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 : IP5-00171513 **Admit Date** : 23-Mar-2026 **Admit Time** : 07:32 AM **UHID** : BAH-00651673

Patient Details :

Patient Name	: Baby Of KATTA V SANGAMITRA	**Age**	: 0 D
Guardian	: Mr DEVARA CHIRULAVYA	**DOB**	: 23-03-2026 07:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #9-2-107 subbareddy colony near bhashyam school, Janga Reddi Gudem Karimnagar Telangana INDIA 534447	**Phone No**	: 9620108408/ 6300144460
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 242 **Ward Name** : 2F-NICU 1

Room No : NICU 242 **Admission Type** : First Visit

Contact Details :

Name : Mr DEVARA CHIRULAVYA **Relationship** : Father

Contact Address : #9-2-107 subbareddy colony near bhashyam school, Janga Reddi Gudem Karimnagar Telangana INDIA 534447 **Phone No** : 9620108408

Signature

Doctor Details :

Doctor Name : Dr. MVB Pratyush **Specialisation** : NEONATAL INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

(1)

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ADMISSION CRITERIA – NICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☑ Operation Theater ☐ Others: .....

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

rematurity and Low Birth Weight Babies:

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

Major Surgical Problems:

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

Criteria for shifting inborn babies from wards to NICU:

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

nature of the Doctor: Sneha

ne of the Doctor: Y. Sneha

& Time: 23/3/26 @ 7:45am

No. : RCHBH /FRM / CLINICAL / 206

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

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DISCHARGE CRITERIA – NICU

Discharge to:

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

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

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

Signature of the Doctor: .....

Name of the Doctor : .....

Date & Time: .....

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs. Sangamitra a Age : 35yrs Father's Name : Mr. Devara Chinchaiah Age : .....

Date of Birth : 23/3/26 Date of Admission : 23/3/26 UHID No.: BBH - 65 1613

NICU Consultant : Dr. MVB pratyush 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 Sanghamitra. Katta. Mother's Blood Group : B positive

Gender : ☑ M ☐ F Blood Group : O positive Birth Weight (gms) : 830g Length (cms) : .....

Date of Birth : 23/3/26 Time of Birth : 6:46 am OFC (cms) : .....

Place of Birth : RCH, Banjara Estimated Gesth Age : 26+5

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 35yrs Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 26/8/25 EDD : 2/6/26

Conception : Spontaneous or with Rx. : Spontaneous Betnasol

Booked at what GA. : ..... AN Steroids Drugs / Doses : 2 doses of steroid - 20/3/26-12:30pm - 21/3/26-12:30pm

Last Scans Details : 19/3/26 → SOP=5, cephalic, EFW = 940gm, placenta-posterior TT Immunization and Iron / Folic Acid : Mgso4 LD flb MD (on 20/3/26)

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No PPROM - since 20/3/26. ↳ started cefotaxime metrogyl

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE - Seed HVS c/s

How many Drugs / Doses / Since how long : .....

Mother (20/3/26) → WBC-10.98, Hb-10.2, Plt -

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

- Chronic HTN x 3yrs

IUGR - when detected : - G Labetalol (100mg BD)

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

AFI : Last Scan on 20/3/26 → 26+2, Doppler-N, AFI-0, EFW-717g,

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

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

- Common diet

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication? .....

Any other Chronic Medical Problems, when detected drugs ? .....

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

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : 3 days ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

PAST OBSTETRIC HISTORY

2 P: 1 A: ..... L: 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	- 2019 -	Pereterm (pre-eclampsia)			→ 32 weeks	- Male → 1.9 kgs → AGH
						- NICU stay 5 days.

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☑ Emergency Indication : EM: LSCS

Specify the reason : G/V/O. preterm onset of labour

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : ? 7-24/51/35/-4-8/ pt.3

UVO sample

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	
HEART RATE	Absent	< 100 Minutes	> Minutes	1	2	
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	1	1	
MUSCLE TONE	Limp	Some Flexion	Active Motion	1	1	
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	0	1	
			TOTAL	4/10	6/10	

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

Comments :

- HVS - No growth (No Bacteria / Yeast)
- U/C/S - No growth.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Equipment check done
↓
warmer pre-heated
↓
Delivered by EM. LSCS
↓
didnot cry immediately after birth,
NO efforts,
HR<100
↓
Started PPV
↓
After 2 min of PPV, Heart rate improved (>100),
But I/v/o. poor spontaneous efforts Continued PPV for 3 min.
↓
Spontaneous efforts present,
HR >100,
perfusion improved
↓
Connected to DR-CPAP and shifted to NICU for further management

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.4°C HR : 145/min RR : ..... NIBP : ..... CFT : 3 sec

Color of the extremities : Acrocyanotic

Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....

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

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

HEAD TO TOE EXAMINATION

	es :	
	Sutures	(N)
	Shape / Moulding :	
	Edema / Bruising :	
	Size - (H.C.) :	
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion :	(N)
	Asymmetry :	
	Masses :	
EYES :	Symmetry :	To be checked
	Red Reflex :	
	Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape :	(N)
	Periauricular Pits / Tags :	
	Nasal shape / Patency :	
	Palate :	
	Gums :	
	Lips :	
	Tongue :	
THORAX and BREASTS :	Shape of Thorax :	(N)
	Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape :	2A + 1(V)
	Organomegaly :	
	Bowel Sounds :	
	Umbilical Stump :	
	Discharge :	
GENITILIA :	Labia / Hymen :	
	Testicles/penis :	
	Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes :	
	Arms / Legs :	
	Deformities :	
	Mobility :	
	Hip Joint Examination :	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
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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) : 6/10

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

Settings : .....

Spo2 : 96% @ CPAP Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

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

Femoral Pulses : felt Murmurs : .....

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

Abdomen :

Hernia orifice : .....

Shape : ..... Anal Patency : present

Palpation : ..... Umbilical Cord : 2A + 1V Present

Palpable masses : ..... First urine passed : NO

Abdominal girth : ..... Meconium passed : passed

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

ATNR : ..... Skull and Spine : .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

Diagnosis : Extreme preterm / ELBW / delayed transition / RDS / PPROM (3days) / IDM

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : Dr Anusha / Dr Aneeha

Name : Anusha

Date & Time : 22/3/26

Consultant :

Signature :

Name : Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

Date & Time : 23/3/26

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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.

00651673 IP5-00171513
Of KATTA V SANGAMITRA
2026 0 Y 0 M 16 D (M)
VB Pratyush

AT THE TIME OF TRANSFER TO THE WARD

Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

Plan:

Medications : .....

- Shift to NICU.

- plan Surfactant & intubation (SOS)

Plan during ward follow up :

- TV - 80ml/kg/day.

- CAC, UVC insertion.

- To send CBP, PT, APTI, INR, Blood cls, Gas, RBS NOW.

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

Screenings done during NICU Stay :

- CXR along with central lines.

NSG : .....

Hearing Screen : .....

- RBS 6th hourly.

ROP : .....

TFT : .....

NP2 : .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

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RESULT SHEET

Date	23/3/26	24/3/26	25/3/26	26/3/26	27/3/26	29/3/26
Time		7:22 AM	6:30 am	7:08 Am	7 am	7 Am
Hb	11.4	12.8	11.1		12.4	10.8
PCV	37	41.7	37.1		40.5	33.6
RBC	3.38	3.91	3.40		3.79	3.27
WBC	GCSF 2.10	8.88	14.90		26.31	39.64
N/L	25.7/64	37.0/9.5	81.7/4.6		63.4/11.9	53.9/12.4
Platelets	2.68 la	205	204		209	290
CRP		36.0	22		5.0	5.0
ESR						
PCT						
RBS						
Na		137			135	
K		5.5			4.0	
Cl		112			115	
Ca/Mg		7.0/			9.1/	
Phosphate						
Urea		56			124	110
Creatinine		1.0			1.0	1
ALP						
SGPT						9
SGOT						22
T.Bill/Conj		4.4<0.1 4.3			7.0<0.1 6.9	
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	PPM 24/1.9			20/1.5		
APTT	63			43		
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BA1-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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RESULT SHEET

(3)

Date	6/4/26	7/4/26	7/4/26	8/4/26	10/4/26	11/4/26
Time	5:46	8 AM	5:15 PM	9:30 AM		
Hb	8.7			11.8		
PCV	28.8			39.3		
RBC	2.90			4.01		
WBC	32.54			32.19		
N/L	78.6 / 12.4			74.3 / 13.1		
Platelets	404			429		
CRP				5		
ESR						
PCT					1.48	
RBS						
Na						
K						
Cl						
Ca/Mg		10.2 /				
Phosphate		3.9				
Urea			63			
Creatinine			0.9			
ALP		311				
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						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
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RESULT SHEET

Date	31/3/26	2/4/26	2/4/26	3/4/26	4/4/26	5/4/26
Time	@1pm		5:40pm	@8PM	6AM	6AM
Hb		9.9	11.1		10.7	
PCV		32.6	35.5		35.0	
RBC		3.11	3.67		3.57	
WBC		52.99	40.61		20.76	
N/L		73/8.7	72.4/13.4		71.0/18.7	
Platelets		646	437		432	
CRP		16.0	5.0			
ESR			—			
PCT		>	5.72			1.54
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea	42					
Creatinine	1.2					
ALP				234		
SGPT				16		
SGOT				57		
T.Bill/Conj	8.8 / 0.1 / 8.7			5.1 / 0.1 / 5.0		
T.Protein				5.8		
S.Albumin				3		
S.Globulin				2.8		
A/G Ratio				1		
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate			PPP			
S.Cholesterol						
PT/INR		21/1.6	19/1.5			
APTT		43	39			
CSF Protein / Sugar						
Cells						
N/L						

Date	31/04/26	2/4/26				
Time		5:19pm				
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	PCT →	5.72				
T4	4.93					
T3	59.09					
TSH	3.63.					

Culture and Sensitivities : Bloodcls - no growth after 48H 31/03/

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

BAH-00051673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVE Pratyush

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RESULT SHEET

Date	11/4/26	14/4/26	17/4/26	21/4/26	26/4/26	27/4/26
Time	5AM	4:41pm	7:20AM	5:57AM	3PM	18:41
Hb	11.1	10.8		9.9	9.3	
PCV	34.1	34.8		30.8	28.6	
RBC	3.76	3.74		3.44	3.23	
WBC	8.16	13.83		16.23	12.27	
N/L	60.7/20.2	57.7/22.2		65.3/19.1	55.6/23.5	
Platelets	492	449		802	509	
CRP	—	15	5		5	
[redacted]SR						
PCT						
RBS						
Na				132	128	129
K				5.7	3.8	4.2
Cl				105	97	100
Ca/Mg			10.1	10	10.2	
Phosphate			2.1	4.2	3.2	
Urea						
Creatinine					~~371~~	
ALP			329	490	371	
SGPT						
SGOT						
[redacted]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						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

B/O. Sangamitra

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RESULT SHEET

Date	20/4/26	1/5/26	3/5/26	4/5/26	5/5/26	5/5/26
Time	5:22Am		4:28Am	4:24PM	8:33 Am	
Hb	7.3 LRBC.		11.6	10.1	8.2	8.1
PCV	22.5		35.9	30.6	24.7	
RBC	2.51		4.17	3.64	3.04	
WBC	8.84		11.45	12.41	12.52	
N/L	43.8/29.9		57.5/24.3	73.2/16.0	77.5/10.8	
Platelets	632		98	55	65	
CRP			123	226		
ESR						
PCT						
RBS						
Na	128	134				
K	3.9	3.1				
Cl	99	104				
Ca/Mg	10.3					
Phosphate						
Urea						
Creatinine						
ALP						
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						

Date						5/5/26
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Procalcitotin						
Interleukin						- 34.4
						- 110.65

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

(7)

Rainbow® Children's Hospital
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RESULT SHEET

Date	11/5/26	12/5/26	14/5/26	15/5/26	16/5/26	27/5/26
Time	@ 8AM		5 am	11:30am	9:56pm	3pm
Hb	9.9		9.5	8.8	14.5	11.7
PCV	29.2		29.7	27.2	43.6	36.4
RBC	3.62		3.52	3.30	5.23	4.30
WBC	13.02		15.45	13,470	12.92	14.33
N/L	60.9/20.1		69.1/21.0	72/19 mono-6	60.8/32.0	48.7/35.2
Platelets	803		152	2,25,000	269	307
CRP				63.0	29	15
ESR						
PCT						
RBS						
Na	128	131		129	135	
K	2.7	3.0		2.7	4.0	
Cl	97	104		93	105	
Ca/Mg	8.2/			6.6/1.2	8.9/2.1	
Phosphate	3.3			4.1	4.5	
Urea						
Creatinine						
ALP	213				405	
SGPT			18			
SGOT			35			
T.Bill/Conj			0.5 / 0.2 / 0.3			
T.Protein			↓3.7			
S.Albumin			1.8 ↓			
S.Globulin			1.9			
A/G Ratio			0.9 ↓			
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						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
CSF Analysis						
Colour	Yellow					
Appearance	TURBID					
PH	8.0					
Clot Formation	No Clot					
CSF Protein	2540					
Glucose	28					
Cell Count	WBC-400 cell					
" Type	Polymorphs - 80% Lymphocytes 20%					

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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RESULT SHEET

6

Date	6/5/26	7/5/26	7/5/26	9/5/26		
Time	6:39pm	5:21Am.	2:24pm	5:1am		
Hb		12.8		12.9		
PCV		37.4		38.1		
RBC		4.63		4.65		
WBC		13.58		14.20		
N/L		64/19		141		
Platelets		92 ↑		57.4/16.8		
CRP		51.0 ↓		16 ↓		
ESR						
PCT						
RBS						
Na	135			131		
K	4.0			3.3		
Cl	100			100		
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
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	14/1.0					
APTT	32					
CSF Protein / Sugar						
Cells						
N/L						

Date			7/5/26			
Time			2:24pm			
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
colour			colourless			
Appearance			clear			
PH			8.0			
clot formation			No clot			
CSF protein			427			
CSF Glucose			20			
cell count			95 cells			
cell Type			Polymorphs 20%			
			lymphocyte 80%			

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

(1)

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
23|3	8Am	101mg/dl	10%-D	
23|3	4pm	182mg/dl	10%-D	
24|3	2am	163mg/dl	10% Dex	
24|3	1pm	166 mg/dl	10% Dex	
24|3	6pm	124 mg/dl	7.5% D+feed	
25|3	1Am	118 mg/dl	7.5% D	
25|3	7am	141mg/dl	7.5% D	
25|3	6pm	161 mg/dl	7.5% D+feed	
26|3	6am	108 mg/dl	7.5% Dex	
27|3	6am	103 mg/dl	7.5% TPN	LO
27|3	6pm	98mg/dl	7.5% TPN+feed	
28|3|26	6AM	105mg/dl	7.5% TPN+Feed	
28|3|26	6PM	181mg/dl	7.5% TPN+feed	
29|3|26	6pm	106 mg/dl	7.5% TPN+Foe	
30|3|26	6pm	93mg/dl	7.5% TPN+feed	
31|3|26	6Am	103mg/dl	7.5% TPN+feed	
31|3|26	6pm	132mg/dl	7.5% TPN+feed	
1|4	6am		7.5% PN	
1|4	6p	101 mg/dl	7.5 TPN	
2|4|26	6 am	134mg/dl	7.5% TPN+ ISOP	
2|4|26	8:30 Am	227 mg/dl	7.5% TPN+ISOP	
2|4|26	1pm	74mg/dl	12.5% ISOP	
2|4|26	6pm	100mg/dl	12.5% ISOP	
3|4|26	6AM	86mg/dl	12.5% TPN	
3|4|26	6pm	111mg/dl	12.5% TPN	
4|4|26	6AM	101mg/dl	12.5% TPN	
5|4|26	12 AM	161mg/dl	12.5% TPN	
5|4|26	6 AM	241mg/dl	12.5% TPN	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

(2)

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
5/4/26	8AM	113mg/dl	Feed + 12.5% TPN	
5/4/26	4pm	120mg/dl	Feed + 12.5% TPN	
6/4/26	6 am	130 mg/dl	Feed + 12.5%	
6/4/26	6 pm	64 mg/dl	12.5% - TPN	
7/4/26	6 am	137 mg/dl	Feed + TPN	
7/4/26	10 pm	98 mg/dl	feed + TPN	
7/4/26	6 am	148 mg/dl	Feed + TPN	
9/4/26	6am.	112 mg/dl	feed + 12.5% TPN	
10/4/26	6 am	105 mg/dl	Feed + 12.5% TPN	
11/4/26	8am	110 mg/dl	feed + 12.5 TPN	
12/4/26	6am	84 mg/dl	Feed and TPN	
13/4/26	5AM	87 mg/dl	12.5% TPN	
14/4/26	7AM	78 mg/dl	11 + feed	
15/4/26	7AM	79 mg/dl	11	
15/4/26	2:30pm	183 mg/dl	12.5 + TPN	
16/4/26	7AM	100 mg/dl	11	
17/4/26	7AM	70 mg/dl	11 + feeds	
18/4/26	7AM	79 mg/dl	11	
19/4/26	6 AM	90 mg/dl	11	
20/4/26	6 AM	81 mg/dl	11	
21/4/26	6 AM	72 mg/dl	full feeds	
22/4/26	6AM	97 mg/dl	Full	
23/4/26	6AM	107 mg/dl	Full	
24/4/26	6 AM	134 mg/dl	Full	
25/4/26	6am	127 mg/dl	Full feed	
26/4/26	1:30pm	106 mg/dl	full feed	
27/4/26	6AM	92 mg/dl	Full feed	
28/4/26	6am	151 mg/dl	Full feed	

BAH-00051673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

(3)

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
29/4/26	6am	86mg/dl	full feed	
30/4/26	6am	83mg/dl	full feed	
1/5/26	12AM	108mg/dl.	full feed	
1/5/26	2.30pm	107 mg/dl	full feed	
2/5/26	6AM	118mg/dl	full feed	
3/5/26	6AM	95mg/dL	full feed	
4/5/26	6AM	145mg/dL	full ful	
5/5/26	6AM	228/215mg/dl	10% IVF	
5/5/26	10:43AM	104 mg/dl	5% IVF	
5/5/26	9pm	113 mg/dl	5% Isop+ feeds	
6/5/26	6AM	169 mg/dl	5% Isop-	
6/5/26	6pm	93 mg/dl	full feed	
7/5/26	7am	108 mg/dl	ful feed	
8/5/26	6am	112 mg/dl	full feed	
9/5/26	6am	111 mg/dl	full feed	

Patient Sticker

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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ACTIVITY RECORD FOR BILLING

(1)

Name : B/O Sangamitra

UHID No. : BAH-00651673 IP No : IP5-00171513 Consultant: Dr. Pratyush Dept : NICU

Date of Admission: 23/3/26 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/3/26	PT / APTT	26030269	
26/3/26	X - ray	265-015607	
"	VBG RBS	26030349	
23/3/26	Blood C/s, CBP, Blood grouping	26029313	Digeshi
23/3/26	VBG, RBS	26029314	
24/3/26	ABG, RBS	26029657	Digeshi
24/3/26	ABG, RBS	26029707	
24/3/26	NP,	26029708	Digeshi
24/3/26	VBG, RBS	26029948	
25/3/26	VBG, RBS	26030016	Digeshi
25/3/26	ABG, RBS	26030268	
23/3/26	X-Ray	014963	Digeshi
23/3/26	X-Ray	015080	
24/3/26	NSG	015308	Digeshi
25/3/26	X-Ray	015415	
26/3/26	VBG, RBS	26030619	Digeshi
27/3/26	NP,		
"	ABG, RBS		
27/3	VBG, RBS	26031088	
	NSG	15828	
28/3/26	ABG, RBS	26031088	
28/3/26	ABG, RBS	26031499	
29/3/26	CBP, urea, creatine	26031599	
[illegible]	ABG, RBS	26031598	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/3/26	Inv monitor	23/3/26		9522343	
"	Ventilator	23/3/26		9522343	
"	Syp pump - ①	23/3/26		9522343	
"	Syp pump - ②	24/3/26		9523695	
"	Incubator	25/3/26		9526337	
27/3/26	Inv monitor	23/3/26		9522343	
	Ventilator	23/3/26		9522343	
	Syp pump - ①	23/3/26		9522343	
	Syp pump - ②	24/3/26		9523695	
	Incubator	25/3/26		9526337	
28/3/26	Inv. Monidore	23/3/26		9522343	
	Ventilatore	23/3/26		9522343	
	syr pump - ①	23/3/26		9522343	
	Syp pump - ②	24/3/26		9523695	
	Ginnafe incubator	25/3/26		9526337	
29/3/26	Inv. Monitore	23/3/26		9522343	
	Ventilatore	23/3/26		9522343	
	Syr. pump ①	23/3/26		9522343	
	Syr. pump ②	24/3/26		9523695	
	Ginnafe Incubator	25/3/26		9526337	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/3/26	TPN	(1)	95524702	
"	ET Intubation	(1)	7523700	
"	PICC LINE	(1)	7523700	
"	UAC	(1)	9523700	
"	Blood Transfusion	(1)	9523700	
"	IV Placement	(1)	9523700	
24/3/26	Conscious sedation	(1)	9527950	Deepshi
26/3/26	TPN	(1)	9527652	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

(2)

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ACTIVITY RECORD FOR BILLING

Name : B/o katta v sangamitra

UHID No. : 651673 IP No : 17.5.13 Consultant: Dr. Prathyush Dept : NICU

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	Dr. Sri Bharagvi	1/4/26	9537483	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/3/26	CRP	26031647	
	SGOT, SGPT	26031731	
	Blood cultura	26031766	[illegible]
	ABG, RBS	26031732	
30/3/26	ABG, RBS	26031895	
30/3/26	ABG, RBS	26032194	[illegible]
30/3	NSG	R265-016360	[illegible]
31/3/26	ABG, RBS	26032306	[illegible]
31/3/26	Urea, Creatinine, SBR	26032447	[illegible]
31/3/26	ABG, RBS	26032446	
31/3/26	CXR	R265-016642	[illegible]
31/3/26	ABG	26032597	[illegible]
1/4/26	TFT	26032655	[illegible]
1/4/26	ABG GRBS	26032874	[illegible]
	2Dcho	016796	
2/4/26	VBG, RBS	26033262	[illegible]
"	RBS - (2)	26033262	
2/4/26	CBP, CRP, PCT	26033214	[illegible]
"	PTINR	26033218	
2/4/26	RBS - (1)		
"	C-x-Ray	016869	[illegible]
2/4/26	X-Ray	017023	
"	NSG	016949	
2/4/26	Blood C/S	26032941	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/3/26	Inv. monitor				
	ventilator	23/3/26		9522343	
	syr. Pump -(1)				[signature]
	syr. Pump -(2)	24/3/26		9523695	
	G. Incubator	25/3/26		9526337	
31/3/26	Inv. monitor				
	ventilator	23/3/26		9522343	
	syr. Pump -(1)				[signature]
	syr. Pump -(2)	24/3/26		9523695	
	G. Incubator	25/3/26		9526337	
31/3/26	DSPT	31/3/26 @3pm	1/4/26 1pm	9536020	[signature]
1/4/26	Inv. monitor				
	ventilator	23/3/26		9522343	
	syr. Pump				
	syr. Pump -(1)				[signature]
	syr. Pump -(2)	24/3/26		9523695	
	G. Incubator	25/3/26		9526337	
	C-PAP	31/3/26	2/4/26 5:45	9536442	
	oxygen	11Am			
2/4/26	Ventilator	2/4/26 5:45		9538285	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/3/26	TPN	1	9534460	
1/4/26	TPN	1		
2/4/26	Blood Transfusion	1	9539266	
2/4/26	TPN	1		
2/4/26	PICCLINE	1	9539263	
2/4/26	IVIG	1	9539833	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

(3)

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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	Dr. Bhargavi	3/4/26	9544280	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
3/4/26	VBG, RBS	26033360	
3/4/26	x-ray Chest	017230	
3/4/26	LFT	26033668	
3/4/26	ABG, RBS	26033667	
4/4/26	CBP	26033813	
4/4/26	RBS,	26033812	
5/4/26	RBS, VBG	26034211	
5/4/26	RBS, VBG	26034213	
5/4/26	Chest x-ray	265-017500	
5/4/26	ABG, RBS	26-034335	
6/4/26	VBG, RBS	26034445	
6/4/26	CBP	26034444	
6/4/26	VBG, RBS	26034892	
7/4/26	VBG, RBS	26034925	
	Alp, Ca++, PO4	26034926	
7/4/26	VBG, RBS 6pm	26034935	
7/4/26	Urea, Creatinine	26035162	
7/4/26	2DECHO	017949	
8/4/26	VBG, RBS	26035195	
8/4/26	CBP, CRP	26035285	
8/4/26	CXR	017979	
8/4/26	RBS	26035604	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/4/26	Inv. Monidor	23/3/26		9522343	
	Syringe Pump (2)	24/3/26		9523695	
	Gr. Incubator	25/3/26		9526337	
	Ventilador	2/4/26 @5:40am		9538277	
4/3/26	Inv. Monitor	23/3/26		9522343	
	Syringe Pump - (2)	24/3/26		9523695	
	Gr. Incubador	25/3/26		9526337	
	Ventilator	2/4/26 @5:40am		9538277	
5/3/26	Inv. Monitor	23/3/26		9522343	
	Syringe Pump (2)	24/3/26		9523695	
	Gr. Incubator	25/3/26		9526337	
	Ventilator	2/4/26 @5:40am		9538277	
6/3/26	inv. monitors	23/3/26		9522343	
	syu pump (2)	24/3/26		9523695	
	Gr. incubator	25/3/26		9526337	
	Ventilators	2/4/26		9522343	
7/3/26	Inv. Monitors	23/3/26		9522343	
	syu pump - (2)	24/3/26		9523695	
	Gr. incubator	25/3/26		9526337	
	Ventilator	2/4/26		9522343	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	Blood transfusion	(1)	9546057	BB
6/6/26	TPN	(1)	9546607	BB
8/6/26	TPN	(1)	9549188	BB

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

(4)

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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : B/o sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr PR Dept : NICU

Date of Admission: 23/3/26 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/4/26	CXR	R265-018179	
9/4/26	VBG, RBS	26035654	
10/4/26	VBG, RBS	26036000	
10/4/26	procalcitonin	26036001	
10/4/26	CXR	018479	
11/4/26	CBP,	26036311	
11/4/26	VBG, RBS	26036312	
12/4/26	~~V~~BG GRBS	26036711	Deepika
12/4/26	X-ray	018779	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/4/26	Inv. monitor	23/3/26 @8:13Am		9522343	
	Ventilator	2/4/26 @8:59pm		9538275	
	Giraffee incubator	25/3/26 @8:44pm		9526336	
	Syringe pump (1)(2)	24/3/26 @2:51Am		9523695	
	Syringe pump (3)	23/3/26 @8:13Am		9522343	
10/4/26	Inv. monitor	23/3/26 at 8:13Am		9522343	
	ventilator	2/4/26 at 8:59		9538275	
	Gr. incubator	25/3/26 8:44Am		9526336	
	Syr pump (2)	24/3/26 at 2:51Am		9523695	
	Syr pump (3)	23/3/26 @ 8:13 Am		9522343	
11/4/26	Inv. monitor	23/3/26 at 8:13		9522343	
	ventilator	2/4/26 at 8:59Am		9538275	
	Gr. incubator	25/3/26 2:51Am		9526336	
	Syr pump (2)	24/3/26 8:14		9523695	
	Syr pump (3)	23/3/26 12:11		9522343	
12/4/26	Inv monitor			9522343	
	ventilator	2/4/26		9538275	
	Syringe pump (1)			9522343	
	Giraffe incubator			9526336	
	Syringe Pump (2)			9523695	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
Dr. MVB Pratyush

(5)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : B/O sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr. PR Dept : NICU

Date of Admission: 23/3/26 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	Dr. Bhargavi	13/4/26	9556675	
2	Dr. NVprasad	16/4/2026	9562190	POOJA. K.
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
13/4/26	VBG, RBS	26037049	
13/4/26	2Deco	018776	
13/4/26	NSG	018872	
14/4/26	VBG, RBS	26037449	
	LBP	26037679	
	CRP		
	* CXRay	019160	
15/4/26	VBG, RBS	26037845	
15/4/26	VBG, RBS	26038058	
16/4/26	VBG, RBS	26038276	
16/4/26	XRay	019477	
17/4/26	CRP	26038713	Hemalata
17/4/26	VBG, RBS	26038714	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/4/26	Inv. monitor	23/3/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	Ventilator	2/4/26		9538275	
	syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	
14/4/26	Inv. monitor	23/3/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	ventilator	2/4/26		9538275	
	syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	
15/4/26	Inv. monitor	23/3/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	Ventilator	2/4/26		9538275	Hemalatha
	syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	
16/4/26	Inv. monitor	23/2/26		9522343	
	Cr. Incubator	25/3/26		9526336	
	CPAP	25/4/26		9560796	
	Oxygen	15/4/26		11	
	~~Cr. Incubator~~				
	Syringe pump ①	23/3/26		9522343	
	syringe pump ②	24/3/26		9523695	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
13/4/26	TPN	1	9557615	[illegible]
16/4/26	TPN	1	9562533	Priyan
16/4/26	Pkc line	1	956253	Priyan
16/4/26	ROP screening	1	9562189	POOgar.K

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

(6)

Rainbow® Children's Hospital
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ACTIVITY RECORD FOR BILLING

Name : B/O sangamitra

UHID No. : 651673 IP No : 171513 Consultant: Dr. PR Dept : NICU

Date of Admission: 23/3/26 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/4/26	RBS		
22/4/26	RBS	26040748	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/4/26	INV. monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	CPAP	15/4/26		9560796	
	Oxygen	15/4/26		11	Hemalatha
	Syp. Pump ①	23/3/26		9522343	
	Syp. Pump ②	24/3/26		9523695	
18/4/26	INV. monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	CPAP	15/4/26		9560796	Hemalatha
	Oxygen	15/4/26		11	
	Syp. Pump ①	23/3/26		9522343	
	Syr. Pump ②	24/3/26		9523695	
19/4	INV. Monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	CPAP	15/4/26		9560796	Hemalatha
	Oxygen				
	Syringe pump ①	23/3/26		9522343	
	Syringe pump ②	24/3/26		9523695	
20/4	INV. Monitor	23/2/26		9522343	
	Gr. Incubator	25/3/26		9526336	
	CPAP	15/4/26		9560796	Hemalatha
	Oxygen				
	Syringe pump ①	23/3/26		9522343	
	Syringe pump ②	24/3/26		9523695	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/2/26	TPN	1	9566475	

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/4/26	GRBS	26041640	
24/4/26	UBG	26041646	
25/4/26	ERBS	26042012	
27/4/26	RBS	260422[illegible]	
1/5	RBS	26044130	
1/5/26.	VRG	26044130	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/4/26	Inv. Monitor				
	Syringpump -(1)	23/3/26		9522343	
	Syring pump -(1)	24/3/26		9523695	
	Giraffe incubator	25/3/26		9526336	[signature]
24/4/26	INV MONITOR			9522343	
	SYR PUMP -(2)	23/3/26		9522343	
	G. INCUBATOR	25/3/26		9526336	
	C-PAP	15/4/26			
	OXYGEN			9560796	
25/4/26	Inv Monitor			9522343	
	Syn pump → (3)	23/3/26		9522343	
	G. Incubator	25/3/26		9526336	[signature]
	CPAPP	15/4/26		9560796	
	Oxygen				
26/4/26	Inv. Monitor			9522343	
	Syr. Pump -(2)	23/3/26			
	G. Incubator	25/3/26		9526336	[signature]
	C-PAP	15/4/26		9526336	
	oxygen			9560796	
27/4/26	Inv. Monitor			9522343	
	Syr. Pump -(2)	23/3/26			[signature]
	G. Incubator	25/3/26		9526336	
	C-PAP	15/4/26		9560796	
	oxygen				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

(8)

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ACTIVITY RECORD FOR BILLING

Name : B/o kattavi sangamitra

UHID No. : 651673 IP No : 0017513 Consultant: Dr. Prathyush Dept : NICU

Date of Admission: 23/3/26 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	Dr. Lvprasad	30/4/2026	9585417	Pooja.
2	DR. Bhargavi.	05/06/26	9593003	
3	L. Vprasad	7/05/2026	9596203	Pooja
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/4/26	RBS	26043037	
29/4/26	RBS	26043429	
30/4/26	S/E	26043756	
"	CBP.	26043756	
"	VBG	26043755	
"	RBS	26043755	
	CRP	26502893	
1/5/26	S. electrolyte	26044426	
	RBS, VBG	26044130	
2/5/26	RBS	26044508	
3/5/26	X-Ray	022438	
3/5/26	CBP, CRP, Gas, RBS	26044817 26044816	
3/5/26	Blood culture	26044892	
4/5/26	RBS	26045142	
4/5/26	VBG, RBS	26045142	
4/5/26	CBP, CRP	26045397	
5/5/26	Urine c/s	26045483	
5/5/26	CBP, RBS, VBG	26045546	
5/5/26	RBS	26045581 26502289	
5/5/26	NSG CRP	26502836	
5/5/26	HB, PT APTT, PCR, PRO-Cal	26045804	
5/5/26	RBS	26045811	
6/5/26	VBG, RBS	26046066	
6/5/26	S/E, CBP		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
~~27/4/26~~ ~~23/3/26~~	Inv. Monitor	23/3/26		9522343	
~~23/3/26~~	Giraffee Incubator	23/3/26		9526336	
~~23/3/26~~	CPAP	~~25~~/4/26		9560796	
	Oxygen	25/4/26		9560796	
28/4/26	Inv. monitor	23/3/26		9522343	
	G. Incubator	23/3/26		9526336	
	CPAP	15/4/26		9560796	
	Oxygen	15/4/26		9560796	
29/4	Inv. monitor	23/3/26		9522343	
〃	G. Incubator	23/3/26		9526336	
〃	CPAP	15/4/26		9560796	
〃	Oxygen	15/4/26		9560796	
30/4	Inv. monitor	23/3/26		9522343	
	G. Incubator	23/3/26		9526336	
	CPAP	15/4/26		9560796	
	Oxygen	15/4/26		9560796	
1/4	Inv. monitor	23/3/26		9522343	
〃	G. Incubator	23/3/26		9526336	
〃	CPAP	15/4/26		9560796	
〃	Oxygen	15/4/26		9560796	
2/4	Inv. monitor	23/3/26		9522343	
	Incubator	23/3/26		9526336	
	CPAP	15/4/26		9560796	
	Oxygen	15/4/26		9560796	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/4/2026	ROP screening	1	09585416.	Pooja
4/5/26	IVIG Transfusion	1	09592151	Chandana
5/5/26	NEB	1		B. Nauj
6/5/26	Blood transfusion	1	9594424	B. Nauj
6/5/26	NEB	1	9594423	B. Nauj
7/5/26	LP.	1	9596230	
7/5/2026	ROP screening	1	9596202	Pooja

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

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ACTI NG

Name : B/o Sangamitra

UHID No. : 651613 IP No : 171513 Consultant: Dr. Pratyush Dept : NICU

Date of Admission: 23/3/26 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
8/5/26	CSF PCR	26046940	Hajera
9/5/26	CBP, CRP, VBG, RBS -	2604703	
10/5/26	NPO, LFT	26047710	
11/5/26	VBG RBS	26047709	
12/5/26	SE	26048131	
12/5/26	VBG, RBS	26048130	
14/5/26	CBP, LFT		
	VBG, RBS		
15/5/26	Blood culture	26049335	
15/5/26	CBP, CRP, Ca, SE, mg, P	26049284	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/5/26	Inv monitor	~~23/3/26~~		~~9562342~~	
9/5	CPAP	15/4/26		9560796	
9/5	Oxygen	15/4/26		9560796	
10/5/26					
11/5/26	Inv. Monidore	23/3/26		2562342	
11/5/26	CPAP.	15/4/26		9560796	
11/5/26	Oxygen.	15/4/26		9560796	
12/5/26	Inv. Monidore.	23/3/26		2562342	
12/5/26	CPAP.	15/4/26		9560796	
12/5/26	Oxygen	15/4/26		9560796	
13/5/26	Inv. Monidor	23/3/26		9562342	
	C-pap	15/4/26		9560796	
	Oxygen	15/4/26		9560796	
14/5/26	Inv. Monidor	23/3/26		9562342	
	C-pap	15/4/26		9560796	
	Oxygen				
	Syringe pump				
15/5/26	Inv. Monidor	23/3/26		9562342	
	C-pap	15/4/26		9560796	
	Oxygen				
	Syringe pump				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/5/26	Neb	(1)	9599046	Haf
10/5/26	Neb	(1)	9602353	(m)
11/5/26	Neb	(1)	9604022	(m)
12/5/26	Nebulo	(1)		Dauk
12/5/26	Nebulization	(1)		Dauk
13/5/26				
15/5/26	IV placement.	(1)	9609648	Haf

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name : Bo Sangamithra (2)

UHID No. : 651673 IP No : 171513 Consultant: Dr. Pratyush Dept : NICU

Date of Admission: 23/3/26 Time : 6.46am 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				
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
16/5/26	M/P2	26049829	
	CRP,		
	Mg^+		
	VBG	26049828	
	RBS		
~~18/5/26~~	~~RBS~~		
18/5/26	RBS (after readmission)		
21/5/26	CBP, CRP	26053916	
28/5/26	whole exome sequencing		
21/5/26	RBS		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/5	Inv. Monitor	23/3/26		956232	
	C-PAP	15/4/26		9560796	
	Oxygen				
	Syp. pump (1)				
17/5	Inv. monitor	23/3/26		956232	
	CPAP	17/5/4.		9560796	
	Oxygen,				
	Syp. pump (1)				
18/5	Inv. monitor	23/3/26		9522343	
	CPAP	15/4/26		9560796	
	Oxygen	15/4/26		9560796	
19/5	Inv. monitor	23/3/26		9522343	
20/5	Inv monitor	23/3/26		9522343	
21/5	Inv. monitor	23/3/26		9522343	
22/5	Inv. monitor	23/3/26		9522343	
23/5	Inv. monitor	23/3/26		9522343	
24/5	Inv. monitor	23/3/26		9522343	
25/5	Inv. monitor	23/3/26		9522343	
26/5	Inv. monitor	23/3/26		9522343	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/5/26	Neb	1		
20/5/26.	MRD & Brace	1		

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

UH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 23/3/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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:				

VERIFIED BY : Name ..... Sign

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

REGULAR PRESCRIPTIONS

Weight. 0.830g Ward. NICU

DRUG : INJ - MEROPENEM

Dose	Route	Frequency	Start Date
33mg	IV	BD	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 40mg/kg/dose

Date/Time: 23/3 24/3 25/3 26/3 27/3 28/3 — STOP

Daily Doctor's Endorsement by a Sign

DRUG : INJ - FLUCONAZOLE

Dose	Route	Frequency	Start Date
2.5mg	IV	TWICE WEEKLY	23/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose

Date/Time: 23/3 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3 — STOP 2/4

Daily Doctor's Endorsement by a Sign

DRUG : INJ - CAFFEINE CITRATE

Dose	Route	Frequency	Start Date
4mg	IV	OD	23/3

Name & Signature of the Doctor Starting the Drugs: Anila

Additional Instructions: (1mL = 20mg) 5mg/kg/day

Date/Time: 24/3 25/3 26/3 27/3 28/3 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4

Order Rewrit

Daily Doctor's Endorsement by a Sign

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Date
	PR	BD	26/3

Name & Signature of the Doctor Starting the Drugs: Dr Aishwarya

Additional Instructions: 0.2ml + 0.2ml NS

Date/Time: 26/3 27/3 28/3 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4 7/4 8/4

Daily Doctor's Endorsement by a Sign

IP5-00171513
A V SANGAMITRA
0 Y 1 M 12 D (M)
ush

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t No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

RUG : HMF SACHET

Dose	Route	Frequency	Start Dt.
	P/O	1 sachet 1 cycle	5/7

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

Additional Instructions: 1 sachet P/O each cycle

Daily Doctor's Endorsement by a Sign

Date / Time	7/5	8/5	9/5
	✓	✓	✓
	—	✓	✓
	✓	✓	—
	✓	✓	
	✓	✓	
	✓		
	✓		
		Dr	Dr

DRUG : Syp. OSSOPAN-D.

Dose	Route	Frequency	Start Dt.
1.1ml	PO	8 8H	8/5/26

Name & Signature of the Doctor Starting the Drugs: Roopika

Additional Instructions: 80 mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5
6am	Aegon	Aegon
2pm	Chandu	
10pm		
	Dr	Dr

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
	P/R	BD	8/5/26

Name & Signature of the Doctor Starting the Drugs: Roopika 0.2ml + 0.2ml NS

Additional Instructions: 0.2 ml + 0.2 ml NS

Daily Doctor's Endorsement by a Sign

Date / Time	8/5	9/5
6pm	Aegon	Aegon
6PM	Chandu	
	Dr	Dr

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY Name

VERIFIED

VERIFIED

Patient Sticker

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

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

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

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

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

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

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.830g Ward .....

DRUG : Inj. MEROPENEM.

Dose	Route	Frequency	Start Dt.
33mg	IV	BD	29/3

Name & Signature of the Doctor Starting the Drugs: Pooja

Additional Instructions: 40mg/kg/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 29/3 30/3 31/3 1/4 2/4 3/4 4/4 5/4 6/4 7/4 8/4 9/4 Late

Shop

Pass & Followed

DRUG : INJ - PARACETAMOL

Dose	Route	Frequency	Start Dt.
12.5mg	IV	6th hrly	29/3

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 29/3 30/3 31/3 1/4 2/4 3/4

Stop

PAD 31/4/26.

DRUG : PROCTOGARD

Dose	Route	Frequency	Start Dt.
	PA perianal	BD	1/4/26

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

Additional Instructions: Local application

Daily Doctor's Endorsement by a Sign

Date/Time: 1/4 2/4 3/4.

Stop

PAD 1/4/26

Sneha Sneha

DRUG : INJ - LIPOSOMAL AMPHOTERICIN-B

Dose	Route	Frequency	Start Dt.
4mg	IV	OD	2/4

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

Additional Instructions: 5mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 2/4 3/4 4/4

STOP

Sneha 4/4/26

Sneha

(P.T.O

VERIFIED BY : Name

Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.840 ..... Ward .....

DRUG : INJ COUSTIN

Dose	Route	Frequency	Start Dt.
33000 IV	IV	TID	2/4

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: 4000 OIU 1/4 1 dose

Daily Doctor's Endorsement by a Sign

Date / Time	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4
6am	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
2pm	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
10pm	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Daily Doctor's Endorsement by a Sign	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]

Stop 10/4 [signature]

DRUG : INJ. FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	twice weekly	6/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	6/4	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4	17/4	18/4	19/4	20/4
2pm	[signature]	X	X	X	[signature]	X	X	[signature]	X	X	X	[signature]	X	X	
Daily Doctor's Endorsement by a Sign	[signature]				[signature]			Sneha				[signature]	Sneha		

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
4mg	IV	OD	7/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: (1mb = 20mg) 5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	7/4	8/4	9/4	10/4	11/4	12/4	13/4	14/4	15/4	16/4	17/4	18/4	19/4	20/4
6am	Niru	Niru	[signature]	[signature]	[signature]	[signature]	Hema	Hema	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Daily Doctor's Endorsement by a Sign	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	[signature]	Sneha	Sneha	Sneha	[signature]	[signature]	Sneha	

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
0.8mg	IV	ONCE DAILY	8/4/26

Name & Signature of the Doctor Starting the Drugs: Dr YR NILESH

1mg/kg/dose

Additional Instructions: Give for 2days stop after Ibuprofen last dose

Daily Doctor's Endorsement by a Sign

Date / Time	8/4	9/4
2pm	[signature]	[signature]
Daily Doctor's Endorsement by a Sign	Sneha	Sneha

STOP

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

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : INJ. FLUCONAZOLE

Dose	Route	Frequency	Start Dt.
2.5mg	IV	twice weekly	20/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 20/4 21/4 22/4 23/4 24/4 25/4 26/4 27/4

STOP Sneha 28/4.

DRUG : SYP CAFFEINE

Dose	Route	Frequency	Start Dt.
0.2ml (4mg)	PO	OD	22/4

Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya

Additional Instructions: 10mg/kg/day 1ml=20ml

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4

DOSE ↑ sed 1/5/24

DRUG : HMF SACHET.

Dose	Route	Frequency	Start Dt.
	OG	each cycle	22/4

Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya

Additional Instructions: ½ sachet in each cycle.

Daily Doctor's Endorsement by a Sign

Date/Time: 22/4 23/4

changed.

DRUG : HMF Sachet

Dose	Route	Frequency	Start Dt.
	OG	each cycle	23/4

Name & Signature of the Doctor Starting the Drugs: N. Pratyusha.

Additional Instructions: 1 sachet in each cycle

Daily Doctor's Endorsement by a Sign

Date/Time: 23/4 24/4 25/4 26/4 27/4 28/4 29/4 30/4 1/5 2/5 4/5 5/5

Docu. No. : RCHBH /FRM / CLINICAL / 108

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : OSSOPAN - D

Dose	Route	Frequency	Start Dt.
1ml	PO	Q8H	24/4

Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya

Additional Instructions: Dr 5ml = 125mg Ca2+ @ 80mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5	6/5	7/5
6am	X	Neeh	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Sai	Sai	Hold	Hold	Hajera
2pm	X	vidya Abin	vidya Abin	vidya Abin	Bhavani	Bhavani	HOLD	HOLD	Kushal	Kushal	Bhavani	Bhavani	Bhavani	Bhavani
10pm	Neeha	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Sai	Sai	Chandra	Hajera	Hajera	Hajera
Daily Doctor's Endorsement by a Sign														

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
	P/R	BD	26/4.

Name & Signature of the Doctor Starting the Drugs: Poojith

Additional Instructions: 0.2ml + 0.2ml NS.

Daily Doctor's Endorsement by a Sign

Date / Time	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5	6/5	7/5	8/5
6am		Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Sai	Sai	Chandra	Hajera	Hajera	Hajera	Hajera
6pm	vidya Abin	vidya Abin	vidya Abin	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Bhavani	Chandra	
Daily Doctor's Endorsement by a Sign														

DRUG : OROFER - XT DROP

Dose	Route	Frequency	Start Dt.
0.3ml	P/O	OD	27/4

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 3ms/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5	6/6	7/6	8/5	9/5
10pm	Bhavani	Bhavani	Bhavani	HOLD	Sai	Sai	Sai	Sai	Hajera	Hajera	Hajera	Hajera	
Daily Doctor's Endorsement by a Sign													

DRUG : 3% Nacl

Dose	Route	Frequency	Start Dt.
1.5ml	OG	each cycle	28/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 3meq/kg/d

Daily Doctor's Endorsement by a Sign

Date / Time	28/4	29/4	30/4	1/5	2/5
	/	/	/	HOLD	
	/	/	/		
	/	/	/		
	/	/	HOLD		
Daily Doctor's Endorsement by a Sign					

SIOD

VERIFIED Abin

VERIFIED Signature

VERIFIED BY : Name Dmurgan

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 0.8 kg Ward .....

DRUG : INJ IBUPROFEN

Dose	Route	Frequency	Start Dt.
0.5mg	IV	Q24hrly	8/4/26

Name & Signature of the Doctor Starting the Drugs: DR NILESH

Additional Instructions:
5mg/kg/dose Q24hrly
stop after 2 doses

Daily Doctor's Endorsement by a Sign

Date	8/4	9/4
Time	10:30 PM	

DRUG : INJ IBUPROFEN

Dose	Route	Frequency	Start Dt.
4.2mg	IV	Q24hrly	8/4/26

Name & Signature of the Doctor Starting the Drugs: DR NILESH

Additional Instructions:
5mg/kg/dose OD
stop after 2 doses

Daily Doctor's Endorsement by a Sign

Date	8/4	9/4
Time	10:30 PM	

DRUG : INJ PARACETAMOL

Dose	Route	Frequency	Start Dt.
12.5mg	IV	Q6hrly	10/4/26

Name & Signature of the Doctor Starting the Drugs: PSR2

Additional Instructions:
15mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date	10/4	11/4	12/4	13/4	14/4	15/4
Time	12 PM	6 AM	12 PM	6 PM		

DRUG : GLYCERINE SUPPOSITORY

Dose	Route	Frequency	Start Dt.
Rewarded	PR	BD	26/3

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions:
0.2ml + 0.2ml N/S

Daily Doctor's Endorsement by a Sign

Date	11/4	12/4	13/4	14/4	15/4	16/4	17/4	18/4	19/4	20/4	21/4	22/4	23/4
Time	6am	6pm											

VERIFIED

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

DRUG : DOMPERIDONE SUSP.

Dose	Route	Frequency	Start Dt.
0.2ml	PO	TDS	17/4

Name & Signature of the Doctor Starting the Drugs: Dr Ashwarya

Additional Instructions: 1ml = 1mg. @ 0.2mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date / Time	17/4	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
6am		Hemo													
2pm															
10pm															

DRUG : HMF SACHET

Dose	Route	Frequency	Start Dt.
	OG	each cycle	21/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: 1/4th SACHET in each cycle.

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4

DRUG : FUROSEMIDE DROPS

Dose	Route	Frequency	Start Dt.
0.4mg	PO (OG)	Alt. day (OD)	22/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: Alt. day/OD. (0.1mb + 0.9mb DW (1mb = 1mg) → Give 0.4mb of it) 0-5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	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	5/5
10am		X		X		X		X		X		X		X

DRUG : INJ. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
(0.2mb) 4mg	IV	OD	21/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: (1mb = 20mg) 5mg/kg/day

Daily Doctor's Endorsement by a Sign

Date / Time	21/4	22/4
6am		

STOP Dr Ashwarya

VERIFIED by: Name ..... Signature .....

No. : RCHBH /FRM / CLINICAL / 108

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : NEB - BUDECORT

Dose	Route	Frequency	Start Dt.
½ resp	Neb	TWICE DAILY	30/4

Name & Signature of the Doctor Starting the Drugs: Sneha

Additional Instructions: ½ respule

Daily Doctor's Endorsement by a Sign

Date/Time: 30/4 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5

DRUG : Syp CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
0.4ml	PO	OD	2/5

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 8 mg/kg/day - OD
1ml = 20mg

Daily Doctor's Endorsement by a Sign

Date/Time: 2/5 3/5 4/5

discontinued

DRUG : 3% Nacl

Dose	Route	Frequency	Start Dt.
2.5ml	ON	Each cycle	1/5/26

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 5mEq/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time: 1/5 2/5 3/5 4/5 5/5 6/5 7/5 8/5 9/5

DRUG : DOMPERIDONE SUSP

Dose	Route	Frequency	Start Dt.
0.2ml	PO	TDS	17/4

Name & Signature of the Doctor Starting the Drugs: Rupanjali

Additional Instructions: 1ml = 1mg
@ 0.2mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time: 2/5

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight ..... Ward .....

DRUG : T. Bactroban ointment

Dose	Route	Frequency	Start Dt.
	Topical	BD	28/25

Name & Signature of the Doctor Starting the Drugs: RAU

Additional Instructions: LA

Daily Doctor's Endorsement by a Sign

Date/Time: 02 | 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

DRUG : Inj. CAFFEINE CITRATE

Dose	Route	Frequency	Start Dt.
10 mg	IV	OD	03/5

Name & Signature of the Doctor Starting the Drugs: N - Prathibha.

Additional Instructions: 10 mg/kg/dose x 2 days

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

DRUG : Inj. MEROPENEM,

Dose	Route	Frequency	Start Dt.
40 mg	IV	8 H	03/5

Name & Signature of the Doctor Starting the Drugs: N - Prathibha.

Additional Instructions: 40 mg/kg/Dose

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

DRUG : Inj. COLISTIN.

Dose	Route	Frequency	Start Dt.
40,000 units	IV	8 H	03/5

Name & Signature of the Doctor Starting the Drugs: N. Prathibha.

Additional Instructions: 40,000 units/dose.

Daily Doctor's Endorsement by a Sign

Date/Time: 3/5 | 4/5 | 5/5 | 6/5 | 7/5 | 8/5 | 9/5

Stop 9/5/25

VERIFIED Signature ..... VERIFIED BY : Name ..... 5.3rd dose

VERIFIED 0.4ml dose

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

Weight. ..... Ward. .....

