/5/2026 @ 11am

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 08/05/2026 Time: @ 3:30pm

Blood Group of the Patient: B⁺ Blood Group on the Blood Bag: B⁺

Blood Bank Issue No: BAH26-01079 Date of Collection: 06/05/2026 Date of Expiry: 17/06/2026

Date & Time of Starting Transfusion: 8/5/26 @ 3:30pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Poja Nurse 2: Supriya

Before starting transfusion vitals: Temp: 36.5°C HR 153b/m RR: 40b/m BP: 70/49(51) SpO₂ 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
8/5/2026	15 Min	160b/m	36.5°C	70/48(50)	93%	-	-	-	-
@ 4pm	15 Min	153b/m	36.7°C	68/49(51)	94%	-	-	-	-
@ 4:30pm	30 Min	154b/m	36.6°C	67/48(52)	95%	-	-	-	-
@ 5:00pm	30 Min	155b/m	36.5°C	76/51(59)	96%	-	-	-	-
@ 5:30pm	30 Min	154b/m	36.4°C	75/51(60)	92%	-	-	-	-
@ 6:30pm	1 Hr	152b/m	36.5°C	97/72(80)	93%	-	-	-	-
@ 7:30pm	1 Hr	149b/m	36.5°C	80/52(63)	95%	-	-	-	-

Comments: No reactions during LRBC transfusion.

Name of the Incharge-Nurse: Soumya

Signature of the Incharge-Nurse: [Signature]

Date & Time: 8/5/26 @ 8:30pm

Name of the Nurse: Poja

Signature of the Nurse: [Signature]

Date & Time: 8/5/26 @ 8:30pm

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 25 ml. Prepared from Whole human blood collected in 63 ml. of C-
SAGM Solution.

Unit No.: BAH26-01079
Blood Group: B Rh Positive
Collection Date: 06/May/2026
Expiry Date: 17/Jun/2026

Rh Positive

Add Additive
 Group and
 With Filter.
 There is Any
 Appropriate Compatible
 Antibodies in Recipient

1) Shake Gently Before Use. 2) Shake Gently Before Use. 3) Check Blood Group on Label & Receipt. 4) Dispense Without Prescription. 5) Use Sterile Transfusion Set. 6) Store Between 2° C to 6° C. 7) Do Not Use if Atypical. 8) Store Between 2° C to 6° C. 9) Issue Label / Cross Matching Report.

Patient : **BABY.CHIKATIL**
 Patient's Blood Group : **B Rh Positive**
 Collection Date: **06/May/2026**
 Expiry Date: **17/Jun/2026**

Issue Label / Cross Matching Report
BABY. CHIKATI KIRANMAI
Blood Group : B Rh +

Issue Label / Cross Matching Report
 Patient : **BABY.CHIKATI KIRANMAI -**
 Patient's Blood Group : **B Rh Positive**
 Hosp/Dr : **Rainbow Childrens Hospital, DR. DINESHKUMAR**
 UHID No. : **BAH-00654000** Wd-Bed No.:
 Product : **LR-PRBC Pcdia-I**
 Blood Group : **B Rh Positive**
 Unit No.: **BAH26-01079**
 XMatching Report: **Compatible**
 X-matched by: **R.RAMESH**
 Issue Dr : **08/May/2026**
 Colln. Dt : **06/May/2026**
 Exp. Dt : **17/Jun/2026**
 Issued By : **Nachiket**
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road 1
 No.2, Banjara Hills, Hyderabad, Telangana State
 Lic No. 46/11D/TS/2018/BBG



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 25/5/26 Time: @3pm

Blood Group of the Patient: B +ve Blood Group on the Blood Bag: B +ve

Blood Bank Issue No: BAH 260-10252 Date of Collection: 25/5/26 Date of Expiry: 5/7/26

Date & Time of Starting Transfusion: 25/5/26 @3pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: * Blessy Nurse 2: Sis Hemalatha

Before starting transfusion vitals: Temp: 36.5°C HR: 146b/min RR: 45b/min BP: 98/66(78) SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>25/5/26</u>	<u>15 Min</u>	<u>146b/min</u>	<u>36.5°C</u>	<u>98/66(78)</u>	<u>96%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>u</u>	<u>15 Min</u>	<u>134b/min</u>	<u>36.4°C</u>	<u>89/60(61)</u>	<u>97%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>u</u>	<u>30 Min</u>	<u>128b/min</u>	<u>36.6°C</u>	<u>98/64(79)</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>u</u>	<u>30 Min</u>	<u>139b/min</u>	<u>36.7°C</u>	<u>101/69(81)</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>u</u>	<u>30 Min</u>	<u>120b/min</u>	<u>36.5°C</u>	<u>76/56(64)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>u</u>	<u>1 Hr</u>	<u>137b/min</u>	<u>36.7°C</u>	<u>90/54(67)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>u</u>	<u>1 Hr</u>	<u>130b/min</u>	<u>36.6°C</u>	<u>90/56(68)</u>	<u>97%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Comments: Nil

Name of the Incharge-Nurse: * Sis. Shilpa

Signature of the Incharge-Nurse: _____

Date & Time: 25/5/26 @3pm

Name of the Nurse: * Blessy

Signature of the Nurse: * Blessy

Date & Time: 25/5/26 @3pm

Issue time - 2:25pm

Received time - 3:15pm

Started time - 3:30pm

End time - 7:30pm



(4)

RESULT SHEET

Date	1/5/26	5/5/26	6/5/26	7/5/26	8/5/26	9/5/26
Time	@ 8pm	11:30 am	21:36pm	10am	7:56am	9:30am
Hb		9.8	10.3		9.4	12.4
PCV		31.4	32.1		29.4	37.9
RBC		3.51	3.67		3.46	4.40
WBC		11.60	15.62		13.50	15.62
N/L		47.2/37.2	74.1/198		64.3/25.6	63.2/21.9
Platelets		410	388		388	310
CRP		5		115.5	0	42
ESR						
PCT						
RBS						
Na	132	132		135	136	
K	3.4	3.9		4.4	4.1	
Cl	108	106		105	110	
Ca/Mg		9.6/		9.9/		
Phosphate				2.4		
Urea		8				
Creatinine		0.4				
ALP				638		
SGPT						
SGOT						
T.Bill/Conj		3.3 ← 1.4 1.9				
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						
VL						

BAH-00654000 IPS-00172641
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 0 M 8 D (F)
Dr. DINESH KUMAR CHIRLA



3

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	24/4/26	26/4/26	27/4/26	28/4/26	28/4/26	29/4/26
Time	@ 2pm	8pm	8am	6:28pm	1:30pm	7am
Hb	11.2	10.6				9.4
PCV	32.7	32.0				29.4
RBC	3.47	3.32				2.97
WBC	9.92	16.03				10.19
N/L	45/35.3	31.4/34.5				33.7/39.2
Platelets	72	113				154
CRP			5			5
ESR						
PCT						
RBS						
Na			129	128		
K			4.1	4.4		
Cl			105	104		
Ca/Mg						
Phosphate				1.5		
Urea				14		
Creatinine				0.5		
ALP						
SGPT					13	
SGOT					76	
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones	25/4/26	0	25/4/26	25/4/26		
CUE - PUS Cells	0		0	0		
CUE - RBC Cells			0	0		
CUE			0	0		
			0	0		
			0	0		
			0	0		
Stool Pus Cell			0	0		
OVA / Cyst						
Occult Blood						
TFT [27/4/26 @ 3pm]						
	T ₃ -	84.56				
	T ₄ -	7.71				
	TSH -	19.29				
28/4/26 free T ₄		1.47				

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.,) :



2

RESULT SHEET

Date	20/4/26	20/4/26	21/4/26	22/4/26	23/4/26	23/4/26
Time	@ 7 AM	4 PM	@ 8 AM	@ 9 PM	@ 20 AM	@ 5 PM
Hb		11.5	10.3	9.4		12.8
PCV		38.6	34.2	30.6		39.2
RBC		3.3	2.97	2.73		3.07
WBC		3.55	3.84	4.14		7.61
N/L		29.8/60	22.6/54.2	34.6/40.6		30.9/48.2
Platelets		34 SDP	105	71		54
AP			18			
ESR		ANC → 1065				
PCT			ANC 807	3.44		
RBS						
Na	145		135		132	
K	2.8		3.3		2.8	
Cl	121		112		107	
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
AST						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		21/101.6				
APTT		53				
CSF Protein / Sugar						
Cells						
W/L						

[illegible]

Culture and Sensitivities :

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

Others (ECG, Contrast Studies etc.,) :

Rainbow Children's Hospital Individualized Enteral Advancement Tables (iEATs) for Neonates >300g Birth Wt

Patient Name:
Medical Record #:

B/o CHIKATI KIRANMAI

Date: 18.04.2026

Weight: 530 grams

Advances by Approximately 8 mL/kg/day

	mL/kg/day	Weight Est* (kg)	Volume (mL) of each feeding	Frequency of feed	Caloric density of milk or formula	Comments - (circle type of feed)
1 st day	8	0.530	0.5	3rd hrly	20 kcal/oz	MBM or DBM
2 nd day of feedings	8	0.530	0.5	3rd hrly	20 kcal/oz	
3 rd day of feedings	8	0.530	0.5	3rd hrly	20 kcal/oz	
4 th day of feedings	16	0.530	0.5	2nd hrly	20 kcal/oz	
5 th day of feedings	24	0.530	1.1	2nd hrly	20 kcal/oz	Darolac to start
6 th day of feedings	32	0.530	1.4	2nd hrly	20 kcal/oz	
7 th day of feedings	40	0.530	1.8	2nd hrly	20 kcal/oz	
8 th day of feedings	48	0.530	2.1	2nd hrly	20 kcal/oz	
9 th day of feedings	56	0.530	2.5	2nd hrly	20 kcal/oz	
10 th day of feedings	64	0.538	2.9	2nd hrly	20 kcal/oz	MMF- 1 sachet in 25 ml EBM/DBM
11 th day of feedings	72	0.546	3.3	2nd hrly	20 kcal/oz	
12 th day of feedings	80	0.554	3.7	2nd hrly	22 kcal/oz	
13 th day of feedings	88	0.562	4.1	2nd hrly	22 kcal/oz	
14 th day of feedings	96	0.570	4.6	2nd hrly	22 kcal/oz	Vitamin D3
15 th day of feedings	104	0.578	5.0	2nd hrly	22 kcal/oz	
16 th day of feedings	112	0.586	5.5	2nd hrly	22 kcal/oz	
17 th day of feedings	120	0.594	5.9	2nd hrly	24 kcal/oz	
18 th day of feedings	128	0.602	6.4	2nd hrly	24 kcal/oz	
19 th day of feedings	136	0.610	6.9	2nd hrly	24 kcal/oz	
20 th day of feedings	144	0.618	7.4	2nd hrly	24 kcal/oz	
21 st day of feedings	152	0.626	7.9	2nd hrly	24 kcal/oz	

Assumes wt gain rate of 8g/day at 10th day of feeds

WHEN COMPLETE, please ask MD for total fluid/Kg/Day order



BREASTFEEDING HISTORY FORM

Mother's Name: Chikati Kiranmai Baby's Name: B/o Kiranmai Date of Birth: 16/4/26

Reason for consultation: Lactation counseling for mother

1. Baby's feeding now (ask all these points)	Breastfeeds How often Length of breastfeeds Longest time between feeds (time mother away from baby) One breast or both breasts Complements (and water) What given When started How much How is it given	Day <u>expressing</u> <u>EBM</u>	Night
2. Baby's health and behaviour (ask all these urine output (more/less than points))	Birth weight <u>530</u> Premature Urine output (more/less than 6 times per day) Stools (soft and yellow/brown; or hard or green; frequency) Feeding behaviour Illnesses	Weight now Twin	Growth
3. Pregnancy, birth, early feeds	Antenatal care (attended/not) Delivery: Normal / C - section Rooming - in Yes / No Prelacteal feeds Yes / No (If Yes,) What given Formula samples given to the mother Yes / No Postnatal help available for breastfeeding Yes / No	Abnormalities Breastfeeding discussed? Yes / No Early contact (First - 1 hour) Yes / No Time first breast feed (if not within 1 st hour) How given	
4. Mother's condition and family planning	Age Family planning method	Breast condition <u>Good</u> Motivation to breastfeed <u>importance of Bk</u> Alcohol, smoking, coffee, other drugs <u>and benefits</u> Yes / no	
5. Previous infant feeding experience	Number of previous babies <u>91</u> How many breastfeed Any bottles used	Experience good or bad Reasons	
6. Family and social situation	Working / Home maker Father's attitude towards breastfeeding Other family members attitude towards breastfeeding Help with child care What others say about breastfeeding	Literacy status	

Lactation Consultant:

Signature: Shalini Name: Dr. Shalini K... Date & Time: 22/4/26

MILK CHECK LIST

Date	Time	Milk Type	Quantity	No of Bottles Given	Balance at Shift End	Received by Nurse	Parents Signature	Remarks
17/4/26	10AM	EBM	0.5ml	(1)	NO	mausori	N Relp	
18/4/26	10AM	EBM	0.5ml	(1)	NO	mausori	N Relp	
19/4/26	11AM	EBM	1ml	(1)	NO	mausori	N Relp	
20/4/26	11AM	EBM	10ml	(1)	15ml	mausori	N Relp	NA
21/4/26	10AM	EBM	20ml	(1)	16ml	mausori	N Relp	
22/4/26	11AM	EBM	30ml	(2)	24ml	mausori	N Relp	
23/4/26	11AM	EBM	40ml	(2)	34ml	mausori	N Relp	
24/4/26	11am	EBM	100ml	(2)	60ml	Pooja	N Relp	
25/4/26	8am	EBM	45ml	(2)	45ml	Diff.	N Relp	
26/4/26	11am	EBM	80ml	(2)	66ml	Pooja	N Relp	
27/4/26	8am	EBM	66ml	(2)	42ml	Diff.	N Relp	
27/4/26	11am	EBM	75ml	(2)	50ml	Pooja	N Relp	
28/4/26	8am	EBM	50ml	(2)	20ml	Diff.	N Relp	
28/4/26	11AM	GBM	50ml	(1)	20ml	Devidas	N Relp	
29/4/26	11AM	GBM	55ml	(1)	40ml	Devidas	N Relp	
30/4/26	11am	EBM	100ml	(2)	NA	Diff.	N Relp	
3/5/26	9am	EBM	120ml	(2)	NA	Diff.	N Relp	
5/5/26	11:15am	EBM	130ml	(3)	NA	Diff.		
6/5/26	11am	EBM	130ml	(3)	NA	Diff.		
7/5/26	8AM	EBM	40ml	(3)	40ml			
7/5/26	11am	EBM	120ml	(3)	NA	Diff.		
8/5/26	8AM	EBM	20ml	(3)	36ml	Suande		

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

3973

Patient Name: ELO CHUKA KIRANMAI	Age: 2/9	Gender: FEMALE	
UHID No: 00654000	IP No: 00122641	Date: 15/5/26 Time: 4:44pm	
Diagnosis: EXPT / ELBW / SEPSES / ROS			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Inj. Fentanyl Citrate 100 mcg / 2 ml	100mcg	CONTINUOUS
2.	Fentanyl Citrate 25 mcg patch	-	-
3.	Inj. Morphine 15 mg / ml	-	-
Doctor Name: Dr. Vinod C		Doctor Registration No: 08574	
Signature: [Signature]			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 00122641 Date: 15/5/26

Aadhaar No. of the Patient (Optional):

1.	Name :	Remarks		
2.	Complete postal address (with contact number, if any)	RECEIVED BY [Signature]		
3.	Brief description of the illness	EXPT / ELBW / ROS / SEP		
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed	INJ FENTANYL		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
12/5/26	INJ FENTANYL	0.2	[Signature]	

Dispensed by (Name & ID No.): Srinivas 016434 Signature: [Signature]

Received by (Name & ID No.): Ayaz Hamid Raza 60200 Signature: [Signature]

Time: 4:44pm

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

3972

Patient Name: BLO CHIKAT KIDANNAJ	Age: 0.8	Gender: FEMALE	
UHID No: 00659000	IP No: 00122641	Date: 14/05/16	
Diagnosis: EXP/ELC/AD/VAP	Time: 5:50 PM		
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Inj. Fentanyl Citrate 100 mcg / 2 ml	100 mcg	CONTINUOUS
2.	Fentanyl Citrate 25 mcg patch	—	—
3.	Inj. Morphine 15 mg / ml	—	—
Doctor Name: DR. H. S. R.		Doctor Registration No: 85426	
Signature: [Signature]			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: 00122641 Date: 14/05/16

Aadhaar No. of the Patient (Optional):

1.	Name :	Remarks		
2.	Complete postal address (with contact number, if any)			
3.	Brief description of the illness	EXP/ELC/AD/VAP		
4.	Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded)			
5.	Details of essential Narcotic drug dispensed	100 FENTANYL		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
14/05/16	100 FENTANYL	100	[Signature]	

Dispensed by (Name & ID No.): DR. H. S. R. 015429 Signature: [Signature]

Received by (Name & ID No.): [Signature] Signature: [Signature]

Time : 5:50 PM

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 25 D (F)
 Dr. DINESH KUMAR CHIRLA



TRANSTHORACIC ECHOCARDIOGRAM FOR CONSULTANT

Date: 11/5/26

Clinical Diagnosis:

Situs & Looping	Situs
Systemic Veins	Levocardiac
Pulmonary Veins	LA
Atria	(N)
Atrial Septum	PFO (L - R shunt)
AV Valves	(N)
Ventricles	(N)
Ventricular Septum	Intact
Outflow Tracts	(N)
Semilunar Valves	(N)
Branch PA	(N)
Aorta and Aortic Arch	Left arch, no coar
PDA	No PDA
Coronaries	(N)
Pericardium	no effusion
Others	Tric normal & collapsible

Measurements:

Parameter	Absolute (mm)	'Z' Value	Parameter	Absolute (mm)	'Z' Value
AO			Tricuspid Annulus		
LA			Mitral Annulus		
RVid			Aortic Annulus		
IVSd			PA Annulus		
LVIDd			MPA		
LVIPWd			RPA		
IVSs			LPA		
LViDs			Aortic Isthmus		
LViPWs			LV Mass		
FS			Others		
EF					

Aortic Flow	Velocity m/sec			Gradient (mm Hg)		AR
Pulmonary Flow				Peak:	Mean:	PR
Mitral Flow				Peak:	Mean:	MR
Tricuspid Flow	E:	A:	Edit:	Peak:	Mean:	TR
IV Gradient				RVSP:-		
Others						

Colour Doppler Assessment:

Tissue Doppler:

Mitral	E'	A'	S'
Media LV	E'	A'	S'
Tricuspid	E'	A'	S'
Time Intervals	IVRT	IVCT	DT
Others			

Descriptive Findings:

blks Hemo dynamically PDA
received paracetamol
no evidence of PDA on today's Echo

Impression:

p fo C L → R shunts
otherwise structurally normal heart
no evidence of PDA

Echo Perform:

Signature of the Doctor: K. Bhavathi
Name of the Doctor: K. BHAVATHI
Date & Time: 5.20pm 11/5/2021



Baby Of CHIKATI KIRANMAI

9284309916

0 Y 0 M 24 D

BA26046544

Female

07-05-2026 04:40 PM

IP5-00172641

07-05-2026 04:59 PM

BAH-00654000

11-05-2026 08:55 AM

DINESH KUMAR CHIRLA

2F-NICU 2 / NICU 263

ET CULTURE AND SENSITIVITY (Specimen :ENDOTRACHEAL SECRETIONS)

RESULT

Gram stained smear - Shows moderately cellular background, very few polymorphs, mixed with epithelial cells, plenty of gram positive bacilli with very encapsulated gram negative coco bacilli.

Z.N stained smear : Do not show any acid fast bacilli.

Cultures :- Acinetobacter baumannii complex.

Susceptible to -

Tigecycline and Colistin.

Resistant to -

Ampicillin-sulbactam, Ticarcillin-Clavulanic Acid, Tazobactam- Piperacillin, Ciprofloxacin, Levofloxacin, Gentamicin, Amikacin, Tobramycin, Imipenem, Meropenem, Piperacillin and Aztreonam.

Carbapenem Resistance.

Colistin - MIC - 0.5 µg/ml (Susceptible).

Sulbactam - MIC - 12.0 µg/ml (Resistant).

Tigecycline MIC - 0.5 µg/ml (Susceptible).

Interpretation by version 16. EUCAST standard for ABST testing January 2026.

***** End of report *****

(Signature)

**Dr. RANGANATHAN N. IYER MD FRCPATH DNB
DPB**
(CONSULTANT MICROBIOLOGIST)

**Dr. VIJENDRA KAWLE
MD DNB
CONSULTANT MICROBIOLOGIST**
Reg No :68234



CROSS CONSULTATION FORM

Doctor Name : Dr. Bhanu Date : 5/5/26 Time :

Diagnosis :

Hospital : Rainbow Children's Hospital

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature:

Findings and Recommendations :

EXT PT | 550gm

19 days old

HS PDA → Received PCM

Reintubated

BP - 88/44/72

ECHO

wide foramen ovale

L → R

Intact IUS.

Lt. Arch

NO PDA

GBV

Trivial TR

gdt 10mmHg

ADV

R/V sw

Consultant :

Name : Bhanu Signature : [Signature] Date & Time : 5/5/26

CROSS CONSULTATION FORM

BAH-00654000 IP5-00172641

Baby Of CHIKATI KIRANMAI

16-04-2026 0 Y 0 M 8 D

(F)

Dr. DINESH KUMAR CHIRLA

Doctor Name :

Date :

25/4/26

Time :

5.45 PM

Diagnosis :

Hospital :

Rainbow Children's Hospital
Bennara Hills

Type of Referral :

☐ Emergency☐ Urgent☒ Non Urgent

Referred for :

☒ Opinion☐ Co-Management☐ Transfer of care

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

Signature:

Findings and Recommendations :

Vitals BP - 45/17(26)

Echo (Bedside).

→ Large (1.5mm) HS-PDA C

Unrestricted L → R Shunt

→ Trivial MR / NO TR

→ Paradoxical flow reversal in DTA

→ A.O = 0.6cm, LA - 1.0cm.

→ no e/o PPHN.

→ GBV

→ Left arch/no co-A

Consultant :

Dr. Bhargavi

Name :

Dr. Annubem

Signature :

Jh

Date & Time :

25/04/2026

Adu

→ To start medical management
for IR-PDA

→ R/A 48-72 hours

Dr. Tanakaram.

→
26/4/26

ECHO
dange 2mm PDA
non-restrictive
mild TR
L→R
gdt 30mmHg

Bp - 50/22
mmHg

LA/AO = 1.6

Dilated LA/LV
GRVF Diastolic Reversal in DAO (+)

Adu

1. R/V - after usher
ventilation management

Janu



B/o - Kiranmai

CROSS CONSULTATION FORM

Doctor Name : Dr. Bhargavi Date : 18/04/26 Time : 5:40 PM

Diagnosis :

Hospital : Rainbow Children's Hospital
Pennara Hill

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

Referred for : ☒ Opinion ☐ Co-Management ☐ Transfer of care

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

Signature: _____

Findings and Recommendations :

Day - 2 / 500gm / Shock / Requested Echo

Echo → moderate PPHN.
→ mild TR (RSP - 3mm H₂O + RAP)
→ Large (3mm) PDA L → R shunt
(unrestricted flow)
→ PFO L → R shunt
→ IVC collapsible
→ GBV
→ Left axis / no CO-A

Consultant : Dr. Bhargavi

Name : Dr. Jannikam

Signature : JL

Date & Time : 18/04/26, 5:40 PM

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 4/5/26

Patient Name : Blo Kiranmai

UHID. NO.:

Current (Maximum) Weight : 0.6 kg

Fluid : 170 ml / kg / day

Feed : 6 ml 2nd ml / kg / day

Others : ml / kg / day

TPN Fluid : 25% TPN

102 ml
- 72 ml
- 5 ml (Medication)
TPN = 25 ml
- 11.8
13.2 ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	g/kg	—	24ml	48ml
Protein / Aminoventi 10, 1g=10ml	21 g/kg	0.2ml	6 ml	12 ml
3% NaCl (1ml = 0.5 mEq)	4 mEq/kg	2.4	4.8ml	9.6ml
KCL	2 mEq/kg	1.2ml	0.6ml	1.2ml
POTPHOS (0.3 ml = 1.2 mEq K)	— 0.3 ml/kg	—	—	—
Calcium Gluconate	— ml/kg	—	—	—
MVI	0.5 1 ml/kg	0.3ml	0.3ml	0.6ml
CELECEL (Trace Elements)	0.2 1 ml/kg	0.1ml	0.1ml	0.2ml
MgSo4	ml/kg	Total	6.8ml	23.4
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			0.8ml	1.6ml
25% Dextrose 50%			12.4ml	24.8ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : Dr Arishwarya

Signature : [Signature]

Date & Time : 4/5/26

Docu. No. : RCHBH/FRM/CLINICAL / 113

25 x 21 - 5 x 9.2
45

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 27/4/26

Patient Name : S/O Kiranmai

UHID. NO. :

Current (Maximum) Weight : 600gm

Fluid : 150 ml / kg / day 90

Feed : 60 ml / kg / day 36

Others : ml / kg / day 6 + 19 = 25

TPN Fluid : 157. 29ml
RW = 8.7ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.6	3ml	48ml
Protein / Aminoacids 10, 1g=10ml	2 g/kg	1.2	12ml	24ml
3% NaCl (1ml = 0.5 mEq)	4 mEq/kg	2.4	4.8	9.6
KCL 1 ml = 2mEq	2 mEq/kg	1.2	0.6	1.2
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg	-	-	-
Calcium Gluconate	ml/kg	-	-	-
MVI	1 ml/kg	-	-	-
CELECEL (Trace Elements)	1 ml/kg	-	-	-
MgSo4	ml/kg	TOTAL	20ml	40ml
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose				
25% Dextrose 50.1			8.7ml	17.4ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : Dr Aishwarya

Signature :

Date & Time : 27/4/26

TOTAL PARENTERAL NUTRITION (TPN) CHART

BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 0 M 9 D (F)
Dr. DINESH KUMAR CHIRLA

bow
lren's
ital
treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : B/o Kiranmai

Date :

UHID. NO:

Current (Maximum) Weight : 530 g

Fluid : 160 ml / kg / day

Feed : 24ml ml / kg / day

Others : 6ml (medic) ml / kg / day

TPN Fluid : 12ml (Infusion)

15% TPN

84.8ml

- 24ml (feed)

- 6ml (medic)

- 12ml (Infusion)

TPN = 42.8ml

- 25ml

RV = 17.8ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
✓ Intra Lipid (20%) 1g = 5ml	2 g/kg	1.06g	5.3	10.6ml
Protein / Aminoventi 10, 1g=10ml	3 g/kg	1.59	15.9	31.8ml
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.06	2.12	4.24ml
✓ KCL	3 mEq/kg	1.59	0.8	1.6ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.53	0.5ml	1ml
✓ MVI	0.5 1 ml/kg	0.26	0.3	0.6ml
✓ CELECEL (Trace Elements)	0.3 1 ml/kg	0.2	0.2	0.4ml
MgSo4	ml/kg		<u>25ml</u>	<u>50ml</u>
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			5.5ml	11ml
25% Dextrose <u>50% D</u>			12.3ml	24.6ml
TPN Fluid : GIR = 8.4				
GIR <u>8.4 + 2.1 = 10.5</u>				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

15 x 42.8 - 5 x 17.8

45

= 553
45

= 12.3ml

Name : Sneha

Signature : Sneha

Date & Time : 25/4/2026

$$\frac{12.2}{2.23} = 5.47$$

$$\frac{12.2}{2.23} = 5.47$$

$$12.2 \times 10.2 - 2.23 \times 10.2$$

$$12.2 \times 10.2 - 2.23 \times 10.2$$

	0.3	0.2	1	3	5	8	8
0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3
1	0.3	0.3	0.3	0.3	0.3	0.3	0.3
3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
5	0.3	0.3	0.3	0.3	0.3	0.3	0.3
8	0.3	0.3	0.3	0.3	0.3	0.3	0.3
8	0.3	0.3	0.3	0.3	0.3	0.3	0.3

12.2 (12.2)
 12.2 (12.2)
 12.2 (12.2)
 12.2 (12.2)
 12.2 (12.2)
 12.2 (12.2)
 12.2 (12.2)
 12.2 (12.2)

GIR from dextrose = 8.34.
 GIR from TPN = 8.4 } matching

TOTAL PARENTERAL NUTRITION (TPN) CHART

Patient Name : B/o Kiranmai Date : 18/4/26
 Current (Maximum) Weight : 530g UHID. NO:
 Fluid : 100 ml / kg / day
 Feed : 4ml ml / kg / day
 Others : ml / kg / day
 TPN Fluid : 12.5%

Tv = 53
 - 4ml (feed)
 - 6ml (meds)
 - 9.6ml (TPN)
 TPN = 33.4ml
 ~18.8 RV = 14.6ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1.5 g/kg	0.8	4ml	8ml
Protein / Aminoventi 10, 1g=10ml	2.5 g/kg	1.32	13.2ml	26.4ml
3% NaCl (1ml = 0.5 mEq)	— mEq/kg			
KCL	— mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	— 0.3 ml/kg			
Calcium Gluconate	3 ml/kg	1.6	1.6ml	3.2ml
MVI	1 ml/kg			
CELECEL (Trace Elements)	1 ml/kg		18.8	37.2
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			7.0ml	14ml
25% Dextrose 50% D			7.6ml	15.2ml
TPN Fluid				
GIR = 5.47 + 0.35 = 5.8				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : Y. Sneha

Signature : Sneha

Date & Time : 18/4/26

Docu. No. : RCHBH/FRM/CLINICAL / 113

12.5 x 33.4 - 5 x 14.6
 344.5 - 70.0 = 274.5
 45 = 765ml

TOTAL PARENTERAL NUTRITION (TPN) CHART

Patient Name : B/o Kiranmai

Date :

UHID. NO:

Current (Maximum) Weight : 530g

Fluid : 160 ml / kg / day

Feed : 12ml ml / kg / day

Others : 6mlb (medic) ml / kg / day

TPN Fluid : 15%

84.8mlb
- 12ml (feed)
- 6mlb (medic)
- ~~15.5ml~~
= ~~72ml~~ 12ml (Infu)
TPN = ~~50.4ml~~ 54.8ml
RV = 29.8mlb

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
			24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	2 g/kg	1.06g	5.3mlb	10.6mlb
Protein / Aminoventi 10, 1g=10ml	3 g/kg	1.59	15.9ml	31.8ml
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.06	2.12ml	4.24ml
KCL	3 mEq/kg	1.59	0.8ml	1.6mlb
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.53	0.5mlb	1ml
MVI	0.5 1 ml/kg	0.26	0.3ml	0.6ml
CELECEL (Trace Elements)	0.3 1 ml/kg	0.2ml	0.2ml	0.4ml
MgSo4	ml/kg		25mlb	50mlb
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose		→	14.9ml	29.8
25% Dextrose <u>50% Dextrose</u>		→	14.9ml	29.8ml
TPN Fluid				
GIR - <u>10.7</u>				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

54.8mlb × 15 - 5 × 29.8

45

673
45

= 14.9

Name : Y. Sneha

Signature : Sneha

Date & Time : 22/4/26

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 22/4/26

Patient Name : B/o Kiranmai

UHID. NO:

Current (Maximum) Weight : 530g

Fluid : 160 ml / kg / day

Feed : 6ml ml / kg / day

Others : ml / kg / day

TPN Fluid : 15% TPN

84.8ml
- 6 (feed)
- 21.5 (medical)
- 9.6 (infusions)
TPN = 47.7ml
RV = 22.89

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	2 g/kg	1.06	5.3	10.6
Protein / Aminoventri 10, 1g=10ml	3 g/kg	1.59	15.9	31.8
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.06	2.12	4.24
KCL	2.5 mEq/kg	1.32	0.66	1.32
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.53	0.53	1ml
MVI	0.5 1 ml/kg	0.26	0.3ml	0.6ml
CELECEL (Trace Elements)	1 ml/kg		24.81	49.56ml
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			9.6ml	19.2
25% Dextrose 50% D			13.3ml	26.6
TPN Fluid				
GIR = 9.37 (TPN)				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

15x 47.7 - 5x 22.89

Name : Y. Sneha

Signature :

Date & Time :

Docu. No. : RCHBH/FRM/CLINICAL / 113

601.05
45

45
= 13.3ml

50g - 100ml
 1 - 13.3ml

5'g - 100ml
 - 9.6ml

6.65g

0.48g

$$\frac{4.18g}{31.1g} = 22.9\text{ml}$$

$$\frac{18.0}{28.0} = 0.64$$

$$1.77 \times 21$$

JOI E.3 JOI E
 8.12 P.31 P.31 E

PC.11 31.6 JOI E

28.1 JOI E

JOI E 23.0 E

JOI E 28.0 JOI E 2.0

JOI E.11 13.16

24.1 JOI E

JOI E 28.1

2.1.05

(MTP) 18.0

18.12.13 - 1.11.14 x 31.

