

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA



NEWBORN MONITORING FORM

Date of Birth : 1/4/26
 Time of Birth :
 Mode of Delivery :
 Birth Weight : 1.2498
 Head Circumference :
 Length :
 Red Reflex :
 New Born Screening :
 TFT :
 OAE :
 Mother's Blood Group : AB+ve
 Baby's Blood Group : A+ve
 Anomaly Scan :
 Vaccination : OPV BCG Hep-B given
 Mamma 1/6/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
29/5/26	1.645 kg	EBM	22ml	98.0°F	Durga
29/5	1.648 kg	EBM	22ml	98.0°F	Sayetha
29/5	1.646 kg	EBM	22ml	98.1°F	Syothi
30/5 (MD)	1.660 kg	EBM	22ml	98.1°F	Durga
30/5 (E)	1.658 kg	EBM	22ml	98.2°F	Sueha
31/5	1.655 kg	EBM	22ml	97.5°F	Durga
31/5/26	1.648 kg	EBM	26ml	97.2°F	Pooja
1/6/26	1.669 kg	EBM	26ml	98.1°F	Jyoti
1/6	1.547 kg	EBM	26ml	98.1°F	Yamini

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173323 Admit Date : 03-May-2026 Admit Time : 09:50 AM UHID : BAH-00655373

Patient Details :

Patient Name : Baby Of RUTUJA PATWARI Age : 0 Y 1 M 2 D
Guardian : Mr LOKESH WALVEKAR DOB : 01-04-2026 10:11 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H.NO-2-1-311, FLAT NO406, VAISHNAVIS Phone No : 9014166131/ 8639129270
LAKSHMI VENKATA VILLA, Nallakunta E-mail : RUTUJA.PATWARI@GMAIL.COM
Hyderabad Telangana INDIA 500044

Admission Details :

Bed Type : NICU Bed No : NICU 272 Ward Name : 2F-NICU 3
Room No : NICU 272 Admission Type : First Visit

Contact Details :

Name : Mr LOKESH WALVEKAR Relationship : Father
Contact Address : H.NO-2-1-311, FLAT NO406, VAISHNAVIS Phone No : 9014166131 / 8639129270
LAKSHMI VENKATA VILLA, Nallakunta
Hyderabad Telangana INDIA 500044


Signature

Doctor Details :

Doctor Name : Dr. DINESH KUMAR CHIRLA Specialisation : NEONATAL INTENSIVE CARE
Referral Doctor : DR. TEJASWINI Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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
28/5/26	10pm	NICU	305	Durgam

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. prashanth	31/5/26	9638070	Jyothi
2				
3				
4				
5				
6				
7				
8				
9				
10				

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
-------------	--------------	-------------------	--------------------



33 days
 C.A. - 1.66 kg



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

BIRTH INFORMATION

Name : B/o Rutuja Patwari Mother's Blood Group : AB+
 Gender : M F Blood Group : A+ Birth Weight (gms) : 1.2kg Length (cms) :
 Date of Birth : 14/2/26 Time of Birth : OFC (cms) :
 Place of Birth : PH - Himayatnagar Estimated Gesth Age : 32 wks
 Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 30yrs Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx : IUI Conception
 Booked at what GA : A AN Steroids Drugs / Doses :
 Last Scans Details : AED F/ oligohydramnios / cerebellar
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

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

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx : with
 Scans : LGA, TIFFA , Fetal Echo :
H/o Hypothyroidism : 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 : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

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

KS	B.W	Gender	Significant	Details
			GA - NOV - 2024 - IVF Conception	
			OP - PP	

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication : <u>A&PF</u></p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes

TOTAL

6/10 . 8/10

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

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)	Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	0
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (26)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Multiple Seizures	No (0)	Yes (19)		
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	< 0.1 (18)	
Apgar Score	> = 7 (0)	< 7 (18)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		
Total				

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

penicillin - Dg

R/S → CIAB → CP NIV → 1 day
 CPAP - 2nd day
 HFNC - 3-4 days
 Lowflow - 5th day
 RA - POLW 5 day

↓
DOL-22 - apnea → HFNC started
 ↓
 resp. acidosis
 NIV - started
 ↓
 HFNC - after 2 days
 2 day HFNC → NIV
 ↓
 resp
 CPAP + 4 days

→ NO phonotopic requirement
 finely PDA initially

→ P/A → neocortin plus

~~stage~~ surgical opinion

Rectal / NAE → oral →
 was

cyclical feed - 10-15 days

6 meals hourly - currently

TU-1600kgs

→ Hypoglycaemia - Day-2-3 Intermittent

Investigation details in previous Hospital :