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/3/26	9AM	Inj. Vit K	0.5mg	IV	Sneha	
23/3/26	8AM	CUROSURF	1.5ml	ET	Sneha	
23/3/26	8AM	CAFFEINE CITRATE	20mg/kg	IV	Sneha	
23/3/26	12PM	Inj. G-CSF	10mcg/kg	IV	Sneha	
		1mL = 300mcg 1mL + 9mL (1mL = 30mcg)				
		Take 0.3ml (5% D)				
		+ 2.7ml 5% D Give over 30 min				
23/3/26	2PM	CUROSURF	1.3mL	ET	Sneha	
24/3/26	2AM	INJ-CALCIUM GLUCONATE	2mL/kg 1.6mL + 1.6ml 5% D	PICC over 1hr	Sneha	

BAH-00651673
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

I.V. FLUIDS CHART

Weight. 0.830gms Ward. NICU (1)

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
23/3/26	8AM	TV= 80mL/kg/day 10% DEXTROSE + 3mL/kg Ca.gluc	IV	2.4ml	Sneha	[signature]	24/3/26	[signature]	[signature]
23/3/26	8AM	Inj. HEP NS 1.5mL + 48.5mL 1/2 NS	UAC	0.2ml	Sneha	[signature]	24/3/26	[signature]	[signature]
23/3/26	9AM	Inj. FENTANYL 2mL + 8mL NS	IV	0.1ml	Sneha	[signature]	24/3/26	[signature]	[signature]
23/3/26	2pm	Inj. Hep NS 1.5mL + 48.5mL 1/2 NS	PICC	0.2ml	Sneha	[signature]	24/3/26	[signature]	[signature]
24/3/26	2pm	TV= 90mL/kg/d 7.5% TPN	PICC	2ml	Sneha	[signature]	25/3	[signature]	[signature]
24/3/26	2pm	Inj. FENTANYL 2mL + 8mL NS	IV	0.1ml	Sneha	[signature]	25/3	[signature]	[signature]
24/3/26	2pm	Hep NS. Inj 1.5mL + 48.5mL 1/2 NS	PICC	0.2ml	Sneha	[signature]	25/3	[signature]	[signature]
24/3/26	2pm	Hep NS Inj 1.5mL + 48.5mL 1/2 NS	UAC	0.2ml	Sneha	[signature]	25/3	[signature]	[signature]
25/3/26	2pm	TV= 120mL/kg/day 7.5% TPN	PICC	3ml	Sneha	[signature]	26/3	[signature]	[signature]
25/3/26	2pm	Fentanyl Inj 2mL + 8mL NS	IV	0.2ml	Sneha	[signature]	26/3	[signature]	[signature]

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/5/26	4pm	Inj. Caffeine citrate	8mg/kg	IV	[signature]	[signature]	[signature]
3/5/26	6Am	Inj. Caffeine citrate	10mg/kg	IV	N-Pg	[signature]	[signature]
3/5/26	6Am	Inj. Lasix	0.5mg/kg	IV	N-Pg	[signature]	
3/5/26.	3pm	Inj. PARACETAMOL	10mg/kg	IV.	[signature]	[signature]	[signature]
5/5/26	12:20Am	IVIG	1g/kg	IV	[signature]	[signature]	
			0.5mL/kg over 60min ↓ 1mL/kg over 60min ↓ 2mL/kg Rest over 2-4hrs	over 4-6hrs			
6/5/26	5Am	Inj Lasix	1mg/kg	I.V stat	[signature]	[signature]	[signature]
6/5/26	9:40am	Inj. CAFFEINE CITRATE	10mg/kg	IV stat over 30min	[signature]	[signature]	[signature]
6/5/26	10:50am	FFP	15ml/kg	IV over 30min	[signature]	[signature]	[signature]

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

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STAT / ONCE ONLY DRUGS

Name: B/o sangamitra

Weight: 0.830 kgs

Sheet No: (2)

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
28/3/26	11am	INJ. LASIX	0.5mg/kg	IV			
31/3/26	6AM	INJ DEXA	0.15mg/kg	IV			
31/3/26	11am	ADRENALINE NEBULISATION	0.5mg/kg	NEB			
1/4/26	11PM	Inj LASIX	0.5mg/kg	I.V			
2/4/26	7AM	NORMAL SALINE	10ml/kg	IV over 1hour			
2/4/26	8:30 Am	FFP	15mg/kg	IV over 2.5hrs			
2/4/26	12:15pm	LRBC	20mg/kg	IV over 4hr			
2/4/26	5pm	IVIG	1g/kg	IV over 4-6hrs			
			0.5mg/kg over 1hr ↓ 1mg/kg over 1hr. Remaining over 2hrs				
2/4/26	6:30pm	Inj VANCOMYCIN	10mg/kg	Rt hand PICC line over 30min			
2/4/26	4AM	Inj-Vit K	1mg	IV			
5/4/26	5 AM	INJ FUROSEMIDE	0.5mg/kg	IV			
6/4/26	1:56pm	LRBC	@20ml/kg	I.V over 4hour			
6/4/26	4pm	Inj Lasix	0.5mg/kg	Mid-transfusion			
20/4/26	4pm	Inj Lasix	0.5mg/kg	IV			

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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STAT / ONCE ONLY DRUGS

Name: B/o sangamitra

Weight: 0.830 kgs

Sheet No: 3

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE Doctor	Nurse-1	Nurse-2
7/4/26	10Am	VITAMINK	0.5mg	IV.	[signature]	[signature]	[signature]
7/4/26	10:30 pm	INJ IBUPROFEN	10mg/kg	IV	[signature]	Nire	[signature]
10/4/26	12pm	LASIX	1mg/kg	IV	[signature]	[signature]	[signature]
10/4/26	7:20PM	INJ LASIX	0.5mg/kg	IV	[signature]	[signature]	[signature]
14/4/26	7pm	INJ-LASIX	0.5mg/kg	IV	Sneha	Hema	[signature]
15/4/26	10Am	INJ LASIX	1mg/kg	IV	[signature]	Davit	[signature]
15/4/26	10Am	INJ DEXAMETHASONE	0.15mg/kg	IV	[signature]	Davit	[signature]
15/4/26	2pm	ADRENALINE	0.5ml + 2.5ml NS	Net	[signature]	Davit	[signature]
15/4/26	11:40pm	INJ LASIX	0.5mg/kg	IV	[signature]	Hema	[signature]
16/4/26	7pm	INJ-VANCOMYCIN	10mg/kg	Picc	Sneha	Hema	[signature]
17/4/2	6Am	Inj Lasix	0.5mg/kg	Picc	[signature]	Hema	[signature]
26/4	5pm	INJ-VANCOMYCIN	10mg/kg	Picc	Sneha	Vidya	[signature]
27/4	11pm.	Inj VANCOMYCIN	10mg/kg	Picc	[signature]	Bhavani	
		[illegible]					
30/4/26	6pm	LRBC	20mb/kg	IV	Sneha	[signature]	Bhavani
~~30/4/26~~		~~Inj-FUROSEMIDE~~	~~1mg/kg~~	Over 4hrs ~~IV~~	Sneha		
30/4/26	9:58pm	Inj-FUROSEMIDE	1mg/kg	IV	[signature]	Bhavani	
1/5/26		Inj Caffeine	@ 10mg/kg	I.V	[signature]		
1/5/26.		Inj KCl	1mg/kg Over 12hours (0.5ml KCl + 2.5ml 5% Dextrose Slowly over 12hours)	IV	N Pry		[signature]

Docu. No. : RCHBH /FRM / CLINICAL / 136

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
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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.
26/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 N/s	PICC					27/3	
26/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 NS	UAC					27/3	
26/3		TV - 130 ml/kg/d 7.5% TPN	Picc					27/3	
26/3		Inj Fentanyl 2ml + 8ml N/S	I.V					27/3	
27/3		Inj Hep-NS Solution 1.5ml (heparin) + 48.5ml 1/2 N/S	PICC					28/3	
27/3		Inj Hep-NS Sal 1.5ml + 48.5ml 1/2 NS	UAL					28/3	
28/3		TV - 140 cc/kg/d 7.5% TPN (adjust fluid & feeds)	PICC					29/3	
28/3		Inj Fentanyl 2ml + 8ml N/S	I.V					29/3	
28/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 N/S	Picc					29/3	
28/3		Inj Hep-NS 1.5ml + 48.5ml 1/2 N/S	UAC					29/3	
28/3	7pm	~~TV-130cc/kg/d~~ TV - 130 cc/kg/d	picc						

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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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.
3/4	8pm	TV-140cc/kg/day 12.5% TPN	PICC	3.3ml			4/4/26		
3/4	8pm	Inj Fentanyl 2ml+8ml NS	IV	0.4ml			4/4/26		
3/4	8pm	Inj Hep NS 1.5ml+48.5ml 1/2 NS	PICC	0.2ml			4/4/26		
3/4	8pm	Inj Dexmeditomidine 0.5ml+49.5ml 5%D	PICC	0.1ml/hr			4/4/26		
4/4	8pm	TV = 140cc/kg/day 12.5% TPN	PICC	1.8ml			5/4		
4/4	8pm	Inj - Hep NS 1.5ml + 48.5ml 1/2 NS	PICC	0.2ml			5/4		
4/4	8pm	Inj - fentanyl 2ml + 8ml NS	PICC	0.4ml			5/4		
4/4	8pm	Inj - Dexmeditomidine 0.5ml + 49.5ml 5% D	PICC	0.2ml			5/4		
5/4	8pm	TV = 140ml/kg/day 12.5% TPN	PICC	1.6ml			6/4		
5/4	8pm	Inj - Hep NS 1.5ml + 48.5ml 1/2 NS	PICC	0.2ml			6/4		

BAH-00051673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
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(1)

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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.
5/4	8pm	Inj. fentanyl 2mL + 8mL NS	PICC	0.4ml	Sahu	Pf	6/4	Sahu	Pf (1)
5/4	8pm	Inj. Dexmeditomidine 0.5mL + 49.5ml of 5%.D	PICC	0.2ml	Sahu	Pf	6/4	Sahu	Pf (1)
6/4	6pm	Inj. HepNS 1.5mL + 48.5ml 1/2NS	PICC	0.2ml	Sahu	Pf	7/4	Sahu	Pf D
6/4	6pm	TV = 140 mL/kg/d 12.5%. TPN	PICC	1.4ml	Sahu	Pf	7/4	Sahu	Pf D
6/4	6pm	Inj. Dexmeditomidine 0.5mL + 49.5ml of 5%.D	PICC	0.2ml	Sahu	Pf	7/4	Sahu	Pf D
6/4	6pm	Inj. fentanyl 2mL + 8mL NS	PICC	0.4ml	Sahu	Pf	7/4	Sahu	Pf D
7/4	6pm	TV = 140 mL/kg/d 12.5%. TPN	PICC	1.2ml	Sahu	Pf	8/4	Sahu	Pf D
7/4	6pm	Inj. HepNS 1.5mL + 48.5ml 1/2NS	PICC	0.2ml	Sahu	Pf	8/4	Sahu	Pf D
7/4	6pm	Inj. fentanyl 2mL + 8mL NS	PICC	0.4ml	Sahu	Pf	8/4	Sahu	Pf D
7/4	6pm	Inj. Dexmeditomidine 0.5mL + 49.5ml of 5%.D	PICC	0.2ml	Sahu	Pf	8/4	Sahu	Pf D

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
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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.
8/4	6pm	TV=140ml/kg/d 12.5% TPN	PICC	1.2ml			9/4		
8/4	6pm	Inj-Hep NS 0.5ml+48.5ml 1/2 NS	PICC	0.2ml			9/4		
8/4	6pm	Inj-Dexmeditomx 0.5ml+49.5ml 5% D	PICC	0.2ml			9/4		
8/4	6pm	Inj-fentanyl 2ml+8ml NS	PICC	0.4ml			9/4		
9/4	6pm	Inj Fentanyl 2ml+8ml NS	PICC	0.3ml			10/4		
9/4	6pm	Inj Hep NS 1.5ml+48.5ml 1/2 NS	PICC	0.3			10/4		
9/4	6pm	Inj Dexmeditome 0.5ml+49.5ml 5% D	PICC	0.3			10/4		
9/4	6pm	TV-140ml/kg/day 12.5% TPN	PICC	0.6			10/4		
10/4	6pm	Inj Fentanyl 2ml+8ml NS	PICC	0.4			10/4		
10/4	6pm	Inj Hep NS 1.5ml+48.5ml 1/2 NS	PICC	0.2			10/4		

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

(3)

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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.
~~11/4~~ 11/4	4:PM	TV - 120 cc/kg/day → 30cc/kg/day 12.5% TPN (adjust according to feed int)	PICC	2.1			12/4		
11/4	~~4~~ 4:00 pm	Inj Heparin + NS - solution (1.5ml + 48.5 ½ NS)	PICC	0.2ml			12/4		
11/4	4:00 pm	Inj FENTANYL 2m + 8 ml NS	PICC	0.1			12/4		
11/4	4:00 pm	Inj DEXMEDETOMINE 0.5 ml + 49.5 ml 5% D	PICC	0.3			12/4		
12/4	3PM	TV - 120 ml/kg/day 12.5% TPN	PICC	2.3			13/4	Sneha	
12/4	3PM	Inj. HEP - NS 1.5ml + 48.5ml ½ NS	PICC	0.2ml /hr			13/4	Sneha	
12/4	3PM	Inj. DEXMEDETOMIDINE 0.5ml + 49.5ml 5% Dextrose	PICC	0.3ml /hr			13/4	Sneha	
13/4	6PM	TV = 120ml/kg/d 12.5% TPN	PICC	1.2ml	Sneha		14/4	Sneha	
13/4	6PM	Inj. Hep NS. 1.5ml + 48.5ml ½ NS	PICC	0.2ml	Sneha		13/4	Sneha	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

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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.
13/4/26	6pm	Inj - fentanyl 2mL + 8mL NS	Picc	0.2ml	Sneha		14/4	Sneha	
13/4/26	6pm	Inj - Dexmeditomid 0.5mL + 49.5mL 5% D	Picc	0.4ml	Sneha		14/4	Sneha	
14/4/26	6pm	TV = 120mL/kg/d 12.5% TPN	Picc	1.4	Sneha		15/4	Sneha	
14/4/26	6pm	Inj - Dexmeditomi 0.5mL + 49.5ml 5% D	Picc	0.4ml	Sneha		15/4	Sneha	
14/4/26	6pm	Inj. Hep NS 1.5mL + 48.5ml 1/2 NS	Picc	0.2	Sneha		15/4	Sneha	
14/4/26	6pm	Inj. fentanyl 2mL + 8mL NS	Picc	0.1ml	Sneha	Hema			
15/4/26	8pm	TV = 120mL/kg/d 12.5% TPN	Picc	2ml/h	Sneha	Hema	16/4		
15/4	8pm	Inj. Hep NS 1.5mL + 48.5ml 1/2 NS	Picc	0.2ml	Sneha	Hema	16/4		
15/4	8pm	Inj. Dexmeditomid 0.5mL + 49.5ml 5% D	Picc	0.4ml	Sneha	Hema	16/4		
16/4	8pm	TV = 120cc/kg/d 12.5% TPN	Picc	2ml	Sneha	Hema Priya	17/4		

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVE Pratyush

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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.
16/4	8pm	Inj. Hep NS 1.5mL + 48.5mL ½NS	PICC	02ml	Sneha	Hema	17/4		Sneha
16/4	8pm	Inj. Dexmeditomidine 0.5mL + 49.5ml 5%.D	PICC	04ml	Sneha	Hema	17/4		Sneha
17/4		TV=120mL/kg/d 12.5%. TPN	PICC		Sneha				
17/4		Inj. Hep NS 1.5mL+48.5ml ½ NS	PICC		Sneha				
17/4		Inj. Dexmeditomid 0.5mL+ 49.5mL 5%.D	PICC		Sneha				
18/4		TV = 140mL/kg/d 12.5%. TPN	PICC		Sneha				
18/4		Inj. Hep NS 1.5mL + 48.5mL ½ NS	PICC		Sneha				
18/4		Inj. Dexmeditomi 0.5mL + 49.5mL 5%.D	PICC		Sneha				
19/4		TV = 140mL/kg/d 12.5%. TPN	PICC		Sneha				
19/4		Inj. Dexmeditomid 0.5mL + 49.5ml 5%.D	PICC		Sneha				

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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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.
19/4	8AM	Inj. Hep NS. 1.5mb + 49.5ml 5%.D	PICC		Sneha	Sunil / [signature]	20/4	[signature]	Lavanya / [signature]
20/4	8AM	TV = 150mb/kg/d 2g/kg Aminoven	PICC		Sneha	Sunil / [signature]	21/4	[signature]	Lavanya / [signature]
20/4	8AM	Inj. Dexmeditomid 0.5mb + 49.5ml 5%.D	PICC		Sneha	Sunil / [signature]	21/4	[signature]	Abin / Swetha
20/4	8AM	Inj. Hep NS 1.5mb + 49.5ml 5%.D	PICC		Sneha	Sunil / [signature]	4/4	[signature]	Abin / Swetha
21/4	8AM	Inj. Aminoven 2g/kg	PICC		Sneha	Sunil / [signature]	22/4	[signature]	Supriya / Swetha
[illegible]/4	8AM	Inj. Hep NS 1.5mb + 48.5ml 1/2NS	PICC		Sneha	Sunil / [signature]	22/4	[signature]	Abin / Swetha
21/4	8AM	Inj. Dexmeditomid 0.5mb + 49.5ml 5%.D	PICC		Sneha	Sunil / [signature]	22/4	[signature]	Mamu / Supriya
22/4	8pm	Inj Dexmedimed 0.5ml + 49.5ml 5%.D	PICC		[signature]	[signature] / [signature]	23/4	[signature]	Sowmya / Sunil
22/4	8pm	INJ AMINOMEN 1.5g/kg	PICC		[signature]	[signature] / [signature]	23/4	[signature]	Abin / Sunil
22/4	8pm	INJ HEP NS 1.5ml + 49.5ml 5%.D	PICC		[signature]	[signature] / [signature]	23/4	[signature]	Mamu / Sunil

BAH-00654796 IP5-00173040
Baby Of KAUSER FATIMA KHATOON
26-04-2026 0Y0M0D1H (M)
Dr. NITASHA BAGGA

(1)

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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.
23/4	6pm	Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	Picc	0.2ml	Sneh	Vidya / Abin	24/4		Vidya / Abin
23/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	24/4		Vidya / Abin
24/4	6pm	Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	Picc	0.2ml	Sneh	Vidya / Abin	25/4		Vidya / Abin
24/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	25/4		Vidya / Abin
25/4	6pm	Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	Picc	0.2ml	Sneh	Vidya / Abin	26/4		Vidya / Abin
25/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	26/4		Vidya / Abin
26/4	6pm	Inj. Hep NS. 1.5ml + 48.5ml 1/2 NS	Picc	0.2ml	Sneh	Vidya / Abin	27/4		Vidya / Abin
26/4	6pm	Inj. Aminoven 1.5g/kg	Picc	0.6ml	Sneh	Vidya / Abin	27/4		[illegible]
26/4	6pm	3% Nacl 7meq/kg over 24hrs	Picc	0.6ml	Sneh	Vidya / Abin	27/4		[illegible]
28/4	10pm	3% Nacl 5meq = 10ml Over 24hrs.	Ivline	0.4ml	Sneh	Anwathy / Bhavani			Bhavani

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

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.
	29/3	Inj° Hep-NS @ 1.5ml + 48.5 ml ½ NS	Picc	0.2ml			30/3		
	29/3	Inj Hep - NS 1.5ml + 48.5ml ½ NS	UAC	0.2ml			30/3		
	29/3	TV - 120 cc/kg/day 7.5.1. TPN (adjust fluid rate & feeds volume)	Picc	1ml			30/3		
	29/3	Inj Fentanyl 2ml + 8ml	PICC	0.2ml			30/3		
30/3	6pm	INJ HEP NS 1.5ml +48.5ml ½ NS	PICC	0.2ml					
30/3	6pm	INJ HEP NS 1.5ml +48.5ml ½ NS	UAC	0.2ml					
30/3	6pm	TV = 150ml/kg/day 7.5% TPN	PICC	1ml					
30/3	6pm	INJ FENTANYL 2ml + 8ml NS	PICC	0.2ml					
31/3	6pm	Inj Hep - NS 1.5ml + 48.5 ml ½ NS	Picc	0.2ml					
31/3	6pm	Inj Hep - NS 1.5ml + 48.5 ml ½ NS	UAC	0.2ml					

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
Dr. MVB Pratyush

Sanghamithra.

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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.
31/3/26	6pm	Inj - DEXMEDITOMIDINE 0.5ml + 49.5ml 5% D	Picc	0.1ml/hr	Sneha	Pf	1/4/26		
31/3/26	6pm	TV = 150ml/kg/d. 7.5% TPN	PICC	0.8ml	Sneha	Pf	1/4/26		
1/4	6pm	Inj Hep-NS 48.5ml + 1.5ml Heparin	PICC	0.2ml			2/4		
1/4	6pm	Inj Hep-NS 1.5ml + 48.5ml (Heparin)	VAC	0.2ml			2/4		
1/4	6pm	T.V - 150 ml/kg/d 7.5% TPN	Picc	0.8ml			2/4		
1/4	6pm	Inj Dexmedi todimine 0.5ml + 49.5ml 5% D	Picc	0.2ml			2/4		
2/4	6pm	TV = 150ml/kg/day 7.5% TPN	Picc	0.8ml	Sneha		3/4		
2/4	6pm	TV = 20ml/kg/d 5% I80-P.	Picc	0.2ml	Sneha		3/4		
2/4	6pm	Inj. Hep-NS 1.5ml + 48.5ml 1/2 NS	Picc	0.2ml	Sneha		3/4		
2/4	6pm	Inj. Dexmeditomidine 0.5ml + 49.5ml 5% D	Picc	0.2ml	Sneha		2/4/26		

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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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.
30/4/2026	12pm	TV = 150mL/kg/da 10% ISO-P + 3mL/kg ca-gluc	IV	4.7	Snehe	Aswath / [signature]	1/4		Bhavani / [signature]
30/4/2026	12pm	3% NaCl 7mcg/kg/day 14mL over 24hrs	IV	0.6	Snehe	Aswath / [signature]	1/4		Bhavani / [signature]
5/5/26	12:20 Am	TV = 150mL/kg 10% ISO-P	IV	5.4	Snehe	[signature] / [signature]	5/5		[signature] / [signature]
5/5/26	8:30 Am	TV = 75mL/kg 5% ISO-P	IV	3.1	Snehe	[signature] / [signature]	5/5		[signature] / [signature]
6/5/26		TV - 150ml/kg/day 10% ISOP.	IV		[signature]		6/		
6/5		Inj. Hep NS 1.5ml + 48.5ml 1/2 NS.	PICC		[signature]				
7/5		Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	PICC		[signature]				
8/5		Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	PICC		[signature]	[signature]			
9/5		Inj. Hep NS 1.5ml + 48.5ml 1/2 NS	PICC		[signature]				

BAH-00051673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

c. No. : RCH / FRM / CLINICAL / 124

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

Pratiksha Rainbow Children's Hospital
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21/5/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6						
Doctor/Nurse/Family Concern?	pm	pm	Am	Am	Am	Am	Am											
Temperature (F)	*36.4°C	*36.5°C	*36.3°C	*36.4°C	*36.5°C	*36.4°C	*36.5°C	*36.5°C	*36.4°C	*36.6°C	*36.5°C	*36.4°C						
Heart Rate (bpm) and Blood Pressure (mmHg) *	77 (97) 47	75 (91) 47	81 (83) 54	75 (88) 40	93 (77) 67	77 (82) 39	82 (85) 42	76 (85) 47	89 (79) 75	84 (64) 53	82 (62) 52	86 (69) 57						
Note: BP does not score in early warning scoring																		
Heart Rate (Number)	139	155	166	165	172	149	166	168	158	178	154	149						
Resp. Rate (bpm) (Over 1 Minute) *																		
Resp Rate (Number)	48	81	62	96	93	65	92	54	78	67	74	65						
Resp Distress: Mod/ Severe / None / Mild																		
Receiving O_2 (l/min) O_2 Saturations (%)	99%	99%	98%	97%	98%	90%	88%	93%	97%	94%		95%	95%					
Conscious Level: Normal / Altered	N	N	N	N	N			N	N	N	N	N	N					
GCS *	C	C	C	C	C	C	C	C	C	C	C	C	C					
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1	1					
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0	0					
Observer's Initials	[illegible]																	

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

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

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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-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

23/5/26

Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	am	am	pm	pm	pm	pm						
Temperature (F)	*36.5°C	*36.5°C	*36.4°C	*36.5°C	*36.4°C	*36.8°C	*36.6°C	*36.6°C	*36.5°C	*36.6°C	*36.3°C	*36.4°C
	80 (62) 53	79 (65) 57	69 (59) 56	84 (71) 65	92 (75) 67	84 (65) 55	84 (63) 55	82 (66) 58	86 (68) 58	71 (63) 59	80 (63) 55	102 (81) 66
ber)	191	155	147	168	142	148	153	163	134	194	154	174
	73	63	50	68	60	72	69	61	59	72	56	
	94%	95%	94%	96%	98%	98%	97%	100%	95%		97%	96%
	N	N	N	N	N	N	N	N	N	N	N	N
	C	C	C	C	C	C	C	C	C	C	C	C
	1	1	1	1	1	1	1	1	1	1	1	1
	0	0	0	0	0	0	0	0	0	0	0	0

	: Continue normal observation by staff nurse
2	: Shift in charge nurse to be informed and continue hourly observations
re 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
core 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

e 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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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) ... 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 ... Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. resp ... procedure/ investigation). Child (X)'s condition h... were (XXX). The child's normal condition is ...
A	**ASSESSMENT :** I think the problem is (XXX) ... not sure what the problem is but child (X) ...
R	**RECOMMENDATION :** I need you to ... do in the meantime ? (e.g. stop the ...

Resp Rate (Number)					
Resp Distress	Mod/ Severe	None / Mild			
Receiving O_2(l/min) O_2Saturations (%)			99%		
Conscious Level	Normal	Altered			
GCS *			2		
TOTAL SCORE Number of shaded boxes					
Pain Score					
Observer's Initials					
ACTIONS NB: Scores 3 should be recorded overleaf	Score 1	Score	Sc		

* NB: If GCS is below 12 or

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

24/5/26

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

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

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	PM	PM	PM	PM	PM						
Temperature (F)	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.4°C	*36.4°C	*36.5°C	*36.5°C
Heart Rate (bpm)	80	77	80	66	76	88	83	66	82	59	83	59
and Blood Pressure (mmHg) *	(63)	(57)	(60)	(53)	(57)	(67)	(65)	(48)	(66)	(52)	(65)	(41)
Heart Rate (Number)	156	172	164	151	155	156	157	155	152	155	159	146
Resp. Rate (bpm) (Over 1 Minute) *	58	45	46	39	47	57	53	39	52	32	56	32
Resp Rate (Number)	80	78	65	76	75	72	76	72	78	72	29	54
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	98%	94%	97%	97%	96%	96%	95%	97%	95%	97%	92%	98%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]											

Heart Rate (bpm) and Blood Pressure (mmHg) * — **Note:** BP does not score in early warning scoring

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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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)

0651673 IP5-00171513
Of KATTA V SANGAMITRA
2026 0 Y 2 M 2 D (M)
B Pratyush

25/5/26

Doc. No. : RCH / FRM / CLINICAL / 124

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

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

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6	8am	10am
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM		
Temperature (F)	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*35.6°C	*36.6°C	*36.0°C	*36.6°C	*36.4°C	*36.5°C	*36.0°C	
Heart Rate (bpm) and Blood Pressure (mmHg) *	69 (51) 43	88 (68) 56	92 (87) 82	105 (87) 76	113 (103) 98	95 (71) 59	61	73 (81) 53	81 (66) 60	69 (63) 59	76 (56) 45	73 (47) 36		
Note: BP does not score in early warning scoring														
Heart Rate (Number)	150	175	161	181	145	157	158	162	158	148	143	150	153bpm	
Resp. Rate (bpm) (Over 1 Minute) *														
Resp Rate (Number)														
Resp Distress: Mod/ Severe / None / Mild														
Receiving O_2 (l/min)														
O_2 Saturations (%)	97%	93%	99%	95%	91%	98%	95%	96%	92%	98%	90%	89%		
Conscious Level: Normal / Altered	N	N	N	N	N	N	N							
GCS *	C	C	C	C	C	C	C	C	C	C	C	C		
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1		
Pain Score	0	0	0	0	0	0	0	1	1	1	1	1		
Observer's Initials	[illegible]													

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.
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* 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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

26/5/26

c. No. : RCH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12Am	2Am	4Am	6Am
Doctor/Nurse/Family Concern?												
Temperature (F)	36.5C	36.6C	36.5C	36.7C	36.4C	36.5C	*36.5°C	*36.6°C	*36.9°C	*36.8°C	*36.5°C	*36.7°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	86 (65) 40	91 (57) 49	80 (58) 43	92 (80) 75	81 (52) 49	90 (53) 66	89 (69) 59	86 (71) 62	86 (56) 46	100 (74) 64	79 (55) 45
Heart Rate (Number)	180	149	146	180	112	170	164	174	169	158	178
Resp. Rate (bpm) (Over 1 Minute) *											
Resp Rate (Number)											
Resp Distress Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	0.02	0.02L	0.02L	0.02	90%	93%	95%	91%	91%	93%	95%
Conscious Level Normal Altered	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	1	1	1	1	1	1	1	1	1	1	1
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Temperature (F): 104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50

Note: BP does not score in early warning scoring

Resp. Rate (bpm) (Over 1 Minute) *: 70, 60, 50, 40, 30, 20, 10

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

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

Date: 27/5/26 Time:	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am	2am	4am	6am
Doctor/Nurse/Family Concern?												
Temperature (F)	98.6 C	36.5 C	36.6 C	36.6 C	36.6 C	36.5 C	36.6 C	36.5 C	36.5 C	*36.6 C	*36.6 C	*36.6 C
Heart Rate (bpm) and Blood Pressure (mmHg) *	80 (66) 49	83 (61) 48	81 (46) 50	112 (99) 68	110 (68) 70	120 (85) 69	79 (74) 71	84 (64) 54	77 (59) 50	76 (60) 52	84 (61) 51	78 (59) 48
Heart Rate (Number)	128	140	138	171	160	168	160	154	167	170	155	167
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	-	-	-									
Resp Distress Mod/ Severe None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2 (l/min) O_2 Saturations (%)	98%	100%	96%	100%	93%	100%	99%	92%	95%	96%	92%	95%
Conscious Level Normal Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	1	1	1	1	1	1	1	1	1	1	1	1
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS

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Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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

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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-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 5 D (M)
Dr. MVB Pratyush

28/5/26

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8am	10am	12pm	2pm	4pm	6pm	8 pm	10 pm	12 am	2 am	4 am	6 AM
Doctor/Nurse/Family Concern?												
Temperature (F)	36.4C	36.6C	36.4C	36.6C	36.4C	36.5C	36.3°C	36.6°C	36.6°C	36.6C	36.5C	36.6C
Heart Rate (bpm) and Blood Pressure (mmHg) *	76 (60) 60	115 (46) 49	71 (65) 50	77 (66) 63	111 (60) 62	96 (66) 44	81 (57) 45	82 (60) 57	83 (60) 47	76 (65) 61	85 (63) 51	89 (79) 67
Note: BP does not score in early warning scoring												
Heart Rate (Number)	166	147	164	160	186	170	157	160	166	149	182	195
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)												
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100	100%	98%	96%	100%	96%	100%	98%	97%	95%	95%	95%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	1	1	1	1	1	1	1	1	1	1	1	1
Observer's Initials												

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
	Score 2 : Shift in charge nurse to be informed and continue hourly observations
	Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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Date	Time	Early Warning Score	Date	Time	Name

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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.
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BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 5 D (M)
Dr. MVB Pratyush

29/5/2026

Doc. No. : RCHBH / FRM / CLINICAL / 124

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8am	10am	12pm	2pm	4pm	6pm	8p.m	10pm	12am	2am	4am	6am
Doctor/Nurse/Family Concern?												
Temperature (F)	36.4C	36.4C	36.6C	36.6C	36.8C	36.6C	36.6C	36.6C	36.6C	36.6C	36.6C	36.6C
Heart Rate (bpm) and Blood Pressure (mmHg) *	66 (46) 33	56 (50) 26	70 (54) 43	66 (56) 46	70 (47) 46	66 50 48	82 (60) 50	79 (58) 46	71 (57) 48	75 (54) 44	77 (60) 51	84 (56) 40
Heart Rate (Number)	144	160	152	146	159	140	160	170	167	176	182	180
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)												
Resp Distress: Mod/ Severe / None / Mild	N	N	N	N	N	N	N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	99%	100%	96%	98%	97%	96%	96%	95%	99%	95%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	1	1	1	1	1	1	1	1	1	1	1	1
Observer's Initials												

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 6 D (M)
Dr. MVB Pratyush

30/5/26

Doc. No. : RCH / FRM / CLINICAL / 124

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	Am	Am	Pm	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am
Temperature (F)	36.6°C	36.4°C	36.6°C	36.4°C	36.3°C	36.6°C	36.5°C	36.6°C	36.5°C	36.5°C	36.5°C	36.6°C
Heart Rate (bpm)	96	72	86	70	78	75	84	88	82	77	82	72
and Blood Pressure (mmHg) *	(81) 55	(63) 62	(68) 42	(48) 36	(53) 38	(51) 34	(57) 46	(65) 54	(54) 38	(61) 54	(58) 46	(44) 32
Note: BP does not score in early warning scoring												
Heart Rate (Number)	160	159	153	151	154	161	150	184	165	153	160	185
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)												
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2 (l/min) O_2 Saturations (%)	97%	100%	96%	99%	96%	96%	95%	98%	95%	100%	99%	94%
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	[illegible]	L	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

ACTIONS NB: Scores 3 should be recorded overleaf	
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BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 6 D (M)
Dr. MVB Pratyush

31/05/26

Doc. No. : RCH / FRM / CLINICAL / 124

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

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6	8	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Temperature (F)	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C		*36.6°C	*36.6°C	*36.6°C	*36.6°C	*36.6°C	*36.6°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	88 / 71 / 63	75 / 51 / 66	63 / 77 / 84	89 / 68 / 65	68 / 63 / 71			95 / (74) / 63	69 / (47) / 36	75 / (53) / 41	62 / (52) / 48	75 / (54) / 55	77 / (53) / 39
Note: BP does not score in early warning scoring													
Heart Rate (Number)	154	165	166	156	182			160	151	170	182	154	178
Resp. Rate (bpm over 1 Minute) *													
Resp Rate (Number)													
Resp Distress: Mod/ Severe / None / Mild													
Receiving O_2 (l/min) O_2 Saturations (%)	99	97	96	99	95	100		98%	95%	96%	95%	97%	
Conscious Level: Normal / Altered	N / C	N / C	N / C	N / C	N / C	N / C		N	N	N	N	N	N
GCS *								C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	1	1
Pain Score	0	0	0	0	0	0		0	0	0	0	0	0
Observer's Initials	[illegible]							[illegible]					

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- 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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 2 M 9 D
Dr. MVB Pratyush

01/06/26

. No. : RCH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am	2am	4am	6am
Doctor/Nurse/Family Concern?												
Temperature (F)	36.6°C	36.0°C	36.4°C	36.6°C	36.4°F	36.6°F	36.4°C	36.6°F	36.4°C	36.5°C	36.6°C	36.5°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	73 / 41	78 (58) / 47	87 / 67 / 57	92 (44) / 134	76 (52) / 41	69 / 34	88 (47) (49) / 56	81 (60) / 51	88 (51) / 43	97 (62) / 55	77 (55) / 43	91 (53) / 52
Heart Rate (Number)	150bpm	155°F	150bpm	160bpm	150b/m	170b/m	140	148	152	149	160	152
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	28bpm	26bpm	30bpm	26bpm	26b/m	26b/m	-	-	-	-	-	-
Resp Distress Mod/ Severe None / Mild							N	N	N	N	N	N
Receiving O_2(l/min) O_2Saturations (%)	98%	98%	100%	97%	98%	97%	100%	96%	98%	96%	99%	100%
Conscious Level Normal	N	N	N	N	N	N	N	N	N	N	N	N
Conscious Level Altered	C	C										
GCS *			C	C	C	C	C	C	C	C	C	C
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	11/10	11/10	11/10	11/10	11/10	11/10
Observer's Initials	0	0	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

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

Pratiksha Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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.
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- 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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

02/06/2026

Doc. No. : RCH / FRM / CLINICAL / 124

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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8am	10am	12pm	2pm	4pm	6pm	8pm	10pm	12am	2am	4am	6am
Doctor/Nurse/Family Concern?												
Temperature (F)	36.5°C	36.6°C	36.5°C	36.7°C	36.5°C	36.6°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C
Heart Rate (bpm) and Blood Pressure (mmHg) *	81 (62) 54	73 (51) 42	84 (64) 44	77 (51) 37	64 (52) 45	71 (47) 34	71 52 40	52 30 44	84 4 54	68 43 51	88 43 51	77 42 55
Note: BP does not score in early warning scoring												
Heart Rate (Number)	60	50	92	40	108	52	20	30	60	41	48	30
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)	140	162	156	138	168	172	154	182	120	162	154	156
Resp Distress: Mod/ Severe / None / Mild												
Receiving O_2(l/min) O_2Saturations (%)	96%	98%	97%	95%	95%	97%	100%	99%	98%	100%	95%	
Conscious Level: Normal / Altered	N	N	N	N	N	N	N	N	N	N	N	
GCS *	C	C	C	C	C	C	C	C	C	C	C	
TOTAL SCORE Number of shaded boxes	1	1	1	1	1	1	1	1	1	1	1	
Pain Score	0	0	0	0	0	0	0	0	0	0	0	
Observer's Initials												

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 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

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

BirthRight BY RAINBOW HOSPITALS
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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

3/06/26

No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	8	10	12	2	4	6
Doctor/Nurse/Family Concern?	Am	Am	Pm	Pm	Pm	Pm
Temperature (F)	*36.5°C	*36.5°C	*36.5°C			
Heart Rate (bpm) and Blood Pressure (mmHg) *	56 (48)	62 (41)	60 (39)	( )	( )	( )
Note: BP does not score in early warning scoring	45	30	29			
Heart Rate (Number)	157	160	158			
Resp. Rate (bpm) (Over 1 Minute) *						
Resp Rate (Number)						
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2 (l/min) O_2 Saturations (%)	89%	97%	100%			
Conscious Level: Normal / Altered	N	N	N			
GCS *	C	C	C			
TOTAL SCORE Number of shaded boxes	1	1	1			
Pain Score	0	0	0			
Observer's Initials	f	f	f			

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.
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* 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

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

D. : RCHBH_OPM / CLINICAL / 127

28/06/26

TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:	
Doctor / Nurse / Family Concern?	
Temperature (°F)	104, 103, 102, 101, 100, 99, 98, 97, 96, 95, 94
Heart Rate (bpm) and Blood Pressure (mmHg) * **Note:** BP does not score in early warning scoring	190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50
Heart Rate (Number)	
Resp. Rate (bpm) (Over 1 Minute)	70, 60, 50, 40, 30, 20, 10
Resp Rate (Number)	
Resp Distress: Mod/ Severe / None / Mild	
Receiving O_2 (l/min)	
O_2 Saturations (%)	
Conscious Level: Normal / Altered	
GCS *	
TOTAL SCORE Number of shaded boxes	
Pain Score	
Observer's Initials	

ACTIONS NB: Scores 3 should be recorded overleaf	
Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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Score 5 & 6	: Shift in charge AND PICU fellow or PICU consultant to be informed.

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Patient Sticker

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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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-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

28/5/26

Sheet No. : .....

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

Date	Time	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
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	DBM			13ml		passed			10ml	1	
	10:00 pm										0	8/4
	11:00 pm	DBM			13ml		-					
	12:00 am										1	
	01:00 am	DBM			13ml		-			6ml		
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	DBM			13ml		passed			9ml	1	
	04:00 am										0	2/4
	05:00 am	DBM			13ml		passed			7ml		
	06:00 am										1	
	07:00 am	DBM			13ml		passed			6ml		
Total Intake :		7feed				**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	1.3cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

FLUID CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : .....

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

Date	Time	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	
	09:00 am	EBM			13ml		—			10ml		
	10:00 am										0	Fy
	11:00 am	EBM			13ml		passed			8ml		
	12:00 pm											
	01:00 pm	EBM			13ml		—			—		
Total Intake : 39ml						**Total Output :** 18ml						
	02:00 pm											
	03:00 pm	EBM			13ml		passed			9ml	1	
	04:00 pm											
	05:00 pm	EBM			13ml		—			5ml	0	Fy
	06:00 pm										1	
	07:00 pm	EBM			13ml		passed			8ml		
Total Intake : 39ml						**Total Output :** 22ml						
	08:00 pm										1	
	09:00 pm	DBM			13ml		—			8ml		
	10:00 pm										0	
	11:00 pm	DBM			13ml		passed			6ml		
	12:00 am										1	
	01:00 am	DBM			13ml		—			9ml		
Total Intake : 39ml						**Total Output :** 23ml						
	02:00 am										1	
	03:00 am	DBM			13ml		—			8ml		
	04:00 am										1	
	05:00 am	DBM			13ml		passed			8ml	0	
	06:00 am											
	07:00 am	DBM		3ml	13ml		—			9ml	1	
Total Intake : 94ml						**Total Output :** 24						

Total 24 hrs. Intake	160 cc/kg/day	Total 24 hrs. Output	3.3cc/kg/day

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

23/5
TV - 120 cc/kg/day
15ml
TF
B.W:0.8kg.

Sheet No. : .....

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

Date	Time	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
	08:00 am											
	09:00 am	EBM			13ml		–			8ml	1	
	10:00 am											Fuj
	11:00 am	EBM			15ml		passed			5ml	0	
	12:00 pm										1	
	01:00 pm	EBM			15ml		–			5ml		
Total Intake : 43ml.						Total Output : 18ml.						
	02:00 pm											
	03:00 pm	EBM			15ml		passed			10ml	1	
	04:00 pm											
	05:00 pm	EBM			15ml		–			5ml	0	Fuj
	06:00 pm											
	07:00 pm	EBM			15ml		passed			5ml	1	
Total Intake : 45ml						Total Output : 20ml						
	08:00 pm										1	
	09:00 pm	EBM			15ml		–			8ml		
	10:00 pm											
	11:00 pm	EBM			15ml		passed			8ml	0	
	12:00 am											
	01:00 am	EBM			15ml		–			6ml	1	
Total Intake : 45ml						Total Output : 22ml						
	02:00 am										1	
	03:00 am	EBM			15ml		–			9ml		
	04:00 am										0	
	05:00 am	EBM			15ml		–			6ml		
	06:00 am										1	
	07:00 am	EBM			15ml					8ml		
Total Intake : 45ml 178 ml						Total Output : 23ml 83ml						

Total 24 hrs. Intake	120 cc/kg/day	Total 24 hrs. Output	2.8 cc/kg/day.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : .....

24/5/26

TV: 120 cc/kg/day
TF: 15ml
Bwt: 0.8kg

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	NG							
	08:00 am										1	
	09:00 am	DBM			15ml		Passed			8ml	1	
	10:00 am											
	11:00 am	DBM			15ml		Passed			6ml	0	
	12:00 pm										1	
	01:00 pm	DBM			17ml		little bit Passed			9ml		
Total Intake : 47ml							Total Output : 23ml					
	02:00 pm											
	03:00 pm	DBM			17ml		little bit Passed			7ml		
	04:00 pm											
	05:00 pm	DBM			17ml		–			10ml		
	06:00 pm											
	07:00 pm	DBM			17ml		Passed			6ml		
Total Intake : 51 ml							Total Output : 23ml					
	08:00 pm										1	
	09:00 pm	DBM			17ml		–			8ml		
	10:00 pm										0	
	11:00 pm	DBM			17ml		passed			10ml	1	
	12:00 am											
	01:00 am	DBM			17ml		–			6ml		
Total Intake : 15ml							Total Output : 24ml					
	02:00 am										1	
	03:00 am	DBM			17ml		–			8ml		
	04:00 am											
	05:00 am	DBM			17ml		passed			9ml	0	
	06:00 am										1	
	07:00 am	DBM			17ml		–			10 ml		
Total Intake : 200ml							Total Output : 97ml					

Total 24 hrs. Intake	160 cc/kg/day	Total 24 hrs. Output	3.3 cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

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(12)

25/03/26

FLUID CHART

TV - 120 cc/kg/day
TF - 17ml
B.W: 0.8kg

Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: NG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										1	
	09:00 am	DBM			17ml		Passed			8ml		
	10:00 am										0	
	11:00 am	DBM			17ml		Passed			5ml		
	12:00 pm										1	
	01:00 pm	DBM			17ml		Passed			9ml		
Total Intake :						**Total Output :**						
	02:00 pm										1	
	03:00 pm	DBM			17ml		Passed			6ml		
	04:00 pm										0	
	05:00 pm	DBM			17ml		—			10ml		
	06:00 pm										1	
	07:00 pm	DBM			17ml		Passed			5ml		
Total Intake :						**Total Output :**						
	08:00 pm										1	
	09:00 pm	DBM			19ml		—			8ml		
	10:00 pm										0	
	11:00 pm	DBM			19ml					6ml		
	12:00 am						Not passed					
	01:00 am	DBM			19ml					12ml	1	
Total Intake :						**Total Output :**						
	02:00 am										1	
	03:00 am	DBM			19ml					10ml		
	04:00 am						Not passed				0	
	05:00 am	DBM			19ml					8ml	1	
	06:00 am											
	07:00 am	DBM			19ml							
Total Intake :		212 cc/kg/day				**Total Output :**						

Total 24 hrs. Intake	1636 cc/kg/day.	Total 24 hrs. Output	1.6 cc/kg/day.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
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Sheet No. : 13

26/5/26

TV = 180cc/kg/day
Bwt = 1.2kg
TF = 19ml

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	NG							
	08:00 am											
	09:00 am	DBM			19ml		passed			10ml	0	[signature]
	10:00 am											
	11:00 am	DBM			19ml		passed			12ml	0	[signature]
	12:00 pm						passed					
	01:00 pm	DBM			19ml					6ml	0	[signature]
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	DBM+EBM			19ml		passed			14ml	0	[signature]
	04:00 pm											
	05:00 pm	DBM			19ml		–			9ml	0	[signature]
	06:00 pm											
	07:00 pm	DBM			19ml		passed			10ml	0	[signature]
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	DBM			19ml		passed			9ml		
	10:00 pm											
	11:00 pm	DBM			19ml		–			10ml	0	[signature]
	12:00 am											
	01:00 am	DBM			19ml		–			9–		
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	DBM			19ml		passed			8ml		
	04:00 am											
	05:00 am	DBM			19ml		passed			10ml	0	[signature]
	06:00 am											
	07:00 am	DBM			19ml					9ml		
Total Intake :		228 ml				Total Output :				102ml		

Total 24 hrs. Intake	228 cc/kg/day	Total 24 hrs. Output	3.2 cc/kg/day

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

27/5/2026

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FLUID CHART

IV = 180cc/kg/day
Bal = 1.338 kg
IC = 20ml

Sheet No. : 14

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/ ~~OG~~	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am	DBM			20ml		Paued			6ml	0	
	10:00 am											
	11:00 am	DBM			20ml					14ml	0	
	12:00 pm						Paued					
	01:00 pm	DBM			20ml					8ml	0	
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	DBM			20ml		Paued			10ml	0	
	04:00 pm											
	05:00 pm	DBM			20ml		Paued			9ml	0	
	06:00 pm											
	07:00 pm	DBM			20ml		Paued			6ml	0	
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm	Prenan			20ml		Passed			10ml	0	
	10:00 pm											
	11:00 pm	Prenan			20ml		—			12ml	0	
	12:00 am											
	01:00 am	Prenan			20ml		—			9ml	0	
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	Prenan			20ml		Passed			6ml	0	
	04:00 am											
	05:00 am	Prenan			20ml		Passed			9ml	0	
	06:00 am											
	07:00 am	Prenan			20ml		-			4ml	0	
Total Intake :					240ml	Total Output :				110 ml		

Total 24 hrs. Intake	~~184~~ cc/kg/day	Total 24 hrs. Output	3.5 cc/kg/day

VIH-00204653 IP5-00173313
Baby Of BARLA SUSHMANJALI
24-04-2026 0 Y 1 M 1 D (M)
Dr. MVB Pratyush

FLUID CHART

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28/05/26

TV: 180 cc/kg/day
Bwt: 1.33 kg
TF: 30 ml

Sheet No. : 15

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: NG	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	NG							
	08:00 am											
	09:00 am	Prenan			20ml		paused			10ml	0	
	10:00 am											
	11:00 am	Prenan	20ml				—			14ml	0	
	12:00 pm											
	01:00 pm	Prenan	20ml				paused			9ml	0	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	Prenan	20ml							6ml	0	
	04:00 pm						paused					
	05:00 pm	Prenan			20ml					8ml	0	
	06:00 pm						paused					
	07:00 pm	Prenan	20ml							13ml	0	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	Prenan	20ml				—			10ml	0	
	10:00 pm											
	11:00 pm	Prenan	~~20ml~~		20ml		—			14ml	0	
	12:00 am											
	01:00 am	Prenan	~~20~~		20ml		—			8ml	0	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	Prenan			20ml		—			11ml	0	
	04:00 am											
	05:00 am	Prenan			20ml		—			9ml	0	
	06:00 am											
	07:00 am	Prenan			20ml		—			12ml	0	
Total Intake :					240ml	**Total Output :**				124 ml		

Total 24 hrs. Intake	184 cc/kg/day	Total 24 hrs. Output	~~3.7~~ cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 5 D (M)
Dr. MVB Pratyush

29/05/26

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FLUID CHART

IV: 180 cc/kg/day
Bwt: 1.33 kg
IF: 20ml

Sheet No. : 16

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
	08:00 am											
	09:00 am	FF	20ml				Passed			14ml	0	
	10:00 am											
	11:00 am	FF	20ml				–			16ml	0	
	12:00 pm											
	01:00 pm	FF	20ml				Passed			10ml	0	
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	FF	20ml				–			6ml	0	
	04:00 pm											
	05:00 pm	FF	20ml				–			14ml	0	
	06:00 pm											
	07:00 pm	FF	20ml				Passed			4ml	0	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	Pneran	20ml				Passed			8ml	0	
	10:00 pm											
	11:00 pm	Pneran	20ml				Passed			10ml	0	
	12:00 am											
	01:00 am	Pneran	20ml				–			13ml	0	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	Pneran	20ml				–			8ml	0	
	04:00 am											
	05:00 am	Pneran	20ml				–			11ml	0	
	06:00 am											
	07:00 am	Pneran	20ml				Passed			7ml	0	
Total Intake :		240ml				**Total Output :**				126 ml		

Total 24 hrs. Intake	184 cc/kg/day	Total 24 hrs. Output	94.8 cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 5 D (M)
Dr. MVB Pratyush

30/5/26

FLUID CHART

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IV: 180cc/kg/day
Bwt: 1.33kg
IF: 20ml

Sheet No. : 17

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							
	08:00 am										0	
	09:00 am	Prenan	20ml				—			8ml	0	
	10:00 am											
	11:00 am	Prenan	20ml				Passed			10ml	0	
	12:00 pm											
	01:00 pm	Prenan	20ml				Passed			12ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	Prenan	20ml				[redacted]			9ml	0	
	04:00 pm											
	05:00 pm	Prenan	20ml				—			6ml	0	
	06:00 pm											
	07:00 pm	Prenan	20ml				—			14ml	0	
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	Prenan	20ml				Passed			9ml	0	
	10:00 pm											
	11:00 pm	Prenan	20ml				Passed			7ml	0	
	12:00 am											
	01:00 am	Prenan	20ml				—			13ml	0	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	Prenan	20ml				—			11ml	0	
	04:00 am											
	05:00 am	Prenan	20ml				—			14ml	0	
	06:00 am											
	07:00 am	Prenan	20ml				—			8ml	0	
Total Intake :			240ml			**Total Output :**				121ml		

Total 24 hrs. Intake	184cc/kg/day	Total 24 hrs. Output	3.8cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 9 D (M)
Dr. MVB Pratyush

31/5/26

FLUID CHART

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IV: 180 cc/kg/day
Birth: 1.33 kg
TF: 20ml

Sheet No. : 18

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							
	08:00 am											
	09:00 am	Prevan	20ml				Passed			9ml		
	10:00 am										0	
	11:00 am	Prevan	20ml							6ml		Jobha
	12:00 pm											
	01:00 pm	Prevan	20ml							12ml		
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	Prevan	20ml							10ml		
	04:00 pm											
	05:00 pm	Prevan	20ml							8ml	0	Jobha
	06:00 pm											
	07:00 pm	Prevan	20ml							12ml		
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm	Prevan	20ml				–			14ml	0	
	10:00 pm											
	11:00 pm	Prevan	20ml				–			10ml	0	
	12:00 am											
	01:00 am	Prevan	20ml				–			12ml	0	
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am	Prevan	20ml				Passed			6ml	0	
	04:00 am											
	05:00 am	Prevan	20ml				–			12ml	0	
	06:00 am											
	07:00 am	Prevan	20ml				–			8ml	0	
Total Intake :			240 ml			**Total Output :**				114ml		

Total 24 hrs. Intake	184 cc/kg/day	Total 24 hrs. Output	3.8 cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 9 D (M)
Dr. MVB Pratyush

01/06/26

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FLUID CHART

TV: 180cc/kg/day
BW.t: 1.33kg
TF: 20ml

Sheet No. : 19

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
01/06/2026	08:00 am										-	Sravy
	09:00 am	Prenan	20ml				-			5ml	-	
	10:00 am										-	Sravy
	11:00 am	PreNAN	20ml				-			10ml	-	
	12:00 pm										-	Sravy
	01:00 pm	PreNAN	20ml				-			11ml	-	
Total Intake :						Total Output :						
01/06/26	02:00 pm										-	Ankita
	03:00 pm	Prenan	20ml				-			10ml	-	
	04:00 pm										-	[illegible]
	05:00 pm	prenan	20ml				-			6ml	-	
	06:00 pm										-	[illegible]
	07:00 pm	penan	20ml				-			10ml	-	[illegible]
Total Intake :						Total Output :						
	08:00 pm						Passed			10ml		
	09:00 pm	Prenan	20ml								/	[illegible]
	10:00 pm									6ml	/	
	11:00 pm	Prenan	20ml								0	[illegible]
	12:00 am											
	01:00 am	Prenan	20ml							14ml	/	[illegible]
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	Prenan	20ml							10ml	/	[illegible]
	04:00 am						Passed					
	05:00 am	Prenan	20ml							13ml	0	[illegible]
	06:00 am											
	07:00 am	Prenan	20ml							8ml	/	[illegible]
Total Intake : 240ml						Total Output : 113ml						

Total 24 hrs. Intake	180cc/kg/day	Total 24 hrs. Output	3.5cc/kg/hr

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

02/06/2026

FLUID CHART

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Your Right to a Safe Delivery

Sheet No. : 20

IV = 180cc/kg/day
But = 1.580gm
1C = 24ml

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

Date	Time	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
	08:00 am											
	09:00 am	prenan	20ml				–			8ml		
	10:00 am										0	
	11:00 am	prenan	20ml				–			9ml		
	12:00 pm											
	01:00 pm	prenan	21ml				passed			9ml		
Total Intake : 61 ml						**Total Output :** 24 ml						
	02:00 pm											
	03:00 pm	prenan	23ml				–			6ml		
	04:00 pm											
	05:00 pm	prenan	23ml				–			9ml		
	06:00 pm										0	
	07:00 pm	prenan	23ml				.			7ml		
Total Intake : 68 ml						**Total Output :** 23 ml						
	08:00 pm											
	09:00 pm	prenan	30ml				Passed			8m		
	10:00 pm											
	11:00 pm	prenan	30ml				Passed			9ml	0	
	12:00 am											
	01:00 am	prena	30ml									
Total Intake :						**Total Output :**						
	02:00 am	prenan					Passed					
	03:00 am	prena	30ml							10m		
	04:00 am	prenan										
	05:00 am	prena	30ml				Passed			11m	0	
	06:00 am											
	07:00 am	prenan	30m				Pass					
Total Intake : 309 ml						**Total Output :** 86 ml						

Total 24 hrs. Intake	23.1cc/kg/day	Total 24 hrs. Output	8.9cc/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

3/06/26

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Your Right to a Safe Delivery

FLUID CHART

TV: 180cc/kg/day
Bwt: 1.3 kg
TF: 23ml

Sheet No. : 21

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am	Breran	23ml				—			13ml		
	10:00 am											
	11:00 am	Breran	23ml				Passed			08ml		
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

FLUID CHART

Rainbow® Children's Hospital
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Sheet No. : .....

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

		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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		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							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: ..... Age: ..... 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 .....

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 .....

.....

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: .....

Name: Father

Date & Time ~~Father~~ 23/3/26

Doctor (Who is talking the consent)

Signature: .....

Name: Y-Sneha

Date & Time 23/3/26

Witness

Signature: .....

Name: Dageshwari

Date & Time 23/3/26

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ 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 .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

Oral Consent

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: B/o Sangamitra Age: 13 Hrs Gender: Male ☐ ~~Female~~ ☐

UHID No : BAH-00651673 Date: 23/3/26

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 .....

..... 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 .....

.....

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: .....

Name: .....

Date & Time 24/3/26 .....

Witness

~~**Doctor**~~ **(Who is talking the consent)**

Signature: .....

Name: Diffi

Date & Time 23/3/26 @ 9pm

~~Witness~~ Doctor

Signature: .....

Name: T. Pavani

Date & Time 23/03/26

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... త్రిలో అడ్మిట్ అయి

ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా ంగీకారం తెలుపుతున్నాను.

దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ ఎ ియా మరియు సిఫ్లిస్

లక్షణాలు లేవని పరీక్షించి బడినది రీక్షలో కనబడని అనేక

ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదు క్తుల మార్పిడికి సంబంధించిన

ప్రతిచర్యలు సోకే ప్రమాదం వం తెలెత్తవచ్చు అని నేను అర్థం

చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నా .....

.....

పైన పేర్కొన్న అన్ని ప్రమాదాల న్న డాక్టర్ ద్వారా నాకు

వివరించబడ్డాయి. చికిత్స చేస్తు ఉత్పత్తులు ప్యాక్ చేయబడిన

ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, కారము తెలుపుతున్నాను.

నాకు పూర్తిగా అర్థమగు భాషలో న ను

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/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 30 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

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

Unit No.: BAH26-00644
Blood Group: O Rh Positive
Collection Date: 22/Mar/2026
Expiry Date: 03/May/2026

O Positive

BIACH&RI BLOOD BANK
25 Gy INDICATOR
OPERATOR
DATE: 22/3/26
IRRADIATED

ter Without Warming. 2) Shake Gently Before Use. 3) Do Not
edication. 4) Check Blood Group on Label & Recipient's
Name Before Administration. 5) Use Sterile Transfusion Set
) Do Not Dispense Without Prescription. 7) Do Not Use if
Visible Evidence. 8.) Store Between 2° C to 6° C. 9)

Issue Label / CrossMatching Report

nt : BABY.OF.KATTA V SANGAMITRA -
t's Blood Group :O Rh Positive
Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
No.: BAH-00651673 Wd-Bed No.:
LR-PRBC Pedia-1
oup : O Rh Positive Issue Dt : 23/Mar/2026
BAH26-00644 Colln. Dt :22/Mar/2026
ching Report:Compatible Exp. Dt :03/May/2026
X-matched by: K. Alok 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

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

Patie

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 23/3/26 Time: 12pm

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

Blood Bank Issue No: BAH-00651673 → 26-66370 Date of Collection: 17/2/26 Date of Expiry: 16/2/27

Date & Time of Starting Transfusion: 12pm Planned duration of Transfusion: 30 min

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Digeshwari Nurse 2: Srija.

Before starting transfusion vitals: Temp: 36.7°C HR: 161 RR: ..... BP: 38/22 SpO2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
23/3	15 Min	151	36.7°C	37/21	96	-	-	-	-
23/3	15 Min	161	36.7°C	38/20	97	-	-	-	-
23/3	30 Min	159	36.7°	40/20	100	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No issues during transfusion

Name of the Incharge-Nurse: Srija. Name of the Nurse: Digeshwari

Signature of the Incharge-Nurse: Srija Signature of the Nurse: Digeshwari

Date & Time: 23/3/26 Date & Time: 23/3/26 12pm

BirthRight by RAINBOW HOSPITALS | Rainbow Children's Hospital

RAINBOW HOSPITAL BLOOD BANK

Road No. 2, Bajara Hills , Hyderabad

LIC. No.: 46/HD/TS/2018/BB/G

O

Rh(D) POSITIVE

FRESH FROZEN PLASMA

~~160 - 180 ml~~ 180 ml

Prepared from Blood collected with Anticoagulant Citrate Phosphate Dextrose Adenine Solution U.S.P. 63 ml

CAUTION

1. Do not use if there is any visible evidence of deterioration
2. Storage temperature(-18) degrees centigrade and below.
3. Shelf life one year
4. Before use FFP must be thawed with agitation in a water bath between 30 to 37 degrees Centigrade.
5. Use immediately or store thawed FFP between 2 to 6 degrees centigrade and use within 24 hrs after thawing if delay is encountered.
6. Should not be refrozen after thawing.
7. Do not add any other medicine to the blood.
8. Use Aseptic Clean, Sterile pyrogen free disposable transfusion set with filter.
9. Do not dispense without prescription.
10. Check blood group on the label and group before administration.
11. Cross match before use.
12. Transfusion criteria ABO compatible
13. For 'O' group only (whether haemolysins are present or not and if they are the blood must be administered only to receipients of Blood group 'O')

Blood Bag No.

26-00370

Date of Preparation

17/02/26

Date of Expiry

16/02/27

Negative for Hbs Ag, HIV I & II, HCV VDRL, & MP

Please Note : it is advised that this Blood Bag which is stored in our Blood Bank refrigerator at ideal temperature must be transfused immediately without further storing it. This Blood Bank bears no responsibility if this bag is further stored with out transfusion.