20.100

20.81 = 20

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 20/4/26

Patient Name : B/O Kizan mai

UHID. NO.:

Current (Maximum) Weight : 530 gms

Fluid : 140 g0. ml / kg / day

Feed : ml / kg / day

Others : ml / kg / day

TPN Fluid : 12.5% 1.5%

Refusion → 18 ml/kg/day
needs → 20 ml/kg/day
Feeds → 2 ml/kg/day
TPN vol → 90 ml/kg/day
LD 40 ml, AV → 26 ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.53g	2.65ml	48 kcal
Protein / Aminoventi 10, 1g=10ml	3 g/kg	1.6g	16ml	32ml
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.53mEq	1ml	2ml
KCL	2 mEq/kg	1mEq	0.5ml	1ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.53ml	0.53ml	1.06 ml
MVI	0.5 1 ml/kg	0.26ml	0.26ml	0.54ml
CELECEL (Trace Elements)	0.3 1 ml/kg	0.15ml	0.15ml	0.30ml
MgSo4	ml/kg		2ml	42ml
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			26ml
5% Dextrose			13ml	32ml
25% Dextrose 50% 00			13ml	26ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : PAUL

Signature : [Signature]

Date & Time : 20/4/26

Docu. No. : RCHBH/FRM/CLINICAL / 113

15
12.5 x 48 - 5 x 26
45
= 587 - 130
45
210

TOTAL PARENTERAL NUTRITION (TPN) CHART

BAH-0054000 IP5-00172641
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 0 M 0 D 11 H (F)
Dr. DINESH KUMAR CHIRLA



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 17/4/26

Patient Name : B/o Kiranmai

UHID. NO:

Current (Maximum) Weight :

Fluid : 80 ml / kg / day

Feed : 84 ml / kg / day

Others :

TPN Fluid : 10% TPN

42.4.
- 4 (feed)
- 7.2 (infusion)
- 1ml (medic)

TPN = 30.2
- 14.8 = RV = 15.4ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.53	2.65ml	
Protein / Aminoventi 10, 1g=10ml	2 g/kg	1.06	10.6ml	
3% NaCl (1ml = 0.5 mEq)	mEq/kg			
KCL	mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	3 ml/kg	1.59	1.59	
MVI	1 ml/kg			
CELECEL (Trace Elements)	1 ml/kg		14.84	
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			4.15ml	
25% Dextrose			11.25	
TPN Fluid				
GIR = 3.95				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins 10 x 80.2 - 5 x 15.4
Fats 20

= 225
20 = 11.25

Name : Y. Sreha

Signature : Sreha

Date & Time : 17/4/26

Docu. No. : RCHBH/FRM/CLINICAL / 113

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 2/5/26

Patient Name : B/o Kiranmai

UHID. NO:

Current (Maximum) Weight : 0.6 kg

Fluid : 160 ml / kg / day

Feed : 5ml 2nd 6x/kg ml / kg / day

Others : ml / kg / day

TPN Fluid : 25% TPN

96mb
- 60
- 9mb (medic)
TPN 27mb
- 13.6
13.4ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	g/kg			
Protein / Aminoventi 10, 1g=10ml	1 g/kg	0.6	6mb	12ml
3% NaCl (1ml = 0.5 mEq)	24 mEq/kg	2.4	4.8	9.6
KCL	42 mEq/kg	1.2	0.6	1.2
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	3 ml/kg	1.8	1.8	3.6
MVI	0.5 1 ml/kg	0.3	0.3ml	0.6ml
CELECEL (Trace Elements)	0.2 1 ml/kg	0.1	0.1mb	0.2ml
MgSo4	ml/kg		13.6ml	27.2ml
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose				
25% Dextrose 50% D			13.4ml	26.8ml
TPN Fluid GIR=7.8				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

25 x 27 - 5 x 13.4ml
45
= 608
45 = 13.5ml

Name : Y. Sneha

Signature : Sneha

Date & Time : 23/5/26

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 1/5/2020

Patient Name : B/O Kiran megal

UHID NO:

Current (Maximum) Weight : 10.600 kg

Fluid : 150 ml / kg / day

Feed : 90 ml / kg / day

Others : 30 ml / kg / day

TPN Fluid : 15% TPN

TPN = 30 cc/kg/day

- 18 ml

10

RV = 8 ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	g/kg			
Protein / Aminoventi 10, 1g=10ml	1 g/kg	0.6	6 ml	12
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.2	2.4	4.8
KCL	2 mEq/kg	1.2	0.6	1.2
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	ml/kg	1	1	2
MVI	1 ml/kg		10	20
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg	RV =	8 ml	16
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose		2.8 ml	≈ 3 ml	5.6 ≈ 6 ml
25% Dextrose 50% D		5.1	≈ 5 ml	10.2 = 10 ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

15 x 18 - 5 x 8

45

= 5.1

Name : [Signature]

Signature : [Signature]

Date & Time : 1/5/20

TOTAL PARENTERAL NUTRITION (TPN) CHART

BAH-00654000 IP5-00172641

Baby Of CHIKATI KIRANMAI

16-04-2026 0 Y 0 M 9 D

Dr. DINESH KUMAR CHIRLA



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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 29/4/26

Patient Name : B. D. L. PANAMAI

UHID. NO.:

Current (Maximum) Weight : 6000gr

Fluid : 150 ml / kg / day 90

Feed : 80cc ml / kg / day 48ml

Others : ml / kg / day 9ml

TPN Fluid : 15% TPN 33ml
RV = 15ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.6	3ml	6ml
Protein / Aminoventi 10, 1g=10ml	2 g/kg	1.2	12ml	24ml
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.2mEq	2.4ml	4.8ml
KCL	mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	0.3ml/0.3 ml/kg	0.2ml	0.2ml	0.4ml
Calcium Gluconate	ml/kg			
MVI	1 ml/kg			
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg		17.6ml	35ml
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			6ml	12ml
25% Dextrose 50% D			9.3ml	18.6ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : B. D. L. PANAMAI

Signature : [Signature]

Date & Time : 29/4/26

Docu. No. : RCHBH/FRM/CLINICAL / 113

$$\begin{aligned}
 & 5 \times 33 = 165 \\
 & 15 \times 33 - 5 \times 15 = 9.3 \text{ml} \\
 & 45
 \end{aligned}$$



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 12/4/26 Time: 8 AM
Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
Blood Bank Issue No: BDH26-00376 Date of Collection: 12/2/26 Date of Expiry: 11/2/27
Date & Time of Starting Transfusion: 12/4/26 8 AM Planned duration of Transfusion: 30 mins
Check for Correct Unit: ☒ Correct Patient: ☒ Dr. Nilesh
Blood products cross checked by: Nurse 1: Abhis Nurse 2: Nirupama
Before starting transfusion vitals: Temp: 36.7 C HR 133 RR: + BP: 30/18 SpO₂ 96.1
(24)

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
12/4/26	15 Min	141	36.4 C	30/18	96.1	-	-	-	-
	15 Min	131	36.6 C	30/18	94.1	-	-	-	-
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: no issues during ffp TX

Name of the Incharge-Nurse: Silaxme Name of the Nurse: Abhis
Signature of the Incharge-Nurse: Silaxme Signature of the Nurse: Abhis
Date & Time: 12/4/26 8 AM Date & Time: 12/4/26 8 AM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P (I)

Qty: 10

B

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: **BAH26-00376**
Blood Group: **B Rh Positive**
Collection Date: 17/Feb/2026
Expiry Date: 17/Feb/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not
Add Any Medication. 4)check Blood Group and Name of Patient

With F
There i
9)resus
Plasma
Betwee

Issue Label / CrossMatching Report

Patient : **BABY.CHIKATI KIRANMAI -**
Patient's Blood Group :B Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,dr. nalini kanta
UHID No.: **BAH-00654000** Wd-Bed No.:
Product : **FFP-I**
Blood Group : B Rh Positive
Unit No.:**BAH26-00376**
XMatching Report:ABO Compatible
X-matched by: **PILLEM**

Issue Dt : 17/Apr/2026
Colln. Dt :17/Feb/2026
Exp. Dt :17/Feb/2027
Issued By : **PILLEM**

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

Set
if
ual
Bath



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/4/26 Time: 7:30 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH26-00941 Date of Collection: 18/4/26 Date of Expiry: 30/may/26

Date & Time of Starting Transfusion: 19/4/26 Planned duration of Transfusion: 4hrs

Check for Correct Unit: ☐ Correct Patient: ☒ pm

Blood products cross checked by: Nurse 1: Moushmi Nurse 2: Athira

Before starting transfusion vitals: Temp: 36.7°C HR 146 RR: 35 BP: 56/35 SpO₂ 90%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>19/4/26</u>	15 Min	<u>142</u>	<u>36.7°C</u>	<u>40/25</u> (32)	<u>90%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	15 Min	<u>145</u>	<u>36.6°C</u>	<u>55/23</u> (42)	<u>93%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	30 Min	<u>142</u>	<u>36.7°C</u>	<u>40/27</u> (35)	<u>93%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	30 Min	<u>155</u>	<u>36.7°C</u>	<u>37/23</u> (29)	<u>92%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	30 Min	<u>146</u>	<u>36.6°C</u>	<u>52/31</u> (46)	<u>93%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	1 Hr	<u>145</u>	<u>36.7°C</u>	<u>48/30</u> (38)	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	1 Hr								

Comments: NO issues during blood transfusion

Name of the Incharge-Nurse: Lavanya

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/4/26

Date & Time: 19/4/26

rad-sure™
irradiation indicator

OPERATOR: **6**

DATE: **19/4/26**

25 Gy INDICATOR

IRRADIATED

LOT: 038660GX25



2027-09-11

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11,
Banjara Hills, Hyderabad, Telanga
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO RF

Qty. 20 ml. Prepared
SAGM Solution



Rh Positive

rea.
VDR: On reac
MP - Negative
NAT(HIV 1 & II/ HBsAG/ HCV)- N
reactive

Unit No.: BAH26-00941
Blood Group: B Rh Positive
Collection Date: 18/Apr/2026
Expiry Date: 30/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's

Group
With
There
Appre
Antibi

Issue Label / CrossMatching Report

Patient: **BABY.CHIKATI KIRANMAI -**
Patient's Blood Group: B Rh Positive
Hosp/Dr: Rainbow Childrens Hospital, DR. DINESH KUMAR
UHID No.: BAH-00654000 Wd-Bed No.:
Product: LR-PRBC Pedia-1

Blood Group: B Rh Positive
Unit No.: **BAH26-00941**
XMatching Report: Compatible
X-matched by: B.Abhishek

Issue Dt: 19/Apr/2026
Colln. Dt: 18/Apr/2026
Exp. Dt: 30/May/2026
Issued By: B.Abhishek

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/4/26 Time: 7 PM
 Blood Group of the Patient: B+ve Blood Group on the Blood Bag: BAH26-Pos 29 B+ve
 Blood Bank Issue No: BAH26-Pos 29 Date of Collection: 19/4/26 Date of Expiry:
 Date & Time of Starting Transfusion: 19/4/26 Planned duration of Transfusion: 30 min SDP
 Check for Correct Unit: ☒ Correct Patient: ☐
 Blood products cross checked by: Nurse 1: DR. Anuska Nurse 2: Sis. Mousumi
 Before starting transfusion vitals: Temp: 36.7°C HR: 151 RR: BP: 61/ SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
19/4	15 Min	151	36.7°C	(81)	97%	-	-	-	-
e	15 Min	157	36.7°C	(28)	95%	-	-	-	-
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: During Transfusion No Issue.

Name of the Incharge-Nurse: Anuska Name of the Nurse: Mousumi
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 19/4/26 @ 7pm Date & Time: 19/4/26 @ 8pm

BAH26-P0069



Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-I

Qty. 20 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator
(Qty. 250 ml $\pm$ 20 ml.)

B

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative

Donor Type: Replacement

Unit No.: BAH26-P0069
Blood Group: B Rh Positive
Collection Date: 19/Apr/2026
Expiry Date: 24/Apr/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if
There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9)
Appropriate Compatible Cross Matched Blood Without Atypical
Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : BABY.CHIKATI KIRANMAI -

Patient's Blood Group : B Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR

UHID No.: BAH-00654000 Wd-Bed No.:

Product : SDP-I

Blood Group : B Rh Positive

Issue Dt : 19/Apr/2026

Unit No.: BAH26-P0069

Colln. Dt : 19/Apr/2026

XMatching Report: ABO Compatible

Exp. Dt : 24/Apr/2026

X-matched by: B.Abhishek

Issued By : B.Abhishek

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

rad-sure™
irradiation indicator

OPERATOR: *[Signature]* DATE: 19/4/26

25 Gy INDICATOR

IRRADIATED

LOT 038660GX25



2027-09-11



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 19/4/26 Time: @ 6:30pm
Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
Blood Bank Issue No: BBB-26-00202 Date of Collection: 26/1/26 Date of Expiry: 26/1/27
Date & Time of Starting Transfusion: @ 6:30pm Planned duration of Transfusion: RRP (30min)
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: Mousum Nurse 2: Sneha
Before starting transfusion vitals: Temp: 36.7°C HR: 141 RR: — BP: 3/22(30) SpO₂: 91%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>19/4/26</u>	<u>15 Min</u>	<u>141</u>	<u>36.7°C</u>	<u>30/24(38)</u>	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
<u>19/4/26</u>	<u>15 Min</u>	<u>144</u>	<u>36.8°C</u>	<u>31/24(39)</u>	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: During transfusion no issue.

Name of the Incharge-Nurse: Alvina Name of the Nurse: Mousum
Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
Date & Time: 19/4/26 @ 7pm Date & Time: 19/4/26 @ 8pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P (II)

Qty. 1500

B

HIV I & II/ HBsAG/ HCV - Non
reactive

VDRL - Non reactive

MP - Negative

NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-00202

Blood Group: B Rh Positive

Collection Date: 26/Jan/2026

Expiry Date: 26/Jan/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not
Add Any Medication. 4)check Blood Group on Label & Recipient's
Group and Name Before Administration.

With Patient's Blood Group : B Rh Positive
The Patient : **BABY.CHIKATI KIRANMAI -**
9)rc Patient's Blood Group : B Rh Positive
Plas Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
Bct UHID No.: BAH-00654000 Wd-Bed No.:
Product : FFP-II

Blood Group : B Rh Positive
Unit No.: BAH26-00202
XMatching Report: ABO Compatible
-matched by: B.Abhishek

Issue Dt : 19/Apr/2026

Colln. Dt : 26/Jan/2026

Exp. Dt : 26/Jan/2027

Issued By : B.Abhishek

Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital

No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/4/26 Time: 9:30 PM

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: _____

Blood Bank Issue No: NA Date of Collection: NA Date of Expiry: NA

Date & Time of Starting Transfusion: 18/4/26 Planned duration of Transfusion: 5 hrs

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Nirupama Nurse 2: Sweetha

Before starting transfusion vitals: Temp: 36.8°C HR 148 RR: — BP: 99/91(31) SpO₂ 91%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>18/4/26</u>	<u>15 Min</u>	<u>140</u>	<u>36.7°C</u>	<u>26 (28)</u> <u>22</u>	<u>95%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
<u>9:30 PM</u>	<u>15 Min</u>	<u>135</u>	<u>36.6°C</u>	<u>46 (26)</u> <u>28</u>	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	<u>30 Min</u>	<u>136</u>	<u>36.7°C</u>	<u>31 (23)</u> <u>16</u>	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
	<u>30 Min</u>	<u>135</u>	<u>36.7°C</u>	<u>35 (26)</u> <u>49</u>	<u>85%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>U</u>
	<u>30 Min</u>	<u>136</u>	<u>36.7°C</u>	<u>34 (28)</u> <u>22</u>	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>OK</u>
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: _____

NO issues during 1v1g transfusion

Name of the Incharge-Nurse: Mc. Shilpa

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 18/4/26

Date & Time: 18/4/26



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/4/26 @ 9 PM Time: 9 PM

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH-26-00202 Date of Collection: 26/1/26 Date of Expiry: 28/1/27

Date & Time of Starting Transfusion: 18/4/26 @ 9 PM Planned duration of Transfusion: 30 min

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Nirupama Nurse 2: Abin

Before starting transfusion vitals: Temp: 36.2°C HR 164 RR: — BP: 30/25 (32) SpO₂ 92%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>18/4/26</u>	<u>15 Min</u>	<u>164</u>	<u>36.2°C</u>	<u>36/22 (28)</u>	<u>95%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	<u>15 Min</u>	<u>137</u>	<u>36.6°C</u>	<u>46/28 (36)</u>	<u>91%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	<u>30 Min</u>	<u>140</u>	<u>36.7°C</u>	<u>31/16 (23)</u>	<u>85%</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No issues during RFP transfusion.

Name of the Incharge-Nurse: Mc. Swipa

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 18/4/26

Date & Time: 18/4/26



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/4/26 Time: 3am
 Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
 Blood Bank Issue No: BAH26-0037-7 Date of Collection: 17/2/26 Date of Expiry: 17/2/27
 Date & Time of Starting Transfusion: 18/4/26 3am Planned duration of Transfusion: 30 min
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Nirupama Nurse 2: Deerena
 Before starting transfusion vitals: Temp: 36.7°C HR: 142 RR: 160/1 BP: 32/20 SpO₂: 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>18/4/26</u>	<u>15 Min</u>	<u>145</u>	<u>36.7°C</u>	<u>25/18</u>	<u>93%</u>	<u>-</u>			
	<u>15 Min</u>	<u>123</u>	<u>36.6°C</u>	<u>26/28</u>	<u>90%</u>	<u>-</u>			
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No issues during Tx.

Name of the Incharge-Nurse: M.C. Shilpa Name of the Nurse: Nirupama
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 18/4/26 Date & Time: 18/4/26

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P (I)

Qty. 22

B

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: **BAH26-00377**

Blood Gro
Collector
Expiry

1)administer With full warming
Any medication. 4)Check
Group and Name Before Adm.
With Filter. 6)do Not Dispens
There is Any Visible Evidence
9)resuspend Thawed Precipita
Plasma. 10)before 11
Between 30

Issue Lab

Patient : **BABY.CH**
Patient's Blood Group : **B Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, dr. L**
UHID No. : **BAH-00654000** Wd-Bed No. : **1033**
Product : **FP-1**
Blood Group : **B Rh Positive**
Unit No.: **BAH26-00377**
XMatching Report: **ABO Compatible**
X-match by: **MONOJ**
Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

Issue Dt : **18/Apr/2026**
Colln. Dt : **17/Feb/2026**
Exp. Dt : **17/Feb/2027**
Issued By : **MONOJ**



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Chikati Kiranmai Age: 06 Gender: Male ☐ Female ☒
UHID.No : 654000 Date: 22/01/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ LRBC Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others LRBC

I, N Rambabu hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that PRBC

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N Rambabu
Name: N Rambabu
Date & Time: 22/1/24 @ 2pm

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Mani/Lea
Date & Time: 22/1 @ 2pm

Witness

Signature: [Signature]
Name: Mousumi
Date & Time: 22/1/26 @ 2pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడిన అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెస్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకం

పేరు

తేదీ మరియు సమయము

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 22/4/26 Time: @4:20pm
 Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve
 Blood Bank Issue No: BAH26-00970 Date of Collection: 20/4/26 Date of Expiry: 01/06/26
 Date & Time of Starting Transfusion: 22/4/26 Planned duration of Transfusion: 4 hrs
 Check for Correct Unit: ☒ Correct Patient: ☒
 Blood products cross checked by: Nurse 1: Mousumi Nurse 2: Bharti
 Before starting transfusion vitals: Temp: 36.7°C HR: 142 RR: — BP: 3/20/24 SpO₂: 98%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
22/4/26	15 Min	142	36.7°C	83/21(31)	97%	NO	NO	NO	NO
22/4/26	15 Min	145	36.8°C	83/21(29)	93%	NO	NO	NO	NO
22/4/26	30 Min	144	36.9°C	85/20(30)	94%	NO	NO	NO	NO
22/4/26	30 Min	151	36.7°C	84/21(31)	94%	NO	NO	NO	NO
22/4/26	30 Min	151	36.8°C	81/22(29)	97%	NO	NO	NO	NO
22/4/26	1 Hr	152	36.7°C	84/21(35)	98%	NO	NO	NO	NO
22/4/26	1 Hr	144	36.8°C	85/20(33)	97%	NO	NO	NO	NO

Comments: During transfusion NO issue.

Name of the Incharge-Nurse: Silpa - C Name of the Nurse: Mousumi
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 22/4/26 @ 8pm Date & Time: 22/4/26 @ 8pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1, 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HID/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS 1P

Qty. 25 ml. Prepared from Whole Blood
SAGM Solution.



Rh Positive

HCV - No

AG/ HCV

0970

Positive

Collection Date: 20/ Apr/2026
Expiry Date: 01/Jun/2026

1) Administer Without Warming 2) Shake Gently
Add Antigen
Group: B Rh Positive
With Rh
There is
Appropriately
Antibody

Issue Label / CrossMatching Report

Patient: **BABY.CHIKATI KIRANMAI -**

Patient's Blood Group: B Rh Positive

Hosp/Dr: Rainbow Childrens Hospital, dr. nalini kanta

UHID No.: BAH-00654000 Wd-Bed No.:

Product: LR-PRBC Pedia-1

Blood Group: B Rh Positive

Unit No.: **BAH26-00970**

XMatching Report: Compatible

X-matched by: PILLEM

Issue Dt: 22/Apr/2026

Colln. Dt: 20/Apr/2026

Exp. Dt: 01/Jun/2026

Issued By: MONOJ

Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State

Lic.No. 46/HID/TS/2018/BB/G

rad-sure™
Irradiation Indicator
DATE: 22/4/26
OPERATOR: [Redacted]

IRRADIATED

2027-09-11

25 GY INDICATOR

LOT 038460C-X25



BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 0 M 4 D (F)
Dr. DINESH KUMAR CHIRLA
Barcode



CONSENT FOR BLOOD TRANSFUSION

Name: Age: 04 Gender: Male ☐ Female ☒

UHID.No : Date: 20/4/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☒ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that Buffy coat

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N Rambabu

Name: N Rambabu

Date & Time 20/4/26 @ 7pm

Doctor (Who is talking the consent)

Signature: Dr. D. K. Chirala

Name: Dr. D. K. Chirala

Date & Time 20/4/26

Witness

Signature: Mousum

Name: Mousum

Date & Time 20/4/26 @ 7pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ బి సర్వైస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

SDP

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 20/4/26 Time: @ 6:30 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH-26-P0009 Date of Collection: 19/4/26 Date of Expiry: 24/4/26

Date & Time of Starting Transfusion: 20/4/26 Planned duration of Transfusion: 30 min

Check for Correct Unit ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Mousumi Nurse 2: Bharti

Before starting transfusion vitals: Temp: 36.7°C HR 145 RR: BP: 38/21(32) SpO₂ 94%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
20/4/26	15 Min	148	36.7°C	36/21(31)	91%	NO	NO	NO	NO
20/4/26	15 Min	145	36.8°C	36/21(30)	92%	NO	NO	NO	NO
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: During Transfusion No Issue

Name of the Incharge-Nurse: Silpa R.C.

Name of the Nurse: Mousumi

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/4/26 @ 6:00 pm

Date & Time: 20/4/26 @ 6: pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-II

Qty. 10 ml. Prepared from Human Whole Blood by Apheresis using Cell Sep
(Qty. 250 ml ± 20 ml.)

B	HIV I & II/ HBsAG/ HCV - Non reactive
	VDRL - Non reactive
	MP - Negative
	Donor Type: Replacement
Unit No.: BAH26-P0069	
Blood Group: B Rh Positive	
Collection Date: 19/Apr/2026	
Expiry Date: 24/Apr/2026	

or Without Warming. 2) Shake Gently Before Use. 3) Do Not
any Medication. 4) check Blood Group on Label & Recipient's

Issue Label / Cross Matching Report

Patient : **BABY.CHIKATI KIRANMAI -**

Patient's Blood Group : **B Rh Positive**

Hosp/Dr : **Rainbow Childrens Hospital, dr. nalini kanta**

UHID No.: **BAH-00654000** Wd-Bed No.:

Product : **SDP-II**

Blood Group : **B Rh Positive** Issue Dt : **20/Apr/2026**

Unit No.: **BAH26-P0069** Colln. Dt : **19/Apr/2026**

XMatching Report: **ABO Compatible** Exp. Dt : **24/Apr/2026**

X-matched by: **PILLEM** Issued By : **PILLEM**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

DATE: 20/4/24

rad-sure™
irradiation indicator

IRRADIATED

25 GY INDICATOR

Lot: 038660GX25

2027-09-11



CONSENT FOR BLOOD TRANSFUSION

Name: Bla-chikati Kiran Maji Age: D2 Gender: Male ☐ Female ☒
UHID.No: BAH-00654000 Date: 19/4/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others LRBC

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that PRBC

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N Rambabji
Name: Rambabji
Date & Time: 19/4/26 @ 5pm

Doctor (Who is talking the consent)

Signature: Dr. Nalinikanta Panigrahy
Name: Dr. Nalinikanta Panigrahy
Date & Time: 19/4/26

Witness

Signature: Mousumi
Name: Mousumi
Date & Time: 19/4/26 @ 5pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయో ప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రొజెన్ ప్లాస్మా, క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



CONSENT FOR BLOOD TRANSFUSION

It takes a lot to treat the little.

Name: B/o Chikati Kiranmai Age: D. Gender: Male ☐ Female ☒
UHID.No: BATH-00654000 Date: 18/4/26

Type of Blood Product: ☒ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that Cryoprecipitate

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N. Rambhary

Name: Rambhary

Date & Time: 18/4/26

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Dr. Advanagar

Date & Time: 18/4/26

Witness

Signature: N. Rupama

Name: [Signature]

Date & Time: 18/4/26

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Time

Person

Reason

Sign.

9am

-Athira
Da Saath

celebration

9.30am

at school
Da Prathiyash

hsc

11am

Sis - Athira

Da Da, RES
diaper changing

12.45pm

Sis - Athira
Da Saath

et pull bed-

1pm

Sis - Athira
Da snaha

sucking
diaper
changing.

2pm

vent changing.

3pm

-Athira

feeding
diaper
changing.

