HNH-0001612
Baby BHAVANI JETLING
02-07-2026 0Y0M0D1H (M)
Dr. S TEJASWI REDDY

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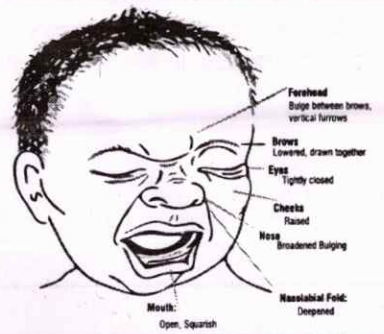
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						E	N1	1006	E2	N1				
					Procedure ➡	—	—	—	—	—	—			
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	NA	ND	CLD	NA	NA	ND			
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)	NA	ND	CLD	NA	ND	ND			
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	ND	CLD	NA	ND	ND			
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	ND	CLD	NA	ND	ND			
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	NA	ND	CLD	NA	ND	ND			
Gestational Age / Corrected Age						33+0 w	33 wks	38+2 wks	39+1 wks	39+4 wks	—			
Total Pain / Agitation Score						—	—	—	—	—	—			
Intervention						—	—	—	—	—	—			
Effectiveness						—	—	—	—	—	—			
Signature														



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

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.

HNH-00016312 IP26-00006719
Baby BHAVANI JETLING
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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CHECKLIST FOR THROMBOPHLEBITIS

2/7/26 8/2/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0		0	0	0	0	0	0			
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1		0	0	Alb	0	0	0			
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	0	Alb	0	0	0			
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	0	Alb	0	0	0			
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	0	Alb	0	0	0			
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	0	Alb	0	0	0			
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Bhavani Name : Bhavani

Signature of Ward In Charge :

Signature : Bhavani Name : Bhavani

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00016312 IP26-00006719
Baby BHAVANI JETLING
02-07-2026 0 Y 0 M 0 D 1 H (M)
Dr. S TEJASWI REDDY

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 2/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✓	✓	
Excess Fainout (Afferent Tubing) Drained		X	X	
Excess Rainout (Efferent Tubing) Drained		X	X	
Temperature Probe away from Heat / Cover with Aluminium Foil		X	✓	
Gas Bubbling Continuously		X	X	
Water Level at Desired Level in Bubble Chamber.		X	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Laxmi	Sapna	
Signature of the Nurse:				
Date & Time:		2/7/26	2/7/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Baby Of BHAVANI
02-07-2026 0 Y 0 M 0 D 23 H (M)
Dr. S TEJASWI REDDY

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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 3/7/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓		
Flow Between 5-7 Litres / Min	✓	✓		
Humidifier Temperature Correct (36.5-37.5*C)	✓	✓		
Humidifier Water Level Correct	✓	✓		
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓		
Tubing Correctly Placed (Position & Leak)	✓	✓		
Excess Fainout (Afferent Tubing) Drained	✗	✗		
Excess Rainout (Efferent Tubing) Drained	✗	✗		
Temperature Probe away from Heat / Cover with Aluminium Foil	✗	✓		
Gas Bubbling Continuously	✗	✗		
Water Level at Desired Level in Bubble Chamber.	✗	✓		
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓		
Nasal Prong/ Mask Correctly Placed	✓	✓		
Hat Fits Snugly	✓	✓		
Moustache Suitable and Effective	✓	✓		
Nasal Bridge Intact	✓	✓		
Septum Intact	✓	✓		
POSITION:				
Head Position Correct	✓	✓		
Head Roll - Correct Size and Position	✓	✓		
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring	✓	✓		
Oro Nasal Suctioning Documentation	✓	✓		
OG Tube in SITU	✓	✓		
Baby Comfortable	✓	✓		
Chest Retractions	✓	✓		
Name of the Nurse:		prasanna		
Signature of the Nurse:				
Date & Time:	3/7/26 0800	3/7/26		

*If CPAP is being given through Dragger ventilator then make sure that Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00013639 IP26-00006714 Mrs BHAVANI JETLING 05-12-1995 30 Y 6 M 27 D (F) Dr. SWAPNA SAMUDRALA	2/7/26 @ 9:35 Pm	2/7/26 @ 4:55 Pm
	Transfer Ordered by Dr. Sushanth	Reason for Transfer RD
From Unit RDR	To Unit (NICU)	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File Nil	Number of Imaging Films Nil	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.	MT	
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Madhumitha	Dr. Sushanth