Prepared from a Voluntary Blood Donor / Replacement Donor

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

LRBL

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

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/4/26 Time: 12:15pm

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

Blood Bank Issue No: BAH 26-00750 Date of Collection: 31/3/26 Date of Expiry: 12/5/26

Date & Time of Starting Transfusion: ..... Planned duration of Transfusion: 4 hrs

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Devadamak Nurse 2: sis jayshila

Before starting transfusion vitals: Temp: 36.6°C HR 189 RR: 45 bpm BP: 80/50(60) SpO_2 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2/4/26	15 Min	196	36.6°C	80/47 (59)	97%	–	–	–	–
2/4/26	15 Min	183	36.6°C	82/54 (63)	99%	–	–	–	–
2/4/26	30 Min	180	36.5°C	81/34 (51)	95%	–	–	–	–
2/4/26	30 Min	168	36.7°C	86/41(55	97%	–	–	–	–
2/4/26	30 Min	180	36.7°C	89/49(61)	93%	–	–	–	–
2/4/26	1 Hr	190	36.7°C	88/54 (65)	95%	–	–	–	–
2/4/26	1 Hr	168	36.7°C	87/45 61	95%	–	–	–	–

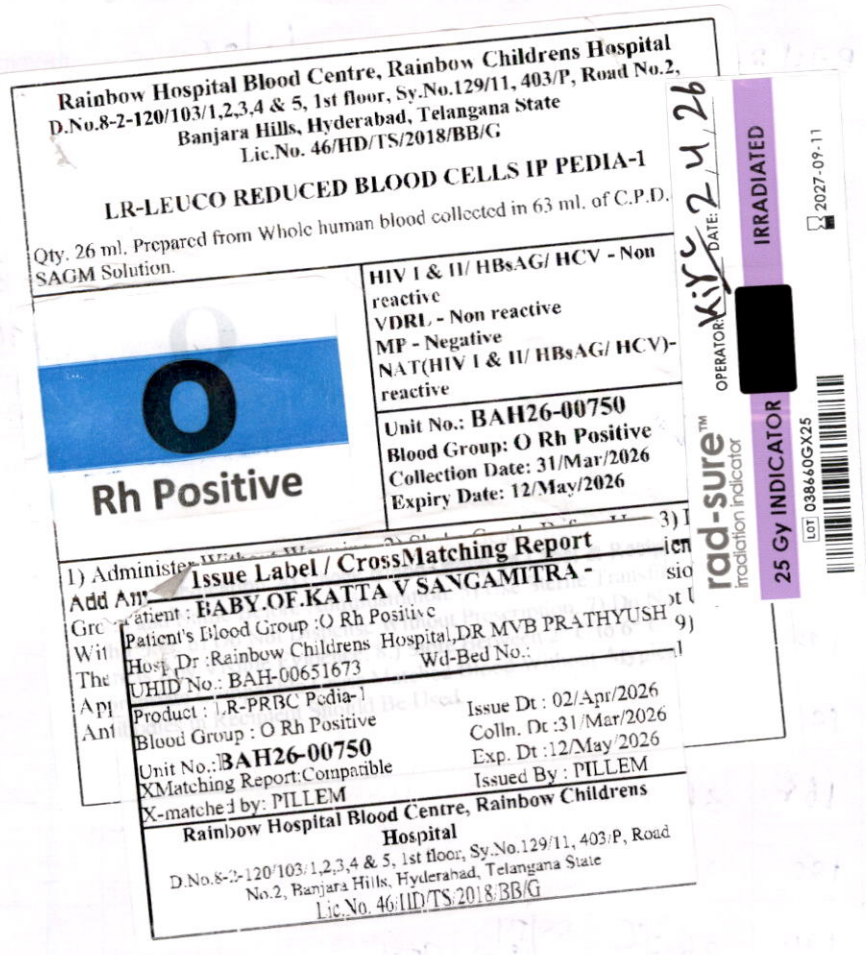
Comments: No reactions During Transfusion

Name of the Incharge-Nurse: Shilasani Name of the Nurse: Devadamak

Signature of the Incharge-Nurse: Sh Signature of the Nurse: [signature]

Date & Time: 2/4/26 Date & Time: 2/4/26 4:15pm

Docu. No. : RCHBH /FRM / CLINICAL / 078



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

O

Rh Positive

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

Unit No.: BAH26-00750
Blood Group: O Rh Positive
Collection Date: 31/Mar/2026
Expiry Date: 12/May/2026

1) Administer ... 3) I...
Add An... ...ien...
Gro... ...sio...
Wit... ...t U...
The... ...9)
Ap... ...1
Ant...

Issue Label / CrossMatching Report

Patient : **BABY.OF.KATTA V SANGAMITRA -**
Patient's Blood Group :O Rh Positive
Hosp. Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:

Product : LR-PRBC Pedia-1
Blood Group : O Rh Positive
Unit No.: **BAH26-00750**
XMatching Report:Compatible
X-matched by: PILLEM

Issue Dt : 02/Apr/2026
Colln. Dt :31/Mar/2026
Exp. Dt :12/May/2026
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

rad-sure™ irradiation indicator
25 Gy INDICATOR
OPERATOR: Kiru DATE: 2/4/26
IRRADIATED
LOT 038660GX25
2027-09-11

CONSENT FOR BLOOD TRANSFUSION

Rainbow® Children's Hospital
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BirthRight™
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Your Right to a Safe Delivery

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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

UHID No : ..... Date: 2/4/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☑ Red Blood Cell, LRBC irradiated
- ☐ Others ..... + IV Ih

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 .....

.....

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: [signature]

Name: Dr. K.V. Sangamitra

Date & Time 2/4/26 12pm

Doctor (Who is talking the consent)

Signature: Sneha

Name: Y. Sneha

Date & Time 2/4/26 12pm

Witness

Signature: [signature]

Name: Dandamesh

Date & Time 2/4/26 12:15pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ 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 .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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CONSENT FOR BLOOD TRANSFUSION

Name: B/O Katta V. Sangamitra Age: D10 Gender: Male ☑ Female ☐

UHID.No : 651673 Date: 2/4/26

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 .....

.....

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: .....

Name: .....

Date & Time 2/4/26 6:30pm

Doctor (Who is talking the consent)

Signature: Sneha

Name: Y. Sneha

Date & Time 2/4/26 8:30 P.M.

Witness

Signature: .....

Name: .....

Date & Time 2/4/26 8:30A

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అ[illegible] రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమా[illegible] పసాానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ[illegible] .....

....

పైన పేర్కొన్న అన్ని ప్రమ[illegible] కిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికి[illegible] /లేదా రక్త ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర ర[illegible]) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగ[illegible] ్నాను

సహాయకుడు(అటెం[illegible]

సంతకము ..... [illegible] కం .....

పేరు ....

తేదీ మరియు సమయము ..... తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసు[illegible]

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/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P (I)

Qty. 25

O

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

Unit No.: BAH26-00366
Blood Group: O 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 [illegible] **Antigen Blood Group on Label & Recipient's**
Group an[illegible] [illegible]t
With Filt[illegible]
There is [illegible]
9)rcsuspe[illegible] [illegible]al
Plasma. [illegible] [illegible]ath
Between [illegible]

Issue Label / CrossMatching Report

Patient : **BABY.OF.KATTA V SANGAMITRA -**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:
Product : FP-I
Blood Group : O Rh Positive — Issue Dt : 02/Apr/2026
Unit No.:**BAH26-00366** — Collln. Dt :17/Feb/2026
XMatching Report:ABO Compatible — Exp. Dt :17/Feb/2027
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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

FFP

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 2/4/26 Time: 8:30 Am

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

Blood Bank Issue No: BAH 26-00366 Date of Collection: 17/2/26 Date of Expiry: 17/2/26

Date & Time of Starting Transfusion: ..... Planned duration of Transfusion: 30 mits

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Devadarma K Nurse 2: Srilaxmi

Before starting transfusion vitals: Temp: 36.6°C HR 176 RR: 45 BP: 83/43(59) SpO_2 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2/4/26	15 Min	188	36.6°C	90/39(60)	99%	–	–	–	–
2/4/26	15 Min	192	36.6°C	83/47(57)	98%	–	–	–	–
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction during transfusion

Name of the Incharge-Nurse: Shrilaxmi Name of the Nurse: Devadarma K

Signature of the Incharge-Nurse: [signature] Signature of the Nurse: [signature]

Date & Time: 2/4/26 9Am Date & Time: 2/4/26 9Am

Docu. No. : RCHBH /FRM / CLINICAL / 078

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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CONSENT FOR BLOOD TRANSFUSION

Name: B/o Sanghamitra Age: 19/M Gender: Male ☑ Female ☐

UHID.No : Date: 6/4/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Cryoprecipitate
- ☐ Albumin
- ☐ Packed Red Blood Cells
- ☐ Single Donor Platelet
- ☑ Red Blood Cell (LRBC)
- ☐ Random Donor Platelets
- ☐ Whole Blood
- ☐ 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 .....

.....

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: .....

Name: D. Chiranjeevi

Date & Time 06/04/26 1:30pm

Doctor (Who is talking the consent)

Signature: .....

Name: Y. Sneha

Date & Time 6/4/26 1:30p.m

Witness

Signature: .....

Name: Bharathi

Date & Time 6/4/26 1:30pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ 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 .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/6/26 Time: 1:56 pm

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

Blood Bank Issue No: BBH26-00750 Date of Collection: 31/5/26 Date of Expiry: 12/5/26

Date & Time of Starting Transfusion: 6/6/26 1:56 pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Dr. Snehal Nurse 2: Sis Bharathi

Before starting transfusion vitals: Temp: 98.6F HR 120 RR: 45 BP: 54/35(42) SpO_2 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
1:56 pm	15 Min	170	98.6F	54/35(42)	97%	No	–	–	–
2:15 pm	15 Min	120	98.6F	54/35(42)	96%	No	–	–	–
2:30 pm	30 Min	166	98.5F	75/63(67)	89%	No	–	–	–
3 pm	30 Min	182	98.6F	51/35(41)	95%	No	–	–	–
3:30 pm	30 Min	177	98.7F	59/39(47)	95%	No	–	–	–
4 pm	1 Hr	174	98.5F	57/39(47)	95%	No	–	–	–
5 pm	1 Hr	184	98.6F	51/41(43)	92%	No	–	–	–
6 pm		167	98.5F	52/38(46)	97%	No	–	–	–

Comments: During transfusion time no Issue

Name of the Incharge-Nurse: Shweta Name of the Nurse: Bharathi

Signature of the Incharge-Nurse: Signature of the Nurse: B

Date & Time: 6/6/26 6 pm Date & Time: 6/6/26 6 pm

BIACH&RI OPERATOR wd DATE 6/4/26
BLOOD BANK

Rainb... Hospital Blood Centre, ...Childrens Hospital
D.No.8-2... 25 Gy INDICATOR [redacted] IRRADIATED ...2,
...Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 30 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O

Rh Positive

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

Unit No.: BAH26-00750
Blood Group: O Rh Positive
Collection Date: 31/Mar/2026
Expiry Date: 12/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 and Name Before Administration. 5) Use Transfusion Set W... Not Use if T... 9) A... cal A...

Issue Label / CrossMatching Report

Patient : BABY.OF.KATTA V SANGAMITRA -
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:

Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No.:BAH26-00750
XMatching Report:Compatible
X-matched by: R.RAMESH

Issue Dt : 06/Apr/2026
Colln. Dt :31/Mar/2026
Exp. Dt :12/May/2026
Issued By : R.RAMESH

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/4/2026 Time: 5.55pm

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

Blood Bank Issue No: BAH26-01036 Date of Collection: 28/4/26 Date of Expiry: 9/6/2026

Date & Time of Starting Transfusion: 30/4/26 5.55pm Planned duration of Transfusion: 4hrs

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Sis. Aswathy Nurse 2: Sis Swetha

Before starting transfusion vitals: Temp: 98.6°F HR 142bpm RR: 46b/m BP: 70/43(51) SpO2 98%

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	140bpm	98.6F	67/33	100%	–	–	–	–
30/4/26	15 Min	152bpm	98.4F	70/43	98%	–	–	–	–
30/4/26	30 Min	160bpm	98.6F	69/44	100%	–	–	–	–
30/4/26	30 Min	151b/m	98.8°C	73/21	98%	–	–	–	–
30/4/26	30 Min	161b/m	98.7°C	62/41	94%	–	–	–	–
30/4/26	1 Hr	148b/m	98.8°F	79/43(55)	94%	–	–	–	–
30/4/26	1 Hr	158b/m	98.6°F	85/49	97%	–	–	–	–

Comments: during LRBS No Issue

Name of the Incharge-Nurse: Sibi Name of the Nurse: Bhavani

Signature of the Incharge-Nurse: [signature] Signature of the Nurse: [signature]

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

Docu. No. : RCHBH /FRM / CLINICAL / 078

Lic.No. 46/HD../2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 40 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.

O

Rh Positive

H I & II/ HBsAG/ HCV - N
rdive
VRL - Non reactive
M- Negative
N'(HIV I & II/ HBsAG/ HC
rdive

U No.: BAH26-01036
Bd Group: O Rh Positive
Cection Date: 28/Apr/2026
Ery Date: 09/Jun/2026

1) Administer Without Warming. 2) ake Gently Before Use. 3
Add Any Medication. 4) Check BloGroup on Label & Recipi
Group and Name Before Administran. 5) Use Sterile Transfus
With Filter. 6) Do Not Dispense Witut Prescription. 7) Do Not
There is Any Visible Evidence. 8.) Se Between 2° C to 6° C. 9
Appropriate Compatible Cross Matell Blood Within ... Atypical

rad-sure™ irradiation indicator
OPERATOR: [redacted] DATE: 30/4/26
25 Gy INDICATOR IRRADIATED
LOT 038874GX25
2027-12-30

ssue Label / CrossMatching Report

ABY.OF.KATTA V SANGAMITRA -

lood Group :O Rh Positive

Rainbow Childrens Hospital,DR MVB PRATHYUSH

: BAH-00651673 Wd-Bed No.:

R-PRBC Pedia-1

up : O Rh Positive

BAH26-01036

g Report:Compatible

l by: R.RAMESH

Issue Dt : 30/Apr/2026
Colln. Dt :28/Apr/2026
Exp. Dt :09/Jun/2026
Issued By : K. Alok

ow Hospital Blood Centre, Rainbow Childrens Hospital

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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CONSENT FOR BLOOD TRANSFUSION

Name: B/o K. Sangamitra Age: 1m 7day Gender: Male ☑ Female ☐

UHID.No : 651673 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 .....

Dr. Sangamitra 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 .....

.....

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: .....

Name: DR K V Sangamitra

Date & Time 30/4/26 @ 1 pm

Doctor (Who is talking the consent)

Signature: .....

Name: Y. Sneha

Date & Time 30/4/26 @ 1pm

Witness

Signature: .....

Name: Aswathy

Date & Time 30/4/26 @ 1 pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ 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 .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

IVIG

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
03-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

Na ..... Age: 1m 10day Gender: Male ☑ Female ☐

UH ..... Date: 4/5/26

Type of Blood Product:

- ☐ Fresh Frozen Plasma
- ☐ Cryoprecipitate
- ☐ Albumin
- ☐ Packed Red Blood Cells
- ☐ Single Donor Platelet
- ☐ Red Blood Cell
- ☐ Random Donor Platelets
- ☐ Whole Blood
- ☐ Others .....

I ..... Chinchalaya ..... 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 .....

.....

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: .....

Name: D. Chinchalaya

Date & Time 4/5/26 @ 10pm

Doctor (Who is talking the consent)

Signature: .....

Name: Dr Ashwarya

Date & Time 4/5/26 10pm

Witness

Signature: .....

Name: Chandana

Date & Time 4/5/26 @ 10pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ 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 .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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Birth... BY RAINBOW HOSPITA...
Your Right to a Safe Delivery

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 06/05/26 Time: @12:45pm

Blood Group of the Patient: Otve Blood Group on the Blood Bag: Otve

Blood Bank Issue No: BAH26-0107.2 Date of Collection: 04/may/26 Date of Expiry: 15/Jun/26

Date & Time of Starting Transfusion: 6/5/26 @12:30pm Planned duration of Transfusion: 30 min

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: B. Soumya Nurse 2: B. Navya

Before starting transfusion vitals: Temp: 98.2°F HR 142bpm RR: 38b/m. BP: 60/38(44) SpO2 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
6/5/26	15 Min	142b/m	98.2°F	68/42(51)	98%	NA	NA	NA	NA
6/5/2	15 Min	144b/m	98.4°F	69/32(48)	100%	NA	NA	NA	NA
6/5/2	30 Min	138b/m	98.0°F	70/42(61)	92%	NA	NA	NA	NA
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: • No reactions during FFP transfusion

Name of the Incharge-Nurse: S/PG

Signature of the Incharge-Nurse:

Date & Time: 6/5/26 @2pm

Name of the Nurse: B. Navya

Signature of the Nurse: B. Navya

Date & Time: 6/5/26 @2pm

FFP

CONSENT FOR BLOOD TRANSFUSION

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BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

Name: ..... Age: 1m 12d Gender: Male ☑ Female ☐

UHID.No : .... Date: 6/5/26

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 ..... Sangamitra ..... hereby give my consent for whole blood transfusion or e 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 .....

..... cryo .....

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: .....

Name: .....

Date & Time ..... 6/5/26 @ 11AM

Doctor (Who is talking the consent)

Signature: .....

Name: Dr Aishwarya

Date & Time ..... 6/5/26 @ 11AM

Witness

Signature: B. Nanya

Name: B. Nanya

Date & Time .... 06/05/26 @ 11AM

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Your Right to a Safe Delivery

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : .....): .....

రక్త ఉత్పత్తి రకాలు:

ణాలు ☐ Random Donor Platelets

☐ Whole Blood

☐ ఇతరులు.....

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. 25

O

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

Unit No.: **BAH26-00598**
Blood Group: O Rh Positive
Collection Date: 15/Mar/2026
Expiry Date: 15/Mar/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. 5)use Sterile Transfusion S With Filter. 6)do Not Dispense Without Prescription. 7)do Not Use if There is Any Visible Evidence. 8)store Between -30° C or Below. 9)resuspend Thawed Precipitate Carefully & Completely Into Residual Plasma. 10)before Use Must Be Thawed With Agitation in a Water Bath Between 30° C to 37° C.

నేను ....సుపత్రిలో అడ్మిట్ అయి

ఉన్నపుడు పూర్తి చికిత్సలో భా... ...మార్పిడికి అంగీకారం తెలుపుతున్నాను.

దాత రక్తాన్ని హెచ్ ఐ వి యాం... ...మలేరియా మరియు సిఫ్లిస్

లక్షణాలు లేవని పరీక్షించి బడి... ...కి పరీక్షలో కనబడని అనేక

ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరు... ...రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన

ప్రతిచర్యలు సోకే ప్రమాదం వుం... ...నాలు తెలెత్తవచ్చు అని నేను అర్థం

చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం ... .

.....

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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెస్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను.

నాకు పూర్తిగా అర్థమగు భాషలో నాకు న... ...స్తున్నాను

Issue Label / CrossMatching Report

Patient : **BABY.OF.KATTA V SANGAMITRA -**
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:

Product : FFP-I
Blood Group : O Rh Positive — Issue Dt : 06/May/2026
Unit No.: **BAH26-00598** — Colln. Dt :15/Mar/2026
XMatching Report:ABO Compatible — Exp. Dt :15/Mar/2027
X-matched by: K. Alok — Issued By : K. Alok

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

సహాయకుడు(అటెంన్డెంట్)

సంతకము ....ం .....

పేరు ....

తేదీ మరియు సమయము ....రియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

Doc. No. : RCHBH/ FRM / CLINICAL / 014

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

CONSENT FOR BLOOD TRANSFUSION

Rainbow® Children's Hospital
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Name: B/o Sangamitra Age: 1M 20d Gender: Male ☑ Female ☐

UHID.No : 651673 Date: 15/5/26

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 LPBC

I Sangamitra 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 [illegible] 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: [signature]

Name: Kusangamitra

Date & Time 15/5/26 2pm

Doctor (Who is talking the consent)

Signature: Dr Aneet

Name: Dr Aneet

Date & Time 15/5/26 2pm

Witness

Signature: Hajera

Name: Hajera

Date & Time 15/5/26 2pm

Doc. No. : RCHBH/ FRM / CLINICAL / 014

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండ్డెంట్)

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
13-03-2026 0 Y 1 M 21 D
Dr. MVB Pratyush

Rainbow® Children's Hospital
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/5/26 Time: 05:30 pm

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

Blood Bank Issue No: BDH-2601146 Date of Collection: 14/5/26 Date of Expiry: 25/6/26

Date & Time of Starting Transfusion: 15/5/26 5:30 pm Planned duration of Transfusion: 4 hrs

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Hajera Nurse 2: Roushik

Before starting transfusion vitals: Temp: 36.6°C HR 146 b/m RR: 45 BP: 79/46(58) SpO 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
15/5/26	15 Min	141	36.6°C	66/41(50)	99%	-	-	-	-
15/5/26	15 Min	146	36.5°C	58/47(52)	99%	-	-	-	-
15/5/26	30 Min	139	36.6°C	68/51(57)	97%	-	-	-	-
15/5/26	30 Min	136	36.5°C	74/48(57)	96%	-	-	-	-
15/5/26	30 Min	152	36.6°C	64/46(52)	99%	-	-	-	-
15/5/26	1 Hr	149	36.6°C	74/50(58)	96%	-	-	-	-
15/5/26	1 Hr	152	36.5°C	74/49	94%	-	-	-	-

Comments: No tachycardia

Name of the Incharge-Nurse: Shilpa. M.C Name of the Nurse: Vishnupriya

Signature of the Incharge-Nurse: Shilpa Signature of the Nurse: Vishnu

Date & Time: 15/5/26 @ 9:20pm Date & Time: 15/5/26 @ 9:20pm

Rainbow
D.No.8-2-1

rad-sure™ irradiation indicator OPERATOR: D DATE: 15/5/26

25 Gy INDICATOR [redacted] IRRADIATED

LOT 038660GX25

LR-1 2027-09-11

Qty. 35 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. SAGM Solution.

O

Rh Positive

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

Unit No.: BAH26-01164
Blood Group: O Rh Positive
Collection Date: 14/May/2026
Expiry Date: 25/Jun/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 N Set With Filter. There is Any Appropriate Antibodies

Issue Label / CrossMatching Report

Patient : BABY.OF.KATTA V SANGAMITRA -
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:

Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No.: BAH26-01164 Issue Dt : 15/May/2026
XMatching Report:Compatible Colln. Dt :14/May/2026
X-matched by: B.Abhishek Exp. Dt :25/Jun/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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o K. Sangamitra Gender: ☑ Male ☐ Female

UHID No : 651673 Department : NICU-1 Date : 23/3/26

I ..... S / D / W / O .....

Here by give consent for procedure of : Acc line insertion

For my patient, Named : .....

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 :

.....

.....

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 NILESHR.

Patient Attendant :

Signature : [signature]

Name : DEVARA CHIRULAVYA

Relationship with Patient: Father

Date & Time : 23/3/26 2pm

Witness :

Signature : Degeshwari

Name : Degeshwari

Date & Time : 23/3/26 2pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : DR NILESHR

Date & Time : 23/3/26, 2pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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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 .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sangeerika Gender: ☑ Male ☐ Female

UHID No : 651673 Department : NICU Date : 23/3/26

I ..... S / D / W / O .....

Here by give consent for procedure of : Intubation, surfactant

For my patient, Named : .....

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

- Bleeding.
- Pneumothorax

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

CPAP, Respiratory failure.

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: .....

Patient Attendant :

Signature : .....

Name : DEVARA GOPALAYYA

relationship with Patient: father

Date & Time : 23/3/26 2pm

Witness :

Signature : .....

Name : Digeshwari

Date & Time : 23/3/26 2pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr NIKESH R

Date & Time : 23/3/26, 2pm

ప్రత్యేక విధానాలకు సమ్మతి

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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 .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

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Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sangamitra Gender: ☑ Male ☐ Female

UHID No : 651673 Department : Date : 23/3/26

I S / D / W / O

Here by give consent for procedure of : umbilical artery & vein catheterisation

For my patient, Named :

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

Infection
migration
bleeding

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

IV- Cannula

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:

Patient Attendant :

Signature :

Name : DEVARA CHERUDAVYA

Relationship with Patient: father

Date & Time : 23/3/26 2pm

Witness :

Signature : Digeshwari

Name : Digeshwari

Date & Time : 23/3/26 2pm

Doctor (who is taking the consent) :

Signature :

Name : DR NILESH R.

Date & Time : 23/3/26, 2pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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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 .....

Oral cant

picc line

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

BirthRight™
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ur Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sanghamitra Gender: ☑ Male ☐ Female

UHID No : ..... Department : NICU Date : 2/4/26

I ..... S / D / W / O .....

Here by give consent for procedure of : piccline

For my patient, Named : .....

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

- Bleeding, Infection, Displacement

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

IV cannula - Infection

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. Nilesh

Patient Attendant :

Signature : [signature]

Name : [signature]

Relationship with Patient: Mother

Date & Time : 2/4/26 4pm

Witness :

Signature : [signature]

Name : [signature]

Date & Time : 2/4/26 4pm

Doctor (who is taking the consent) :

Signature : Sneha

Name : Y. Sneha

Date & Time : 2/4/26 4pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

Docu. No. RCH

పేరు .....

సంతకము .....

బైస్యుడు (ఎ

సంతకము .....

ప్రక్రియ చేస్తు

నాకు తెలిసిన

.....

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.....

ఈ ప్రక్రియ కో

నా రోగికి, పే

ప్రత్యేక విధాన

నేను .....

యు.హెచ్.ఐ.

రోగి పేరు .....

premicath

(PUR - XRO / ORX / RXC)

REF. / Art.-Nr. / Code **1261.20**

Catheter with splitting needle / Cathéter avec aiguille scalpe / Catéter con aguja pelable / Katheter mit spaltbarer Stahl-Kanüle / Catetere con ago apribile / Katheter met splitbare naald / Cateter com agulha descartável / Kateter med delbar nål

Size / Taille / Tamaño / Größe / Misura / Grootte / Tamanho / Storlek **28 G (1Fr)** Ø 0,17 x 0,35 mm

Length / Longueur / Longitud / Länge / Lunghezza / Lengte / Comprimento / Längd **20 cm**

VYGON GmbH & Co.KG
Pagenstr. 8 Ring 100 · Tel. +49 241 91310-0 · info@vygon.de
D-52070 Aachen · Fax +49 241 91310-106 · www.vygon.de

Made in Germany

REF 1261.20 VYGON
2030-12-04 LOT 041225GO
2025-12-04
Insertion Date

REF 1261.20 VYGON
2030-12-04 LOT 041225GO
2025-12-04
Insertion Date

(01)03660812138697(17)301204(30)1(10)041225GO

28G / 1Fr 20 cm

premicath

VYGON

Rainbow® Children's Hospital
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పేరు .....

సంతకము .....

బైస్యుడు (ఎ

సంతకము .....

ప్రక్రియ చేస్తు

నాకు తెలిసిన

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ఈ ప్రక్రియ కో

నా రోగికి, పే

ప్రత్యేక విధాన

నేను .....

యు.హెచ్.ఐ.

రోగి పేరు .....

పురుషుడు □ స్త్రీ

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BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Sangmitra Gender: ☑ Male ☐ Female

UHID No : 651673 Department : NICU Date : 2/4/26

I ..... S / D / W / O .....

Here by give consent for procedure of : E.T intubation

For my patient, Named : .....

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

Bleeding, Bradycardia.

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

Resp. failure

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. Mamtha

Patient Attendant :

Signature : [signature]

Name : [signature]

Relationship with Patient: Mother

Date & Time : 2/4/26 7AM

Witness :

Signature : [signature]

Name : [signature]

Date & Time : 2/4/26 7AM

Doctor (who is taking the consent) :

Signature : Sneha

Name : Y. Sneha

Date & Time : 2/4/26 7AM

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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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

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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 .....

BAH-0065167 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/O Sanghamitra Gender: ☑ Male ☐ Female

UHID No : BAH-651673 Department : NICU Date : 16/4/26

I Sangamitra S/D/W/O

Here by give consent for procedure of : Picc line insertion

For my patient, Named : B/O Sanghamitra

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

Bleeding

Migration

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

Peripheral IV Cannula → Infection.

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. Sneha

Patient Attendant :

Signature : [signature]

Name : D. Chinbaya

Relationship with Patient: Father

Date & Time : 16/4/26 [signature]

Witness :

Signature : Priyanka

Name : Priyanka

Date & Time : 16/4/26 [signature]

Doctor (who is taking the consent) :

Signature : Sneha

Name : Y. Sneha

Date & Time : 16/4/2026 [signature]

Rainbow® Children's Hospital
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□ పురుషుడు □ స్త్రీ

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ఈ విషయాన్ని

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BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

IAL PROCEDURES

Rainbow® Children's Hospital
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Patient Name : B/o katta sangamitra Gender: ☑ Male ☐ Female

UHID No : 651673 Department : NICU Date : 5/5/26

I Sangamitra S / D / W / O

Here by give consent for procedure of : Dicc line

For my patient, Named : B/o katta sangamitra

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

Bleeding . Infection

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

Antibiotics .

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:

Patient Attendant :

Signature :

Name : MV Sangamitra

Relationship with Patient: mother

Date & Time : 5/5/26 @ 1 PM

Witness :

Signature : B. Navya

Name : B. Navya

Date & Time : 05/05/26 @ 1PM

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time : 5/05/26 @ 1PM

ప్రత్యేక విధానాలకు సమ్మతి

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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

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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 .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/5/26 Time: 2 am

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: BD-1126-9072

Blood Bank Issue No: Date of Collection: 6/5/26 Date of Expiry:

Date & Time of Starting Transfusion: 6/5/26 1:59 am Planned duration of Transfusion: 4 hrs

Check for Correct Unit: ☑ Correct Patient: ☑

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

Before starting transfusion vitals: Temp: 36.6°C HR 138 RR: 42 BP: 67/48 mV SpO 96%

PLEASE MONITOR THE FOLLOWING:

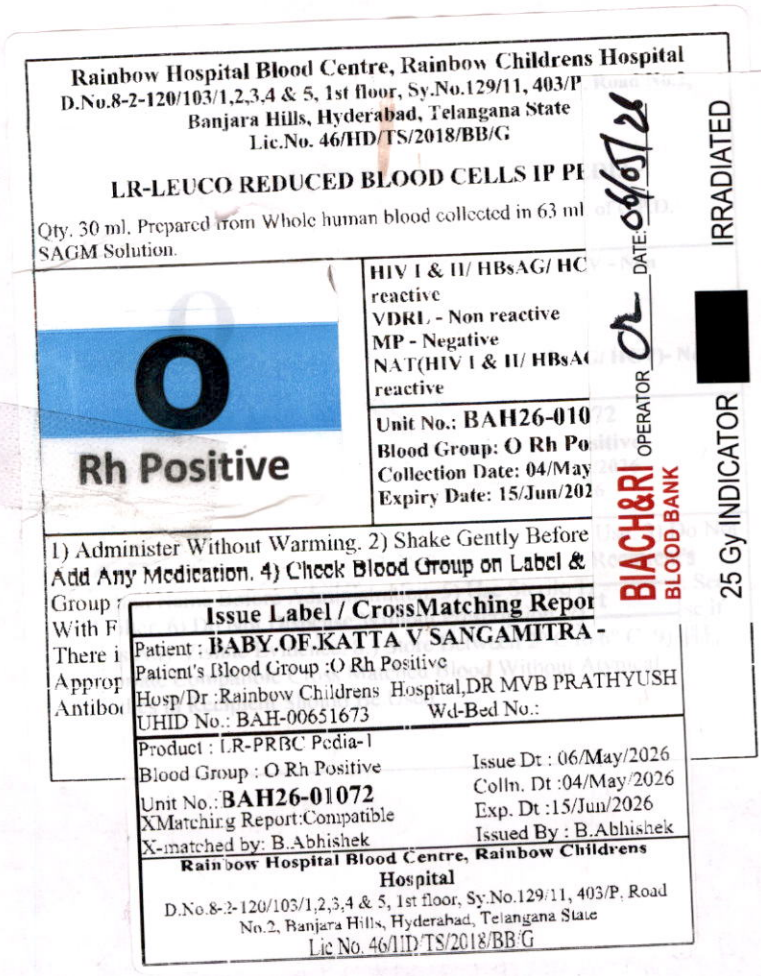
Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
6/5/26	15 Min	141	36.6°C	80/50(61)	96%.	x	x	x	x
6/5/26	15 Min	138	36.5°C	64/36(45)	98%.	x	x	x	x
6/5/26	30 Min	146	36.6°C	72/41(52)	99%.	x	x	x	x
6/5/26	30 Min	136	36.7°C	71/32(46)	98%.	x	x	x	x
6/5/26	30 Min	148	36.6°C	62/38(48	95%.	x	x	x	x
6/5/26	1 Hr	139	36.5°C	67/48(37)	94%.	x	x	x	x
6/5/26	1 Hr	147	36.6°C	78/52(37)	96%.	x	x	x	x

Comments: No reaction during transfusion.

Name of the Incharge-Nurse: Srilaxmi Name of the Nurse: Hafeza

Signature of the Incharge-Nurse: Signature of the Nurse:

Date & Time: 6/5/26 4am Date & Time: 6/5/26 4am



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
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PE

Qty. 30 ml. Prepared from Whole human blood collected in 63 ml SAGM Solution.

O
Rh Positive

HIV I & II/ HBsAG/ HC
reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsA
reactive

Unit No.: BAH26-010
Blood Group: O Rh Po
Collection Date: 04/May
Expiry Date: 15/Jun/202

1) Administer Without Warming. 2) Shake Gently Before
Add Any Medication. 4) Check Blood Group on Label &
Group
With F
There i
Approp
Antibo

Issue Label / CrossMatching Repor

Patient : BABY.OF.KATTA V SANGAMITRA -
Patient's Blood Group :O Rh Positive
Hosp/Dr :Rainbow Childrens Hospital,DR MVB PRATHYUSH
UHID No.: BAH-00651673 Wd-Bed No.:

Product : LR-PRBC Pedia-1
Blood Group : O Rh Positive
Unit No.: BAH26-01072
XMatching Report:Compatible
X-matched by: B.Abhishek

Issue Dt : 06/May/2026
Colln. Dt :04/May/2026
Exp. Dt :15/Jun/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

DATE: 06/05/26
OPERATOR
BIACH&RI BLOOD BANK
IRRADIATED
25 Gy INDICATOR

Verbal consent taken

CONSENT FOR SPECIAL PROCEDURES

Rainbow® Children's Hospital
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AH-00651673 IP5-00171513
aby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 24 D (M)
r. MVB Pratyush

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

UHID No : ..... nent : ..... Date : 18/5/26

I ..... S / D / W / O .....

Here by give consent for procedure of : Ventricular tap

For my patient, Named : .....

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

.....

.....

.....

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

.....

.....

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: .....

Patient Attendant :

Signature : .....

Name : D. Chiranjeevi

Relationship with Patient: Father

Date & Time : 18-05-26

Witness :

Signature : .....

Name : .....

Date & Time : 18/5/26

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : 18/5/26

ప్రత్యేక విధానాలకు సమ్మతి

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Rainbow® Children's Hospital
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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

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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 .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
Dr. MVB Pratyush

CONSENT FOR SPECIAL PROCEDU[illegible]

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name : B/O Sanghamitra Gender: ☑ Male ☐ Female

UHID No : 651673 Department : NICU Date : 7/5/26

I D. Chaitya S/D/W/O ~~Father~~ D. Deevana Rao

Here by give consent for procedure of : Lumbar puncture

For my patient, Named : B/O sanghamitra

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

Sepsis, bleeding

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

bleeding / infection

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. Manalla.R

Patient Attendant :

Signature : [signature]

Name : K Sayamitra

Relationship with Patient: Mother

Date & Time : 7/5/26 3pm

Witness :

Signature : [signature]

Name : Bhavani

Date & Time : 7/5/26 @ 3pm

Doctor (who is taking the consent) :

Signature : [signature]

Name : Poojitha

Date & Time : 7/5/26 @ 3pm

Docu. No. : RCHBH /FRM / CLINICAL / 019

ప్రత్యేక విధానాలకు సమ్మతి

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Your Right to a Safe Delivery

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

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 .....

TOTAL PARENTERAL I (TPN) CHART

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 2/4/26

Patient Name : B/O Katta Sanghamitra UHID. NO: .....

Current (Maximum) Weight : 830 g

Fluid : 130 ml / kg / day

Feed : NPO ml / kg / day

Others : medic = 29ml/kg/d = 24ml. ml / kg / day

TPN Fluid : 12.5% TPN

107.9.
- 24ml
- 9.6ml

TPN. 74.3
-19.49
RV. 54.81

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	— g/kg			
Protein / Aminoveni 10, 1g=10ml	2 g/kg	1.66	16.6	33.2
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.83	1.66	3.32
KCL	1 mEq/kg	0.83	0.4	0.8
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.83	0.83	1.66
MVI	1 ml/kg			
CELECEL (Trace Elements)	1 ml/kg		19.49	38.98.
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			13.31	26.62
25% Dextrose			41.5.	83.
TPN Fluid				
GIR = 7.7.				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

$$\frac{12.5 \times 74.3 - 5 \times 19.49}{20}$$

$$25\%D = \frac{831.3}{20} = 41.5$$

Name : Y. Sneha

Signature : Sneha

Date & Time : 2/2/2026

TOTAL PARENTERAL NUTRITION (TPN) CHART

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 30/3/26.

Patient Name : B/O Sanjanitra.

UHID. NO: .....

Current (Maximum) Weight : 830 gm

Fluid : 150 ml / kg / day = 125

Feed : 90 ml / kg / day = 75ml

Others : 12 ml / kg / day = 10ml

TPN Fluid : 7.5% → 39.5 RV = 19ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.83	4.15	8.3
Protein / Aminoveni 10, 1g=10ml	1 g/kg	0.83	8.3	16.6
3% NaCl (1ml = 0.5 mEq)	3 mEq/kg	2.49	4.98	9.9
KCL	1.5 mEq/kg	1.24	0.62	1.2
POTPHOS (0.3 ml = 1.2 mEq K)	— 0.3 ml/kg	—	—	—
Calcium Gluconate	2 ml/kg	1.6	1.6	3.3
MVI	0.5 1 ml/kg	0.4	0.4	0.8
CELECEL (Trace Elements)	0.3 1 ml/kg	0.24	0.24	0.5
MgSo4	ml/kg	Total	20.3	40.7
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			→ 9ml	18ml
25% Dextrose			→ 10ml	20ml.
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

Name : Dr Aishwarya

Signature :

Date & Time : 30/3/26

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

TOTAL PARENTERAL NUTRITION (TPN) CHART

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date : 24/3/26

Patient Name : B/O Katta Sanjanitha UHID. NO:

Current (Maximum) Weight : 830gm

Fluid : 100 ml / kg / day = 83ml

Feed : ml / kg / day 6ml - 6ml

Others : ml / kg / day - 7.6ml

TPN Fluid : 7.5%

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.83	4.1	8.3
Protein / Aminoveni 10, 1g=10ml	2.5 g/kg	2.07	20.7	41.5
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	2.49	2.5	5
MVI	0.5 1 ml/kg	0.4	0.4	0.8
CELECEL (Trace Elements)	0.3 1 ml/kg	0.24	0.24	0.5
MgSo4	ml/kg		28	56
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose →			25.6	51.2
25% Dextrose →			15.6	31.2
TPN Fluid GIR = 4.2				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

Name : Dr. Aishwarya

Signature :

Date & Time : 24/3/26

TOTAL PARENTERAL NUTRITION (TPN) CHART

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

BirthRight BY RAINBOW HOSPITALS
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Date : 26/3/26

Patient Name : B/O Sangamitra UHID. NO: .....

Current (Maximum) Weight : 830gm

Fluid : 130 ml / kg / day = 107.9

Feed : 29cc = 24ml ml / kg / day → 31.6

Others : 9cc = 7.6ml ml / kg / day

TPN Fluid : 7.5% → 76.3

RW = 38.7

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24ml	48m
Intra Lipid (20%) 1g = 5ml	2 g/kg	1.66	8.3	16.6
Protein / Aminoveni 10, 1g=10ml	3 g/kg	2.49	24.9	50
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.83	1.66	3.32
KCL	1 mEq/kg	0.83	0.4	0.8
POTPHOS (0.3 ml = 1.2 mEq K)	— 0.3 ml/kg	—	—	—
Calcium Gluconate	2 ml/kg	1.66	1.66	3.32
MVI	0.5 1 ml/kg	0.41	0.4	0.8
CELECEL (Trace Elements)	0.31 ml/kg	0.24	0.25	0.5
MgSo4	ml/kg		37.6	75
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			19.7	39.4
25% Dextrose			18.9	37.8
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

Name : Dr. Aishwarya

Signature :

Date & Time : 26/3/26.

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

TOTAL PARENTERAL NUTRITION (TPN) CHART

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

(1)

Patient Name : B/O Sanghamitra.

UHID. NO: 1/4/26

Current (Maximum) Weight 830 g

Fluid : 140 ml / kg / day

Feed 6 ml / kg / day

Others ml / kg / day

TPN Fluid 12.5

116.2
- 6 (fe
- 15 (mea
- 14.4 (confus

TPN: 80.8
- 28.5 52.3 = R

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5	g/kg			
Protein / Aminoveni 10,	3 g/kg	2.5	25	50
3% NaCl (1ml = 0.5 mE	1 mEq/kg	0.83	1.66	3.3
KCL	1 mEq/kg	0.83	0.4 ~~1.66~~	0.8ml ~~0.8~~
POTPHOS (0.3 ml = 1	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.83	0.83	1.66
MVI	0.5 ~~1 ml~~/kg	0.4	0.4	0.8
CELECEL (Trace Ele	0.3 ~~1 ml/kg~~	0.25	0.25	0.5
MgSo4	ml/kg		28.54	57.06
Heplock (0.1 ml =	0.5 unit/ml of lipid			
5% Dextrose			14.9	29.8ml
25% Dextrose			37.4ml	74.8ml
TPN Fluid				
GIR				
NPC / Protein				

Carbohydrates
Proteins
Fats

$$\frac{12.5 \times 80.8 - 5 \times 52.3}{20}$$

$$\frac{748.5}{20} = 37.4$$

Name : .....

Signature : .....

Date & Time :

Docu. No. : RC

TOTAL PARENTERAL NUTRITION (TPN) CHART

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date : 6/4/26

Patient Name : B/o Sanghamithra Katta

UHID. NO:

Current (Maximum) Weight : 830 g

Fluid : 140 ml / kg / day

Feed : 36 = 43.3 ml / kg / day

Others : ml / kg / day

TPN Fluid : 12.5% TPN

~~140~~
116.2
- 36 (feed)
- 14 (medic)
66.2
- 37.7
28.5 RV

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1.5 g/kg	1.24	6ml	12ml
Protein / Aminoveni 10, 1g=10ml	3.5 g/kg	2.9	29	58ml
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.8	1.66	3.3
KCL	1 mEq/kg	0.8	0.4	0.8
POTPHOS (0.3 ml = 1.2 mEq K)	– 0.3 ml/kg			
Calcium Gluconate	– ml/kg			
MVI	0.5 1 ml/kg	0.41	0.4	0.8
CELECEL (Trace Elements)	0.3 1 ml/kg	0.25	0.25	0.5
MgSo4	ml/kg		37.7	75.4
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			13.3	26.6
~~25% Dextrose~~ 50% Dextrose			15.2	30.4
TPN Fluid				
GIR = 6.9				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

$$\frac{12.5 \times 66.2 - 5 \times 28.5}{45}$$

$$= 50\% D \frac{685}{45} = 15.2 ml$$

Name : Sneha

Signature : Y. Sneh

Date & Time : 6/4/26

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

TOTAL PARENTERAL NUTRITION (TPN) CHART

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Date : 10/4/26

Patient Name : B/o Sanganithra

UHID. NO: .....

Current (Maximum) Weight : 830gms

Fluid : 150. ml / kg / day 125ml.

Feed : ..... ml / kg / day 8.4ml.

Others : ..... ml / kg / day ~~[illegible]~~

TPN Fluid : 12.5% TPN - 41ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.8g	4ml.	8ml.
Protein / Aminoveni 10, 1g=10ml	2 g/kg	1.6g	16ml.	32ml
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.6mEq	3.2ml.	6.4ml
KCL	2.5 mEq/kg	2mEq	1ml.	2ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.8ml.	0.8ml	1.6ml
MVI	0.5 1 ml/kg	0.4ml	0.4ml	0.8ml
CELECEL (Trace Elements)	0.3 1 ml/kg	0.25ml.	0.25ml.	0.5ml.
MgSo4	ml/kg		25ml.	50ml
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			6.5ml	13ml.
25% Dextrose 50%D			9.5ml	12ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates PV → 16ml

Proteins

Fats $\frac{12.5\% \times 41 - 5 \times 16}{45}$

$\frac{512 - 80}{45} = 9.6ml.$

Name : FAIZ

Signature : [signature]

Date & Time : 10/4/26

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

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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CROSS CONSULTATION FORM

Doctor Name : Dr. Janaki pal Date : 7/4/26 Time : 4 pm

Diagnosis : PT / RDS / Sepsis

Hospital : Rainbow children Hospital

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

Type of Referral :
☑ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Baby on SIMV., FiO_2 23%, PEEP-5
HR - 153 min.
SpO_2 94%.

ECHO

- Moderate sized PDA, L→R shunt Gdt 16/4.
- Small OS ASD, ~~[illegible]~~ L→R shunt
- Dilated LA/LV
- No significant AVVR
- GBVF
- IVC collapsible.
- PAH (+). (Moderate to severe).

Consultant :

Name : JONAKI PAL Signature : [signature] Date & Time : 07/04/26 4.00 PM.

Doc. No. : RCHBH/ FRM / CLINICAL / 049

TOTAL PARENTERAL NUTRITION (TPN) CHART

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date : 6/4/26

Patient Name : B/o Sanghamithra Katta

UHID. NO: .....

Current (Maximum) Weight : 830 g

Fluid : 140 ml / kg / day

Feed : 36 = 43.3 ml / kg / day

Others : ..... ml / kg / day

TPN Fluid : 12.5% TPN

~~140~~
116.2
- 36 (feed)
- 14 (medic)
66.2
- 37.7
28.5 RV

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1.5 g/kg	1.24	6ml	12ml
Protein / Aminoveni 10, 1g=10ml	3.5 g/kg	2.9	29	58ml
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.8	1.66	3.3
KCL	1 mEq/kg	0.8	0.4	0.8
POTPHOS (0.3 ml = 1.2 mEq K)	– 0.3 ml/kg			
Calcium Gluconate	– ml/kg			
MVI	0.5 1 ml/kg	0.41	0.4	0.8
CELECEL (Trace Elements)	0.3 1 ml/kg	0.25	0.25	0.5
MgSo4	ml/kg		37.7	75.4
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			13.3	26.6
~~25% Dextrose~~ 50% Dextrose			15.2	30.4
TPN Fluid				
GIR = 6.9				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

$$\frac{12.5 \times 66.2 - 5 \times 28.5}{45}$$

$$= 50\% D \frac{685}{45} = 15.2 ml$$

Name : Sneha

Signature : Y. Sneh

Date & Time : 6/4/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CROSS CONSULTATION FORM

Doctor Name : Dr. Janaki pal Date : 7/4/26 Time : 4 p.m.

Diagnosis : PT | RDS | Sepsis

Hospital : Rainbow children 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 :

Baby on SIMV., FiO_2 23%., PEEP-5
HR - 153/min.
SpO_2 94%.

ECHO

- Moderate sized PDA, L→R shunt Gdt 16/4.
- Small OS ASD, L→R shunt
- Dilated LA/LV
- No significant AVVR
- GBVF
- IVC collapsible.
- PAH ⊕. (Moderate to severe).

Consultant :

Name : Janaki Pal Signature : Janaki Date & Time : 07/04/26 4.00 PM.

TOTAL PARENTERAL NUTRITION (TPN) CHART

(1)

Patient Name : B/o Sanghamitra,

Current (Maximum) Weight : 830 g

Fluid : 140 ml / kg / day

Feed : 6 ml / kg / day

Others : ml / kg / day

TPN Fluid : 12.5

UHID. NO.

BirthRight™ BOW HOSPITALS

116
- 6
- 15
- 14.4
TPN 80.8
- 28.5

	Daily Requirement		Amount (ml)	Calo
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	g/kg			
Protein / Aminoveni 10, 1g=10ml	3 g/kg	2.5	25	50
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.83	1.66	3.3
KCL	1 mEq/kg	0.83	~~1.66~~ 0.4	~~0.8~~ 0.8ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.83	0.83	1.66
MVI	0.5 ~~1 ml/kg~~	0.4	0.4	0.8
CELECEL (Trace Elements)	0.3 ~~1 ml/kg~~	0.25	0.25	0.5
MgSo4	ml/kg		28.54	57.06
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			14.9	29.8ml
25% Dextrose			37.4ml	74.8ml
TPN Fluid	8.4 (GIR)			

Carbohydrates

Proteins $\frac{12.5 \times 80.8 - 5 \times 5^{2.3}}{20}$

Fats

$\frac{748.5}{20} = 37.4$

Protein (gm)

Total calories

TOTAL PARENTERAL NUTRITION (TPN) CHART

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

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

(1)

Date : 4/4/26

Patient Name : B/O Sanghamitra,

UHID. NO: .....

Current (Maximum) Weight : 830 g

Fluid : 140 ml / kg / day

Feed : 6 ml / kg / day

Others : ml / kg / day

TPN Fluid : 12.5

116.2
- 6 (feeds)
- 15 (medication)
- 14.4 (infusions)
TPN 80.8
- 28.5
52.3 = RV

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	g/kg			
Protein / Aminoveni 10, 1g=10ml	3 g/kg	2.5	25	50
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.83	1.66	3.3
KCL	1 mEq/kg	0.83	~~1.66~~ 0.4	~~3.3~~ 0.8ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.83	0.83	1.66
MVI	0.5 ~~1 ml~~/kg	0.4	0.4	0.8
CELECEL (Trace Elements)	0.3 ~~1 ml~~/kg	0.25	0.25	0.5
MgSo4	ml/kg		28.54	57.06
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			14.9	29.8ml
25% Dextrose			37.4ml	74.8ml
TPN Fluid	~~8.4 (GIR)~~			
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

$$\frac{12.5 \times 80.8 - 5 \times 52.3}{20}$$

$$\frac{748.5}{20} = 37.4$$

Name : Y. Sneha

Signature : Sneha

Date & Time : 4/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

12/4/26

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CROSS CONSULTATION FORM

Doctor Name : Dr. Manisha Date : 12/4/26 Time : 11:45 Am

Diagnosis : Respiratory distress preterm

Hospital : Rainbow children Hospital

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

Type of Referral :
☒ Emergency
☐ Urgent
☐ Non Urgent

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

for PDA evaluation

Signature:

Findings and Recommendations :

Echo.

1. 1.5mm PDA wf L→R shunt. Doppler poor envelope. PG = 20mmHg
2. LA : Ao ratio = 1:6
3. (N) b/v fx
4. No pericardial eff.
5. Trivial TR. RV pr ~ 25 mmHg.

Consultant :

Name : Dr. Manisha Signature : Date & Time : 12/4/26 11:45P

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

Entered

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CROSS CONSULTATION FORM

Doctor Name : Dr. Bhargavi Date : 13/4/26 Time : 8:30 Am

Diagnosis : preterm, Respiratory distress

Hospital : Rainbowchildren hospital

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

Type of Referral :
- ☑ Emergency
- ☐ Urgent
- ☐ Non Urgent

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

PDA

Signature:

Findings and Recommendations :

PT /

Had HS - PDA

Received PCM → 2 doses.

ECHO

1mm PDA L → R
small
Incomplete jet

LA/Ao = 1.V2.
Dilated LV
GBVF

Consultant :

Name : BHANUMATI Signature : Date & Time : 13/4/26

Advice

1. cont. paracetmol.

2. R/V - 3 days.

(Dr. Bhanani)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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CROSS CONSULTATION FORM

Doctor Name : Dr Ramya. B. Date : 5/5/26 Time : 2PM

Diagnosis :

Hospital : Rainbow Childrens Hospital Banjara Hills

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

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Signature:

Findings and Recommendations :

History noted.

Exp - ? Vascular / Ischaemic.
? Infective.

moving all four limbs
AF full - open (N)
Dull activity (+)

Adv :-
- LP to e/o infection
- EEG (if possible)
NSG monitoring

Consultant :

Name : Dr. Ramya Signature : [signature] Date & Time : 6/5/26 2PM

Doc. No. : RCH / FRM / CLINICAL / 049

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 24 D (M)
Dr. MVB Pratyush

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CROSS CONSULTATION FORM

Doctor Name : Dr Abhishek R J Date : 17/5/26. Time : 1pm

Diagnosis :

Hospital : Rainbow Childrens Hospital

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

Type of Referral :
☐ Emergency
☐ Urgent
☑ Non Urgent

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

Signature:

Findings and Recommendations :

Neurological issues:
- meningitis with ?ventericulitis.
- cystic PVL changes
- seizures:- presumed symptomatic
- [illegible]:- midline shift

O/F:- AF-full, non tense.
- GBMs (+)
- Evolving Hypertonia.
- symmetrical antigravity movements.

Adv.
- HC Monitoring.
- MRI Brain c̄ contrast
↓
- lumbar puncture CSF Analysis.
- Review with films

Consultant :

Name : Dr Abhishek R Jain Signature : Dr Abhishek R Jain Date & Time : 1 pm

Doc. No. : RCH / FRM / CLINICAL / 049

TOTAL PARENTERAL NUTRITION (TPN) CHART

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Date : 10/4/26

Patient Name : B/o Sanganithra

UHID. NO:

Current (Maximum) Weight : 830gms

Fluid : 150. ml / kg / day 125ml.

Feed : ml / kg / day 8.4ml.

Others : ml / kg / day ~~[illegible]~~

TPN Fluid : 12.5% TPN - 41ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.8g	4ml.	8ml.
Protein / Aminoveni 10, 1g=10ml	2 g/kg	1.6g	16ml.	32ml
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.6mEq	3.2ml.	6.4ml
KCL	2.5 mEq/kg	2mEq	1ml.	2ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	1 ml/kg	0.8ml.	0.8ml	1.6ml
MVI	0.5 1 ml/kg	0.4ml	0.4ml	0.8ml
CELECEL (Trace Elements)	0.3 1 ml/kg	0.25ml.	0.25ml.	0.5ml.
MgSo4	ml/kg		25ml.	50ml
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose →			6.5ml	13ml.
25% Dextrose 50% D →			9.5ml	12ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates RV → 16ml

Proteins

Fats $\frac{12.5\% \times 41 - 5 \times 16}{45}$

$\frac{512 - 80}{45} = 9.6ml.$

Name : FAIZ

Signature : [signature]

Date & Time : 10/4/26.

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

TOTAL PARENTERAL NUTRITION (TPN) CHART

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

Date : 15/4/26

Patient Name : B/o Sangamitra UHID. NO:

Current (Maximum) Weight : 830 gm.

Fluid : 120. ml / kg / day = 99.6ml.

Feed : 38 ml / kg / day = 32ml.

Others : 7 ml / kg / day = 7ml

TPN Fluid : 12.57. → 55.6 KW = 2P. 8M

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	0 g/kg	—	—	—
Protein / Aminoveni 10, 1g=10ml	3.5 g/kg	2.9	29	58
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.6	3.32	6.64
KCL	2.5 mEq/kg	2.07	1ml	2ml.
POTPHOS (0.3 ml = 1.2 mEq K)	— 0.3 ml/kg	—	—	—
Calcium Gluconate	1 ml/kg	0.83	0.83	1.66
MVI	0.5 1 ml/kg	0.4	0.4	0.8
CELECEL (Trace Elements)	0.3 1 ml/kg	0.24	0.24	0.5
MgSo4	ml/kg		35	70.
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			7.5	15ml
25% Dextrose 50%			13	26 ml.
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

Name : Dr Aishwarya

Signature :

Date & Time : 15/4/26.

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

TOTAL PARENTERAL NUTRITION (TPN) CHART

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Patient Name : B/O Sanjanitra

Date : 18/4/26

UHID. NO: .....

Current (Maximum) Weight : 900gm.

Fluid : 140 ml / kg / day = 126

Feed : 71 ml / kg / day = 64

Others : — ml / kg / day

TPN Fluid : 12.5 → 62ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total	24hrs	48hrs
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.9	4.5	9
Protein / Aminoveni 10, 1g=10ml	3 g/kg	2.7	27	54
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.8	3.6	7.2
KCL	— mEq/kg	—	—	—
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 0.3 ml/kg	0.27	0.27	0.54
Calcium Gluconate	— ml/kg	—	—	—
MVI	0.5 1 ml/kg	0.45	0.45	0.9
CELECEL (Trace Elements)	0.3 1 ml/kg	0.27	0.27	0.54
MgSo4	ml/kg		36	72
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			11.5	23ml
25% Dextrose			14.3	28.6ml
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

Name : Dr Aishwarya

Signature : .....

Date & Time : 18/4/26

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

- CBC
- serology
- creat
- packed cells for → 50 ml

Sh.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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RESTRICTED ANTIMICROBIAL USE JUSTIFICATION FORM

Patient Name : B/o Sanghamitra Age : 10 days Gender : ☑ Male ☐ Female

UHID No. : Department: NICU Date of Admission: 23/3/2026

Diagnosis : Extreme preterm/ELBW/RDS/ Suspected Sepsis

Brief Clinical History:

DOL-10 ⇒ Acute deterioration ⇒ Bradycardia, desaturation

Clinical Features & Relevant Investigations Suggestive of Infection					
Date	2/4/2026				
Fever	⊖				
Other C/F	Acute deterioral Pulmona. Hemorrhg. leukocytosis				
HB	9.9 → 11.1				
TLC	52.99 → 40.6				
N,L,E	78/8.7 72.4/13.4				
PLT	6.46 lakh → 4.37 lakh				
CRP	15 → 5.0				
PCT/ESR	→ 5.72				
WIDAL					
MP Optimal					
WEIL-FELIX					
CUE					
BODY FLUID CYTOLOGY					
LATEX					

Restricted Antimicrobial Use

Antimicrobial	Date	DOA	Justification	Antimicrobial	Date	DOA	Justification
Meropenem	29/3	23/3	TLC ↑	5.			
colistin	2/4/26	23/3	High TLC, deterioration clinically	6.			
Lipo-Ampho-B	2/4/26	23/3		7.			
				8.			