5pm

-Athira

feeding
Da Da, RES.
Da Da

7pm

-Athira

feeding.
CXD TPN.
diaper changing

Am
-



CONSENT FOR BLOOD TRANSFUSION

Name: Blo Kiranmai Age: 1B Gender: Male ☐ Female ☒
UHID.No: BAH-00 654000 Date: 17/4/26

Type of Blood Product: ☒ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others

I N. Rambabu hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that crysto

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N. Rambak P
Name: Mr. Rambabu
Date & Time: 17/4/26 8pm

Doctor (Who is talking the consent)

Signature: Sneha
Name: Y. Sneha
Date & Time: 17/4/26 8am

Witness

Signature: A. P. Rao
Name: A. P. Rao
Date & Time: 17/4/26 8pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|--|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☒ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ వి యాంటీ బడీస్, హైపటెటిస్ జి సర్పెస్ యాంటిజన్, హైపటెటిస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెప్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Blo chikato kranmai Gender: ☐ Male ☒ Female

UHID No : BAH-00654000 Department : Nicu Date : 17/4/26

I N. Rembabu S/D/W/O

Here by give consent for procedure of : Surfactant

For my patient, Named : Blo Kranmai

The doctors have clearly explained to me that the procedure has following possible complications:

lung collapse.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

improve oxygenation & treatment of HMD.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Fair

Patient Attendant :

Signature : N. Rembabu

Name : Ram Babu

Relationship with Patient: Father

Date & Time : 17/4/26 12 AM

Witness :

Signature : Nirupama

Name : Nirupama

Date & Time : 17/4/26 12 AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Fair

Date & Time : 17/4/26 AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Blo chikato kiranmai Gender: ☐ Male ☒ Female

UHID No : BAH-0065400 Department : Nicu Date : 17/4/26

I N. Rambabu S/D/W/O

Here by give consent for procedure of : umbilical lines insertion

For my patient, Named : Blo kiranmai

The doctors have clearly explained to me that the procedure has following possible complications:

Bleeding, sepsis,

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Sampling, Fluids medication intakes administration

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Faiz

Patient Attendant :

Signature : N. Rambabu

Name : Mr. Rambabu

Relationship with Patient: Father

Date & Time : 17/4/26 12AM

Witness :

Signature : Nirupama

Name : Nirupama

Date & Time : 17/4/26 12AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Faiz

Date & Time : 17/4/26 12AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Blo chikati Kiranmai Gender: ☐ Male ☒ Female

UHID No : BAH-00654000 Department : nicu Date : 17/6/26

I N. Rambabu S/D/W/O

Here by give consent for procedure of : Intubation

For my patient, Named : Blo Kiranmai

The doctors have clearly explained to me that the procedure has following possible complications:

lung collapse

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

improve oxygenation, & ventilation

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Nitesh

Patient Attendant :
Signature : N. Rambabu

Name : N. Rambabu

Relationship with Patient: Husband

Date & Time : 17/6/2026 2PM

Witness :

Signature : Nirupama

Name : N

Date & Time : 17/6/26 2PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : for

Date & Time : 17/6/26 2PM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Chikati Kiranmai Age: 2.14 Gender: Male ☐ Female ☒
UHID.No: 00654000 Date: 30/4/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☐ Others LRBC

I, N. Rambabu hereby give my consent for whole blood transfusion or blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that PRBC

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: N. Rambabu

Name: N. Rambabu

Date & Time: 30/04/2026. 8am

Doctor (Who is talking the consent)

Signature: Dr. Sarat S

Name: Dr. Sarat S

Date & Time: 30/4/26 8am

Witness

Signature: M. Pooja

Name: M. Pooja

Date & Time: 30/4/2026 @ 8am

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ప్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జ సర్ఫేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైనా రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలితవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Issue - 10:40 AM
 Recv - 11:25 AM
 Canceled - 11:30 AM

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/4/26 Time: 11:30 AM

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH26-01038 Date of Collection: 28/4/26 Date of Expiry: 9/6/2026

Date & Time of Starting Transfusion: 30/4/26 Planned duration of Transfusion: 4 hr

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Sis. Suneetha Nurse 2: sis. Deendamma

Before starting transfusion vitals: Temp: 36.7°C HR: 169 RR: 79 BP: 42/33 SpO₂: 94%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
30/4/26	15 Min	168	36.7°C	46/20 (32)	92%	—	—	—	—
30/4/26	15 Min	165	36.7°C	45/19 (31)	95%	—	—	—	—
30/4/26	30 Min	162	36.9°C	50/31 (39)	91%	—	—	—	—
30/4/26	30 Min	169	36.6°C	48/22 36	90%	—	—	—	—
30/4/26	30 Min	164	36.6°C	54/29 39	92%	—	—	—	—
30/4/26	1 Hr	163	36.6°C	51/29 39	92%	—	—	—	—
30/4/26	1 Hr	161	36.6°C	48/22 36	93%	—	—	—	—

Comments: There is no Reaction During transfusion

Name of the Incharge-Nurse: Srilaxmi

Name of the Nurse: Deendamma

Signature of the Incharge-Nurse: Srilaxmi

Signature of the Nurse: Deendamma

Date & Time: 30/4/26 3:30 PM

Date & Time: 30/4/26 3:30 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 20 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D.
SAGM Solution.

B

Rh Positive

che chikati kiranmai

HIV I & II/ HBsAG/ HCV - Non
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: BAH26-01038
Blood Group: B Rh Positive
Collection Date: 28/Apr/2026
Expiry Date: 09/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do
Add Any Medication. 4) Check Blood Group on Label & Recipient's
Gro: Administration 5) Use Sterile Transfusion S

Wit
The
App
Ant

Issue Label / CrossMatching Report

Patient : **BABY.CHIKATI KIRANMAI-**
Patient's Blood Group : B Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
UHID No.: BAH-00654000 Wd-Bed No.:
Product : LR-PRBC Pedia-1
Blood Group : B Rh Positive Issue Dt : 30/Apr/2026
Unit No.: **BAH26-01038** Colln. Dt : 28/Apr/2026
XMatching Report: Compatible Exp. Dt : 09/Jun/2026
X-matched by: R.RAMESH Issued By : Premalatha

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

DATE: 30/4/26
OPERATOR: *K.K.*

rad-sure™
Irradiation Indicator

IRRADIATED

25 Gy INDICATOR

LOT 038874GX25



2027-12-30



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o. Kiranmai Gender: ☐ Male ☒ Female

UHID No : BAH-00654000 Department : NICU-1 Date : 23/4/26

I Rambabu S/D/W/O -

Here by give consent for procedure of : PICC line insertion

For my patient, Named : B/O Chikati Kiranmai

The doctors have clearly explained to me that the procedure has following possible complications:

bleeding, infection, migration

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

- parental nutrition, Inotrops,
Higher Antibiotics administration

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Neelish & Dr. Faiz

Patient Attendant :

Signature : N Rambabu

Name : N Rambabu

Relationship with Patient: Father

Date & Time : 23/4/26 @ 12pm

Witness :

Signature : Mousumi

Name : Mousumi

Date & Time : 23/4/26 @ 12pm

Doctor (who is taking the consent) :

Signature : Dr. Anesha

Name : Anesha

Date & Time : 23/4/26 @ 12pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CENTRAL LINE INSERTION CARE BUNDLE CHECKLIST

Name: Blokummi DOB: 16/4/26 UHID: BAH65400 DATE: 23/4/2026
Type of Line: PICC Line / UAC / UVC / Other NA

Date of Initial Line Insertion: 23/4/2026

Dr. Neelish G. Fariz

One health care professional (nurse) should be watching and supervising the team inserting the central line and alert the team if there is any breach in the following infection control measures.

• Perform hand hygiene before insertion	yes	
• Use sterile barrier precautions (i.e., mask, cap, gown, sterile gloves)	yes	
• Prepare the insertion site with antiseptic solution as per unit protocol	yes	
• Spread the sterile drape without contamination	yes	
• Clean the site of selected vein site before cannulating	yes	
• Place a sterile, transparent, dressing over the insertion site	yes	
• Ensure that no blood at insertion site and in the hub of the cannula	yes	

Dr. H.C.
Silpa H.C.
23/4/26
11:45 PM

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)



Patient Name: Blakiraanmai Gender: ☐ Male ☒ Female UHID. No: BAH-00654000 Age: DT

Date: 23/6/26 In-Time: 1:45 pm Out-Time: _____

Doctor Performing Procedure: Dr. Nulub Sorfaiz Doctor Giving Sedation: _____ Assisting Nurse: Silpa n.c

SIGN IN		Time: <u>1:45 pm</u>	TIME OUT		Time: <u>2:05 pm</u>	SIGN OUT		Time: _____			
	Yes	No	NA		Yes	No	NA				
Patient is verified using two identifiers (Name & UHID)	☒	☐	☐	Correct Patient	☒	☐	☐	Name of the Surgical / Invasive Procedure is recorded	☐	☐	☐
All required documents, images, studies are available	☒	☐	☐	Correct Site	☒	☐	☐	Instrument, Sponge and Needle Count Completed	☐	☐	☐
NPO Status Checked from Patient / Patient Attendant	☐	☐	☒	Correct Procedure	☒	☐	☐	Specimens are labeled	☐	☐	☐
Consent is Signed	☒	☐	☐	All the team members introduced	☒	☐	☐	Any equipment problems are addressed	☐	☐	☐
Any need for blood products	☐	☒	☐								
If Yes Comment: <u>NA</u>											
Any Risk of Hemodynamic Compromise	☐	☐	☒								
If Yes Comment: <u>NA</u>											
Any drug or food allergy	☐	☒	☐								
If Yes Comment: _____											
Correct Site of Procedure Marked	☒	☐	☐								
All resources required are correct, available and functioning	☒	☐	☐								
Signature of the Doctor: <u>Dr. Nulub Sorfaiz</u>				Signature of the Nurse: <u>Silpa n.c</u>				Signature of the Nurse: _____			
Name of the Doctor: <u>Dr. Nulub Sorfaiz</u>				Name of the Nurse: <u>Silpa n.c</u>				Name of the Nurse: _____			

Any Adverse / Unexpected Events

No issues

Restraint Monitoring (to be filled by Nurse)

Parameters	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	Pulse									
Respiration										
Circulation										
Patient Response										
Calm										
Sleeping										
Unaware										
Restless										
Skin										
Redness										
Swelling at Restrained Area										
Need for Continuous Restraint										
Yes										
No										
Restraint Released Time										
Restraint Re-applied Time										
Restraint Discontinued Time										

Signature of the Nurse: [Signature]

Name of the Nurse: Officer

Date & Time: 17/04/20 8am



CONSENT FORM FOR RESTRAINT

Patient Name : Blo chikato Kiranmai UHID No : 654000

Gender: ☐ Male ☒ Female Age : N.B. Date of Restraint : 17/4/26 Time of Restraint : 10am

Type of Restraint:

Physical : No.

Chemical : Yes.

Duration of Restraint :

Any likely complications: ☐ Hypotension ☐ Bradycardia ☐ Injury to skin

Any alternatives: ☐ Yes ☒ No if 'Yes' Specify:

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

Patient Attendant :

Signature : N. Rambabu

Name : Rambabu

Relationship with Patient: Father

Date & Time : 17/04/26 10am

Witness :

Signature : Athina

Name : Athina

Address : 1

Contact No: -

Date & Time: 17/4/26 10am

Doctor (who is taking the consent) :

Signature : Sneha

Name : Sneha

Date & Time : 17/4/2026 10am

నియంత్రణ కోసం సమృతి ఫారమ్

రోగి పేరు యు.హెచ్.ఐ.డి

వయస్సు లింగం పు ☐ స్త్రీ ☐ నియంత్రణ సమయం నియంత్రణ రకం:

నియంత్రణ రకాలు:

భౌతిక

రసాయన

నియంత్రణ యొక్క వ్యవధి

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: ☐ అధిక రక్తపోటు ☐ గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

☐ చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు ☐ అవును ☐ కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమృతి తీసుకుంటున్నారో)

సంతకము

పేరు

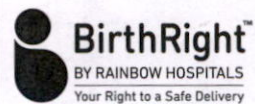
సాక్షి

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తేదీ మరియు సమయము

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 7 D (F)
 Dr. DINESH KUMAR CHIRLA



TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

☐ Telephone Order
 ☐ Verbal Order
 ☒ Critical Result Reporting

Name of Reporter: Mr. Jyothi HOTEER

A. Order as per Medication Chart	☐ N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any) <u>Hemoglobin : 9.4 g/dl</u>	☐ N/A ☒ Intervention for Critical Results? <u>IRBE transfusion 20ml/kg</u> <u>over 4 hours infusion given.</u>
---	--

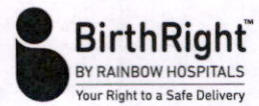
Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver	<u>yes</u>	
Read Back by the recipient	<u>yes</u>	
Confirmed by the reporter	<u>yes</u>	

Receiving by: Name : <u>Silpa</u>	Ordering Doctor Signature <u>[Signature]</u> Name : <u>FALZ</u>
Receiving Time : <u>10:30 AM</u> Date: <u>22/4/26</u>	Signature Time : <u>10:30 AM</u> Date: <u>22/4/26</u>
Signature: <u>[Signature]</u>	

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 7 D (F)
 Dr. DINESH KUMAR CHIRLA



✓ TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

☐ Telephone Order ☐ Verbal Order ☒ Critical Result Reporting

Name of Reporter: Mr. Mujahed Ali

A. Order as per Medication Chart	☐ N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any) <u>K⁺ level → 2.8 mmol/L (potassium)</u>	☐ N/A ☒ Intervention for Critical Results? <u>ing: potassium chloride 1meq/kg</u> <u>over 8 hours corrections started.</u>
--	--

Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver	<u>yes</u>	
Read Back by the recipient	<u>yes</u>	
Confirmed by the reporter	<u>yes</u>	

Receiving by:	Ordering Doctor Signature <u>RM</u>
Name: <u>Sir. Mousami</u>	Name: <u>Dr. MAMATHA. R</u>
Receiving Time: <u>9:20am</u> Date: <u>23 / 4 / 26</u>	Signature Time: <u>9:20AM</u> Date: <u>23/4 / 26</u>
Signature: <u>[Signature]</u>	

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

BIO CHIKATE MGRANAS

Patient Sticker

BAH-00651000

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet				
2	Discharge Summary				
3	Nursing Initial assessment				
4	Patient Transfer form				
5	In-patient Medical record	1			
6	Doctors progress sheets	16+3			
7	Nursing plan of care and handover sheets	34			
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion	2			
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation	4			
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)	3			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)	2			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	10			
38	Braden Q Scale	15			
39	Bed side check list	3			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart	1			
		2			
		13			
	Total No. of Pages	160			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

IP No : _____

Consultant: _____

Dept : _____

Date of Admission: _____

Time : _____

Date of Discharge : _____

Time: _____

Room / Bed No : _____

Ward : _____

Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	L.v prasad	11/6/2026	09653198	rooja. b
2	L.v prasad	18/6/26	09663806	rooja. b
3	L.v prasad	25/6/2026	09674431	rooja. C
4	L.v prasad	21-7-2026	09684137	rooja. C.
5	L.v prasad	9/7/2026	9694634	rooja. C
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6/26	Invasive monitor	17/4/26 9:53:26	1:29pm	9563326	Deep
	Syringe pump				
	C-PAP	20/5/26		9617029	} Deep
	Oxygen	20/5/26		9617029	
28/6/26	BPT	25/6/26 2:10pm		9675408	Deep
27/6/26	Inv Monitor	17/4/26		9563326	Megha
	CPAP	20/5/26	29/6/26	9617029	Megha
	Oxygen	20/5/26			
29/6	HFNC	29/6/26 4:00pm		9680715	Megha
27/6/26	Inv. Monitor	17/4/26		9563326	} Megha
	Oxygen	20/5/26		9617029	
	HFNC	29/6/26		9680715	
31/7/26	Monitor	17/4/26		4563326	@
	Oxygen	20/5/26		9617029	@
	HFNC	29/6/26		9680715	@
4/7/26	HFNC-B.CPAP	4/7/26		..	by
7/7/26	Inv. monitor	17/4/26		9563326	} Megha
	HFNC	20/5/26		9617029	
	Oxygen	29/6/26		9680715	

LOCAL EQUIPMENT (VARD & CO)

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



EONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : KIRANMAI Age : Father's Name : Age :
Date of Birth : Date of Admission : UHID No :
NICU Consultant : Referring Consultant :
Transferring Unit : ☒ OT ☐ Labour Room ☐ ER ☐ Ward
Transported ? ☐ Yes ☒ No If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o KIRANMAI Mother's Blood Group : B+ve
Gender : ☐ M ☒ F Blood Group : B+ve Birth Weight (gms) : 530gms Length (cms) :
Date of Birth : 16/4/2026 Time of Birth : 11:28 pm OFC (cms) :
Place of Birth : BANJARA Estimated Gesth Age : 26+5 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 32y Ht : Wt : BMI : Married Life : LMP : 8/10/25 EDD : 18/2/26
Conception : Spontaneous or with Rx :
Booked at what GA : Follow up at Bangalore AN Steroids Drugs / Doses : Beethanard -> long -> 8/4
Last Scans Details : 16/4/26, 26+5 weeks, AFI - 1, REDF, Dr Doppler 1
PE a wave reaching baseline TT Immunization and Iron / Folic Acid : mg say 7

MATERNAL RISK FACTORS

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

H/o GDM/ pre GDM/ on diet or insulin
Controlled or not, recent values, HbA1 values :
Compliance with Rx : (+) Prop out in ruber
Scans : LGA, TFFA, Fetal Echo : - Ruber septum
H/o Hypothyroidism : when diagnosed ? Medication? (+)
Any other Chronic Medical Problems, when detected drugs ? Keoplyne - 1mg - 40x4 morning
chromosome 10 involving 15
(Anemia, SLE, Jaundice, CHD, Heart Disease)
Infection : H/O, Fever
(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)
UTI : when : Any culture :

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

AT THE TIME OF TRANSFER TO THE WARD

Diagnosis :

Present Issues :

Vital : ☐ HR : ☐ RR : ☐ BP : ☐ SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan
 → PC-AE + VG 5ml/kg
 Pmax-24
 PEEP-6
 PR-50

→ Curasul → Surfactant

→ Syg WtC → 0.5mg/kg

→ Syg Caffeine citrate 20mg/kg

→ CBR, PT aPTT, INR, Blood
 Cls

→ Gas
 GIBS } done

Feeding Plan at the time of shifting :

→ target mBP + 2mmHg

→ IV-80cc/kg/dg
 10% D + C5A2

→ Feed 0.5ml/kg

→ target PCO2 35-45mmHg

→ NSG @ 12HOL
 (fear)

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



MILK CHECK LIST

Date	Time	Milk Type	Quantity	No of Bottles Given	Balance at Shift End	Received by Nurse	Parents Signature	Remarks
23/5/26	10 am	EBM	25ml	1	-	K. Bury	K. Bury	-
23/5/26	12pm	EBM	30ml	2	-	K. Bury	K. Bury	-
24/5/26	10am	changed EBM	50ml	2	New bottles	K. Bury	K. Bury	-
25/5/26	10am	EBM	60ml	2	-	K. Bury	K. Bury	-
26/5/26	10:30am	EBM	175ml	3	1	K. Bury	K. Bury	-
27/5/26	11:20am	EBM	150ml	3	3	K. Bury	K. Bury	-
29/5/26	10PM	EBM	95ml	2		K. Bury		
30/5/26	3PM	EBM	15ml	①		K. Bury		
3/6/26	9:30Am	EBM	240ml	⑤		K. Bury		
4/6/26	9:30Am	EBM	250ml	5		K. Bury		
5/6/26	9:30Am	EBM	275ml	5		K. Bury		
7/06/26	7:40Am	EBM	280ml	④	265ml	K. Bury		
9/6/26	8:30pm	EBM		⑤	150ml	Chandana		
10/6/26	11Am	EBM	75ml	2	75ml	Chandana		
12/6/26	9Am	EBM	270ml	4	150	Poojitha		
13/6/26	9Am	EBM	310ml	4	220	Poojitha		
15/6	10am	EBM	350ml	4		Hajera		
17/6	3:00	EBM	125ml	1		Meara		
17/6	7:30	EBM	75	1		Meara		
21/6	5PM	EBM	60ml	1		K. Bury		
30/6/26	10Am	EBM	200ml	2		K. Bury		
30/6/26	10Am	EBM	205ml	2	205	K. Bury		



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 72 PMA: 37^W

Term ☐ Preterm ☐ Gestation : 28^W Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	EPT / ELBW / FGR	PDS / HSPDA
	2.	RDS grade II - DART	Hyponatremia
	3.	Apnea of prematurity	Klebsiella sepsis
	4.	metabolic bone disease	Aortic thrombus
	5.		Anemia of prematurity
	6.		

Today's Weight : 1.235 (↑ 11gms)

RESPIRATORY SYSTEM	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent :
	Mode of Ventilation : HFNC ☐ CPAP ☒ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
	Ventilator Settings : PIP PEEP VG Rate FiO ₂ Oxygen : L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours: <u>Baby on CPAP < fio₂ 23% PEEP 5cm</u> <u>Maintaining well; No tachypnea, No retractions comfortable in prone nursing</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>SpO₂: 98.1%</u> <u>PR: 149b</u> <u>RR: 47b</u> <u>BP: 61/32 (44) ~ 15</u>

CNS	Neurological Examination :
	Sedation: Last Neurosonogram : Any Seizures:

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input:..... / (+/-)..... Output:..... ml/k/d Urine Output:..... ml/kg/hr Stools: <u>passed</u>
	IV Fluids - Type of IVF:..... @..... ml/hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency: <u>20ml Q2H</u>
	TPN: ☐ Yes ☐ No - If yes, details:..... Calories:.....
Abdominal Examination:..... <u>Tolerating feeds well</u> <u>passed urine & stool</u> <u>PA: distended, soft</u>	

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

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:.....

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

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

Drop vit D3

Syp. Otopain D

Paraped drops

Orofer 01

Syp. caffeine

3.1wacp

Rudecart nebs

Plan of Treatment :

1) $\frac{1}{2}$ ^{by} CPAP < FiO_2 28-1.

PFF on Ram's Cannula

2) $\text{TV} = 200 \text{ ml/kg/day} \rightarrow 20 \text{ ml Q2H}$ + full fortification
full O2 feeds

3) CURS alternate day

4) CAs twice weekly

5) Gentle chest physiotherapy

6) Position change

Right up	} 4 hours each
Left up	
Supine	
Prone	

7) NP2 on Monday

& if desaturation / Brady cardiac / RO

Doctor's Name (Handover given) : Sai

Signature : Sai

Date & Time: 28/6/26

Doctor's Name (Handover taken) : dit

Signature : dit

Date & Time: 28/6/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26		Seen by Dr. Pradyesh
11:00AM		<u>Plans-</u> continue CPAP NP2 on Mond T/M.
		Aneel d noted by Sita 28/6/26
28/6/26	<u>Afternoon</u> on bubble CPAP @ RAMS - from 5cm Fio ₂ - 23% Ram's cannula.	<u>plan</u> cont CPAP TV - 200 cc / 5 / day ↓ 2cm - 2 hours. full fortification. full OR feeds. - CRBS - all day. - Gas twice weekly - positioning as advised. - NP2 - Mondar.
2pm	- No brady, no desat feeds tolerated	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Night day Note</u>	
28/06/26 8:33 pm		<u>Plan</u>
		- Continue CPAP
	- Baby on CPAP @ 5 cm, FiO ₂ - 21% GL/w	- R/V to make CPAP - 6 cm
	- <u>Tachypnea ++</u> <u>Retraction ++</u>	- TV - 200 cc/kg/d ↓ 20ml - 2hampy full OR feed full pacification
	- HR - 151 SPO ₂ - 94 RR - 57 BP = 67/31 (45)	- W/F apnea brady decal ↑ wobb
		- GRBS alt day positioning
		Rump 4h Left 4h Supine 4h Prone 4h {
		- NP ₂ / Monitor T/M
		- Cnas Rump 4h



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 73 PMA: 37+2
 Term ☐ Preterm ☐ Gestation : 28+6 26+5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	ExPT / ELBW / RDS →	MS PDA
2.	Extraventricular CLD - grad-2	Hypernatremia
3.	Apnea	Klebsiella sepsis
4.	Metabolic bone disease	Arterial thrombosis
5.		Anemia prematurity
6.		

Today's Weight : 1.249 (↑ 14 gm)

RESPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min
Last CXR :	SpO ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>on CPAP - 5 am to 6 am</u> <u>Ram's cannula</u> <u>No baby, intermittent</u> <u>desat + self pick-up</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>HR - 170</u> <u>SpO₂ - 93%</u> <u>BP = 61/35 (44)</u>

CNS	
Neurological Examination :	<u>2</u> Sedation.....
Last Neurosonogram :	Any Seizures..... <u>JO</u>

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/k/d Urine Output: ml/kg/hr Stools:
 IV Fluids - Type of IVF: @ ml / hr
 Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency:
 TPN: ☐ Yes ☐ No - If yes, details: Calories:
 Abdominal Examination: *P/A soft feeds tolerated*

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

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :
 Sepsis screen:
 Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

*Drop - Vit-D₃
 syp osseaper- Δ
 farapex - drops
 osafur +
 syp Caffeine
 3-1. Nacl*

*Budecort
 Neb
 Adpnes*

Plan of Treatment :

Plan

- Cart CPAP - 5 cm $\bar{c}$ Ram's
- TV - 200 cc / k / day - 20 ml - 2 channels + full
 farification full O₂ feeds
- Positioning $\left\{ \begin{array}{l} \text{Rt up} \\ \text{left up} \\ \text{Supine} \\ \text{prone} \end{array} \right.$ 4 times each
 + Gentle physiotherapy
- KMC - ~~RTV~~ to continue
- Nutritional calculation + weekly review
- W/f $\uparrow$ ^{work} ~~work~~ of breathing & ~~fast~~ ^{fast} ~~feeding~~
 apnea, brady, desat

Doctor's Name (Handover given) : *[Signature]*

Signature : *[Signature]*

Date & Time: *29/06/20*

Doctor's Name (Handover taken) : *Dr. Arshad*

Signature : *[Signature]*

Date & Time: *29/6/20*

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Date & Time	Progress Notes	Doctor's Order
29/6/20 8:17 AM	weekly wt gain - 157 gm HC - 26 cm	Dr. P. J. Trace s/s (note) ph M. J. J.
29/6/20	seen by Dr. Dineen	Plan ① Trace NP₂ ② cont CRP & s/s ③ Trial of HFC 100 mg ④ NSA today ⑤ ROP this week ⑥ Stop steroids Noted by A. J. J. 29/6/20

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 1:30 PM	Afternoon Notes	
	on CPAP 6cm	Plan
	KMC ongoing ~ 1hr.	① take on HFNC 6l/min
	No brady/cusat	② TV = 200ml 200ml/kg/day
	HR-149/min	20ml q4h
	SpO ₂ -95.	on feeds + full
	RR-70/min	fortification
	tolerating on feeds	③ Positioning (sup)
	PA safe	④ sup } 4 hrs each
	passed stools	supine
	No vomitings.	prone
	NSA-(N)	④ KMC cont.
		⑤ wle distress
29/6/26	Nutrition Calculation	
	TV=200ml/kg/day = 240ml.	
	Cal	Prot
EBM	166.8	2.7
oscepan-D		37.5
HFNC(11)	37	2.9
Vit D ₃		173.8
onoxixT		86.9
Adipos		27
Total	204	5.7
1kg	163	4.5
		238
		167
		5.8
		1920
		4.6
		1530

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 11 pm		
	Night Rounds	Plan
	Baby on HPNC - 6L/min → continue HPNC - 6L/min FiO ₂ - 25%	FiO ₂ - 25%
	2 episode of desaturation upto - 80%	+ V-200cc / kg 1 min - 20ml - Q2H - O ₂ feeds EBM - full O ₂ feeds + fortifications
	HR - 160/min SpO ₂ - 98% RR - 52/min	→ Positioning @ UP LUP Supine/prone
	tolerating O ₂ feeds P/A - Soft. No vomitings	- KMC - to continue - W/P - R. duties
		Plan

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 74 PMA: 37⁺3

Term ☐ Preterm ☐ Gestation : 26⁺5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	CPPT / ELBW / ROS	HS PDA
2.	CID - G-2	Hypernatremia
3.	Apnea	Staphylococcus sepsis
4.	metabolic bone disease	Acute Cholelithiasis
5.		Anemia of prematurity
6.		

Today's Weight : 1253g (↑6g)

RESPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min
Last CXR :	SpO ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>- ON HFNC</u> <u>Flow - 6L/min</u> <u>FiO₂ - 25%</u> <u>HR - 157/min</u> <u>SpO₂ - 96/min</u> <u>RR - 55/min</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>episodes of desaturation</u> <u>↑ self pickup</u>

CNS	
Neurological Examination :	
Sedation.....	
Last Neurosonogram : <u>(N)</u>	Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input :..... / (+/-)..... Output :..... ml/k/d Urine Output :..... ml/kg/hr Stools :.....
	IV Fluids - Type of IVF :..... @..... ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details :..... <i>tolerates feeds well</i>
Abdominal Examination:..... <i>PLA - soft</i>	

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

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:.....			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Antibiotic	Drugs	Days	<i>Vit D3</i> <i>Ocepan</i> <i>Orofer</i> <i>Caffine</i> <i>Zinnac</i> <i>Budecort</i>
	1.			
2.				
3.				

Plan of Treatment : <i>Continue HFNC - 6 L/min</i> <i>FiO2 - 25%</i> <i>+ V - 200 cc/kg/day - 20 ml/kg/h</i> <i>- OG + full fortification</i> <i>- positions @ up/L up/sup / prone - 4 hrs each</i> <i>- KMC to continue 6-8 hrs</i> <i>- WIP - R Diapers</i>
--

Doctor's Name (Handover given) : *Puro*

Signature : *Puro*

Date & Time: *30/6/24*

Doctor's Name (Handover taken) : *Puro*

Signature : *Puro*

Date & Time: *30/6/24*

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/6/26 10am		Seen by Dr. Dinesh -
	→	b HFNC - 5lit
	→	TV - 200cc/kg/day 20ml/2nd hly 6 feeds EMB + full fortification 6 feeds Neocate (1 scoop + 30ml) give 20ml of it Full O ₂ feeds.
	Dr. Pojitha	noted by nurse.
30/6/26 afternoon Runds		
	Baby hemodynamically stable on HFNC @ 5L/min	plus
	No bradycardia/desaturation	1) Continue HFNC @ 5L/min SPO ₂ Target - 90-95% if FiO ₂ > 21% 90-100% if FiO ₂ 21%.
	Tolerating feeds 20ml 2hly No vomiting	Tapu down FiO ₂ if SPO ₂ > 95%.
	SpE - HR - 143/min RR - 48/min SPO ₂ - 97% BP - 64/35 (45)	2) TV - 200cc/kg/day - 20ml 2hly 6 feeds EMB + full fortification 6 feeds Neocate - as advised

Docu. No. : RCHBH /FRM / CLINICAL / 088

3AH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 2 M 18 D (F)
 Dr. DINESH KUMAR CHIRLA



3/7/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 78 PMA: 37+6

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW		Problems :	
S.No.	Current	Past Problems	
1.	EPT/ELBW /FCR	RDS	
2.	CID grade II (DART done)	hSPDA	
3.	Apnea of prematurity	Klebsiella sepsis	
4.	Metabolic bone Disease	Aortic Thrombus	
5.	Anemia of prematurity		
6.			

