Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175853 **Admit Date** : 02-Jul-2026 **Admit Time** : 07:09 AM **UHID** : BAH-00660449

Patient Details :

Patient Name	: Baby Of MUNUGALA AISHWARYA	**Age**	: 0 D
Guardian	: MR RAMENDER REDDY	**DOB**	: 02-07-2026 05:55 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 1-9-68, PEDDA THOKATA Bowenpally Hyderabad Telangana INDIA 500011	**Phone No**	: 9000076156/ 9959000033
		E-mail	: REDDYRAMENDER@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-MICU-428-1 **Ward Name** : 4F-BIRTHING CENTRE

Room No : CRDL-MICU-428-1 **Admission Type** : First Visit

Contact Details :

Name : MR RAMENDER REDDY **Relationship** : Father

Contact Address : H NO 1-9-68, PEDDA THOKATA Bowenpally Hyderabad Telangana INDIA 500011 **Phone No** : 9000076156 / 9959000033

Signature

Doctor Details :

Doctor Name : Dr. VIJAYANAND JAMALPURI **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

B/o

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

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NEWBORN MONITORING FORM

Date of Birth : 2/7/26
Time of Birth : 5:55 Am
Mode of Delivery : Normal
Birth Weight : 3.004 kgs
Head Circumference : 34 cm
Length : 49 cm
Red Reflex : .....

New Born Screening : willing
TFT : .....
OAE : .....
Mother's Blood Group : B+ve
Baby's Blood Group : .....
Anomaly Scan : .....
Vaccination : opv., BCG., Hep-B done on 2-7-26 by sis. Kaveri

Date	Weight	Type of Feed	Quantity	Temperature	Signature
2/7/26	3.004 kg	DBF	1	98.1°F	Anjali
2/7/26.	2.981 kg (weight)	DBF	1	98.1°F	Sush
3/7/26	2.850 kg	DBF	—	97.9°F	Maithe
4/7/26	2.779 kg	DBF+FF	—	98.0°F	Maithe

Date	Time	Investigation	Result	Order No.	Signature
2/7/26		Blood grouping		26066068.	Anjali
2/7/26	6:30AM 0 hourly	GRBS 0 hour	68 mg/dl	26066141	Shoba
2/7/26	3 hour 10:30AM	GRBS 3rd.	58 mg/dl	26066143	Shoba
				(cross matching done	
2/7/26	5:55AM	ABG.		26066166	Shoba
2/7/26	9:00PM	ABG.		26066164	Shoba
2/7/26	12pm	GRBS 6th	61 mg/dl		Susi
2/7/26	6pm	GRBS (12th)	61 mg/dl	26066576	Latha
3/7/26	6AM	GRBS (24hrs)	82 mg/dl	26066421	Mathu
3/7/26	9:40AM	SSPT		26065281	Latha
3/7	6AM	TCBR	10.7 mg/dl	26066511	Thanj
3/7	6pm	GRBS (36hrs)	60 mg/dl		Jyothy
4/7/26	6AM	GRBS (48hrs)	76 mg/dl	26066868	Mathu
4/7/26	6AM	SBR		26066862	Mathu

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Baby Of MUNUGALA AISHWARYA (F)
02-07-2026 0Y0M0D4H
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Munugala Aiswarya Age : 30y Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Vijayanand 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 Aishwarya

Gender : ☐M ☑F Blood Group : B+

Date of Birth : 2/7/26 Time of Birth : 5:55am

Place of Birth : RCH Banjara

Mother's Blood Group : B+ve

Birth Weight (gms) : 3001 Length (cms) : 49cm

OFC (cms) : 34cm

Estimated Gesth Age : 37+1 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : ..... Wt : ..... BMI: ..... Married Life : ..... LMP : 2/10/25 ~~20/10/25~~ EDD : 21/7/26

Conception : Spontaneous or with Rx. : OT ; ~~booked~~ - @ 4+6 weeks

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : 34+2 wk, EFW - 2549, Doppler - (N)

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐<18 yrs ☐ > 35yrs X

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 : .....

..... X

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : (N)

AFI : .....

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

Controlled or not, recent values, HbA1 values : .....

..... X

Compliance with Rx : .....

Scans : LGA, TIFFA, Fetal Echo : (N), FTS

H/o Hypothyriodism : when diagnosed ? Medication? = 10w ~~wk~~

hypothyroidism

Any other Chronic Medical Problems, when detected drugs ? X

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

Infection : H/O, Fever X

(☐ 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 : .....

Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Shruthi Reddy / Dr. Pavanya Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : NO

Resuscitaion : ☐ Yes ☐ No

Cord ABG : 7.12 / 68.8 / 5.5 / -6.1 / 15.6

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

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

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

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Baby ~~delivered by ~~Ces~~ →~~

Delivered by NVD → Did not cry immediately at birth. Limp tone → Immediat cord clamped

↓

Baby received ↓ warmer, C dryin & Stimulation baby cried.

- HR > 100
- good Tone
- good cry

↓

Routine newborn care given

↓

Inj Vit-K 1mg I.M given

↓

Shifted to mother side.

Investigation details in previous Hospital :

Feeding History :

P

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.1 HR : RR : NIBP : CFT : Less

Color of the extremities : Pi Acrocyanosis → Pink

Jaundice : Pallor : SpO2 : 97% preductal

ANTHROPOMETRY: Birth Weight : 3004 gms Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

BAH-
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	Mild caput
FACIES : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	(N) → needs to be seen.
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N) No cleft
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(N) 2 A 1 V
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	(N) female genitalia
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		(N)
SKIN LESIONS :		(N)
EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination : Arms / Legs : Mobility :	(N) (N)

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0Y0M0D4H (F)
Dr. VIJAYANAND JAMALPURI

SYSTEMIC EXAMINATION

RESPIRATORY SYSTEM:

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

SpO_2: ..... Auscultation: ..... Breath Sounds: ..... Added Sounds: .....

– B/L EAE
– No grunt
No SCR

CARDIOVASCULAR SYSTEM :

HR : 130 BP : .....

Femoral Pulses : .....

Other Peripheral Pulses : .....

(N)

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

(N)

ABDOMEN:

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

(N)

Hernia orifice : .....

Anal Patency : (N) present

Umbilical Cord : .....

First urine passed : .....

Meconium passed : passed

NERVOUS SYSTEM:

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

State of wakefulness : .....

Prechtle Score : (N) alert active

Nerves : .....

.....

MOTOR SYSTEM:

Passive Tone : good

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : good, complete b/L symmetric DTR : .....

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

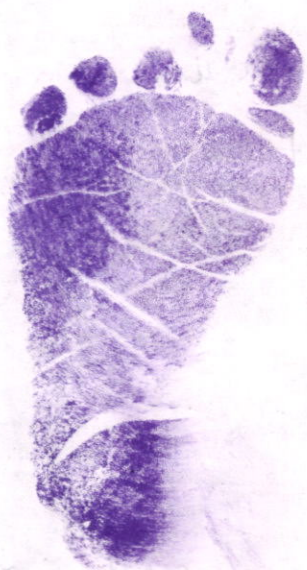
IP5-00175853
UGALA AISHWARYA
0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

Any Congenital Anomalies : No gross cong. anomaly

Diagnosis : Term (37wk) | Primi | 3.004 kg | Delayed transition. maternal hypotension

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature :

Name : Rupanjali

Date & Time : 02/07/26

Consultant :

Signature :

Name : DR. VIJAYANAND JAMALPURI
Registration No: 40526

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
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AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

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

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

Any Oxygen requirement : .....

Systemic : plan

Medications : - DBF ✓16 bursing - 2 hourly
- BCG, OPV, Hep-B - today - ✓
- Clinical jaundice @ 24h
- ✓BR
OAE | @ 48h
NBS

Plan during ward follow up :

- DO repeat gas after 2 hours @ 8 am

Feeding Plan at the time of shifting :

- DO GRBS ~~1hr post feed~~ pre-feed 6 hourly

first feeding time 6:30 AM to 6:45 AM

Inform if < 50 mg/dl.

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

- W/F Resp distress, dullness Respiratory up

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

Doctor Name: .....

Date & Time: .....

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

Doctor Name: .....

Date & Time: .....

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02-07-2026 0 Y 0 M 0 D 4 H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7	c/s/s Dr. VJ.	
8:00 am	37 weeks / Primi / 2 kgs / maternal transition.	hypothyroidism / delayed
		Plan
	4 m	1. DBF / 3rd hourly
	C/T/A: good Euthermic / Pink warm peripheries. Good perfusion.	2. RBS monitoring pricked 6H. 3. Vaccines OPV / BCG / Hep-B / today
		4. R/V ABG after Rounds.
2/7/26 10:30am	Seen by Dr. vijayanand	
	Euthermic	1) Regular feeding 2) c/RBS monitoring @ 6, 12, 24, 36, 48 Hol 3) BCG, OPV, Hepatitis B today 4) Jaundice assessment c/g Hol
		Noted by Shoba

DR. VIJAYANAND JAMALPURI
Registration No: 4[illegible]