Any Other Comment:

		Date	DOA	Result	Date	DOA	Result	Date	DOA	Result
A.	Blood →	2/4/26		awaited →			No growth.			
B.	Urine									
C.	CSF									
D.	ETT Secretion									
E.	ETT BAL									
F.	ETT Mini BAL									
G.	Body Fluids									
H.	PCR									

Elaboration:

If no please justify

At Day 7 De-Escalation done: ☐ Yes ☐ No

If no please justify

Justification:

I	Risk Factor for ESBL	I	Risk Factor for MDR Infection
11	Prior Antibiotic use (within 90 days)	11	Prior Antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within 90 days)	12	Recent hospitalization (>2d, within 90 days)
13	current hospitalization of (>5 days)	13	current hospitalization of (>5 days)
14	Immunosuppression	14	Chronic / Nursing Home Care
15	Prolonged Mechanical Ventilation (>3days)	15	Dialysis
16	Suspected Septic Shock-hit First Hit hard Policy	16	Immunosuppression
17	Other	17	Suspected Septic Shock-Hit First Hit Hard Policy
		18	Others
K	**Risk Factors for Invasive Candidacies / Candidemia**	**L**	**Risk Factors for MRSA**
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged Hospitalization (>5 days)	L3	Exposure to MRSA
K4	Previous Broad Spectrum Antibiotic Use	L4	Central Lines, ICD, PD, Catheter, ET Tubes
K5	CVP/HD Catheter / PA Catheter	L5	Chronic / Nursing Home Care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida Coloniation
K7	Others	L7	Suspected Septic Shock-Hit First Hit Hard Policy
		L8	Others

Signature of Consultant

Signature of Microbio

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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CONSENT FOR BLOOD TRANSFUSION

Name: B/O Sangamitra Age: 1 Month Gender: Male ☑ Female ☐

UHID.No : 651673 Date: 5/5/26

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 Chiranjeeva 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 .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in [redacted]nguage 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: .....

Name: D. Chiranjeeva

Date & Time 5.5 11 pm

Doctor (Who is talking the consent)

Signature: .....

Name: Rupinjali

Date & Time 5/5 11 pm

Witness

Signature: .....

Name: Dr. Sangameshree

Date & Time 5/5 11 pm

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రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: ..... వయస్సు: ..... లింగము ☐ పురుషుడు ☐ స్త్రీ

UHID. సంఖ్య : ..... తేదీ: .....

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets

☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood

☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ..... ఇందు మూలముగా రెయిన్బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణిత కాల పరిమితి లో జరిగినప్పటికి 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 ఉత్పతులు ప్యాక్ చేయబడి ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రోజెన్ 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 .....

సాక్షి

సంతకం .....

పేరు .....

తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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CONSENT FORM FOR RESTRAINT

Patient Name : B/o Katta V. sangamitra UHID No : BAH-00651673

Gender: ☑ Male ☐ Female Age : 29 Date of Restraint : 2/4/26 Time of Restraint : .....

Type of Restraint:

Physical : –

Chemical : Inj Fentanyl

Duration of Restraint : 24 hours

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

Any alternatives: ☐ Yes ☑ No if 'Yes' Specify: N.A

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

Patient Attendant :

Signature : [signature]

Name : Anusayamitee

Relationship with Patient: Mother

Date & Time : 2/4/2026 7PM

Witness :

Signature : [signature]

Name : Bharathi

Address : –

Contact No: .....

Date & Time: 2/4/26 7pm

(who is taking the consent) :

Sneha

Name : Y. Sneha

Date & Time : 2/4/2026 7PM

Doc. No. : RCHBH/ FRM / CLINICAL / 022

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నియంత్రణ కోసం సమ్మతి 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 సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

CROSS CONSULTATION FORM

Rainbow® Children's Hospital
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Doctor Name : Dr. Jamakipal

Diagnosis : ..... Date : 25/3/26 Time : 10 am

Hospital : .....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Findings and Recommendations : Signature:

Preterm / 27 weeks / 830g
On SIPPV mode @ PEEP - 5
FiO_2 23%.

ECHO

- Small PDA L→R shunt Gdt 1.6/3mm tg
- Moderate sized L OS ASD, L→R.
- Mild TR. RVSP 40mm tg
- No MR
- No LVOTO/RVOTO/AR
- (L) arch/ No COA
- Dilated RA/RV
- GBVF
- IVC not dilated
- PAH (+) (PPHN).

Adv cont supportive care
R/A 5 days.

Consultant :

Jonaki PAL ..... Signature : Jonaki ..... Date & Time : 25/03/26

AIIMS/FRM/CLINICAL/049

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

CROSS CONSULTATION FORM

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Doctor Name : Dr Bhargavi

Diagnosis : RDS | RT | sepsis Date : 1/4/26 Time : 5.30 pm

Hospital : RSH

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

Type of Referral :
☑ Emergency
☐ Urgent
☐ Non Urgent

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

Findings and Recommendations : Signature:

ext. PT 26 wks GA.

On NIV

BP - 58/40/46

ECHO

Small closing PDA
Mild Turbulance @ LPA origin
NO PAH
GBVA LA/AO = 1.2

Adv

RIV LOS

Consultant :
Name : Bhargavi Signature : Date & Time : 1/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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CROSS CONSULTATION FORM

Doctor Name: Dr- Jonathpal Date: 3/4/26 Time: 10:30 Am

Diagnosis: RDS | PT | Sepsis

Hospital: Rainbow children Hospital

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

Type of Referral :
☑ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

Preterm | 26 weeks.

HR - 155/min
SpO2 - 98%. } on SIPPV.
BP - 76/44|55

ECHO

- Tiny closing PDA, L→R shunt
- Mild TR/ No MR
- No LVOTO | RVOTO/AR
- ~~[illegible]~~ Small OS ASD, L→R
- GBVF
- No PAH.

Adv
Review SOS

Consultant : JONATH PAL

Signature : Jonath Date & Time : 03/04/26

CHBH/ FRM / CLINICAL / 049

10.30 Am

TOTAL PARENTERAL NUTRITION (TPN) CHART

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Date : 6/4/26

Patient Name : B/o Sanghamithra Katta

UHID. NO: .....

Current (Maximum) Weight : 3309

Fluid : 140 ml / kg / day

Feed : 36 = 43.3 ml / kg / day

Others : ..... ml / kg / day

TPN Fluid : 12.5% TPN

~~140~~ 116.2
- 36 (feed)
- 14 (medic)
- ~~Abbl~~ 66.2
- 37.7
28.5 RV

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1.5 g/kg	1.24	6ml	12ml
Protein / Aminoveni 10, 1g=10ml	3.5 g/kg	2.9	29	58ml
3% NaCl (1ml = 0.5 mEq)	1 mEq/kg	0.8	1.66	3.3
KCL	1 mEq/kg	0.8	0.4	0.8
POTPHOS (0.3 ml = 1.2 mEq K)	– 0.3 ml/kg			
Calcium Gluconate	– ml/kg			
MVI	0.5 1 ml/kg	0.41	0.4	0.8
CELECEL (Trace Elements)	0.3 1 ml/kg	0.25	0.25	0.5
MgSo4	ml/kg		37.7	75.4
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			13.3	26.6
~~25% Dextrose~~ 50% Dextrose			15.2	30.4
TPN Fluid				
GIR = 6.9				
NPC / Protein (gm)				

Total Calories:

Carbohydrates
Proteins
Fats

$$= \frac{12.5 \times 66.2 - 5 \times 28.5}{45}$$

$$= 50\%\,D \frac{685}{45} = 15.2\,ml$$

Name : Sneha

Signature : Y. Sneha

Date & Time : 6/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3/2026 @ 9:50am	Seen by Dr. Prathyush	
	7.28 | 49 | 98.6 | 21.2 | -3.2	1) SIPPV+VG - VG = 4.5ml/kg ⊙ Pmax - 24. PIP = 20-22. MAP = 9-10. PEEP - 6
	SIPPV+VG @ 4.5ml	
	PPROM - 3days	2) Start fentanyl.
	LUS - 11. (Before Surfactant)	3) Trace CBP, PT, APTT, INR B/d's
		4) GRBS - 6th hrly ABG - 8th hrly
		5) Meropenem ⇒ Start Fluconazole
		6) mother - HIV, placental culture CUE, U/C/S
		7) To consider 2nd dose Surf if MAP ≥ 10, FiO_2 ≥ 30%. PIP ≥ 21.
		Adjust lines B Secure PICC TV = 80ml/kg/day $A_2 L_1 Ca_3$ 10% TPN MVI 0.5 ml/kg/d 0.2

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Neurological assessment in first 24 hrs
		NP, at 24 Hours
		0.5ml 3rd hrly feed. (OG) EBM + DM
		Target MBP 27 ± 5mmHg
	Intubation & Surfactant : notes	Accept MBP upto 21 //
23/3/26		Noted By Dr. Jagadeswari
7:00 Am		
	- under strict aseptic conditions, Baby was intubated c̄ 2.5 size ET and fixed at 6.5 cm. and and Surfactant (curosurf) given in two alliquots.	
		Dr. Anuvine Dr. pratyush.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M0D0H (M)
Dr. MVB Pratyush

(B)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP centiles	
	5th 25th	50th 95th.
	SBP 27 36	44 60
	DBP 18 23	27 35
	MBP 21 27	33 43.
23/3/26 8:00 AM	UAC Note:	
	-Under strict aseptic conditions, UAC of size 3.5Fr inserted and fixed at 12cm. After x-ray pushed in by 0.5cms and fixed at 12.5cms. Back flow present.	
		Dr. Anusha

BAH-00651673
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 0 H (M)
Dr. MVB Pratyush
IPS-00171513

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...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 @ 11AM	PT = ~~25~~ 24 INR - 1·9 APTT - 63 WBC - 2100 Neutrophils = 25.7%. ANC = 539.7	1) Plan FFP 2) one dose G-CSF. Sneha
23/3/26 @ 1145PM	Picc line procedure. Note Under Strict aseptic precautions Picc line placed in Rt forearm and & initial cline at 10cm → post chest x-ray the Line pushed in by 1·5cm Fixed at 11·5cm. Back flow Noted. vitals Stable.	Plan 1) Meticulous Asepsis 2) Cont. fluconazole prophylaxis 3) Start Hep NS, TPN 4) ANTT - to follow. Noted by Dr. Eshwari 0040 Sneha

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 @ 2:05 pm	Surfactant (2nd dose)	
	i/v/o High pressure requirements PIP - 23-24 with FiO2 req - 35%-40%. 2nd dose of Surfactant Curosurf given	
	Vitals Stable	
		Sneha
23/3/2026 @ 3:20 pm		Seen by Dr. Prathyush.
		1) If persistent PIP requirement ↓ if PIP-24, VT-low Plan - HFO.
		2) Gas - Now. GRBS
		3) if MAP > 9 PIP cont 24 VT low } Start HFO on UN500.
		4) Give CRBC transf w/f (metab acidosis).
		5) Neurological assesm before 8pm (before
		6) NP, at 24 HOL.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan TV to 90mL/kg in evening if TV/O with Negative Balance
		Target MBP 25th cent 27
	Noted By Dipeshwar 09990	Consider - Bolus with Ionotropes.
23/3/26 @ 6pm	Afternoon Rounds	
	Baby on ventilator. SIPPV + VG	Plan
	VG = 5mL/kg	1) Cont SIPPV + VG
	PIP = 23/24, MAP = 8.5	↓
	leak - 0%.	if Cont PIP ≥ 23
	PEEP - 5.5	with MAP > 10
	FiO_2 - 23%.	↓
	⇓	Change to HFO.
	Baby - Pale	2) TV = 80mL/kg/day 10% TPN
	Hb - 11.4	
	Planned LRBC transfusion	3) Plan LRBC transf
	↓	
	1 FFP given	4) ↑ TV to 90mL/kg at 12HOL
	2 doses of Surfactant done.	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

24/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 24HOL. **PMA:** 26+6

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme preterm/ ELBW.	PROM:
2.	RDS - 2doses Surf- MV	GDM on diet
3.	Suspected Sepsis	Chr. HTN.
4.	? (Lt) Grade I → II GMH	
5.		
6.		

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.....Oxygen : .....L/min

Last CXR : .....Spo: .....

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

Change over the Last 24 Hours..... Baby on SIPPV+VG.

① VG - 5mg/kg → 4.5mg/kg

② PIP = 14/24 → MAP - 7.5-8.5

PEEP = 5,

UAC done, Picc line done.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 161/min

RR = 45/min

SPO_2 = 95%.

BP = 50/29(38)

1 FFP - transfused,

1 RBC transf

1 dose G-CSF

2 doses Surfactant in la

1 dose 2mg/kg Ca-gluc Conv

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:..... Frequency:.....

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

Abdominal Examination:..... U/O

GRBS

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

P/A - Soft Stool - passed

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.	neoperem	D_2	Caffeine.
2.	fluconazole	(P)	
3.			

Plan of Treatment : 1) Cl. Current ventilation, Target SPO2 90-95%

2) TV = 90ml/kg/day { 0.5ml 3rd hrly / 10% TPN

3) Gas, GRBS - 8th hrly

4) I/O monitoring 6th hrly

5) monitor BP

6) Send NP1, Gas

7) R/V - Neurological assesment Today

8) Target MBP = 27±2mmHg

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

Signature : Sneha

Date & Time: 24/3/26.

Doctor's Name (Handover taken) : Dr Aishwarya

Signature :

Date & Time: 24/3/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals HR = 169/min tachycardia (+) RR = 50/min SCR (+) SPO_2 = 95% BP = 36/19 (27) at 25th centile P/A - Soft. Non distended.	5) Target MBP at 25th centile MBP - 27. ↓ 6) If Hypotension Consider Bolus with Ionotrope. 7) Neurological assesment. by 12HOL 8) NP, at 24HOL. 9) I/O monitoring 6th hrly 10) w/f - Vital BP.

Noted By Dageshwari 09990

Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/3/26 @ 7pm		Seen by Dr. NK
	Hypoplastic lungs.	1) ↓ PEEP to 5 Pmax - 25 Ti = 0.30
	NewoScreening (Lt) Grade I - II GMH	Sneha
23/3/26 @ 11:55pm	Night Rounds	Seen by Dr. Nitesh
	Baby on Ventilator. SIPPV + VG. VG = 5mL/Kg PIP = ~~20~~ 19/25 MAP - 7.5 Ti = 0.30 FiO_2 - 22%.	1) Cont current ventilation ↓ Target SPO_2 90-95%
	last gas: 7.25 / 53.4 / 70.8 / 21.0 / -3.4 / 3.9.	2) Next gas at the end of transfusion.
	ongoing CRBC transfusion	3) Gas } 8th hrly GRBS }
	No Hypotension.	4) Post transfusion if Gas - ~~ab~~ (N) ↓ Start 0.5mL 3rd hrly feeds.
	vitals HR = 155/min ~~RR~~ = SPO_2 - 99%. BP - 44/26	5) NPT at } 24 HOL Gas } at 6am
	(33)	6) I/O monitoring 6hr

Noted by Dipp 23/3/26 11:55pm

BAH-00051673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/D - Soft No distension. U/O = 3.6cc/kg/hr. Balance +8.4ml. Stool - passed once.	7) monitor BP vitals 8) Target PCO_2 35-45mmHg
24/3/26 @2am	Gas - post transfusion 7.35 | 34.3 | 75.1 | 19.9 | -5.8. Lac - 3.7. iCa+2 = 0.93	discussed with Dr. Nilesh 1) ~~+~~ VG ~~@~~ 4.5mg/kg (3.7ml) 2) Give 2mg/kg Ca-gluc. over 1hour. under Cardiac monitoring Noted by Diff 0170329 24/3/26 @2am

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26 11AM	Seen by Dr PR	
		Plan
		① cont SIPPV + Vg (4.5ml/kg)
		Pmax - 20
	working pressure ~16	PEEP - 5
		Rate - 40
	stools passed.	② TV = 100ml/kg/day
		- 10% PN - $A_{2.5}$ $LiCa_3$
	↓SSPT.	+ MVI + CELECEL.
		- 0.5ml Q2H. OG feed.
		③ NSG today.
		④ Trace blood c/s
		⑤ cont SSPT
		⑥ GRBS Q 6H
		Gas Q12H.
		⑦ evening gas → consider
		SIMV. in case of
		pCO_2 washout.
		Noted By Digeshwari 09990 11AM.

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26 3 PM	~~Seen~~ Afternoon Round	
	on SIPPV + Vg (4-5ml/kg)	
	PIP req - 16-17	Plan
	PEEP - 5	(1) cont same venti settings
	FiO_2 - 21%	
	Rate - 40/min	(2) TV - 100ml/kg/day 7.5% TPN
	SpO_2 - 92%	(3) Gas BD
	HR - 161/min	GRBS Q6H
	RR -	(4) t/m 2D Echo
	BP - 48/29 (37)	(5) I/O Q6H
	(50-90tr)	(6) monitor BP's
		(7) SSPT for 24hrs
	↓SSPT (SBR - 4.4)	(8) evening gas → to consider SIMV in case of CO_2 washout
	GRBS - 166	
	NSG - (N)	
	blood c/s - NG 24hrs	

Noted By Dageshwari 69990

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Ds Dy
		Wenly PIP-16-17
		To change to SIMVPS VH
		C Evening
		if PCO2 ≈ 35
		CXR tomorrow
		Echo tom
		Tom mai
		CBP/CRP
		c gan
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30300
		Noted By Degeshwari 09990

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

(14)

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:SS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3 @ 8:23pm	night round	
	38 hoc 26+5 wbc / 830 gm /	
		plan
	U→ baby on SIPPU+UG (4.5 ml/kg)	→ continue SIPPU+UG
	PEEP-5, rate-40,	Target spo2-90-95%
	Pmax-20/16-15	
	fio2-23%	→ TU-180 ml/kg/day
		7.5% TPN
	gas-7.29/42.5/-5.5/ 19.5	feed-0.5 ml/2 hour
		CXR
	C→ HR-156 bpm	CBP
	Bp-54/32 (41)	CRP
	U/O-3.8 ml/kg/hr	C gas
	NO ionotropes.	→ Hocharting 6 hourly
	P/A-NO obvious	→ Echo-Thy
	distension	→ monitor vitals
	RBS-124 mg	

Kum-Amanthan

Noted by Diff 017039 @8:30pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

25/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 48hoC PMA: ~~[illegible]~~ 27wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT ELBW	PPROM
2.	RDS- 2dose surfactant NCU	GDM on diet
3.	Suspected sepsis	Chronic HTN
4.	(L) side I-II GMH	
5.	Anemia	
6.		

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 20 PEEP 5 VG 4.5mlks Rate ..... Fi_2 ..... Oxygen : ..... L/min

Last CXR : ..... Spo_2 .....

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

Change over the Last 24 Hours .....

CARDIO VASCULAR SYSTEM

Plan of Care : continue current ventilation

CNS

Neurological Examination : .....

Sedation fentanyl.

Last Neurosonogram : (L) side I-II GMH 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:..... soft, tolerating feed

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.	Meropenam	D3	caffiene
2.	fluconazole	(P)	
3.			

Plan of Treatment :

① Cont current ventilation
Target SpO2 - 90-95%

② TV - 120ml/kg/day 7.5% TPN
feed 1ml/2hourly

③ SSPT X to stop at 10 AM

④ Rlv - GRBS - 12-8 hourly

⑤ echo - today

⑥ gas - BD

⑦ Ilocharting 6hourly

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

Signature : [signature]

Date & Time: 25/3/26

Doctor's Name (Handover taken) : Sneha

Signature : Sneha

Date & Time: 25/3/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 13 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/26 @ 9:30am		Seen by Dr. Prath
		1) TV = 120mL/kg/d
		2) Cont SIPPV + VG VG = 5mL/kg
		3) Recalibrate flow Sensor. Suction.
		4) Gas - BD GRBS -
		5) Trace = B/C/S
		6) withdraw (1.5cm) & push in Readjust Picc line
		7) feed = ↑ 0.5mL BD
		8) Neurological assesmen today
		9) 2Decho today.
		10) Evening Gas + PT a PT 1x1
		noted By Dyeshwari 09990
		Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/3/2026 @ 12:20am	Afternoon	Rounds
	Resp:	Plan
	Baby on ventilator.	
	SIPPV + VG	1) Cont current ventilat
	VG = 5mb/kg	SIPPV + VG.
	PIP = 18/20, PEEP - 5.	(5mb/kg)
	Rate - 40 Ti = 0.30 sec.	
	FiO_2 - 23%.	2) TV = 120mb/kg/day
	⇓	1mb 2nd hrly 7.5% TPN
	Last Gas:	↓
	7.21 / 47.7 / 54.6 / 17.2 / -8.0	↑ 0.5mb BD
	GRBS - 141mg/dl.	3) Gas, GRBS - BD
	Cardiac: Tachycardia (+)	4) Evening Gas PT, aPTT INR } to do
	No Hypotension	6:30 PM
	No Ionotropes	
	• HR = 166/min	5) Neurological
	• SPO_2 = 95%.	assesment Today
	• BP = 45/26 (34)	
	Echo - Small PDA	6) Readjust Piccline
	mod sized ASD.	
		7) I/o charting 6th hrly
	Neuro - (Lt) Side Grade	
	IGMH	8) Trace final B/c/s.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Per abdomen :	9) w/f - vitals
	Baby on enteral feed	
	1ml 2nd hrly	10) Target MBP = 27±2mmHg
	P/A = No distension	
		11) Target SPO, 90-95%.
	U/O = 5.2 cc/kg/d	
	-3.2ml.	
	Stool - Not passed	noted By Degeshwari 09990
		Sneha
25/3/2026. @5pm		Seen by Dr. Prathyush
		1) Cont current vent
		↓
		2) with evng Gas.
		↓
		change to SIMV+VG
		3) T/m - chest x-ray.
		4) Evening - Gas PT, INR, aPTT
		5) ↑0.5ml BD - feeds
		6) strictly UO monitor
		Sneha
		noted By Degeshwari 09990

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT	ROUNDS
25/3/26		
		Plan
	On SIMV+VG 5ml/kg	
	20/18	→ Continue SIMV+VG
	PEEP – 5cm	
	VT – 4.3ml	→ Target SPO2 90-95%
	RR – 40/min	
		→ TV – 120ml/kg/day
	7.28/41/-6.6/18.2	1.5ml Q hrly
		↑ 0.5ml BD
	P/A → soft; tolerating feeds	Rest ~~10% DP + 6g~~ 7.5% DPA
	Stools → Not Passed	→ Trace Coagulation Profile
	HR – 150/min	→ Chest X-Ray T/M
	~~RR~~ SPO2 – 95%	
		→ I/O chart Q hrly
		→ Monitor vitals
		b/(FAIL)
		Noted By Dugeshi 69990

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Ch Pry
26/3		→ ↓ vn to 4.5 ml/kg
		→ ↓ PIP - 18
		↓ rate - 35
		→ To further ↓ rate of Evening gas
		→ Plan to stop Sedation of 12am
	Emil Q2H	
		→ aim for Extubation tom
		→ To do CBP/CRP/urea/cred/SBR tom
	To add glycerine suppository	and stop Antibiotic
		→ Tv - 130 ml/kg/day
		→ ↑ 0.5 ml BD feed
		→ TPN → 7.5% A_3L_2 Ca_2 Na_1 K_1

Noted By Deepak 09990

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Afternoon rounds
26/3/26 3:20pm		
	EPT | GLBW | 80 HOL | RDS	
		plan
	- On SIMV + VG	
	VG - 4.5 mill/kg	① Continue SIMV + VG
	PEEP : 5	VG - 4.5 mill/kg
	PIP - 18/16	Rate : 35
	MAP ~ 7	↓ Rate after evening gas (6pm)
	FiO2 : 23-25%	
	Rate : 35/60	② plan to stop sedation @ 12 AM
	- HR : 160/min	and aim for extubation tomorrow
	IBP : 42/22 (31)	
	wide pulse pressure	
	ECHO (25/3) → Small PDA	③ TV - 130 mill/kg/day
	L → R	feed - 2.5 ml Q2H
	PPHN ⊕	↑ 0.5 ml BD
	GBVF	TPN - 7.5% A3 L2 Ca2 Na1 K1
	PI : 0.6	
	- TV - 130 mill/kg/day	④ CBP, CRP, Urea, Creat, SBR — TM
	U/O : 3.6 mill/kg/day	
	Balance : +7.3 ml (6 hours)	
	on feeds - 35 mill/kg/day	↓
	Didn't pass stool > 4 hours	review Abx tomorrow
	started Glycerin : no aspirate	

Noted By Degesh 69990

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 0 D 10 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/3/26	Seen by Dr PR	
		Plan
		(1) neurological assessment at night
		(2) aim for extubation t/m.
		(3) ~~CBP~~ NP, t/m. ~~CRP~~
		Noted By Dagashwari 09990
27/3/26 12:45AM	Night rounds	Seen by Dr. PR
	- on SIMV + VG; VG - 4.5ml/kg, FiO_2 - 25%, 18/15, PEEP-5, RR - 30/min	Plan: - continue current ventilation - continue TV - 130ml/kg/day ↓ 2.5ml 2nd hdy ↑ 0.5ml BD

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Continue fentanyl.
	Echo (Bedside):	- Sedation.
	- Contractility (N)	- NPI T/M.
	- Mild TR,	- Target MBP 27 ± 2 mm Hg
	- Restrictive PDA (closing pattern)	-
	-	- Official NSG T/M.
	NSG - left grade 2-3 IVH;	
	- Stool - passed	
	- Urine - sufficient.	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 3 D (M)
Dr. MVB Pratyush

26/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : DOL 5 ..... **PMA:** 27+3.

Term ☐ **Preterm** ☑ Gestation : 26+5 ..... Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	PPROM x 3days
2.	RDS - 2° Surfactant	GDM on diet
3.	Suspected sepsis	Chronic HTN (maternal)
4.	(L) side grade 2-3	
5.	Anemia	
6.		

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_2.....Oxygen : .....L/min

Last CXR : .....SpO_2.....

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

Change over the Last 24 Hours..... SIMV + Vg (4.5ml/hr)
PIP - 18 PEEP - 5
FiO_2 - 23%. rate - 30

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 157
SpO_2 - 93%.
BP - 42/20 (29)

CNS

Neurological Examination : .....

Sedation Fentanyl.

Last Neurosonogram : (L) grade 2-3. 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: Soft, non distended.

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

Bil in gas - II → SSPT.

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.	Meropenem		Inj caffiene
	2.	Fluconazole (P)		
	3.			

Plan of Treatment :

1. cont current ventilation.
2. TV = 130 ml/kg/day
   3 ml Q2H, ↑ 0.5 ml BD
   Rest 7.5% TPN
3. cont SSPT.
4. Trace labs.
5. gas BD
6. Target MBP 27 ± 2
7. official NSG

Doctor's Name (Handover given) : Dr Anthony

Signature : [signature]

Date & Time: 27/3/20

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

Signature : Rupanjal

Date & Time: 27/3/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/3/26 8:00am:		Seek by Dr. Pratyush
		- ↑ TU → 140 cc/kg/day by hight. based on Na+ & I/O status
		- Trace - NP,
		- Trace Blood c/s
		- ~~CXR - T/M~~
		- Stop furlahyl @ 12 am
		- AIM for extubation @ 6-7 am
		- Gar - BD
		- Sugar - BD
		- NSG - todar.
		Rupjha
		Noted By Digeshwari 09990 8am

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	6 B/c/s - 48hrs - No growth ongoing SSPT.	
	⊙ urea - 125	
	abdominal Screening - (N)	
27/3/2026 @ 3pm	Afternoon Rounds.	
	Resp:	Plan
	Baby on Ventilator.	
	SIMV + VG.	1) Cont. current ventilation
	VG = 4-5 mg/kg.	Target SPO_2 90-95%
	leak - 0%.	
	PIP = 14/17, PEEP - 5	2) TV = 140 ml/kg/day
	FiO_2 = 23%.	↓ 3.5 ml ↑ 7.5% TPM
	MAP = 6.5	2nd hrly
	Rate - 30/min	↑ 0.5 ml BD
	PEEP - 5	
	Last Gas :-	3) Aim for extubation Tomorrow
	Cardiac - Not on Tonotropy	
	⊙ No Hypotension	4) Target MBP 27 ± 2 mmHg
	HR - 176/min	
	SPO_2 - 96%.	5) I/o charting
	BP - 43/23 (30)	
		6) Stop furo @ 2 pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - soft	7) Gas - BD
	Tolerating feeds well	GRBS - BD
	Neuro - (+) Grade I IVH.	8) Trace - Blood c/s
	U/O = 4.6cc/kg/hr	9) W/F - RD
	+ 4ml.	
	Stool - Not Passed	
		Noted By Digesh 69990
		Sneha
27/3/26 @ 4pm		
		Seen by Dr. VJ
		1) Cont current ventilation.
		2) Aim for extubation T/m.
	~~B/c/s - 24hr No growth.~~	
		3) feeds to cont.
		4) ↑ TV = 50mL/kg/day
		5) Remove IV Cannula
		6) I/O charting 6th hrly
		Sneha
		Noted By Digesh 69990

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3/2026 @ 2am	• Night Rounds	
	Respiration i/v/o ↑ Resp. distress Asynchrony. ↓ Ventilator changed from SIMV+VG → SIPPV+VG VG = 4.5ml/kg PIP = 17/22 PEEP 5 → 6 Rate = 30/min Ti = 0.30 FiO2 - 21% No desaturation/ Bradycardia No Hypotension Vitals HR = 153/min RR = 65/min SPO2 = 100% BP = 43/21(30) P/A - Soft tolerating feeds well.	Plan 1) Cont current ventilate Target SPO2 90-95% 2) TV = 150ml/kg/day 3.5ml 2nd hrly ↑ 0.5ml BD Rest 7.5% TPN 3) I/o charting 6th h 4) Gas-BD, GRBS-BD 5) Target MBP 27-33mmHg Inform if <25mmHg 6) W/P RD, desaturation apnea 7) watch for RD Sneha Verified by nurse 28/3/26 2am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

28/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 6 **PMA:** 27 + 4.

Term ☐ **Preterm** ☑ Gestation : 26 + 5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	PPROM x 3 days
2.	RDS - 2° Surfactant	
3.	Suspected Sepsis	
4.	(L) Side grade 2-3	
5.	Anemia	
6.		

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

SIMV + VG → SIPPV + VG.

VG = 4-5 mL/kg

PIP - 16/22

PEEP-6, FiO_2 - 21 / Ti = 0.3

Rate 30 /.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 145/min

SpO_2 - 100 %.

- ongoing SSPT.

~~Hypon~~ uremia - ↑ Total volume

CNS

Neurological Examination : .....

Sedation fent anyl

Last Neurosonogram : (Lt) Grade I GMH 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:..... O/O. 4-2cc/kg/d

GRBS

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

P/A - Soft non distended

No aspirates

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.	Meropenem	D5
2.	fluconazole	(P)
3.		

Inj. Caffeine

Glycerine.

Plan of Treatment :

1) Continue Current Ventilation
Target SPO_2 90-95%.

2) TV: 150ml/kg/day — 4ml 2nd hrly feed
↓
Rest 7.5% TPN ↑0.5ml BD

3) Target MBP 27±2mmHg

4) Target PCO_2 45-55mmHg if PH > 7.25.

5) Monitoring 6th hrly

6) SSP ongoing with eyes & genitalia covered
x24hrs

7) W/f - Brady, desat, RD.

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

Signature : Sneha

Date & Time: 28/3/2026

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

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 1 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/3/26 @ 9:15am.		Seen by Dr. PR.
		1) Pull out Picc line by 0.5cm.
		2) 1 dose Stat lasix 0.5mg/kg.
		3) TV = 130mL/kg/day feeds ↑ 0.5mL BD. ~~Stop Aminoven~~ ↓ Aminoven to 1g/kg $A_1 L_2 Na_2 K_{1.5} Ca_2$ MVI celecel.
		4) Suction & recalibrat flow sensor.
		5) if Asynchrony still persist. ↑ VG - 5mL/kg
		6) Review 2Decho
		7) NSG on monday
		8) T/m - urea, Creat., CBP
		9) Stop meropenem [illegible]

Noted By
[illegible]

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Working PIP-17-18	C/s/3 [signature]
		Withdraw PICC line ↓ 0.5 cm
		Cardiological amt
		Gave @ 6pm
		T/m ~~Urea/Cret/CBP~~ Urea Creat LBP
28/3/26	Echo (1.2 mm) Small PDA c̄ l→R PFO c̄ l→R shunt LA/AO = 1.26	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		To change Ventilator to VN 500
28/3/26 6PM	Procedure notes	Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
	PICC line withdrawn by 0.5 cm. Fixed at 10 cm.	

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Baby Of KATTA V SANGAMITRA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3/26 7PM	Evening Notes	
	Gas - 7.183/55/17.6/	
	- 7.1/08	Plan
	on SIPPV Vg Q	① cont same setting
	Vg - 5 → 5.5ml ~~[illegible]~~	② repeat gas in 4hrs.
	Rate 30 → 35 → 40	③ t/m urea
	PEEP - 6	creat
	PIP - 22.	UBP
		④ TV = 130ml/kg/day
	HR - 96%	4.5ml Q2H.
	SPO_2 - 100%	↑ 0.5ml BD
	BP - 30/28 (29)	rest TPN 7.5%.
		⑤ NSG monday
	PICC withdrawn by 0.5cm	⑥ I/O Q6H
		⑦ target pO_2 45-55
	2D Echo - 1-2mm small	if pH > 7.25
	PDA L → R.	⑧ w/ + brady / desat
	- PFO L → R	
	- LA/AO - 1-26.	
	tolerating min feeds.	
	PA - soft, non distended.	
	Hyperdynamic circulation	
	visible pulsations	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3 @ 11:45pm	Night rounds	
		plan
	V - baby on SIPPU	
	VG (5 ml/kg)	→ continue SIPPU - mode
	PEEP - 5	Target SPO2 - 90-95%
	pmax - 22/17/8	
	rate - 35	→ TV - 150 ml/kg/day
		feed - 4.5 ml/hourly
	gal - 7.39/30/ - 6.2/19.8	↑ 0.5 ml BD
		rest - 7.5% TPN
	C → HR - 162 bpm	→ NSG - monday
	BP - 46/21 (33)	
	U/O -	→ Flochacking [illegible]
	P/A no obvious distension	→ monitor vitals
	soft.	
		→ [illegible]
	pt	[illegible]
		CBP } Thus

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 7 ..... PMA : 27+5wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ ELBW	PPROM x 3 days
2.	RDS - 2 dose surfactant	
3.	suspected sepsis	
4.	(L) side grade - 1 IVH	
5.	Anemia	
6.	? HSPDA	

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 22 PEEP 6 VG 5ml/kg → 4.5 Rate ..... FiO_2 21% Oxygen ..... L/min

Last CXR : ..... Pneumo- ..... SPO_2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG 7.31/37/-6.8/18.8/

Change over the Last 24 Hours .....

Syphtotic murmurs (+)

hyperdynamic precordium

CARDIO VASCULAR SYSTEM

Plan of Care : Continue current ventilation

CNS

Neurological Examination : .....

..... Sedation fentanyl

Last Neurosonogram : (L) side grade I IVH 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 : soft, tolerating feed

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.	Meropenam		inj caffeine
	2.	fluconazole		glycerine
	3.			

Plan of Treatment :

① continue current ventilation
target SpO_2 - 90 - 95%.

② TV - 130 ml/kg/day 7.5% TPN
feed 5ml/2 hourly ↑ 0.5ml BD

③ I/O charting 6 hourly

④ NSG - monday

⑤ W/F diastolic hypotension

⑥ gas, RBS] BD

⑦ Dare reports

Doctor's Name (Handover given) Dr. Manitha

Signature : [signature]

Date & Time : 29/3/20

Doctor's Name (Handover taken) .....

Signature : .....

Date & Time : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Chs
		140 ml/kg/day
	Wt ↓ RIP = 1 PB	→ Tv - ~~130 ml/kg~~
		→ ~~tonix 0.5 ml/kg/day~~
		→ Start PCM for PPA.
		→ feed ↑ 0.5 ml/BD
		→ gen BD
		→ gRBS BD
		→ send repeat B/culture
		→ ~~start~~ fix line. Secure
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		CRP Sme

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/2026 @ 5:30PM	Evening Rounds	Plan
	Baby on Ventilator - SIPPV + VG.	1) Cont current ventilation
	VG = 4.5ml/kg	Target SPO2 90-95%
	PIP - 15/22	
	PEEP - 6	
	FIO2 - 21%.	2) TV = 140ml/kg/day
	⇓	↓ ↓
	No desaturations	7.5% TPN 5.5ml/2nd hrly
		↑ 0.5ml BD
	Taken - B/c/s	
	SGOT - 9	3) Gas / GRBS } BD
	SGPT - 22	
	PDA (+), murmur (+)	
	Started paracetamol.	4) Stat & Cont Paracetamol
	⇓	
	Vitals	5) I/O charting 6th
	HR = 154/min	
	SPO2 - 94%.	6) Send B/c/s
	BP - 43/24 (33)	
		7) w/f vitals Brady desat
	U/O = 4cc/kg/hr	
	+19.2ml	Snehas

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 2 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/26. 9:20pm	Night Round.	Seen by Dr. Nilesh
	on SIPPV + VG	
	FiO2 - 21%	← Continue current ventilation
	14/6.	
	RR - 40	
	VG = 4.5mL/kg	- TV - 140ml/kg/day.
	Precordium - hyperdyn.	↑ 0.5 ml/BD feeds
		on. 5.5mL 2nd hrly
		→ OG feeds.
	TLC - 39,000	→ Gas } BD.
	X-Ray - opacities	GRBS }
	Vitals = HR - 157/min	→ Continue PCM.
	RR = 55/min	
	SPO2 - 95%	→ Trace B/C/S.
	BP = 40/25	
	(35)	→ ~~R/V~~ antibiotics - Meropenem
		→ R/V procalcitonin
	Noted by Bharath 29/3/26	

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Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 2 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 6 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 8 PMA : 27+6 wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT | ELBW	PPROM × 3 day
2.	RDS - 2 dose Surfactant +	
3.	Suspec Sepsis	
4.	(Lt) Side Grade - IVH	
5.	Anemia	
6.	H/S PDA	

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_2..... Oxygen..... L/min

Last CXR : ..... SPO_2.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG :- 7.34 | 34 | 69.4 | 19.2 | -6.5

Change over the Last 24 Hours .....

SIPPV + VG → VG = 4.5 mL/kg → 4 mL) ×

PIP = 14 | 20 (Pmax 22 → 20)

PEEP - 6

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 153/min

~~RR~~

SPO_2 - 94%

BP - 45 | 26 (34)

Rate - 40/min

MAP =

B/C/S - Sent

Started antibiotic

Started PCM

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : (Lt) Grade I IVH ..... 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 : GRBS - 91 mg/dl

U/O = 3.8cc/kg/hr

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

P/A - Soft tolerating feeds

Stool - pass

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.	meropenem	D_2	Inj eaff
	2.	fluconazole		Glycerin
	3.			

Plan of Treatment :

1) Continue Current ventilation
Target SpO_2 90-95

2) TV = 140 ml/kg/day - 7.5% TPN
feeds 6ml 2nd hrly ↑0.5ml BP

3) I/O charting 6th hrly

4) Gas, GRBS } BD

5) Continue PCM

6) Trace B/C/S
U/S Brach

Doctor's Name (Handover given) Y. Sneha

Signature : Sneha

Date & Time : 30/3/2026

Doctor's Name (Handover taken) Dr Akshmaraya

Signature :

Date & Time : 30/3/26

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Baby Of KATTA V SANGAMITRA (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		[illegible]
		→ SIPPV + Vh (4 ml/yd.)
	Weekly PIP-15	→ Continue PCM D_2 150 ml/yd
		→ Tr. ~~[illegible]~~
		→ $Na_3K_{1.5}A_1Ca_2$ MVI calcul.
		→ 6ml TF
		→ 0.5ml BD
		→ Trace Blood culture
		Aim for Extubation by tom/day
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		→ NSH today
	Gen on [illegible]	→ Stop [illegible] by 12am
		→ Extubate to NIPPV 6am

Noted by
M. Pooja
30/3/26
@ 9am

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Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 3 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/3/26 2PM	~~Seen to~~ Afternoon Notes	
	on SIPPV + Vg (4ml/kg)	
	PIP - 20/13	Plan
	PEEP - 6	① cont same venti
	GO_2 - 23%	② TV = 150 ml/kg/day
	Rate - 40	
		6ml 6pH OG EBM ↓ 10.5ml BD
	HR - 163/min	Rest 7.5% TPN
	RR - 64/min	A, 4 Na_3
	SpO_2 - 93%	K, 5 Ca_2
	BP - 38/22 (29)	MVI + CELLER
		③ Stop fenta @ 12am
	tolerating feeds	6am dim extubation t/m N/PPV
	PA - soft, non distended.	④ Gas / GRBS | BD
	stools passed.	
		⑤ wt brady / desat
	temp - 36.8	
	Humidity - 80%	
	GRBS -	
		Noted by M. Pooja 30/3/26 @ 1pm
	on Meropenem D_{3+2}	
	Fluicon (P)	
	PCM D_2.	
	UAC - D_7	
	PICC - D_7.	
	NSU.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/3/26 4:30 PM	seen by Dr PR	Plan ① Accept pCO_2 up to 50 if pH > 7.25 ② stop fentanyl @ 12am ③ check gas in evening, ④ if pCO_2 plan to extubate to CPAP o/m. ⑤ 4m 6AM – 0.15 mg/kg Inj Dexa.
	Dr Ashwini.	Noted by M. Pooja 30/3/26 @ 4:30pm
30/3/26 11PM	Night Round. on SIPPV + Vg (4ml/kg) PIP – 20/14 PEEP – 6 FiO_2 – 21. rate – 35/min. Gas → 7.314 / 41.4 / 20.3 / – 4.7 / 1.2. HR – 160/min RR – 56/min	

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Baby Of KATTA V SANGAMITRA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SpO_2 - 94%.	Plan
	BP - 41/24 (31)	① Cont same venti settings
4-98	~~(~~ (~50th/~25th/~50th)	
		② TV = 150ml/kg/day
	Temp - 36.9.	
	Humidity = 81%.	6ml q2H OG EBM — Rest 7.5% TPN
	GRBS - 93 on GIR = 2.2	
		10.5ml BD — $A_{1.4}$ Na_3 $K_{1.5}$ Ca_2 - MVI + LEVOLEO
	Hb in gas = 11.0	
	in serum (29/3) - 10.8	
	Cut off = 10	③ Stop fenta @ 12am
		④ Plan to extubate T/m during rounds
	tolerating feeds	
	passed stools	⑤ T/m 6AM - 1mg Dexa @ 0.15mg/kg.
	PA - soft, non distended.	
		⑥ Gas / GRBS | BD
		Sig
		Nilaba Bhavathi 31/3/26

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Baby Of KATTA V SANGAMITRA
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 9 **PMA:** 28 weeks.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	
2.	RDS - 2° S	
3.	Susp. Sepsis	
4.	Lt side grade - I.V.H	
5.	Anaemia	
6.	HS PDA	

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2:.....

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

Change over the Last 24 Hours.....

On SIPPV+VG → (4ml/kg)
- PEEP = 6 ; PIP (max set - 20)
- Baby need = 12
- Rate - 35

CARDIO VASCULAR SYSTEM

Plan of Care :
- HR = 170
- SPO2 = 94

- NO distt, brady

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:..... Frequency:.....

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

Abdominal Examination:.....

.....

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.	Inj Merapenam	4	Inj Paracetam (3 days)
	2.		to day	↓
	3.			

Plan of Treatment :

- plan to extubate today –
- TV – ~~TOS~~ 150 cc/kg/day – ~~XO~~ 7.5% TAN
- Feeding R/V after extubation
- GOS – 2hours post extubation
  ~~GOR~~ CKA – ~~p~~ at 6h
- positioning – of ~~[illegible]~~ 2hours
- W/F apnea, brady, desat

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

Signature : .....Rupnyal.....

Date & Time: .....31/03/26.....

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

Signature : .....

Date & Time: .....

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Baby Of KATTA V SANGAMITRA (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/03/26 (M)		Seen by Dr. PR sir
		⇒ Extubate to NIV
		⇒ T: 0.4, 18/6.5, Rate = 40
		⇒ SBR, Urea, creat - NOM along ē gas after 2h
		⇒ ADR Nebs stat.
		⇒ positioning - 2hours
		Chest PT
		⇒ at 6 hours - CXR
		at 2 hours - Gas
		⇒ Feeding restart after extubation trial → baby is stabilised
31/3/26 @11am	Extubation Notes	Noted by M. Pooja 31/3/26 @10am
	under aseptic precautions after proper Suctioning of ET tube.	
	Baby extubated to NIV, with	
	NIV PIP = 18.	Plan
	PEEP - 6.5	
	Rate - 40	1) Gas in 2hrs (@1pm)
	Ti = 0.4	
	FiO_2 - 30%.	2) chest x-ray in 6hrs = @5pm.
	Vitals HR = 163/min	
	SpO_2 - 94%.	3) positioning

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23-03-2026 0 Y 0 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP = 47/29(37)	Rt up - 2hrs, Supine - 2hrs Lt up - 2hrs Inotrex
		Noted by M. Pooja 31/3/26 @ 11am
31/3/26		
	Gas: 7.48 | 28.6 | 66.3 | 19.8 | -6.1 →	
	on NIPPV c mask PIP - 18 → 17. PEEP - 6.5 Rate = 40 FiO_2 - 25%.	↓ PIP to 17. Chest x-ray at 5pm Inotrex

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Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M7D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Dr's Rx
		→ Start Dexmed (min dose)
		Ensure optimum NIPPV delivery
		→ 16 — 13/7p
		→ Prof Echo tom
		Noted by M. Pooja 31/3/26 @4pm
31/3/2026 @ 4:30pm	Evening Rounds	Plan
	Baby on NIPPV mode. PIP-16, PEEP-6.5 Ti = 0.40 Sec Rate - 40/min FiO_2 = 21%.	→ Cont NIPPV. 16/6.5 Target SPO_2 90-95%.

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Baby has mild resp. distress with mild SCR (+) & mild TCR (+) ↓ No desaturation No Bradycardia	2) TV = 150ml/kg/day → 6ml 2nd hrly → 0 Gr feeds; → 7.5% TPN
	Vitals	3) chest x-ray at 5pm.
	HR = 180/min	4) Tomorrow 2Decho
	SpO_2 - 91%	
	BP = 54/33 (44)	5) Cont Dexmeditomidine
	RR - 55/min	
		6) I/o charting 6th hrly
	P/A - Soft, mild distension	7) positioning Rt up - 2hrs lt up - 2hrs Supine - 2hrs Gentle physiotherapy
		8) w/f - apnea Bradycardia desaturation
	Noted by M. Pooja 31/3/26 @5pm	Sneha

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT ROUNDS	
31/3/26	On NIV → 18/6.5	Plan
	RR - 35/min	
	Ti - 0.4 secs	→ Continue NIV
		18/6.5, RR-35/min
	P/A → soft, distension (+)	
	Stools → Passed	→ target SPO2 90-95%
	Aspirates → 1 ml	
	milky	→ TV - 140 ml/kg/day
		6 ml Dextrose 0h — 7.5% TPN
	HR - 146/min	
	BP - 55/34/43	→ 2 Decho T/m
	SPO2 - 95%	
		→ Positioning as Planned
	7.40 / 28.6 / -6.1 / 19.8	
	U.O.D	→ Flochart Obtain
		→ Gas, Glass } BD.
		→ monitor vitals
		[signature] (FACE)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/3/26		C/S/B → BNL
11:05pm	NIV → 18/6.5 RR - 35/m FiO2 - 21% One milky vomit P/A → soft, distended Stools → passed.	Continue → NIV → wean P/P upto 16, → Gas BP → TV - 140cc/kg/day 5ml B Shaf OG feeds. → Send TFT with morning Gas

Noted by
Bharathi
31/3/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 10 **PMA:** 28+1

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	
2.	RDS - 2's	
3.	Susp. Sepsis	
4.	left wide grade-1 IVH	
5.	anaemia	
6.	W/H/S PDA	

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... Baby was extubated to NIV
..... in V/O - hypocarbia → Rate was
..... weaned to RR/ 30 → then changed to
..... PIP 16 NIV PIP - 18

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR - 160/min
- SPO_2 = 99-1
- PI - 0.86

Murmur (+)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : Rt side grad -1 I.V.H 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:.....

.....

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

Abd distension – bad sign

Milk aspirate – feeds ↓ to 3 ml 2nd.

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.	Inj Fluconazole	(P)
	2.		
	3.		

Inj Caffeine
Inj Paracetamol – D4
Glycerin

Plan of Treatment :

(✗) NIV – PIP – 18 | 6.5 | Rate 30 – Decide on morning gas
SpO2 target 90–95%

(✗) TV – 140 cc | kg | day → feeds 3 ml 2 hourly

(✗) Gas – RBS] BD

(✗) (✗) 2D Echo today.

(✗) Position → ~~4 hourly~~ supine
→ ~~2 hourly~~

R+ up – 2 h
left up 2 h
supine 2 h

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

Signature : Rupajit

Date & Time: .....

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

Signature : .....

Date & Time: 1/4/25

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Seen by Dr PR
31 1/4/26		⇒ Changed to CPAP.
		① - Continue ~~as~~
		5ml - 2hourly
		Constant feed.
	UAC - D8	* - Remove UAC
	Picc line	today after morning
		⇒ gas.
		⇒ Gas - now
	Blood c/s - no	~~⇒ then - R/v CPAP~~
	growth.	
		(*) ⇒ 2D echo today.
		⇒ Trace - Blood c/s
		* ⇒ Wt check today
		t/M
		⇒ TV - 150 cc/kg/day.
		⇒ ~~As~~ No routine
		aspiration
		⇒ Inj Lasix 0.5mg/kg
		I.V / Sent
	Noteby Deevya 01/04/26 9:30	⇒ 7.5% TPN
		$A_3L_2Na_3K_{1.5}Ca_2$ + MVI, cell
	Rupini	⇒ Photo therapy Stop.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/4/26	Afternoon rounds	
1:50 PM		
	- on CPAP,	Plan:
	FiO_2 - 21%,	- Continue CPAP
	PEEP - 6.5	
		- Target SpO_2 - 90 to 95%,
	- No Brady,	- TV - 150ml / kg / day
	- No Desaturation	↓
		5ml constant feeds
	- Issue of Excessive cry,	2nd hely +
	↳ Diaper rash.	Rest 7.5% TPN
		- Positioning
	SpO_2 - 97%.	Rt. up
	PR - 168/min	Lt. up
	RR - 54/min	Supine } 2 hours each
		- Gas OD
	P/A - soft ~~to firm~~,	- RBS BD
	Distended	- I/O charting 6th hourly.
	- NG aspirate - nil	- 2DEcho today.
		~~*~~ To Remove UAC.
	- Stool - passed	- R/V about TFT reports,
	- Urine -	- W/f abdomen distension, vomitings.
		- Add proctoguard ointment
		- R/V about antibiotic.

Notary Deema 01/04/26

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/4 @ 4:59pm		seen by PR sir
		→ CPAP - 6
		→ feed - 4 and constant feed.
		→ CXR - TLM.
		→ if abdominal issue ↓ do x-ray abdomen
		→ ↓ humidity 5% daily.
		→ Check WT - TLM.
		→ PCM - 5 days
		Noted by Deevy 01/06/26 5pm Dr. Manthra

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/04/26	Night rounds 4/5/3 Dr. Sowmya.	
	DOL 10/ 26+5 / 830 gm.	
	On. CPAP	
	~~[illegible]~~ FiO_2. 21%.	
	" PEEP - 6.	Plan
Vitals:	HR - 156/min	- continue CPAP.
	BP - 86/52 (62).	
	SpO_2 - 97%.	- NPO. till further order
	RR - 37/min.	
		- send CBP, CRP - T/m.
	P/A - Soft Distended, coopy.	
		- X-Ray Abdomen now.
	Aspirates - Brown coloured.	
	Stool - Passed (1). ~2-3ml	
		- If further episodes of Brown
	On 4ml constant feeds.	aspirates - CBP, CRP, PT/INR, aPTT / now
		- Gas - OD
		- RBS - BD
		- I/O charting & stationary
		- seen by [illegible]
		- same sample procalcitonin
		→ upt blood cls
		add lipo amplor - B

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr.	
2/4/26 6AM	Baby had bradycardia c̄ desaturation on CPAP	
	↓	
	changed to NIV	
	↓	
	improved c̄ PIP	
	But had severe Respiratory distress	
	↓	
	Intubated c̄ 3 size ET tube + aseptic precautions and fixed @ 7cm position confirmed c̄ xray	
	S/B Dr VJ	
2/4/26 6:15AM		plan
	Baby is pale	(1) SIPPV+VG - 4.5 mills, Time: 0.3, PEEP: 6, Rate: 50
	HR: 160	
	PIA: soft Distended	(2) Add colistin
		(3) To give 5 mills NS bolus
	Hb: 9.9	(4) start Dobutamin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Screening ECHO	
	↓	
	IVC full	
	Contractility - Good	
	2mm PDA L→R	
	pulsatile.	
	Screening USG	
	↓	
	Left side : Grade	
	2-3 IVH	

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 11 ..... **PMA:** .....

Term ☐ **Preterm** ☑ Gestation : ..... Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW	RPS - 2dose surfactant
2.	pulmonary hemorrhage	
3.	CPAP - MV	
4.	Suspected sepsis	
5.	HSPDA	
6.	Anemia / left side grade-1 IVH	

Today's Weight : feed intolerance

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 18 PEEP 6 VG ..... Rate 50 Fio ..... Oxygen : ..... L/min

Last CXR : ..... Spo: .....

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

Change over the Last 24 Hours pulmonary bleed
brown aspirate

CARDIO VASCULAR SYSTEM

Plan of Care : continue current ventilation

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : (L) side grade-1-2 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:..... NO obvious brown aspirate 8.5 ml

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.	Meropenam	D5
2.	Colistin	D1
3.	Lipo-ampho-B	

Plan of Treatment :

① continue current ventilation
Target SpO_2 - 90-95%
change ventilator to VN500

② TV - 1 Isocalloyday - including everything
7.5% TPN.
NPO

③ gas / FBS] BD 6-8 hourly

④ Flocharting 6 hourly

⑤

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

Signature : .....

Date & Time: 2/4/26

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

Signature : .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
2/4/26 @ 10 am	DOL-12	Seen by Dr. Prathyush
	EPT / ELBW /	
	RDS	⊙ Ventilator.
	Pulm Hemorrhage	SIPPV + ~~VG~~.
	Sepsis.	
	Anemia.	~~change to UN500/600~~
	Neuro Screening	⊙ change Picc line.
	(Lt) Gr - 2-3	
		⊙ LRBC transfusions to be done.
	Hypeedynamic Precordium	⊙ Trace - B/C/S.
		⊙ Neuro Sonogram today
		⊙
		Noted by Devidarsh 2/4/26 10 Am

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/4/2026 @11am		Seen by Dr. Prathyush
		1) Cont. ventilation SIPPV PIP - 20 → 19 PEEP - 6.5
		2) Gas - Now @ 1pm
		3) if PCO_2 ↓ - ↓ PIP - 18/6.5 Retention ↓ Plan HFO
		4) LRBC transfusion Now.
		5) chest x-ray evening 6pm.
		6) TV = 130ml/kg/day
		~~7.5% TPN~~ ~~20ml/kg~~ 29ml/kg
		~~10~~ % TPN 12.5% ~~5% ISO-P~~ medium
		Slowly Taper & Stop Dobutamin by morning T/m.
		Stop Dexmeditomedium
		Cont fentanyl.

16ml/kg EFP
20ml/kg LRBC
15ml/kg infm

Noted by dept. 2/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Picc line today
		~~10% TPN~~
		12.5% TPN.
		A2, Na, K, Ca
	Ectic	
	mb/1 TR	
	PDA 1.1mm LA Dia 1.2:1	Gen BD.
	L-R	GRM BD.
	LPA @ 0.3	
	IVRT 60 ms/min	I/O maty
	~~IVRT~~	Contrac Pem
	contrg (N)	IVIG - 1 dose 1g/kg
	ne dysfun	
	EF 85%	Nabatthy demelaub 2/4/26
	NSY	
	Indep IVH	
	LVC = Contractis	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order
2/4/26		5th	25th	50th	95th
P.12 28+6 wk	SBP	41	48	55	72
	DBP	19	26	33	50
	MAP	26	33	40	57
					~~dis~~

2/4/26 @ 2pm

Afternoon Rounds

Baby on Ventilator
SIPPV.
PIP - 19 → 18.
PEEP - 6.5
Rate - 45/min
VG = 4.6 ml. (5.5 ml/kg)
Ti = 0.30.

Gas : 7.30 | 45.5 | 38.3
21.1 | -3.5
lac = 0.9.

Tachycardia - Settled
HR = 162/min
RR = 45/min
SPO_2 = 97%.
BP = 86/41 (F8)

Plan

1) Cont. Current ventilation
Target SPO_2 90-95%

2) TV = 130 ml/kg/day
12.5% TPN
IVIG
medic.
1 RBC, FFP
Cont NPO

3) Taper Slowly dobutamin & Stop by T/m.

4) chest x-ray at 6pm

5) I/O charting 6th hrly

Nabesh
2/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Neuro.	6) Give IVIG transfusion 1g/kg
	Abdomen = Soft Nondistended.	7) Gas, GRBS } BD
	0.5mL Green aspirate Stool passed.	8) w/f Brady, desat. OG aspirate.
	U/O = 7.8cc/kg/hr. - 17.9mL	9) Target MBP 33-40mmHg
	ongoing LRBC transfusion	10) Target PCO_2 accept. upto 55 if PH > 7.25.
	FFP transf done	11) w/f vitals
		12) R/v on TV.