Today's Weight : 1324g (↑13g)

RESPIRATORY SYSTEM	Plan of Care :
Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐ Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min Last CXR : Spo ₂ : ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG : Change over the Last 24 Hours : <u>On HFNC 4Ltr 25Ltr → 4Ltr</u> <u>to mild tachypnea ✓ SCR ⊕</u> <u>Hb-9.4 → CRBC transfused.</u>	<u>do - 4cc/kg/hr</u>
CARDIO VASCULAR SYSTEM	Plan of Care :
HR - <u>131/min</u> RR - <u>72/min</u> SpO ₂ - <u>96%</u> BP - <u>61/40(47)</u>	
CNS	Neurological Examination :
	Sedation : Last Neurosonogram : <u>(⊖)</u> Any Seizures : <u>NO</u>

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input: / (+/-) Output: ml/k/d Urine Output: ml/kg/hr Stools: IV Fluids - Type of IVF: @ ml / hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: TPN: ☐ Yes ☐ No - If yes, details: Calories: Abdominal Examination: <u>PA - soft</u>					
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS					
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :					
	INFECTION	Antibiotic	Sl.No.	Drugs	Days	<u>Hold fortification & supplements till 11pm.</u> <u>Budecort Neb.</u> <u>Caffeine.</u>
			1.			
		2.				
		3.				
Plan of Treatment : • Continue HPNC - <u>ult</u> • TV - 200cc/kg/day $\Rightarrow$ 22ml/2nd hly. 6 feeds EBM+HMP 6 feeds Neocate • Blood gas twice weekly. • RBS - OD • Continue KMC, OMS, NNS. • Positioning $\begin{cases} \text{Rup} \\ \text{Lup} \\ \text{supine} \\ \text{prone} \end{cases}$ } 4hrs each						

Doctor's Name (Handover given) : Dr. Porajkoti
 Signature : [Signature]
 Date & Time : 3/7/26 8am

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :

BAH-00654000 IP5-00172641

Baby Of CHIKATI KIRANMAI

16-04-2026 0 Y 2 M 13 D (F)

Dr. DINESH KUMAR CHIRLA



NT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 75 PMA: 37 + 4

Term ☐ Preterm ☐ Gestation : 26 + 5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPT/EBW/FWR.	RDS
2.	CID grade II	HSPDA
3.	Apnea of prematurity	Klebsiella sepsis
4.	Metabolic bone disease	Aortic thrombus
5.	Anemia of prematurity	
6.		

Today's Weight : 1.272 (19gm ↑)

RESPIRATORY SYSTEM	
Ventilatory Support :	☒ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☒ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min
Last CXR :	 Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>HFNC 5L/min</u> <u>tolerating well.</u> <u>1-2 e/o desaturation & self pickup</u> <u>not SCA</u> <u>intermittent tachypnea</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>KMC - not done.</u> <u>HR - 143/min</u> <u>SpO₂ - 97%</u> <u>RR - 70/min</u>

CNS	
Neurological Examination :	 Sedation.....
Last Neurosonogram :	<u>(N)</u> Any Seizures.....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 9:15am.		Seen by Dr. Dinesh.
	→	to HFNC - 4lit
	→	Continue 6 EBM + HMF. 6 Neocate feeds.
	→	ROP - T/m.
		noted by Yamuna 11/7/26 @ 9:20am
11/7/26 2pm.	Afternoon Round.	
	Baby is on CP , HFNC - 4lit/min; FiO ₂ - 25%.	
	Intermittent desat - c	Plan.
	Self pick up.	
	Intermittent tachypnea.	→ Continue HFNC - 4lit
	Ongoing KMC.	Target SpO ₂ 90-95%.
	<u>Vitals</u>	→ TV - 200cc/kg/day. → 2ml/2hr
	HR - 166/min.	day - 6 feeds - EBM + HMF
	RR - 62/min	night - 6 feeds - Neocate
	SpO ₂ - 93%.	
	BP -	→ Continue KMC, OMS.
	P/A - soft.	→ ROP - T/m
		→ CBG - twice weekly
		→ RBS - OD
		→ w/f ready/desat.

Dr. Poopelta

noted by Yamuna 11/7/26 @ 9:20am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 3:15 PM		Seen by Dr. Pratyush. Plan: - CXR now Not a doctor
27/6/26 10:30 PM	<u>Night Rounds</u> Baby on CPAP - PEEP 5 FiO ₂ 21-25% Comfortable on prone position Tachypnea ⊕ EC - HR - 150/min RR - 70/min SpO ₂ - 98% BP - 66/30 (43) Feeding 20ml 2hly on feeds	<u>Plan</u> 1) Continue on CPAP @ 5 Target FiO ₂ 90-100% FiO ₂ 21% 90-95% FiO ₂ 21% 2) TV - 200 cchly/day 20ml 2hly on feeds + HOF 3) LRBS OD 4) CBR twice weekly 5) Gentle chest physiotherapy positioning - R up - Lt up - Supine - prone - 4hly 6) N ₂ on Mandi 7) U/F ↑ wds, Brady alerts



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 10pm	<u>Slight round</u> Baby on CPAP $\leftarrow$ F_{IO_2} 25% PEEP 6cm Ram's cannula NO RO/NO desaturation NO bradycardia Tolerating OA feeds NO vomiting NO distension SpO_2: 97% PR: 149bpm RR: 51/min Minimal retractions ⊕ PLA: soft CR < 3sec	<u>plan</u> 1. continue CPAP $\leftarrow$ F_{IO_2} 25% PEEP 6cm Ram's cannula 2. $T_v = 200cc/kg/day$ ↓ 18ml @ 2H OG full fortification 3. kmc
24/6/26 11pm	NO distress NO RO/NO desaturation	Seen by Dr. Nilesh 1) plan CPAP $\leftarrow$ F_{IO_2} 25% PEEP 5cm prone nursing 2) $T_v = 200cc/kg/day$ 18ml @ 2H OG full fortification

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/k/d Urine Output: ml/kg/hr Stools:
 IV Fluids - Type of IVF: @ ml/hr
 Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: 200cc/kg Frequency: 18 ml @ 2H
 TPN: ☐ Yes ☐ No - If yes, details: Calories:
 Abdominal Examination: Tolerating feeds
 Passed stool
 Ab: full, soft

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

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :
 Sepsis screen:
 Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :

Sl.No.	Drugs	Days
1.	Drop Vitamin D ₃	
2.	Syr. Oxycodone D	
3.	Furapred drops	
	Orofer XT	
	Caffine	

Plan of Treatment :

- 1) O₂ by CPAP < FiO₂ 25%
 PEEP 5cm
- 2) Tr = 200cc/kg/day → 19ml @ 2H + full fortification
- 3) Chest physiotherapy
- 4) frequent position changing
 Right up 2hour
 Supine 2hour
 Left up 2hour
- 5) CRG twice weekly
 GRS OD
- 6) Rop today
- 7) Kmc, oms to continue
- Target: SpO₂ 90-95% if FiO₂ > 21%
 Mean BP → 40-50 mmHg
 U/O → 2-4 cc/kg/hr

Doctor's Name (Handover given) : Sai
 Signature :
 Date & Time: 25/6/26

Doctor's Name (Handover taken) : Dr. Ashwin
 Signature :
 Date & Time: 25/6/26



9/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 53 PMA: 34+2

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW		Problems :	
S.No.	Current	Past Problems	
1.	<u>Extreme preterm / ELBW</u>	<u>HSPDA - PCM</u>	
2.	<u>Severe FGR</u>	<u>Hypertension</u>	
3.	<u>BPD [OART]</u>	<u>Klebsiella</u>	
4.		<u>Extubation failure</u>	
5.		<u>Aortic thrombosis</u>	
6.			

Today's Weight : 874 (112gms) 927

RESPIRATORY SYSTEM	Plan of Care :
Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐ Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min Last CXR : Spo ₂ : ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>7.32/44/30, 46-10;</u> Change over the Last 24 Hours..... <u>- on CPAP & mask,</u> <u>PEEP-6,</u> <u>Flow-5lit/min,</u> <u>FiO₂ - 21% to 25%.</u>	Plan of Care : <u>SpO₂ - 94%.</u> <u>PR - 60/min</u> <u>RR - 37/min</u> <u>- no brady,</u> <u>- no pnea</u>
CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : <u>(3)</u> Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools : IV Fluids - Type of IVF : @ ml / hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: TPN : ☐ Yes ☐ No - If yes, details : Calories: Abdominal Examination: <u>ph - soft</u>					
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS					
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :					
	INFECTION	Antibiotic	Sl.No.	Drugs	Days	
			1.			Ossopan + 3% Nacl (5ug)
		2.			order XT Glycerone	
		3.			caffeine furred drops	
Plan of Treatment : Continue CPAP to mask, PEEP 6, Target SpO₂ - 90 to 95%, if FiO₂ > 21% 90 to 100%, if FiO₂ = 21% TV - 200ul 1ks/day ↓ 14ul 2nd hely + full fortification full OG feeds Blood gas twice weekly RBS OD Trace PTH, Vit-D values. IBO charting 6th hely Incebaton - D₆ Attach new BP centiles chart [written in previous] day Target. To inform if SBP > 85mmHg.						

Doctor's Name (Handover given) : Dr. Aref

Signature : Dr. Aref

Date & Time: 9/6/26

Doctor's Name (Handover taken) : Dr. Manu Ch

Signature : Dr

Date & Time: 9/6/26

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input: / (+/-) Output: ml/kg/d Urine Output: ml/kg/hr Stools: IV Fluids - Type of IVF: @ ml / hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: TPN : ☐ Yes ☐ No - If yes, details: Calories: Abdominal Examination: <i>P/A - Soft</i>				
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS				
INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Sepsis screen: Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :				
	Antibiotic	Sl.No.	Drugs	Days	
	1.				<i>Ossopan-D 3l. NaCl (5meq) Olofer - XT Glycerine, Caffeine Fused drops. Budecort</i>
2.					
3.					
Plan of Treatment : • Continue CPAP with mask, PEEP - 6cm R/v Ranks if tolerating • TV - 200ml/kg/day → 14ml/kg/hely + full OC feeds <i>full</i> • Blood gas twice weekly RBS - OD • Ho cherting - 6th hely • Send NP₂ on Monday • ROP on Thursday • Change tubings today					

Doctor's Name (Handover given) : *Dr. Poojit*

Signature : *[Signature]*

Date & Time: *10/6/26 9am*

Doctor's Name (Handover taken) : *Dr. Manisha*

Signature : *[Signature]*

Date & Time: *10/6/26*

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 1 M 18 D (F)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		seen by Dr. Pratyush 8/8
		→ CPAP - 7
		→ do (1) chest x-ray
		→ change tubings today
		→ change incubator
		→ if repeated episodes of apnea. to run cpap.
		→ 25(OH) Vit D send in next price.
10/6/26		<u>Afternoon rounds</u>
8:30 PM		<u>Plan:</u>
	- on CPAP,	- Continue CPAP C
	FiO ₂ - 25%,	mask, PEEP - 7,
	PR - 155/min	
	RR - 55/min	

*Noted by
 Dr. Dinesh Kumar Chirala*

BAH-00654000
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 1 M 18 D (F)
 Dr. DINESH KUMAR CHIRLA

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- Inconsistent degradation with ↑ fies requirement upto 30%.	- TV - 200ml/kg ↓ 15 1/2ml 2nd hely full OG feeds + Full HMF Strength fortification
	X-ray - low volume lungs	- POP T/m.
		- NP2 on monday.
		- If further episodes of apnoea, send CBP, CPP -
		- To send 25,0H (VITD3) in next prick
		Noted by Dr. Dinesh Kumar 04/04/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 10pm	Night round Baby on CPAP $\leftarrow$ FiO_2 23% PEEP 7cm With mask Intermittent desaturation with self pickup Minimal Retraction ⊕ No tachypnea No bradycardia NO abdominal distension SpO_2 : 95% PR: 172/min RR: 49/min BP: 61/39 (49) mmHg	plan 1. O_2 by CPAP $\leftarrow$ FiO_2 23% PEEP 7cm with mask 2. $\text{TV} = 200 \text{ c.c./kg/day}$ J 15ml O_2 4 full OA feed with full strength fortification 3. Rop (flm) 4. NP_2 on monday 5. RLV CBP, CRP 2504 vitamin D_3 in next prick
10/6/26 11:30pm	→ episode of Desaturation 79% Bradycardia 94/min with self pickup	→ CPAP $\leftarrow$ FiO_2 25% PEEP 7cm mask → send CBP, CRP, S. Electrolytes 2504 vit D_3 now
	Noted by Chandana 10/6/26 @ 11:45pm	Sai

[illegible]

BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 18 D (F)
Dr. DINESH KUMAR CHIRLA



11/6/20

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 55 PMA: 34+4

Term ☐ Preterm ☐ Gestation : 28+5 Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPT / ELBW / severe FCK
	2.	BPD - Dant
	3.	Anemia
	4.	Hypotension
	5.	Klebsiella
	6.	Extubation failure
		Past Problems
		ASPCA - PCM
		Arterial thrombus

Today's Weight : 0.876 kg (134gm)

RESPIRATORY SYSTEM	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent :
	Mode of Ventilation : HFNC ☐ CPAP ☒ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐
	Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min
	Last CXR :SpO ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours: <u>on CPAP mask 7am</u> <u>multiple f/o bradycardia + desat yday</u> <u>CRP - 5</u> <u>Hb - 8.3</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>HR - 166/min</u> <u>SpO₂ - 93%</u> <u>RR - 55/min</u>
------------------------	---

CNS	Neurological Examination :
	Sedation: Last Neurosonogram : <u>(2)</u> Any Seizures:

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: <u> </u> Head Circumference: <u> </u> Input: <u> </u> / (+/-) Output: <u> </u> ml/k/d Urine Output: <u>3.8</u> ml/kg/hr Stools: <u>+</u> IV Fluids - Type of IVF: <u> </u> @ <u> </u> ml/hr Feeding: EBM ☒ Formula ☐ Donor BM ☐ Volume: <u>12ml</u> Frequency: <u>Q2H</u> TPN: ☐ Yes ☐ No - If yes, details: <u> </u> Calories: <u> </u> Abdominal Examination: <u>soft, non distended</u>																
	Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS <u>tb - 8.3</u> <u>CRP - 5</u>																
	Risk of Sepsis / Suspected Sepsis / Proven Sepsis : <u> </u> Sepsis screen: <u> </u> Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF : <u> </u>																
	INFECTION	Antibiotic	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Sl.No.</th> <th style="width:40%;">Drugs</th> <th style="width:10%;">Days</th> <th style="width:40%;"></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td rowspan="3"> <u>Ossoper-D</u> <u>onofex XT</u> <u>Caffeine</u> <u>Budecort</u> <u>39-Nall</u> </td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>	Sl.No.	Drugs	Days		1.			<u>Ossoper-D</u> <u>onofex XT</u> <u>Caffeine</u> <u>Budecort</u> <u>39-Nall</u>	2.			3.		
		Sl.No.	Drugs	Days													
1.			<u>Ossoper-D</u> <u>onofex XT</u> <u>Caffeine</u> <u>Budecort</u> <u>39-Nall</u>														
2.																	
3.																	
<u>Fluorid drops</u> <u>tubings D₁</u> <u>Incubator D₀</u> <u>IN Vial < 1-D₀</u> <u>2-D₀</u>																	
Plan of Treatment : ① cont CPAP mask 7cm ② Tvc 150ml/kg/day 10% 150 P NPO for transfusion ↓ 2hrs post transfusion gas ③ → 1/2 feed x 2 times Q2H ↓ full feed. 12ml Q2H ③ N ₂ on monday ④ ROP today ⑤ Trace 25 (OH) vit D ₃ not to be traced to be traced																	

Doctor's Name (Handover given) : Dr Ashwary

Signature : [Signature]

& Time: 11/6/20

Doctor's Name (Handover taken) : [Signature]

Signature : [Signature]

Date & Time: 11/6/20

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 1 M 26 D (F)
 Dr. DINESH KUMAR CHIRLA

GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 5:00pm	<u>Afternoon rounds</u> - NO Bradycardia, - NO desaturation - ongoing UBC transfusion SPO₂ - 96% PR - 159/min RR - 33/min	<u>Plan:-</u> - continue CPAP & mask, PEEP - 7; - continue NPO for UBC transfusion - TV - 150ml 1ks/day ↓ 10% Iso-P - Blood gas shows after transfusion. if (N) ↓ Start feed 2h after after transfusion. 1/2 feed [for 2 feeds] Full feed help followed by full feeds 14ml 2nd help - NPO on Monday. - To trace 25(OH) Vit D3 levels



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ADMISSION AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 56 PMA: 34+5

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
	1.	Extreme Preterm (ELBW 530g)
	2.	(26+5) Severe FAR
	3.	BPD - PART received
	4.	Anemic of Prematurity
	5.	Hypocalcemic of Prematurity
	6.	MBD - metabolic bone db.
Past Problems		HS-PDA - PLO Hypertension Nebsulla supis Extubation failure Acute thrombosis

Today's Weight : 0.901 125gm

RESPIRATORY SYSTEM	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent :
	Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐
	Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min
	Last CXR : Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>Baby on CPAP + mask</u>
	Change over the Last 24 Hours: <u>PEEP 7, FiO₂ 21-25%</u>
	<u>Mustang SpO₂ 90-95%</u> <u>No episodes of bradycardia/desaturation</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>LRBC transfusion given</u> <u>HR - 152/min</u> <u>RR - 56/min</u> <u>SpO₂ - 95+</u> <u>BP - 53/29 (32)</u>

CNS	Neurological Examination :
	Sedation: Last Neurosonogram : <u>(H)</u> Any Seizures:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 9:40 AM	Seen by Dr. Nilesh Transfusion uneventful mild retractions	Plan ① cont CPAP 7cm mask ② gas twice weekly NP ₂ on monday ③ TV = 200ml /kg/day full OR feeds ④ Add HMF from evening (8PM). ⑤ Remove OG cannula.
12/6/26 11:20 PM	Afternoon Round. on CPAP c mask. PEEP - 7cm. Intermittent desaturation. Tachypnea (+) mild SCR (+) Vitals HR - 151/min. RR - 67/min. SpO ₂ - 92%. BP - 63/36(45) P/A - soft	Plan → Continue CPAP c mask PEEP - 7cm. → TV - 200ml/kg/day. 15ml/kg daily feed Add HMF from 8PM. → Gas twice weekly BB RBS - OD → Trace 25-OH Vit D3. → Send NP ₂ on monday → w/f RD, desat

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/26 20:26 pm	No seen by Resident	Plan
	on CPAP - bubble	- continue - CPAP
	chance free	(A) tem
	FiO ₂ - 28% - 25%	- TV - 200cc/kg/d
	- No desat (+)	15ml - 2 hourly
	while moving	+ 3% NaCl 3%
	- Bag ready - (No)	NaCl
	Cardiac	+ HMF
	- Feels lateral	- Gas - twice
	- No haemodynamically	weekly
	stable	RBS - OD
	WOB = tachypnea ++	- Trace 25-OH vit-D ₃
	SCR ++	↓
	(but not increased	infection
	than base line)	w/f ↑ WOB, desat.
		Enric.



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 57 PMA: 34+6

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Extreme Pre-term / ELBW	RDS
2.	(530g) + Severe FGR	HSPDA - PCM
3.	Apnea of prematurity	EONS - Klebsiella sepsis
4.	BPD - DART relieved	Extubation failure
5.	Anaemia, Metabolic bone disease, hyponatraemia of prematurity	Artic thrombus
6.		

Today's Weight : ✓ 917gms (↑16gms)

RESPIRATORY SYSTEM	
Ventilatory Support :	☒ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐
Ventilator Settings :	PIP..... PEEP <u>7cm</u> VG..... Rate..... FiO ₂ Oxygen : L/min
Last CXR :	Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>On CPAP - 7cm FiO₂ - 21%</u> <u>persistent tachypnea + CER + ICR ++</u> <u>(*) one episode - Bradycardia, desat</u> <u>@ 1:am → ? Obstructive apnea</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>improved post naso-oral secretion.</u>

CNS	
Neurological Examination :	<u>12</u> Sedation: <u>NO</u>
Last Neurosonogram :	Any Seizures: <u>NO</u>

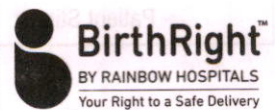
FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools :
	IV Fluids - Type of IVF : @ ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details : Calories:.....
Abdominal Examination: <u>P/A - soft, no feed intolerance</u>	

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS
<u>CRBC transfusion unsuccessful</u> →

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Antibiotic	Sl.No.	Drugs	Days
	1.			Ossapan-D
	2.			Onafu XT
	3.			Caffeine citrat
				Neb E Budenav
				3% nacl
				Five drops
				Tubing - D3
				Incubator - D2
				I.V line
				(D2)
				(D2)

Plan of Treatment :
- Continue CPAP @ 7cm E Mark, FiO2 to target SpO2 90-95% ,
- TV - 200 cc / kg / day - 15ml - 2 hourly
(Mix 1HMF in 3am EAM - gave 15ml first feed, 15ml second feed)
- ROP next week thurs day
- NP2 on monitor.
- TPN + free T4
- Trace - 25(OH) - Vit-D3
- N/F apnea, brady dysat → Tofan

Doctor's Name (Handover given) : <u>Rupnjal</u>	Doctor's Name (Handover taken) : <u>D. Nanth</u>
Signature : <u>Rupnjal</u>	Signature : <u>R</u>
Date & Time : <u>13/06/20</u>	Date & Time : <u>13/6/20</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/16/26 2AM	<u>Night round</u> on CPAP 7cm rams prone No brady / des at KMC ~ 3 hrs. HR - 150/min RR - 67/min SpO₂ - 93%. occ tachypnea (+) occ min SCR (+) tolerating OG feeds PA - soft parietal rocks	<u>Plan</u> ① cont CPAP 7cm rams ② TV = 200 ml/kg/day 15ml Q2H OG full fortification ③ th - NR - TFT + ETg ④ ROP on Thursday ⑤ gas twice weekly RBS OD ⑥ cont KMC <i>needed by 12/26 aethm</i>

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 59 PMA: 35+1
 Term ☐ Preterm ☐ Gestation : 28+5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELBW / FUR	RDS
2.	BPD - DART	Anemia
3.	Apnea of prematurity	HSPDA - PCM
4.	Metabolic bone disease	EDWS - klebsiella
5.	Hypotension	Extubation failure
6.		Arbri thrombosis

Today's Weight : 936 gm (7 gm ↑)

Ventilatory Support : ☒ Yes ☐ No - Day # of Vent :	
Mode of Ventilation : HFNC ☐ CPAP ☒ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐	
Ventilator Settings : PIP PEEP <u>7 cm H₂O</u> Rate FiO ₂ Oxygen : <u>21%</u> L/min	
Last CXR : <u>C Raws</u> Spo ₂	
ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:	
Change over the Last 24 Hours: <u>NO brady / apnea</u> <u>occ desat c. self pickup</u> <u>comfortable in prone</u> <u>occ tachypnea</u> <u>mild SRR</u>	

Plan of Care :	
KMC ~ 3 hrs	HR - 159/min RR - 45/min SpO ₂ - 95%

Neurological Examination :	
Sedation:	
Last Neurosonogram : <u>(2)</u>	Any Seizures:

IP5-00172641

18-04-2026

0 Y 1 M 29 D

(F)

Dr. DINESH KUMAR CHIRLA



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PHYSICIAN'S NOTES AND DOCTOR'S ORDER

[illegible]

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 60 PMA: 35+2 wks

Term ☐ Preterm ☐ Gestation : 26+5 wks Corrected Gestational Age:

OVERVIEW		Problems :	
S.No.	Current	Past Problems	
1.	Extremes preterm / ELBW / FGR	RDS	
2.	BPD - DART ✓	Anemia of prematurity	
3.	Apnea of prematurity	His PDA - PCM	
4.	Metabolic bone disease	EONs - Klebsiella	
5.	Hypocalcaemia of prematurity	Septic shock	
6.	Evolving ckd	septic thrombosis	

Today's Weight : 1.056 kg (↑ 120 gm) - Machine weight 1.045 kg (emp wt)

RESPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min
Last CXR :	Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	<u>Baby on CPAP + RAMS @ PEEP 4</u> <u>Comfortable in prone position</u> <u>Intake of 120 ml</u> <u>Mild ser ①</u> <u>HR - 166/min</u> <u>RR - 46/min</u> <u>SpO₂ - 98%</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	

CNS	
Neurological Examination :	Sedation.....
Last Neurosonogram :	Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools :
	IV Fluids - Type of IVF : @ ml / hr <u>CRBS</u>
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details : Calories:.....
	Abdominal Examination: <u>TV - 200 ml/kg/day</u> <u>Soft & distended</u>

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

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:.....			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Antibiotic	Sl.No.	Drugs	Days
	1.	2.	3.	
			<u>Ossopand</u> <u>areja x1</u> <u>caffeno citrate</u> <u>neb E budenof</u> <u>3-1-Hael</u>	<u>Tubing - D6</u> <u>Incubation D4</u>

Plan of Treatment : 1) Continue CPAP @ RAMS @ 7 2) TV - 200 ml/kg/day - 16 ml 2hly & full fortification 3) Prone nursing 4) KMC as much as baby tolerates - minimum 6-8hr 5) CBC twice weekly 6) RBS OD 7) HOP on Thursday 8) w/F ↑ WOB, desaturation	Target SpO_2 90-100-1-1 FiO_2 21-1 Tar SpO_2 90-95-1-1 FiO_2 >21 Target MBP - 41-48 CO - 1-5 ml/kg/min CRBS - 60-150 mg/dl
--	---

Doctor's Name (Handover given) : <u>[Signature]</u> Signature : <u>[Signature]</u> Date & Time : <u>16/6/20</u>	Doctor's Name (Handover taken) : <u>[Signature]</u> Signature : <u>[Signature]</u> Date & Time : <u>16/6/20</u>
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PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 29 D (F)
Dr. DINESH KUMAR CHIRLA




PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



77 17/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 61 PMA: 35+3

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELBW / FGR.	RDS
2.	BPD - DART.	Anemia of prematurity
3.	Apnea of premature	HPDA - Pch
4.	Metabolic bone disease.	EONS - Klebsiella
5.	Hyponatremia of prematurity	Extubation failure
6.	Exclusively CD	Arterial thrombus

Today's Weight : 1.055 kgm.

Ventilatory Support : ☒ Yes ☐ No - Day # of Vent :	
Mode of Ventilation : HFNC ☐ CPAP ☒ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐	
Ventilator Settings : PIP..... PEEP 6cm VG..... Rate..... FiO ₂ 23% Oxygen : 8L L/min	
Last CXR : Spo ₂	
ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:	
Change over the Last 24 Hours: CPAP 7 → 6cm → 5cm tolerated well. intermittent tachypnea. mild SCR (+) prone positioning	

Plan of Care :	
KMC ~ 6hrs	HR - 170/min RR - 65/min SpO ₂ - 100% BP - 55/32(44)

Neurological Examination :	
..... Sedation.....	
Last Neurosonogram : (2)..... Any Seizures.....	

N

FLUIDS STATUS NUTRITION	☐ NPO ☒ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input :..... / (+/-)..... Output :..... ml/kg/d Urine Output :..... ml/kg/hr Stools : <u>+</u>
	IV Fluids - Type of IVF :..... @..... ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: <u>16ml</u> Frequency: <u>Q2H</u>
	TPN: ☐ Yes ☐ No - If yes, details :..... Calories:.....
Abdominal Examination: <u>Soft, non distended</u>	

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

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:.....			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Antibiotic	Sl.No.	Drugs	Days
	1.			<u>Oscorpa-D</u> <u>orofluor</u> <u>caffiene citrate</u> <u>neb mupirocin</u> <u>37. NaCl</u> <u>Tubings D7</u> <u>Incubator D5</u>
	2.			
	3.			

Plan of Treatment : ① cont CPAP 6cm rams ② cont KMC, NNS ③ TV = 200ml/kg/day → <u>18ml Q2H</u> <u>(36ml + 144ml - give for 2 feeds)</u> ④ prone nursing ⑤ UBR twice weekly ⑥ RBS OD ⑦ ROP on Thursday ⑧ E/O Q6H
--

Doctor's Name (Handover given) : Dr Ashwamey

Signature : [Signature]

Date & Time: 12/6/26

Doctor's Name (Handover taken) : Dr Raghav

Signature : [Signature]

Date & Time: 12/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 2pm	Afternoon Round	
	Baby is on CPAP Ram's PEEP-5 mild retractions (+) tachypnea (+)	Plan
	Vitals HR-120/min RR-67/min SpO ₂ -92% BP-58/29(39)	Continue CPAP-5 Target SpO ₂ 90-95%
	P/A- Soft, non distended	TV-200cc/kg/day 18ml/2nd hly full fortification
		Brone nursing
		CBC twice weekly
		RBS-OD
		ROP-tomorrow
		2/0 clamping 6th hly
	Positive	Noted By megha 17/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 4pm.	seen by Dr Vijayamurugan	Plan ① cont CPAP ② Full or feeds → Noted By Megha
17/6/26 10:40pm	Night Round	Plan Baby is on CPAP-5 Intermittent tachypnea → Continue CPAP-5 Vitals HR - 170/min RR - 30/min SpO ₂ - 93% BP - 82/68 (72) P/A - safe → IV - 200cc tte 1 day 18ml 2nd half Full fort feeds Og → Rep - J/m. → Monitor vitals. → Bone meeting - marked by why organ related
	to Purpura	



18/6/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 62 PMA: 35+4

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	ExPT/EEBW/PCR	RDS
2.	BPD-DART	Anemia of prematurity
3.	Apnea of prematurity	hSPDA - PCM
4.	Metabolic Bone Disease	FDNS - Klebsiella
5.	Hypnatremia of prematurity	Extubation failure
6.	Evolving CLD	Aortic stenosis

Today's Weight :

RESPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐
Ventilator Settings :	PIP.....PEEP.....VG.....Rate.....FiO ₂Oxygen :L/min
Last CXR :	SpO ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	On CPAP, PEEP-5 Intermittent tachypnea mild Sec (4) Better in prone

CARDIO VASCULAR SYSTEM	
Plan of Care :	HR - 137/min RR - 48/min SpO ₂ - 100% BP - 60/39 (44) KMC - 6h

CNS	
Neurological Examination :	Sedation.....
Last Neurosonogram :	Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference: Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools : IV Fluids - Type of IVF : @ ml / hr Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: ϕ Frequency: TPN : ☐ Yes ☐ No - If yes, details : Calories: Abdominal Examination: <i>soft, distended non-distended</i>
-------------------------	---

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

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :		
	Sepsis screen:		
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :		
	Antibiotic	Drugs	Days
	1.		<i>Oxypan D Ofec X+ caffeine citrate Neb Budecort 3% NaCl Tubings - D8. Incubator D6</i>
	2.		
	3.		

Plan of Treatment : • Continue CPAP + Pampic, PEEP - 5 • TV - 200 cc/kg/day $\rightarrow$ 18ml / 2nd hely. • O4 feed • continue KMC., NRS • Rione nursing • CBG twice weekly • RBS - OD • ROP today • Ilo charting 6th hely.