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 3:30pm	Seen by Resident	
	9 HOL/ Term/ primi/ SVD/ 3.004 kg Delayed transition	
	M/B+	Plan
	Baby on Room air on regular feeding Euthermic Euglycemic Hemodynamically Stable Cry, Tone, Activity — Good Sucking: Good Passed urine & stool	1. DBF 2nd hrly fib Burping 2. ~~BCG~~, OPV, Hepatitis B today 3. GRBS monitoring ~~12 Hrs~~ 24, 36, 48 Hrs Inform if GRBS < 50 mg/dl 4. clinical assessment of jaundice @ 24 HOL 5. SBR, NBS, OAE — 48 HOL 6. vital monitoring 3rd hrly plotted by Labby @ 4PM Dr Sai

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7 9:00 AM	d/s/p RESIDENT.	
	27+6/ Term – SFH/ Primi/ SVD/	3-00H/ delayed transition/ NVD.
	BT / BF. 4 V / mV	Plan
		1. EBF/ snd hourly
	Euthermic/ PINK.	
	C/C/A: good	2. Lactation Review.
	Warm peripheries	
	icterus.	3. Start SSPT with eyes and genitalia covered.
	TINE: 2850. (5-14).	Noted by Lactation team
	E Johns	
3/7 9 Am	lactation care plan:	
	– Teeni	
	– Well formed breast and nipples	
	– colostrum seen.	
	– Suck good but comes off the breast frequently	
	Advice	
	– Direct breast feeding	
	– Aim for deep latch as demonstrated in cross cradle hold.	
	– Make baby suck for 15–20 mins on each side.	
	– Demand feeding not exceeding 2–2½ hours	
		Dr. Deepesh

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0Y0M0D4H (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/1/26		Seen by Dr. Nyayan Cont SSPT
		Cont regular feeding
		SBR } T/m. NBS }
		feeding assessment by lactation
		DR. VIJAYANAND JAMALPURI Registration No: 40526
3/1/26 3:00 pm	C/S/B Resident	
	32 HOL / Term 37+1 / Primi / SVD / 3.00 kg / delayed transition /	
	M / B+ B / B+ U / — M / —	Plan ① DBF 2 hrly ② continue SSPT c eyes & genitals covered.
	Euthermic - Pink Sugar cemic - 82 mg/dl 6a.m.	
	TCBR - 10.7	
	cry tone activity } good	SBR } T/m 6a.m. NBS } OAE - T/m
		DR. VIJAYANAND JAMALPURI Registration No: 40526

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 1 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 3:30pm	S/B ~~Dr. VJ Sir~~	
		Plan
4/7/26 7:30am	CS/B Resident-	
	50HOL | Term 37+1 | Primi | SVD | 3kg | delayed transition	
		d/c today
	M/B+ B/B+ U/✓ M/✓	Plan SBR-10-Q
		① DBF 2hrly +20ml Formula feed.
	wt → 3.004kg T.wt → 2.779 kg 7.6% ↓.	② Continue SSPT ē eyes & genital cleaned
	GRBS - 76mg/dl Euthermic - Pink Euglycemic Cry @ night formula started	③ Trace NBS, SBR. ④ OAE Today F/V monday Noted by Sucharithi Soheb
	Cry tone Activity } good.	

DR. VIJAYANAND JAMALPURI
Registration No: 40528

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 2 D (F)
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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: ..... Mother's Name: Munugala Aishwarya

Date of Birth: 2/7/26 Time of Birth: 5:55 AM Gender: ☐ Male ☑ Female

Birth Weight: 3.004 Kgs HC: 34 cm Lenght: 49 cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: .....

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: ..... Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: 6:30 am

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 98.6 °C HR: 140 /Min RR: 40 /Min BP: — SpO_2: 100

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 16 (Fill the Humpty Dumpty Sheet)

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

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

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: ~~Yes~~ / No

Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: Yes / ~~No~~

1. Nutritional Screening: Feeding Problem Yes / ~~No~~
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / ~~No~~

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

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: Shobha Signature: ..... Date &Time: 2/2/26

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

2/7/26

RM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:				8AM				9PM			12pm			6pm									
Doctor/Nurse/Family Concern?																	10PM			2AM			6AM
Temperature (F)	104																						
	103																						
	102																						
	101																						
	100																						
	99																						
	98			98.2F				98.2F			97.5F			98.3F			97.4F			98.0F			97.6F
	97																						
	96																						
	95																						
	94																						
Heart Rate (bpm) and Blood Pressure (mmHg) *	190																						
	180																						
	170																						
	160																						
	150																						
	140																						
	130																						
	120																						
	110																						
	100																						
Note: BP does not score in early warning scoring	90																						
	80																						
	70																						
	60																						
	50																						
Heart Rate (Number)				140				141			132bpm			140b/m			138bm			128bm			140bm
Resp. Rate (bpm) (Over 1 Minute) *	70																						
	60																						
	50																						
	40							35															
	30																						
	20																						
	10																						
Resp Rate (Number)				40				35			32bm			38b/m			31bm			35bm			40bm
Resp Distress: Mod/ Severe / None / Mild														N			N			N			N
Receiving O_2(l/min) O_2Saturations (%)				100				100%			100%			100%			98%			99%			98%
Conscious Level: Normal / Altered														N			N			N			N
GCS *				14/15				14/15			15/15			15/15			15/15			15/15			15/15
TOTAL SCORE Number of shaded boxes				0				0			0			0			0			0			0
Pain Score				0				0			0			0			0			0			0
Observer's Initials				SS				SS			R			FA			SS			SS			SS