Sneha

Noted by demidavant 2/4/26 5pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		dis Pry
		IVIN for LRSC
		→
		→ If Persisty -ve u/o to consider volume loading later enright
		→ CXR c̄ Pleadine
		→ gon @ 12am
	Te Send CBP/CRP/Procal. C. Pleadine	
		No Lab by Dev Dwarf 2/4/26 3pm

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/4/26 6pm	Picc line insertion: under sterile conditions after taking verbal consent, Picc line (Bremicath) inserted in Right saphenous vein and inserted till 18, back flow +. During procedure baby had Bradycardia with poor chest rise, improved after suctioning (Blood clots) prolonged bleeding from prick site, dressing changed twice.	Plan 1) Start KCP NS infusion 2) ANTT 3) Give vancomycin & remove Right hand PIC line 4) Send CBP, CRP, PCT, LS, APTT. 5) Give cryoprecipitate if bleeding continues 6) KCl: 7 → 6.
2/4/26 11PM	Picc line Removal Notes Old Picc line in Rt forearm has been removed tip Noted No Bleeding vitals stable	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26 @ 12am	Night Rounds	Plan
	Ventilator	1) Cont. Ventilation
	Baby on SIPPV mode.	with Current Settings
	PIP-20, PEEP-6	Target SPO_2 90-95%
	Ti = 0.35, Rate = 45/m.	
	MAP-10.	2) TV = 130mL/kg/day
	FIO_2 = 23%.	Cont NPO 12.5% TPN
	⇓	
	1 desaturation during	
	Piccline procedure.	3) Gas Now
	Fresh bleed from.	
	ET present.	4) Gas } BP
	⇓	GRBS }
	Tachycardia (+).	
	HR = 185/min.	5) I/o charting 6th hrly
	RR - 46/min	
	SPO_2 = 94%	6) Target MBP 33-40mmHg
	BP - 87/57 (68)	7) Target PIO_2 upto 55 mmHg
		if PH > 7.25
	P/A - soft	
	No distension	8) if Persistent Negative
	0.5mL = Brown	volume ↓
	aspirate.	↑ TV.
	Stool - passed	9) w/f - vitals
	U/O = 5.6cc/kg/hr	Brady, desat
	= 13mL	

Noted by
Vishnu Priya
019011

Sneha

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26 @12:30 am	Gas : 7.41 | 29 | 36.7 | 20.2 | -5.4. Lac = 2.4.	↓ PIP 20 → 18 Keep PEEP - 6 Sneha
		P

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 12 **PMA:** 28+3wks

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW	RDS - 2 dose Surfactant
2.	Pulmonary Hemorrhage	
3.	CPAP - MV.	
4.	Suspected Sepsis/leukocytosis	
5.	hs-PDA	
6.	Anemia/(R) side Gr 1-2 IVH.	

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.....Oxygen : .....L/min

Last CXR : ..... SpO_2 : .....

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

Change over the Last 24 Hours..... Baby on Ventilator SIPPV mod.
PIP 20 → 18
PEEP - 6
Rate - 45

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 166/min
SpO_2 = 97%
RR - 45/min
BP = 74/54 (61)

Fresh ETBleed (+).
1 FFP
1 PRBC } transfused
1 IVIG
Dobutamine Stopped.

CNS

Neurological Examination : .....

Sedation Fentanyl

Last Neurosonogram : (Lt) side Gr I-2 IVH 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/O - 5.7cc/kg/hr

GRBS - 8bmg/dl

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

P/A - Soft.
No distension

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.	Meropenem	D5
2.	Colistin	D2
3.	Lipo-Ampho-B	D2
	PARACETAMOL	D5

Caffeine
Glycerine

Plan of Treatment :

1) Continue current ventilation
Target SPO_2 90-95%.
2) TV = 130ml/kg/day - 12.5% TPN, NPO to cone
3) I/O charting 6th hrly
4) Gas, GRBS-BD
5) Target MBP 27-33mmHg
6) Accept PCO_2 upto 55 if PH > 7.25
7) Trace Blds and R/V on antibiotics
8) w/f - vitals, Bleeding manifestion.
Abdominal aspirates, distension

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

Signature : Sneha

Date & Time: 3/11/2026

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

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26		Seen by Dr PR
		→ Continue SLPPV mode.
		→ Chest xRay in evening
		→ TV - 140cc/kg/day
		→ ~~Da~~ Track the tidal volume. VT - 3.5ml.
		→ LFT ~~in the CBP~~ Evening Gas.
		→ 2Decho by Dr Bhargavi today / T/m.
		→ R/V feeds T/m.
		→ CBP T/m.

Noted By mousumi 3/4/26 @10:30am

BAR-00051873 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 9 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/4/26	Afternoon Rounds	
	On SIPPV	Plan
	18/6	
	RR-40	→ Continue SIPPV mode
	Fi-0.35	
	Vt-4.3ml	→ Target SPO_2 90-95%
	P/A → Soft	
	Stools →	→ TV-140cc/kg/day
	Aspirates →	12.5%/DTPW
		NPO.
	HR-165/.	
	RR-43/m	→ Target Tidal volume
	SPO_2-95%	upto 3.5ml
	BP-78/42/53	
		→ Chest Xray in evening
	V.O.	
		→ LFT } 6Pm
		Gas }
	Blood c/s → NG x 24 hrs	
		→ CBPT/m
	2D echo → Tiny closing	
	PDA	→ Do chest Q6hrly
	Notified By mousumi 3/4/26	→ Gas } BD
		GRBS }
		[illegible]

Baby Of KATTA V SANGAMITRA
23-03-2026 0Y0M9D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Uss Pny
		gov 3 6pm LFT LRBS Start Dexmed. CBP Tom
		Noted By Mousumi 3/4/26
3/4/26 11PM.	Night rounds. Seen by Dr PR	Plan ① Gas t/m. c̄ CBP ② suction ~~[illegible]~~ as needed. ③ consider feeds t/m Noted by Vishnu Priya 019011 3/4/26 @11pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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4/4/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 13 **PMA:** 28+4

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT | ELBW	RDS - 2 doses Surfactant
2.	pulmonary Hemorrhage	Anemia |
3.	CPAP → MV	Lt. Sided grade 1-2 IVH
4.	Suspected Sepsis	
5.	leucocytosis	
6.	HS-PDA	

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..... Fio2..... Oxygen : ..... L/min

Last CXR : ..... SpO_2: .....

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

Change over the Last 24 Hours.....

-on SIPPV mode,
fio2 - 21%, 16/6,
RR - 35/min,
Ti - 0.30

- old bleed in ET (P) (during suction)

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%
PR - 165/min
BP - 83/55 (65)

CNS

Neurological Examination : .....

Sedation.....

Last Neurosonogram : ..... Any Seizures - on fentanyl sedation

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

(P.T.O.)

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain:..... Head Circumference:.....
Input :..... / (+/-) .....Output : ..... ml/k/d Urine Output :4.6 ml/kg/hr Stools passed
IV Fluids - Type of IVF : ..... @ ..... ml / hr
Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
..... GRBS - 101

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

INFECTION

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

	Sl.No.	Drugs	Days	
Antibiotic	1.	Meropenem	D6/D10	Caffeine Glycerine
	2.	Colistin	D3/D5	
	3.	Lipo-ampho	D3	

Plan of Treatment :

- Continue current ventilation
- Target SpO_2 90 to 95%.
- TV - 140 ml/kg/day → 12.5% TPN
- Cont NPO
- Gas } BD
  RBS }
- I/O chart 6th hourly
- Trace CBP report.
- Trace Blood cls trial report.
- Target MBP 27 - 33 mmHg.

Doctor's Name (Handover given) : .....
Signature : .....
Date & Time: 4/4/26

Doctor's Name (Handover taken) : Sneha
Signature : .....
Date & Time: 4/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/4/26 @ 8.53am		Seen by Dr. Pr 1) Cont SIPPV 16/6 RR-40 TI = 0.3 2) Gas at 11 am 3) If Hb <10 ⇒ plan LRBC transfusion. Trace CBP. 4) Suction at 10:30 5) Start feeds 0.5ml/2nd h. if tolerating well ↓ ↑ 0.5ml/6 TID 6) Any tachy / clinical / too pale ↓, Plan LRBC 7) ~~Gas~~ Gas, GRBS-BD 8) Trace - B/C/S. talk with microbiologist if no fungal growth 9) T/m - Procalcitonin

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		10) 12.5% TPN A3 Na, K, Ca, MVI celcel
		11) T/m - chest x-ray morning
4/4/2026 @1:30pm	Afternoon Rounds	Sneha
	Baby on Ventilator SIPPV PIP - 16, PEEP - 6 Rate - 35, Ti = 0.30 FiO_2 = 23% ⇓ Intermittent Sepi of desaturation Tachypnea (+) SCR (+) Peri - warm Pink CFT - < 3 sec. Cardiac - mild TR. PCM - Course completed closing PDA.	Plan 1) Cont Current ventilation SIPPV = 16/6 Rate = 35/min Target 90-95% 2) TV = 140mb/kg/day 12.5% TPN 0.5mb 2nd hrly OG feed + 0.5mb TID. 3) Any tachycardia clinical sign. plan LRBC transfe Noted By Meesam 4/4/26 @8pm

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Neuro - Grade 2 - GMH	4) Gas } BD GRBS }
	Per abdomen = Started feeds Soft, no distension S	5) T/m - chest x-ray
	vitals HR = 132/min SPO_2 - 92% BP = 95/47 (65) RR = 41/min	6) T/m - procalcitonin morning
		7) I/o charting 6th hrly
		8) Target MBP 27-33mmHg
		9) w/f - Brady, desat.
4/4/26 @ 3:40pm		Sneha
	P/A - Soft	1) Cont current Ventilation
	CFT 2-38cc.	2) feeds ↑ 0.5mL TID
		3) T/m chest x-ray Procalcitonin
	Noted By Mousumi 4/4/26 @ 8pm	Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Night Rounds	
10:30PM	on SIPPV	Ad
	PIP - 16	1) Continue SIPPV
	PEEP - 6	2) TV = 140ml/kg/d
	FiO_2 - 27	feeds. 12ml infusion 19.2 ml
	F - 35	meds. 14.4ml
GRBS = 165		fluids.
	HR - 165	3) PCT
	SpO_2 = 94	CXR - T/A
	RR = 46	4) gas - BD
	BP 93/42 (61)	GRBS BD
		5) monitor vitals
	1 Episode of desaturation (+)	Noted by
		Vishnupriya
		@ (901)
		4/3/26 @ 10:30pm
5/4/2026		
	5/AM severe	
	i/v/o Resp distress c̄ desaturations	
	· ↑ventilator Requirements	
	PIP = 16 → 18 → 19	Ad
	PEEP - 6	· Blood gas - at 6:30AM
	FiO_2 - 40	· CXR -
	F - 40	· Inj Lasix 0.5mg/kg IV STAT
	SpO_2 = 96%	
	HR - 176/min	
	BP - 59/43	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 14 ..... **PMA:** 28+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT/ELBW	RDS → 2° surfactant
2.	Pulmonary Haemorrhage	Anemia
3.	CPAP → MV	Lt sided Grade 1-2 IVH
4.	Suspected Sepsis	
5.	leucocytosis	
6.	HSPDA	

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..... Fi_2..... Oxygen : ..... L/min

Last CXR : ..... Spo_2: .....

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

Change over the Last 24 Hours.....

On SIPPmode
multiple episodes 18/6, RR-35/m
of brads, desat H-0-30secs
↓ HR-160/m
↑ PIP requirement RR-35/m
Hypertensive SPO2-93%
readings (+) BP-89/49/66
GRBS → 24mg/dL

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

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

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

Abdominal Examination:.....

P/A → soft

Aspirates → 1ml

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.	Meropen	D7	Caffeine
	2.	Collistin	D4	Glycerine
	3.	Lipo-AmphoB	D4	

Plan of Treatment :

→ Continue current ventilation

→ target SPO2 90-95%

→ TV - 140ml/kg/day 1st 02hrs OG, 2nd 08hrs 12.5% TPN

→ Gas, GRBS } BD

→ Bio chart 06hrs

→ Chest XRay now

→ Send & track Procalcitonin

→ check GRBS @ 9AM → R/V on insulin if High

→ R/V for CBP + Gas in evening

Doctor's Name (Handover given) : PAUL

Signature : .....

Date & Time: 5/4/26

Doctor's Name (Handover taken) : Dr Manelha

Signature : .....

Date & Time: 5/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/4/26 12:30pm	D14/06+5 → 28+5	
	On SIPPV	
	18/5, Rate - 35	1) PIP - 18; PEEP 6 → 5, Rate 35 → 40
	pH 7.19 / 51 / -7.9 / 17.4 /	2) Repeat - Gas at 3pm.
	Chest X Ray showing hyperinflation	3). Gas } TID
	No fresh ET bleed	4) RBS }
		5) TV - 140 mills/day 12.5% TPN.
	on 2ml feeds.	
	RBS - 241 → 113.	6). Feeds - 2ml @ 2 Hours ↑ 0.5 ml @ 8th hr
		7). Repeat CBP - T/m.

N. Pratyush
for Dr. Nitesh
5/4/26
12:45pm

Notified By mousumi
5/4/26
@8pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/4 @3pm	Afternoon rounds	
	14 days / 26+5	→ 28+5 wks
		plan
	V → baby on SIPPV mode	
	18/.5	→ continue SIPPV mode
	rate - 40	18/5
	fiO2 - 22%	target SpO2 - 90-95%
	UTE → 5.7	
	leak - 0%	do a CBG - now
	gas - 7.19/51.3/-7.9/	• RBS
	C → HR - 150 bpm 17.4	→ TV - 140 ml/kg/day
	BP - 60/33 (44)	12.5% TPN
	U/O - 3.6 ml/kg/hr	feed - 2 ml/2 hourly
		↑ 0.5 ml 8 hourly
	P/A NO obvious distension	→ CBP - 7hr
		→ gas, RBS] BD
		→ Isocharting 6 hourly
		→ monitor vitals
		Dr. Manilla
		Noted By Mousumi 5/4/26 @8pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/4 9:34pm	Night round	
		plan
	V → baby on SIPPV mode	→ continue SIPPV mode
	18 → 17	17/5
	psep - 5	target SpO_2 90-95%
	rate - 40	
	FiO_2 - 22%	→ TV - 140ml/kg/day
		12.5% TPN
	gas - 7.29/43.7/-4.9/19.8	feed - 2.5ml/2hourly
		↑ 0.5ml TID
	C → HR - 178bpm	→ CBP - T/M
	BP - 56/32 (41)	
	U/O - 3.8ml/kg/h	→ gas, RBS } BD
	P/A - no aspirate soft	→ monitor vitals
		[illegible]
		Dr. Manikha

Noted By
Nirupana
01267

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 15 days PMA: 28+6 wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW	hs PDA → PCM
2.	pulmonary hemorrhage	mo RDS - 2 dose surfactant
3.	suspected sepsis	left side grade I IVH
4.	leucocytosis	
5.		
6.		

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 17 PEEP 5 VG ..... Rate 40 Fio ..... Oxygen : ..... L/min

Last CXR : ..... Spo: .....

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

Change over the Last 24 Hours .....

CARDIO VASCULAR SYSTEM

Plan of Care : Continue current ventilation

CNS

Neurological Examination : .....

Sedation fentayl + dexmel

Last Neurosonogram : N 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:..... NO distention

U/b - 3.6cc/kg/hr

+25.5-

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

GRBS = 130mg/dl

ASp - Nil

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.	Meropenam → D8/D10	caffeine
2.	colistin — D5/D7	glycerine
3.	~~Lipo amphotericin B D5~~	

Plan of Treatment : ① Continue current ventilation
target SpO_2 - 90-95%

② TV - 140ml/kg/day → Rly - increase - TV - 160ml/kg/day
12.5% TPN
feed 3.5ml 2hourly T 0.5ml 3hourly

③ Trace CBP

④ gas, RBS] BD

⑤ IO charting 6hourly

⑥ monitor vitals

R/v on colistin

R/v on Stopping Ca^{+2} & Adding Potphos

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

Signature :

Date & Time: 6/2/26

Doctor's Name (Handover taken) : Sneha

Signature :

Date & Time: 6/4/26

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

J3

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/4/26		Seen by Dr. PR
		- change the vaccum every alternate day.
	Picc line - D4	
		- Trace final blood c/s.
		- LRBC - today
		- NPO
		- Ca+ / PO4 / ALP | T/M
		- A 3.5 L 1.5 Na 1 K 1 Ca MVI, Celecal
		- 'Do not add calcium'
		- Positioning
		- ET in traction
		- Feeds to restart as per LRBC protocol.
		~~- To teach the pr~~

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

JH

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(*) Start fentanyl cycling 4 hours on 2 hours off
		(*) 2D echo - Tomorrow to review PDA
	Noted by Bharathi 6/4/26	Rupinjal
6/4/2026 @ 2pm	Afternoon Rounds.	Seen by Dr. Pratyush
	Resp: Baby on Ventilator SIPPV mode PIP = 16, PEEP-5 Rate - 40 Ti = 0.3 FiO_2 = 21%	Plan 1) To continue Baby on current ventilation Settings. Target SPO_2 90-95%
		2) TV = 140 mL/kg/day → 20 mL/kg LRBC over 4hrs
	(•) Tachycardia (+) Actively moving on fentanyl cycling.	3) Gas - 2hrs after LRBC

BAH-00651673
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 0 M 11 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	To start IRBC transfus	If Gas (N) start 1/2 feeds
	Vitals HR = 177/mi	2 half feeds (1.5ml)
	RR = 40/min	↓ f/by
	SPO_2 = 95%	3.5ml (full feed
	BP = 66/42 (50)	↓
		then ↑ 0.5ml TID
	P/A - soft	
	on NPO	3) T/m - Ca^{+2}
	No distension	PO_4^{-2}
	⇓	ALP.
	No aspirates	to send
	stool - passed	4) Gas } BD
	U/O = 2.8cc/kg/hr.	GRBS }
	+ 11.2ml	
		5) 2Decho T/m to
	Final B/cls - No growth	review PDA
	till Now	
		6) Keep ET in traction
		7) Positioning
		Rt up - 2hrs
		Supine - 2hr
		It up - 2hr
		Sneha
	Valid by Bharathi 6/6/26	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/4/2026 @ 1pm	Night Rounds	~~Sept~~
	Resp:	Plan
	Baby on Ventilator SIPPV mode.	1) Cont. Current ventilation ↓ Plan RCA to change to SIPPV mode T/m.
	PIP = 16, PEEP - 5	
	Rate - 40/min	
	Ti = 0.30.	
	VT = 4.5-5.5 mL/kg.	Target SPO2 90-95%
	MAP 7.5-8.	
	Cleak - 0%.	
	No Desaturation	2) TV = 140 mL/kg/day
	No Bradycardia	1/2 feeds 1.5 mL 2nd hrly ↓ 1.5 mL ↓ 3.5 mL then ↑ feed 0.5 mL TID
	Mild SCR (+), intermittent	
	ET Suction - O/d bleed (+)	Rest 12.5% TPN
	Vitals HR = ~~165~~ 170/min.	
	SPO2 = 95%.	3) Gas at 8pm & BD
	RR = 40/min	GRBS - BD
	BP - 62/38 (46)	
	P/A - Soft	4) T/m - Ca+2, PO4-2, ALP to send.
	Non distension	
	L RBC transfusion completed	5) 2Decho - T/m to review PDA

Patient Sticker

Dr. Nilesh.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/4/26 1pm.	B/o Sangamithra	
	on ventilator stable (CPAP) w/ NIV	
	- If wean off PCO2 ↑	
	- ET bleed (old) on suctioning	
	- Hb low. may need Blood transfusion.	
	- BP stable	
	- feeding tolerating 2ml feeds.	
	- Cs - till now no growth.	
	- Ab continue 7-10 days.	
	WBC - 50K → N 20 K.	If Decrease further Problematic
	26 weeks / Oligo → long development not appropriate	
	long dev - till 2 years. → Abnormal might be in some cases	
	PDA closing. → medication x 5 days given.	
	Grade 1 IVH	
	Rescan if ventilator not weaning off	
	FC - need full	
	[illegible]	
		[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/4/2026	B/o - Sanghamitra	By Dr Prathyush
	- Baby had - Bleeding in the lung & Baby was not Breathing well so was Intubated.	
	- Hence Baby requires ventilator.	
	- PDA medication 5 days are done it is in closing trend.	
	- PDA causes ↑ Blood flow to Brain & lungs ↓ Supply to intestine	
	- Brain Bleeding is stable 2 grade of Bleed.	
	- There was Bleeding from Stomach for which Stomach rest for 48hrs.	
	- we will restart feeds - 0.5ml today.	
	- we will increase as tolerated	
	Infection : WBC increased to 50,000 with increased procalcitonin	
	we Started antibiotic	
	- we will trace on culture to See bacterial/fungal growth.	
	- If culture no growth we will decide on a Hb-10.7 ⇒ if at ≤10 → we might transfuse CRBC.	
	⇒ platelets are in normal range	
	⇒ once chest x-ray clearance happens we will try to extubate	
	→ Baby's condition is Stable (Father)	
	Dr. Sneha 4/04/26.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

FC-2

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/O Sanghamitra	
6/4/26		
	(*) Baby's ventilator settings are decreasing	
	⇒ No fresh ~~fo~~ bleeding	
	⇒ Cardiac - PDA we will see ~~f~~ tommorow	
	⇒ We are planning LRBC transfusion today baby will stay nill per oral, by evening we will start feed	
	⇒ ↓ procalcitonin	
	We are continuing antibiotic untill final (R)	
	⇒ LRBC complication → TRALI explained to you	
		TRAGI - NEC
		Risk in pre-term baby more babies required
	⇒ Anaemia of premature	- is common because of ~~pr~~ immature bone-marrow
		- might require multiple transfusion.

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/o K V Sangamithra	
	Prev. Baby ⇒ 32 wks – 1.9kg	
	Now → Micro prim 26+3 wks	
	→ highly Prone for lability	
	→ PPROM – Risk of Infection. >10 hrs is significant.	
	→ AFI is very low	
	→ Risk of Immaturity → Very low Surfactant.	
	→ CPAP. Gr requiring O2	
	→ Now we given Surfactant Gr Ventilator Support	1st dose
	→ expected wt – 900gm	
	→ Risk of requiring 2nd dose of Surfactant might Requiring ↑ set Pressure on Ventilator	
	Now on Conventional Ventilation ↓ If Not works ⇒ will go for HFNC	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PPN → Parenteral Nutrition	
	↓	
	Plan to use 0.5% gradually	
	& slowly.	
	→ Central lines for maintaining Nutrition	
	& give medication.	
	→ Plan to do NSG today to look for IVH	
	Risk of IVH is high in 1st 2-3 days	
	plan for NSG at 24hrs & 72hrs	
	→ Baby might require Ionotropes if BP lowers	
	→ Blood gas ; Sugar monitoring regularly to be checked.	
	→ Heart ⇒ PDA - might risk for PPHN	
	→ plan to do 2DEcho on D3	
	→ If Surfactant required for >2 doses	
	more days of venti support might be required.	
	→ Blood culture sent report Awaited	
	→ If culture positive ⇒ High risk of Sepsis.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/03/26	- B/O Sangamitra	
	- . Lungs ~ pul. Oedema	
	- . Heart → We will see 2D echo	
	- . ~~Abdomen~~ - I.V.H grade — prognosis explained	
	→ We will plan	R/V NSG on Monday.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/20	B/O Sangamitra	
	Required 2nd dose of surfactant post which	
	FiO_2 & P/P have settled.	
	to do official NSG today to check for IVH.	
	Required LRBC, FFP & GCSF yday.	
	Today, Hb & WBs have improved.	
	CRP is elevated, meropenem is ongoing	
	To trace baby blood c/s.	
	Feeds started, 10 ml 2hrly.	
	to to 2DEcho t/m.	
	[signature]	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	U/O = 2.8cc/kg/hr	6) Keep in ET in traction
	No aspirates	7) Positioning
	Stool passed twice.	Rtup - 2hrs
		Supine - 2hrs
		Ltup - 2hrs
		Sneha
	Noted by Bharathi 6/6/26	
7/4/26 @12:40 am.		Seen by Dr. Prathyush
		1) Gas - T/m @ 8am.
	GRBS - 69mg/dl.	↓
		plan to Change to SIMV.
	Positive Balance	
		2) Send labs as planned
		3) Feeds 3.5mL 2nd hrs
		↓
		T/m 6am = 4ms
		2nd hrly
		Sneha

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 16 days **PMA:** 29 wks.

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT | ELBW.	hs PDA → PCM.
2.	Pulm. Hemorrhage → MV.	RDS - 2 dose Surfactant
3.	Suspec. Sepsis	(lt) side Gr-II IVH
4.	leucocytosis	
5.		
6.		

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..... Oxygen : ..... L/min

Last CXR : ..... Spo: .....

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

Change over the Last 24 Hours..... Baby on SIPPV mode.

PIP - 16

PEEP - 5

Ti = 0.30, Rate - 40/min

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 158/min

RR = 62/min

SpO_2 - 97%.

BP = 54/36 (41)

FiO_2 - 21%.

1 URBC transfusion

Intermittent tachycardia

CNS

Neurological Examination : .....

Sedation..... Fentanyl cycling

Last Neurosonogram : (lt) Grade II IVH..... Any Seizures..... Dexmedetomidine

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/O 3cc/kg/hr

.....

GRBS - 137mg/dl

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

.....

P/A - soft non distended

.....

Asp - ~~Nil~~ 1ml (milk) tolerating feeds well

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.	Meropenem.	D9/D10.
2.	Colistin	D6/D7.
3.		

Caffeine

Glycerine.

Plan of Treatment :

1) Cont. Current Ventilation → change to SIMV after Target SPO_2 90-95%. Blood gas

2) TV = 4ml/kg/day
4ml 2nd hrly ↑ 0.5ml TID
Rest - 12.5% TPN

3) Gas - BD, GRBS - BD

4) Trace - Ca^{+2}, PO_4^{-2}, ALP.

5) 2D echo - Today to review PDA.

6) Keep ET in traction

7) positioning Rt up - 2hrs
Supine - 2hrs
Lt up - 2hrs

8) NO shaving 6th hrly

9) W/f - apnea, Bradycardia, desat.

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

Signature : Sneha

Date & Time: 7/4/20

Doctor's Name (Handover taken) : D. Aswanth

Signature :

Date & Time: 8/4/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/4/26		Seen by Dr. PR
	7.26 | 45.5 | 38.7 | 18.7	
	-6.0	
	lac - 1.2	1) changing SIPPV to SIMV mode. PIP - 17, PEEP - 5 Rate - 40.
		⇓
		2) Taper PIP as tolerated aftr evng gas
		3) feed 4ml 2nd hrly ↑ 0.5ml TID (TF=10ml)
		4) Gas, GRBS } BD
		5) T/m chest x-ray
		6) 2Decho. Today
		7) Trace reports.
		8) Continue Antibiotics
		9) T/m - CBP, CRP
		10) Aim for extubation T/m (or) day after

Noted by Bharathi 7/4/26

Snehal

BAH-00851673
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		9 D/W DEPR
11AM		
	Brown Aspirate (+)	
	Abdomen → soft	→ withold next feed
		→ from next feed
		4ml qrhly constant
		→ vit K. stat
		#
7/4/26	Afternoon Rounds	
		Plan
	On SIMV ~~17/5~~ 17/5	
	RR - 40	→ Continue SIMV mode
	Ti - 0.3sec	
		→ target SPO2 90-95%
	PA → soft; 2ml Aspirates	
	brown in morning	→ TV - 140ml qrhly OG,
	Stools → Passed	4ml qrhly OG constant
		Rest 12.5% TPN
	HR - 148/min	
	RR - 42/min	→ Gas }
	SPO2 - 93%	GRBS } BD
	BP - 57/42/49	
	U.O - 3cc/kg/hr	→ 2 Echo today

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 11 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ CBP, ~~CPP~~ CRP → T/m
		→ Chest xray T/m
		→ Position as Planed.
		→ Do chest obsns
		→ Cyclical Pentanyl → 1hrs on → 2hrs off
		→ Monitor nicely
		[illegible]
4/7/26		Seen by DRVT
4PM		→ Continue SIMV mode
		→ Gas, GRBS } BD
		→ Urea, creatine same sample
		→ Consider with Ibuprofen

Noted by Bharathi 7/4/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/4/26 19:00pm	Night rounds	
	- 4 episodes of Bradycardia and desaturation with increasing distress, followed by cyanosis.	- c/o/w Dr Vineeta Plan: - Changed to SIPPV + VG (5ml/kg). - Check for VT generated. - Pmax - 20, - DO gas after 2 hours, - CXR SOS.
7/4/26 12:45AM	Night rounds	- c/o/w Dr. NK Plan: - continue current ventilation. - Target SPO2 90 to 95%. - To do CXR now
	- on SIPPV + VG (5ml/kg) FIO2 - 25% 20/16, PEEP - 6, Ti - 0.30, RR - 40/min	

Noted By
Nirupama
012767

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Issues: - Increased work of breathing - SCR (+)	- TV - 140 ml/kg/day ↓ 4 ml 2nd hrly Constant feeds + Rest 12.5% TPN
	SpO_2 - 96%. PR - 165/min Bp - 72/40 (47)	- cyclical sedation
	P/A - soft,	- I/o. charting 6th hourly.
	- Stools - passed - Urine - 2.4 ml/kg/hr.	- CBP CRP } T/M. MNG.
8th/26 1:30 AM		- Keep ET in traction.
	CXR - Rt. Upper lobe collapse.	Plan: - Right UP positioning.
		Noted By Nirupama 01276

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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8/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 17 **PMA:** 29+1

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ ELBW	RDS – 2 doses of surfactant
2.	Pulmonary Hemorrhage → MV	Left sided Grade II IVH
3.	Right upper lobe collapse	
4.	Suspected Sepsis	
5.	leucocytosis	
6.	HS PDA → PCM → Ibuprofen	

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_2.....Oxygen : .....L/min

Last CXR : ..... SpO_2: .....

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

Change over the Last 24 Hours..... – Baby on SIMV → SIPPV + VG (5ml/kg)

FiO_2 25%; PEEP – 5 to 6; Ti – 0.30 RR – 40/min; – 4 episodes of Bradycardia, Desaturation with SCR (P); Removed VG;

CARDIO VASCULAR SYSTEM

Plan of Care :

ET suction ↓ old ~~ET~~ bleed (P)

PIP – 20 → 18, SpO_2 – 94%. PR – 169/min RR – 43/min Bp – 68/45 (52)

Issues: Intermittent hypertension

CNS

Neurological Examination : HSPDA → moderate PDA → started on Ibuprofen;

Sedation.....

Last Neurosonogram : Grade II IVH Any Seizures.....

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 3.1 ml/kg/hr Stools : Passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

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

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

Abdominal Examination:.....

NG aspirates - 2ml (Brown)

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

P/A - soft

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.	Merdpenem	D10/D10	Caffeine
	2.	Collistin	D7/7	glycerine
	3.			Ibuprofen (Day 2)

Plan of Treatment :

- Continue current ventilation (SIPPV)
- Target SpO_2 90 to 95%.
- TV - 140 ml/kg/day → 4ml 2nd hdy constant feeds + Rest 12.5% TPN
- Blood gas, RBS } BD
- I/O charting 6th hourly;
- Keep ET in traction.
- positioning - Right UP
- Trace CBP, CRP
- Target MBP - 33 ± 2 mmHg;
- Target RBS - 60 to 160 mg/dl;

Doctor's Name (Handover given) : [signature]

Signature : [signature]

Date & Time: 8/4/26

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : [signature]

Date & Time: 8/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/4/26 9AM	seen by Dr. Prathyush	Plan
		① Pull ET out by 1cm at 7cm.
		② Chest PT Position [4hrs (R) up / 2hrs supine
		③ weight check alt day.
		④ TV = 140ml/kg 4ml Q2H (TK = 10ml) ↑ 0.5ml Q8H Rest 12.5% TPN
		⑤ t/m xray.
		⑥ Gas OD GRBS
		⑦ TPN 12.5% $A_{3.5}$ L_2 Na 2 K_1 Ca, MVI + CELECEL.
		⑧ Trace PBS for toxic granules.
		~~⑨ NSG today if not done~~
		⑩ cont Ibuprofen. D_2
		⑪ Strict I/O monitoring.
		⑫ NSG on D_{21}.
		⑬ Monitor tidal volume, ensure not < 3ml.

Noted by Bhavathi 8/4/26

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/4/2026 @ 1:30pm	Afternoon Rounds	
	Resp: Baby	
8/4/2026 @ 1pm	Procedure Notes	
	undu aseptic precautions Suction done. Old Blood Noted. ET tube pulled out by 1cm. fixed at 7cm.	
		Sneha
8/4/26 @ 2pm	Afternoon Rounds	
	Resp:	Plan
	Baby on Ventilator. SIPPV mode.	1) Cont on Ventilator with Current Settings
	PIP-18, PEEP-6,	Target SPO2 90-95%.
	Ti=0.3, FiO2-25%.	maintain TV >3mL
	MAP = 8.3	2) TV = 140mL/kg/day
	VT = 5.2mL.	feeds: 4.5mL 2nd hrly, 10.5mL TID; fluid: 12.5% TPN
	leak - 0%.	
	Baby in Rt up position	
	last gas: 7.35/47.4/56.6/24.9/1.2 lac 0.8.	3) T/m chest x-ray
		4) R/v on Procalcitonen T/m

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cardiac: mod - severe PDA. Today 2nd dose Ibuprofen @ 10:30pm. No Bradycardia. HR = 162/min RR = 40/min SpO_2 = 100%. BP = 46/24(33) Peri - pink Baby - active	5) NSG on D2, (12/4/2026) 6) Gtas - OD GRBS - BD. 7) chest physiotherapy position { 4hrs - Rt up 2hrs - Supine 8) weight check alt. day 9) Ibuprofen today at 10:30pm
	⊙ Neuro ↓ Grade I-II IVH.	
	P/A - Soft, Non distend feeds - tolerated No aspirates. Stool - passed	10) NPO charting 6th hrly 11) w/f - apnea, Brady, desat Abd. distension
		12) R/v on antibiotics T/m Spelu
8/4/26 @ 8:50pm	PS = Normal No toxic granules (N) I/T No shift.	Seen by Dr. Prathyusha 1) ASK for Procalcitonin in same Sample -

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 14 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Chest x-ray T/m
		Maintain VT ≥ 3ml
		Gas - T/m.
		GRBS in evening
	Noted by Bharath 8/4/26	
		Sneha
	8/4/26	
	5:40pm	
	- ↓ aseptic precaution Gentle ET	
	suction done c̄ help of neo pip	
	≈ OID clotted blood mixed c̄ tracheal	
	secretion came out	
	- All secretions are cleared	
		Rupanjale
	F/U - suction	
	• HR = 160	
	• SPO_2 = 100	
	VT = 4.5ml	
	PIP = 18	
	PEEP = 6	
	P mean = 8.3	

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Baby Of KATTA V SANGAMITRA
-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT ROUNDS	
8/4/26		Seen by Dr LL
11:30pm	On SIPPV 18/6	→ Continue SIPPV
	RR - 40/min	→ TV - 140ml/kg/day
		Feed 5ml, Rest 12.5% TPN
	P/A - soft	↑0.5ml TD
	No oxygen	
	HR - 154/min	→ Gas
	RR - 40/min	GRBS } BD
	SPO2 - 97%	→ Cyclical Pentanyl
		→ Chest xray T/m
	U.O - 3.4cc/kg/hr	
		→ Pro calcitonin with next Prick
	GRBS - 91mg/dL	
		→ Monitor vitals
		# (Fax)

Noted by
M. Pooja
8/4/26
@11:30pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

9/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 18 ..... PMA: 29+2

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW/RDS-2°S	Grade - 2 IVH
2.	Pul. haemorrage - MV	
3.	Rt upper lobecollaps	
4.	MS PDA	
5.	Sus. sepsis	
6.		

Today's Weight :

RESPIRATORY SYSTEM

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

Mode of Ventilation : HFNC ☐ CPAP ☐ Conventional Ventilation : SIMV☐ A/C☐ ~~VG~~☐ SIPPV+ HFOV☐ iNO☐ PPM☐

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

Last CXR : .....Spo₂.....

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

Change over the Last 24 Hours..... Baby is SIPPV mode

PIP/PEEP 18/6 - FiO₂ to target SpO₂ 90-95%
Rate - 40
Ti - 0.30 - No bradycardia, desat episodes

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR - 154
- SPO₂ - 95%
- RR - 40/mi.
- BP = 65/35 mmHg

- No asynchronisation
- on cyclinical fentanyl).

CNS

Neurological Examination : .....

Sedation..... Yes

Last Neurosonogram : Grade II IVH ..... Any Seizures..... NO

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 4.2 cct 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, Distended

Stools → Passed Nil

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.			Caffeine
2.	Meropenam	D12	Glycerine
3.	Colistin	D8	Ibuprofen Day 3

Plan of Treatment :

Plan

→ Continue current ventilation

→ target SPO2 90-95%

→ TV - 140 cc/kg/day 5.5ml Q2hrs, Rest 12.5% 10.5ml TCD TPN

→ Gas, GRBS } BD

→ Chest X-ray now

→ Pro Calcitonin with next Prick

→ NSG on D21 → Monitor vitals

→ Chest Physiotherapy

→ Positioning → 4hrs Rhup, 2hrs supine

Doctor's Name (Handover given) : RAR

Signature : .....

Date & Time: 9/4/26

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : .....

Date & Time: 9/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
?-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4/26 10AM	seen by Dr Prathyush	
		Plan
		1) last dose Ibuprofen today
		2) Pull ET by & Fix @ 7.5cm. or 7cm.
	PICC D8	3) TV = 150 ml/kg/day 5.5 ml Q2H ↑ 0.5ml Q8H FF = 10ml
		4) clear lipid in PICC
		5) (RW) Echo t/m after Ibuprofen
		6) Gas OD GRBS OD
		7) t/m SIMV after gas
		8) t/m procal ī gas
		9) Position change — 4hrs (R) up, 2hrs supine.
		10) chest PT.
		Note by Deevya 019642 10AM

P-H 00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
2[illegible]-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4/26 3:40PM	Seen by Dr. Pratyush	Plan ① target TV > 3.5ml ② cont positioning Rt up 4hrs supine 2hrs ③ NG asp only if abdo is distended ④ t/m SIMV after gas if (N) ⑤ T/m procal c̄ gas ⑥ t/m 2DEcho after 3rd dose Ibuprofen Noted by Deevika 010042

BAH-00651673 IP5-0017151
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4 6:30pm	evening rounds	
	D18/ 26+5 → Pulmonary bleed 1 episode	24+2 wks/ 830gms
	V→ baby on SIPPV mode 17/5 rate-35 fio2-21% UTE-4.2ml	plan → Continue SIPPV mode 17/5 change to SIMV after gas- Plan if gas N
	gas-7.35/44.3/0.4/23.5	→ Procalcitonin & gas 1 day
	CS HR-139 bpm BP-41/35(37) U/O-3.6ml/kg/hr	→ Echo-Plan → TV-150 ml/kg/day feed-6ml/2hourly TO.5ml TID
	P/A-mild distension soft	→ gas-OD GRBS
		→ positioning [RT UP-4hrs Supine-2hrs
		→ monitor vitals
		1/2 - 1/2 - 1/4 - 1/4 - 1/4

BAH 00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
[illegible] 2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/4	Night rounds	
	D/8 | 26+5 → 29+2wkel 830gm)	
	U → baby on SIPPV mode 17/5	plan
	rate - 35	→ continue SIPPV mode target SpO_2 90-95%
	FiO_2 - 21%	↓
	UTE	- if gas - normal Tlm
	e → HR - 141 bpm	↓
	BP - 41/35 (37)	change to SIMV mode
	U/O - 3.6 cc/kg/hr	→ TV - 150 cc/kg/day 12.5% TPN
	p/A - mild distension soft	feed 6 ml 2 hourly ↑ 0.5 TID
		→ procalcitonin with gas (Tlm
		→ gas, GRBS] OD
		→ echo - Tlm
		→ positioning { Rt up - 4hr, supine - 2hr
		→ monitor vitals

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

noted
submit
9/3/26
9/4/26
at 9 am

[signature]

·00651873 IP5-00171513
/ Of KATTA V SANGAMITRA
3-2026 0 Y 0 M 17 D (M)
IVB Pratyush

10/4

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 19 **PMA:** 29+3

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / EUBW / RDS - 1°S	Grade II IVH
2.	Pulm. hemmorhage - MV	
3.	Rt UL collapse	
4.	HSPDA - PCM - Ibuprofen	
5.	Susp sepsis	
6.		

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... SIPPV 16/5

rate - 35

sp FiO_2 - 23%.

tolerating well

HR - 143/min

CARDIO VASCULAR SYSTEM

Plan of Care : SpO_2 - 96%. ET pulled out, fixed @7cm.

RR - 68/min

Cras - 7.33 / 48.8 / 23.1 / 0.3 / 0.9

Procal - 1.48.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : (LT) Grade I-II IVH ..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: soft, distended.

NG asp = 2ml milky

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

Ibuprofen 3rd dose over.

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.	Meropenem. D13		Caffiene
	2.	Colistin D9.		Glycerine
	3.			Ibuprofen D7
				Escamy razole.

pice line - D8

Plan of Treatment :

(1) continue current ventilation
(RN) SIMV

(2) TV = 150 ml/kg/day
7 ml Q2H ↑ 0.5 Q8H
FF = 10ml

(3) 2DEcho today

(4) GAS / GRBS | OD

Doctor's Name (Handover given) : Dr Ashwaya

Signature : [signature]

Date & Time: 10/4/26

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

Signature : [signature] Anusha

Date & Time: 10/4/26 8am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26		Seen by Dr PR
11:31 AM		→ Continue current ventilation 16/5, RR-35/min
		→ H/V SIMV in every
		→ Chest X-Ray T/m
		→ UT of minimal 3.5ml
		→ 1 feed 0.5ml BD.
		→ 2D echo today.
		→ Lasix 1mg/1kg Stat
		→ A3 C2 Na2 K2.5 Ca1
		→ Stop Antibiotics
		→ Gas. GRBs } OD.
		Note by Deepa 01/06/26

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Afternoon Rounds	
10/4/26		Plan
	on SIPPV mode	
	16/5	→ Continue SIPPV mode
	RR-30	
		→ target SPO2 90-95%
	P/A → soft, distended	
	stools → passed	→ ~~Chest X-ray T/m~~
	HR-145/min	TV-150ml/kg/day
	RR-59/min	7.5ml 0.2ml/09
	SPO2-93%	↑ 0.5ml TD, Rest
	BP-62/34/45	12.5% TPN, TF=10ml
	V.O-	
		→ R/V sinus in
	Ibuprofen given	evening
		→ 2d echo today
		→ Gas } OD
		GABS }
		Lotsby Dennis 0196 (RAHS)

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30389

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26		Seen by Ps PR
4:05pm		→ SIPPV 17/6, RR-40/min
		→ Pentanyl 0.3ml/hr
		→ Regular Suctioning
		→ Chest xRay evening @ 5pm.
		→ Constant Fnl feeds.
		→ 2D Echo today
		→ CBP T/m.
		Note by Deepa 019642
	2D Echo. hsPDA : 4mm dramatic	Ad (As discussed c̄ Dr. Prathyush)
	LA/Ao: 2.2:1	① Ins Lasix 0.5mg/kg 0.4mg IV STAT
	Ef: 60%	② left up positioning
	LVR Dd: 20 (Dr)	③ Ins Paracetamol 15mg/kg 12mg IV 6hrly
	LVR Dd: 12	④ feeds 5ml/2hrly
		⑤ TV: 130ml/kg/day
		feeds 5ml/2hrly 60ml/0.83 72ml/kg/d; fluids/infusion 20 ml/kg/day; TPN 38ml/kg/day

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 16 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/4/26 11:00PM	Night Rounds	
	on SIPPV mode	Adv
	PIP = 17	① left RLP positioning
	PEEP 6	② Ino PCM 6 hrly
	FiO_2 = 23	③ feeds 5ml/2hrly
	F = 35bpm	④ TV = 130ml/kg/day
	VT = 3.5ml/kg = ≈ 4.2ml/kg	feeds 72ml/kg/d
	SpO_2 = 92%	Infusion 20ml/kg/d
	HR = 156/min	TPN 38ml/kg/d
	BP = 69/41(51)	⑤ Cuy 7 OD
	RR = 52/min	GRBS
	~~Issues~~	⑥ w/f desaturations
	~~① Neuronal~~ issues	Abd distension
	~~②~~ left sided pneumonia ⊕	
	PDA - large 4mm	
	hs PDA	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

11/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 20 ..... PMA: 29+4

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext/ELBW/RDS-IS	
2.	Pulmon. Hemorrhage-MV	
3.	Left Side Pneumonia	
4.	HSPDA-PCM+IBuprofen-PCM	
5.	Susp Sepsis	
6.		

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.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... On SIPPV.

17/6

RR-35

GRBS → 107mg/dL H-0.30secs HR - 142

U.O → 3.6 cc/kg/hr RR - 63/-

CARDIO VASCULAR SYSTEM

Plan of Care :

RP (+) SPO2 - 93%

Refractions (+) BP - 59/40/52

CNS

Neurological Examination : .....

Sedation..... Fentanyl / Sexual

Last Neurosonogram : ..... Any Seizures..... No

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:..... P/A → soft, distended

Aspirates → 7 ml

Stools → Passed

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	
Antibiotic	1.			Inj Caffeine
	2.	Inj Fluconazole	(P1)	Proctagnol
	3.	Inj Parracetamol	P2	Glycerin
				Esmoprazole

Plan of Treatment :

Plan

→ Continue S/PPV

→ target spo2 90 95%

→ TV - 130cc/kg/day → 70cc/kg/day Feeds → gravity

↳ Infusion → 20cc/kg/day

↳ TPN → 40cc/kg/day 12.5% TPN

→ Gas
GRBS } OD

→ Dochert Q6 hrly

→ Position → left up → 4hrs

↳ supine 4hrs

→ chest Physiotherapy

→ CBP → send & trace

Doctor's Name (Handover given) : RAW

Signature : .....

Date & Time: 11/4/26 8am

Doctor's Name (Handover taken) : (P)

Signature : Rupanjali

Date & Time: 11/4/26, 8am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- keep ET in traction.
		Anesth

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Secretary PR PR
11/4/26		
		SIPPV - 17/6
10:20 AM		Rate: 35
		1 hrs: 0.31
		Fior: 21-25%
		→ TV - 120cc/kg/day
		70cc/kg/day → feeds.
	GRBS → 110 mg/dl	20cc/kg/day → infusion
		30cc/kg/day 12.5% TPN
		→
		→ Position → Rt up
		↳ Lt up
		Supine
		→ Et in traction
		→ Suctioning ~~[illegible]~~
		based on need.
		→ w/f Pentagrams
		→ 12.5% TPN
		Na, K2 ~~[illegible]~~ A3
		→ NSH on Monday
		→ R/V esnoperazole.
		→ GRS
		GRBS/OD

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

Noted by dandamudi 11/4/26 10:40 Am

FAIZ

BAH-00651673 IP5-00171513
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/04/26		Adv
1:40 pm		- Continue current ventilation
	Baby is currently on SIPPV mode	→ ~~Cond~~ R/V lower PIP ~~press~~
	PIP = PIP	⇒ TU - 120 cc/kg/day
	PEEP = 6	
	Ti = 0.3	
	Rate = 35	
	(*) Adequate chest rise Synchronous.	70 cc/kg/day feeds 5ml - 2hourly; 20 cc/kg/day → Infusion; 30 cc/kg/day → 12.5% TPN
	HR = 140/min	
	SPO_2 = 98%	
	BP = 66/41 (49)	
	U/O - 3.1 cc/kg	- Positioning
		Rt up; Left up; Supine
	(*) Baby Had old brownish clot while suctioning c̄ small fresh bleed.	- ET is keep tracing
		- Suctioning ~~as~~ based need.
	(*) Had desat & brady episode	- NSG on Monday
	PIP - 17 → ↑ 18 (↑ was done)	- R/V ~~en~~ mopraxal
		- GAS, GRBS] OD
	- P/A = [Distended but soft]	

Nasteddy Dumbal 11/4/26 [illegible]

Pujjali

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/04/26 4:00 pm		Adv C/D/W Dr. Nilesh
	- One episode of bilious vomiting	- Withhold one feed - Reassess before next prick
	- abd - distended but soft	Rupjal
	- Stool passed 2 days.	
11/4/26 4:53 pm		Seen by Dr. PR
		Plan.
		- ↓PIP to 17 - continue constant feeds 5ml 2nd hourly. - ET suctioning SOS 6 to 8 hrly - optimize sedation - Gas } T/M morning RBS }
		Dr Anusha
		No load by Dendamab 11/29/26 8 pm

Dr. MVB PRATHYUSH
Registration No: TSMC/FMR/30369

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/4/26	night rounds	- seen by Dr. Nilesh
10:15PM		
	- on SIPPV,	Plan.
	FiO_2 - 25%,	
	17/6,	continue current ventilation
	RR - 35/min	
	Ti - 0.3	TV - 120ml/kg/day
	SpO_2 - 96%	continue NPO for next 6 hours (till 1:00 AM)
	PR - 125/min	
	RR - 50/min.	
	P/A - Distended	R/V at 1:00AM for feeds.
		withHold fentanyl sedation.
	- Stool - passed	Continue Dexmedetemoidine
	- Urine - 2.4ml/kg/hr	ongoing cardiac assessment.
	- NG aspirates - 4ml. Dark green aspirates	plan for device closure on monday
		Gas, RBS } T/M morning
		I/O - charting 6th hourly.
		Noted by Deevena 01/04/26 10:30pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

12/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 21 **PMA:** 29+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW / RDS - 1 dose surfactant	
2.	pulmonary Hemorrhage	
3.	HSPDA - PCM - Ibuprofen -	
4.	2nd course of PCM	
5.	Thrombocytosis	
6.	Suspected Sepsis	

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 17 PEEP 6 VG..... Rate 35 Fio2 21 Oxygen : ..... L/min

Last CXR : 10/4/26 Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.36/45/31, Na-140, K-4.6, Ca-1.44,

Change over the Last 24 Hours.....

.....

.....

.....

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 94%

PR - 144/min

RR - 35/min

CNS

Neurological Examination : .....

..... Sedation - Dexmedetomidine

Last Neurosonogram : ..... Any Seizures.....

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 3.4 ml/kg/hr Stools : passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

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

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

Abdominal Examination:.....

.....

NG aspiraky – 4ml

Other Systems : Haematology / Nephrology / Metabolic / Endo / NNJ - PT / OPTH / RICKETS (Dark green)

.....

P/A - soft

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

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

	Sl.No.	Drugs	Days
Antibiotic	1.	Inj. fluconazole	(P)
	2.	Inj. paracetamol	P3
	3.		

Inj. Caffeine
Glycerine
Esomeprazole

Plan of Treatment :

- continue current ventilation
- Target SpO_2 - 90 to 95%.
- TV - 120 ml/kg/day
  ↓
  12.5% TPN
- Feeds 3 ml 2nd hrly
- R/v to increasing feeds after assessment of Abdomen
- I/o charting 6th hourly
- Gas, RBS } OD
- phys positioning – left up, Right up, supine } 4 hourly each
- Plan for device closure tomorrow.
- Gentle chest physiotherapy

Doctor's Name (Handover given) : Aneeha

Signature : Aneeha

Date & Time: 12/4/26, 8am

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

Signature : Sneha

Date & Time: 12/4/26, 8:15 am

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/04/26		Seen by DCPR
10:16 AM		→ PIP → 16. PEEP - 6,
		→ TV - 120 cc/kg/day
		→ Change ET Plaster
		→ 10.5 ml Q 8 hrly
		→ Cardiac assessment today.
		→ To send Pre Planned Investigation for Device Closure.
		→ Chest Physiotherapy
		→ Gas, GRBS } OD
		(FAIZ)

Noted by
Devadamanta
12/4/26
10:30 Am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/4/2026 @10:53am	ET plaster changed and final fixation of ET at 7.5cm uneventful vitals stable B/L airentry (+) leak - 0%	Sneha resident
12/4/2026 @1:00pm	- ET suction done @ with aseptic pre-caution - No blood clot seen.	Rupanjali
12/4/2026	Afternoon Notes On SIPPV , PIP = 16/ , PEEP = 6 . Rate = 35 . Ti = 0.3 , FiO_2 = 25 % - Chest rise adequate - SPO_2 - 90-95 % - No bradycardia episodes - Normovolumaemic (76/48 (58)	Plan - continue current ventilation - TV - 120 cc/kg/day Feeds - 3.5ml - 2hourly (0.5 ml ↑ 8th hourly ↑se) - positioning & Gentle chest physiotherapy - I/O charting GRBS - OD Gas - OD

Noted by dewelant 12/4/26 2pm Rupanjali

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23-03-2026 0 Y 0 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Current vitals	
		~~Kas~~
	HR = 153	
	SPO_2 = 95%	
	RR = No asynchrony	
	BP = 76/48 (58).	
	PI = 0.46.	
	U/O - 2cc/kg/nam	
	(*) PDA = 1.5 mm (↓ size).	
	NIGHT ROUNDS	
12/4/26		Plan
9:30PM	on S/PPV	→ continue current ventilation
	16/6 RR-35	
	TI-0.3sec	→ TV-120cc/kg/day
		3.5ml 2hrly, ↑0.5ml 48hrly
	P/A → soft, Aspirate-1ml	Rest 12.5% TPN
	Stools - Passed	
		→ Gas } OD
	HR-169/min	GRBS }
	RR-43/min	
	SPO_2-95%	→ Keep ET in traction
	BP-67/45/53	→ Chest Physiotherapy
		→ Positioning as planned
		→ 2D echo T/m
		→ Gas T/m

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

[signature]

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 @ 2.45AM		
		Cs Ry
		Constant 4ml Feed
		ET traction
		2D ECHO tom by Dr Shayani
		NSH tom

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

13/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 22 **PMA:** 29+6

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXT PT/ ELBW/ RDS	
2.	PW - haemarrhea	
3.	H/S PDA	
4.	Thrombocytopenia	
5.	suspected sepsis	
6.		

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....SpO2: .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: ~~B.D~~

Change over the Last 24 Hours ~~SIPPV~~ On SIMV Mode

changed from SIPPV

Last ABGs - ~~7.48~~ | 30.2 | 2.4 | 24.3

Setting - PIP - 16 | PEEP = 6 | Ti - 0.31 | Rate = 40

CARDIO VASCULAR SYSTEM

Plan of Care : VT generating - 6.2 ml

- on Fentanyl infusion, on deemed sat.
- HR = 146 BP = 73/46 (55)
  SpO2 - 100%
  RR = 40 - @ Synchronised

CNS

Neurological Examination : .....

Sedation F

Last Neurosonogram : ..... Any Seizures No

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

P/A distended. NR aspirate 5ml greenish

. Vomiting – 2 times

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.	Inj Fluconazole	(D)
2.	Inj Paracetamol	(D4)
3.		

Inj Caffeine
Glycerin
Esmoprerol
PICC D11
Peripheral D2
Tubings D14

Plan of Treatment :

. Continue current ventilation.

. TV – 120cc/kg/day

Feeds – 1ml constant feed 2hourly

Rest 12.5% TPN

. Keep ET in traction, positioning, bundle physiotherapy

. Suction as needed.

. 2D ECHO today by Dr. Bhargavi

. NSG today

N/F apnea, brady, desat, GI aspirati

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

Signature : Rupanjal

Date & Time: 13/4/2026 6:42 am

Doctor's Name (Handover taken) : Sneha

Signature : Sneha

Date & Time: 13/4/26 @ 8:30 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/04/26 8:31 am		Seen by Dr PR
		- Change sedation to MORPHIN T/M
		PI
		- official Echo by Dr Bhargavi
		↓
		Decide on PDA closer
		↓
		If planned sent pre-procedural labs
		- Pice line - T/M
		- ET traction
		- A_3 $K_{1.5}$ Na_2 Ca_1
		Noted by Deenadamma.K 13/4/26 9 Am

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

BAH-00651673 IP5-00171513
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/2026 @ 12:45pm	Afternoon Rounds	
	Resp	Plan
	Baby on ventilator.	
	SIMV mode	1) Cont Current
	16-PIP, PEEP-6, Rate-40	ventilation
	FiO_2 - 23%, Ti = 0.31	Target SPO_2 90-95%
	VT = 4.5mb.	
	leak - 0%.	2) TV = 120cc/kg/hr
	⇓	fuds / Infusion / Rest
	last gas:	4mb 2nd hrly (58cc/kg/d. / 23cc/kg/ / 12.5% TPN
	7.48 | 30.2 | 48.6 | 24.3	
	-0.5.	
	lac - 2.4.	
		3) R/v to add morphine Tomorrow
	Cardiac -	
	Intermittent tachycardia	
	on 2nd course of	4) Piccline plan - Tomorrow
	IV Paracetamol	
	PDA 1mm L→R	5) Keep GT in traction
	LA/AO 1.42	
	⊙	6) NSG - Today
	Neuro.. (lt) Grade I IVH	
		7) Positioning
	P/A - soft mild disten	Rt up - 4hr
	0.9mb light green	Supine
	aspirate.	lt up

Noted by Devendra 13/4/26 2pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 19 D (M)
Dr. MVB Pratyush

(111)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Stool - passed U/O = 2.81cc/kg/h +6.8ml.	8) Gentle chest physiotherapy 9) I/O charting 6th hrly. 10) Watch for Abd. distension Aspirates Brady, desat 11) ROP - This thursday
13/02/26 3 20 hr PM.		Noted by Devadamu 13/2/26 Plan Sneha
	AA - Mild distension soft.	1. Continue Current Ventilation 2. Blood gas x once daily 3. ~~Continue~~ Stop Fentanyl 4. Feeds 4ml/2hr constant 5. Trace NSG report
		Noted by Devadamu 13/2/26 upon

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4 @11:40pm	Night rounds	seen by NL sir
	V → baby on SIMV mode 17/6	play
	rate - 40, FiO_2 - 21% →	continue SIMV mode Target SpO_2 - 90-95%
	C → HR - 151 bpm	TV - 120 ml/kg/day
	BP - 76/50 (58)	
	U/O - 3 ml/kg/hr	↓ se 23 ml/kg/ rest
	P/A - soft - firm	feed 2 ml/ 2 hours infusion 12.5% TPN
	2 ml light green aspirate	• Xray abdomen (SOS)
	stool passed	
		Positioning
		→ shift to Nile-2
		- R/v changing PICC line.

Noted by Hemalasha (016699) 13/4/26 @11.45pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

14/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 23 **PMA:** 30wks

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ ELBW/ PDR	
2.	pulmonary bleed	
3.	HSPDA - PDA - Ibuprofen -	
4.	thrombocytopenia PDA	
5.	suspected Sepsis	
6.		