Doctor's Name (Handover given) : *Dr. Porphyre*
 Signature :
 Date & Time : *18/6/26 Jan*

Doctor's Name (Handover taken) : *Dr. Adhwan*
 Signature :
 Date & Time : *18/6/26*



RAINMA I

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 10:30 AM	seen by Dr Dinesh	Plan ① CPAP ↓ 5 → 4cm ② ROP today ③ Rest cont same
	Dr. Dinesh	Noted by Naveen 18/6/26
18/6/26 3 PM	<u>Afternoon Notes</u> on CPAP 4cm tolerating well HR-170/min SpO ₂ -93% RR-61/min KMC ongoing no body heat.	Plan ① cont CPAP @ 4cm ② cont KMC ③ IV-200ml/kg/day 18ml 2A on feet ④ ROP after 1 week. ⑤ RBS OD
	tolerating feeds	Dr. Dinesh
18/6/26 4 PM	seen by Dr. Vijayanand	Plan ① cont CPAP 5cm ② warmer care as planned. ④

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

r. DINESH KUMAR CHIRIA



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Date & Time	Progress Notes	Doctor's Order
1/6/26.	B/O <u>Kinamai</u>	
	→ Currently on CPAP with masks Band	
	→ To initiate KMC after 1kg of weight	
	→	
		<u>Chika</u>

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 1 M 30 D (F)
 Dr. DINESH KUMAR CHIRLA



19/6

ENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 63 PMA: 38^W 5^D

Term ☐ Preterm ☐ Gestation : 26^W 5^D Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	ExPT / ELBW / PGR.	
2.	BPD-DARJ	ROS
3.	Apnea of prematurity	Apnea of prematurity
4.	Cyanoanemia	PDA-PCM
5.	Evolving CO.	LEWS- Klebsiella
6.		Extubation failure
Today's Weight : <u>1.101 (150g)</u> Acute Thrombus		
OVERVIEW	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ iNO ☐ PPM ☐ Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min Last CXR : Spo ₂ ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: <u>Bales on bubble - CPAP - 6</u> Change over the Last 24 Hours..... <u>FiO₂ - 25%</u> <u>no 1 episode of desaturation over night</u> <u>FiO₂ - 21 → 25%</u> <u>PEEP - 5 → 6.</u> <u>HR - 131/min</u> <u>SpO₂ - 93%</u> <u>RR - 58/min</u>	
	Plan of Care :	
	Neurological Examination :	
	Last Neurosonogram : <u>(N)</u> Sedation <u>NO</u> Any Seizures <u>NO</u>	
		
		

FLUIDS STATUS NUTRITION

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

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

IV Fluids - Type of IVF : @ ml / hr

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

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

Abdominal Examination: *tolerated well*

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

.....

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

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

Antibiotic	Sl.No.	Drugs	Days
	1.		
	2.		
	3.		

Ossopan-D
Onafer 7
Caffine citrate
neb Budenof
5% Nacl

Fulvic - Dq
400

Plan of Treatment :

→ Continue CPAP + PEEP-6
 P102 25%.

→ TV - 200 cels/day - 18 ml @ 2nd hly - EBM - 04

- Continue KMC, NNS

- prone nursing

- CBH twice weekly

- RBS - 01

- D10 charting - 6 cels/hly

Doctor's Name (Handover given) : *Panwar*

Signature : *Panwar*

Date & Time : *19/6/20*

Doctor's Name (Handover taken) : *Dr. Adhwaya*

Signature : *[Signature]*

Date & Time : *19/6/20*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26 9 AM	seen by Dr Dinesh	Plan ① xray now SOS ② cns now ③ monary NP ₂
		noted by mariga 19/6/26
	Afternoon rounds	
19/6/26 1:00 PM	on CPAP c BAP's, PEEP-6; SPO₂-90% PR-152/min - fio₂ requirement upto 30%; - ongoing kmc - CXR - done S/o - cns changes. ↓ To give one shot dose of pumped dose	Plan: continue CPAP, PEEP-6 TV - 200ml 1st day ↓ 18ml 2nd day full of feeds continue kmc, ncs RBS on noted by mariga

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input :..... / (+/-)..... Output :..... ml/k/d Urine Output :..... ml/kg/hr Stools :.....
	IV Fluids - Type of IVF :..... @..... ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details :..... Calories:.....
	Abdominal Examination:..... Tolerating well PIA: soft

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

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:.....			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Antibiotic	Sl.No.	Drugs	Days
		1.		
	2.			Syp. Ossopan-D
	3.			orofer x 7
				Syp. Caffeine citrate
				neb. Budecort
				3.1. NaCl
				Flutopid drops

Plan of Treatment :
1) continue CPAP $\nearrow$ FIO_2 25% PEEP 6cm
2) Tr = 200cc/kg/day $\rightarrow$ 18ml Q2H or G feed
3) Continue lmc, NNT
4) Prone nursing
5) CRG twice weekly Gres on
6) continue nebulisations
7) 2lb charting Q6H

Doctor's Name (Handover given) : Sai
Signature : *[Signature]*
Date & Time: 20/6/26

Doctor's Name (Handover taken) : Pawan
Signature : *[Signature]*
Date & Time: 20/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 9:30 AM	seen by Dr. Dinesh	Plan
	KMC 6 hrs	① NP2 on monday
		② cont CPAP cm.
		③ cont KMC
		noted by maanya at 1:30 PM.
20/6/26 2:30 PM	Afternoon rounds	Seen by Dr. VJ
		Plans
	Baby on CPAP - PEEP-6	
	FiO ₂ - 25%	Continue CPAP - PEEP-6
		FiO ₂ - 25%
	→ ongoing KMC.	→ TV - 200cc/kg/day
	- HR HR - 160/min	- 18ml O ₂ /kg
	SpO ₂ - 94%	→ continue KMC / NP2
	RR - 60/min	→ prone nursing
	- intermittent tachypnea	→ CBG NP2 on monday
	→ accepting feeds well	→ CBR - twice weekly
	- NO vomiting / abd disten	CRBS - GD
	PIA - soft.	→ I/O charting Q 6 H.
		noted by maanya
		Plan

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input : / (+/-) Output : ml/k/d Urine Output : ml/kg/hr Stools :
	IV Fluids - Type of IVF : @ ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details : Calories:.....
Abdominal Examination:..... pla - soft	

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

INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :			
	Sepsis screen:.....			
	Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :			
	Antibiotic	Sl.No.	Drugs	Days
	1.		Syr. Ossopae-D Order-XT	
2.		Syr. Caffeine		
3.		Neb. Budecort 3% Nacl Furged drops		

Plan of Treatment :	— Continue CPAP, PEEP-6 — TV - 200 ml/kg/day ↓ 18ml 2nd hly full OG + fortification — Continue RMC, NNS — Blood gas twice weekly — PBS OD — NP2 - Tomorrow — Flt - checking 6 hr hourly
---------------------	--

Doctor's Name (Handover given) : Dr. [Signature]

Signature : [Signature]

Date & Time: 21/6/26

Doctor's Name (Handover taken) : Dr. [Signature]

Signature : [Signature]

Date & Time: 21/6/26

BAH-00654000 IP5-00172341
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0100340 (F)
 Dr. DINESH KUMAR CH'RLA


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	B/O <u>Kiranmai</u>	
	→ Stable	
	→ CRBC transfused uneventfully yesterday	
	→ mild resp distress ⊕, continue CPAP with mask today	
	→ weight - 910g	
15/6/26	B/O <u>Kiranmai</u>	
	weight gain ⊕	
	tolerated KMC yesterday.	
	Na low low, plan to increase oral supplementation	
	ROP this week.	
	cont CPAP runs 7cm.	
	HR improved to 114	
		<u>Chitra</u>

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

BAH-00654000
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 2 M 3 D
Dr. DINESH KUMAR CHIRLA
IP5-00172641 (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		seen by Mr. Dinesh
		Plan
		NP2 tomorrow.
		noted by nursing.
21/6/26 4:15pm	Afternoon rounds Baby on CPAP fio_2 25%. PCTP 6w	plan
	SpO_2 : 96%. t fio_2 25%. fio_2 5L/min	1. continue CPAP fio_2 25%. PCTP 6w
	PR: 158/min RR: 52/min CRT < 3sec	Try to taper fio_2 with target SpO_2 90-95%.
	No R/o no dehydration No vomiting / No distension Tolerating full feeds	2. $\text{TW} = 200 \text{ cc/kg/day}$ ↓ 18ml O_2 + Hmf each feed full o/a feeds (14mf in 3hr + 10mf)
	S_2 ⊕ RAE ⊕ PIA: soft	3. kmc } to continue NNS
		4. CBG twice weekly
		5. CRBS OD
		6. NP2 Tomorrow
		7. I/O Charting @ 6H
		noted by Deepa 02/6/26
		Shr Sai

BAH-00654000
Baby Of CHIKATI KIRANMAI
16-04-2026 0 Y 2 M 3 D
Dr. DINESH KUMAR CHIRLA
IP5-00172641 (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	Night rounds	
9:30pm	Baby on CPAP (Fio ₂ 25% PEEP 6cm Rams cannula	plan
	No RO/no desaturation Intermittent tachypnea, noticed	1. Continue CPAP (Fio ₂ 25% PEEP 6cm
	No vomiting Tolerating OH feeds well	2. TV = 200 cc/kg/day ↓ 18ml Q4H + ^{Hmf} 18ml each feed (Mix 1 Hmf in 36ml (BM))
	SpO ₂ : 97% PR: 171/min RR: 49/min BP: 69/40 (71) mmHg CRT < 2sec Pulsed (heel)	3. Kmcg NNS } to continue 4. CRG twice weekly 5. GRBS on 6. NP ₂ tomorrow 7. ILO charting @ 6H 8. continue nebulisations
21/6/26	Seen by Dr. Vineela	by Sai
10pm	Baby on CPAP (Fio ₂ 25% PEEP 6cm Sub costal retractions ⊕	plan
		1. continue CPAP (Fio ₂ 25% PEEP 5cm
		2. Proper neck positioning 3. Neb. Budecort to continue 4. vital monitoring 5. w/f RO/desaturation/retractions



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 66 PMA : 36⁺

Term ☐ Preterm ☐ Gestation : 26⁺5 Corrected Gestational Age :

Problems :		
S.No.	Current	Past Problems
1.	EPT / ELBW / FGR	Hyponatremia
2.	RPD → PAPT	ROS
3.	Apnea of prematurity	Anemia of prematurity
4.		HcpDA
5.		Klebsiella septic
6.		Aortic thrombus

Today's Weight : 1105g (↓2g) weekly gain 80g.

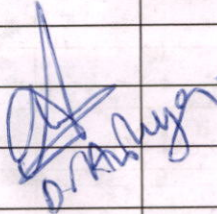
SPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen..... L/min
Last CXR :	 SPO ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG
Change over the Last 24 Hours	<u>Baby on CPAP (FiO₂ 25%) with RAM cannula</u> <u>PtP 6cm</u> <u>Baby had minimal subcostal retraction in right</u> <u>Improved now</u> <u>Intermittent desaturation, so continued FiO₂ 25%.</u>

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>SpO₂: 95% CR 7-35c</u> <u>PR: 169/min</u> <u>RR: 54/min</u> <u>BP: 56/31 (42) ~ 1H</u> <u>Peripheries: warm</u>

CNS	
Neurological Examination :	 Sedation.....
Last Neurosonogram :	<u>(N)</u> Any Seizures.....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order		
22/6/26	Seen by Dr. Pratyush Ran				① clear visible cerebellum in Rams ② ensure optimum CPAP delivery ③ Nutrition calc. ④ Nextpride - 2w Vit D 2500 IU		
	 Dr. Pratyush Ran						
22/6/26					Nutrition EBM Max wt = 1.109 TV = 200ml/kg/day = 221.8ml cal Prot Ca ²⁺ PO ₄ Fe Vit D.		
EBM (221ml)	148.6	2.43	77.6	33.2	0.44	-	
BMF (6)	20	1.6	94.8	47.7	1.8	797	
Ossopand (6ml)			150	66		240	
Adipho (0.6ml)				27			
Total	168	4	322	173	4.2	1036	
/kg	152	3.6	290	156.6	3.8	934	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 3 PM	Seen by Dr. Pratyush Plan 2 s/o clavat 1 associated & bradycardiac self pickup.	(1) cont CPAP 6cm - 7cm (2) Add vit D3. (3) cont KME
22/6 @ 4:43 PM	Afternoon rounds Baby hemodynamically Stable on CPAP - 7 FiO2 - 28-25%	plan → Continue CPAP - 7 Target SpO2 - 90-95%
	C → HR - 148 bpm BP - in KME SpO2 - 98%	→ IV - 200 ul/kg/day 18 ml slowly with full fortification
	Receiving feeds	→ Do chest physiotherapy slowly → CPBS - OP → monitor vitals
		Noted by Nagatanni



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 @ 11pm	Night Rounds Seen by Dr. Niksh	
	Baby on CPAP REP-1 Rate - 30/min. FIO ₂ - 25%.	1) Cont. CPAP PEEP - 7.
	<u>Vitals</u> HR - 149/min RR - 57/min SPO ₂ - 100% BP - 82/29 (UB)	2) Continue Bone Nursing
	P/A Soft tolerating feeds	3) Review AIP reports with endocrinologist
		4) GTx = 200ml/kg/day 18mls 2nd hrly with full fortification
		5) I/O charting 6th hr
		6) GRBS - OD
		7) monitor vitals
		Sneha - <i>[Signature]</i>



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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 67 PMA : 36+2

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age :

OVERVIEW		Problems :	
S.No.	Current	Past Problems	
1.	EPT / EUBW IFAR	Hyponatremia	
2.	BPD (DART ✓)	RDS	
3.	Apnea of prematurity	Anemia of prematurity	
4.		HSPDA	
5.		Klebsiella sepsis	
6.		Aortic thrombus	

Today's Weight : 1.123 (118gm)

RESPIRATORY SYSTEM	
Ventilatory Support : ☒ Yes ☐ No - Day of Vent :	
Mode of Ventilation : HFNC ☐ CPAP ☒ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐	
Ventilator Settings : PIP..... PEEP <u>7cm</u> VG..... Rate..... Fio ₂ Oxygen..... L/min	
Last CXR : SPO ₂	
ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG	
Change over the Last 24 Hours : <u>CPAP for 6-17cm ramp</u> <u>dt recurrent desaturations &</u> <u>2 ep bradycardia requiring stimulation</u>	

CARDIO VASCULAR SYSTEM	
Plan of Care :	<u>KMC ~ 6hrs</u> <u>HR - 151/min</u> <u>SpO₂ - 95%</u> <u>RR - 70/min</u> <u>Phone</u>

CNS	
Neurological Examination :	Sedation.....
Last Neurosonogram :	Any Seizures.....

Docu. No. RCHBH / FRM / CLINICAL / 131

(P.T.O.)

		<u>CBU - twice weekly</u>
		<u>RBS OD</u>
<u>Dr. Poojitha</u>	<u>→ w/t brady / desat</u>	
	<u>→ monitor vitals</u>	

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 68 PMA : 36+2

Term ☐ Preterm ☒ Gestation : 26+6 Corrected Gestational Age :

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	<u>ELPT / ELBW / PGR-</u>	<u>Hyponatremia</u>
	2.	<u>BPD DART ✓</u>	<u>RDS</u>
	3.	<u>Apnea of prematurity</u>	<u>Anemia of prematurity</u>
	4.		<u>HTS PDA</u>
	5.		<u>Klebsiella Sepsis</u>
	6.		<u>Aortic thrombosis</u>

Today's Weight : 1.116 (1.7g)

RESPIRATORY SYSTEM	Ventilatory Support : ☒ Yes ☐ No - Day of Vent :
	Mode of Ventilation : HFNC ☐ CPAP ☒ Conventional Ventilation: SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
	Ventilator Settings : PIP..... PEEP <u>6</u> VG..... Rate..... Fio ₂ Oxygen..... L/min
	Last CXR : <u>-23/06 - Rt upper lobe collapse</u> SPO ₂
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG
	Change over the Last 24 Hours <u>CPAP - 6 PEEP - 6</u> <u>FiO₂ - 25, PIP - 5</u> <u>1 episode</u> <u>→ decreased saturations upto 85%</u> <u>→ followed by self P.V.</u>

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>KMC - 6 hrs</u> <u>HR - 147/min</u> <u>SPO₂ - 95%</u> <u>RR - 25/min</u> <u>→ prone - position</u>

CNS	Neurological Examination :
	Sedation..... Last Neurosonogram : Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☒ NG Feeds Wt. Gain Head Circumference.....															
	Input...../(+/-)..... Output : ml/k/d Urine Output..... ml/kg/hr Stools.....															
	IV Fluids - Type of IVF : <u>200cc/kg/day @ 18ml</u> ml/hr. <u>20/1</u>															
	Feeding : EBM ☐ Formula ☐ Donor BM ☐ Volume..... Frequency..... <u>full fortification</u>															
	TPN : ☐ Yes ☐ No - If yes, details : Calories :															
Abdominal Examination : <u>Soft,</u>																
Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS																
INFECTION	Risk of Sepsis / Suspected Sepsis / Proven Sepsis :															
	Sepsis Screen :															
	Blood Culture ☐ Urine Culture ☐ ET Culture ☐ Fungal Culture ☐ LP ☐ CSF :															
	Antibiotic	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">SI No.</th> <th style="width:40%;">Drugs</th> <th style="width:10%;">Days</th> <th style="width:40%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td></td> <td></td> <td rowspan="3"> <u>Orofer XT</u> <u>Caffien</u> <u>Oxycodone</u> <u>3% NaCl</u> <u>Bucalond nls</u> <u>Pwopel drops</u> <u>VIT D3</u> </td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td></td> </tr> </tbody> </table>	SI No.	Drugs	Days		1.			<u>Orofer XT</u> <u>Caffien</u> <u>Oxycodone</u> <u>3% NaCl</u> <u>Bucalond nls</u> <u>Pwopel drops</u> <u>VIT D3</u>	2.			3.		
	SI No.	Drugs	Days													
1.			<u>Orofer XT</u> <u>Caffien</u> <u>Oxycodone</u> <u>3% NaCl</u> <u>Bucalond nls</u> <u>Pwopel drops</u> <u>VIT D3</u>													
2.																
3.																
Plan of Treatment : - continue CPAP- PEEP- 6 - P/A- 25% Target SpO ₂ - 90-95% → TV - 200cc/kg/day - 18ml/hr - c full fortification → R+ chest physiotherapy - Rt upper - 84th hr - KMC / cont - NNS / cont - I/O - charting 8617. - CRBS - OP → CBG - twice weekly → W/A - Brady / desaturation																

Doctor's Name (Handover given) Pavani
 Signature : Pavani
 Date & Time : 24/6/26

Doctor's Name (Handover taken) Dr. Adhwan
 Signature : [Signature]
 Date & Time : 24/6/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 9:30 AM	seen by Dr. Pratyush	Plan ① w/t tachypnea if persists, ↑ PEEP 6 ② RBS out day ③ ROP today
25/6/26 2:15 PM	Dr. Pratyush Afternoon Round. Baby is on CPAP c Ram's PEEP - 5cm. mild SCR (+) Vitals HR - 170/min RR - 49/min SpO ₂ - 100% BP - 74/57 (64) U/O - P/A - soft ROP - B/L Zone - 2 Post. Stage - 2 No plus Dr. Pratyush	Plan → Continue CPAP c Ram's PEEP - 5 if ↑ RD - PEEP - 6. → TV - 200cc/kg/day 19ml/2nd help + full fortification → Gentle chest physio → Gas - twice weekly RBS - OD → Continue Mc → w/t steady I desat ↑ RD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 9pm	Night Round. Baby is stable on CPAP, PEEP-5. mild SCR ⊕ - intermittent tachypnea	Seen by Dr. Vinodh Rao
	Vitals HR - 152/min RR - 57/min SpO2 - 94% BP - 82/36 (us) C/o - 4.7 cc/kg/hr	→ Continue CPAP. PEEP-5 → ↑ 6.
	P/A - Soft	→ IV - 200cc/kg/day 19ml/2nd half + full fortification O4 feed.
	KMC for 6 hrs	→ Chest physiotherapy
		→ Gas - twice weekly. ABS - OD
		→ Continue KMC.
		→ P/o charting 6th half
	<u>A. Rajgopal</u>	→ Monitor vitals.



26/6/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 70 PMA: 36+6 wks.

Term ☐ Preterm ☐ Gestation : 26+6 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Extreme PT / ELBW / FGR	Hyponatremia
2.	BPD → DART (Grade II)	RDS
3.	Apnea of prematurity	Anemia of prematurity
4.	Metabolic Bone disease	hSPDA → PCN, DART completed
5.		Klebsiella sepsis
6.		Arterial thrombus

Today's Weight : 1135g (↑8g) B

RESPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min
Last CXR :	Spo ₂
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG:
Change over the Last 24 Hours:	Baby is on CPAP, PEEP - 5 → 6 Intermittent tachypnea, mild SCRF KMC - for 6h yesterday, tolerated well

CARDIO VASCULAR SYSTEM	
Plan of Care :	HR - 156/min. RR - 62/min. SpO ₂ - 96% BP - 70/39(45) u/a

CNS	
Neurological Examination :	 Sedation.....
Last Neurosonogram :	(K) Any Seizures.....

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input :..... / (+/-)..... Output :..... ml/kg/d Urine Output :..... ml/kg/hr Stools :.....
	IV Fluids - Type of IVF :..... @..... ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details :..... Calories:.....
Abdominal Examination: <i>soft, non-distended</i>	

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

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:.....

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

INFECTION	Antibiotic	Sl.No.	Drugs	Days	<i>Drops - vit D3 3% NaCl (oral)</i> <i>Syr. osseopand</i> <i>Fucipred drops</i> <i>Budecat nebs</i> <i>Orofer x T</i> <i>Caffeine oral</i>
		1.			
		2.			
		3.			

Plan of Treatment :

- Continue CPAP + Rami, PEEP - 6cm
- TV - 200 cc/kg/day $\Rightarrow$ 20 ml/lead hily.
+ full lubrication
OCI feed.
- Chest physiotherapy.
- Positioning $\begin{matrix} \text{Rt up} \\ \text{Supine} \\ \text{Lt up} \end{matrix} \left. \vphantom{\begin{matrix} \text{Rt up} \\ \text{Supine} \\ \text{Lt up} \end{matrix}} \right\} \text{2 hrs each}$
- CBC twice weekly
RBS - OD
- Continue kmc, oms.
- monitor vitals -

Name (Handover given) : *Dr. Poojit*

d
Date: *26/6/26* Time: *2pm*

Doctor's Name (Handover taken) : *Dr. Arun*

Signature : *Dr. Arun*

Date & Time: *26/6/26, 8am*



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 1:40pm		Afternoon rounds
	- on CPAP & RAM's	plans
	flow-	- continue CPAP &
	PEEP-6,	RAM's, PEEP 6
	FiO ₂ -25%	
	SpO ₂ -95%	- check for prongs
	PR-165 l/min	position during desaturation
	RR-35 l/min	TV - 200 ml/kg/day
	- RMC given for 30 min;	↓ 20 ml 2nd half
		full OG feeds +
		full fortifications
	- furred	- continue positioning
	given for 11 days;	lt. up } rt. up } 4 hrs each supine } prone }
		- continue RMC/OMS.
		- Blood gas twice weekly.
		RBS OD
		RBS alternate day
		noted by
		video
		02/143
		26/6/26
		1:40pm

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/3/26		Seen by DR. PR
	Tachypnea @ SCRE @	Plan
		✓ X-ray / Now
		✓ gas / Now
		✓ CBP / CRP Now
		RW change to CPAP TRAMS
		→ WIP Respiration chills
		→ to consider anti-reflex
		HFNC - GL/m. Pancu
		if Worsening - tachypnea
		RR - > 70 + Retraction
		↓ change to CPAP
		Pancu
	C/DIC - Dr. DR.	Plan
		✓ Trache CBP / CRP
		→ Secure cannula
		Send blood chs.
		Start Inj PIPTAZ.
		✓ CPAP - PEEP - 6
		Pancu

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 1:30pm	<u>Afternoon Rounds</u> - Baby on CPAP - PEEP-6 flow-6L/min → No further vomitages HR-152/min SPO₂-97% RR-60/min → Blood c/s sent - Started on Inj PIPTAZ - CBP-14.4/9.440/3.43 14/73 CRP-5 → On 04 feeds - tolerating well.	<u>Plan</u> → continue CPAP-PEEP-6 → TV-200cc/kg/day - 22ml/2nd hly - 6 feeds-EBM+AMF 6 feeds-Neotectus → Trace Blood c/s → Cont Inj PIPTAZ → Cont KM C/OM S. → GRBS OD → positioning & chest PT → W/F- RD.
4/7/26 8:30pm	<u>Night rounds</u> Cls / B - D + N No chills - hemodynamically - stable	<u>Plan</u> → continue CPAP-PEEP-6 - Trace 24hr - Blood c/s - Try prone nursing → Enquire parents (Noted by H/O - URTI)



5/21/26

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

Day in NICU: Day of Life: 20 PMA: 38⁺ 1' Wk

Term ☐ Preterm ☐ Gestation: 26⁺ 5 Corrected Gestational Age: Today's Weight: 1.371 kg

(1.369)

Problems		
S.No.	Current	Past Problems
1.	EPT/ELBW/IFGR.	RDS
2.	CLO-GU (DART done)	Hs PDA
3.	Apnea of prematurity	1. Klebsiella sepsis
4.	Metabolic bone disease	Aortic thrombus
5.	Anemia of prematurity	
6.		

Clinical Assessment	Medications Used
Baby on CPAP-PEEP-6, flow-6 L/min - Respo. intermittent tachypnea tolerating feeds well. - No further vomitings	O cefepime-D Budecort Neb Vit D ₃ 3% NaCl- Symp caffeine O roper xT HMP Sachet C each feed A.C. Mx - Inj PIP+AZ-D,

Plan of Care:
- Continue CPAP-PEEP (5) 1-flow-6L → +V 200 cal/kg day - 22ml-2 nd hrs → 6 LBM + HMP → Trace Blood cl → CONT IV-PIP+AZ → CONT KMC/OMG/NNWS → Gas-tro-intest weeks - CRBS-ON

Doctor's Name (Hand over given): Pawan

Signature: Pawan

Date & Time: 5/21/26

Docu. No. RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken): P. Naidu

Signature: [Signature]

Date & Time: 5/21/26

Patient Sticker

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

Day in NICU: Day of Life: PMA:

Term ☐ Preterm ☐ Gestation: Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment			
Medications Used			
Plan of Care:			

Doctor's Name (Hand over given):

Signature:

Date & Time:

Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken):

Signature:

Date & Time:

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 2 M 18 D (F)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26 1:30pm		Afternoon Rounds Plan - Put clamp wrap - Put cap - Set temp -36.7°C
5/7/26 3pm	Afternoon rounds Baby on CPAP $\leftarrow$ FiO ₂ 30% PEEP 5 cm H ₂ O No Retraction mild tachypnea @ SpO ₂ - 99% PR: 152b/min RR: 64/min BP: 80/51 (62mmHg) CRT: 3sec pallid urine output	Plan 1. Continue CPAP $\leftarrow$ FiO ₂ 30% PEEP 5cm 2. clamp wrap 3. Tx = 200 cc/kg/day 22ml O ₂ H $\leftarrow$ 6Fbm + Hmf b bleed: neocate 4. Trace Bloodcl 5. GERs on 6. kmc / oms / mms
	Noted by Yamuna 5/7/26 @ 3pm	Sai

7. DINESH KUMAR CHILKA



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Date & Time	Progress Notes	Doctor's Order
5/7/76 11 AM	<u>Misht randy</u> Baby on CPAP < to 30%, Pteps on minimal retraction @ mild tachynea @ no dehydration no vomiting tolerative feeds well SpO₂ = 98% PR = 149/m RR = 44/m BP = 72/46 (54) mmHg CR < 25 sec	<u>Plan</u> 1. Continue CPAP < to 30% Pteps on 2. Chry wrap 3. TIV = 200 ul/hr/day 22 ml @ 2 hr of feed 4. 6 Glm + Hmf b. neocate 4. CRBS on 5. Trace Blood cl 6. Kne/oms/mns to continue <u>noted by</u> maddama. <u>sig</u> saw



6/7/24

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 81 PMA: 38¹²

Term ☐ Preterm ☐ Gestation : 26⁵ Corrected Gestational Age: 40⁰ (1450 gm)

OVERVIEW	Problems :	
	S.No.	Current
	1.	EPT/ELBW/IGR
	2.	CLD-grade II (partly resolved)
	3.	Apnea of prematurity
	4.	metabolic bone disease
	5.	Anemia of prematurity
	6.	
		Past Problems
		RDS
		USPA
		Klebsiella sepsis
		Arteriothrombus

Today's Weight : 1420 (145 gm) weekly gain 173g.

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

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

Ventilator Settings : PIP.....PEEP.....VG.....Rate.....FiO₂.....Oxygen :L/min

Last CXR : Spo₂ :

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

Change over the Last 24 Hours : Baby on CPAP (from 26/1).
 PEEP 5 cm H₂O
 2 to 3 marked retractions, baby taken on CPAP (from 26/1).
 mild RSC (R), mild tachypnea
 2 episodes of bradycardia Desaturation
 self pickup

Plan of Care :

SpO₂: 97%,
 Pe 153 mm
 RR 54/min
 RRT 8/49 (57) mL

Neurological Examination :

Sedation :

Last Neurosonogram : Any Seizures :

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/kg/d Urine Output: ml/kg/hr Stools:
 IV Fluids - Type of IVF: @ ml/hr
 Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: 200 Frequency: 22ml Q4
 TPN: ☐ Yes ☐ No - If yes, details: Calories:
 Abdominal Examination: Tolerates feed well
12-10ft, passed urine & stool

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

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :
 Sepsis screen:
 Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF :

INFECTION	Antibiotic	Sl.No.	Drugs	Days		
	1.		<u>In: Piphet</u>	<u>2</u>	<u>Hmf</u>	<u>Order x7</u>
	2.				<u>Budecort</u>	<u>3.1. vial</u>
	3.				<u>addphos</u>	
					<u>Order bromine</u>	<u>Syp. Ossopan-D</u>
					<u>Syp. caffeine</u>	

Plan of Treatment :

1. continue PPAP fr_{o2} 26%.
Pttr 2cm mark
2. Tr = 200cc/kg/day → 22ml Q4 O & feeding 6 feeds
6 feeds 6 feeds neocate
6 feeds 6 feeds neocate
3. Chng wrap
4. ARBS OD
5. Knee
Onp } to continue
ring
6. Do chng wrap

Doctor's Name (Handover given) : Dr. Sanyal

Signature : Sanyal

Date & Time:

Doctor's Name (Handover taken) : Dr. Bopke

Signature : Bopke

Date & Time: 6/7/26

AH-00654000

IPS-00172641

by Of CHIKATI KIRANMAI

6-04-2026 0 Y 2 M 20 D (F)

DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/26 9:45am		Seen by Dr. Peatyush
	→	Trace cultures & R/r antibiotic
	→	Cling wrap
	→	NP2 } Today CRP }
	→	X Ray reporting (Dr. Nul)
	→	Surgical opinion ?eventeration
	ch	Noted by malleo@v @ 10AM 6/7/26



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[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 82 PMA: 38+3

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW	Problems :		
	S.No.	Current	Past Problems
	1.	<u>PPH / ELBW / FGR</u>	<u>RDS</u>
	2.	<u>CLD - grade II</u>	<u>HCPDA</u>
	3.	<u>Apnea of prematurity</u>	<u>Klebsiella seps</u>
	4.	<u>Metabolic bone disease</u>	<u>Aortic thrombus</u>
	5.	<u>Anaemia of prematurity</u>	
	6.		