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

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

Patient Sticker

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Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

3/7/26

: RCH / FRM / CLINICAL / 124

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

Pratiksha Rainbow Children's Hospital
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ARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10am	1pm	6 pm	10pm	2am	6am
Doctor/Nurse/Family Concern?						
Temperature (F)	*98.8F	*97.7F	98.2F	98.9F	98.1F	98.3F
Heart Rate (bpm) and Blood Pressure (mmHg) *						
t Rate (Number)	140b/m	137b/m	136b/m	135b/m	143b/m	149b/m
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)	42b/m	36b/m	37b/m	31b/m	38b/m	41b/m
Resp Distress (Mod/ Severe / None / Mild)	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100%	99%	99%	98%	99%	100%
Conscious Level (Normal / Altered)	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS NB: Scores 3 should be recorded overleaf	
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

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FLUID CHART

Sheet No. : 1

2/3/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am									/	1	Sushanth
	09:00 am										NO	
	10:00 am		DBF									
	11:00 am						✓			NP	IV	Sushanth
	12:30 pm		DBF							/	1	
	01:00 pm											
Total Intake : Taken						**Total Output :** m-1 u-Np						
	02:00 pm		DBF									
	03:00 pm									✓	1	Lakka
	04:00 pm		DBF									
	05:00 pm									✓	NO	Lakka
	06:00 pm		DBF				✓			✓	IV	
	07:00 pm										1	Lakka
Total Intake :						**Total Output :** u-3 m-1						
	08:00 pm						✓					
	09:00 pm		DBF								1	mamtha
	10:00 pm										NO	
	11:00 pm		DBF							✓	IV	mamtha
	12:00 am											
	01:00 am		DBF								1	
Total Intake :						**Total Output :** m-1 u-1						
	02:00 am											
	03:00 am		DBF							✓	1	mamtha
	04:00 am										NO	
	05:00 am		DBF								IV	mamtha
	06:00 am											
	07:00 am		DBF				✓			✓	1	mam
Total Intake :						**Total Output :** m-1 u-2						

Total 24 hrs. Intake	taken

Total 24 hrs. Output	m-4 u-6

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : 2 3/7/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/7	08:00 am										1	Lakky
	09:00 am		DBF				✓			✓		
	10:00 am										NO IV	Lakky
	11:00 am		DBF + EBM 50ml				✓			✓		
	12:00 pm											Lakky
	01:00 pm		DBF									
Total Intake : taken						Total Output : U – 2 M – 2						
3/7	02:00 pm											Soumya
	03:00 pm		DBF				✓			✓	1	
	04:00 pm											
	05:00 pm		DBF								NO IV	
	06:00 pm						✓			✓		
	07:00 pm		DBF									Soumya
Total Intake : taken						Total Output : U – 2 M – 2						
	08:00 pm											
	09:00 pm		DBF				✓					Sweety
	10:00 pm											
	11:00 pm	FF	20ml							✓	NO IV	Sravya
	12:00 am											
	01:00 am						✓					Soumya
Total Intake :						Total Output : M – 2 U – 1						
	02:00 am											
	03:00 am	FF	20ml									Sowmya
	04:00 am											
	05:00 am	DBF									NO IV	Maitha
	06:00 am						✓			✓		
	07:00 am	FF	30ml									
Total Intake :						Total Output : M – 1 U – 1						

Total 24 hrs. Intake	taken	Total 24 hrs. Output	M 6 U – 6

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0Y0M0D4H (F)
Dr. VIJAYANAND JAMALPURI

NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 2/7/26

Assessment: Newborn

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess baby general condition	8:10 AM	Assessed baby general condition	Baby vs
10 AM	monitor vital	10:30 AM	By spo2 please checked and recorded	stable.
11 AM	shift to room	11:10 AM	Shift to room (329)	
12 pm	DBF + Burping	12:10 PM	DBF + Burping done.	
7 AM	Ensure safety	7:10 AM	Ensure safety provided	