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 17→16 PEEP ..... VG ..... Rate 40→35 FiO_2 ..... Oxygen : ..... L/min

Last CXR : ..... SpO_2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: 7.47/33.6/-0.1/24.3

Change over the Last 24 Hours .....

CARDIO VASCULAR SYSTEM

Plan of Care : continue current ventilation

CNS

Neurological Examination : ..... Sedation ..... decreased

Last Neurosonogram : grade I IVH Any Seizures — etoposide

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:..... Soft / tolerating feed
1ml milk aspirate

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.	fluxon (P)		PCM-D5 PIuline-D12
	2.			inj caffeine PIV-D3
	3.			glycerine tubing-D1
				~~Esmoprazole~~

Plan of Treatment :

① continue current ventilation
Target SpO_2 - 90-95%

② TV - 120ml/kg/day
↑ feed 3ml/2hourly
rest 12.5% TPN

③ PIuline - today

④ Positioning - (R) up
(L) up
supine
] 4 hours each

⑤ blood gas - OD
ROP - thursday
GRBS - BD

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

Signature : [signature]

Date & Time: 14/4/26

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : [signature]

Date & Time: 14/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26 @10:15am		Seen by Dr Pratyush
	Baby on Ventilation SIMV. 16/6, Rate = 35/m Ti = 0.31.	1) chest x-ray - evening 4pm. 2) Ventilator PIP 16 → 15, Rate - 35 → 30
	Gas 7.45 | 33.6 | 54.3 | 24.5 | -0.1 (ac=1:3 GRBS - 78mg/dl	3) positioning { Rt up / lt up / supine } 4hrly
	P/A - 2mL dark green asp (+) abd. distension. II)	4) ET in traction ⊙ Infusion feeds. 5) Start Cyclical feeding 1mL/hr ← 4hr on / 2hr off ↓ after 2 cycles of abdomen soft ↓ ↑ to 2mL/hr ← 4hr on / 2hr off.
		6) Stop. fentanyl Cont. dexmedet.
		7) If chest x-ray - (N) ↓ Stop sedation in Night ↓ R/v extubation T/m.

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 20 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		8) Plan Picc line - T/m
		9) CBP } evening CRP } @ 4pm Chest x-ray
		Notedly Dewidant 14/4/26
		Sneha
14/3/2026 @ 1:40pm	Afternoon Rounds	
	Ventilator : Baby on SIMV mode PIP-15, PEEP-6 Rate - 30/min T_i = 0.32 FiO_2 = 23% No desaturation / No Bradycardia	Plan 1) Cont Current Ventilation Target SPO_2 90-95% 2) TV = 120mb/kg/day 1mb/hr < 4hr on, 2hr off ↓ 1 more cycle ↓ f/by 1.5 2mb/hr < 4hr on, 2hr off if tolerating
	ongoing PCM 2nd course for PDA closure.	
	P/A - Soft, mild distense 2mb - light milky green Stool - passed	3) plan of Picc line. T/m
		Notedly dewidant 14/7/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals	4) CBP, CRP, Chest x-ray } at 4pm Today evening
	HR = 146/min	
	RR = 41/min.	
	SPO_2 - 95%	
	BP = 69/53 (58)	5) if chest x-ray - (N) ↓ Plan to extubate 7/m
		6) Positioning: Rt up, Lt up, Supine } 4hrs.
		7) Gentle chest physiotherapy
		8) Blood gas - OD, GRBS - BD
		9) ROP on thursday
		10) I/o charting 6th hrly
		Sneha

Noted by Dendinin 14/4/26 8pm

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/4/26 @ 5pm		Seen by Dr. PR
		1) after 1 cycle of 1mL/hr ↓ Next cycle NO abd. dist ↓ ↑ feed 1.5mL/hr — 4hr on, 2hr off
		2) Trace CBP, CRP Do chest x-ray Now.
		3) if x-ray (N) Stop Sedation at Night
		Noted by [illegible] 14/4/26 5:30pm [signature]
14/4/2026 @ 8:30pm	Night Rounds	Plan
	DOL-23 / 26+5 → 30wks	
	Resp: on ventilator. SIMV mode. PIP-15, PEEP-6 Rate-30/min FIO2 = 23%	1) Cont current ventilation Target SPO2 90-95%.
		2) TV = 120mL/kg/day → 1mL/hr 4hr on 2hr off; Rest 12.5% TPN

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Ti = 0.32sec. No desaturation NO Bradycardia	~~Next~~ feeding cycle 1.5ml/hr ← 4hr on 2hr off.
	Tachycardia when Baby moves a lot.	3) Gentle chest physio Positioning Rt up Supine } every 4hrs Lt up
	last gas done in the morning 7.45 | 33.6 | 54.3 | 24.8 | -0.1 | BE = 1.3	4) ROP on thursday
	ongoing PCM 2nd course.	5) Plan of Picc line a/m.
	Vitals HR = 151/min SPO2 = 92% RR = 35/min BP = 71/48 (56)	6) Blood gas - OD GRBS - BD 7) I/o charting 6th hrly.
	P/A = Soft mild distension 0.5ml milky asp. Stools - passed	8) w/f - vitals Brady desat
	Chest x-ray - B/L Congestion +Hyperemic lungs(+)	Sneha
	1 Stat dose lasix given	Noted by Hemalatha 016699 14/4/26 @9PM

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00-71513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. M\B Pratyush

15/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 24 **PMA:** 30+1 wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW/RDS	Pulm. Hemorrhage.
2.	HS PDA-PCM-Ibupro-PCM	Suspected sepsis
3.	Thrombocytopenia	
4.		
5.		
6.		

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

Baby on SIMV mode
PIP - 15, PEEP - 6
Rate - 30/min
FiO_2 - 21-23%

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 153/mu
RR - 57/mu
SPO_2 - 98%
BP - 81/52 (61)

Ti - 0.3 l
No Bradycardia / desaturation
1 dose of lasix given

CNS

Neurological Examination : .....

Sedation - dexmed / fentanyl

Last Neurosonogram : Grade I - IVH (L) 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/O = 3.1cc/kg/hr

Stool- passed , +30.1ml

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

P/A - distended, soft

Total aspirates = 4.2ml light green milk aspirate

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

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

	Sl.No.	Drugs	Days
Antibiotic	1.	Fluconazole	(P)
	2.		
	3.		

Caffeine
PCM
Glycerine

Piccline - D13
Tubing - D2

Plan of Treatment :

1) Cont. Current ventilation
Target SPO2 90-95%.
2) TV = 120ml/kg/d ↗ 12.5% TPN ↘ 1.5ml/hr (4hr on / 2hr off)
3) Plan of piccline Today
4) positioning ↔ Rt. up / Lt up / Supine } 4hrs, Gentle chest physio
5) ROP - This thursday
6) I/o charting 6th hrly
7) Blood gas - OD, GRBS - BD
8) w/f - vitals, Brady, desat

Doctor's Name (Handover given) : Y. Sneha
Signature : Sneha
Date & Time: 15/4/2026 8PM

Doctor's Name (Handover taken) : Dr. Aishwarya
Signature
Date & Time: 15/4/26 9AM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 21 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26 9AM	Seen by Dr. Prathyush	
		① Stat Inj Dexa @ 0.15 mg/kg
		② Stat Inj Lasix @ 1mg/kg
		③ 12.5 % TPN $A_{3.5}$ L_0 $K_{2.5}$ Na_2 Ca_1 MVI + CELECEE
	No inotropes	④ TV = 120ml/kg/day 1.5ml/hr [4m on, 2m off. ↑ 0.5ml every 3rd cycle.
	Tiny PDA flow↓	⑤ Stop PCM after next dose
	CXR - pulmplethora	⑥ Extubate to NIV mask @ 1PM → 20/7 rate 50
	No active sepsis	⑦ Stop fentanyl. 0.45 Ti
	AP. 15 MAP - 6 rate-30	⑧ Post extubation - caffiene - Adrenaline neb back to back
		⑨ FICC line 4m.
	LCS	
	Rt Ant Lat / Alim Blim	Lt Ant Lat / Alim Blim
		Noted by Deepak 15/4/26 10 Am

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

BAH-00651673 P5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26 12:30pm	Extubation Note	
	Baby extubated to NIV, mask interface	
		plan
		1) NIPPV
		P - 18/5.5, Rate - 40, Ti - 0.40
		2) Gas / PBS } in 2hrs 2:30pm
		3) Restart feeds after gas if extub successful.
		4) Idose Adre Net
		5) R/V x TV - 130 ml/kg.
		Noted by Dr. [illegible] 15/4/26 1pm
15/4/26 2PM	Afternoon Notes	
	on NIV 18/5.5	
	rate - 40	
	FiO_2 - 27%.	
	Ti - 0.4.	
	tolerated extubation	
	HR - 197/min - baby	
	RR - 54/min moving?/	
	SpO_2 - 99%. irritable.	
	Temp - 98.9°C.	
	NPO x 4hrs	
	PA - distended, soft	
	asp - air + clear fluid.	

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00651673 I 5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Gas now - 7.43/34.9/23.7	Plan
	GRBS - 183 (-0.5/3.7)	① cont NIV
		17/5.5
	SCR ⊕ ICR ⊕ tachycardia	FiO_2 to target sats 90-95
	irritable baby	② TV = 120 ml/kg/day
	↓ dexmed.	
	Adrenaline nebs given(1)	1.5 ml/hr. 12.5% TPN.
	↓	4 hr on
	when calm →	2 hr off.
	HR - 150/min	10.5 ml
	RR - 50/min	every 3rd cycle
	SpO_2 - 93%.	③ Positioning - Rt up + chest PT - Lt up - supine } 4 hrs each
	mild SCR ⊕	
		~~④ Stop PCM after next close.~~
		⑤ plan PICC line t/m.
		⑥ ROP on thursday.
		⑦ cont dexmed.
	Dr. Ashwaya	
		Noted by Deendamak 15/4/26 4:00pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGA MITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26 4PM.	seen by Dr Prathyush	Plan
		① 6PM Xray.
		② Cyclical feeds
		1.5ml — 4hr on
		— 2hr off.
		↑ 0.5ml every
		3rd cycle.
		③ Position change — Rt up
		— Lt up } 4hrs
		— supine
		④ Gas OD
		Noted by Dewdomek 15/4/26 4:30pm
15/4/26 7PM.	Evening Rounds	
	on NIV 17/6	
	FiO_2 - 28%. Ti - 0.4	
	rate - 40	Plan
	distress settled	① cont NIV 17/6
	RR - 52/min	FiO_2 to target. SpO_2
	SpO_2 - 93%.	90 - 95%.
	HR - 133/min	② TV = 120ml/kg/day
	↓ Dexmed	1.5ml/hr — 4hr on
		— 2hr off

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00651673 IP: -00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/4/26	→ continued	
	Feeds restarted.	TO 5ml every 3rd cycle.
	PA - soft, mild	(3) rest, 12-5% TPN
	distension (+)	(4) GRBS OD
	No asp.	Gas OD
		(5) position change.
		Rt up
		Lt up | 4hrs each
		Supine
		(6) Plan PICC line t/m.
		Seen by Dr. Sarat
15/4/26		- c/o/w Dr pratyush
		Plan:
	11:45PM	
		- To give 1 dose of lasix 0.5mg/kg/dose stat
	Resp - Bilateral air entry (+)	- Continue NIV
		FiO_2-27%, 18/6
	P/A - distended,	- TV - 120ml/kg/day
	Soft,	↓
	Stools passed,	Continue 1.5ml/hr
	No aspirate.	infusion feeds < 4hrs on / 2hrs off

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAM TRA
23-03-2026 0 Y 0 M 2 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		↑ 0.5ml feed every 3rd cycle.
		w/f ↑ Distress, abdomen distension
		Postponed
		Aneesha
		Noted by Hemalatha 16/4/26 @12am

IAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 23 D (M)
Dr. MVB Pratyush

16/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 25 ..... PMA: 30+2 week

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW / RDS	
2.	HSPDA – PCM – Ibuprofen –	
3.	PCM	
4.	thrombocytopenia	
5.	feed intolerance	
6.		

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..... Fi_2..... Oxygen : ..... L/min

Last CXR : ..... Spo_2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: On NIV.

Change over the Last 24 Hours..... 18/6.

RR 40.

Intermittent Tachycardia (+) Fi 0.40

HR 150/min

BP 73/39/52 HR 54/min

SpO_2 95%.

CARDIO VASCULAR SYSTEM

Plan of Care :

CNS

Neurological Examination : .....

Sedation Deemed

Last Neurosonogram : Left side GMH - I Any Seizures No.

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

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:..... Stools → Passed

Sml Aspirates P/A → soft, distended

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

6.4cc/kg/hr

- 25ml.

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.	Fluconazole	(P)	Caffeine
	2.			Glycerine
	3.			

Plan of Treatment :

→ Continue current NIV.

→ target SPO2 90-95%.

→ TV-120cc/kg/day 12.5% of TPN cyclical 2ml → 4hrs on → 2hrs off ↑ 0.5ml every 3rd cycle

→ Positioning → Rtup, Ltup, supine } 4hrs each

→ R/V Pice line

→ Blood Gas OD. GRBS BD

→ I/O chart Qtherly

→ Monitor vitals.

→ I/O chart Qtherly

→ ROP - Thursday

Doctor's Name (Handover given) : PAIZ

Signature : [signature]

Date & Time: 16/4/26

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

Signature : Sneha

Date & Time: 16/4/26 @ 8:30 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 22 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/26		Seen by Dr PR
10:24 AM		
		→ ↓ PR-35
		PIP → 17.
	weight - 900 gms	PEEP - 6.
		→ T/m lasix 0.5mg/1kg
		Stat
		→ Positioning as Planned
		→ Pice line today
		→ ROP - Today
		→ TV - 120cc/kg/day
		A3 L1 Na2 K2 Ca1
		→ ↑/ml every 3rd
		Alternate cycle
		dy
		(PAID)
		Noted by
		Sis Priyanth
		16/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 23 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/26 @2:10PM	Picc line Notes	
	Under Strict aseptic precautions Site cleared & draped. Picc line inserted through 24G cannula Initial fixation at 11.5cm.	
	final position Confirmed by X-ray pushed in by 1cm. final fixation at 12.5cm.	
	Vitals Stable throughout procedure	
		Plan
		1) Connect Hep NS to the line
		2) Strict ANTT
		3) Give Vancomycin 1gm through Old Picc on lig & Remove.
		Sneha
		Noted by Sis Priyanka 16/4/26

BAH-00051673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 23 D (M)
Dr. MVE Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/2026 @ 2:30pm	Afternoon Rounds	
	Resp:	Plan
	Baby on NIV with mask	1) cont. NIV with mask w/f - Apnea, Brady, desat
	PIP = 17, PEEP-6→6.5	Target SpO_2 90-95%
	Rate - 35/min	
	FiO_2-28%.	
	No desaturations/ Bradycardia	2) TV = 120ml/kg/day
	Minimal Subcostal retractions	3ml/hr 4hr on 2hr off Cyclical feed — Rest 12.5% TPN
	Intermit - tachypnea	
	Vitals	(T 1ml every alternate cycle)
	HR = 131/min	3) Positioning — RT up / Supine / Lt up — 6th hrly
	RR = 56/min	
	SpO_2 - 94%.	with Gentle chest physio
	BP = 80/53(62)	
	P/A - Soft tolerating feeds well.	4) Remove old PICC line in leg
	Urine =	
	Stool - passed	5) T/m - lasix 0.5mg/kg stat
	ROP - zone 1 No plus	6) Gas - OD
		GRBS - BD
		7) I/o charting 6th hrly
		Noted by Sis Priyanka
		Sneha

-00651673 IP5-00171513
/ Of KATTA V SANGAMITRA
3-2026 0 Y 0 M 23 D (M)
MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		[signature]
		T/m
		~~cap~~ cap
		Remove [illegible]
		Tomorrow - CRP
16/04/26		Adv
	On NIV →	• Continue NIV c̄ mask
	PIP/peep 17/6.5	W/F ↑ RD, apnea,
	RR = 40	brady SPO2 target 90-95%
	Ti = 0.40	
		• TV - 120 cc/kg/day
	. Tachypnea (+)	3ml/hour continuous cyclical feed 4 hours on 2 hours off; Rest 12.5% TPN
	. SCR (+)	
	SAS - nasal flaring up (+) 6	
	Scare	
	S	
	- P/A - soft, distended	- ↑ 1ml every alternate cycle
	Aspirate - milk 0.5ml	- Rt Positioning: Rt up, Supine, left up — 4th hours
	On TPN - 12.5%	
	U/O - 2.2 cc/kg/hour	

I-00651673 IP5-00171513
y Of KATTA V SANGAMITRA
3-2026 0 Y 0 M 23 D (M)
MVB Pratyush

(129)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(x) Gentle physiotherapy
	On going vancomycin	
		(x) T/M - Lasix
		0.5 mg / kg / stat
		- Gas - OD
		GRBS - BD
		7) I/O charting
		6th hourly
		8) plan to remove
		old pice line after
		vancomycin dose
		- CRP - T/M
		Ruparjab
		Noted by
		Sis Priyanth
		16/4/26
8:30 pm		C/S/B PENL
		→ Dont wean setting
		→ PEEP → 6.5
		Noted by
		Hemalatha 016699
		16/4/26
		@ 8.40 pm

H-00651673 IP5-00171513
by Of KATTA V SANGAMITRA
03-2026 0 Y 0 M 23 D (M)
MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/04/20		
	↓ under aseptic precaution the picc line is removed.	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

17/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 26 **PMA:** 30+3

Term ☐ **Preterm** ☐ Gestation : 26+5 Corrected Gestational Age: ~~27~~ 27

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ETT / ELBW / RDS	
2.	HSPDA – PCM - Ibuprofen	
3.	PCM	
4.	Thrombocytopenia	
5.	feed intolerance	
6.		

Today's Weight : 877 G

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... On NIV – 7/6.5

Rate - 40

Ti = 0.4

Inotropes (-)

SCR (+)

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 146
SPO_2 = 97%
RR = 54

– No brady desat

CNS

Neurological Examination : (N)

.....Sedation..... NAD

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:..... Frequency:.....

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

Abdominal Examination:..... P/A - Distended but Soft

Aspirate mi / kis

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.	Fluconsole	(P)	Caffeine glycerine
	2.			
	3.			

Plan of Treatment :

- Continue NIV c̄ Mark
- TV - 120 cc/kg/dor → 4 ml / nasal feed, 4 hours - on 2 hours off
  ↑ 1 ml every alternate cycle
- Positioning Rt Supine / Left] UP
- Gentle physiotherapy
- Inj 0.5 mg / kg / stat - (M)
- Gas - OD
- GRBS - BD
- CRP] tadas

Doctor's Name (Handover given) : (D)

Signature : Rupnjato

Date & Time: 17/04/26

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

Signature : Sneha

Date & Time: 17/4/26

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

(131)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/2026 @ 10:50		Seen by Dr. Prathyush 1) PIP - 15 Rate - 30 PEEP - 6.5 NIV. 2) Cyclical feeds Keep 5ml6/hr ← 4hr on / 2hr off Constant 3) R/v on CPAP - T/m. 4) Positioning ← Rt up / Lt up / Supw } 4hr 5) Ask for Ca^{+2}, PO_4^{-2} ALP in same sample ↓ If not possible. ↓ T/m - NP2 6) Gas - alternate day GRBS - OD Sneha Noted by Sis Jayalakshmi 17/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26 1PM	Afternoon Notes	
	on NIV 15/6.5	
	T_1 - 0.4	Plan
	FiO_2 - 23%	① cont NIV
	rate - 30/min	② stop current feeding cycle
	HR - 164/min	③ (RV) before next cycle.
	SpO_2 - 96%	
	RR - 63/min	④ TV = 120ml/kg/day 12.5% TPN
	SCR (+) ICR (+)	
		⑤ (RV) CPAP t/m
	Abdo distended but soft to firm.	⑥ Gentle physio-therapy.
	Cyclical feeds ongoing	
	2ml light yellow ~~sp~~	⑦ Gas all day GRBS OD
	Passed stools	
	↓	⑧ Positioning - Rt up - Lt up - Supine } 4hrs
	~~v/oe~~ - baby had 1 large vomiting yellow color ~5ml.	
	Post which PA - soft distension reduced.	Noted by Sri Pragula 17/4/26
	Ca = 10.1	
	ALP = 329	
	PO_4 = 2.1	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/20	seen by Dr. Prathyush	
		Plan
		① NN → CPAP 6.5cm
		② cont ~~co~~ domstal
		③ Feeds 3ml/hr [4hr on / 2hr off
		④ T/m add Potphos to TPN
		Noted by Sis Priyanka 17/4/26
17/4 @ 11:24pm		Seen by Dr. Pratyush
		↑ CPAP-6
		↑ feed 4ml/hr - [illegible] cycle
	Noted by Somalatha 016699	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/4/26	Night round	
11 pm		pm
	Baby on CPAP	
	PEEP-6, FiO_2-21%	1) Continue CPAP
	No New issues	
		2) feeds. ↑ feed
	SpO2-97%	4ml/hr Debt cycle
	HR-189/min	TV-120 ml/kg/day.
	RR-31/min	12.5% TPN
	BP-90/52 (66).	
		3) Tlm Add pot phos to TPN
		4) Gas alternate day
		5) RBS-OD
		6) Pertinent as advised
		N.B
	Noted by Hemalatha 17/4/26 @11-30pm	

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

18/4/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 27 **PMA:** 30+4

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extr/ ELBW/ RDS	
2.	USPDA - PCM - Ibuprofen	
3.	Thrombocytopenia	
4.	Feed intolerance.	
5.		
6.		

Today's Weight : 852 gm (25 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 6 VG..... Rate..... Fio2 21%. Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: NIV → P CPAP mask.

Change over the Last 24 Hours..... 5-5cm → 6cm.

No Desaturation/ Bradycardia.

1 episode of small vomiting

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%.
HR - 159/min
RR - 43/min
BP - 81/55 (64)

SURB.
ICRB.

CNS

Neurological Examination : .....

Sedation Deprived.

Last Neurosonogram : ..... Any Seizures No

FLUIDS STATUS NUTRITION

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

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

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

Aspirates — 2 ml — light yellow
4 ml - light Brown
4 ml - clear.

10ml.

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.	Ceg		Cuj fluconazole
	2.			Cuj- Caffeine
	3.			Lacycerine suppository
				Domperidone suspension
				PICC D2.

Plan of Treatment :

1- Continue CPAP - PEEP-6. FiO2-21%.

2- TV. 120 ml/kg/day 12.5% TPN on 4 ml/hr cyclic feeds 4 hours on 2 hours off

3. Add polyphos to TPN

4. Gas alternate day

5. RBS-OD

6. Monitor [illegible]

7. Positioning — RAVP - 4 hours
LAVP - 4 hours
Supine - 4 hours

Doctor's Name (Handover given) : N. Prathibha

Signature : N.P.

Date & Time: 18/4/20

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

Signature :

Date & Time: 18/4/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 24 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26		Seen by Dr. Prathu
		↑ feeds 0.5ml BD.
		Cyclical
		↑ TV = 140ml/kg/day
		(TF = 8ml/hr.
		4hr on
		2hr off)
		Sneha
18/4/26 12PM	Afternoon Rounds	
	on CPAP 6cm/21%	Plan
	ICR ⊕ intermittent tachypnea ⊕	① cont CPAP 6cm
	HR - 162/min	consider Ranus (RV)
	SpO_2 - 93%	② TV = 140ml/kg/day.
	RR - 67/min	4ml/hr - 4hr on
		2hr off
	Tolerating feeds well	↑ 0.5ml BD
	PA - soft, non distended	TF = 8ml/hr.
		③ 12.5% TPN
	baby fighting mask.	$4A_3$ Potphos 0.3 MN1 + CELECEL
		④ Positioning - Rt up, lt up, supine } 4hrs each
	Dr Ashwaryan	

Noted by
SiS Pryda

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4/26 @ 3:15pm		Seen by Dr. VJ
		1) Continue CPAP with mask.
	P/A - mild distension Soft	2) Continue infusion feeds ↑0.5mL BD
		3) positioning to Contin
		Sneha
		Noted by [illegible] 18/4/26
19/4/26 @ 2:30am	Night	Rounds
		Plan
	Baby on CPAP with mask PEEP - 6 FiO_2 = 21%	1) Cont CPAP PEEP-6 Target SPO_2 90-95%
		2) TV = 140mL/kg/day
	No Bradycardia No desaturation Tolerating feeds well 1mL clear aspirate at 10pm	4.5mL/hr 4hr on 2hr off; 12.5% TPN

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2023 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Abdomen - Soft mild distension	3) positioning Rt up lt up supine } 4hr each
	Vitals HR = 163/min Tachycardia - on movement.	4) I/O charting 6th hr
	RR = 43/min with SCR (+) SpO_2 - 97% BP = 97/65(76) Intermittent - Hypertensive readings	5) Gas alternate day RBS - OD
		6) monitor vitals
	P/A - Soft U/O - 2-7cc/kg/day + 43.9ml	Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 28. **PMA:** 30+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT | ELBW | RDS	Thrombocytopen
2.	H8DDA - PDA - Ibupro - PCN	
3.	feeds intolerance.	
4.		
5.		
6.		

Today's Weight : 862 gm ↑ 10gm.

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

Baby on CPAP PEEP-6cm with mask
FiO_2 - 21 %
No Bradycardia
No desaturation.
Tolerating feeds
Intermittent Hypertension

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 156/min
RR = 67/min.
SpO_2 - 100%.
BP = 97/65 (75)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : (+) Grade I IVH .....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/b=

.....

Stool passed

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

.....

Total aspeak.

.....

P/A - soft, distended

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

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

	Sl.No.	Drugs	Days
Antibiotic	1.	Inj. fluconazol (P)	
	2.		
	3.		

Caffeine
Glycerine
Domperidone

PICC - D3

Plan of Treatment :

1) Continue CPAP PEEP - 6.
Target SpO_2 90-95%.

2) TV = 140ml/kg/day
TF = 8ml/hr.
- 5ml/hr (4hr on 2hr off)
- 10.5ml BD feeds
- Rest - 12.5% TPN

3) Gras - alternate day
RBS - OD

4) positioning - Rt up, Lt up, Supine } each 4hrs

5) Hourly charting 6th hrly

6) w/f vitals
Brady, desat, apnea

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

Signature : Sneha

Date & Time: 9/4/20

Doctor's Name (Handover taken) : Dr Aishwarya

Signature :

Date & Time: 9/4/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

(139)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26 10AM	Seen by Dr Pratyush.	
		Plan
		① cont 5ml/hr – 4hr on, 2hr off
		evening – +1ml
		② (RW) Rams in evening 6cm
		③ Gas twice weekly
		④ send NP_2 + Gas on tuesday.
		⑤ Positioning – supine, – Rt up, – Lt up } 4hrs
	Dr Ashwyn	
		Noted by SIS Priyanka 19/4/26
2:12PM	Afternoon	
	2ml – Pre feed aspirates (+) milk	Adv ① CPAP Mask Repositioned (Distress ↓)
		① continue CPAP & Mask i/w/o Respdistress
	Passed stool (+)	
	CPAP Mild RD (+) & SCR (+)	② RW RAMS
	PEEP = 5 – SPO_2 - 92	③ NP_2 + gas on Tuesday
	FiO_2 = 21 – HR = 170/min	
		③ positioning of – supine, Rt up, Left up } 4hrs
	– RR = 64/min	
	– BP = 75/65	② feed
		Continue 5ml/HR
		② [illegible] feed [illegible]

Noted by SIS

Docu. No. : RCHBHXERM / CLINICAL / 088

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/4/26 11PM.	Night rounds	
	on CPAP 5cm mask.	
	HR - 171/min	Plan
	RR - 51/min	(1) cont CPAP mask 5cm
	SpO_2 - 100%.	(2) TV = 140 ml/kg/day
	mild SCR (+)	6ml/hr - 4hr on
	Active baby	2hr off
	tolerating feed.	↑1ml BD
	PA soft, distended.	(3) Gas twice weekly
	stools passed.	GRBS OD
	NG asp - clear 5ml.	(4) Tuesday 21/4
		- Gas
		- NP_2
		(5) Positioning Rt up
		supine } 4hrs
		Lt up
		Noted by
		Vishnupriya.
		19/4/26
		@11pm.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 29. PMA: 30+6.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW / RDS	Thrombocytopenia
2.	HSPDA - PCM x2 + Ibuprofen	
3.	Feed intolerance	
4.	(2) grade I IVA.	
5.		
6.		

Today's Weight : 871 gm ↑ 9gm. weekly

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.....Oxygen : .....L/min

Last CXR : .....Spo₂.....

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

Change over the Last 24 Hours..... CPAP 5cm 121% mask
No bradly desat
mild SCR (+)

1 e/o ↑ resp distress yday → cont mask.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 157/min
SpO₂ - 100%.
RR - 55

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : ~~(N)~~ (2) grade I IVA Any Seizures.....

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output 3mlkh ml/kg/hr Stools : 5f.

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume:..... Frequency: 7ml/hr [4hr on / 2hr off]

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

Abdominal Examination: soft, non distended.
KCO Na asp - 5ml clear.

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.	Inj Fluconazole (P)		Caffiene
	2.			Glycerine
	3.			Domperidone
				PICC Dy.

Plan of Treatment :

(1) cont CPAP 5cm
(RN) Rams.

(2) TV = 140 ml/kg/ day → 7ml/hr [4hr on / 2hr off.
↑ 1ml BD , TF = 8ml/hr

(3) Gas twice weekly
GRBS OD.

(4) T/M - Gas c̄ NP_2

(5) Positioning - Rt up, supine, lt up } 4hrs.

Doctor's Name (Handover given) : Dr Ashwarya

Signature : [signature]

Date & Time: 20/4/20

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

Signature : [signature]

Date & Time: 20/4/20

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S/B → PR
20/4/26.		
		→ Change to Ranms PEEP → 6.5.
		→ Cardiac screening today
		→ TV - 150cc/kg/day Feeds + 2gm/kg/Amiroven.
		→ Apexned to 0.2ml/hr.
		→ NP2 T/m.
		→ F/N HMF from T/m
		(FAO2)
		→ ↑ feed to 8 ml/hr < 4hrs on 2hrs off Tomorrow Monthly
		Noted by SS Priyesh 20/4/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 1pm	Afternoon Rounds	
	On CPAP 6.5 Rams	Plan
	Intermittent Tachypnea (+)	
	SUR (+)	→ ~~NCPAP~~ 7
		change to CPAP 6 with mask
	P/A → soft, tolerating feeds	→ TV - 150 ml/kg/day
	Stools → Passed	7ml → 4hrs on
		→ 2hrs off
		+
	HR - 168/m	2g/kg Aminoven
	RR - 63/m	Feeds → 8ml/hr → T/m
	SPO2 95%	
		→ NP2 } T/m
		Gas }
		→ Positioning as planned
		→ Gas twice weekly
		GRBS OD.
		→ cardiac echo today
		H (FAIR)
		Noted by Sis Priyanka 20/4/26
		CLS/B → DTPR
		→ Lasix 0.5mg/kg
		Noted by Sis Priyanka 20/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	20/4/26	Adv
	8:10pm	
	A → ~~or~~ on CPAP	continue
	B Breathing c̄ mask on venti CPAP	current ventilation
	21% FiO_2 - 6 PEEP	
	Humidif	TV - 150cc/kg/day
	- Temp: 36.8	Feeds
	No interface injury	7ml/hourly 4h on 2h off
	- RR = 48/min, Mild SCR (+)	
	(C) → HR = 160	
	BP = 76/53 (61)	+ 2g/kg/aminovan
	- ~~No~~	Inj Dexmed 0.2ml/h.
	· Sugar - Euglycaemic	
	· Temp: - 36.4	- Labs - NP_2, GAS, RBS 6am
	P/A - Distended, soft	
	No vomiting,	
	~~No sq~~	Positioning.
	U/O ⇒ 3.1cc/kg/day.	
		- Gas twice weekly.
	2D-echo - (N)	GRBS - OD
		Noted by
		Vishnupriya Pnoj N.
		019011
		20/4/26 @ 8:10pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26		
11:30pm	on CPAP · PEEP-6	Plan
	No desats / distress	on CT CPAP-PEEP-6
	Had 1 milky vomiting	↳ GAS } TM
	P/A - distended but soft	RBS }
		NPS
		→ cyclical feeds 7ml/hr / 4hrs ⊕
		↑ 1ml BD 2hrs ⊖
		TF - 8ml/hr.
		→ Noted by [signature]
		Vishnupriya
		019011
		20/4/26 @ 11:30pm

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

(P.T.O)

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : (30) ≈ 4 week PMA: ~~30~~ 31 WKS

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	RDS
2.	Evolving CLD	HS PDA – PCM + ~~Ibuprofen~~ Ibuprafen → ~~CBO~~ resolved
3.	feed intaternce	
4.	grade 1 IVH	
5.		
6.		

Today's Weight : 888 (↑17 gms)

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 CPAP support 6 PEEP by Mask.
- No brady, desat,
- Tachypnea (+), minimal SCR (+), ICR (+)
- NO CPAP – injury)

CARDIO VASCULAR SYSTEM

Plan of Care :
- HR = 162
- SPO_2 = 96%
- RR = 60/min
- BP = 80/50 (61)

- pre-cordium – (N)
- NO signs of CHF

CNS

Neurological Examination : moving all 4 limbs

Sedation NO

Last Neurosonogram : Left Side Grade - 1 I.V.H. Any Seizures NO

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) ..... Output : ..... ml/k/d Urine Output : 8 ..... ml/kg/hr Stools : passed

IV Fluids - Type of IVF : ..... @ ..... ml / hr

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

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

Abdominal Examination: Aspination

1 ml - 2 such milky & clear

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

P/A - soft, no vomiting over the night

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	Pice line - D5
	1.	Inj Fluconazole	(P)	
	2.	~~Inj Caffeine~~		• Inj Caffeine
	3.			• Syp Domstal
				• Glycerin Suppositary.

Plan of Treatment :

- Continue - CPAP @ 6 PEEP @ MASK (Target SPO2 90 - 95%)
  FIO2 21% 5
- TV - 150 cc/kg/day → 8 ml/hourly, 4 hours on, 2 hour off
- NP2, GAS, GRBS] Now — Trace (R) before Rounds
- Positioning → Rt up, left up, supine
- GAS — 2 times a week
  GRBS — OD
- W/F tachypnea, Retractions.

Doctor's Name (Handover given) : (R)

Signature : Rupanjali

Date & Time: 21/4/26

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

Signature : Sneha

Date & Time: 21/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 25 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 @10:15		Seen by Dr. Prathyush
		1) Cont CPAP PEEP-5
		2) Tv = 150cc/kg/hr
		8mb/hr → 1/4 Sachet each cycle; Rest fluid.
		3) Nutrition Calculation after full HMF
		4) R/v on Echo report
		5) Alternate day furosemide Orab drops 0.5mg/kg/dose - OD
		6) ⊙ ~~1.5~~ 2 g/kg - Aminoven ⊙ Dexmeditomidine in Picc line
		7)

Noted Bey Sravanthi (?) 20/04/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/2026 @ 1:20PM	Afternoon Rounds	
	Baby on CPAP with mask PEEP-5, FiO2-21%. ↓ No desaturation. mild SCR. No Bradycardia Tachycardia - only on excessive movement	Plan. 1) Cont. CPAP with PEEP-5 Target SPO2 90-95% 2) FTV = 150ml/kg/hr → 8ml/hr 4hr on, 2hr off 1/4 Sachet each cycle (R/v on fluids) → Rest 2g/kg Amino oven
	Vitals HR = 169/min RR = 73/min SPO2 = 100%. BP = 85/50 (62)	3) Nutritional Calculation after fully fortified
	P/A - Soft mild distension	4) Gas - twice w/ GRBS - OD
	Epi of Bradycardia Immed self pick up	5) positioning → Rt up, Lt up, Supine } 4hr
		R/v. 6) w/f - Brady, desaturation Apnea

Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 4PM.	Seen by Dr Pratyush	Plan
		① cont 1/4th HMF / cycle.
		② (RW) 3% NaCl oral supp t/m.
	Night Rounds	
21/4/26 9:30pm	26+5 wks	Plan:
	30 DOL / 31wks PMA	• Continue CPAP 5/21%.
	Evolving CLD / Feed intolerance	• Continue TV = 150ml/kg/day
	on CPAP. 5/21%.	
	Tachycardia (+) on excessive movement	• Gastrose wkly
	Mild SCR (+)	GRBS - OD
		• Positioning Rt up, Lt up, Supni } 4hrs each
	HR = 170/min	
	RR = 57/min	
	SpO_2 = 92% on CPAP.	
	BP = 92/52(61)mmHg.	

1/4th HMF + 8ml/hr cyclical feeds
2g/kg Aminoven

Dr Ranjan

Noted By
21/4/26
@ 5pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 30 days ..... **PMA:** 31+1 wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	RDS
2.	Evolving CRD.	HS PDA – PCM + Ibuprofen →
3.	Feed intolerance	Resolved.
4.	Grade 1 IVH	
5.	~~RDS~~.	
6.		

Today's Weight : 0.898 ~~gm~~ kg (↑10 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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: On CPAP with PEEP 5 FiO_2 - 21%.

Change over the Last 24 Hours.....

Intermittent tachypnea (+), minimal distress (+).

No brady, desat

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 157/min
RR = 70/min
SPO_2 = 94% on CPAP.

U/O - 4.4 ml/kg/hr.
S/O - 6 times
OG aspirate - Nil

Neurological Examination : .....

.....Sedation.....NO

Last Neurosonogram : → Left sided Grade 1 IVH ..... Any Seizures.....NO

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:.....

DG - Aspirate - Nil, PA : soft, distended.

No vomitings

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	PICC line - D6.
	1.	Inj Flucon.	(P)	Inj Caffeine
	2.			Syp. Domstel
	3.			Glycerine PICC D6

Plan of Treatment :

- Continue CPAP c̄ mask - 5/21%.
- Target 90-95% SPO2
- TV = 150ml/kg/day < 8ml/hr (4hr on, 2hr off) + 1/4th HMF; 2gm/kg Aminoveins
- Gas twice weekly
- RBS - OD
- Positioning < Rt up, left up, Supine } Each 4hrs.
- R/V 3% NaCl Oral. - Today
- W/F - tachy, distress, tachycardia

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

Signature : .....

Date & Time: 22/4/26 ; 8am.

Doctor's Name (Handover taken) : Dr Ashwaa

Signature : .....

Date & Time: 22/4/26 9AM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/26 9AM	Seen by Dr. Prathyush	
		Plan
		① cont CPAP 5cm.
		② HMF ½ in each cycle
		③ ~~TOO~~ t/m nutrition assessment after 2 HMF
		④ Aminoven 1.5gm/kg.
		⑤ oral caffiene.
		⑥ ROP t/m.
		⑦ (RN) add 3% NaCl oral supplementation from t/m
		⑧ (RN) PICC after 2 days (after full feed).
	Dr Ashwaya	
	Afternoon Rounds	
	c/s/b/ Dr. Prathyush	
		Plan
		- continue same plan.
		Noted Bmf Sravani @ 8pm 22/04/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/2026 @ 10pm	Night Rounds	
	Resp:	Plan
	Baby on CPAP with mask.	1) Continue Current CPAP with PEEP-5
	PEEP - 5	Target SPO2 90-95%
	FiO2 21-25%	
	Intermittent tachypnea (+)	
	mild SCR (+)	2) TV = 150mb/kg/day
	Feed tolerating well	8mb/hr 4hr on 2hr off
	No vomitings	1.5g/kg Aminoven
	No aspirates	
	Vitals HR = 156/mu	1/2 + HMF each cycle.
	RR = 56/mu	
	SPO2 - 92%	
	BP = 81/42 (57)	3) ROP Tomorrow
	P/D - Soft	4) Add 3% NaCl in feeds from T/m - after rounds
	mild distension	
	ongoing cyclical fud	5) R/V to add full fortification T/m
	Stools - passed	6) Nutritional calculation T/m
	Noted by Koushik 22/4/26 @ 10:10pm	7) Gas - twice wkly GRBS - OD
		8) To charting 6th hrly

Snehan

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 30 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 31 days **PMA:** 31+2wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme PT / ELBW	RDS.
2.	Evolving CLD	HS-PDA - PCM → Ibuprof-PCM
3.	Feed intolerance	
4.	Grade I IVH.	
5.		
6.		

Today's Weight : 890 g (↓ 8 g)

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 CPAP PEEP-5
FiO_2-21%.
No Bradycardia
No desaturation

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 162/min
RR - 61/min
SpO_2 - 100%.
BP = 88/53 (64)

No vomitings
Intermittent Tachypnea (RR upto 80/min)
mild SCR (+)

CNS

Neurological Examination : .....

Sedation.....

Last Neurosonogram : Grade I IVH (Lt) 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/O = 4.7 cc/kg/hr

+47.8 ml.

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

P/A - soft, distended

No vomiting

ASP - NIB. Stool - passed

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

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

	Sl.No.	Drugs	Days
Antibiotic	1.	Inj-fluconazole	(P)
	2.		
	3.		

Piccline D7

Syp - caffeine. furosemid

Syp. Domstal (alt-day)

Glycerine

Plan of Treatment :

1) Continue CPAP with mask PEEP-5
Target SpO_2 90-95%

2) TV = 1-5 ml/kg/day { 8 ml/hr (4 hr on 2 hr off + ½ HMF each cycle
1.5 g/kg Aminoven

3) Gas - twice wkly

Review to add oral 3% Nacl today to

Review for full fortification feeds

ROP - Today.

I/O charting 6th hrly

Nutritional assesment today

Review for Rams cannula CPAP -

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

Signature : Sneha

Date & Time: 23/4/26 @ 7 am

Doctor's Name (Handover taken) : Poojitha

Signature :

Date & Time: 23/4/26 9 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	23/4/26	Seen by Dr. PR
	10:00am	Plan:-
		- To start Dexmedetomidine SOS if baby is moving and having Desaturation & Bradycardia.
		- To do Renal doppler & USG abdomen doppler if persistent Hypertension
		- Add 1 HMF in each cycle. [Total 4 HMF/day]
		- Nutrition calculation today.
		- Rop today.
		- NP2 on next Monday
		Asif
		Noted by. Sravani M. 23/4/26 @ 10:10 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26	Afternoon rounds	
12:00 pm		
	- on CPAP,	Plan:
	FiO_2 - 21%,	
	PEEP-5	- continue CPAP
	SpO_2 - 95%	- TV - 150 ml/kg/day
	PR - 157/min	8 ml/hr < 4 hrs on, 2 hrs off
	RR - 35/min	[$\bar{c}$ 1 HMF in each cycle]
	Issues:	+ Rest 1.5 g/kg Aminoven
	- persistent hypertension	
		- Blood gas twice weekly
	BP curtily	
		- RBS OD
	5th 25th 50th 95th	
SBP	46 54 61 78	- To start Dexmed infusion SOS.
DBP	22 29 36 53	
MBP	30 37 44 61	- R/V USG abdomen Doppler & Renal Doppler.
	- ROP done.	

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order			
23/4/26 11 am	Nutrition Review		max wt 6 898 gm.			
	TV - 134 ml.		1.5 g/kg Aminoven			
	128 ml OG. Cyclic Feeds. (8 ml/hr 4H-on 2H off)		HMF 1 sachet Each cycle			
	Cal	Prot	Ca^{+2}	PO_4^-	Iron	Vit-D
DBM/ EBM. 67/1.1/35 15/0.2/-	85.7	~~[illegible]~~ 1.4	44.8	19.2	0.25	-
HMF(4) 3.37/0.27/15.8 7.9/0.3/132	13.4	1.08	63.2	31.6	1.2	528
Aminoven (1.5 g/kg) Total => 1.34	5.36	1.34				
Total	104.4	3.82	108	50.8	1.45	528
per kg	116.2	4.25	120.2	56.5	1.61	587.9
			830 gm → 890 gm (-4.49 SD)			
			26+5 → 31+2			
			HC - 28 (-0.64 SD)			
	Ca^{+2} : PO_4^- ratio : 2.1 : 1		length - 38 (-1.33 SD)			
	Ca^{+2} : 116, PO_4^- - 4.25					
	Iron - 1.61					
	Vit-D - 587.9					

Noted [illegible] Sravanthi 23/4/26. (N. Prathishas) 23/4/26. 11:30 am.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 3:00PM		Seen by Dr. Pratyush
		plan:
		- Add ossopan-D from Tomorrow;
		Aref
		Noted Bmp Sravani @ 8pm.
28/4/26 10:45PM	Nightrounds	
	On CPAP,	plan:
	FiO_2-21%,	
	PEEP-5	- continue CPAP,
	SpO_2-96%.	- TV- 150ml/kg/day
	PR-161/min	↓
	RR-40/min	5ml/hr < 4 hrs on, 2 hrs off
		+ 1 HMF in
	P/A-soft,	- each cycle
	Distended	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	28/4/26	- Blood gas twice weekly
	10:45pm	- RBS OD
		- USG abdomen Doppler, Renal Doppler } Tomorrow
		- Add ossopan-D from Tomorrow [To optimise Based on nutrition]
		- Dexmedetemodine infusion SOS;
		Seen by Dr VT
24/04/26 8:20am		- Continue CPAP - 5cm
		- Blood gas - 2 weeks.
	Tubing - H6	
	Pice line - D8	- USG abd doppler Renal doppler
	pale (+)	today
	tf tumy = soft	
		- NP2 - Monday
		-
		Dr. VIJAYANAND JAMALPURI Reg. No: 40526
		Rupinjal

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

BAH-00651673 IP5-00171513
Baby OF KATTA V SANGAMITRA
23-03-2023 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 32 days PMA: 31+3.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext. PT / ELBW.	RDS
2.	Evolving CLD	HS-PDA-PCM-Ibuprofen-PCM
3.	Feed Intolerance	
4.	Grade I IVH	
5.		
6.		

Today's Weight : 900gm (+10gm)

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 CPAP 5cm / 21%.
No brady / desat.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR-151/min
SpO_2-100%.
RR-53/min
BP-86/60 (69)

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : Grade I IVH. Any Seizures.....

FLUIDS STATUS NUTRITION

☐ NPO ☐ NG Feeds Wt. Gain: 10gm. 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: soft, non distended.

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.	Inj Fluconazole (P)	
2.		
3.		

PO Syp Caffeine
Syp Domstal
Glycerine
PKC P8
Tubings D[illegible].

Plan of Treatment :

① cont CPAP mask 5cm
target SpO_2 90-95%.

② TV = 150 ml/kg/day - 8ml/hr [4hr on / 2hr off.
+ 1.5g/kg Aminoven

③ Gas twice weekly

④ I/O Q6H

⑤ USG A+P & renal Doppler

Doctor's Name (Handover given) : Dr Abhinaya
Signature : [signature]
Date & Time: 24/4/26

Doctor's Name (Handover taken) : Dr. Sneha
Signature : Sneha
Date & Time: 24/4/26

BAH-00851673 IP5-00171513
Baby OMKATTA V SANGAMITRA (M)
25-03-2026 0 Y 0 M 27 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @2:30pm	Afternoon Rounds	
	Baby on CPAP with mask.	Plan.
	PEEP-5, FiO_2-21%.	1) Cont CPAP PEEP-5
	⇓	
	No desaturation	Target SPO_2 90-95%.
	No Bradycardia.	
	No Resp-distress	2) TV = 150mL/kg/day
	No vomiting.	8mL/hr 4hr on 2hr off
	Vitals HR = 161/min	Cyclical OG feed
	RR = 41/min	+1.5g/kg Aminoven
	SPO_2 - 100%.	3) Gas twice weekly
	BP = 85/35 (45)	GRBS alt day
	P/A - soft	4) I/o charting 6th hr
	- mild distension	
	U/O = 3cc/kg/hr. +9.6mL	5) W/f - apnea, Brady desat
	Renal doppler - (N)	
		Sneha
		Noted Brief. Sravani @ 8pm. 24/04/26

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

BAH-00851673 IP5-00171513
Baby CHATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 @ 8pm		Seen by Dr. VJ Cont CPAP with mask Target SPO2 90-95% Sridhar
24/4/26	On CPAP @ 5cm — No bradycardia, desat HR = 180 SPO2 = 90 Feeds tolerated O/E Resp rate = 50/mi. SCR = mild NO Precardium - (N) Abd - ~~dis~~ saft	Adv (*) TV Continue CPAP - @ 5cm (*) TV - 150 ml / kg / day 8ml / hourly 4 hours on 2 hours (*) Aminovan ~~1.5 kg~~ 1.5g / kg (*) GAS - 2 wice weeks GRBS - OD NP2 MONDAY

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

Ranjan (P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	NIGHT ROUNDS	
24/4/26		C/S/B → Dr Vinella
	On CPAP-5	
8pm	no desat, brady	Plan
	tolerating feeds	→ Continue CPAP-5
	HR-164/m	→ Continue
	RR-53/m	8ml/hr cyclical feed
	SPO2 95%	4hrs on
		2hr off
		→ NPZ Monday
		→ CPAP-5
		Noted Dr. Sravani @ 8pm. 24/04/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 27 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
~~24/4/26~~		
	~~On CPAP — @ 5cm~~	
	25/4/26	
	? one episode	
	Brady	
	c̄ Soft pick-up	
	No desat	
		Punjab

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 33 day PMA: 31+4

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext. PT / ELBW	RDS –
2.	Evolving CLD	MSPDA – medically mx
3.	Feeding intolerence	PCM – Ibuprofen
4.	Grade – IVH	
5.		
6.		

Today's Weight : ~~900~~gm (~~+10 gm~~) 905 (↑5gms)

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 On CPAP support → @ 5 cm PEEP

(x) Minimal RD, SCR

(?) One episode brady without desat with self pick-up @ 9:45-pm

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 160
SPO_2 - 98%
RR = 60/min

BP = 32/47 (59)

CNS

Neurological Examination : .....

Sedation .....

Last Neurosonogram : ~~Grad~~ Any Seizures NO

Grade 1 IVH

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
.....
✓USG abd & Doppler - (N)
.....
.....

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.	Inj Fluconazole	(P)
	2.		
	3.		

Syp Caffein
Syp Domstal
Oxygen Pice - Dg
Tubing - D12

Plan of Treatment :

- To continue CPAP @ 5cm
- TV - 150cc/kg/day - 8ml/hour → 4hours ON / 2hours off
  + Aminovan 1.5g/kg - Infusion
- GHAS - thrice weekly
- GRBS OD
- NP2 GHAS - MONDAY
- ROP - Next Thursday
- N/F apnea, bradycardia

Doctor's Name (Handover given) : Ruparjali
Signature : (P)
Date & Time: 25/4/22

Doctor's Name (Handover taken) : Dr Aishwarya
Signature :
Date & Time: 25/4/22

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/04/26 8:30 am		Seen by Dr. Vijayanand
		- cont CPAP
	Client :	- BG - twice weekly
	Air entry good	- continue aminovar.
	Tummy - soft	- NP_2 GAS | ~~Monday~~ R/V → tomorrow after discussion ē Dr. PR
		Rupnyal
		Noted by Dr. VIJAYANAND JAMALPURI Reg. No: 40526
		vidya 021143 25/4/26 @ 8:30am
25/4/2026 @ 2:45pm	Afternoon Rounds	
		Plan
	⊙ Baby on CPAP with mask PEEP - 5 FiO_2 - 21%	1) Continue CPAP Target SPO_2 90-95%
	mild SCR (+) minimal ICR (+)	2) TV = 150mb/kg/day ↓
	peri-warm, Pink.	↑TV = 160mb/kg/day 9mb/hr < 4hr on, 2hr off
	No desaturation	
	No Bradycardia	continuous infusion fur

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals	Aminoven 1.5g/kg
	HR = 156/min	
	RR = 58/min	Review on Piccline T/m
	SPO_2 = 98%	
	BP = 97/79(84)	Gas Twice wkly
		GRBS - OD.
	P/A - distended	
	S of I -	NP_2 with Gas } on monday after discussion with Dr. Prathyush Sir.
	U/O = 4.8cc/kg/hr	
	Balance + 42.2ml.	
		ROP - Next thursday
		w/f - apnea, Brady, desat
		Noted by vidya 021143 25/4/26 @1:45pm
25/4/26 2:40pm.	on CPAP = mask.	Yes Dr. Nitesh Sir
	Baby - Irritable moving excessively	change to CPAP = Rams PEEP - 6cm.
	Hrly: SPO_2 - 96%	Noted by vidya 021143 25/4/26 @2:40pm
	HR - 170/min	
	RR - 36/min	

N.P.Z

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26 @4:15pm	Seen by Dr. VS Stable on Prongs CPAP Tolerating full enteral feeds	
		Sneha
25/4 @11:22pM	Night rounds	
	D33day | 26+5 → 31+4wks | seen by Dr. SOWMYA	
	V → baby on CPAP-6 FiO_2 - 21%	Plan
		→ continue CPAP-6 Target SpO_2 - 90-98%
	NO brady | decats	
		→ TV - 160 ml/kg/day ↓ 9 ml/hr 4 hr - on + 1 HM 2 hr off
	C → HR - 158 bpM Bp - 75/35 (49) U/O - 3.8 ml/kg/hr	
		→ + aminoven 1.5 gm/kg
	P/A - soft tolerating feeds	→ NP_2 gas] monday after discussion with Dr. Pratyush
		→ monitor vitals

Noted by Bharathi 020197 25/

Dr. Madhu

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 34 **PMA:** 31+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Expt/ELBW.	RDS
2.	Evolving CLD.	HsPDA - medically managed - Dcpn - Ibuprofen
3.	feeding intolerance	
4.	Grade I IVH.	
5.		
6.		

Today's Weight : 0.920 (↑ 15gm wt gain)

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 21% Oxygen : 6 L/min

Last CXR : ..... SpO_2.....

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

Change over the Last 24 Hours.....

No Desat | No Brady

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96.1%
HR - 172/min
RR - 64/min.
Tachypnoea Ⓐ. mild SCR Ⓐ.

CNS

Neurological Examination : .....

Sedation No

Last Neurosonogram : ..... Any Seizures No.

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :....3.4..... ml/kg/hr Stools : ....(5)....

IV Fluids - Type of IVF : ..... @ ..... ml / hr

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

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

Abdominal Examination:.....

.....No Distension.....

Aspirates - Nil.

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.		

Syp. caffeine
Syp. Domstal
Syp. Fomsemide
Glycerine suppository.
Inj. fluconazole
Ossepan-D
HMF sachet
Tubings - 14 Days.

Plan of Treatment :

1. Continue CPAP PEEP-6, PAO_2 - 21%,
2. TU - 180 cc/kg/day 9 ml/hr - 4 hrs - on, 2 hrs - off + Aminoven 1.5 gm/kg — EBM/DBM + HMF
3. NO_2 gas - on monday (after discussion with Dr. Pratyushna Sir)
4. ROP - next thursday
5. Monitor vitals

Doctor's Name (Handover given) : N. Pratibha
Signature : N. Raj
Date & Time: 26/4/26.

Doctor's Name (Handover taken) : Y. Sneha
Signature : Sneha
Date & Time: 26/4/26.

BAH-00851673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 10:40 am		Seen by Dr. Prathyush
		1) Remove Piccline after vancomycin
		2) NP2 Blood gas } Tomorrow
		3) ROP next thursday
		Positioning
		Sneha
		Noted by vidya (021143) 26/4/26 10:40Am
26/4/26 12:30pm	~~One epis~~ multiple episodes of bradycardia self pickup	Plan. Discussed c̄ Dr. Pratyush
		→ Change Ram's → mask ~~CPAP~~ on CPAP
	↑ SCR (+) ↑ ICR (+)	→ Send Bloodgas NP2, CRP. chest X-ray
		→ w/f brady, desat ↑ RD
		Noted by vidya 021143 26/4/26 @ 12:30pm
		Prophetty

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

pbb

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @4:45pm	Evening Rounds	
	Resp:	Plan
	Baby on CPAP with mask. PEEP - 6 FiO_2 - 23%. ↓	1) Continue CPAP with PEEP - 6. Target SPO_2 90-95%.
	mild SCR (+) mild TCR (+) To deal oral Secretion mild abd. distension Soft.	2) TV = 16oml/kg/day ↓ 9ml/hr ↑ 4hr on 2hr off + fortification
	Vitals: HR = 153/min RR = 30/min SPO_2 - 99%. BP = 81/44 (57)	3) Blood gas twice weekly
		4) ROP - Next Thursday
		5) IO charting
	No vomitings No aspirates No further Brady, desat.	6) c/f - Resp. distress
	Na+ = 128 →	3% Nacl Correction ↓ 7.1meq/kg/day

Noted by Vidya 24443 26/4/26 @5pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 0 M 31 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 @ 9pm	Night Rounds	
	Baby on CPAP with mask	Plan
	PEEP-6, FiO_2-23%.	1) Continue CPAP c̄ mask
	mild Subcostal retrac (+)	Target SPO_2 90-95%.
	mild TCR (+).	
	No tachypnea.	2) TV = 160ml/kg/day.
	No further Bradycardia	9ml/hr ← 4hr on
	or desaturations	2hr off.
	vitals	full OG - Continuous feeds + fortification
	HR = 156/min	
	Intermittent tachycardia	3) I/o charting 6th hrly
	RR = 33/min.	
	SPO_2 = 98%.	4) Blood gas - twice wkly
	BP = 96/57 (70)	
		5) ROP - Next thursday
	P/A = Soft.	
	mild distension	6) W/f - Respiratory dist
	No aspirates.	Brady, desat
	Stool-passed.	
	U/O = 4.1cc/kg/hr	
	+ 37.1ml	
	ongoing 3% NaCl correction	

Sneha

Vaidya Bharathi 020193 26/4/26 9pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 35 ..... **PMA:** 31+6

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW	
2.	RDS → Evolving CLD	HSPDA – medical mx
3.	feed intolerance	– Ceased
4.	Grade – 1 I.V.H	
5.		
6.		

Today's Weight : 0.947 (↑ 27g) – Weekly wt gain (59

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 On CPAP 6 c̄ mask
– NO Brady, NO desat over night after changing to mw
– No Tachypnea
– minimal ~~to to~~ SCR

CARDIO VASCULAR SYSTEM

Plan of Care :
HR = 160 ~~O/O~~
RR = 46/min
SPO_2 = 92%

CNS

Neurological Examination : (N)

Sedation .....