Today's Weight : 1.432 (↑12gm)

RESPIRATORY SYSTEM	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent :	
	Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐	
	Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen :..... L/min	
	Last CXR : Spo ₂	
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:	
	Change over the Last 24 Hours:	
	<u>Baby on CPAP & Ram's</u> → <u>HFNC</u> <u>FiO₂ - 23%</u> , <u>PEEP - 5 cm</u> <u>Since GL/mi</u> <u>Staccato</u> <u>Since Nign</u> <u>Staccato</u> <u>Since Nign</u>	

CARDIO VASCULAR SYSTEM	Plan of Care :
	<u>HR - 137</u> <u>SPO₂ - 93%</u> <u>RR = 77</u> <u>BP = 72/48 (56)</u>
CNS	Neurological Examination : <u>For C/T/A - fair</u>
	Sedation..... <u>(NO)</u>
	Last Neurosonogram : Any Seizures.....

Docu. No. : RCHBH /FRM / CLINICAL / 131

(P.T.O.)

	→ <u>Cling wrap</u>
	→ <u>Monitor vitals</u>
	<u>w/ ↑ WOB</u>
	<u>desat / beady</u>
	→ <u>ROP on Thursday</u>
	<u>fed by</u>
	<u>noleshi</u>
	<u>@ 7:17 PM</u>
	<u>@ 2 PM</u>

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
	Input :..... / (+/-)..... Output :..... ml/k/d Urine Output :..... ml/kg/hr Stools :.....
	IV Fluids - Type of IVF :..... @..... ml / hr
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
	TPN : ☐ Yes ☐ No - If yes, details :..... Calories:.....
	Abdominal Examination:.....

AH-00654000 IP5-00172641
 aby Of CHIKATI KIRANMAI
 8-04-2026 0 Y 2 M 20 D (F)
 r. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 9pm	<u>Night Round</u> Baby is on HPNC - 6lit No desat/beady. mild tachypnea & SCR (+)	<u>Plan</u> → Continue HPNC - 6lit Target spo ₂ - 90-95% → IV - 200cc/kg/day 24ml/2nd hourly [6 - EBM + HMV 6 - Neo Cent] → Labs - twice weekly KBS - DD → w/f ↑ w OB → ROP - Thursday
	<u>Chitals</u> HR - 132/min. RR - 42/min. spo ₂ - 97% BP - 67/31(44) P/A - soft.	
	<u>Dr. Poojitha</u>	



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 83 PMA: 38+4

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
	Past Problems	
	1.	EPT/EBW/FCR
	2.	CD grade II - DART given
	3.	Apnea of prematurity
	4.	Metabolic bone disease
	5.	Anemia of prematurity
	6.	

Today's Weight : 1648g (↑16g)

RESPIRATORY SYSTEM	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent :
	Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
	Ventilator Settings : PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min
	Last CXR : <u>4/7/26</u> Spo ₂ :
	ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG:
	Change over the Last 24 Hours : <u>Baby is on HFNC - 6lt</u> <u>No bradyl/deat</u> <u>Intermittent tachypnea. SCR ⊕</u> <u>FiO₂ req 25-30%</u>

CARDIO VASCULAR SYSTEM	Plan of Care : <u>HR - 149/min</u> <u>RR - 69/min</u> <u>SpO₂ - 92%</u> <u>BP - 86/68(74)</u>
------------------------	---

CNS	Neurological Examination :
	Sedation : <u>NO</u> Last Neurosonogram : <u>⊕</u> Any Seizures : <u>NO</u>

FLUIDS STATUS NUTRITION	☐ NPO ☐ NG Feeds Wt. Gain:	Head Circumference:
	Input: / (+/-)	Output: ml/k/d Urine Output: ml/kg/hr Stools:
	IV Fluids - Type of IVF: @ ml/hr	
	Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency:	
	TPN: ☐ Yes ☐ No - If yes, details: Calories:	
Abdominal Examination:		

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

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

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

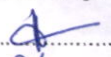
INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	HMFC.	
	2.	Budecort Neb	
	3.	Addphos (OD)	
		Vit D3 drops	
		Syp. Caffeine	
		(5mg/kg)	
		olefu XT (3mg)	
		3-1-Mall (4mg/kg)	
		Syp. Orpand	

Plan of Treatment :

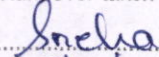
- Continue HFNC - 6lit/min
Target SpO₂ 90-95%.
- TV - 200cc/kg/day. => 24ml 2nd hly
Full OA feed
[6EBM + HMFC
6-Neocate]
- Continue CMC.
- CBU - twice weekly.
RBS - OD
- Cling wrap.
- w/f ↑ WOB
- ROP tomorrow

Doctor's Name (Handover given) : Dr. Bipinthe

Signature : 

Date & Time: 8/2/26 2am

Doctor's Name (Handover taken) : Y. Sneha

Signature : 

Date & Time: 8/2/26

AH-00654000 IPS-00172641
 Baby Of CHIKATI KIRANMAI
 8-04-2026 0 Y 2 M 20 D (F)
 R. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 @ 10:15am		Seen by Dr. Dinesh
	→	Continue HFNC
	→	w/f - Distress
		Sneha
8/7/2026 @ 2pm	Afternoon Round	Plan
	Baby on HFNC - 6l/min Tachypnea (+) upto 100/min (Intermittently Going down to 60/min LCR (+) Comfortable in prone Nursing	1) Cont - HFNC 6l/min Target SpO_2 90-95% if $FIO_2 > 21\%$ w/f - Distress
		2) Tx = 200 cc/kg/day 2umb 2 nd hrly full OG - 6 EBN + HMF + 3% Nacl 6 Neocate
	KMC - ongoing Tolerating OG feeds No vomitings	3) Cont KMC
		4) CBR - twice w/ly RBS - OD Cling wrap
	Vitals : HR = 168/min RR = 61/min SpO_2 - 95% On FIO_2 - 25% BP - 97/75 (84)	5) ROP - Tomorrow Sneha

AH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 8-04-2026 0 Y 2 M 20 D (F)
 r. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/2026 @ 8:54 PM	<u>Night Rounds</u>	<u>Plan</u>
	Baby on HFNC - 6l/min. on FiO ₂ - 25%.	1) Cont - HFNC - 6l/min
	No Bradycardia / desaturation	2) TV = 200ml/kg/day 24mb 2nd brly.
	Tachypnea (+)	+ 3% NaCl
	SCR - mild (+)	6BEN
	ICR (+)	6Neocal
	<u>Vitals</u> HR = 167/min	1 HFA
	RR = 30/min	
	SpO ₂ - 93%	3) ROP - tomorrow.
	BP = 75/43 (ru)	Cling wrap
	P/A Soft	w/f - distress
	tolerating feed.	Sneha
		Noted By Nanya 8/7/26

BAH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 11 D (F)
Dr. DINESH KUMAR CHIRLA



RESULT SHEET

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Date	30/5/26	7/6/26	11/6/26	15/6	22/6	29/6
Time	1PM		2AM			
Hb	10.7	9.9	8.3	11.4	12.3	9.4
PCV	34.4	32.6	26.5	37.1	36.5	29.6
RBC	3.89	3.55	2.93	4.06	4.39	3.37
WBC	18.98	7.78	6.63	5.57	9.94	7.20
N/L	66/20	33/47.8	31.9/47.7	21/61	31.2/56.7	35/51
Platelets	696	485	504	4.89	393	260,000
MP	6.4		5.0			
MR			ANC	1169		
MT						
MS						
Na	132	131	128	128	130	132
K	5.4	4.9	4.2	4.7	4.3	3.9
Cl	106	108	96	106	95	103
Ca/Mg	10.5/	10.1		10.2/	9.6	9.4
Phosphate	4.1	4.1		3.7	5.8	7.2
Urea						
Creatinine						
ALP	376	738		656	1065	558
SGPT						
SGOT						
Bili/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	11.12	16/1.2				
APTT	44	44				
CSF Protein / Sugar						
Cells						
N/L						

Docu. No. : RCHBH / FRM / CLINICAL / 0138

(P.T.O)

Docu. No. : RCHBH / FRM / CLINICAL / 184

DO NOT WRITE

Date				
Time				
CUE - Alb				

NEONATAL WEIGHT CHART

Admission Weight 0.250 Discharge Weight

WOM

01/13/11 10:00 AM 250.1
 02/03/11 06:10 PM 280.1
 02/11/11 10:11 AM 311.1
 02/18/11 10:11 AM 341.1
 02/25/11 10:11 AM 371.1
 03/04/11 10:11 AM 401.1
 03/11/11 10:11 AM 431.1
 03/18/11 10:11 AM 461.1
 03/25/11 10:11 AM 491.1
 04/01/11 10:11 AM 521.1
 04/08/11 10:11 AM 551.1
 04/15/11 10:11 AM 581.1
 04/22/11 10:11 AM 611.1
 04/29/11 10:11 AM 641.1
 05/06/11 10:11 AM 671.1
 05/13/11 10:11 AM 701.1
 05/20/11 10:11 AM 731.1
 05/27/11 10:11 AM 761.1
 06/03/11 10:11 AM 791.1
 06/10/11 10:11 AM 821.1
 06/17/11 10:11 AM 851.1
 06/24/11 10:11 AM 881.1
 07/01/11 10:11 AM 911.1
 07/08/11 10:11 AM 941.1
 07/15/11 10:11 AM 971.1
 07/22/11 10:11 AM 1001.1
 07/29/11 10:11 AM 1031.1
 08/05/11 10:11 AM 1061.1
 08/12/11 10:11 AM 1091.1
 08/19/11 10:11 AM 1121.1
 08/26/11 10:11 AM 1151.1
 09/02/11 10:11 AM 1181.1
 09/09/11 10:11 AM 1211.1
 09/16/11 10:11 AM 1241.1
 09/23/11 10:11 AM 1271.1
 09/30/11 10:11 AM 1301.1
 10/07/11 10:11 AM 1331.1
 10/14/11 10:11 AM 1361.1
 10/21/11 10:11 AM 1391.1
 10/28/11 10:11 AM 1421.1
 11/04/11 10:11 AM 1451.1
 11/11/11 10:11 AM 1481.1
 11/18/11 10:11 AM 1511.1
 11/25/11 10:11 AM 1541.1
 12/02/11 10:11 AM 1571.1
 12/09/11 10:11 AM 1601.1
 12/16/11 10:11 AM 1631.1
 12/23/11 10:11 AM 1661.1
 12/30/11 10:11 AM 1691.1
 01/06/12 10:11 AM 1721.1
 01/13/12 10:11 AM 1751.1
 01/20/12 10:11 AM 1781.1
 01/27/12 10:11 AM 1811.1
 02/03/12 10:11 AM 1841.1
 02/10/12 10:11 AM 1871.1
 02/17/12 10:11 AM 1901.1
 02/24/12 10:11 AM 1931.1
 03/02/12 10:11 AM 1961.1
 03/09/12 10:11 AM 1991.1
 03/16/12 10:11 AM 2021.1
 03/23/12 10:11 AM 2051.1
 03/30/12 10:11 AM 2081.1
 04/06/12 10:11 AM 2111.1
 04/13/12 10:11 AM 2141.1
 04/20/12 10:11 AM 2171.1
 04/27/12 10:11 AM 2201.1
 05/04/12 10:11 AM 2231.1
 05/11/12 10:11 AM 2261.1
 05/18/12 10:11 AM 2291.1
 05/25/12 10:11 AM 2321.1
 06/01/12 10:11 AM 2351.1
 06/08/12 10:11 AM 2381.1
 06/15/12 10:11 AM 2411.1
 06/22/12 10:11 AM 2441.1
 06/29/12 10:11 AM 2471.1
 07/06/12 10:11 AM 2501.1
 07/13/12 10:11 AM 2531.1
 07/20/12 10:11 AM 2561.1
 07/27/12 10:11 AM 2591.1
 08/03/12 10:11 AM 2621.1
 08/10/12 10:11 AM 2651.1
 08/17/12 10:11 AM 2681.1
 08/24/12 10:11 AM 2711.1
 08/31/12 10:11 AM 2741.1
 09/07/12 10:11 AM 2771.1
 09/14/12 10:11 AM 2801.1
 09/21/12 10:11 AM 2831.1
 09/28/12 10:11 AM 2861.1
 10/05/12 10:11 AM 2891.1
 10/12/12 10:11 AM 2921.1
 10/19/12 10:11 AM 2951.1
 10/26/12 10:11 AM 2981.1
 11/02/12 10:11 AM 3011.1
 11/09/12 10:11 AM 3041.1
 11/16/12 10:11 AM 3071.1
 11/23/12 10:11 AM 3101.1
 11/30/12 10:11 AM 3131.1
 12/07/12 10:11 AM 3161.1
 12/14/12 10:11 AM 3191.1
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1-04-2026

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DINESH KUMAR CHIRLA

(F)



Rainbow
Children's
Hospital

It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	4/7	6/7/26			
Time					
Hb	14.4	12.8			
PCV	45.1	41.6			
RBC	5.07	4.54			
WBC	9,440	9,76			
N/L	14/73	21.8			
Platelets	3.47 lakhs	3.85 lakhs			
CRP	5.0	5.0			
ESR					
PCT					
RBS					
Na		132			
K		4.6			
Cl		108			
Ca/Mg		10.1			
Phosphate		4.7			
Urea					
Creatinine					
ALP		529			
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.3 kg Ward

DRUG: TAZOBACTAM
1g PIPERACILIN-
 Dose Route Frequency Start Dt.
130mg IV Q12H 4/7
 Name & Signature of the Doctor
 Starting the Drugs: Pawan
 Additional Instructions:
100mg/kg/Q12H
 Daily Doctor's Endorsement by a Sign

DRUG: TAZOBACTAM
1g PIPERACILIN-
 Dose Route Frequency Start Dt.
130mg IV Q8H 4/7
 Name & Signature of the Doctor
 Starting the Drugs: Pawan
 Additional Instructions:
100mg/kg/day
 Daily Doctor's Endorsement by a Sign

DRUG: 3% Nacl
 Dose Route Frequency Start Dt.
 Name & Signature of the Doctor
 Starting the Drugs:
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign

DRUG: 3% Nacl
 Dose Route Frequency Start Dt.
7mb PO each feed 8/7
 Name & Signature of the Doctor
 Starting the Drugs: Sneha
 Additional Instructions:
7meq/kg/day
(Box 1.4kg)
 Doctor's Endorsement by a Sign

Ward



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.50 kg Ward

DRUG :	Dose	Route	Frequency	Start Dt.	Date Time	22/6	23/6	24/6	25/6	26/6	27/6	28/6	29/6	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7
VITAMIN D3 DROPS	0.5ml	PO	OD	22/6																	
Name & Signature of the Doctor Starting the Drugs:					Dr. Manu Dr. Manu																
Additional Instructions:					Twe = 800 IU																
Daily Doctor's Endorsement by a Sign					Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu																
3% NATCL	1.3ml	PO	each feed	22/6																	
Name & Signature of the Doctor Starting the Drugs:					Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu																
Additional Instructions:					7ml eq/kg/day																
Daily Doctor's Endorsement by a Sign					Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu Dr. Manu																
Syr. CAFFEINE	5mg	PO	OD	28/5																	
Name & Signature of the Doctor Starting the Drugs:					Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag																
Additional Instructions:					5mg/kg/day																
Daily Doctor's Endorsement by a Sign					Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag																
OPFER-X7 drops	0.2ml	PO	OD	27/5																	
Name & Signature of the Doctor Starting the Drugs:					Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag																
Additional Instructions:					3mg/kg/day																
Daily Doctor's Endorsement by a Sign					Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag Dr. Anurag																



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : ADPHOS				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.9ml	PO	BD	15/6																	
Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya																				
Additional Instructions: 2 sachet / 15/day 1 packet = 500mg (16.1mmol) → Dilute in 16ml so 1 ml = 31.2mg (1mmol) Give 0.45ml twice daily orally																				
Daily Doctor's Endorsement by a Sign																				
DRUG : HALF SACHET				Date Time	09/6	11/6	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6
Dose	Route	Frequency	Start Dt.																	
	PO	each feed	29/6																	
Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya																				
Additional Instructions: 1 sachet in each feed																				
Daily Doctor's Endorsement by a Sign																				
DRUG : ADPHOS				Date Time	30/6	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7
Dose	Route	Frequency	Start Dt.																	
0.45ml	PO	BD	15/6																	
Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya																				
Additional Instructions: 0.35ml/kg/day 1 sachet = 16.1mmol (500mg) → Dilute in 16ml so 1ml = 1mmol Give 0.45 mmol BD																				
Daily Doctor's Endorsement by a Sign																				
DRUG : BUDEEORT NEB				Date Time	1/7	2/7	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7
Dose	Route	Frequency	Start Dt.																	
	neb	BD	2/7																	
Name & Signature of the Doctor Starting the Drugs: Dr. Naithe																				
Additional Instructions: 1/2 cc pulse + 2ul NS																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

41/4

DRUG: SYPP. OSSOPAN-D

Dose: 1.5ml Route: Plb Frequency: 6 hourly Start Dt: 7/6

Name & Signature of the Doctor Starting the Drugs: Dr. D. N. Naidu

Additional Instructions:

20/175mg/kg/dg

Daily Doctor's Endorsement by a Sign

DRUG: BUDECOFT NEB

Dose: 10ml Route: Neb Frequency: B D 3/6 Start Dt: 7/6

Name & Signature of the Doctor Starting the Drugs: Dr. D. N. Naidu

Additional Instructions:

1/2 capsule + 5ml water

Daily Doctor's Endorsement by a Sign

DRUG: FUROFED DROP

Dose: 0.5ml Route: Plb Frequency: OD Start Dt: 20/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: FUROFED DROP

Dose: 0.5ml Route: Plb Frequency: OD Start Dt: 20/6

Name & Signature of the Doctor Starting the Drugs: Dr. D. N. Naidu

Additional Instructions:

0.5mg/kg bid x 3
use - 10mg / 0.05ml

Daily Doctor's Endorsement by a Sign

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : ORAL Caffeine

Dose: 0.2ml Route: PO Frequency: OD Start Dt: 18/5

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

Additional Instructions: 5mg/kg/dose
1ml = 20mg

Daily Doctor's Endorsement by a Sign

DRUG : HMF Sachet

Dose: PO Frequency: each 14/8

Name & Signature of the Doctor Starting the Drugs: Pawan

Additional Instructions: 1 Sachet mix in 30ml of water

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.9ml Route: PO Frequency: once daily Start Dt: 15/6

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

Additional Instructions: 1mmol/kg (0.9mmol) 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : ADDPHOS

Dose: 0.45ml Route: PO Frequency: 12th hourly Start Dt: 15/6

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

Additional Instructions: 1mmol/kg 30mg/kg

Daily Doctor's Endorsement by a Sign

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 16-04-2026 0 Y 0 M 0 D 11 H (F)
 Dr. DINESH KUMAR CHIRLA



DRUG CHART

Date of Admission: Drug Allergies: NA ☐ 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.

AH-00654000
 Baby Of CHIKATI KIRAN
 16-04-2026 0 Y 2
 Dr. DINESH KUMAR CH



SOS / PRN (As Required Medication)

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

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

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

Dr. DINESH KUMAR CHIRLA



I.V. FLUIDS CHART

Weight. Ward.



Position of I.V. Fluid
 (ml/hr = Mcg/kg/min. etc)

			Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
12/4/26	12 AM	IV-8000/Re/dg 10% A ₂ Gas	UVC	0.8 ml		<i>[Signature]</i>	18/4/26	<i>[Signature]</i>	<i>[Signature]</i>
18/4/26	12 AM	my Hepa's 1.5ml + 48.5ml 1/2 NS	UVC	0.2 ml		<i>[Signature]</i>	18/4/26	<i>[Signature]</i>	<i>[Signature]</i>
12/4/26	12 AM	my Hepa's 1.5ml + 48.5ml 1/2 NS	UVC	0.2 ml		<i>[Signature]</i>	18/4/26	<i>[Signature]</i>	<i>[Signature]</i>
17/4/26	8 AM	Inj FENTANYL 2ml + 8ml NS	UVC	0.2		<i>[Signature]</i>	17/4/26	<i>[Signature]</i>	<i>[Signature]</i>
17/4/26	6 PM	Inj DEXTROSE 25%. 10ml	UVC	0.5		<i>[Signature]</i>	17/4/26	<i>[Signature]</i>	<i>[Signature]</i>
18/4/26	9 PM	Inj. ADRENALINE 3mg/kg in 50ml 5% D	UVC	0.2 ml		<i>[Signature]</i>	19/4/26	<i>[Signature]</i>	<i>[Signature]</i>
18/4/26	8 PM	TV = 110ml/kg/d 12.5% TPN	UVC	1.3 ml		<i>[Signature]</i>	19/4/26	<i>[Signature]</i>	<i>[Signature]</i>
18/4/26	8 PM	Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	UVC	0.2 ml		<i>[Signature]</i>	19/4/26	<i>[Signature]</i>	<i>[Signature]</i>
18/4/26	8 PM	Inj. Hep NS 1.5ml + 48.5ml 1/2 ml	UVC	0.2 ml		<i>[Signature]</i>	19/4/26	<i>[Signature]</i>	<i>[Signature]</i>
18/4/26	8 PM	INS. DOBUTAMINE 60mg/kg in 50ml D ₅	UVC	0.1 ml/hr		<i>[Signature]</i>	19/4/26	<i>[Signature]</i>	<i>[Signature]</i>

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No:

Gest Age: Birth Weight:

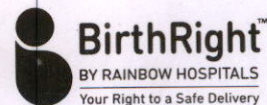
Date: 10/6/26	Date:	Date:
DOL Weight 1.958 (167mm)	DOL Weight	DOL Weight
Problems: PT/RDS/LBW	Problems:	Problems:
Rs. 30-60bpm Exam <i>one</i> Vent. Setting <i>RHFNC</i> ABG <i>UNA</i> CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS <i>120-160bpm</i> HR BP <i>89/39</i> Map <i>(43)</i> Cap Refil <i>12-3sec</i>	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
F/E/N <i>200cc/kg/day</i> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <i>One</i> T. Bil/D Na HcO3 K BUN <i>UNA</i> Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP <i>UNA</i> Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med <i>Syp - 600mg</i> Neuro:	Med Neuro:	Med Neuro:
Assessment <i>One</i>	Assessment	Assessment
Plan <i>RIS - OD, Cap - Th</i>	Plan	Plan



BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Docu. No. : RCHBH / FRM / CLINICAL / 182

3AH-00654000 IP5-00172641
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 2 M 18 D (F)
Dr. DINESH KUMAR CHIRLA



STAT / ONCE ONLY DRUGS

Name:

Weight: 1.3 kgs

Sheet No:

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 84 PMA: 38+5 weeks

Term ☐ Preterm ☐ Gestation : 26+5 Corrected Gestational Age:

OVERVIEW		Problems :	
S.No.	Current	Past Problems	
1.	ExPT / ELBW / FGR.	RDS	
2.	CLD - Grade II - DART given	h9-PDA	
3.	Apnea of Prematurity	Klebsiella Sepsy	
4.	Metabolic Bone disease		
5.	Anemia of Prematurity		
6.			

Today's Weight : 1.491 (1439g)

RESPIRATORY SYSTEM	
Ventilatory Support :	☐ Yes ☐ No - Day # of Vent :
Mode of Ventilation :	HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV ☐ A/C ☐ VG ☐ HFOV ☐ INO ☐ PPM ☐
Ventilator Settings :	PIP..... PEEP..... VG..... Rate..... FiO ₂ Oxygen : L/min
Last CXR :	 Spo ₂ :
ET Secretions :	Clear ☐ Thick ☐ Yellow ☐ Last ABG :
Change over the Last 24 Hours :	
Baby on HFNC - 6L/min Tachypnea (+) SCR (+) ICR (+)	

CARDIO VASCULAR SYSTEM	
Plan of Care :	HR = 164/min RR = 34/min SpO ₂ = 96% BP = 60/32 (42) FIO ₂ = 25% No Brady, desat

CNS	
Neurological Examination :	 Sedation : <u>No</u>
Last Neurosonogram :	 Any Seizures : <u>No</u>

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/kid Urine Output: ml/hr Stools:
 IV Fluids - Type of IVF: @
 Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: Frequency: Calories:
 TPN: ☐ Yes ☐ No - If yes, details:
 Abdominal Examination:

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

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :
 Sepsis screen:
 Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF

Sl.No.	Drugs	Days	
1.			+IME Budocort + Neb Addphos (OD) vit D ₃ drops Gyp-calcitriol (eng/kg) 0.05g x 7
2.			
3.			

Plan of Treatment:

- 1) Cont + IMC - 6 days
Target 8PO, 90-95%.
- 2) RW - 200ml/kg/day - 2umund h x 4y
Full BG - 6 EBM + IMC + 3% NaCl
6 Neoate feeds
- 3) Cont KMC
- 4) EBM - twice weekly
RBS - OD
- 5) ROP - today
- 6) w/f - vitals, RD, Brady, desat
- 7) I/O alerting 6 hourly

Doctor's Name (Handover given) : Y. Sankar
 Signature :
 Date & Time: 21/12/20

Doctor's Name (Handover taken) :
 Signature :
 Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/26 @ 9am	<u>Morning</u>	<u>Records</u>
	26+5wks → 38+6wks	
	DOL-85	Plan
	wt: 1.500 (.99g)	
	Baby on HFNC-5l/min.	1) Cont HFNC-5l/min
	Intermittent desaturation Target SpO ₂ 90-95%.	w/f- RD.
	requiring FiO ₂ upto 25%.	at FiO ₂ 21%.
	<u>vitals</u> : HR-148/min.	2) TV = 200ml/kg/day
	SpO ₂ - 93%.	25ml 2nd hrly.
	RR-75/min	full OG feed
	BP-63/38(46).	6 feeds
		EBN+HMF
		6 feeds
		Neocate.
	① Tachypnea ⊕	
	SCR ⊕, ICR ⊕.	3) Cont KNC
		ONS
	PIA-soft; tolerating feed	4) CBG twice wkh
		GRBS - OD
	U/O = 2.9cc/kg/hr +19.	
		5) ROP next week
	ROP = Zone 2P	
	Stage 2	
	few tortuous vessels	

Greher

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/9/26 @ 9:45 am.		Seen by Dr. Dinesh Sir
		1) ↓ HFNC - 5lit/min.
		2) ROP - Today.
		3)
9/7/26 1:30 pm	Afternoon Round	Plan
	Baby is on HFNC - 5lit No desat / beady Intermittent tachypnea Comfortable in prone.	Continue HFNC - 5lit
	Vitals	TV - 200 c/kg/day 25ml / 2nd hely.
	HR - 149/min RR - 21/min SpO ₂ - 96% BP - 70/34 (42)	6 feeds EBM + HMF 6 feeds Neoocate
	P/A - Cop -	Continue KMC
	ROP -	→ CBC twice weekly, RBS - OD
	BE - Zone 2 posterior stage 2 few tortuous vessels	→ I/p charting 6th hely.
	P/A 1 week.	→ Monitor vitals

Noted By
 Dr. Poojitha
 Megha
 9/7/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/3/26		
11:25 AM	night nurse	
	stable on the 5th floor	Place =
	Intermittent Desaturation & Self pickyp	continue the w/ 7 liters -
		continue full of bed b 24 ml red blood
		Ad
		1.958



3

RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
8/5/26	9:30pm	72 mg/dl	10% - Isop	pf
9/5/26	6am	78 mg/dl	full feed	SUS
10/5/26	6am	71 mg/dl	full feed	
11/5/26	6am	96 mg/dl	full feed	
11/5/26	7pm	117 mg/dl	Full feed	pf
12/5/26	6am	92 mg/dl	full feed	Deey
12/5/26	6pm	107 mg/dl	full feed	Deey
13/5/26	6am	82 mg/dl	full feed	Deey
14/5	6am	151	full feed	Deey
14/5	6pm	69 mg/dl	full feed	
14/5/26	6am	192 mg/dl	full feed	Deey
15/5/26	6am	180 mg/dl	full feed	Deey
15/5/26	7pm	150 mg/dl	full feed	Deey
16/5/26	6am	143 mg/dl	full feed	Deey
16/5	6pm	81 mg/dl	full feed	Deey
17/5	6am	73 mg/dl	full feed	Hema
18/5	5am	124 mg/dl	full feed	Hema
19/5/26	6am	153 mg/dl	11	Hema
20/5/26	6am	131 mg/dl	full feed	Deey
20/5/26	6pm	93 mg/dl	full feed	pf
20/5/26	11pm	96 mg/dl	full feed	pf
21/5/26	6am	98 mg/dl	full feed	pf
22/5/26	6pm	100 mg/dl	full feed	pf
23/5/26	6am	111 mg/dl	full feed	Deey
24/5/26	6am	72 mg/dl	full feed	Deey
25/5/26	6am	98 mg/dl	full feed	Deey
26/5/26	6am	91 mg/dl	full feed	Deey