Re-Assessment: Re Assessment done and hourly

Special Notes:

Nurse Signature: ..... Nurse Name: Shobha Date & Time: 2/7/26 @ 2pm

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0Y0M0D4H (F)
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NURSING CARE RECORD

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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 2/7/26

Assessment: New born case

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
2pm	* Assess the general condition	2:10pm	* Assessed the general condition	Baby is stable
3pm	* vaccination today	3:10pm	* vaccination done and vitals monitored	
4pm	* GRBS monitor & vitals Record	4:10pm	and Recorded	
5pm	* provide warm	5:10pm	* provided warm care	
6pm	* Ensure safety	6:10pm	* Ensured safety	
8pm	* Feeding every 2nd hrly	8:10pm	* Feeding every 2nd hrly	

Re-Assessment: Baby is taking Feed, GRBS maintained

Special Notes: ~~GRBS~~ monitor

Nurse Signature: Latta Nurse Name: Latta Date & Time: 2/7/26 @ 8pm

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Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 2/7/26

Assessment: New born baby Crying

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10PM →	Educate the mother - about breast feeding	10pm →	Educate the mother benifits of breast feeding	
12AM →	Explained positioning	12AM →	help in feeding	Feeds well
2AM →	DBF 2nd to 3rd - hourly f/b burping	2AM →	DBF f/b burping	
4AM →	warm care	4AM →	Swaddle the baby & kept in mother side	
6AM →	Ho chart monitor	6AM →	output monitor	

Re-Assessment: Mother was confident about feeding baby was comfortable

Special Notes: GRBS - Monetoring

Nurse Signature: Mathe Nurse Name: Mathe Date & Time: 3/7/26 @ 8am

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

NURSING CARE RECORD

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Shift: ☑ Morning ☐ Afternoon ☐ Night

Date: 2/7/26

Assessment: NAI

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
8AM	#Assess the general condition	8:10AM	#Assessed the general Condition	Baby doing well
9AM	#monitor vitals and Record	9:10AM	#monitored vitals and Recorded	
10AM	# To start SSPT as per doctor order	10:10AM	# Started SSPT as per doctor order	
12pm	# WIF hypothermia	12:10pm	#maintaining temperature	
1pm	#monitor GRBS as per doctor order	1:10AM	# monitored GRBS as per doctor order	

Re-Assessment: Baby is sleeping well under SSPT

Special Notes: GRBS monitoring, SBR, NBS, DOL 48hours of life

Nurse Signature: Lakka Nurse Name: Lakka Date & Time: 2/7/26 @2pm

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 1 D (F)
Dr. VIJAYANAND JAMALPURI

NURSING CARE RECORD

Rainbow® Children's Hospital
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Shift: ☐ Morning ☑ Afternoon ☐ Night

Date: 3/7/26

Assessment: new born baby

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

Time	Plan of Care	Time	Implementation	Evaluation
2PM	Assess general condition of the baby	2:10PM	Assessed general condition of the baby	Baby is Stable
4PM	monitor vitals.	4:15PM	monitored vitals.	
6PM	maintain Ilo chart		maintained Ilo chart	
	Give feed 2nd hourly	6:10PM	Given feed 2nd hourly	
	Ensure safety		Ensured safety	
8PM	check GRBS 36th hour	8P.M	checked GRBS @ 36th hour.	

Re-Assessment: Done

Special Notes: GRBS 48 hrs, SBR, NBS, OAE TLm

Nurse Signature: Syathy Nurse Name: Syathy Date & Time: 3/7/26

Docu. No: RCHBH /FRM / CLINICAL / 148

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 1 D (F)
Dr. VIJAYANAND JAMALPURI

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NURSING CARE RECORD

Shift: ☐ Morning ☐ Afternoon ☑ Night

Date: 3/6/26

Assessment: New born baby (NNP)

Goals

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

Time	Plan of Care	Time	Implementation	Evaluation
10 PM →	Assess the generale - condition of baby	10pm →	baby was crying to me feeds inform to doctor & started top up feeds	continue same
12AM →	W/F Dure activity	12AM →	baby was active	
2AM →	W/F Phototherapy - intensity	2AM →	baby sleeping on phototherapy	
4AM →	DBF + FF and hourly	4AM →	EBM + FF continue tb bueping	
6AM →	plan for vitals	6AM →	vitals cheeked & Recorded	

Re-Assessment: Now baby under phototherapy

Special Notes: SBR, NBS, OAE tlm

Nurse Signature: Mathe Nurse Name: Mathe Date & Time: 4/6/26 @ 8am

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0Y0M0D4H (F)
Dr. VIJAYANAND JAMALPURI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Vijayand · Jamalpuri Department: 3rd floor Date of Admission: 2/7/26