Last Neurosonogram : Grade 1 I.V.H Any Seizures NO

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output : 3.4 ml/kg/hr Stools : .....

IV Fluids - Type of IVF : ..... @ ..... ml / hr cc/kg/hour

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

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

Abdominal Examination:..... Stool passed

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.	Inj Fluconazole	(P)	On going Na^+ correction (started 6pm 26/04/26)
	2.			
	3.			Piccline - D11

Plan of Treatment :

- Cont CPAP @ 6cm - ~~R/vs for RAM's~~
- TV - 160 cc/kg/day — 9ml/hourly < 4 hours off / 2 hours off
  - full OG continuous + fortification
- ROP - this thursday
- Blood gas - twice weekly
- GRBS - OD
- Monitor vitals →
- W/f apnea, brady desat
- Weekly review

Doctor's Name (Handover given) : Sneha

Signature : .....

Date & Time: ~~27~~ 27/04/26

Doctor's Name (Handover taken) : (R)

Signature : Ranjit

Date & Time: 27/04/2026

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 11AM	seen by Dr. Pratyush	Plan
		① cont CPAP c̄ mask
		② remove PICC line @ 6PM. secure peripheral IV line
		③ send S/E in the evening.
		④ Nutritional assessment
		⑤ ROP on thursday
	Dr Abhinaya	noted by vidya 021143 27/4/26 @ 11Am
27/4/26 2pm	Afternoon rounds	Plan
	Baby on CPAP c̄ mask	1. Continue CPAP c̄ mask - PEEP-6 (FiO_2 - 21%)
	No Desat / No Bradycardia	2. TV-160 cc/kg/day → 9 ml/hour
	SpO_2 - 96%	< 4 hours on / 2 hours off + fortification full on feeds
	HR - 154	
	RR - 64/min	3. Labs as planned
	Intermittent Tachypnea	
		4. ROP on thursday
	P/A - ~~[illegible]~~ no distension.	
	Urine / stool passed.	5. Remove PICC line @ 6 pm. secure peripheral line
	No aspirates - Nil.	
		~~6. [illegible] No~~
		N. Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26	Weekly review	Max wt. 0.947 kg
	TV → 151 ml (EBM/DBM)	
	HMF → 4	
	Osso pan-D → 3ml	

		Cal	Prot	Cat²	PO₄	Iron	Vit-D
- DBM/EBM 67/1.1/35 5/0.2/-	-	101	1.6	59.8	22.6	0.3	-
- HMF (4) 3.37/0.27/15.8 7.9/0.3/132	-	13.4	1.08	63.2	31.6	1.2	528
- Osso pan D 125/55/200	-	~~75~~		75	33	-	120
- Aminover 1.5g/kg ↓ 1.42 gm		5.6	1.4.				
Total →		120.	4.08	191	87.2	1.5	648
Per kg →		126.7	4.3	201.6	92	1.6	684.2

weekly wt gain ⇒ 59 gm
26+5 → 31+6.

Cat² per ratio ⇒ 2.1 : 1.

Hc - 27 cm
Length - 36 cm
— Recheck Hc length

26/4/26
Hb - 9.3
Nat - 128.

N. Pratyush

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

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 4PM	seen by Dr Pratyush	Plan ① Add proper XT ② Q6-Q4H nasal suctioning ③ evening - S/E c̄ new IV line ④ If SCR persist even after suctioning, (RV) to give Inj lasix after evening S/E
	Dr Pratyush	Noted by vidya 021143 27/4/26 @ 4pm
27/4/26 9pm	Night rounds 35 DOL / 26+5 → 31+6 on CPAP c̄ mask, PEEP-7 No Desat / Bradys SCR ⊕ intermittent	Plan 1. Continue CPAP c̄ mask 7(PEEP) 2. Continue nasal suctioning @ 4-6 Hourly 3. If SCR persists → Inj lasix, after suctioning, [illegible] to give
Vitals:	SpO2 - 95% HR - 159/min RR - 52/min BP - 85/53 (65) U/O - 3-5 cc/kg/day Stool - 3 times passed. P/A - Mild distension ⊕ soft	4. Continue cyclical feeds 160cc/kg/day → 9ml/hr → 4 hours on + fortification → 2 hours off on feeds. 5. ROP 30/4/26 6. W/F Distress & [illegible] 7. [illegible]

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23-03-2026 0 Y 1 M 0 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26		cl DHW Dr. Nilesh
		Plan:
	Sodium - 129	
		- To add
		~~oral~~ 3% NaCl
		~~[illegible]~~ 1.5 ml.
		in Each cycle.
		- Pice line removal now.
		Sen by Dr. Nilesh Sr
28/4/26	-	Ply
12 am	On Nasal CPAP.	
		1) continue CPAP.
		Noted Shravani 28/4/26 @ 1 Am

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

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 36 ..... **PMA:** 32

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW	
2.	RDS → Evolving CLD	HSPDA - Medical mx given closed.
3.	Feed intolerance	
4.	Grade - I IVH	
5.		
6.		

Today's Weight : 0.962 15 gm wt gain

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 7 ..... VG..... Rate..... Fio 21 ..... Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours ..... ~80% (1) Desaturation / No Brady. self pinup ⊕.

mild SVR ⊕, intermittent tachypnoea ⊕

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO2 - 96.1
HR - 142/min.
RR - 53/min
Bp - 91/42 (53)

CNS

Neurological Examination : .....

..... Sedation No

Last Neurosonogram : ..... Any Seizures No.

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output :..... ml/kg/hr Stools : (5)

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

.....

.....

.....

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.		

Plan of Treatment :

1. Continue CPAP T mark PEEP-7.
2. Continue cyclical feeds 160 cc/kg/day → 9 ml/hr → 4 hr on, 2 hr off + Fortification + 1.5 ml 3% NaCl each cycle. (on feeds)
3. Continue nasal suctioning 4-6th hourly
4. ROP 30/4/26
5. If SCR persists after suctioning → give inj. lasix.

Doctor's Name (Handover given) : N. Prathibha

Signature : N.P.D.

Date & Time: 27/4/26.

Doctor's Name (Handover taken) : (R)

Signature : Rupanjali

Date & Time: 28/4/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 0 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/2026 @ 9:30am		Seen by Dr. Prath
		1) Give 3% Nacl Correction IV line. — 5meq over ~~5meq~~ ~~over 1~~ 24hrs
		2) Suction - every 6th hrly
28/4/2026 @ 2pm	Afternoon Rounds	
	Baby on CPAP PEEP-6. with mask. FiO_2 - 25%. ⊙ SCR (+). ~~NO~~ Tachypnea - Intermittent No tachycardia.	Plan 1) Continue CPAP with mask. PEEP - 7. target SPO_2 90-95%,
	Vitals HR = 163/min RR = 62/min. SPO_2 = 100%. BP = 82/37 (52)	2) TV = 160cc/kg/hr 9ml/hr, 4hr on 2hr off + Fortifier + 4.5ml 3% NS each cycle w/s - RD, apnea, desat
	P/A - Soft mild distension	3) Gentle Suction every 6th hrly
		4) ROP on 30/4/2026
	Ongoing Sodium correction	5) Alternate day Furosemide dose

Sneha

IAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/2026 @ 4:30pm		Seen by Dr. Prathyush
		1) regular Nasal, oral Suction
		2) Keep CPAP PEEP-6
		4) w/f - Retractions RD
		Sneha
29/4/26 @ 12:10am	Night Rounds	Plan
	Baby on CPAP PEEP-6, FiO_2 - 22%, mild SCR (+)	1) Cont. CPAP with mask
	Intermittent Tachypnia (+)	PEEP-7
	NO Bradycardia / desaturation	Target SPO_2 90-95%
	Tolerating feeds well	2) Tv = 160cc/kg/day
	ongoing 3% NaCl correction	9mL/hr < 4hr on, 2hr off
	Vitals	+ fortification
	HR = 156/min	+ 3% NaCl
	RR = 51/min	1.5mL each feed
	SPO_2 = 94%	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 1 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP - 70/37 (44)	3) w/f RD, apnea Brady, desat
	P/A - soft mild destension off-cycle.	4) Gentle Nasal Suction 6th hrly
		5) ROP on 30/4/2026
		6) Alternate day Furosemide drops
		7) I/o charting 6th hrly
		Noted by Bhavani @1:32 Am. Sneha

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 37 ..... PMA: 32+1

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ex PT | ELBW	
2.	RDS → Evolving CLD	HSPDA - Medi me
3.	Feed intolerance	Closed.
4.	Grade - I I.V H	
5.		
6.		

Today's Weight : 0.966 (↑ 4 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_2..... Oxygen : ..... L/min

Last CXR : ..... Spo_2: .....

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

Change over the Last 24 Hours..... CPAP on Mask @ 6 peep

- No brady, No desat
- Intermittent tachypnea, SCR (+)

CARDIO VASCULAR SYSTEM

Plan of Care :
HR - 155/min
SPO_2 - 99%
BP = 74/45 (49)

CNS

Neurological Examination : (N)

Sedation.....

Last Neurosonogram : (N) Any Seizures..... (N)

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 3.2 cc / kg / day.

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

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

Abdominal Examination:..... • P/A - Soft ~~pa~~ stools - passed

No aspirate GRBS - 88 mg/dl.

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.			• 3% NaCl Syp Caffeine
	2.			Orofer XT
	3.			Glycerin supp
				Ossapan - D
				MMF sachet

Plan of Treatment :

- Continue CPAP c̄ mask @ PEEP 7
  Target - SPO_2 - 90-95%
- TV - 160 cc/kg/day.
  9 ml/hour < 4h on / 2h off + fortification + 3% NaCl, 1.5 ml each feed
- ROP - Thursday.
- Alternate day furosemide drops.
- GRBS - OD
- W/F apnea, brab, desat, ↑ RD

Doctor's Name (Handover given) : [signature]

Signature : Rupnjali

Date & Time: 29/07/20

Doctor's Name (Handover taken) : Dr Ashwarya

Signature : [signature]

Date & Time: 29/4/20

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26		Seen by Dr Pratyush
9:50 AM.		→ Continue CPAP → 6.
		→ Continue cyclical feeds
		→ GRBS OD.
		→ ROP T/m.
		dy (FAIR)
29/4/26 1PM	Afternoon Rounds	
	on CPAP 6cm, FiO_2 - 21%.	Plan
	HR - 160/min	① Cont CPAP 6cm
	SpO_2 - 92%.	change SpO_2 probe.
	RR - 46/min	FiO_2 to target sats 90-95%.
	Desats (+) 1 brady apnea.	② TV = 160 ml/kg/day
	No apneas.	9ml/hr. - 4hr on
	tolerating cyclical feeds	2hr off.
	PA - soft, non distended.	+ fortification + 1.5ml 3% NaCl
	Stools passed.	③ ROP t/m
		④ GRBS OD
		Gas twice weekly.
		⑤ Alt day Carrix drops

Dr Pratyush

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26 4PM	~~Afternoon~~	
	Seen by Dr Pratyush	
		Plan
		① CPAP 7cm mask.
		② t/m Xray
		③ cardiac assessment t/m
		④ t/m - CBP S/E gas.
		c̄ cannula.
	Dr Ashwaya	Noted by Aswathy 29/4 @4pm
29/4/26 8PM	Night Round.	
		Plan
	on CPAP 7cm /21%.	① cont CPAP 7cm c̄ mask
	No further brady/desat	② TV = 160ml/kg/day
	HR - 164/min	9ml/hr - 4hr on
	RR - ~~[illegible]~~ 58/min	(FF = 9.6ml) - 2hr off.
	SpO_2 - 93%	~~③ Position change~~
	intermittent tachypnea (+)	③ t/m - Xray
	SCR (+)	- secure cannula
	tolerating cyclical feeds	& send CBP, S/E & gas
	PA - soft, non distended	④ t/m cardiac
	Passed stools	assessment
		Dr Ashwaya Noted by Aswathy 29/4/26 @8pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 38 **PMA:** 32 +3

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	HSPDA - PCM - Ibuprofen - PCM.
2.	RDS → evolving CLD	
3.	Feed intolerance	
4.	Grade I IVH.	
5.		
6.		

Today's Weight : 0.985 ↑ 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..... CPAP mask 7cm.
Issues of displacement of mask & inadequate delivery
↳ multiple desats which improve after proper positioning

CARDIO VASCULAR SYSTEM

Plan of Care :

HR - 150/min
SpO_2 - 98%.
RR - 70/min

Xray - plethoric lung field.

CNS

Neurological Examination : .....

.....Sedation.....

Last Neurosonogram : grade IIVH. Any Seizures.....

FLUIDS STATUS NUTRITION

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

Input : ..... / (+/-) .....Output : ..... ml/k/d Urine Output (2-9) ml/kg/hr Stools : ++

IV Fluids - Type of IVF : ..... @ ..... ml / hr

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: cyclical feeds. Frequency:.....

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

Abdominal Examination: Soft, non distended.

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.	Drofer XT @ 3mkd.		Domstal @ 0.2mkdose.
2.	3% NaCl @ 3mmg.		Furesemide alt day.
3.	Incubator D17		Syp caffiene @ 5mkday
			HMF 1 sachet / day
			ossopan-D @ 80mkd.
			Glycerine supp.

Plan of Treatment :

1. cont CPAP c̄ mask PEEP 7.
   (RW) rams today
2. TV - 160ml/kg/day → 9ml/hr [4hr on / 2hr off] + HMF fortification 3% NaCl
3. ROP today
4. change incubator
5. GRBS OD
   Gas twice weekly.
6. Trace labs

Hb - 7.3
Na - 128
(RW) → oral Na or give IV correction
→ transfusion

Doctor's Name (Handover given) : Dr Ashwarya
Signature : [signature]
Date & Time: 30/4/26

Doctor's Name (Handover taken) : Sneha
Signature : Y. Sneha
Date & Time: 30/4/2021

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26	Seen by Dr. Pratyush.	
		Plan
		① ~~Start Lasix~~
		② Budecort neb to start
		③ 3% NaCl correction ~~5meq/kg/day~~ over 24hrs → 7meq 14ml.
		④ ~~Add~~ ASK Ca in same sample. (10.3
		⑤ LRBC transfusion today.
		⑥ TV = 150ml/kg/day → 20ml/kg LRBC; 14ml IV 3% NaCl; Rest 10% ISO-P
		⑦ Mid Blood transfusion lasix @1mg/kg.
		⑧ After LRBC ↓ gas after 2hrs ↓ 1st cycle 4ml/hr. ↓ 2nd cycle 7ml/hr ↓ 3rd cycle 9ml/hr.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 1 M 6 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

(180)

Date & Time	Progress Notes	Doctor's Order
		① change incubator
20/4/2026 @ 2:55 pm	Afternoon Rounds	
		Plan
	Baby on CPAP PEEP-7. with mask.	1) Continue CPAP PEEP-7
	No Retractions	Target SPO_2 90-95%.
	No Tachypnea.	
	No desaturations	
		2) TV = 15ml/kg/d
	① LRBC transfusion yet to start.	20ml/kg LRBC over 4hrs → 130ml/kg → 10% FSOP + 3ml/kg ca.glu + 1meq - 3% NaCl
	Vitals HR = 152/min	
	RR = 33/min	
	SPO_2 - 96%.	
	BP = 70/37 (42)	
		3) LRBC today
	P/A - Soft	↓
	mild distension	4) mid transfusion furosemide 1mg/kg Stat.
	V/O = passed	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		5) change Incubator
		6) After LRBC - 2hrs late Blood gas ↓ if Normal Start 4mb/hr cycle ↓ 2nd cycle - 7mb/hr ↓ 3rd cycle - 9mb/hr.
		7) I/O charting 6th hrly
		8) w/f - apnea, Brady, desat
		Noted by Aswatery 30/4/26 @8pm. Sneha

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4/26 10:45pm	Might Round	
	Baby is on CPAP-7. ~~LB~~ No brady/desat LRBC transfusion completed at 10:30pm.	
		Plan.
	Vitals	
	HR - 145/min	→ Continue current ventilation
	RR - 42/min	
	SpO2 - 93%.	
	BP - ~~84~~ 85/50 (63)	~~→ NIV~~
		→ Do blood gas at 12:30am.
	P/A - Soft.	if (N) start feed.
		1st cycle 4ml/hr. ~~eg~~
		↓
		2nd cycle - 7ml/hr.
		↓
		3rd cycle - 9ml/hr
		→ Change incubator tomorrow.
		→ I/O charting 6th hrly
		→ Monitor vitals

Noted by Bhavani 30/4/26 11pm

Pooja

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23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 39 ..... PMA: 32+4

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT/ELBW	HSPDA
2.	RDS → Evolving CLD	
3.	Feed intolerance	
4.	Grade IIVH	
5.		
6.		

Today's Weight : 0.995 (↑ 10 gms)

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..... On CPAP c̄ mask → R

HR – 143/m

mild SCR RR – 50/m

Ongoing 3% nad SPO_2 85%

BP – 76/42/54

CARDIO VASCULAR SYSTEM

Plan of Care : One LABC GABS → 108mg/dl

transfusion

HS feeding

CNS

Neurological Examination : ..... NO.

..... Sedation.....

Last Neurosonogram : Grade I IVH ..... Any Seizures..... No

Docu. No. : RCHBH /FRM / CLINICAL / 131 (P.T.O.)

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

Asbirates – Nil

Sebols – passed

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.			with hold
2.			Supplements
3.			Budecort Neb
			Glycerine

Plan of Treatment :

→ On CPAP 07

→ target SPO2 90-95%

→ TV - 160 ml/kg/day 7ml → 4hrs → 2hrs 0.66

next cycle 9ml/hr

→ GRBS OD

→ Cres twice weekly

→ Continue 30% Nacl correction till 12pm

→ Stochastobiology

→ monitor vitals

Doctor's Name (Handover given) : FACZ

Signature : [signature]

Date & Time: 1/5/26

Doctor's Name (Handover taken) : (P)

Signature : Rupanjali

Date & Time: 1/5/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/2026 10:33 am		Seen by Dr PR
		– Inj Caffeine @ 10mg Stat
		– S/E – None
		– Trace Report Sinfan.
		Check Sugar in same prick; GAS'
		– ↑ feeds as planned till Target feeds.
		– R/V 3% nacl
		– ↑ caffeine maintainace to 8mg/kg.
		Pujat..

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26		seen by Dr pratyush
4:00pm		Plan:-
		- Add oral 3% NaCl (3meq/kg) in feeds
		- To give 1meq/kg kcl correction over 12 hours
		Asf
1/5/26 8:00pm		Plan
	- On CPAP c̄ Mask @ 7PEEP	- cont CPAP c̄ mask 7cm.
	- No further Brady, desat	- TV - 170 cc/kg/day
	- HR - 138 SPO2 - 98% RR = 58	9 ml/hourly - EBM continuous feeds - 4hours on 2hours off
	Minimal SCR (+)	
	P/A - soft	
	Tolerating feeds	-
	- On going K+ correction	
		Noted by Dr ocaor at 9pm

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Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 40 PMA: 32+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW	HSPDA (closed
2.	RDS → Evolving CLD	by medical management
3.	Apnea of prematurity	
4.	Feed intolerance	
5.	Grade I IOVH	
6.		

Today's Weight : 1.015 (↑20g)

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.....Fi_2.....Oxygen : .....L/min

Last CXR : ..... Spo_2 .....

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

Change over the Last 24 Hours On CPAP – @ 7cm c̄ ventilator CPAP x 3 - Back to back Brady till 58 c̄ desat, bradypnea → Oro needed stimulation → Improved after naso-oral suction

CARDIO VASCULAR SYSTEM

Plan of Care : – I.n V/O – Inj caffeine half loading was done.

- HR = 153
- SPO_2 = 94
- RR = 38

BP = 86/50 (63)

CNS

Neurological Examination : .....

Sedation ..... NO

Last Neurosonogram : Grade II IVH Any Seizures .....

(P.T.O)

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:..... 118 mg/dl

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.		

- HMF sachet
- Ossopan - D
- Glycerin
- Orafer - XT
- 3% NaCl @ 5mEq

Syr Caffeine @ 8mg/kg/hr

Neb Budecon

Plan of Treatment :

- Continue CPAP c̄ Mask @ 7 PEEP
- TV - 170 cc / kg / day - 9ml / Kaury
- Gas twice weekly
- GRBS - OD
- Alternate day ~~Loss~~ furosemide - (R/O)
- N/F apnea, brady, dysat

1h ON / 2h off

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

Signature : Punjab

Time: 2/5/26

Doctor's Name (Handover taken) : Sneha

Signature : .....

Date & Time: 2/5/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/2026 @10-30 AM		Seen by Dr. Prathyush.
		1) Cont CPAP with 7.
		2) Tomorrow - CBP
		3) every 6th hrly Naso-oral Suction
		4) ↑ feeds cycle. 10ml/hr < 4hr on, 2hr off.
		5) Continue - Furosemide.
		⊙
		Noted BD KONSHIK 02/5/26 10:30 AM
2/5/26. 4PM	Afternoon Rounds	C/S/B → Dr PR Plan
	On CPAP → 7. Intermittent Apnea episodes (+) desat (+), bradypnea (+)	→ Continue CPAP → 7
		→ To send CBP, LRP ~~Now~~ if further apnea, bradypnea (+)
	P/A → soft, tolerating feeds HR-166/- RR-32/- SPO2-95%	→ Continue cyclical feeds

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP – 72/42/54	→ Naso-oral suction
		→ GRBS OD.
		→ To apply T. Bact ointment
		→ If further Apnea, bradyapnea spells change to NIV.
		→ Caffeine stat to 8mg/kg
		(RAGS)
		Noted By Koushik 02/05/26
	Night Rounds	
3/5/26 12:36 Am	Seen by Dr. Pratyush Reddy	
		Plan:
	On CPAP = 27% FiO_2	Send → CBP, CRP, Gas } T/M
	PEEP = 7	
	Brady, desat episodes (+)	Caffeine to continue
	But self pick up (+).	FiO_2 – ↑sed to 27%
		Gas – twice weekly
		CXR → If repeated brady/desat persist
		Dr Ramya

Notal by Sai 3/5 @ 1Am

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23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 7am		seen by Dr. Pratyush Sr.
		Pls
		→ oral caffeine — change to IV.
		IV caffeine 10 mg/kg x 2 days.
		& hyp. caffeine stat
		→ nasal oral suction 5th hourly
		→ hyp. lasix stat dose today now.
		Noted by Saniya 3/5 @ 7:30 am
		seen by Dr. Pratyush Sr.
3/5/26 9 am		→ hyp. Meropenem, colistin to start
		→ change to NIV-PS.
		→ Blood cls to send.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

AH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26. 2:50pm	Afternoon Round	
	on NIV :-	
	FiO2 - 30%, PIP - 20	
	PEEP - 6, Rate 50.	
	No brady / desat	
	since morning 10am.	Plan.
	Vitals:	→ Continue current ventilation
	HR - 180/min.	
	RR - 42/min	
	SpO2 - 99%.	→ TV - 150cc/kg/day
	BP - 50/34(40)	8ml/hr (120cc/kg) - 4hrs on, 2hrs off.
	P/A - soft. mildly distended	+ Post 30cc (LKBC+FFP+Meds)
	Blood C/S - NG @ 48h.	→ Send blood gas at 6pm
	Urine C/S - NG @ 24h	
	PCT - 34.4	→ Send CBP, S/E, Septic PCR repeat, ē gas sample } at 8pm
	IL-6 - 110.65	
		→ Positioning - Rt up - 4h, Supine - 4h
		→ Nasal & oral suction 4th hrly
		→ w/f brady / desat
		Noted by Nauya

06/05/26 @ 3pm Poopthy

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Chs Rm
		CBP } temporary
		+ CRP
		T.P/P PT/APTI
		&
		NPPN 18/6/40
6/5/26 @11:20 am	Night Rounds	
	Baby on NIV.	Plan
	PIP = 18, PEEP - 6	1) Continue NIV
	Rate - 40.	18/6, Rate 40/min
	FiO_2 - 30%.	Target SPO_2 90-95%,
	NO Bradycardia	
	No desaturation	2) TV = 150 cc/kg/day
		120 cc/kg — Rest 30 cc/kg
	Vitals HR = 156/min	8mb/hr — IRBC
	RR = 70/min	4hr on — FFP
	SPO_2 = 96%,	2hr off — meds
	BP = 70/42(52)	

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A = Soft distended.	2) Send CBP, CRP } T/m
	Tolerating feeds.	4) positioning Rt lat - 4hr Supine - 4hr.
	Stool passed	
	No aspirates.	5) Gas - OD
	U/O = 2.8cc/kg/day +47.3ml.	GRBS - BD
		6) Trace - Septicemia panel. PCR.
		7) Nasal Suctioning regularly.
		8) I/O charting 6th hrly
		9) C/F - Brady, desat
		Sneha
		Noted by Hajera 7/9/26

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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Baby Of KATTA V SANGAMITRA
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 45 **PMA:** 33+3

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extreme PT / ELBW.	H/o - PDA closed.
2.	RDS → Evolving CLD.	
3.	Apnea of Prematurity	
4.	Sepsis.	
5.	Left sided T Pvi changes	
6.		

Today's Weight : 1.065 ↑15g

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

Baby on NIV,
PIP = 18, PEEP - 6, Rate - 40,
FiO_2 - 25%.
No episode of Bradycardia

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 148/min
SpO_2 - 93%.
RR - 45/min
BP - 72/47 (55)

(Bradycardia episode on Suctioning / mask displacement

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:..... Frequency:.....

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

Abdominal Examination:.....

.....

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

.....

~~Abd~~ Soft

.....

Mild distension

.....

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.	Inj. Meropenem	D4
2.	Inj. Colistin	D4
3.		

Inj. caffeine

Supplements - Holo

Diuline - D3

Plan of Treatment :

1) Continue Current ventilation
   Target SPO2 90-95%.
2) TV = 5ml/kg/day [8ml/hr < 4hr on / 2hr off.
   Rest medications.
3) Trace - CBP, CRP
4) Positioning Rt up - 4hrs, ~~Head~~ Supine - 4hrs
5) Gas - OD, GRBS - BD
6) Trace - Septicemia PCR panel.
7) Nasal, oral Secretions to be cleared regularly
8) I/O charting 6th hrly
9) W/f Brady desat

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

Signature : Sneha

Date & Time: 6/5/26

Doctor's Name (Handover taken) : Dr Abhaya

Signature : .....

Date & Time: .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 10am	Seen by Dr. Pratyush	Plan ① LP today. ② Trace Sepsis PCR ③ TV = 150ml/kg/day 8ml/hr [4hr on 8.5 [2hr off ④ Gas OD CRBS BD Noted By Bhavani 7/5/26 @ 11Am
7/5/26 2:30pm	Afternoon Round. on NIV – 17/6. Rate – 35, FiO2 – 25%. No brady/desat. Vitals – HR – 125/min RR – 52/min. SpO2 – 96%. BP – 79/44(55) P/A – Soft	Plan. → Continue current ventilation → TV – 150cc/kg/day 8.5ml/hr – 4hrs on (BBM) – 2hrs off → Trace CSF reports, Septicemia panel → Gas – OD RBS – BD → Positioning – Rt up – 4h, Supine – 4h → Regular nasal & oral suction Noted By Bhavani 7/5/26 @ 3pm.

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

Poopla

(P.T.O)

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23-03-2026 0 Y 1 M 13 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 @ 3:54PM	Lumbar puncture notes	
	under all aseptic precaution ~~[illegible]~~ lumbar puncture done at L3-L4 level and 2-3ml CSF was collected, procedure was uneventful	
	RBS	Plan
		→ send CSF analysis and culture
		→ [signature]
7/5 @ 5:19PM		Seen by Dr. Nikesh sir
	poor chest rise	~~[illegible]~~ NIV → 17/6 ↓ 30-rate
		→ TV - 150 ml/kg/day 8.5 ml/hr (34 ml) 4 hrs 2 hrs off
		→ CBG, RBS } OD MOF 1 sachet
		→

Noted By Bhavani 7/5/26 @ 6pm

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 @10:16 pm	Night rounds	Seen by Dr. Vinod
	On NIV Rate - 30/17/6/26%. No brady, desaturation Tolerating feeds well No vomiting. Vitals - HR - 147 RR - 50/min SpO_2 - 95%.	✓ Continue NIV Rate - 30 PIP - 17 PEEP - 6. FiO_2 - 26%. ✓ Feeds - 8.5ml < 4hrs on, 2hr off. ✓ Positioning < Rt up 4hrs, Sup 4hrs. ✓ w/f brady / desaturation • CBG, RBS } OD Dr. Ramya Noted by Hajera 10:20pm

Patient Sticker

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 13 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 46. PMA: 33+4.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Extr. PT / ELBW.	HS - PDA Closed
2.	RDS + Evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	Left sided PVL changes.	
6.	Meningitis.	

Today's Weight : 1.100 kg (↑ 35gm)

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 NIV, rate = 30
PIP = 17.
PEEP = 6
FiO_2 = 26%.
Desat episodes (+), not maintaining FiO_2 < 26%.

CARDIO VASCULAR SYSTEM

Plan of Care : HR = 148/min
RR = 54/min
SPO_2 = 96% on NIV.
BP = 68/38 (49) mmHg.
U/O = 2.9 ml/kg/hr
S/O = 5 times
RBS - 112 mg/dl

CNS

Neurological Examination : .....
Last Neurosonogram : ..... } CTA fair
Sedation..... } NO
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:..... PA : soft, distended.

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.	Inj Meropenam - D5		Furosemide	3% NaCl.
2.	Inj Colistin D5		Ossopan-D	T-Bact
3.			Glycerine	Caffeine
			Orofer XT.	/
			Budecort	PICC - D4
			~~Caffeine~~	

Plan of Treatment :

- Continue NIV ventilation
  Target SPO_2 90-95%.
- TV = ~~Cor~~ 150 ml/kg/day → 8.5 ml/hr < 4hr on, 2h off
  → Rest medication
- Positioning < Rt up, left up } 4hr each
- Gas - OD
- GLBS - BD
- Nasal, oral secretions to be cleared regularly.

Doctor's Name (Handover given) : Ramya

Signature : [signature]

Date & Time: 8/5/26 ; 7am.

Doctor's Name (Handover taken) : Poopthi

Signature : [signature]

Date & Time: 8/5/26.

Patient Sticker

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/5/26	10am	Seen by Dr. Pratyush
		→ NIV – 16/6. Rate – 30.
		→ Trace Septicemia panel.
		→ R/V CPAP tomorrow Taper NIV as tolerated.
		→ Nasal & oral suction – 4th hrly
		→ Rt up – 4h. Lt up – 4h Supine – 2h.
		→ CBP, CRP – T/M
		→ TV – 150cc/kg/day 9ml/hr 4hrs on 4hrs off (130cc/kg/day) +20cc/kg/day – Meds
		→ NSG – T/M.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Chandana 9/5/26 @ 10:30 Am

Patient Sticker

(23)

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
8/5/26 2pm		Afternoon Round
		on NIV - 16/6.
		Rate - 30.
		No brady/desat
		Vitals
		HR - 148/min
		RR - 44/min
		SpO2 - 97%.
		BP - 72/44 (54)
		P/A - Soft.
		Blood culture - NG@48H.
		Urine culture - NG@24H.

Plan

→ Continue NIV wean as tolerated

→ TV - 150cc/kg/day
9ml/hr - 4hrs on - 2hrs off
+ HMF

→ Trace CSF culture
Trace septicemia panel.

→ Send CBP, CRP } T/M

→ NSG - T/M

→ Nasal & oral suction

→ Positioning - Rtup - 4h
- Ltup 4h
- Supine 2h

→ w/f brady/desat

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Chandana 8/5/26 @3pm

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

Patient Sticker

QM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26. 8:30pm	Night Round.	
	on NIV. 16 → 14	
	PEEP – 6 cm.	
	Rate – 30., FiO2-23%.	
	NO beady/ desat.	
		Plan.
	Vitals.	
	HR – 164/min.	→ Continue NIV.
	RR – 52/min	
	SpO2 – 94%.	→ TV-150cc/kg/day
	BP – 79/36 (52)	9ml/hr – 4hrs on 2hrs off FIHMF
	P/A – Soft.	
		→ Trace CSF culture.
	Septicemia panel - negative	→ Send CSF PCR now
	CPAP injury - grade I	→ Send CBP & T/m CRP & Gam
		→ NSG – tomorrow
		→ Regular nasal & oral suctioning
		→ Positioning – Rt up - 4h – Lt up - 4h – supine – 2h.
		→ w/t beady/ desat.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

B/o Sangamitra

9/5/26.

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 47 ..... PMA: 33+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT / ELBW	hs PDA closed
2.	RDS - Evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	(L) sided PVL changes	
6.	Meningitis	

Today's Weight : 1135g (↑ 35g)

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..... Fi_2..... Oxygen : ..... L/min

Last CXR : ..... Spo_2: .....

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

Change over the Last 24 Hours..... on NIV - 14/6.

Rate - 30.

septicemia panel } -ve No beady / desat

Grade 1 CPAP injury

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 169/min

RR - 58/min

SpO_2 - 98%

BP - 79/45 (56)

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : (L) PVL changes ..... Any Seizures NO

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:..... TV - 150cc/kg/day.

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

P/A - distended, soft

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.	Inj. Meropenam	D6	Furosemide - 3% NaCl
	2.	Inj - Colistin	D6.	Ossopan-D. F.Bact.
	3.			Glycerine - Caffeine
				Orofer XT
				Budecort Neb

Plan of Treatment : • Continue current ventilation, Target SpO2 90-95%

• TV - 150cc/kg/day — 9ml/hr = 4hr on 2hr off (130cc) + 1/HMF + 3% NaCl

Rest medication

• Trace CSF Biofire PCR

CSF culture.

• NSG today.

• Trace CBP, CRP

• w/f brady/desat

• ~~No~~ I/O charting 6th hrly

Doctor's Name (Handover given) : Poopthe

Signature : .....

Date & Time: 9/5/26 8am

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : .....

Date & Time: 9/5/26 9AM

Patient Sticker

(20)

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/5/26 7:50am		Seen by Dr. Pratyush
		→ Ask S/E in same sample.
		CPAP injury (+)
		→ Refix nasal mask now
		N/V - 13/6 Rate 25
		→ NSG today (review)
		→ Change to medium size mask now.
		→ Continue Meropenam till Day 10 Stop Colistin
		→ Change to CPAP in evening
		Poopthe
		Noted by Hajera @8am 9/5/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9/5/26	12PM	Afternoon Notes
		on NIV - 13/6
		Rate - 25
		FiO_2 - 23%
		HR - 155/min
		SpO_2 - 100%
		RR - 31/min
		Tolerating feeds
		PA - soft
		stools passed
		No vomiting
		medium size mask kept.
		~~NSEP~~ - D_7 mero /10

Plan
1. send - S/E quantitative ~~[illegible]~~ - CMV PCR now
2. TV = 150 ml/kg/day
   9 ml/hr - 4 hr on
   - 2 hr off
   + 2 HMF / cycle
3. cont NIV
   change to CPAP in the evening
4. w/e brady / desat

Dr Ashwarya

Ask calcium / PO4 / ALP also
+ TFT on monday.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 @ 3:22PM		seen by Dr. Vijayanand
		→ ~~Continue~~ NIV-13/6
		Change to CPAP-6
		→ continue full OG feed
		→ Trace CMV electrolytes report
		Noted by
		Vishnupriya 01901 9/5/26 @ 3:22pm
		Dr. Manikant
		Dr. VIJAYANAND JAMALPURI Reg. No: 40626

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

16/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 54 **PMA:** 34+5

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT/ELBW.	
2.	RDS - evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	CNV - meningitis	
6.	(A) PVL changes.	

Today's Weight : 1272g (↑ 13g)

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.....Fio2.....Oxygen : .....L/min

Last CXR : ..... SpO2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: On CPAP with Rami, PEEP - 6.

Change over the Last 24 Hours.....

1 episode of jitteriness with posturing (+).

1meq/kg - Potassium correction ; Ca^{2+} 6.6 - added in maintainence , CRP - 63 , sent blood c/s.

Hb 8-8 → 1RBC given. & started Meropenam.

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 150/min. U/O - 3cc/kg/hr.

RR - 49/min. aRBS - 94mg/dl.

SpO2 - 93%.

BP - 72/49(56)

CNS

Neurological Examination : .....

Sedation.....

Last Neurosonogram : (A) PVL changes Any Seizures.. jitteriness (+) 4 ent.

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, distended.

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.	~~[illegible]~~	
2.	~~Inj Ganciclovir~~	
3.	T. Valganciclovir (10 doses)	
	Inj. Meropenam	D2

Ossopan D
Orofer XT
T. Bact ointment
Caffeine.
Neb Budecort

3% NaCl (5meq)
Regen D gel.
HMF
Glycerine
Furosemide

Plan of Treatment :

- Continue CPAP - 6, Target SpO2 90-95%.
- TV - 160cc/kg/day ⇒ 17ml/2nd hely. full OG feed.
- I/O charting 6th hely.
- Trace Blood culture.
- R/V send S/E, Ca2+, Mg2+
- NSG today.
- w/f jitteriness, posturing
- Monitor vitals

Doctor's Name (Handover given) : Poojitha

Signature : [signature]

Date & Time: 16/5/26 ; 9am

Doctor's Name (Handover taken) : Dr Ad

Signature: [signature]

Date & Time: 16/5/26 9AM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 9:47am		Seen by Dr. Vijayanand
	ExPT / ELBW →	Continue CPAP, PEEP 6cm
	Susp. bacterial sepsis →	TV - 160cc/kg/day 17ml 2nd hely. full OG
	CMV meningitis	
	(2) PVL changes	
	No further paroxysmal events	→ Continue antibiotics
	Tubings - Day 3	→ Chest X-Ray today
	IV line - Day 1	→ NP2, Mg^{2+}, CRP tomorrow
		→ Blood gas alt. day
		→ Add Calcimax plus
	Poojitha	→ NSG today
		noted by aswathy 16/5/26 @ 10Am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 12PM	~~Aftg~~ Afternoon Note	
	Baby had 1 e/o fever	Plan
	100.5°F	① cont CPAP 7cm
	tachypnea (+) SCR (+) ICR (+)	w/t distress
	tachycardia (+)	SOS NIV
	~~HR~~ ↓	② TV = 160ml / kg 2day
	CPAP ↑ 7cm	17ml 6 2H full OG
	↓	feed
	HR - 172/min	③ restart supplements
	RR - 70/min	@ 5pm
	SpO_2 - 98%	④ t/m - NP_2
	No paroxysmal events.	Mg + CRP
	set temp - 36.6	c̄ gas
	baby temp - 36.6	⑤ cont D_{10+2} meropenem
	heater output - 25%	
	temp probe - over liver	⑥ trace blood c/s
		⑦ w/t further
	tolerating feeds	paroxysmal ep.
	PA - soft	
	No vomiting	protocol by
	passed stools yday. 6PM.	devotee
		16/5
	No extravasation injury.	
	cannula D_2	
	NSG - midline shift	
	↑ PVL changes.	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 @ 5:36pm		seen by Dr. Vijayanand sir
	⊖ fever spike	
		✓ send NP2 + CRP magnesium T/m
		✓ set temperature - 36.37
		Rs Dr. Manilla
		noted by university 16/5 @ 6pm
16/5/26 8:30pm	Night Round.	
	on CPAP - 7	
	tachypnea, SCR (+) in the afternoon.	
	currently no distress.	
	intermittent desaturations.	
	1 fever spike.	
	~~Vitals~~	
	Vitals:	
	HR - 166/min.	
	RR - 52/min.	
	SpO_2 - 93%.	
	BP - 62/48 (51)	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/A - soft, distended.	Plan.
	No further paroxysmal events	→ Continue CPAP c̄ Rams PEEP - 7. R/V mask if ↑ resp distress
		→ TV - 160 cc/kg/day 17 ml/2nd hrly OG feed + 1/2 HMF
		→ Trace NPz, CRP Magnesium.
		→ R/V Antibiotics
		→ Neurology consultation T/m I/V/O ↑PVL Chang ↑ seizure
		→ w/f seizures
		→ w/f tachypnea.
		→ Monitor vitals
		Propellg.

Noted By Bhawan 16/5/26 @ 12 AM

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/4/20.	B/O Sanganimba	
	taken on CPAP, tolerated well. Had A e/o monitoring post which feeds were reduced & gradual up gradually again which baby tolerated Plan to gradually up to full feeds	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

Rainbow® Children's Hospital
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 41 **PMA:** 32+6.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExpT / ELBW	HSPDA / closed by medical management
2.	RDS → Ventilated	
3.	Apnea of prematurity	
4.	Feed intolerance	
5.	Grade I IVH	
6.		

Today's Weight : 1.011 kg (4gm with SS)

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 7 VG..... Rate..... Fio2 30% Oxygen : ..... L/min

Last CXR : ..... Spo2 .....

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

Change over the Last 24 Hours.....

Bradycardia, Desaturation.
Bradypnea ++. >4 episodes.
requiring stimulation.

CARDIO VASCULAR SYSTEM

Plan of Care :

CPAP → N.I.V.Ps

SpO2 - 83%.
HR - 151/min
RR - 51/min
BP - 86/38 (57).

CNS

Neurological Examination : .....

Sedation – .....

Last Neurosonogram : N ..... 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:.....
.....

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.		

Inj. Caffeine.

Plan of Treatment :

1. CPAP → NIV-PS | ~~16~~ | PEEP- 6 | Rate - 40.
2. Start Inj. Meropenem.
   Start Inj. Colistin
3. Send Blood cls before starting antibiotic
4. TV - 170 cc/kg/day - ~~Restrict~~ 9 ml/hr (4 hrs on 2 hrs off
5. Gas - ~~Repeat~~ OD.
6. URBS - OD
7. I/O monitoring @ 6th hourly.
8. PICC line plan Tomorrow.

Doctor's Name (Handover given) : N Prathibha
Signature : N. Priy
Date & Time: 03/5/26

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

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 1 M 7 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 - 7PM	Evening Round.	
	On NIV - 16/6 Rate 40 ~~45~~ No brady / desat. 1 fever spike, 100.4°F.	Plan.
	Vitals. HR - 170/min. RR - 52/min. SpO2 - 96%. BP - 75/47 (53)	→ Continue NIV. → TV - 7 ml/kg/day. 9 ml/hr - 4h on. 2h off.
	P/A - Soft.	→ Continue Meds, Colistin → Plan PICC line T/m. Noted by Sam 3/5 @ 8PM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 6 D (M)
Dr. MVB Pratyush

4/5/26.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 42 **PMA:** 33 wks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ex PT/ELBW.	hsPDA closed by medical management.
2.	RDS → Evolving CLD.	
3.	Apnea of Prematurity	
4.	Feed intolerance.	
5.	Grade I IVH.	
6.		

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.....Oxygen : .....L/min

Last CXR : .....Spo;.....

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

Change over the Last 24 Hours..... on NIV - PIP - 16, PEEP 16.
Rate - 40, FiO_2 - 23%.
No bradyl desat
1 fever spike - 100.4°F, Inj. PCM given.

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 156/min. UO
RR - 42/min CRBS -
SpO_2 - 92%.
BP - 74/49 (61)

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:..... Frequency:.....

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

Abdominal Examination:..... TV – 170cc/kg/day

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

P/A – Soft

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.	Inj. Meropenam	D2	HMF. Inj. Caffeine.
	2.	Inj. Colistin		Ossopan-D.
	3.			Glycerine
				Orofer XT
				3% NaCl 5mg

Plan of Treatment :

- Continue NIV, Target SpO_2 90–95%.
- TV – 170cc/kg/day → 9ml/hr < 4hrs on / 2hrs off.
- Trace Blood culture report
- Plan PICC line today.
- Gas, GRBS } OD
- I/O charting 6th hrly.
- w/f Bradyl desat.

Doctor's Name (Handover given) : Prajitha

Signature : .....

Date & Time: 4/5/26 7am

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

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 9:59 AM		~~↓ NW~~
		Seen by Dr PR
		→ ↓ NW
		16/6
		RR - 35/min
		→ Cyclical 9 ml/hr
		→ If cultural Positive, secure. Plan for PICC Line
		→ Trace blood c/s.
		→ Gas alt/day / SOS.
		→ CBP, CRP in evening
		↓ (FAIR)
		Noted by Pujitha 606562 4/5/26 @10 am

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23-03-2026 0 Y 1 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @1:35pm	Afternoon Rounds	
	Resp:	Plan
	Baby on NIV.	
	PIP = 16, PEEP - 6	1) Continue NIV
	Rate - 35/min	16/6, Rate - 35, FiO_2 26-28
	FiO_2 - 26-28%	
		2) TV = 170 mb/kg/day
	Bradypnea - Intermillent (+)	9mb/hr < 4hr on 2hr off
	NO Distress	+1 HMF + 3% Nacl.
	Vitals	with medications
	HR = 129/min	
	RR = 36/min	3) Evening CBP, CRP at 4pm
	SPO_2 = 94%	
	BP = 83/49 (61)	4) Trace final B/C/S.
	P/A - soft	5) Gas - alt day/sos
	No aspirates	
		6) I/o charting
	B/C/S - 24hrs No growth	7) W/f - Brady, desat apnea
		Sneha

Noted by
Pujitha
606562
4/5/26@1:35pm

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @ 2:40pm		Seen by Dr. Prathyush
		1) If No Growth in Blood ↓ T/m - u/c/s.
		2)
		Sneh
		Noted by Pujitha 606562 4/5/26 @ 2:40pm
4/5/26 @ 9pm	Night Rounds	Seen by Dr. Nitasha.
	on NN - 16/6 rate 35/min	1) Send CBP T/m.
	SpO_2 - 26%	2) Continue feeds
	HR - 143/min	3) Watch closely.
	SpO_2 - 96%	
	RR - 45/min	4) GRBS - BD
	supine	
	min SCR (+) ICR (+)	5) Gas - OD.
	CRP - 226	6) Send u/c/s.
	Hb - 10.1 PC - 55,000	
	WBC - 12,210.	Noted by Chandana 020748 4/5/26 @ 9:30pm
	tolerating feeds.	

BAH-00651573 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4)		1) Send IL-6 (Interleukin-6) CBP } T/m 2) Give IVIG 1g/kg 3) Send u/c/s. Sn Noted by Chandana 020708 4/5/26 @ 9:30pm

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 7 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 43 **PMA:** 33+1

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT/ELBW.	HsPDA closed by medical management
2.	RDS → Evolving CLD	
3.	Apnea of prematurity	
4.	Feed intolerance.	
5.	Cradle & IWH	
6.		

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours.....

.....

Fever

.....

.....

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

Feeding: EBM ☐ Formula ☐ Donor BM ☐ Volume: 9 ml/hr Frequency:.....

TPN : ☐ Yes ☐ No - If yes, details : 1/170 ml/kg/day Calories:.....

Abdominal Examination:.....

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

CRP - 123 → 226
Hb - 11.6 → 10.1
WBC - 11,450 → 12,410
} IVIg 1 dose given
PC - 98 → 55 no bleeding manifestations

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : urine c/s sent.

Sepsis screen:.....

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

Antibiotic	Sl.No.	Drugs	Days	
	1.	1mg meropenem	} D3	HMF 1mg caffrene
	2.	1mg colistin		Ossopan-D
	3.			Culycline
				Orofer XT.
				3% NaCl

Plan of Treatment :

1. cont NIV
2. TV = 170 ml/kg/day → 9 ml < 4 m OD / 2 m OD.
3. Trace blood c/s
   urine c/s.
4. GCS ~~alt day~~ OD.
   CRBS BD.
5. Trace CBP
6. Trace IL-6 report.
7. Review on antibiotics

Doctor's Name (Handover given) : Dr Ashwary

Signature : [signature]

Date & Time: .....

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

Signature : .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		Seen by Dr. Pratyush
		Start hay feed ↓ 4ml/hr — 4hrs on 2hrs off
		PICC line today.
		Trace CBP, IL-6
		Send S. Ferritin along with PICC line
		Trace final culture reports
		↓ TV — 150cc/kg/day 8ml/hr — 4hr on (120cc/kg) — 2hrs off Rest 30cc/kg/day LRBC / Platelet + Medication
		Calculate medication volume
		Check manual temperature now
		PCM (SOS)

Noted by Nurse @ 10am

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Baby Of KATTA V SANGAMITRA
25-03-2026 0 Y 1 M 10 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Change to warmer if persistent fever spikes.
		Start therapeutic fluconazole after PICC line.
		Noted by Neeraj 5/5/26 @ 11AM
		Poojitha
	do Dny	
	Echo LA/Ivolitate	plan
	Try PDA (+)	To do official NSG
	LA:AO 1.6:1	LRBC transfusion
	Controlling (D)	Piccline
	mild LV dysfunction	To ask for ferritin and Procalcitonin with Piccline sample
	NSG	
	(Lt) Pvc? Hyper Echogenicity of Periodic areas	Grbs Q8h
		I/c monitor

Noted by Neeraj 7/5/26 @ 1pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Seen by Dr. Ruparijali (Resident)	
5/5/26	Case discussed c̄ Dr. PRATYUSH	
10:43am	• To send CBP, FERRITIN, PRO-CALCITONIN,	
PT/APTT c̄	Picc line	
/INR		
	• R/V LRBC after CBP Report.	
		Ruparijali
5/5/26 3:40pm	Seen by	Dr. PRATYUSH
		To send ~~CBP~~ HB, ~~ferritin~~ PT/APTT/INR procal.
		along c̄ picc lin.
		Septic panel PCR of blood
		Neuro opinion — I/M. today.
		HB
		PT/INR
		PRO-CAL
		BLOOD PCR for SEPTC PANEL
		Noted by Nanya 5/5/26 @ 11AM

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 7:pm	PICC line Insertion Notes	
	Under strict aseptic precautions, PICC line (1Fr) is inserted & fixed @ 10 cm. Procedure is uneventful.	
	Premiceth 28G (1Fr) used	
	Procedure done by Dr. Sareth	
		Dr. Ramya
	Seen by Dr Nilesh	
5/5/26 12:25 am		
	On NIV - FiO2 25%	- LRBC transfusion
		- NPO - 4 hours before, during, after, LRBC.
	16/6 - rate 35	
	Hb = 8.1	- TU - 150 cc/kg/day 5% ISO-P
	Procal - 34.4	
		- Blood gas - 2 hours after transfusion
		- if (N) restart feeds as LRBC protocal.
		- Inj' Lasix @ 1mg/kg Rupin ~~mid~~ post transfusion

Noted by Lajeega
5/5/26 @ 12:...

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Trace Septic panel.
		- Send PT/INR/APTT
		Now
		- Neuro review - T/M.
		Noted by bajesa
		6/5/26
		@12:30AM Rujeeng N.

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 1 M 12 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 44 **PMA:** 33+2

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Ext PT/ELBW	Hs PDA - closed
2.	RDS → Evolving CLD	
3.	Apnea of prematurity	
4.	Sepsis	
5.	Left sided ? PVL changes	
6.		

Today's Weight : 1.050 (+11g).

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.....on NIV

PIP: 16 PEEP - 6, Rate 35, Fio$_2$ - 30%

multiple episodes of desat requiring

Fio$_2$ upto 30%

CARDIO VASCULAR SYSTEM

Plan of Care :

- HR - 160
- SPO$_2$ - 96%
- RR - 40/min

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:..... Frequency:.....

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

Abdominal Examination:.....

.....

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

.....

Abd - soft 10 LRBS

.....

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : Temp = 99.1

Sepsis screen: • Pro-cal 34.

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

	Sl.No.	Drugs	Days	
Antibiotic	1.	Inj Mero penem	3	Inj Caffein
	2.	Inj Colistin	3	Supplements - Hold
	3.			

Plan of Treatment :

- Continue current ventilation
- TV - 150 cc/kg/day
- DO gas → 8am → ~~Decision~~ R/V on feeds
- Neuro review - today
- Trace Sepsis PCR panel
- R/V on PT/INR & APTT

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

Signature : .....

Date & Time: .....

Doctor's Name (Handover taken) : Roopitha

Signature : .....

Date & Time: 6/5/26 9am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 12 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 9:30 am		Seen by Dr. Pratyush
		→ On NIV.
	desaturation - 88%.	FiO_2 - 35%.
	poor chest rise	PIP - 19, PEEP - 6
	dullness ⊕	Rate 45.
	GRBS - 160	→ Nasal & oral suction now.
		→ Give Inj - Caffeine half loading now
		→ FFP transfusion now
		→ Trace all reports
		→ Neuro opinion today
		→ TV - 150cc/kg/day 8ml/hr - 4hr on - 2hr off. (120cc/kg) + 30cc/kg - bloods + med.
		→ Blood gas @ 6PM.
		→ Trace Septic PCR.
		→ Positioning - Rt up - 4h, Supine - 4h.

Noted by [illegible]
6/5/26 @ 10AM

IAH-00651673 IP5-00171513
laby Of KATTA V SANGAMITRA
3-03-2026 0 Y 1 M 12 D (M)
Ir. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ ~~Send CBP at 7pm~~
		~~8pm today.~~
		→ Send S/E at 8pm
		CBP
		Sep BISPER
		→ Trace urine & blood
		culture final reports
		Noted by Nanyes
		6/5/26
		@10 AM
		Poojitha

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26	B/o Sangamitra	
	→ Weaned NIV today, R/V CHAP tomorrow. → CSF – injected; meningitis → CSF culture to trace. → Septicemia panel to trace → To continue antibiotic for 21 days. → Activity improved	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26	B/O Sangamitra	
	to change to CPAP & rans	
	good weight gain (+)	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Please col	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	11/5/26 Blo. Sanghamitra	
	- plan to change to RAM's tomorrow -	
	- ↑ feeds to 9.5ml cyclical feed	
	- CMV in blood came out positive	
	- Start Valganciclovir (oral)	
	[signature]	[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

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o. Sangamitra

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26		
	- On NIV.	
	- Feed - Gavil/Gr.	
	- WHoss Present	
	- Bloodels - report pending	
	- CBP. CRP - Plan Evening	
	- Fever - Spike - yesterday.	
	- pre sinc plan of c/s (+)ve.	
	of c/s (+) 10 days Antibiotic.	

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26	B/O ~~Sandhy~~ Sangamitra	
	→ PRBC transfused today	
	→ Activity still dull.	
	→ NSG → (L) sided hyperintensities. seen hemorrhage ↓, but ~~edematous~~ periventricular areas looks hyperintense (parietal & temporal) s/o PVL (or) infarction.	
	→ Further requires MRI to definitively diagnose.	
	→ Prognosis explained, supportive therapy requirement explained.	

Ram

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26	B/o Sangamitra	
	→ Activity of baby improved.	
	→ CRP decreased to 52., improved platelet count	
	→ LP today.	
	→ To evaluate reports and decide on antibiotic course.	
	→ Discussed about temporo parietal parenchymal changes-	
	→ Require sequential imaging to monitor.	

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	15/5/26 B/o. Sanghamitra	
	- on CPAP	
	- explained about paroxysmal event happened today morning	
	- calcium if low → giving calcium correction	
	- planing to receive PKC for tomorrow	
	[signature]	[signature]

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/3/26	B/o Sangamitra	
	Parents have been counselled regarding need for MRI for prognostication.	
	Child has B/L cystic changes in the brain	
	CSF analysis suggestive of infection.	
	No further seizures.	
	Tapering Oxygen support, on full feeds & weight gain.	
	Parents have been counselled regarding current condition	
20/3/26	B/o Sangamitra	
	MRI show extensive damage c/w meningitis & ventriculitis changes on the left more than right of parieto-occipital-temporal regions.	
	Neurosurgeon & neurologist opine placement of shunt.	
	Parents have been counselled regarding the neuroprognosis & outcome, future developmental outcomes, possible treatment that can be offered.	

0651673 IP5-00171513
Of KATTA V SANGAMITRA
2026 0 Y 2 M 2 D (M)
B Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 15 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 @ 3:22PM		seen by Dr. Vijayanand
		→ ~~Continue NIV-13/6~~ change to CPAP-6
		→ continue full oy fee
		→ Trace CMV electrolytes report
		Noted by Vishnupriya 01901 9/5/26 @ 3:22pm Dr. Manikant
	Night Round seen by Dr. Nilesh	
9/5/26 1AM		Plan
	on CPAP 6cm mask	(1) cas t/m
	HR - 142/min	(2) (RV) gancyclovir IV
	SpO_2 - 100%	(3) cont CPAP
	RR - 37/min	(4) TV = 150ml/kg/day 9ml/hr [4m on / 2m off
	Following feeds	
	PA - soft	(5) Assess CMV retinitis next ROP
		(6) Monday NP, + TFT.
	Dr. Nilesh	Noted by Hajem 10/5/26 @ 1am

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23-03-2026 0 Y 1 M 15 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
13-03-2026 0 Y 1 M 24 D (M)
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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 56 **PMA:** 35 weeks

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT (ELBW	
2.	RDS - Evolving CLD	
3.	Apnoea of prematurity	
4.	Sepsis	
5.	CMV - meningitis	
6.	(LP) PVL ~~PEV~~ chase	

Today's Weight : 1.198

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.....

.....

.....

.....

- On CPAP,
- FiO_2 - 25%,
- PEEP - 4

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 94%.
PR - 156/min
RR - 55/min

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:..... Frequency:.....
TPN : ☐ Yes ☐ No - If yes, details : .....Calories:.....
Abdominal Examination:.....
.....

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

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.	Tab. valganciclovir	D4
2.	Inj. Meropenem	
3.		

Ossopan → D order - XT
T. Bact ointment
caffeine
Neb. Budecort
3% Nacl
Regen → D
HMF
Glycerine
furosemide

Plan of Treatment :

- Continue CAP
- TV - 160 ml/kg/day → 1 feed 2nd hrly
  hold if feeds.
- Blood gas alt. day
- RBS
- I/o charting 6th hourly
- NSG today

Doctor's Name (Handover given) : Arpit
Signature : Arpit
Date & Time: 18/5/26 @7a

Doctor's Name (Handover taken): Arpit
Signature : Arpit
Date & Time: 18/5/26 @ 8:15a

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 48 **PMA:** 33+6

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT/ELBW	hs PDA closed.
2.	RDS - evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	ⓒ b/l ded PVL changes	
6.	Meningitis - CONS.	