DOL-22 - sepsis + hypoglycaemia
 17.5 - Isopt - 4mg/kg + 3mg/kg
 3:1 NAE

→ sepsis → initially
 ↓
 Plt - (N) / WBCs

↓
 urine - electrolyte + HCG
 sepsis - tubular
 part

→ DOL-22 → ↓ Plt → 17k (4-5 SDP)

Feeding History :

Candida tropicalis 5-CRBC

Ⓧ DOL IV Tg @ 26 hrs

metabolised - yeastemia + CPO-amylopol
 +

IL-6 - 127 ↑
 febrile 596

CST not done

Microfungus
 UOribanocary
 -C

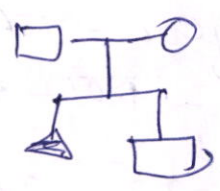
cholesterols 7.9 2.2.6
 5.3 7.2 3
 4.2



not done

NSy
Echo (M)
10sqabd - mild echoes

Family History :



Socio Economic History :

upper class

GENERAL EXAMINATION ON ADMISSION

General Disposition :

vigorous

VITALS : Temperature : 36.5°C HR : RR : 30 NIBP : CFT :

Color of the extremities : pink

Jaundice : (+) Pallor : (+) SpO2 :

ANTHROPOMETRY: Birth Weight : 1.2kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

anelles :
Sutures : *overriding of sutures*
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :

FACIES :
(Any Facial Dymorphism) *- no dysgenism*

NECK and CLAVICLES :
Range of Motion : *20*
Asymmetry : *(N)*
Masses :

EYES :
Symmetry :
Red Reflex : *- fo be checked*
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency : *(N)*
Palate :
Gums :
Lips :
Tongue :

THORAX and BREASTS :
Shape of Thorax : *20*
Position of Nipples and Number : *(N)*

ABDOMEN and UMBILICUS :
Shape :
Organomegaly : *(N)*
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen :
Testicles/penis : *(N)*
Anus :

HERNIAL ORIFICES *- intout*

TRUNK and SPINE : *(N)*

SKIN LESIONS : *- atopic dermatitis peri-oral excoriation*

EXTREMETIES :
Fingers / Toes : *brachynyia*
Deformities : *over foot*
Hip Joint Examination :
Arms / Legs :
Mobility :



SYSTEMIC EXAMINATION

Breathing Pattern Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂: 98% Auscultation: Breath Sounds: Added Sounds:

CARDIOVASCULAR SYSTEM :

HR : 134 bpm BP :

Precordial Activity : (N)

Femoral Pulses : 2 (N)

Murmurs : w/-

Other Peripheral Pulses :

Signs of Cardiac Failure : w/o

ABDOMEN:

Shape : 2 (N)

Hernia orifice : Intact

Palpation : 2 (N)

Anal Patency : Patent

Palpable masses :

Umbilical Cord : 2A+1V

Abdominal girth :

First urine passed : -

Meconium passed : -

NERVOUS SYSTEM:

Higher intellectual functions (Sensorium) : 2 (N)

State of wakefulness : 2 (N)

Prechtle Score :

Nerves :

MOTOR SYSTEM:

Passive Tone : 2 (N)

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

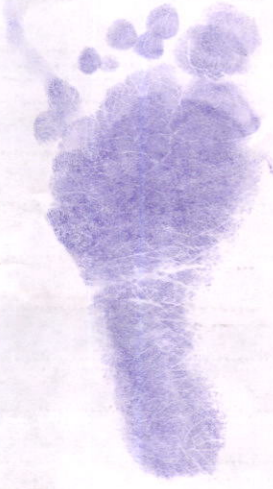
ATNR : Skull and Spine :

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 01-04-2026 0 Y 1 M 5 D (M)
 Dr. DINESH KUMAR CHIRLA

Diagnosis : *mod PTL SQAL fungal candida tropicalis
 sepsis / congenital / thrombocytopenia / cholestasis*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *Dr. Vaidya*

Date & Time : *3/15/26*

Consultant : **Dr. MVB PRATHYUSH**

Signature *[Signature]* Registration No. TSMC/FMR/30369

Name : *Dr. Dinesh Kumar Chirala*

Date & Time : *3/15/26*

PLEASE FILL UP THE FOLLOWING DETAILS

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

AT THE TIME OF TRANSFER TO THE WARD



Neonatal condition at the time of Transfer:

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

TV - 150 ul/kg/day
feed - 6ml hourly
15.7 I sopt
NA₂

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

NPI + PT - INR
blood cl
urine cl
gas
RBS

→ continue nitazoxanide, vorico
→ i) Plt < 30k, give sdp
uazole

Doctor Signature (Handover Given):

Doctor Signature (Handover Taken):

Doctor Name:

Doctor Name:

Date & Time:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>21/5/26</u>	B/o Rutuja	
	<ul style="list-style-type: none"> → Skin peeling improved → Edema improved comparatively → ↑ total volume, v/o is good → Weaning on CPAP pressures. → Metabolic status to be monitored → To trace CPAP, CRP. → Plan to initiate feeds today. → Antifungals discussed as per baby. → To trace repeat cultures. → Tip culture showed MSSA → Gram negative growth in skin swabs. 	
		Patin

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-0065373 IP5-00173323
Baby Of RUTUJA PATWARI (M)
01-04-2026 0 Y 1 M 26 D
Dr. DINESH KUMAR CHIRLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/04	<u>13/04/2026</u>	
	→ baby is quiet stable	
	→ baby is stable on HFNC / today will wean off HFNC	
	→ blood test have to be sent now	
	→ IL-6 / ferritin level are decreased	
	→ after HFNC removal baby might have small desaturation episode	
	if baby is have tachycardia / increased desaturation	
	→ skin lesions are better	
	→ we will continue antifungal and analgesia	
	→ lymphocyte subset - CD19 & CD8 are on lower side	
	→ we will go upon feeds today	
	→ blood culture	
	yellow discharge green discharge	
	→ skin swab	

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 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/12/26	B/o Rutuja	
	Baby is vitally stable on RA & no distress.	
	Platelets crossed back.	
	Culture sent on 6/5/26 & yesterday are negative so far.	
	Skin lesions are improving	
	weight gain present.	
	blood pressures are within normal limits.	
	To discuss & microbiology regarding antibiotic for acinetobacter skin swab-cv.	
	to discuss & rheumatology regarding anakinra dose continuation.	
	To gradually grade up feeds.	

[Handwritten signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26	<p><u>B/D - Rutuja Patwar</u></p>	
	<p>Ⓢ We are going to trace the culture</p>	
	<p>• We have removed the pice line</p>	
	<p>• We are restarting lipo-amp-B/E succinidin</p>	
	<p>• We are awaiting PCR Ⓢ</p>	
	<p>• We are planning for 2b other echo, ophthal opinion to evaluate candida's evaluation.</p>	
	<p>• Nutrition wise</p>	<p>→ we will increase feeds → We will add start TPN & add micronutrients</p>
	<p>• We are also also waiting for WES</p>	
	<p>• We are awaiting CBP to look for platelet.</p>	
	<p><u>Rupjith</u></p>	<p><u>[Signature]</u></p>

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 26 D (M)
Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/04/26 5:30pm	B/p <u>Rutuja</u>	
	→ Parents have been counselled regarding the need for exchange transfusion	
	→ The process of exchange transfusion explained. - 90ml/kg Complications explained. Apnea, Hypothermia, Sepsis, Hyperbalemia, Hypocalcemia, Metabolic acidosis	
	→ The precautions & procedure explained.	
	→ The post procedure investigations explained.	
	→ Repeat IVIC, dose given to be given	
	→ Plan to start Anesthesia today.	
	→ If persistently apneic, need to intubate the baby has been explained.	
A. Ch		

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 26 D
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26	Bo <u>Rutuja</u>	
	→ Metabolic acidosis, ↑ lactate, need for NIV explained.	
	→ Increased lactate, stabilised with fluids and bicarbonate correction improved blood gas today morning.	
	→ Comfortable on NIPPV.	
	→ Euglycemic, passing urine & stool	
	→ Fall in Hb to 5 → ♂, NSG done to check for any LVH - (N)	
	→ cardiac function appears normal.	
	→ DIC picture seen in baby ↑ D-dimer, thrombocytopenia	
	→ Plan of LBC transfusion.	
	→ Elevated septic markers.	
	→ Hematology & genetic consultation today.	
	→ Extended coagulation profile planned	
	→ NBS - (N), but clinical condition requires genetics review	
	→ Suspicion of HLH. discussed.	

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Baby Of RUTUJA PATWARI (M)
01-04-2026 0 Y 1 M 26 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order					
21/3/26	<p>nutrition calculation</p> <p>TN = 175 ml / 4 day = 288ml</p> <p>AMF = 1/2 feed = 6</p>						
		Cal	Pert	Ca ²⁺	PO ₄	Fe	Vit D
EBM		170.8	2.8	89.2	38.25	0.5	—
AMF (6)		20.2	1.6	94.8	47.4	1.8	796.8
Ossopan D (6 ml)		—	—	150	66	—	240
Oral EXT		—	—	—	—	3	—
TOTAL		191	4.4	334	151.6	5.3	1036
1kg		112	2.6	196	89.2	3.1	609.8

[Signature]
 Dr. Abhinav

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order



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

Day in NICU: Day of Life: 53 PMA: 39+4
 Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1.625
↑ 13gm

Problems		
S.No.	Current	Past Problems
1.	Mod PT / SGA / FAU	→ sepsis & meningitis
2.	Persistent candida tropicalis	
3.	HUT	
4.	Hypokalemia, bradycardia	
5.		
6.		