SITUATION

Diagnosis: Neonatal

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

	Area / Shift Time	BB 2nd floor 8am–2pm	3rd floor 2pm–8pm	3rd floor 2pm–8pm	2nd floor 8pm–8am	3rd floor 8am–2pm	3rd floor 2pm–8pm
BACKGROUND	Medical Condition (Any special condition to be noted):	NA	NA	NA	NA	NA	NA
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.8F	97.2	98.1F	97.9F	98°F	98.1F
	Res:	40	40	40b/m	31b/m	42b/m	41b/m
	SpO_2:	99	99	100%	98%	100%	100%
	Pulse:	180bm	136b/m	144b/m	131b/m	140b/m	140 b/m
	BP:	—	—	—	—	—	—
	Fall Risk Score:	—	—	—	—	—	—
	Pain Score:	—	0/10	0/10	0/10	0/10	0/10
Recommendations	Safety Needs:	ups	cot side	cot side care	cot side care	cot side care	cot sides
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Others Specify:	NA	NA	NA	NA	NA	NA
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Other Special Orders / Medications:	NA	GRBS 2hrly	NA	GRBS monitoring	GRBS monitoring	GRBS 2hrly NBM
Post Operative Procedure Special Orders:		NA	NA	NA	NA	NA	NA
Handed Over By Name :		Shobha	Sushant	Lakshmi	Mathe	Lakshmi	Jyothi
Signature :				Lakshmi		Lakshmi	Jyothi
Date:		2/7/26	2/7	2/7	3/7/26	3/7	3/7
Time:		2pm	@2pm	@8pm	@8am	@2pm	@8pm
Taken Over By Name :		Sushant	Lakshmi	Mathe	Lakshmi	Jyothi	Mathe
Signature :			Lakshmi		Lakshmi	Jyothi	
Date:		2/7/26	2/7	2/7/26	3/7	3/7	3/7
Time:		@2pm	@2pm	@8pm	@8am	@2pm	@8pm

BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 0 D 4 H (F)
Dr. VIJAYANAND JAMALPURI

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. V.J Department: 3rd Floor Date of Admission: .....

SITUATION

Diagnosis: New born baby

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

BACKGROUND

Area / Shift Time	3rd Floor 8pm-8am					
Medical Condition (Any special condition to be noted):	NA					

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	97.9F					
Res:	31brm					
SpO_2:	98%					
Pulse:	135bpm					
BP:	—					
Fall Risk Score:	—					
Pain Score:	0/10					

Recommendations

Safety Needs:	Yes					
Physiotherapy	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Others Specify:	NA					
Special Diet:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Other Special Orders / Medications:	NA					
Post Operative Procedure Special Orders:	NA					
Handed Over By Name :	Mathe					
Signature :	M					
Date:	4/7/26					
Time:	@8am					
Taken Over By Name :	Sushanth					
Signature :	[illegible]					
Date:	4/7/26					
Time:	@8am					

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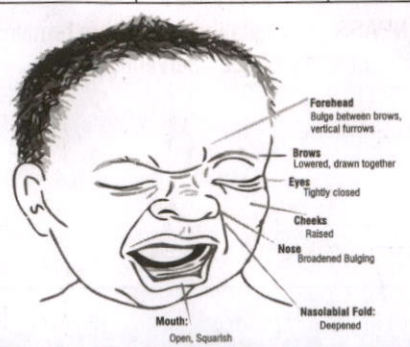
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						2/7	2/7	3/7	3/7	3/7	3/7			
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						10pm	1pm	10pm	10am	7pm	10pm			
					Procedure ➡	GRP	GRBS	RBS	RBS	RBS	RBS			
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0	0			
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0			
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0	0			
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0			
Gestational Age / Corrected Age						37+1 wks	37+1 wks	37+1 wks	37+1 wks	37+1 wks	37+1 wks			
Total Pain / Agitation Score						NA	0/10	NA	0/10	0/10	0/10			
Intervention						NA	NA	NA	NA	NA	NA			
Effectiveness						NA	NA	NA	NA	NA	NA			
Signature						Shobha	Rao	Mounika	Latha	Jyothi	Mounika			



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

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

(P.T.O)

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

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THE HUMPTY DUMPTY SCALE 2/7 3/7 3/7 3/7

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	4	4	4	4	
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2					
	Female	1	1	1	1	1	
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1					
Cognitive Impairments	Not aware of Limitations	3					
	Forget Limitations	2					
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	
	Patient Placed in Bed	2					
	Outpatient Area	1	1	1	1	1	
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	3	1			
	Within 48 hours	2		3	3	3	
	More than 48 hours/ None	1					
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	
	Total		16	16	16	16	