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
28/5/26	9:30 6am	92 mg/dl	full feed	[Signature]
29/5/26	6am	86 mg/dl	Full Fed	[Signature]
30/5/26	6am	76 mg/dl	Full Fed	[Signature]
31/5/26	6am	88 mg/dl	Full Fed	[Signature]
1/6/26	6am	45 mg/dl	Full Fed	[Signature]
2/6/26	6am	83 mg/dl	full feeds	[Signature]
3/6/26	6am	70 mg/dl	full feeds	[Signature]
4/6/26	6am	90 mg/dl	full feeds	[Signature]
5/6/26	6am	83 mg/dl	full feeds	[Signature]
6/6/26	6am	101 mg/dl	full feeds	[Signature]
7/6/26	6am	89 mg/dl	full feeds	[Signature]
8/6/26	6am	mg/dl	full feeds	[Signature]
9/6/26				
10/6/26	6am	90 mg/dl	full feed	[Signature]
11/6/26	6am	130 mg/dl	full feed	[Signature]
11/6/26	8:30	156 mg/dl	10% Isop	[Signature]
12/6/26	7am	78 mg/dl	full feed	[Signature]
14/6/26	6am	102 mg/dl	full feed	[Signature]
15/6/26	6am	105 mg/dl	full feed	[Signature]
16/6/26	6am	103 mg/dl	full feed	[Signature]
17/6/26	6am	99 mg/dl	full feed	[Signature]
18/6/26	6am	101 mg/dl	full feed	[Signature]
19/6/26	6am	98 mg/dl	full feed	[Signature]
20/6/26	6am	102 mg/dl	full feed	[Signature]
21/6/26	6am	155 mg/dl	full feed	[Signature]
22/6/26	6am	143 mg/dl	full feed	[Signature]
23/6/26	6am	67 mg/dl	full feeds	[Signature]



5

RESULT SHEET

Date	11/5/26	13/05/26	14/5/26	18/5/26	22/5/26	25/5/26
Time	7 AM	2 PM	9 AM	10:44 AM	@ 6:59 AM	7 AM
Hb	12.4		10.5	10.9	9.2	8.6
PCV	37.4		32.2	39.9	28.8	28.8
RBC	4.50		3.85	4.02	3.40	3.23
WBC	13.67		15.74	23.96	24.79	35.85
N/L	43.9/33.3		57.7/26.8	71/18	49.2/18.2	56.1/45.1
Platelets	325		2,52,000	2.23	593	1127
CRP	21	6		5		5
ESR						
PCT						
RBS						
Na	145		132	139	135	
K	3.5		3.6	5.3	4.5	
Cl	118		107	115	111	
Ca/Mg		10.3		9.1/	9.9	
Phosphate		3.9			4.0	
Urea				18		
Creatinine				0.3		
ALP		446			375	
SGPT						
SGOT						
T.Bill/Conj				4.6/1.6	3.0	
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						



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :	Dose	Route	Frequency	Start Dt.	Date Time
INT. PNEOBARBITONE	2.6mg	IV	OD	17/4	
Name & Signature of the Doctor Starting the Drugs: Dr. Naveen					
Additional Instructions: 5mg/kg/dose 10pm					
Daily Doctor's Endorsement by a Sign					
DRUG : INT. PNEOBARBITONE	2.6mg	IV	OD	17/4	11/4
Name & Signature of the Doctor Starting the Drugs: Dr. Naveen					
Additional Instructions: 5mg/kg/dose 10pm					
Daily Doctor's Endorsement by a Sign					
DRUG : INT. MEROPENEM	21mg	IV	BD	18/4	18/4 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5
Name & Signature of the Doctor Starting the Drugs: Dr. Naveen					
Additional Instructions: 40mg/kg/dose					
Daily Doctor's Endorsement by a Sign					
DRUG : INT. LIPIDSONAL AMPHOTERICIN-B	2.6mg	IV	OD	18/4	18/4 19/4 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5
Name & Signature of the Doctor Starting the Drugs: Dr. Naveen					
Additional Instructions: CIVIAB=50mg 5mg/kg/dose					
Daily Doctor's Endorsement by a Sign					

2

Sheet No:

REGULAR PRESCRIPTIONS

Weight 0.530g Ward

DRUG	Dose	Route	Frequency	Start Dt.	Date	Time	Signature														
INS-VANCOMYCIN	5.3mg	IV	BD	18/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5
Name & Signature of the Doctor Starting the Drugs:				Sneha																	
Additional Instructions:				10mg/kg/dose																	
Daily Doctor's Endorsement by a Sign				Sneha																	
Fuj. COLISTIN	21,200	IV	TID	19/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	
Name & Signature of the Doctor Starting the Drugs:				Dr. Anesha																	
Additional Instructions:				40,000 IU/kg/day																	
Daily Doctor's Endorsement by a Sign				Anesha																	
Glycerine Suppository	PR	BD	20/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5			
Name & Signature of the Doctor Starting the Drugs:				Anesha																	
Additional Instructions:				2ml + 0.2ml																	
Daily Doctor's Endorsement by a Sign				Anesha																	

VERIFIED

VERIFIED

VERIFIED

(P.T.O)

20mg (mb)
 D Give over 1hr

Sheet No: 28.6

REGULAR PRESCRIPTIONS

Weight 0.5309kg Ward NLCU

DRUG: Tej. FUCONAZOLE

Dose: 1.6mg **Route:** IV **Frequency:** twice weekly **Start Dt.:** 23/4

Name & Signature of the Doctor: Dr. Anesha

Starting the Drugs:

Additional Instructions: 3mg/kg/dose

Daily Doctor's Endorsement by a Sign:

DRUG: INS. PARACETAMOL

Dose: 8mg **Route:** IV **Frequency:** 6thhrly **Start Dt.:** 28/4/2028

Name & Signature of the Doctor: Anesha

Starting the Drugs:

Additional Instructions: 15mg/kg/dose

Daily Doctor's Endorsement by a Sign:

DRUG: INS. CAFFEINE CITR

Dose: 2.6mg (0.1mg) **Route:** IV **Frequency:** OD **Start Dt.:** 2/5

Name & Signature of the Doctor: Anesha

Starting the Drugs:

Additional Instructions: 5mg/kg/day

Daily Doctor's Endorsement by a Sign:

DRUG: INS. MEROPENEM

Dose: 2mg **Route:** IV **Frequency:** BD **Start Dt.:** 2/5

Name & Signature of the Doctor: Anesha

Starting the Drugs:

Additional Instructions: 40mg/kg/dose

Daily Doctor's Endorsement by a Sign:



Sheet No:

REGULAR PRESCRIPTIONS

Weight **0.600**

Ward

DRUG : hij. NAROREVEN				Date	Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5
Dose	Route	Frequency	Start Dt.																
2mg	IV	TID	0715	6am	X	8am	9am												
Name & Signature of the Doctor Starting the Drugs: Dr. Parvathi																			
Additional Instructions: 40mg/kg/dose																			
Daily Doctor's Endorsement by a Sign																			
DRUG : GLYCERINE SUPPOSITORY				Date	Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5
Dose	Route	Frequency	Start Dt.																
	PR	BD	0715	10am	X	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm	10pm	11pm	12am
Name & Signature of the Doctor Starting the Drugs: N. Parvathi																			
Additional Instructions: 0.2ml to 0.2ml NS																			
Daily Doctor's Endorsement by a Sign																			
DRUG : INT. COLISTIN				Date	Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5
Dose	Route	Frequency	Start Dt.																
2400IU	IV	TID	7/5	6am	X	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm
Name & Signature of the Doctor Starting the Drugs: Dr. Parvathi																			
Additional Instructions: 40.000IU/kg/dose																			
Daily Doctor's Endorsement by a Sign																			
DRUG : SYPP. OSSOPAN-D				Date	Time	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5
Dose	Route	Frequency	Start Dt.																
1ml	OG	8 hourly	7/5	6am	X	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm	9pm
Name & Signature of the Doctor Starting the Drugs: Dr. Parvathi																			
Additional Instructions: 125mg/kg/day of calcium																			
Doctor's Endorsement by a Sign																			

VERIFIED

VERIFIED

VERIFIED

VERIFIED

BAH-00654000 IP5-00172641
 Baby Of CHIKATI KIRANMAI
 18-04-2026 0 Y 0 M 21 D (F)
 Dr. DINESH KUMAR CHIRLA



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

BirthRight™
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Sheet No:

REGULAR PRESCRIPTIONS

Weight 600gm Ward

DRUG: <u>LIDO / AMPHOTERICIN</u>				Date Time	<u>1/5</u> <u>8/5</u>
Dose	Route	Frequency	Start Dt.		
<u>3mg</u>	<u>IV</u>	<u>OD</u>	<u>7/5/26</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Ramya</u>					
Additional Instructions: <u>50mg vial</u>					
<u>5mg/kg/dose IV OD</u>					
Daily Doctor's Endorsement by a Sign					

DRUG: <u>INS, CEFAPEROZONE</u> <u>SULBACTAM</u>				Date Time	<u>1/5</u> <u>10/5</u>
Dose	Route	Frequency	Start Dt.		
<u>7mg</u>	<u>IV</u>	<u>TID</u>	<u>9/5</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Manthi</u>					
Additional Instructions:					
<u>10mg/kg/dose, cefaperozone</u>					
<u>1gm vial + 20ml NS (ml = 5mg)</u>					
Daily Doctor's Endorsement by a Sign					

DRUG: <u>INT. ENOXAPARIN</u>				Date Time	<u>1/5</u> <u>10/5</u> <u>11/5</u> <u>12/5</u> <u>13/5</u>
Dose	Route	Frequency	Start Dt.		
<u>1mg</u>	<u>S/C</u>	<u>BD</u>	<u>9/5</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Manthi</u>					
Additional Instructions:					
<u>1.5mg/kg/dose</u>					
<u>(0.2ml = 20mg)</u>					
Daily Doctor's Endorsement by a Sign					

DRUG: <u>CORTISTIN NEBULASAT</u>				Date Time	<u>1/5</u> <u>11/5</u> <u>12/5</u> <u>13/5</u> <u>14/5</u> <u>15/5</u> <u>16/5</u> <u>17/5</u> <u>18/5</u> <u>19/5</u>
Dose	Route	Frequency	Start Dt.		
<u>84/200 Neb</u>	<u>BD</u>	<u>BD</u>	<u>10/5</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Arjun</u>					
Additional Instructions:					
<u>20, 20, 200 IU/kg/dose</u>					
Daily Doctor's Endorsement by a Sign					



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Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : HMF SACHET				Date/Time	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5
Dose	Route	Frequency	Start Dt.		/	/	/	/	/	/	/	/	/	/	/	/
	OG	Each feed	10/05		/	/	/	/	/	/	/	/	/	/	/	/
Name & Signature of the Doctor					/	/	/	/	/	/	/	/	/	/	/	/
Starting the Drugs:					/	/	/	/	/	/	/	/	/	/	/	/
Additional Instructions:					/	/	/	/	/	/	/	/	/	/	/	/
Daily Doctor's Endorsement by a Sign					/	/	/	/	/	/	/	/	/	/	/	/

Handwritten notes: N. Pearson, 1/4 HMF each feed, order changed, 10/5

DRUG : TEG. TIGECYCLINE				Date/Time	11/5
Dose	Route	Frequency	Start Dt.		/
1mg	IV	12th hourly	11/5		/
Name & Signature of the Doctor					/
Starting the Drugs:					/
Additional Instructions:					/
Daily Doctor's Endorsement by a Sign					/

Handwritten notes: 1.5mg/kg/dose, 1 vial = 50mg + dilute with 5ml NS → 1ml = 10mg, Take 1ml + 9ml NS → so 1ml = 1mg → give 1ml + 2ml 5% D over 30 mins

DRUG : TEG. TIGECYCLINE				Date/Time	11/5	12/5	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5
Dose	Route	Frequency	Start Dt.		/	/	/	/	/	/	/	/	/	/	/
0.7mg	IV	12th hourly	11/5		/	/	/	/	/	/	/	/	/	/	/
Name & Signature of the Doctor					/	/	/	/	/	/	/	/	/	/	/
Starting the Drugs:					/	/	/	/	/	/	/	/	/	/	/
Additional Instructions:					/	/	/	/	/	/	/	/	/	/	/
Daily Doctor's Endorsement by a Sign					/	/	/	/	/	/	/	/	/	/	/

Handwritten notes: 1mg/kg/dose, 1 vial = 50mg + dilute with 5ml NS → 1ml = 10mg, Take 1ml + 9ml NS → so 1ml = 1mg → give 0.7ml + 2ml 5% D over 30 mins

DRUG : VITAMIN D3 DROP				Date/Time	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5
Dose	Route	Frequency	Start Dt.		/	/	/	/	/	/	/	/	/
0.5ml	PO	OD	13/5		/	/	/	/	/	/	/	/	/
Name & Signature of the Doctor					/	/	/	/	/	/	/	/	/
Starting the Drugs:					/	/	/	/	/	/	/	/	/
Additional Instructions:					/	/	/	/	/	/	/	/	/
Daily Doctor's Endorsement by a Sign					/	/	/	/	/	/	/	/	/

Handwritten notes: 0.5ml PO OD, 13/5

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : OROFER XT PROPS				Date Time	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5
Dose	Route	Frequency	Start Dt.															
0.2ml	PO	OD	13/4															
Name & Signature of the Doctor Starting the Drugs:				Dr. Anwar Hussain														
Additional Instructions:				1ml = 10mg 0.3mg/kg/day														
Daily Doctor's Endorsement by a Sign				[Signature]														

DRUG : INT. FROSEMPA				Date Time	14/5	15/5	16/5
Dose	Route	Frequency	Start Dt.				
0.35ml	ILV	BD	14/4				
Name & Signature of the Doctor Starting the Drugs:				Dr. Anwar Hussain			
Additional Instructions:				0.5mg/kg dose			
Daily Doctor's Endorsement by a Sign				[Signature]			

DRUG : INT. DEXAMETHASONE				Date Time	14/5	15/5	16/5	17/5	18/5
Dose	Route	Frequency	Start Dt.						
0.35mg	ILV	BD	14/4						
Name & Signature of the Doctor Starting the Drugs:				Dr. Anwar Hussain					
Additional Instructions:				0.5ml (2mg) + 20ml DWT (1ml = 100mg) → take 0.5ml + 2ml DWT 7.5mg/kg dose					
Daily Doctor's Endorsement by a Sign				[Signature]					

DRUG : 3/TNACL				Date Time	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose	Route	Frequency	Start Dt.														
0.3ml	PO	Each feed	15/05														
Name & Signature of the Doctor Starting the Drugs:				N. P. Choudhary													
Additional Instructions:				3meals/kg/day													
Daily Doctor's Endorsement by a Sign				[Signature]													



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Sheet No: 8

REGULAR PRESCRIPTIONS

Weight 0.76kg

Ward

DRUG :	Dose	Route	Frequency	Start Dt.	Date Time
ESOMEPRAZOLE	0.36mg	IV	OD	15/5	15/5 16/5 17/5 18/5 19/5
Name & Signature of the Doctor Starting the Drugs: N.P. Rao					15/5 16/5 17/5 18/5 19/5
Additional Instructions: + 0.5mg/kg/day					
Daily Doctor's Endorsement by a Sign					

DRUG :	Dose	Route	Frequency	Start Dt.	Date Time
INS INTERMUNE	0.4mg	IV	Q12H	11/5	11/5 16/5 17/5 18/5 19/5
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya					11/5 16/5 17/5 18/5 19/5
Additional Instructions: 0.5mg/kg/dose. Serial = 50mg → Dilute in 5ml NS (5ml = 10mg) → Take 2ml & Dilute E 9ml NS (5ml = 1mg) → Give 0.7ml 12hrly + 2ml 57-D Thrice 30mch					
Daily Doctor's Endorsement by a Sign					

DRUG :	Dose	Route	Frequency	Start Dt.	Date Time
INS COUSTIN	24,000 IU	IV	Q8H	7/5	7/5 16/5 17/5 18/5 19/5
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya					7/5 16/5 17/5 18/5 19/5
Additional Instructions: 40,000 IU/kg/dose					
Daily Doctor's Endorsement by a Sign					

Daily	Date Time
	17/5
	18/5
	19/5
	20/5
	21/5
	22/5
	23/5
	24/5
	25/5
	26/5
	27/5
	28/5
	29/5
	30/5

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(9)

Sheet No: 9

REGULAR PRESCRIPTIONS

Weight 0.720g Ward

DRUG : LANZOL JR TAB				Date & Time
Dose	Route	Frequency	Start Dt.	
0.7mg	PO	OD	17/5	
Name & Signature of the Doctor				
Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : INJ. DEXAMETHSONE				Date & Time
Dose	Route	Frequency	Start Dt.	
36mg	IV	BD	18/5/26	
Name & Signature of the Doctor				
Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : WY. CAFFEINE CITRATE				Date & Time
Dose	Route	Frequency	Start Dt.	
6mg	W	OD	19/5	
Name & Signature of the Doctor				
Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : GLYCERINE SUPPLEMENT				Date & Time
Dose	Route	Frequency	Start Dt.	
6	PR	BD	7/5	
Name & Signature of the Doctor				
Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Sheet No: 10

REGULAR PRESCRIPTIONS

Weight 0.1kg

Ward

DRUG: <u>HMf sachet</u>				Date/Time	19/4/25	20/4/25	21/4/25	22/4/25	23/4/25	24/4/25	25/4/25	26/4/25	27/4/25	28/4/25	29/4/25	30/4/25	1/5/25	2/5/25	3/5/25	4/5/25	5/5/25	
Dose	Route	Frequency	Start Dt.																			
	<u>PO</u>	<u>each feed</u>	<u>19/5</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anurag</u>																						
Additional Instructions: <u>1/2 sachet in each feed</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG: <u>Syr OSCOPAN-D</u>				Date/Time	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6	5/6	
Dose	Route	Frequency	Start Dt.																		
<u>1ml</u>	<u>OR</u>	<u>Q8H</u>	<u>7/5</u>																		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anurag</u>																					
Additional Instructions: <u>100mg/kg/day</u> <u>5ml = 100mg Ca²⁺</u>																					
Daily Doctor's Endorsement by a Sign																					

DRUG: <u>INJ DEXAMETHASONE</u>				Date/Time	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6	5/6
Dose	Route	Frequency	Start Dt.																	
<u>18mg</u>	<u>IV</u>	<u>BD</u>	<u>22/5</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anurag</u>																				
Additional Instructions: <u>20mg/kg/day</u> <u>like 0.5ml + 20ml ON (1ml = 1mg = 100mg) + 0.18 ml + 2ml NS give in slow push over 5min</u>																				
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>INJ DEXAMETHASONE</u>				Date/Time	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6	5/6
Dose	Route	Frequency	Start Dt.																	
<u>18mg</u>	<u>IV</u>	<u>BD</u>	<u>22/5</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Anurag</u>																				
Additional Instructions: <u>20mg/kg/day</u> <u>like 0.5ml + 20ml ON (1ml = 1mg = 100mg) + 0.18 ml + 2ml NS give in slow push over 5min</u>																				
Daily Doctor's Endorsement by a Sign																				

BAH-00654000
Baby Of CHIKATI KIRANMAI
18-04-2026 0 Y 1 M 4 D
Dr. DINESH KUMAR CHIRLA (F)

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It takes a lot to treat the little.

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Sheet No: 11

REGULAR PRESCRIPTIONS

Weight 0.7kg Ward

DRUG : T. NIFEDIPINE				Date Time 23/5
Dose	Route	Frequency	Start Dt.	
0.4mg	OG	TID	23/5	
Name & Signature of the Doctor Starting the Drugs:				
N. Prashanth				
Additional Instructions:				
1 tab = 10mg ⇒ 10ml BW 1ml = 1mg give 0.2ml (0.3mg/kg/dose) 1 tab = 10mg ⇒ 10ml BW 1ml = 1mg give 0.2ml (0.3mg/kg/dose) 1 tab = 10mg ⇒ 10ml BW 1ml = 1mg give 0.2ml (0.3mg/kg/dose)				
Daily Doctor's Endorsement by a Sign				

DRUG : T. NIFEDIPINE				Date Time 23/5
Dose	Route	Frequency	Start Dt.	
0.4mg	OG	Q8H	23/5	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Prashanth				
Additional Instructions:				
1 tab = 10mg 0.5mg/kg/dose 1 tab + 10ml D. water ⇒ 1ml = 1mg; take 0.4mg of it & give at 8 AM, 12 PM, 4 PM, 8 PM				
Daily Doctor's Endorsement by a Sign				

DRUG : INJ. DEXAMETHASONE				Date Time 24/5
Dose	Route	Frequency	Start Dt.	
7mcg	IV	BD	24/5	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Anurag				
Additional Instructions:				
10mcg/kg/dose Take 0.5ml + 20ml Distilled water (1ml = 10mcg) & take 0.5ml + 20ml N.S. given slowly over 5min.				
Daily Doctor's Endorsement by a Sign				

DRUG : OROFER XT drops.				Date Time 24/5
Dose	Route	Frequency	Start Dt.	
0.2ml	PO	OD	24/5	
Name & Signature of the Doctor Starting the Drugs:				
Dr. Prashanth				
Additional Instructions:				
1ml = 10mg 3mg/kg/day				
Daily Doctor's Endorsement by a Sign				



Sheet No: 12

REGULAR PRESCRIPTIONS

Weight 0.740 Ward

DRUG : ORAL SUFFIENE	Date Time	29/05	30/5	31/5	1/6	2/6	3/6	4/6	5/6	6/6	7/6	8/6	9/6	10/6	11/6
Dose	Route	Frequency	Start Dt.												
0.2ml	PO	OD	28/5												

Name & Signature of the Doctor
 Starting the Drugs:

Dr Anshuwaraya

Additional Instructions:

5mg/kg/day
 ml = 20mg

Daily Doctor's Endorsement by a Sign

DRUG : DOMESTAL SUSPENSION

Date Time	1/6	2/6	3/6	4/6	5/6	6/6	7/6	8/6
Dose	Route	Frequency	Start Dt.					
0.15ml	PO	Q8H	17/5					

Name & Signature of the Doctor
 Starting the Drugs:

Dr Anshuwaraya

Additional Instructions:

0.2mg/kg/day
 1mg = 1ml

Daily Doctor's Endorsement by a Sign

DRUG : 37-NaCl

Date Time	3/6	4/6	5/6	6/6	7/6	8/6	9/6	10/6
Dose	Route	Frequency	Start Dt.					
0.3ml	PO	each	15/5					

Name & Signature of the Doctor
 Starting the Drugs:

Dr Anshuwaraya

Additional Instructions:

23meq/kg/day

Daily Doctor's Endorsement by a Sign

DRUG : budocort NEB

Date Time	3/6	4/6	5/6	6/6	7/6	8/6	9/6	10/6
Dose	Route	Frequency	Start Dt.					
			3/6					

Name & Signature of the Doctor
 Starting the Drugs:

Dr Anshuwaraya

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

ature

RLA



VERIFIED BY : Name

(P.T.O)

Sheet No: (13) REGULAR PRESCRIPTIONS Weight Ward

DRUG: T. LANSOPRAZOLE

Date/Time: 4/6/26 6/6 10/6 8/6

Dose	Route	Frequency	Start Dt.
0.7mg	OG	OD	4/6/26

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

Additional Instructions: 1 tab = 15mg
 1mg/kg/dose

Doctor's Endorsement by a Sign

DRUG: SYP. OXEPAN-D

Date/Time: 5/6/26 6/6 7/6

Dose	Route	Frequency	Start Dt.
1ml	OG	Q6H	4/6/26

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

Additional Instructions: 5ml = 125mg
 120mg/kg/day

Doctor's Endorsement by a Sign

DRUG: MYCERINE Suppository

Date/Time: 4/6/26 6/6 10/6 8/6

Dose	Route	Frequency	Start Dt.
2	Q12H	4/6/26	

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

Additional Instructions: 0.2ml + 0.2ml NS

Daily Doctor's Endorsement by a Sign

DRUG: EUROPEAN DROPS

Date/Time: 8/6 9/6 10/6 11/6 12/6

Dose	Route	Frequency	Start Dt.
0.4mg	PO	OD	7/6

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

Additional Instructions: 20.5mg/kg/dose

Daily Doctor's Endorsement by a Sign



Sheet No: 14

REGULAR PRESCRIPTIONS

Weight 0853gms Ward

DRUG :	Dose	Route	Frequency	Start Dt.	Date Time	8/6	9/6	10/6	11/6	12/6	13/6	14/6	15/6	16/6	17/6	18/6	19/6	20/6
PROCTO GUARDIAN																		
Name & Signature of the Doctor	Dr. Nandhu																	
Additional Instructions:	4A over perianal area																	
Daily Doctor's Endorsement by a Sign	[Signature]																	
SYPP. OESOPAN																		
Name & Signature of the Doctor	Dr. Nandhu																	
Additional Instructions:	1/70mg/kg/dg																	
Daily Doctor's Endorsement by a Sign	[Signature]																	
3-10 NALL																		
Name & Signature of the Doctor	Dr. Nandhu																	
Additional Instructions:	[Signature]																	
Daily Doctor's Endorsement by a Sign	[Signature]																	
OPOTER XT PRO																		
Name & Signature of the Doctor	Dr. Nandhu																	
Additional Instructions:	3mg/kg/dg																	
Daily Doctor's Endorsement by a Sign	[Signature]																	

STAT / ONCE ONLY DRUGS

Name: B/o Kiranmai

Weight: kgs

Sheet No: (4)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
11/5/26	8pm	Inf-TI GECYCLINE	2 mg/kg	IV	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
		1 oral = 50mg → dil in 5ml NS → 1ml = 10mg → Take 1ml + 9ml NS So 1ml = 1mg	[1.4mg] → Take 1.4ml + 1.5ml NS over 1 hour				
22/5/26	4:30pm	Inf-TI NIFEDIPINE	0.3mg/kg	PO	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
		(1 tab = 10mg) 1 tab + 10ml D. water 1ml = 1mg →	give 0.2ml (0.2mg)		<i>[Signature]</i>		
25/5/26	2:30pm	200 (LRBC CARRADIATED)	20ml/kg over 4 hours	IV	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
6/5/26	3PM	FUROPED DROPS	0.5mg/kg	PO	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
7/5	8pm	INS VITAMIN K	0.5ml (1mg)	IM	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
11/6	2:12pm	LRBC	20ml/kg over 4 hours	IV over 4 hrs	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
19/6/26	3:30pm	FUROPED DROPS	0.5mg/kg	PO	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
		Take 0.1ml + 0.9ml distilled water 5ml = 1mg → give 0.5ml					
2/7/26		LRBC	20ml/kg	IV over 4 hrs	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>



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I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
8/5	1pm	IV-150cc/kg/day 10-1. 200 P	IV	3.7ml		Pooja Mousumi	9/5		Pooja Sushmita
8/5	1pm	INT FENTANYL 2ml + 8ml NS	ILV	0.1ml/hr		Pooja Sushmita	9/5		Pooja Sushmita
9/5	1pm	INT FENTANYL 2ml + 8ml NS	ILV	0.1ml/hr		Pooja Sushmita	10/5		Pooja Sushmita
10/5	1pm	INT FENTANYL 2ml + 8ml NS	IV	0.1ml		Pooja Sushmita	11/5		Pooja Shou
11/5	1pm	Int. FENTANYL 2ml + 8ml NS	IV	0.1ml		Pooja Nora	12/5		Devi mou
12/5	2pm	INT FENTANYL 2ml + 8ml NS	ILV	0.1		Devi mou	13/5		Devi mou
13/5	3pm	INT FENTANYL 2ml + 8ml NS	ILV	0.1		Devi mou	14/5		Devi mou
14/5	3pm	INT FENTANYL 2ml + 8ml NS	ILV	0.2		Devi mou	15/5		Devi mou
15/5	6AM	Int. FENTANYL 2ml + 8ml NS	IV	0.2		Devi mou	16/5		Devi mou
16/5	6PM	INT FENTANYL 2ml + 8ml NS	ILV			Devi mou	17/5		Devi mou

I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
17/5	8pm	INT FENTANYL 2ml + 8ml NS	ILV	0.2ml	R. Heng	R. Heng	18/5	R. Heng	R. Heng
18/5	8pm	INT FENTANYL 2ml + 8ml NS	ILV	0.2ml	R. Heng	R. Heng		R. Heng	R. Heng
20/5	4pm	INT. DEXMEDETO MIDINE 0.5ml + 49.5ml D5	ILV	0.2ml	R. Heng	Pooja	21/5	R. Heng	Pooja
21/5	4pm	Int. DEXMEDETO MIDINE 0.5ml + 49.5ml D5	IV	0.2	R. Heng	Pooja	22/5	R. Heng	Pooja
22/5	4pm	Int. DEXMEDETO MIDINE 0.5ml + 49.5ml D5	IV	0.2	R. Heng	Pooja	23/5	R. Heng	Pooja
23/5	6pm	Int. DEXMEDETO MIDINE	IV	0.2	R. Heng	Pooja	24/5	R. Heng	Pooja
24/5	8pm	Int. DEXMEDETO MIDINE	IV		R. Heng	Pooja	25/5	R. Heng	Pooja
25/5	8pm	Int. DEXMEDETO MIDINE 0.5ml + 49.5ml D5	IV	0.2	R. Heng	Pooja	26/5	R. Heng	Pooja
25/5	8pm	TV-150ml 10% ↓ 10% 780p	IV	3.75ml	R. Heng	Pooja	26/5	R. Heng	Pooja



STAT / ONCE ONLY DRUGS

Name:

Weight: 0.530 kgs

Sheet No: 3

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/4/26	5:00PM	LRBC Transfusion	20ml/kg NPO DURING TRANSFUSION	UVC / H	H	maison	Am
22/4/26	9:20AM	Inj. KCl	1mEq/kg over 12 hours (0.25ml + 0.7 ml of 5% D)	UVC	H	maison	Am
23/4/26		INS VANCOMYCIN	10mg/kg OVER 1	UVC			
23/4/26	7PM	INS VANCOMYCIN	10mg/kg	UVC	H	maison	
29/4/26	11:30 AM	LRBC (IRRADIATED)	20ml/kg	IV	H	Devi	Sweet
30/4/26	4PM	Inj. LASIX	0.5mg/kg	IV	H	Devi	Sweet
7/5	2pm	INT VANCOMYCIN	10mg/kg	P/le	H	Devi	Sweet
7/5		Midaz	0.1mg/kg	IV	H		
8/5	3AM	DROP-PARACETA MOL	- 0.1ml	P/O	H	Sermita	Am
8/5	03:30pm	LRBC	20ml/kg	IV	H	Pooja	Mousumi
8/5	07:30pm	Inj. LASIX	0.5mg/kg	IV	H	Pooja	Mousumi
11/5	12pm	Inj. LASIX	0.5mg/kg	IV	H	Pooja	Nave
11/5	7:00pm	Inj. TIGECYCLINE	3mg/kg	IV	H		
		Serial = 5 days Dtl. in 50ml NS $\rightarrow$ 1ml = 10mg [2.1mg] Take 1ml + 9ml NS $\rightarrow$ Take 2.1ml + 2ml 5% D So 1ml = 1mg over 1 hour					