Patient & Clinical Records Received by : 2/7/26 5pm

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

Tsb. Bhavani J

PATIENT STICKER

DATE : 02/02/21

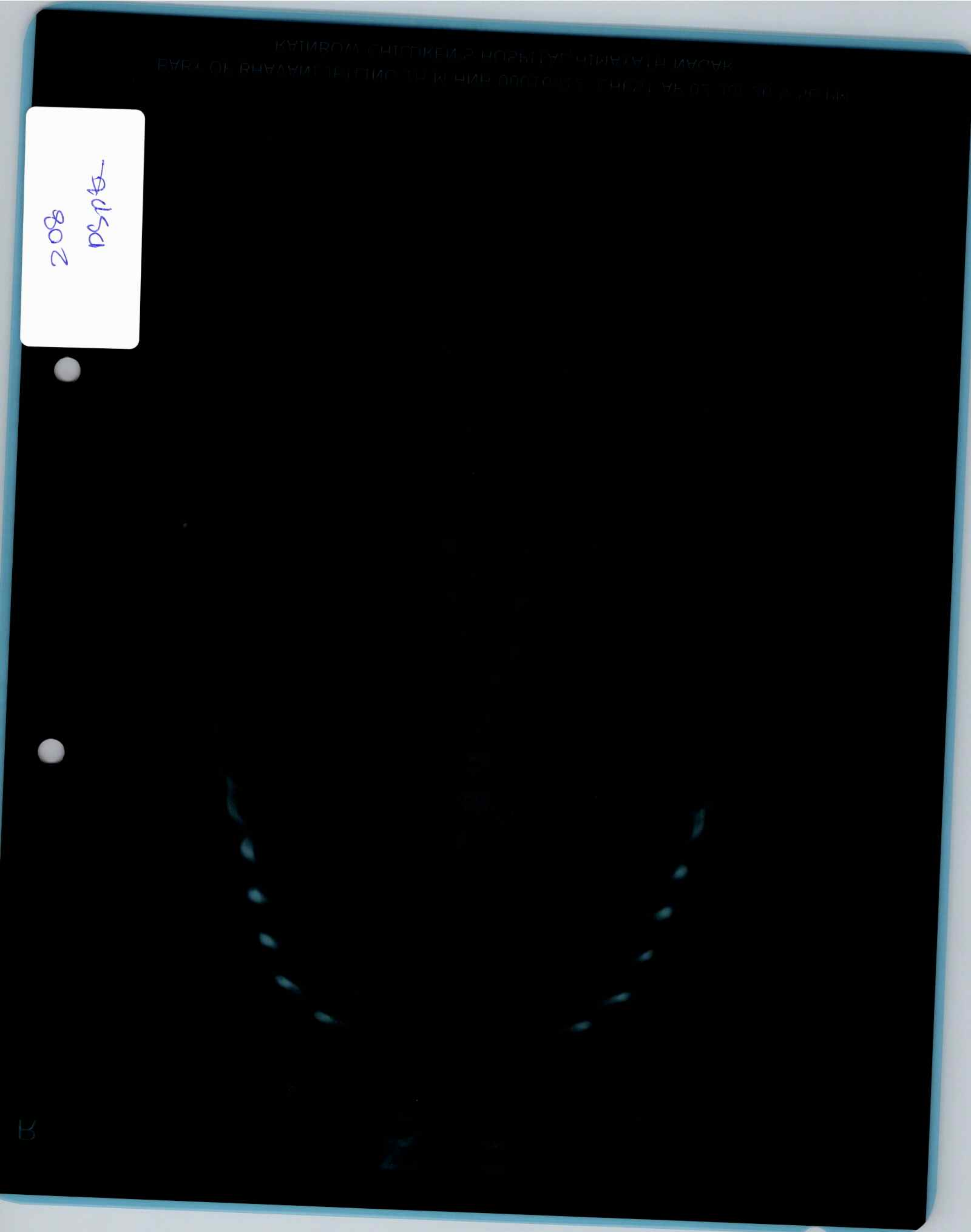
NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	Normal		
2	Pre natal teeth	No		
3	Anal opening	✓		
4	Genitalia	Male Genitalia		
5	Spine	Normal		
6	Red reflex	Yet to Check		
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature


R
BABY OF BHAVANI JETTING TH M 6NH 000163 CHEST AP 02 JUL 26 5:56 PM
RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR



RAINBOW CHILDREN'S HOSPITAL HIMAYATH NAGAR