Today's Weight : 1150g (↑15g)

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours: NIV → on CPAP, PEEP 6, FiO2 21%.
ⓒ No brady/desat.
Occasional tachypnea.
CPAP injury grade - I.

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 153/min U/O - 3.2cc/kg/hr
RR - 42/min
SpO2 - 96%
BP - 76/52(60)

CNS

Neurological Examination : .....

Sedation -

Last Neurosonogram : ⓒ PVL changes 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:..... TV - 150 cc/kg/day

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

P/A - distended, soft

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.	Inj. Meropenam	D7	Furosemide	3% NaCl
	2.	~~Inj~~		Ossopan D	Regen - D
	3.			Glycerine	Caffeine
				Orofer XT	
				Budecort Neb	

Plan of Treatment :

- Continue CPAP, PEEP-6, (use M size mask)
- Apply Regen-D for CPAP injury
- TV - 150 cc/kg/day - 9 ml/hr - 4 hr on - 2 hr off - (125 cc/kg) + 1 HMF + 3% NaCl
  R/v to ↑ feed. Rest medication.
- Send NP2, TFT - tomorrow
- ROP on Thursday - look for CMV retinitis
- w/f bradyl desat
- I/O charting - 6th hrly.
- Trace CSF biofire official report
- R/v valganciclovir for CMV meningitis

Doctor's Name (Handover given) : Poojitha

Signature : .....

Date & Time: 10/5/26 9:30pm

Doctor's Name (Handover taken) : Dr Ramya

Signature : .....

Date & Time: 10/5/26 @ 9:45am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 3pm	Afternoon Rounds	
	48 Days | 26+5 → 33+6 wks	Plan:
		• Continue CPAP, PEEP = 6.
	On CPAP, PEEP = 6, FiO_2 = 21%.	• Continue TV = 150 ml/kg/day,
	No brady, desat	9 ml/hr — Rest medication.
	No tachy	4 hr off.
	Accepting feeds well.	2 hr off
		+1 HMF + 3% NaCl
	HR = 168/min	
	RR = 60/min	• NP2, TFT } send T/M
	SPO_2 = 98% on CPAP	
	BP = 75/46 (52) mmHg.	• ROP on Thursday → look for CMV retinitis
	PA: soft, distended	• W/F brady, desat
		- I/O Charting
		• Trace CSF biofire report (final)
		• R/V Valganciclovir for CMV meningitis
		Dr. Ramya
	Night lowers	
10/5/26 11:30pm	Seen by Dr. Sarathsir	
		Plan:
	on CPAP PEEP - 6, FiO_2 = 21%.	• Add Fluconazole - now
		• R/V to stop ~~fea~~ lasix
		•
		Dr Ramya

Noted BY Nausan 10/5/26 @ 3pm

Noted BY Nausan 10/5/26 @ 11pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

11/05/26.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 49 **PMA:** 34

Term ☐ **Preterm** ☑ Gestation : 26+5 Corrected Gestational Age:.....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXPT / ELBW.	s/p PDA closed.
2.	RDS - Evolving CLD	
3.	Apnea of prematurity	
4.	Sepsis	
5.	Bilateral IVH changes.	
6.	meningitis - crow.	

Today's Weight : 1.175 (25 gm ↑) weekly weight gain of 160 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 6 VG.....Rate.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2:.....

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

Change over the Last 24 Hours.....

No Desat / No Brady / Apnea.

CARDIO VASCULAR SYSTEM

Plan of Care :

CPAP. PEEP 6. Review PEEP 5

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 : 2.9 ml/kg/hr Stools (7)

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

P/A - Distention (F).

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.	Inj. Meropenem	D8/10	Furosemide	3% NaCl
	2.	Inj - Fluconazole	D2	Ossopan-D	Regen-D
	3.			Glycerine	Caffeine
				orofer XT	Furoped dpt (HD)
				Budecort Neb	

Plan of Treatment :

1. Continue CPAP PEEP-6 (FiO2-21%) PICC-Day 6.
(Target spo2 90-95%)
2. TV. 150 ml/kg/day { on 9 ml/hr T 4hrs on 2hrs off + 1 HMF + 3% NaCl
Rest Medication
3. Trace Reports
4. RIP on Thursday (look for CMV eltinitis)

Review to stop Inj. Lasix oral.
Increase feed.
- Trace CSF biofire report
Review valganciclovir for CMV meningitis
2% charting 6th hand

Doctor's Name (Handover given) : N. Deepthibha
Signature : N. Dp
Date & Time: 11/5/26 @ 8am

Doctor's Name (Handover taken) : Dr Aishwarya
Signature : [signature]
Date & Time: 11/5/26 @ 9:15am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	11/25/26 9:15AM	c/D/w Dr. pratyush Plan:-
	Sodium - 128, Kt - 2.7 phos - 3.3	- To give 3% Nacl correction (6 meq) over 24 hours @ ~~0.5 ml/hr~~ 0.5 ml/hr - To give kcl 1 meq/kg over 6 hours Dr. Aneesha Dr. Arch - Nutrition Calculation today & optimise phosphate.
	Noted by Shivani 11/5/26 @9:30am	
	11/5/26 10am	Seen by Dr. pratyush Plan:- - plan to change to RAM's cannula tomorrow - Trace Blood CMV PCR. - GR/N to start Valganyclovir.
	Noted by Shivani 11/5/26 @10:50am	

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23-03-2026 0 Y 1 M 17 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Change to HMF 1½ from tomorrow
		↑ feed to 9.5 ml/hr [130 ml/kg/day] + 20 ml/kg/day [medication] — 4 hrs on, 2 hrs off
	CMV - 7136 (copies)	
		Start oral valgancy clovis
11/5/26	Afternoon rounds	Noted by Sis Shivani
3:10 AM		Plan
	On CPAP, PEEP-6, FiO_2-21%	
	SpO_2-96% PR-	

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 8:42	Night Round	
		plan
	On CPAP - 6 cm FiO_2 - 21% c̄ mark	- To continue CPAP @ 6 cm, FiO_2 - 21%.
	current - HR - 152 RR = 50/min SPO_2 = 93% BP = 78/53 (61)	- Target - ~~90~~ - ~~95~~ 90 - 100% if FiO_2 - ~~21%~~ 21%
	or No brady, desat ⇒ on cyclical feed ~~9.5 ml/hour~~ ⇒ tolerating, P/A soft.	- TU - 150 cc/kg/day. - 9.5 ml/hour ← 4 hours On 2 hours off.
	- On 3% nacl - correction (started 10 am)	- Plan to change RAM's cannula tomorrow.
	- K+ correction - done in morning	- Plan to change HMF 1 1/2 from tomorrow.

Noted By Nousyani 11/5/26 @ 8pm

Rupriya

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:20pm		Seen by Dr Nilesh
		- continue CPAP
		- continue cyclical feeds
		- To send S/E tomorrow
		- continue ongoing NL correction.
		Noted By Neeraj 11/5/26 @10pm

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

12/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 50 ..... PMA: 34+1

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EXP1/ELBW	
2.	RDS – Evolving CLD	
3.	Apnea of prematurity	
4.	Sepsis, left sided PVL changes	
5.	CMV meningitis +	
6.	Pane natal CMV	

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_2..... Oxygen : ..... L/min

Last CXR : ..... Spo_2 .....

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

Change over the Last 24 Hours.....

On CPAP – 6cm

- Stable
- No brady cardia, No dosage

CARDIO VASCULAR SYSTEM

Plan of Care :

HR – 164 ← 3% No

SPO_2 – 96

RR – 60

BP = 71/50(57)

CNS

Neurological Examination : Left sided PVL changes ..... Sedation ..... NG

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:..... Frequency:.....

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

Abdominal Examination:.....

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

No vomiting ~~P/A~~ — ~~distens~~ Feeds tolerated

P/A - Soft

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : .....

Sepsis screen:.....

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

Antibiotic	Sl.No.	Drugs	Days	
	1.	Inj Merapenum	Dg	21
	2.	Inj Fluconasole	(P)	Inj Caffeine
	3.	Tab VALGANCYCLOVIR	D2	

. Furosemide drops
. Ossopan - D alternate dur.
Glycerin suppo. 3% nacl
Orafer XT Budecal Nebs
HMF sachet
Tbact Regan - D.

(3% nacl correction till 10 am)

Plan of Treatment :

- Continue CPAP - @ 6cm FiO_2 21 → change to Ram's
- TV - 150cc/kg/day + feed @ 130cc/kg/day - 9.5ml hourly
  - 4h on / 2h off
  - Medication 20ml/kg/day
  - + add $1\frac{1}{2}$ HMF in each cycle
- S/E — Today morning
- GRBS — OD, R/V GAS
- ROP - Thursday, also rule out CMV retinitis
- W/F apnea, brady, desat

Doctor's Name (Handover given) : [signature]

Signature : Rupjee

Date & Time: 12/5/26 @ 7:30am

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

Signature : [signature]

Date & Time: 12/5/26 9:15 am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 @9:53AM		seen by Dr. pratyushsir
		→ CPAP - 7 ram's cannula
		→ feed - 10 ml/hr 4 hours + 2 hr off
		→ 1½ HMF each cycle
	PI alive 7	
		→ change tubings
		→ Meropenam - 10 days
		→ TV → 170 ml/kg/day
		feed - 10 ml/hr 2 gm/kg Amino
		gas - twice weekly 20 cells
		- Nutritional calculation today
		Noted by Dundamma K 12/5/26 10 Am
		Dr. Manthan

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 4PM	Afternoon Rounds	
	on CPAP c̄ rams	Plan
	7cm / 21%	(1) cont CPAP 7cm rams
	HR - 164/min	(2) TV = 170ml/kg/day
	RR - 39/min	10ml/kg + 2g/2g
	SpO_2 - 95%	Aminoven
	No distress	(3) URBS OD
	PA - soft, non distended	(4) gas alt day
	tolerating feeds.	(5) cont meropenem for 10 days
	10ml/hr — 4hr on	cont oral Valganciclovir
	2hr off.	
	seen by Dr. Pratyush	
12/5/26 4PM		Plan
		(1) change PICC line dressing
		(2) cont CPAP 7cm rams
		(3) cling wrap
		(4) stop meropenem D10
		(5) day after CBP LFT.
		(6) gas alt day.
		Noted by Deendarak 12/5/26 4:30pm
	Hand over:	
	Given by: Dr. Aishwarya	
	Taken by: Dr. Poojitha	

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 17 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8:30pm	Night Round	
	On CPAP c̄ Ram's PEEP-7, FiO_2-21%. No brady/desat. No RD.	Seen by Dr. Vineela Plan
	Vitals	→ Continue CPAP - 7cm. Target SpO_2 90-95%.
	HR - 160/min	→ TV - 170cc/kg/day.
	RR - 55/min.	
	BP - 82/54 (62)	Feed - 10ml/hr. 4hrs on + 2hr off + 1½ HMF each cycle. 2g/kg aminoven.
	SpO_2 - 96%.	
	R/A - distended, soft tolerating feed.	→ Gas - alt. day. RBS - O.D.
		→ Stop Meropenam tomorrow.
		→ oral + nasal suction
		→ Send CBP, LFT } Thursday.
		→ ROP on Thursday.
		→ w/t brady/desat
	Noted by Dr. [illegible]	Poopthe

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23-03-2026 0 Y 1 M 17 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

13/5/26.

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 51 ..... PMA: 34+2 .

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	ExPT / ELBW	
2.	RDS – Evolving CLD	
3.	Apnea of prematurity, Sepsis	
4.	CMV meningitis –	
5.	postnatal CMV	
6.		

Today's Weight : 1235g (↑ 30g)

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..... Fi_2..... Oxygen : ..... L/min

Last CXR : ..... Spo_2 .....

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

Change over the Last 24 Hours..... on CPAP with Rams
PEEP – 7.
No beady / desat
No RD.
Completed 24h of 3% NaCl correction 128 → 131

CARDIO VASCULAR SYSTEM

Plan of Care : HR – 170/min.
RR – 56/min.
SpO_2 – 92%.
BP – 84/65 (70)

CNS

Neurological Examination : .....

Sedation ..... –

Last Neurosonogram : (L) PVL changes ..... 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:..... • P/A - soft
tolerating feed.

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.	Inj. Meropenam	D10/10
2.	T. valganciclovir	D3.
3.	Inj. Fluconazole	(P)

Furosemide drops. 3% NaCl
Ossopan D Budecort neb
Glycerine Regen-D
orofer XT
HMF
Piccline D8
Tubings D1

Plan of Treatment :

- Continue CPAP c̄ Rams, PEEP-7
  Target SpO_2 90-95%.
- TV - 170cc/kg/day
  Feed - 10 ml/hr. (4 hrs on 2 hrs off)
  Rest 2g/kg aminoven
- Gas - alt. day, RBS - OD
- Send CBP, LFT - T/M
- ROP on Thursday.
- w/f bradyl desat
- I/O charting 6th hrly
- R/v to stop glycerine.

Doctor's Name (Handover given) : Poojitha

Signature : .....

Date & Time: 13/5/26 ; 7am

Doctor's Name (Handover taken) : Dr Aishwarya

Signature : .....

Date & Time: 13/5/26 @ 8am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26. 9:37am.		Seen by Dr. Pratyush.
		→ CPAP c̄ PEEP - 6cm.
		→ R/v HFNC ~~tomorrow~~ on Friday.
		→ ~~Stop~~ Glycerine - OD
		→ R/v - bolus feeds tomorrow 4ml/2nd hely., ↑ 4ml each feed (TF - 16ml)
		→ CBP, LFT, ROP - tomorrow
		→ Nutrition calculation
		& Propellers → Remove PICC line on Saturday.
		→ Continue ~~Co~~ IV Caffeine till HFNC. Starts.

Noted by
Dandamak
13/5/26
10 Am

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

(P.T.O)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 3:30pm	Nutrition calculation	
	~~TV~~ - Max wt = 1.235	
	TV = 150 ml/kg/day.	
	10ml/m — 2g/kg Aminoven	
	Quiz 2m off	
	160ml + 1½ HMF/cycle = 6 sachet/day.	

	Cal	Prt	Ca^{2+}	PO_4	Fe	VIT D
EBM (160ml)	107.2	1.76	50	24	0.32	–
HMF(6)	20.2	1.62	94.8	47.4	1.8	796.8
Ossopan D (3.3ml)	–	–	82.5	36.3	–	132
Oregen (0.5ml)	–	–	–	–	5mg	–
Aminoven 2g/kg	9.88	2.47	–	–	–	–
~~TOTAL~~				[illegible]	[illegible]	[illegible]
~~/kg~~				3[illegible]	~~8.9~~	–
TOTAL	137.28	5.85	233	107	6.1	928
/kg	111	4.7	138	87.2	4.9	752.

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 3:30pm	weekly review	
(1)	last ROP - 7/5 (DOL 45)	→ RV after 1 week
	B/E vessles in zone 2	14/5/26.
	no stage, no plus	
(2)	last NP_2 11/5 (DOL 49)	→ HMF / day
	Hb - 9.9	→ orofer XT @ 3mg/kg/day
	Ca^{2+} - 8.2	→ ossopan D @ 80mg/kg/day
	PO_4 - 3.3	→ 3% NaCl @ 5meq.
	ALP - 213	
	Na - (128) →	correcting given over 24hrs
	K - (2.7) →	correction given @ 1meq → Na imp to 131. → K imp to 3.0.
		Noted by G. Manjula 13/5/26 @ 4pm
(3)	last NSG - 9/5 (DOL 47)	
	↑ echogenicity - ongoing	
	gliotic changes in left	
	temporo occipital region.	
(4)	last 2D ECHO - 20/4	
	1.3mm restrictive PDA L→R	
	PFO L→R	
	mildly dilated LV.	
(5)	last TFT - 11/5 (DOL 49)	
	T4 - 7.32	
	TSH - 2.67.	

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23-03-2026 0 Y 1 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 12PM	Afternoon Round	
	on CPAP 6cm rams/21%	
	HR - 176/min	Plan
	SpO_2 - 92%	① cont CPAP
	RR - 63/min	(RN) HFNC on Friday
		② TV = 170ml/kg/day
	CPAP injury healing.	10ml/hr 4hr on 2hr off; 2g/kg Aminoven
	extravasation wound on ②	+ 1½ HMF
	hand healing	+ 3% NaCl.
	tolerating feeds	(RN) bolus feeds t/m
	PA - soft.	③ Gas alt day
	stools passed.	GRBS OD
		④ CBP, LFT t/m
	Meropenem D 10/10	⑤ stop meropenem after night dose
		⑥ Remove PICC line on saturday
	Dr Abhiyan	Noted by Deudammark 13/5/26 12:30pm

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/8/26 11PM	~~Afternoon~~ Night Rounds	
	on CPAP 6cm / 21% Rams	
	No distress	Plan
	HR - 170/min	(1) cont CPAP
	SpO_2 - 95%	(RV) HFNC on Friday
	RR - 48/min	(2) TV = 150ml/kg/day
		10ml/hr 4 hrs, 2 hrs 0/2 — 2g/kg Aminoven
	tolerating OG feeds	+1 ½ HMF
	PA - soft	+3% NaCl
	Stools passed	(RV) bolus feeds t/m
	No vomiting	(3) cras alt day
		GRBS OD
	Neopenem D10/10	(4) t/m - CBP
		- LFT
		Noted by Vishnupriya 01901 13/8/26 @11pm
	Dr Abhinaya	

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:..... Abd : soft, distented

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.	Tab Valgancyclovir (8 doses) given	
2.	Inj Flucon. (P)	
3.		

Ossopan-D
Oxofex T.
T.Bact oint
Caffeine
Neb Budecort

3% NaCl (5meq)
Regan gel
HMF
Glycine
Furosemide

Plan of Treatment :

- Continue CPAP PEEP = 5, FiO_2 = 23%. Target SPO_2 = 90-95%
- Wean off to HFNC 6 lt ~~today~~ today morning (plan)
- Continue TV = 160 ml/kg/day. ~~130 ml/kg/day feeds~~ → ~~30 ml/kg/day (5 gm/kg + 10% Isop)~~ → 17 ml/2 hrly (full OG feed)
- Remove PICC line - Today. plan
- RBS - OD
- I/O Charting - 6 lt
- Gas - alternate day.

Tubings - Day 2
PICC - Day 10

Doctor's Name (Handover given) : Dr. Ramya
Signature : [signature]
Date & Time: 15/5/26 @ 8am

Doctor's Name (Handover taken) Dr. Anuba
Signature : [signature]
Date & Time: 15/5/26 @ 8:15a

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

(23)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/3/26		Seen by Dr Vijayanand
10:20pm		Plan:
	- paroxysmal events.	- Change to HFNC - 6 lit/min.
	? Seizures	- continue CPAP, PEEP - 6
	- Desaturation	- Send Serum Electrolytes
	- Bradycardia	Ca, Mg, CRP,
	- posturing (+)	Blood gas, RBS, CBP
		- Insert cannula & send investigations
		- R/V PICC line after investigations
		Noted by Hafeza 15/3/26
		Dr. VIJAYANAND JAMALPURI Reg. No. 2405[illegible]
15/3/26		c/o/w Dr. Vijayanand
12:30pm		Plan:
	CRP - 63	- To take Blood c/s & Start Inj. Meropenem.
	Hb - 8.8	
	Mg - 1.2	
	Ca - 6.6	- To give URBC transfusion
	Kt - 2.7	- Keep NPO
		- IV - 150 ml/kg/1 day
		10% Isolyte + 4 mEq/kg Sodium

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- To give KCl 1mEq/kg correction - and to give Magnesium Correction - w/f further seizure activity - Remove PICC line Accd
	Noted by Flojeela 15/5/26 @ 1pm	
	Afternoon rounds	
15/5/26 1:00pm		
	- on CPAP, FiO_2 - 30%, PEEP-6 SpO_2 - 96% PR - 165/min RR - 47/min Issues: Jitteriness (+) Hypocalcemia, Hypomagnesemia, Hypokalemia	Plan. - continue CPAP, - PEEP-6 - Keep NPO - TV - 150ml/kg/day ↓ 10% ISO-P + Ca_3Na_4 MgO_2 - RBS OD - CRBC transfusion today. - Remove PICC line. - Send Blood cls & start Meropenem

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		✓ W/f further seizure activity.
		✓ NPO — 4 hrs before & 4 hrs during & 4 hrs after transfusion
		Noted by Hajera 15/5/26 @ 2pm Asst
15/5/26 3PM	seen by Dr. Vijayanand No further paroxysmal event / bradycardias	Plan ① W/f seizure ② cont. CPAP ③ blood gas OD ④ cRBC transfusion as planned ⑤ cont neuroprotection. ⑥ close monitoring of IV line for extravasation ⑦ NPO for transfusion ⑧ Neurological assessment. Noted by Hajera 15/5/26 @ 3:10pm

Dr. Vijayanand

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 1 M 20 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5 11:30pm	Night rounds	Adv:
	on RAMS - CPAP. PEEP - 6 / FiO_2 - 21%	1.) Do CBG now if stable
	RR - 49/min	
	SpO_2 - 92%	2.) feeds - give two half feeds 2hly.
	on ~~full~~ 100% fluids / NPO.	
	LRBC finished at 9:20pm.	
	BP - 71/51 (57)	3.) If tolerating start full feeds stop IVF
	HR - 147/min	
	U/O - 2.4ml/kg/hr/6h.	
	no jitteriness	4.) Continue Meropenam
	P/A: ~~so~~ distended soft	5.) Continue CPAP 6/21%. Akhila

Noted by
Shivani
15/5 @ 11:45pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 24 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 55 **PMA:** 34+6.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	Expt/ELBW.	
2.	RDS - evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	CMV - meningitis	
6.	(L) PVL changes	

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.....Fio2.....Oxygen : .....L/min

Last CXR : .....Spo2.....

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

Change over the Last 24 Hours..... on CPAP - PEEP - 7cm, mild SER (+)

3 fever spikes yesterday., Septic screen negative.

Tachycardia (+)

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 170/min U/O.

RR - 55/min

SpO2 - 93%

BP - 63/40 (47)

CNS

Neurological Examination : .....

.....Sedation.....—

Last Neurosonogram : (R) PVL changes. Leucomalacia midline shift ..... Any Seizures.....Last on 15/5/26

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, distended

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.	T. Valganciclovir	12 doses	Ossopan D	3% NaCl
	2.	Inj. Meropenam	D3	Orofer XT	Rogen D
	3.			T. Bact ointment	HMF
				Caffeine	Glycerine
				Neb Budecort	Furosemide

Plan of Treatment :

- Continue CPAP-6, Target SpO_2 90-95%.
- TV - 160 cc/kg/day ⇒ 17ml/2nd hely. full OG feed
- Trace blood culture report
- Blood gas - alt day.
- I/O charting 6th hely.
- GRBS - BD
- w/f fever spikes., tachycardia
- Monitor vitals.

Doctor's Name (Handover given) : Poopthe

Signature : [signature]

Date & Time: 17/5/26. 7am

Doctor's Name (Handover taken) : Dr Abhiwarya

Signature : [signature]

Date & Time: 17/5/26 @ 7:30am

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 6PM	Evening Notes	
	on CPAP 6cm /21%.	Plan
	HR-172/min	(1) cont CPAP 6cm.
	RR-70/min	(2) TV = 160ml/kg/day
	SpO_2 - 92%.	17ml Q2H full Oa feed
	min SCR (+)	(3) Gas weekly twice
	No fever.	(4) URBS OD
	tolerating feeds.	(5) I/O QOH.
	PA - soft	(6) W/f fever spikes
	No vomiting.	
	Active	
	looking around.	
	AF open, full	[signature]
	Head circumference →	Noted By Aiswarya 17/5/26 6PM 607029
	Meropenem - D_{10} + 3.	
	Valgancyclovir - D7	

	5th.	25th.	50th	95th
SBP	51	59	66	83
DBP	25	32	39	56
MBP	34	41	48	65

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 11PM	Seen by Dr ~~[illegible]~~ Pratyush	Plan
		(1) ~~[illegible]~~ NSG by Dr Nitin t/m.
		(2) cont CPAP
		(3) ongoing neuroreview.
		Noted by M. Pooja 17/5/26 @11pm
18/5/26 2AM	Night Round	
	Stable on CPAP 5cm/25%.	
	HR - 178/min	Plan
	RR - 57/min	(1) cont CPAP 5cm.
	SpO_2 - 92%.	(2) TV = 160ml/kg/day 17ml 6/2H
	comfortable in prone	
	Acrocl	(3) gas weekly one
	PA 50ft.	(4) CRBSOD
	No vomiting	(5) w/c fine spine
	Nogena spine	
		Noted by M. Pooja 18/5/26 @2am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26		[signature]
		Trace B/C
		to CPAP to 6
	1-285	CXR tom mary
		TV - 1 bamly day.
		To do nutritional amount.
	Target Co - 200 pr - ~~100~~ 80-100	Gr tr OD
		gen twice weekly
		& increase lanix to daily dse (1 mg/kg/day)
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		To consider ~~prophylactic~~ levipill if further seizures
		Dr. MVB PRATHYUSH Registration No: TSMC/FMR/30369
		Noted by Aiswarya 17/5/26 @ 12pm

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(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Nutritional Assessment

6PM

Max wt = 1.285

TV = 160 ml/kg/day + ½ HMF (6)

	Cal	Prt	Ca^{2+}	PO_4	Fe	Vit D
DBM (205ml)	137.7	2.26	71.9	30.8	0.4	–
HMF (6)	20	1.6	94.8	47.4	1.8	796
Syp Ossopan-D (3.3ml)	–	–	82.5	36.3	–	132
Calcimax plus (2ml)	–	–	100	–	–	–
TOTAL	157.9	3.8	349.2	114	6.2	928.8
/kg.	122	3	271.7	89	4.8	722.8

Ca : PO_4 = 3:1

Syp. Calcimax plus 80mg/kg

Dr Abhinya

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 @ 7:43 AM		Seen by Dr. Prathyush.
		1) NSG by Dr. Nithin. to review regarding Abscess / PVL changes.
		2) Cont CPAP & H. PEEP
		3) Plan of HFNC - T/m
		4) Chest x-ray in evening
		5) CBG - twice weekly
		Sneha
		Noted by M. Pooja 18/5/26 @ 8am
	Afternoon rounds	
18/5/26 1:15PM		Plans

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		seen by Dr. Vijayanand Sir
	posturing	→ continue CPAP - F
		→ Discuss further neuro-imaging
		→ ongoing neurological neuro surgical review
		→ Levipil to start
	noted by mamma on room at 1 pm	Dr. Mamilla

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23-03-2026 0 Y 1 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 4pm	Afternoon Round	
	Baby is currently on CPAP, PEEP-4.	Plan
	No desat / beady. One episode of ab (N) posturing (+)	→ Continue CPAP-4 Target SpO2 90-95%.
	Ventricular tap done - drained 20 ml CSF.	→ TV - 160cc/kg/day 17ml/2nd hrly + 1/2 HMF full O4 feed.
	AF - full. activity - lethargic. vitals - stable.	→ Trace CSF analysis and culture.
	P/A - soft, mild distension.	→ Ongoing neurological & neurosurgery review.
		→ If clinical deterioration consider mechanical ventilation
		→ Chest x-Ray at 6pm
		→ Monitor vitals
		→ w/t seizures

Notes by [illegible] 6/8/26

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23-03-2026 0 Y 1 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/1/26 12:30am	Night Rounds	Seen by Dr. Nilesh
		Plan:
	No jitteriness	• Continue CPAP
	No seizures	
	No posturing	• Add vancomycin.
		• R/v MRI Brain
		• R/v Neurology prognostication
		Dr. Ram
19/1/26 2pm		Seen by Dr. Mamatha
2 Apgar		PEEP - 4 to PEEP - 5
	Noted by Shivani 19/1/26 @10am	

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

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of KATTA V SANGAMITRA
2026 0 Y 2 M 2 D
B Pratyush (M)

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 57 **PMA:** 35+1

Term ☐ **Preterm** ☑ ...ation : 26+5 Corrected Gestational Age: .....

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	PT/ELBW	
2.	RDS - Evolving CLD	
3.	Apnea of Prematurity	
4.	Sepsis	
5.	Coav - Meningitis	
6.	PVL changes	

Today's Weight : 1.267 (69 gm wt gain)

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 5 VG..... Rate..... Fio2 25% Oxygen : ..... L/min

Last CXR : 6pm 18/05/26 — Spo2 .....

ET Secretions : Clear ☐ Thick ☐ Yellow ☐ Last ABG: CSF - PH-8, Protein-2540, Glucose-20. WBC-4000 cells, polymorphs 80%. Lymphocytes 20%.

Change over the Last 24 Hours.....

No Desat / Brady / Apnea.

No seizures, No posturing

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 95%
HR - 160/min
RR - 32/min

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:..... Frequency:.....

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

Abdominal Examination:.....

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

no distension.

INFECTION

Risk of Sepsis / Suspected Sepsis / Proven Sepsis : HC.

Sepsis screen:.....

Blood culture ☐ Urine culture ☐ ET culture ☐ Fungal Culture ☐ LP ☐ CSF : culture sent 18/05/26

Antibiotic

Sl.No.	Drugs	Days		
1.	Inj - Meropenem	D5	Ossopan-D	Inj. levetiracetam 3% Nal
2.	Inj. Vancomycin	D1	Orofer XT	Regen-D
3.	Tab. valganciclovir	D9	T. Bact ointment	HMF
			caffeine	glycerine
			Nebi Budecort	furosemide

Plan of Treatment :

1. Continue CPAP. PEEP-5 (Target spo2 90-95%)
2. TV-160 cc/kg/day @ 17ml @ 2H + 1/2 HMF full oil feeds
3. Trace CSF culture
4. ongoing neurology & neurosurgical review
5. Monitor vitals
6. w/f seizures
7. Bio chasty 6th hourly

Review - MRI Brain

Review - Neurology prognostication.

Doctor's Name (Handover given) : P. Prathibha

Signature : N.P.R

Date & Time: 19/5/26 @7:15

Doctor's Name (Handover taken) Dr. Anuch

Signature : Dr. Anuch

Date & Time: 19/5/26 @9:20am

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
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JI Hosp
33 weeks

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		Seen by Dr. pratyush
9:40AM		Plan:-
		- change to HFNC - ~~5 lit/min~~ - 3 lit/min
		- Neurology review at 6 discuss above
		- Trace CSF cls.
		- continue TV - 160 ml/kg/day ↓ full OG feeds.
		Noted by Vishnu Priya Amb
	After noon rounds	019011 19/5/26 @9:40AM
19/5/26		
1:00PM	- on	Plan:-
	- on CPAP, PEEP-4	- Change to HFNC - 3 lit/min.
		- TV - 160 ml/kg/day ↓ full OG feeds 17ml 2nd hly + 1/2 HMF
	SpO2 - 94%, PR - 162/min RR - 47/min	- Trace CSF cls.
		- w/f seizures.
	- Informed neurology team	- RBS OD.
		Noted by Vishnu Priya Amb 019011

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 4:00pm		Seen by Dr. pratyush
		Plan:
		- MRI Brain T/M monitoring at 8:00 AM
		- NPO from 5:00 AM. T/M.
		- Intubate the baby
		→ Noted by Vishnupriya Anand 019011 19/5/26 @ 4pm
19/5/26	- Baby on CPAP @ 4 FiO_2 = requirement upto 25%.	Adv
		- Cont - CPAP @ 4 cm @ FiO_2 to target SPO_2 90-95%.
	- No brady desat (+), c̄ self pick	- TV - 160 cc/kg/day full OG feeds - 17 ml 2 hourly + 1/2 HMF
	- Feeds tolerating	- plan - MRI Brain @ 800 am T/M.
	- No other clinical Instability	- NPO from 5:00 am
		- Intubate before MRI brain.
		- RBS - OD
		- Trace CSF c/s.
		Noted by Vishnupriya 019011

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10:30 pm		Seen by Dr. Pratyush.
		→ Extubation trial to HFNC, once efforts improve.
		→ ~~If do~~ Neuro review Neurosurgery review.
		→ Neurological prognosis to be d/w parents
		→ Start feeding from 11 am.
		Noted by Vishnupriya 20/5/26 @ 10:30pm
20/5/26 2PM.	Afternoon Notes	Plan
	On SIMV + PS (10) 15/6, rate - 25, SpO_2 - 27% HR - 162/min RR - 37/min SpO_2 - 100%. OCC efforts (+) PA - soft Tolerating feed. BP - 73/59 (65) Neuroreview done.	(1) Plan extubation to CPAP (2) TV = 160 ml/kg/day 17ml Q2H + 1/2 HMF (3) RBS OD (4) w/f seizure
		Noted by Vishnupriya 01901 20/5/26 @ 2pm

Dr. Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 4:46pm		Seen by Dr. Nilesh
	Good trigger (+) on PSV mode.	→ Extubate CPAP ↓ wean till PEEP-4.
		→ Continue full OG feeds. Q2hrly.
		→ No investigations
		→ Discuss continuation of care c̄ parents.
		Noted by Vishnu Priya 01904 4:46pm.
		Dr [illegible]

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26. 7:30pm	Night Round	
	Extubated to CPAP, PEEP-5 FiO_2 - 25%.	Plan.
	Vitals HR - 134/min RR - 55/min SpO_2 - 98% BP - 81/60 (67)	→ Continue CPAP-5 wean PEEP to 4 at 10pm.
	P/A - distended soft	→ TV - 160ml/kg/day 17ml/2 ad hely + 1/2 Hm full OG feed
		→ No investigations
		→ GRBS - OD
		→ Monitor vitals.
		Poopilla
		Noted by Hafeva 20/5/26 7:30pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26		seen by - Dr. pratyush
9:45AM		Plan:
		- continue CPAP, FiO_2 - 24%, PEEP-5
		- Trace MRI film
		Noted by Fatima 21/5/26 @10am

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
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21/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 58 **PMA:** 35+2

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

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	Ventriculitis - E. coli
2.	RDS - Evolving CLD	
3.	Apnoea of prematurity	
4.	Sepsis	
5.	CMV - Meningitis	
6.	PVCystic leukomalacia	

Today's Weight : 1.276 (↑ 7gm)

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 : ..... SpO_2 .....

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

Change over the Last 24 Hours.....

- on CPAP,
- FiO_2 - 24%,
- PEEP-5

CARDIO VASCULAR SYSTEM

Plan of Care :

SpO_2 - 96%.
PR - 160/min
RR - 45/min

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : Cystic leukomalacia ..... 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:.....

.....

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.	Inj. Meropenem	
2.	Inj. Vancomycin	
3.		

Plan of Treatment :

- continue CPAP, PEEP-5
- Target SpO_2 - 90 to 95%.
- IV - 160 ml/kg/day
  ↓
  17ml 2nd hely + 1/2 HMF
  full OG feeds
- RBS OD
- Trace MRI report.

Doctor's Name (Handover given) : [signature]

Signature : [signature]

Date & Time: 21/5/26 @ 7:15

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

Signature : [signature]

Date & Time: 21/5/26 @ 10am

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 4PM	Afternoon Notes	
		Plan
	on low flow	① cont cow flow 0.5l/min
	SpO_2 - 100%	② cont OG feeds
	HR - 155/min	120 ml/kg/day
	RR - 55/min	13 ml Q2H.
		③ cont warmer care
	tolerating OG feeds	
	PA - soft.	
		Dr Abhinya.
		Noted by Fathima 21/5/26. @4:15pm
22/5/26 9AM	Morning Note	
	26+5 → 35+2 / DOL 59.	
	EPT / ELBW / RDS - evolving CLD	
	Meningitis i ventriculitis - CMV (PCR), E. coli (C/S)	
	Porencephalic cyst / multicystic lesion - parieto-temporo-occipital region 2° infarct / emboli	
	Postanatal CMV	
	HSPDA - 2 PCM.	
	currently on cow flow 0.5l/min	
	HR - 157/min	
	RR - 78/min	

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23-03-2026 0 Y 1 M 18 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SpO2 - 96-1. BP - 82/42 (55) SUR (+) ICR (+) tolerating full OG feeds PA - soft. STOOLS passed.	Plan ① cont low flow ② cont full OG feeds TV = 120ml/kg/day 13ml 6/24+ ③ cont warmer care Noted by Fathima 22/5/26.
22/5/26. VRM	Afternoon Round. on low flow O2 0.5Lt/min. intermittent bradys/desat. one episode while feeding desat upto 70. bradys upto 65. Vitals - Stable. P/A - Soft.	Plan - → Continue low flow 0.5Lt → Continue full OG feeds 13ml/2nd hrly → Warmer care. → Monitor vitals Noted by Nagalaxmi 22/5/26

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26. 3:20pm		Seen by Dr. Pratyush.
		→ Refix OG tube now.
		→ Continue low flow OG feeds
		→ Discuss about genetic testing c̄ parents
		Noted by Fathima 22/5/26
		Poojitha
23/5/26.	Afternoon Round.	
	On low flow 0.1 Lit Intermittent bradly (upto 70) desat (upto 65) c̄ Self pick up.	Plan
		→ Continue low flow
		→ 15ml/2nd only OG feed.
	Vitals - Stable	
		→ Warmer care
	P/A - soft	
		→ Monitor vitals
		Poojitha
		Noted by Fathima 23/5/26.

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23-03-2026 0 Y 1 M 29 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5 @ 10:48AM	Morning rounds	
	50 days / 26+5	→ 35+4 wks /
	Current issues	
	EPT / ELBW /	plan
	RDS - evolving CLD	
	Apnea of prematurity	→ TV - 150ml/kg/day
	CMV - meningitis	17ml 2 hourly
	ⓒ cystic ~~[illegible]~~ encephalomalacia	full og feed
hydro-cephalus	ⓘ ventriculitis - E. coli	
	V → baby stable on minilowflow 0.02 lit	→ Tapper minilowflow as tolerated
	No decaturation	→ ~~PRS-OD~~
	C → HR - 148 bpm	→ Monitor vitals
	BP - 80/59 (65)	
	U/OL	Dr. Manikhan
	P/A - soft tolerating feed	
	HC - 31.5	Noted by Nagalaxmi 24/5/26
	widened AF	Handover
	separated sutures	taken by G. Nagar 6000/4

AH-00651673 IP5-00171513
aby Of KATTA V SANGAMITRA
3-03-2026 0 Y 2 M 2 D (M)
r. MVB Pratyush

Patie

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5 2PM	Afternoon Round	
	On MLF	Plan
	ICR (+)	~~(1)~~ ~~[illegible]~~
	HR - 160/min	(1) cont MLF
	SpO_2 - 96%	taper as tolerated
	RR - 50/min	(2) TV = 160ml/kg/day
		17ml Q2H
	tolerating feeds	Ok feed
	PA soft	

Noted by
Nagalakshmi
24/5/26
at 2pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 2 M 3 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8AM	Morning Note 61 days / 26+5 → 35+5	
	on mini low flow HR - 150/min RR - 58/min SpO_2 - 98% tolerating feeds PA - soft.	Plan ① TV = 160ml/kg/d 17ml Q2H full Oz feed. ② Minilow flow as tolerated
28/5/26 2PM	Afternoon Round	
	on MLF HR - 148/min RR - 53/min SpO_2 - 98% tolerating feeds PA soft	Plan ① TV = 160ml/kg/day 17ml Q2H full Oz feed ② low flow as needed

Noted by Nagalam 6055 at 2PM

Noted by Nagalam 6055 at 2PM

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 29 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	Night Rounds	
		Plan
		① Mini low flow 0.01 l/min
		② 19ml Q2H Ox feeds
		noted by [signature] 26/5/26

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA (M)
23-03-2026 0 Y 2 M 3 D
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9pm	Morning Note	
	62 days / 26+5 →	35+6
		Plan
	on RA	① cont mini low
	tachypnea (+)	flow 0.02 l/min
	HR - 173/min	wean as tolerated
	SpO_2 - 94%	② 19ml Q2H feed
	RR - 68/min.	③ monitor vitals
	tolerating feeds	
	PA - soft.	
		Noted by Agnes 01/08/25 at 9pm
	Dr Ashwaya	
	Dr Pratyush	

(P.T.O)

/FRM / CLINICAL / 088

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

27/5/26.

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

Day in NICU: ..... Day of Life: 63 **PMA:** 35 wks

Term ☐ **Preterm** ☐ Gestation: 26+5 Corrected Gestational Age: ..... Today's Weight: .....

	S.No.	Problems – Current	Past Problems
Overview	1.	EPT/ELBW	
	2.	RDS - evolving CLD	
	3.	Apnea of prematurity	
	4.	CMV - meningitis	
	5.	Ventriculitis - E.Coli.	
	6.		

Clinical Assessment

On RA
5 episodes of brady/desat with self pick up.
HR - 158/min.
RBS O2 - 99%.
BP - 62/44 (50)

Medications Used

Inj. Meropenam.

Plan of Care: Feeding - 19ml/2nd hrly OG feed.
Monitor vitals.

Doctor's Name (Hand over given): Poojitha
Signature:
Date & Time: 27/5/26 9am

Doctor's Name (Hand over taken): .....
Signature: .....
Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10.30 AM		Seen by Dr. Pratyush
		→ Full OG feed. 180cc/kg/day 20ml/2nd only.
		→ Continue IV antibiotics
		→ send CBP + CRP collect 3ml EDTA sample.
	Noted by Panel 010085 at 27/5/26	
27/5/26 2PM	Afternoon Rounds	
	on RA. HR - 147/min SpO2 - 100%. KMC ongoing tolerating on feeds PA - 50%.	Plan ① 20ml Q2H OG feeds (FF + EBM) IV - 180ml/kg/day ② send CBP + CRP now collect 3ml EDTA sample for genetic evaluation ③ monitor vitals
	Noted by Panel 010085	

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 4 D (M)
Dr. MVB Pratyush

28/05/2026

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

Day in NICU: ..... Day of Life: 64 PMA: 36 + 1 weeks

Term ☐ Preterm ☐ Gestation: 26 + 5 weeks Corrected Gestational Age: ..... Today's Weight: .....

Problems

	S.No.	Current	Past Problems
Overview	1.	EPT / ELBW	
	2.	RDS – Evolving CLD	
	3.	Apnoea of prematurity	
	4.	CMV – meningitis	
	5.	ventriculitis – E. coli	
	6.		

Clinical Assessment

– on room air,
SPO2 – 98%.
PR – 159/min
RR – 45/min

Medications Used

– Inj. meropenem
– Syr. calcimax plus;

Plan of Care:

– TV – 180 ml/kg/day
↓
20 ml 2nd hely
[3 bottle feeds + Rest OG feeds]
– w/f vitals.
– Discuss about WES with parents;

Doctor's Name (Hand over given): Amit
Signature: Amit
Date & Time: 28/5/26

Doctor's Name (Hand over taken): Aishwarya
Signature: Aishwarya
Date & Time: 28/5/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 4 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/3 9.55am		[illegible] TV 18 ml/day 20 ml 2 2 4 Try PR (Preterm (2-3 feeds) bottle)
	Noted by [illegible] 01908 at 9.55 am	
28/3/26	Afternoon rounds	
1:50 pm		Plan:
	- on room air,	- TV - 180 ml/kg/day
	- accepted 3 bottle feeds well	↓ 20 ml 2nd hly 3 Bottle feeds + rest OG feeds

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		– RBS OD.
		– Send WES [whole exome sequencing]
	Noted by [signature] 6/4/2025 at 1.15pm	[signature]
29/5/26 9:15am	Morning Round	
	DOL-65 / ~~26~~ 26+5 → 36+2 wks / EPT / ELBW / RDS – evolving CLD / Apnea of prematurity / CMV – meningitis / Ventriculitis – E. Coli	
	On RA	Plan.
	Vitals HR – 166/min. RR – 42/min. SpO2 – 97%. BP – 75/48 (57)	→ TV – 180 cc/kg/day. 20ml/2nd hrly. 4-5 bottle feeds + Rest OG feed.
		→ RBS – OD
	P/A – Soft. accepted 3 bottle feeds passed urine & stool	→ Trace WES.
		→ Monitor vitals
	Noted by [signature] 6/4/2025 at 9.15am Poojitha	

BAH-00651673 IP5-00171510
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 3 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/26		Seen by Dr. pratyush
10:20AM		Plans
		- Try 6 to 7 Bottle feeds if accepting well ↓ give full Bottle feeds.
		- Send WES.
		- RBS OD
	Noted by [signature] 019085 at 10.20AM	[signature] 29/3/26

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 4 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1PM	Afternoon Round	
	On RA	
	Accepting bottle feed well.	
	No desat/beady.	
		Plan
	Vitals	
	HR - 153/min	→ Continue 20ml/2nd early
	RR - 43/min	6 - 7 p. bottle feeds.
	SpO2 - 94%	if accepting well give
	P/A - soft	full ~~po~~ bottle feeds
		→ Send WES.
		→ RBS - OD.
		→ Monitor vitals
	Pooja	
	Noted by Sanel 019085 at 1pm	

BAH-00651673 IPS-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 4 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 6 D (M)
Dr. MVB Pratyush

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30/05/26

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

Day in NICU: ..... Day of Life: 67 PMA: 30+4

Term ☐ Preterm ☐ Gestation: 26+5 Corrected Gestational Age: ..... Today's Weight: 1.546 (↑400)

Problems

	S.No.	Current	Past Problems
Overview	1.	EPT / ELBW / RDS -	
	2.	Apnoea of prematurity	
	3.	CMV - meningitis	
	4.	ventriculitis - E. coli	
	5.		
	6.		

Clinical Assessment

- On room air,
SpO2 - 96%
PR - 147/min

Medications Used

Plan of Care:
- on TV - 180ml/kg/day
↓
20ml 2nd hly + Bottle feeds
+ Rest OG feeds
- R/V full bottle feeds
- RBS OD
- w/f vitals

Doctor's Name (Hand over given): Amb
Signature: Amb
Date & Time: 1/6/26

Doctor's Name (Hand over taken): .....
Signature: .....
Date & Time: .....

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 6 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06/26 1pm	Afternoon notes	
	Extreme preterm (26+5 mths) |	
	ELBW (830 gm) | RDS |	Plan
	Evolving CLD | AOP | CMV Meningitis	
	Ecoli ~~Meningitis~~ Ventriculitis |	1) TV – 180 cc/kg/day
	(L) cystic Encephalomalacia c̄ hydrocephalus	TF → 23 ml 2 hrly
	Slow establishment of feeds.	
		R/V ↑ feeds upto 23 ml 2 hrly
	Day 68 of life	
	PMA - 30+5 weeks	2) Trial of full bottle feeds if baby tolerates
	Today's weight - 1.580 kg (↑34 gm)	
	Baby hemodynamically stable on room air.	3) GRBS OD
	Maintaining Saturation 90-100%	4) W/F apnea, bradycardia, desaturation
	No apnea / bradycardia / desaturation.	
	O/E - HR - 152/min	5) Monitor vitals
	RR - 42/min	6) Change BP cuff to size 3
	SPO_2 - 96%	
	BP - 83/49 (62) mmHg	D. Neethu
	On bottle feeds - 21 ml 2 hrly	
	(TV - 160 cc/kg/day)	Noted by Jeevamani, 2/6/26 @1pm
	Tolerating feeds, no vomiting.	Note by Vibha @ 8 Am

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/26	BP centile chart	
	th	25th 50th 95th

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 6 D (M)
Dr. MVB Pratyush

30/05/26

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

Day in NICU: ..... Day of Life: 66. PMA: 30 + 3.

Term ☐ Preterm ☐ Gestation: 26 + 5 Corrected Gestational Age: ..... Today's Weight: 1.4.

Overview

S.No.	Problems Current	Past Problems
1.	EPT / ELBW / RDS - evolving CLD	
2.	Apnea of prematurity	
3.	CMV - meningitis.	
4.	Ventriculitis - E. coli	
5.		
6.		

Clinical Assessment

on RA
self ventilating
Taken paladay
PA - soft

HR - 162/min
SpO2 - 99%.

Medications Used

Plan of Care:

1. cont RA
2. send whole exome.
3. RBS OD
4. 20ml 4th, 6-7 bottle feeds.

ctor's Name (Hand over given): Dr Aishwarya

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

Signature: .....

Date & Time: .....

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 10 D (M)
Dr. MVB Pratyush

3/6/26

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

Day in NICU: ..... Day of Life: 64 PMA: 30+5

Term ☐ Preterm ☑ Gestation: 26+5 Corrected Gestational Age: ..... Today's Weight: 1.637 (CT 55g)

Problems

	S.No.	Current	Past Problems
Overview	1.	EPT / ELBW	
	2.	RDS	
	3.	Apnea of prematurity	
	4.	CMV - meningitis	
	5.	ventriculitis - E. coli	
	6.		

Clinical Assessment

- On room air
SpO2 - 96%
BP - 64/34 (44) mmHg

Medications Used

Plan of Care: TV - 180 cc/kg/day
- 25 ml/2 ml/hr - pre Non -
- R/V - for ~~Omaya~~ Ventricular tapping after discussing ? parents & [illegible]
- GRBS - OD

Doctor's Name (Hand over given): Pavan V
Signature: Pavan
Date & Time: 3/6/26

Doctor's Name (Hand over taken): .....
Signature: .....
Date & Time: .....

Docu. No. : RCHBH/FRM / CLINICAL / 290 (26)

Notes
Sona 30/05/26 @ 1 pm
Noted by
Vibha 30/05/26

Docu. No. : RCHBH/FRM / CLINICAL / 088 (26)

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 4 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 1:45pm		
	Afternoon Rounds	
	Baby hemodynamically stable	
	On room air	Plan
	SpO_2 - 94% TRA.	
	HR - 150/min	- TV - 180cc/kg/day.
	RR - 45/min	25ml/2nd hrly
	BP - 73/39 mmHg	
		- GRBS - OD.
	- On bottle feed	
	- 180cc/kg/day	→ Strict I/O charting
	23ml/2nd hr.	6th hrly
	- No pre Nan	
	- Tolerating well	
	-	
		Pavani

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 2 M 6 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDE

Date & Time	Progress Notes	Doctor'

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/8/26 11PM	~~Afternoon~~ Night Rounds	
	on CPAP 6cm / 21% Rams	
	No distress	Plan
	HR - 170/min	(1) cont CPAP
	SpO_2 - 95%	(RW) HFNC on Friday
	RR - 48/min	(2) TV = 150ml/kg/day
		10ml/hr 4hrs, 2hrs 0/2 — 2g/kg Aminoveh
	tolerating OG feeds	+1 ½ HMF
	PA - soft	+3% NaCl
	Stools passed	(RW) bolus feeds t/m
	No vomiting	(3) cras alt day
		GRBS OD
	Meropenem D10/10	(4) t/m - CBP
		- LFT
	Dr Abhinaya	Noted by Vishnupriya 01901 13/8/26 @11pm

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Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 52 ..... **PMA:** 34+3

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW	
2.	RDS – Evolving CLD	
3.	Apnea of prematurity	
4.	sepsis	
5.	CMV meningitis / postnatal CMV	
6.		

Today's Weight : 1.249

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 ..... on CPAP rans 6cm / 21%
HR – 162/min
SpO_2 – 93%
RR – 56/min
No brady / desat.

CARDIO VASCULAR SYSTEM

Plan of Care :

CNS

Neurological Examination : .....

..... Sedation .....

Last Neurosonogram : (D) PVL changes ..... Any Seizures .....

GRBS –

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: 10ml/hr < 4h on / 2h off

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

Abdominal Examination: soft, non distended

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.	Valgancyclovir D4		Furosemide Budecort neb
	2.	Fluconazole (P)		Ossopan D Regen-D
	3.			Glycerine
				Orofer XT
				HMF PICC D4
				3% NaCl.

Plan of Treatment :

(1) cont CPAP 6cm Rams FiO_2 to target SpO_2 90-95%.

(RV) HFNC t/m.

(2) TV = 150 ml/kg/day

10ml/hr < 4h on / 2h off (130ml/kg) + 1½ HMF + 3% NaCl

2g/kg Aminoven (20ml/kg)

(RV) bolus feeds today

(3) Gas alt day GRBS OD

(4) trace labs

(5) remove PICC line on saturday

(6) ROP today

me (Handover given) : Dr Abhay

: 14/5/20

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

Signature : .....

Date & Time: .....

(P.T.O.)

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 9:30AM	seen by Dr. Pradyush	Plan
		(1) Remove PICC line t/m
		(2) TV = 160ml/kg/day
		130 feed; 30ml/kg 3g/kg Aminoven
		(3) Feed plan - 4ml ↓ 8ml ↓ 12ml ↓ 14ml (Full feed)
		Rest, 10% 150-P + Aminoven 3g/kg
		(4) HFNC t/m
		(5) CPAP 5cm.
		(6) hold HMF today & 3% NaCl.
	Dr. B. Anya	Noted by Hajera 14/5/26 10:35am

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

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 2:pm	Afternoon Round	
	Baby is on CPAP c̄	
	Rami PEEP-5	
	No beady/desat.	
		Plan
	Tolerating bolus feeds.	
	(2 feeds given.	→ Continue CPAP.
	1-4ml	Target SpO - 90 - 95%.
	2 - 8ml)	
		→ TV - 160cc/kg/day
	Vitals	130cc/kg feed 30cc/kg
	HR-157/min.	3g/kg
	RR - 60/min.	Aminoven.
	SpO2 - 98%.	10% ISOP
	BP - 82/53(65)	Next feed: 3pm - 12ml.
		5pm - 14ml.
	P/A - soft.	Continue 14ml/2nd hrly
	mildly distended.	if baby is tolerating
		Hold HMF today & 3% NaCl
		→ R/V HFNC - tomorrow.
	ROP:	
	O/U vessels in Zone 2.	→ Remove PICCline on.
	R/E - Stage 1 temporal.	~~[illegible]~~ tomorrow.
	L/E - No stage	
	No plus.	→ w/f beady/desat
		vomiting
	R/A 1 week	→ I/O charting 6 hrly

Noted by
Hajeeq 14/5/26 @3pm

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ Gas - alt day RBS - OD
		→ Monitor vitals
		Poopthy
		seen by Dr. pratyush sir
14/5 @ 4:40 pm		
		→ HFNC - 6 Lit tomorrow
		→ furosemide OD to give
		→ Ward feed 14 ml 2 hourly Continue 14 ml 2 hourly
		Noted by Hajera 14/5/26 @ 5 pm
		R/ Dr. Mallesh

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 9pm	DOL-52. 26+5 → 34+3.	
	Baby on CPAP PEEP-5 cmH2O	plan 1. Continue CPAP PEEP-5
	No Desat / Bearly / Apnea.	HFNC-6L Tomorrow (Target spo2 90-95%)
	SpO2-93% HR - 170/min RR - 65/min BP - 86/44 (59)	2. TV-160ml kg/day. 130ml kg feed (30ml kg, 3g/kg, Aminoren, 10% 150-P) Stopped at 7pm. 14ml @ 2 Hourly.
	B/A - Distension ⊕ mild soft	3. Remove PICC line T/m
		4. Gas alternate day
		5. RBS-OD
		6. Ilo charting 6th hourly
		Noted by Vishnupriya 019011 14/5/26 @ 9pm Dr. N. Prathishna

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 19 D (M)
Dr. MVB Pratyush

21.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 2am		Seen by Dr. Nikesh
	Jitteriness (P)	PCA
	Pallor (P)	
		- Continue CPAP - PEEP 5
		Dr. Ramya
	Noted by Poorima at 2AM	

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 20 D (M)
Dr. MVB Pratyush

02

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00651673 IP5-00171513
Baby Of KATTA V SANGAMITRA
23-03-2026 0 Y 1 M 18 D (M)
Dr. MVB Pratyush

15/5/26

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DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : ..... Day of Life : 53. PMA: 34+4.

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

OVERVIEW

Problems :

S.No.	Current	Past Problems
1.	EPT / ELBW.	
2.	RDS - Evolving CLD.	
3.	Apnea of prematurity	
4.	Sepsis	
5.	CMV meningitis / Postnatal CMV.	
6.		

Today's Weight : 1.259 kg (↑10gms)

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..... Oxygen : ..... L/min

Last CXR : ..... SpO_2 .....

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

Change over the Last 24 Hours..... On CPAP 5, PiO_2 = 23%.

Intermittent Jitterness (+)

Intermittent → Desat observed upto 87-88% SpO_2.

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 155/min
RR = 40/min
SPO_2 = 91% on CPAP
BP = 83/56 (64) mmHg.

U/o - 3.2 ml/kg/hr
S/o - passed
RBS - ~~[illegible]~~

CNS

Neurological Examination : CTA fair

Sedation ..... NO.

Last Neurosonogram : ..... Any Seizures .....

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

(P.T.O.)

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:..... Abd : soft, distented

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.	Tab Valgancyclovir (8 doses) given	
2.	Inj Flucon. (P)	
3.		

Ossopan-D
Ortofex T.
T-Bact oint
Caffeine
Neb Budecort

3% NaCl (5 mEq)
Regan gel
HMF
Glycerine
Furosemide

Plan of Treatment :

- Continue CPAP PEEP = 5, FiO_2 = 23%. Target SPO_2 = 90-95%
- Wean off to HFNC 6 lt ~~today~~ today morning (plan)
- Continue TV = 160 ml/kg/day. → ~~130 ml/kg/day feeds~~ → ~~30 ml/kg/day (5 gm/kg + 10% Isop)~~
  - 17 ml/2 hrly (full OG feed)
- Remove PICC line - Today. plan
- RBS - OD
- I/O Charting - Q6H
- Gas - alternate day.

Tubings - Day 2
PICC - Day 10

Doctor's Name (Handover given) : Dr. Ramya
Signature : [signature]
Date & Time: 15/5/26 @ 8am

Doctor's Name (Handover taken) : Dr. Anil
Signature : [signature]
Date & Time: 15/5/26 @ 8:15a