Intervention: -Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position		X	X	X	X	
Call device within reach		✓	✓	✓	✓	
Wheels Locked		✓	✓	—	✓	
Room free of clutter		✓	✓	✓	✓	
Adequate lighting		✓	✓	✓	✓	
Wheel chair support		✓	X	X	X	
Other Intervention(s) Specify		X	X	X	X	
Nurse's Name:		Shoba	Latha	Jyothi	Kavitha	
Signature:		S	Latha	Jyothi	K	
Date:		2/7	3/7	3/7	3/7	
Time:		2pm	8pm	8pm	8pm	

Docu. No. : RCHBH /FRM / CLINICAL / 005

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BRADEN 'Q' SCALE

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				Date : / Time :			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	2	2	2	2
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	2	2	2	2
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	2	2	2	2
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	2	2	2	2
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	2	2	2	2
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	18	18	18	18
				Evaluator's Name	Shobha	Mary	Lalita	Jyoti

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

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

CONSENT FOR FORMULA FEEDS

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BAH-00660449 IP5-00175853
Baby Of MUNUGALA AISHWARYA
02-07-2026 0 Y 0 M 1 D (F)
Dr. VIJAYANAND JAMALPURI

Patient Name : .. .. Age : ..... Gender : ☐ Male ☐ Female

UHID No : .... Department : ..... Date : .....

I Mr / Mrs. : .... aged ..... years, hereby declare that I have admitted my ☐ son / ☐ daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

Patient Attendant :

Signature : M. Aishwarya

Name : M. Aishwarya

Relationship with Patient: Mother

Date & Time : 3/7/26 @ 1pm

Witness :

Signature : M

Name : Mother

Date & Time : 3/7/26 @ 11pm

Doctor (who is taking the consent) :

Signature : Sohel

Name : Dr- Sohel

Date & Time : 4/7/26

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
BAH-00660449 IP5-00175853 Baby Of MUNUGALA AISHWARYA 02-07-2026 0 Y 0 M 0 D 1 H (F) Dr. VIJAYANAND JAMALPURI	2/7/26 7:19 Am	2/7/26 @ 11:30 Am
	Transfer Ordered by Dr Ruchanjali	Reason for Transfer Observation
From Unit BB-II	To Unit 3rd floor (329	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Shobha	Dr. Vijayanand.

Patient & Clinical Records Received by : Sushantha @ 11:45 Am.

Date & Time of Patient Received :

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

☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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BREASTFEEDING HISTORY FORM

Mother's Name: MRS. AISHWARYA Baby's Name: Blo. AISHWARYA Date of Birth: 2/7/26

Reason for consultation: Lactation Counselling for mother

1. Baby's feeding now (ask all these points)	Breastfeeds yes	Day	Night
	How often 2-2½ hrs		
	Length of breastfeeds 15-20 min		
	Longest time between feeds 2-2½ hrs		
	(time mother away from baby)		
	One breast or both breasts Both		
	Complements (and water)	Pacifier (Yes / NO)	
	What given		
	When started		
	How much NO		
	How is it given		
2. Baby's health and behaviour (ask all these urine output (more/less than points))	Birth weight 3004 kg	Weight now 2.981 kg	Growth
	Premature term	Twin	
	Urine output (more/less than 6 times per day)		
	Stools (soft and yellow/brown; or hard or green; frequency)		
	Feeding behaviour good		
	Illnesses	Abnormalities NO	
3. Pregnancy, birth, early feeds	Antenatal care (attended/not)	Breastfeeding discussed? Yes / No	
	Delivery: Normal / C – section	Early contact (First – 1 hour) Yes / No	
	Rooming – in Yes / No	Time first breast feed (if not within 1st hour) yes	
	Prelacteal feeds Yes / No (If Yes,)		
	What given	How given	
	Formula samples given to the mother Yes / No		
	Postnatal help available for breastfeeding Yes / No		
4. Mother's condition and family planning	Age 30 yrs	Breast condition Normal	
		Motivation to breastfeed yes	
	Family planning method	Alcohol, smoking, coffee, other drugs Yes / no	
5. Previous infant feeding experience	Number of previous babies Primi	Experience good or bad	
	How many breastfeed	Reasons	
	Any bottles used NO		
6. Family and social situation	Working / Home maker	Literacy status Educated	
	Father's attitude towards breastfeeding Positive		
	Other family members attitude towards breastfeeding	Counselled about DBF	
	Help with child care		
	What others say about breastfeeding		

Lactation Consultant:

Signature: ..... Name: ..... Date & Time: 8/7 9am

LACTATION ASSESSMENT FORM

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Mother's details: MRS. AISHWARYA