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B⁺ve Baby's Blood Group: B⁺ve Sheet No: 17
 Gest Age: 26+5 weeks Birth Weight: 0.530gms

Date: <u>28/6/26</u>	Date: <u>29/6/26</u>	Date: <u>30/6/26</u>
DOL <u>D72</u> Weight <u>1.235 (11gms)</u>	DOL <u>D73</u> Weight <u>1.249 (114gms)</u>	DOL <u>D74</u> Weight <u>1.253 (16gms)</u>
Problems: <u>Ext / CBW / RDS</u>	Problems: <u>Ext / CBW / RDS</u>	Problems: <u>Ext / CBW / RDS</u>
Rs. <u>30-60 blw</u> Exam <u>Done</u> Vent. Setting <u>B·CPAP</u> ABG <u>3 NA</u> CXR <u>3 NA</u>	Rs. <u>30-60 blw</u> Exam <u>Done</u> Vent. Setting <u>B·CPAP</u> ABG <u>3 nil</u> CXR <u>3 nil</u>	Rs. <u>30-60 blw</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG <u>3 nil</u> CXR <u>3 nil</u>
CVS <u>Normal</u> HR <u>164-172</u> BP <u>63/35</u> Map <u>40</u> Cap Refil <u>22-3sec</u>	CVS <u>Normal</u> HR <u>164</u> BP <u>63/35</u> Map <u>43</u> Cap Refil <u><2-3sec</u>	CVS <u>Normal</u> HR <u>164</u> BP <u>54/35</u> Map <u>38</u> Cap Refil <u><2-3sec</u>
F/E/N <u>200 cc/kg/day</u> T. Fluids CC /kg /day I/O /RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200 cc/kg/day</u> T. Fluids CC /kg /day I/O /RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200 cc/kg/day</u> T. Fluids CC /kg /day I/O /RBS: <u>102 mg/dl</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med <u>Sus· caffeine</u> Neuro:	Med <u>syp· caffeine</u> <u>syp· ossopen D.</u> Neuro:	Med <u>syp· caffeine</u> <u>syp· ossopen D.</u> Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>RBS-AT</u>	Plan <u>RBS-OD</u>	Plan <u>water and electrolyte</u> <u>logs</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: 15
 Gest Age: 26+5 weeks Birth Weight: 0.530 gm

Date: <u>21/6/26</u>	Date: <u>23/6/26</u>	Date: <u>24/6/26</u>
DOL <u>266</u> Weight <u>1.105 (129ms)</u>	DOL <u>267</u> Weight <u>1.123 (189ms)</u>	DOL <u>268</u> Weight <u>1.116 (109ms)</u>
Problems: <u>Expt/LBWARDS</u>	Problems: <u>Expt/LBWARDS</u>	Problems: <u>Expt/LBWARDS</u>
Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting <u>B-CPPP</u> ABG <u>YWA</u> CXR <u>YWA</u>	Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting <u>B-CPPP</u> ABG <u>YWA</u> CXR <u>YWA</u>	Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting <u>B-CPPP</u> ABG <u>YWA</u> CXR <u>YWA</u>
CVS <u>Normal</u> HR <u>120-160bpm</u> BP <u>76/57</u> Map <u>(57)</u> Cap Refil <u><2-3sec</u>	CVS <u>Normal</u> HR <u>120-160bpm</u> BP <u>76/57</u> Map <u>(64)</u> Cap Refil <u><2-3sec</u>	CVS <u>Normal</u> HR <u>120-160bpm</u> BP <u>61/31</u> Map <u>(49)</u> Cap Refil <u><2-3sec</u>
F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea } <u>DA</u> Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea } <u>DA</u> Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea } <u>DA</u> Hemat HB: WCC Plats Transfusion
C/s Results } <u>DA</u> CRP Antibiotics	C/s Results } <u>DA</u> CRP Antibiotics	C/s Results } <u>DA</u> CRP Antibiotics
Med <u>Syp-Ossopar-D</u> Neuro: <u>NA</u>	Med <u>Syp-Ossopar-D</u> Neuro: <u>NA</u>	Med <u>Syp-Ossopar-D</u> Neuro: <u>DA</u>
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>CRBS-OD</u>	Plan <u>CRBS-OD</u>	Plan <u>CRBS-OR</u>

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: 16
Gest Age: 36+5 weeks Birth Weight: 0.530gms

Date: <u>25/6/26</u>	Date: <u>26/6/26</u>	Date: <u>27/6/26</u>
DOL <u>D69</u> Weight <u>1.127 (11gms)</u>	DOL <u>D70</u> Weight <u>1.135 (118gms)</u>	DOL <u>D71</u> Weight <u>1.224 (189gms)</u>
Problems: <u>Ext/LBW/RPS</u>	Problems: <u>Ext/LBW/RPS</u>	Problems: <u>Ext/LBW/RPS</u>
Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting <u>B-CPAP</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting <u>B-CPAP</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60bpm</u> Exam <u>Done</u> Vent. Setting <u>B-CPAP</u> ABG <u>NA</u> CXR <u>NA</u>
CVS <u>Normal</u> HR <u>120-160bpm</u> BP <u>80/40</u> Map <u>(51)</u> Cap Refil <u>C23sec</u>	CVS <u>Normal</u> HR <u>120-160bpm</u> BP <u>91/46</u> Map <u>(52)</u> Cap Refil <u>C23sec</u>	CVS <u>Normal</u> HR <u>164-120</u> BP <u>64/46</u> Map <u>(52)</u> Cap Refil <u>C2-35</u>
F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea <u>NA</u> Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea <u>NA</u> Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea <u>NA</u> Hemat HB: WCC Plats Transfusion
C/s Results <u>NA</u> CRP Antibiotics	C/s Results <u>NA</u> CRP Antibiotics	C/s Results <u>NA</u> CRP Antibiotics
Med <u>Syr-caffeine</u> Neuro:	Med <u>Syr-caffeine</u> Neuro:	Med <u>Sys-caffeine</u> Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>RBS/100 Gas Thw.</u>	Plan <u>RBS/100 Gas Thw.</u>	Plan <u>RBS-A/H</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B⁺ Baby's Blood Group: B⁺ Sheet No: 18
 Gest Age: 26⁵ wks Birth Weight: 0.530gms

Date: <u>1/7/26</u>	Date: <u>2/7/26</u>	Date: <u>3/7/26</u>
DOL <u>D75</u> Weight <u>1.272 Kg(gms)</u>	DOL <u>D76</u> Weight <u>1.311 (↑39gms)</u>	DOL Weight <u>1.324gms (↑13gms)</u>
Problems: <u>Ext / Lbw / RDS</u>	Problems: <u>Ext / Lbw / RDS</u>	Problems: <u>Ext / Lbw / RDS</u>
Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG } <u>Nil</u> CXR } <u>Nil</u>	Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG } <u>Nil</u> CXR } <u>Nil</u>	Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG } <u>Nil</u> CXR } <u>Nil</u>
CVS <u>Normal</u> HR <u>159</u> BP <u>59/35</u> Map <u>43</u> Cap Refil <u><2-3 sec.</u>	CVS <u>Normal</u> HR <u>120-160 blm</u> BP <u>69/40</u> Map <u>53</u> Cap Refil <u><2-3 seconds</u>	CVS <u>Normal</u> HR <u>120-160 blm</u> BP <u>69/40</u> Map <u>45</u> Cap Refil <u><2-3 sec</u>
F/E/N <u>200 cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200 cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med <u>Syp. Ossopan-D</u> Neuro: <u>Syp. Carfine.</u>	Med <u>Syp. Ossopan-D</u> Neuro: <u>Syp. Carfine</u>	Med Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment
Plan <u>Alternative drugs</u>	Plan <u>GRBS-00</u>	Plan

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B + VC Baby's Blood Group: B + VC Sheet No: 19
 Gest Age: 26 + 15 WKS Birth Weight: 0.530 kgs

Date: <u>4/7/26</u>	Date: <u>5/7/26</u>	Date: <u>6/7/26</u>
DOL Weight <u>1.329 gm</u> <u>5 gm</u>	DOL Weight <u>1.375 gm</u> <u>increase 46 gm</u>	DOL Weight <u>1.420 kgm</u> <u>(1.45 gm)</u>
Problems: <u>EXP/LBW/RDS</u>	Problems: <u>EXP/LBW/RDS</u>	Problems: <u>EXP/LBW/RDS</u>
Rs. <u>30-60 b/min</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG <u>Nil</u> CXR <u>Nil</u>	Rs. <u>30-60 b/min</u> Exam <u>Done</u> Vent. Setting <u>HFNC B-CPP</u> ABG <u>Nil</u> CXR <u>Nil</u>	Rs. <u>30-60 b/min</u> Exam <u>Done</u> Vent. Setting <u>B-CPP</u> ABG <u>Nil</u> CXR <u>Nil</u>
CVS <u>Normal</u> HR <u>120-160 b/min</u> BP <u>64/43 Map 51</u> Cap Refil <u>2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160 b/min</u> BP <u>64/43 Map 51</u> Cap Refil <u>2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160 b/min</u> BP <u>64/43 Map 51</u> Cap Refil <u>2-3 sec</u>
F/E/N <u>200 cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HCO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HCO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200 cc</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HCO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics <u>inj. piptaz</u>	C/s Results CRP Antibiotics <u>inj. piptaz</u>
Med <u>SUP: OSSOPAN-D</u> <u>SVP: caffeine</u> Neuro: <u>NS</u>	Med <u>SUP: OSSOPAN-D</u> <u>SVP: caffeine</u> Neuro: <u>NS</u>	Med <u>SUP: OSSOPAN-D</u> <u>SVP: caffeine</u> Neuro: <u>NS</u>
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GRBS - OD</u>	Plan <u>GRBS - OD</u>	Plan <u>GRBS - OD</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: (17)
Gest Age: 26⁺5 weeks Birth Weight: 0.530 gms.

Date: <u>07/06/2026</u>	Date: <u>08/06/2026</u>	Date: <u>9/06/26</u>
DOL <u>D51</u> Weight <u>0.858 ↑ 15gms.</u>	DOL <u>D52</u> Weight <u>0.862 ↑ 4gms.</u>	DOL <u>D53</u> Weight <u>0.874 ↑ 12gms.</u>
Problems: <u>ExPT/ExLBW/RDS</u>	Problems: <u>ExPT/ExLBW/RDS</u>	Problems: <u>ExPT/ExLBW/RDS</u>
Rs. <u>30-60 bpm</u> Exam <u>DONE</u> Vent. Setting <u>CPAP</u> ABG } <u>NOT DONE</u> CXR }	Rs. <u>30-60 bpm</u> Exam <u>DONE</u> Vent. Setting <u>CPAP</u> ABG } <u>NOT DONE</u> CXR }	Rs. <u>30-60 bpm</u> Exam <u>DONE</u> Vent. Setting <u>CPAP</u> ABG } <u>NOT DONE</u> CXR }
CVS <u>NORMAL</u> HR <u>120-160 bpm</u> BP Map Cap Refil <u>< 2sec.</u>	CVS <u>NORMAL</u> HR <u>120-160 bpm</u> BP Map Cap Refil <u>< 2sec.</u>	CVS <u>NORMAL</u> HR <u>120-160 bpm</u> BP Map Cap Refil <u>< 2sec.</u>
F/E/N <u>200cc/kg/day</u> T. Fluids <u>168 ml</u> CC/kg/day <u>197cc/kg/day?</u> I/O/RBS: <u>89 mg/dl.</u> U Output: (CC/kg/hr) <u>3.3cc/kg/hr</u> Exam T. Bil/D Na ¹³² Hc03 K ^{5.4} BUN Cl ¹⁰⁶ Crea Hemat HB: <u>10.7</u> WCC <u>18.93</u> Plats <u>696</u> Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids <u>168 ml</u> CC/kg/day <u>196cc/kg/day</u> I/O/RBS: <u>92 mg/dl.</u> U Output: (CC/kg/hr) <u>5.4cc/kg/hr</u> Exam T. Bil/D Na ¹³² Hc03 K ^{5.4} BUN Cl ¹⁰⁶ Crea Hemat HB: <u>10.7</u> WCC <u>18.93</u> Plats <u>696</u> Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids <u>168 ml</u> CC/kg/day <u>197cc/kg/day</u> I/O/RBS: <u>92 mg/dl.</u> U Output: (CC/kg/hr) <u>5.4cc/kg/hr</u> Exam T. Bil/D Na ¹³² Hc03 K ^{5.4} BUN Cl ¹⁰⁶ Crea Hemat HB: <u>10.7</u> WCC <u>18.93</u> Plats <u>696</u> Transfusion
C/s Results <u>N/G</u> CRP → <u>6.4 ⇒ 3/05/26</u> Antibiotics	C/s Results <u>N/G</u> CRP → <u>6.4 ⇒ 3/06/26</u> Antibiotics	C/s Results <u>N/G</u> CRP → <u>6.4 ⇒ 3/06/26</u> Antibiotics
Med <u>Syp. Caffeine</u> Neuro: <u>Ossapand</u>	Med <u>Syp. Caffeine</u> Neuro: <u>Ossapand, 3/1-NS</u>	Med <u>syp. caffeine</u> Neuro: <u>ossapand, 3/1-NS</u>
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GIRBS & on</u>	Plan <u>GIRBS & Las.</u>	Plan <u>GIRBS and Las</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: (18)
Gest Age: 26+5 wks Birth Weight: 0.530gms

Date: <u>10/6/26</u>	Date: <u>11/6/26</u>	Date: <u>12/6/26</u>
DOL <u>D54</u> Weight <u>0.910gms ↑ 36gms</u>	DOL <u>D55</u> Weight <u>0.876 ↓ (34gms)</u>	DOL <u>D56</u> Weight <u>0.901 ↑ 25gms</u>
Problems: <u>Expt / LBW</u>	Problems: <u>Expt / LBW</u>	Problems: <u>Expt / LBW</u>
Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>RAC PAP</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>RAC PAP</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>RAC PAP</u> ABG <u>NA</u> CXR <u>NA</u>
CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>54/46 Map (44)</u> Cap Refil <u><2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>55/29 Map (37)</u> Cap Refil <u><2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>69/46 Map 55</u> Cap Refil <u><2-3 sec</u>
F/E/N <u>200cc/kg/day</u> T. Fluids <u>168ml</u> CC/kg/day <u>193cc/kg/day</u> I/O/RBS: <u>going ↓</u> U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results <u>NA</u> CRP <u>done</u> Antibiotics <u>NA</u>	C/s Results <u>NA</u> CRP <u>NA</u> Antibiotics <u>NA</u>
Med <u>SYP-Ossopan-D</u> Neuro: <u>NA</u>	Med <u>SYP-Ossopan-D</u> Neuro: <u>NA</u>	Med <u>NPO</u> Neuro:
Assessment <u>done</u>	Assessment <u>done</u>	Assessment <u>done</u>
Plan <u>RBS-OP, Cias-twice weekly</u>	Plan <u>RBS-OP Cias-twice weekly</u>	Plan <u>RBS-OP</u>



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+VE Baby's Blood Group: B+VE Sheet No: (19)
 Gest Age: 26+5 wks Birth Weight: 0.530gms

Date: <u>13/6/26</u>	Date: <u>14/6/26</u>	Date: <u>15/6/26</u>
DOL <u>057</u> Weight <u>0.917</u> <u>↑</u> <u>16gms</u>	DOL <u>058</u> Weight <u>0.929</u> <u>↑</u> <u>12gms</u>	DOL <u>059</u> Weight <u>0.936</u> <u>↑</u> <u>7gms</u>
Problems: <u>Expt/LBW</u>	Problems: <u>Expt/LBW</u>	Problems: <u>Expt/LBW</u>
Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>CPAP</u> ABG <u>NA</u> CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>R/A</u> ABG <u>Done</u> CXR <u>NA</u>	Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>R/A</u> ABG <u>Done</u> CXR <u>NA</u>
CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>75/35</u> Map <u>(6)</u> Cap Refil <u><2-3sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>57/33</u> Map <u>(42)</u> Cap Refil <u><2-3sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>54/33</u> Map <u>(40)</u> Cap Refil <u><2-3sec</u>
F/E/N <u>200cc/kg/day</u> T. Fluids <u>180ml</u> CC/kg/day <u>197cc/kg/day</u> I/O/RBS: U Output: <u>220</u> (CC/kg/hr) <u>3.2cc/hr</u> Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>NA</u> CRP Antibiotics	C/s Results <u>NA</u> CRP Antibiotics	C/s Results <u>NA</u> CRP Antibiotics
Med <u>NA</u> Neuro:	Med <u>Syp-Ossoran-D</u> <u>Syp-Caffeine</u> <u>NA</u> Neuro:	Med <u>Syp-Ossoran-D</u> <u>Syp-Caffeine</u> <u>NA</u> Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>RBS-OD</u>	Plan <u>RBS-OD</u>	Plan <u>RBS-OD</u>

BAH-00654000
Baby Of CHIKATI KIRANMAI
18-04-2026
Dr. DINESH KUMAR CHIRLA
IP5-00172641
0 Y 1 M 30 D
(F)

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INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve Baby's Blood Group: B+ve Sheet No: 92
Gest Age: 26+5 wks Birth Weight: 0.530gm

Date: <u>16/6/26</u>	Date: <u>17/6/26</u>	Date: <u>18/6/26</u>
DOL <u>D6</u> Weight <u>1.056</u> <u>(1.048)</u> <u>rechecked weight 2pm</u>	DOL <u>D6</u> Weight <u>1.055</u> <u>↑ 7gms</u>	DOL <u>D6</u> Weight <u>1.086</u> <u>↑ 31gms</u>
Problems: <u>ExPT/LBW</u>	Problems: <u>ExPT/LBW</u>	Problems: <u>ExPT/LBW</u>
Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>R10</u> ABG <u>Done</u> CXR <u>no</u>	Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>R10</u> ABG <u>Done</u> CXR <u>no</u>	Rs. <u>30-60b/m</u> Exam <u>Done</u> Vent. Setting <u>R10</u> ABG <u>Done</u> CXR <u>no</u>
CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>55/32 Map (35)</u> Cap Refil <u>12-3sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>55/32 Map (42)</u> Cap Refil <u>12-3sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>55/33 Map (40)</u> Cap Refil <u>12-3sec</u>
F/E/N <u>20cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>20cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>20cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med <u>Syp ossipam</u> Neuro: <u>Syp caffeine</u>	Med <u>Syp ossipam</u> Neuro: <u>Syp caffeine</u>	Med <u>Syp ossipam</u> Neuro: <u>Syp caffeine</u>
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>RBS (00)</u>	Plan <u>RBS (00)</u>	Plan <u>RBS (00)</u>

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B⁺ Baby's Blood Group: B⁺ Sheet No: 21
 Gest Age: 26 + 5 weeks Birth Weight: 0.530 gms

Date: <u>19/06/26</u>	Date: <u>20/6/26</u>	Date: <u>21/6/26</u>
DOL <u>263</u> Weight <u>1.1017 (1598)</u>	DOL <u>264</u> Weight <u>1.1097 (894)</u>	DOL <u>265</u> Weight <u>1.107 (1298)</u>
Problems: <u>ExPT/LBW/RDS</u>	Problems: <u>ExPT/LBW/RDS</u>	Problems: <u>ExPT/LBW/RDS</u>
Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>C-PAP</u> ABG <u>Done</u> CXR <u>Not done [18/06/26]</u>	Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>C-PAP</u> ABG <u>Done 19/6/26</u> CXR <u>Done</u>	Rs. <u>30-60 b/m</u> Exam <u>Done</u> Vent. Setting <u>C-PAP</u> ABG <u>Done</u> CXR <u>Done</u>
CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>32/12 Map (50)</u> Cap Refil <u><2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>Map</u> Cap Refil <u><2-3 sec</u>	CVS <u>Normal</u> HR <u>120-160 b/m</u> BP <u>56/25 Map (34)</u> Cap Refil <u><2-3 sec</u>
F/E/N <u>200cc/kg/day</u> T. Fluids <u>216ml</u> CC/kg/day <u>203</u> I/O/RBS: <u>98mg/day</u> U Output: <u>99 (CC/kg/hr) 3.8cc/kg</u> Exam <u>Done</u> T. Bil/D Na-Hc03 <u>128</u> K-BUN <u>4.7</u> Cl-Crea <u>106</u> Hemat HB: <u>11.4</u> WCC <u>5.57</u> Plats <u>4.89</u> Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: <u>(CC/kg/hr)</u> Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>200cc/kg/day</u> T. Fluids CC/kg/day I/O/RBS: U Output: <u>(CC/kg/hr)</u> Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>NA</u> CRP <u>5.0 [11/6/26]</u> Antibiotics <u>NA</u>	C/s Results <u>NA</u> CRP <u>5.0 [11/6/26]</u> Antibiotics <u>NA</u>	C/s Results <u>NA</u> CRP Antibiotics
Med <u>Syp. ossopan-D</u> Neuro: <u>NA</u>	Med <u>Syp ossopan-D</u> Neuro: <u>NA</u>	Med <u>Syp ossopan-D</u> Neuro: <u>NA</u>
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GRBS-OD</u>	Plan <u>GRBS-OD</u>	Plan <u>GRBS-OD</u>

AH-00654000
aby Of CHIKATI KIRANMAI
8-04-2026 0 Y 2 M 20 D
r. DINESH KUMAR CHIRLA (F)



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CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: B+ve

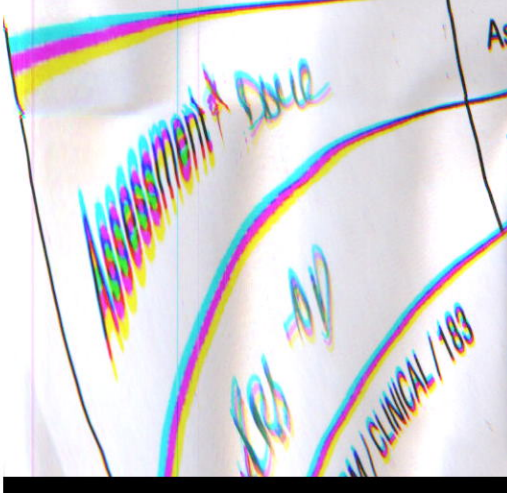
Gest Age: 26 + 15 14 weeks

Baby's Blood Group: B+ve

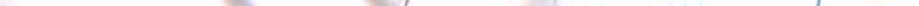
Birth Weight: 0.530 gms

Sheet No: 20

Date: <u>07/07/26</u>	Date: <u>07/7/26</u>	Date: <u>9/7/26</u>
DOL <u>082</u>	DOL <u>083</u>	DOL <u>084</u>
Weight <u>1.432</u> <u>↑ 12 gms</u>	Weight <u>1.448</u> <u>(↑ 16 gms)</u>	Weight <u>1.491</u> <u>(↑ 43 gms)</u>
Problems: <u>EXPT / RDS / LBN</u>	Problems: <u>EXPT / RDS / LBN</u>	Problems: <u>PT / RDS / LBN</u>
Rs. <u>30-60 bpm</u>	Rs. <u>30-60 bpm</u>	Rs. <u>30-60 bpm</u>
Exam <u>Done</u>	Exam <u>Done</u>	Exam <u>Done</u>
Vent. Setting <u>HFNC</u>	Vent. Setting <u>HFNC</u>	Vent. Setting <u>HFNC</u>
ABG <u>Done</u>	ABG <u>Done</u>	ABG <u>Done</u>
CXR <u>NA</u>	CXR <u>NA</u>	CXR <u>NA</u>
CVS <u>Normal</u>	CVS <u>Normal</u>	CVS <u>Normal</u>
HR <u>120-160 bpm</u>	HR <u>120-160 bpm</u>	HR <u>120-160 bpm</u>
BP <u>56/42</u> Map <u>(51)</u>	BP <u>72/35</u> Map <u>(49)</u>	BP <u>86/42</u> Map <u>(51)</u>
Cap Refil <u>2-3 sec</u>	Cap Refil <u>2-3 sec</u>	Cap Refil <u>2-3 sec</u>
F/E/N <u>200cc/kg/day</u>	F/E/N <u>200cc/kg/day</u>	F/E/N <u>200cc/kg/day</u>
T. Fluids <u>276 ml</u>	T. Fluids <u>276 ml</u>	T. Fluids <u>276 ml</u>
CC/kg/day <u>192</u> <u>CC/kg/day</u>	CC/kg/day <u>192</u> <u>CC/kg/day</u>	CC/kg/day <u>192</u> <u>CC/kg/day</u>
I/O/RBS: <u>122 mg/dl</u>	I/O/RBS: <u>122 mg/dl</u>	I/O/RBS: <u>122 mg/dl</u>
U Output: <u>7 ml</u> (CC/kg/hr) <u>2-8 cc</u>	U Output: <u>7 ml</u> (CC/kg/hr) <u>2-8 cc</u>	U Output: <u>7 ml</u> (CC/kg/hr) <u>2-8 cc</u>
Exam <u>Done</u>	Exam <u>Done</u>	Exam <u>Done</u>
T. Bil/D <u>NA</u>	T. Bil/D <u>NA</u>	T. Bil/D <u>NA</u>
Na <u>Hco3</u> <u>132</u>	Na <u>Hco3</u> <u>132</u>	Na <u>Hco3</u> <u>132</u>
K <u>BUN</u> <u>34.6</u>	K <u>BUN</u> <u>34.6</u>	K <u>BUN</u> <u>34.6</u>
Cl <u>Crea</u> <u>2108</u>	Cl <u>Crea</u> <u>2108</u>	Cl <u>Crea</u> <u>2108</u>
Hemat HB: <u>12.8</u>	Hemat HB: <u>12.8</u>	Hemat HB: <u>12.8</u>
WCC <u>9.76</u>	WCC <u>9.76</u>	WCC <u>9.76</u>
Plats <u>NA</u>	Plats <u>NA</u>	Plats <u>NA</u>
Transfusion <u>NA</u>	Transfusion <u>NA</u>	Transfusion <u>NA</u>
C/s Results <u>Done</u>	C/s Results <u>Done</u>	C/s Results <u>Done</u>
CRP <u>5.0</u>	CRP <u>5.0</u>	CRP <u>5.0</u>
Antibiotics <u>NA</u>	Antibiotics <u>NA</u>	Antibiotics <u>NA</u>
Med <u>sgp ossopur-D</u>	Med <u>sgp ossopur-D</u>	Med <u>sgp ossopur-D</u>
Neuro: <u>NA</u>	Neuro: <u>NA</u>	Neuro: <u>NA</u>
Assessit <u>Done</u>	Assessit <u>Done</u>	Assessment <u>Done</u>
Plan <u>BS-00</u>	Plan <u>BS-00</u>	Plan <u>BS-00</u>



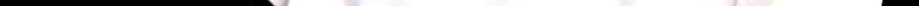
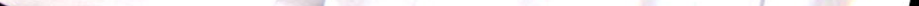
100



100

11

100





BED SIDE CHECK LIST FOR NURSES

Date:	18/6	19/6	20/6	21/6	22/6	23/6	24/6	25/6	26/6
Doctor's Orders	Followed	Followed	✓	✓	✓	✓	✓	✓	✓
Carried out or not	Yes	Yes	✓	✓	✓	✓	✓	✓	✓
Bed Side									
Structured Handover done	Done	Done	✓	✓	✓	✓	✓	✓	✓
IV Site	No	No	X	X	X	X	X	X	X
Central Lines	No	No	X	X	X	X	X	X	X
Arterial Lines	No	No	X	X	X	X	X	X	X
Feeding Catheter	Yes	Yes	✓	✓	✓	✓	✓	✓	✓
Urinary Catheter	No	No	X	X	X	X	X	X	X
Skin Care	Given	Given	✓	✓	✓	✓	✓	✓	✓
Eye Care	Given	Given	✓	✓	✓	✓	✓	✓	✓
Mouth Care	Given	Given	✓	✓	✓	✓	✓	✓	✓
Sterillum Bottle, Stethoscope	Yes	Yes	✓	✓	✓	✓	✓	✓	✓
Suction Bottle (Should be clean & empty)	Yes	Yes	✓	✓	✓	✓	✓	✓	✓
Intubation Tray	No	No	X	X	X	X	X	X	X
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	No	No	X	X	X	X	X	X	X
Ventilator Tubing, (Any Water, Blood)	No	No	X	X	X	X	X	X	X
Humidification	Yes	Yes	✓	✓	✓	✓	✓	✓	✓
Check all Infusion (Labelling, Correct Preparation)	Yes	Yes	✓	✓	✓	✓	✓	✓	✓
Chest Physio & Neb	No	No	X	X	X	X	X	X	X

Checked & Handover given by

Name of the Nurse :

Signature :

Date & Time :

Checked & Handover taken by

Name of the Nurse :

Signature :

Date & Time :

BAH-00654000 IP5-00172641

Baby Of CHIKATI KIRANMAI

18-04-2026

0 Y 1 M 18 D

(F)

Dr. DINESH KUMAR CHIRLA



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BED SIDE CHECK LIST FOR NURSES

Date:	8/6	9/6	9/6	9/6	10/6	10/6	11/6	11/6	12/6
Doctor's Orders	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carried out or not	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bed Side									
Structured Handover done	✓	✓	✓	✓	✓	✓	✓	✓	✓
IV Site	✓	✓	✓	✓	✓	✓	✓	✓	✓
Central Lines	✓	✓	✓	✓	✓	✓	✓	✓	✓
Arterial Lines	✓	✓	✓	✓	✓	✓	✓	✓	✓
Feeding Catheter	✓	✓	✓	✓	✓	✓	✓	✓	✓
Urinary Catheter	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skin Care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eye Care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mouth Care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sterillum Bottle, Stethoscope	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suction Bottle (Should be clean & empty)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intubation Tray	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Tray Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ventilator Tubing, (Any Water, Blood)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Humidification	✓	✓	✓	✓	✓	✓	✓	✓	✓
Check all Infusion (Labelling, Correct Preparation)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chest Physio & Neb	✓	✓	✓	✓	✓	✓	✓	✓	✓
Handed Over By Name :	Diggesha	Posim	Posim	Posim	Posim	Posim	Posim	Posim	Posim

Checked & Handover given by

Name of the Nurse : Diggesha

Signature : Diggesha

Date & Time : 8/06/26 8 AM

Doc. No. : RCHBH/FRM/GENERAL /088

Checked & Handover taken by

Name of the Nurse : Aiswarya

Signature : Aiswarya

Date & Time : 9/06/26 8 PM