Baby details: B/O. AISHWARYA

Delivery: Vaginal ☑ Cesarean ☐ Vaccum ☐ Forceps ☐ Gravida ☑ GA ☐ 37 + 1 wks

Reason for Visit: BF rounds ☑ Doctor Reference ☐ Patient Request ☐

BF previous baby: NO Previous BF difficulty: NO

Present Lactation:

Colostrum: Yes ☑ No ☐ **Breast:** Normal ☑ Engorged ☐ Soft ☐ Tender ☐

Nipples: Flat ☐ Inverted ☐ Everted ☑ **Direct BF:** Yes ☑ No ☐

Expressed / Pallada feeding: Yes ☐ No ☑

LATCH Assessment:

	0	1	2	SCORE					
				D-1	D-2	D-3	D-4	D-5	D-6
LATCH	Too sleepy not sustained LATCH / suck	Repeated attempts for suck / latchHold nipple in mouth	Grasps breast tongue downlips flanged Rythmical sucking	1	2				
AUDIBLE SWALLOWING	None	A few with stimulation	Spontaneous & Intermittent	1	1				
TYPE OF NIPPLE	Inverted	Flat	Everted (After stimulation)	2	2				
COMFORT	Engorged cracked Bleeding large Blisters bruises	Filling reddened small blisters / bruises	Soft Non tender	2	2				
HOLD	Full Assist	Minimal assist	No assist	1	1				
			Total Score	7	8				

BABY WEIGHT CHART							FIRST FEED	
Date	2/7/26						Breast Feed	Top Feed
Weight	2.981							

Teaching Instructions: Deep latch

Discharge Instructions: urine output & weight monitor

Feed Frequency Duration: 2-2½ hrs

Feeding techniques: cross cradle

Assessment of output: Good

Sources of BF assistance at home: Handout

Next Follow up: 1 weeks

Lactation Consultant: Name: Supriya Signature: Date & Time: 3/7 9n

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BREASTFEEDING OBSERVATION CHART

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leave ☐ blank for Not Applicable:

Observation Parameters	Date & Time	2/7/26	2/7/26	2/7/26	2/7/26																				
	No. of Feeds	1	1	1	1																				
Body Position	• **Mother relaxed and comfortable**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Shoulders tense, leans over baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's head and body in straight line**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's head and body is not straight line	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's body close to mother's**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby's body not close to mother's	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby's back**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Only shoulder or head supported	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Breast well supported** (optional)	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breast supported in scissor hold or nipple being pushed in baby's mouth	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Supine**	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Sitting	☐	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Responses	• **Baby roots for breast**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No rooting observed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby explores breast with tongue**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby not interested in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby calm and alert at breast**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby restless or crying	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Baby stays attached to breast**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Baby slips off breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Signs of milk ejection, (leaking, after - pain)**	☑	☑	☑	☐	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No signs of milk ejection	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Emotional Bonding	• **Secure, confident hold**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nervous or limp hold	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Face-to-face attention from mother**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• No mother/baby eye contact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Much touching by mother**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Little touching or Shaking or poking baby	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anatomy	• **Breasts soft after feed**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Breasts engorged	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Nipples average size**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Nipples large / flat/ inverted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **No lump in breast**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lump in breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Suckling	• **Mouth wide open**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Mouth not wide open, points forward	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Chin touching the breast and nose close to breast**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Chin and nose away from the breast	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Lower lip turned outwards**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Lower lip turned in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Cheeks round**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Cheeks tense or pulled in	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• **Slow deep sucks, bursts with pauses**	☑	☑	☑	☑	☑	☑	☑	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	• Rapid sucks only	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Baby Suckled for (in Minutes)	Left:	15 min	20 min	15 min	20 min	20 mins	20 mins	20 mins	20 mins																	
	Right:	20 min	20 min	15 min	15 min	15 mins	15 mins	15 mins	20 mins																	
	EBM (in ML)	NO	NO	NO	NO	NO	NO	NO	NO																	
	Formula Feeds	NO	NO	NO	NO	NO	NO	NO	NO																	
	Birth Weight	3.00 kg	3.00 kg	3.00 kg	3.00 kg	3.00 kg	3.00 kg	3.00 kg	3.00 kg																	
	Present Weight	2.98 kg	2.98 kg	2.98 kg	2.98 kg	2.098 kg	2.098 kg	2.098 kg	2.098 kg																	
	Weight Loss	18 gm	18 gm	18 gm	18 gm	139 gm	139 gm	139 gm	139 gm																	
	Nurse Signature:																									
	Nurse Name:	Roojith	Shobi	Roojith	Roojith	Shanthi	Shanthi	Shanthi	Shanthi																	