Clinical Assessment
 on RA (↓ TV 175 → 150) HR - 139/min
 full on feeds - 2 eps vomiting milky-white
 SpO₂ - 99.1
 RR - 43/min
 No distress
 PA - soft
 K⁺ = 1.8 $\xrightarrow{\text{smeg}}$ 2.2 $\xrightarrow{\text{smeg}}$ to check.
 Hb - 9.1, PC - 2.62, CRP - 5

- Medications Used**
- ① Nicasargin D4+18
 - ② Meropenem D7
 - ③ 2 2 D drops
 - ④ Domotal 20.3 mg/kg dose
 - ⑤ Lanzol
 - ⑥ Biotin
 - ⑦ Orpex T
 - ⑧ Ossopar - D
 - ⑨ 1 HMF/feed
 - ⑩ Sucralfate
 - ⑪ Cicatris cream
 - ⑫ Dexamethasone D5
 - ⑬ Nasoclean
 - ⑭ Potchlon
 - ⑮ Odilin
- DIU Line D₂

Plan of Care:

- ① TV = 150 ml/kg/day → 2 ml @ 2H on feeds + 1 HMF
- ② upper GI study today
- ③ Trace CBP + CRP
- ④ Monday LFT

Doctor's Name (Hand over given): Dr. Advweays
 Signature: [Signature]
 Date & Time: 22/5/26

Doctor's Name (Hand over taken): Dr. Pooplu
 Signature: [Signature]
 Date & Time: 22/5/26 9am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 @ 9:58 AM	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 331px;"></div>	seen by Dr. Dinesh sir
		→ electrolyte evening
		→ LFT - Monday
		+ ↓ Dr. Maulan
		<p>noted by Panel Dr. Dinesh at 9:58 AM</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 2:40 PM	Afternoon rounds	
	D53 / 32+1 →	39+4 WKS
	Baby hemodynamically	Stable
	Stable on room air	→ 70-100 beats / day 2ml / slowly + 1#MF
	C → HR - 118 bpm BP - 10/6 mmHg	full of feed
	U/L	→ Monday - LFT
	tolerating feeds NO vomiting	→ evening electrolytes → monitor vitals
		Note by Ages 01908R Dr. Maulana
		Seen by Dr. Vinay
	K ⁺ - 2.3	K ⁺ correction over 6 hours. Repeat S. Electrolytes Tm. 8 am
		Note by Bushra (Dr. Pentak)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 7am.	Last - S.Elec - 141/2.3/116 S. creat = 0.3	<u>Plan:</u> Send S. Electrolytes S. creatinine } now Dr. Ranje Note by Bushra



23/5/26

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

Day in NICU: Day of Life: 54 PMA: 39+5
 Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1.650g

		Problems	
		Current	Past Problems
Overview	S.No.		
	1.	mod. PT / SGA / FGR	
	2.	persistent candida tropicalis → sepsis	
	3.	Hct	meconium
	4.	hepobalena	
	5.	cholestatic jaundice	
Clinical Assessment	- Issues of bradycardia		
	SpO ₂ - 96% HR - 110/min RR - 45/min		
Medications Used	- Hmf		
	- orofee - potchev - dexmethasone		
Plan of Care:	- Succalfate		
	- Meclizone (D4 H9) - D4 + merpensen (D7)		
- TV - 150ml/kg day → 21ml 2nd haly + 1 Hmf to full of feed			
- GFT on monday			
- serum electrolytes to send every			
- RW to send CBP			

Doctor's Name (Hand over given): Dut
 Signature: Dut
 Date & Time: 23/5/26

Doctor's Name (Hand over taken): Amb
 Signature: Amb
 Date & Time: 23/5/26

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 22 D (M)
 Dr. DINESH KUMAR CHIRLA

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	Afternoon rounds	
2:00 PM	- NO vomiting	<u>Plaus</u>
	Issue of - Bradycardia till 95, SpO ₂ - 96% PR - 129/units RR - 52/min	TV - 15ml/kg/day ↓ 21ml 2nd help + 1 HMF Full OG feeds
	Stool - normal Urine - passed	- To send serum electrolyte in the evening & trace repeat - To send IFT on Monday
	<u>Supps</u> - order - XT - ZGD - HMF - Biotin Tab - syr Potchlor - Fy-micaburg (D20) - Ossopan D - Fy-menpeneu (10+7) - Domstal - syr. odilor - Jucor canal	- Rlv to send csp. - with vitals, wound - continue KMC. Dr. Aush

Noted by
 Sanyal
 23/5 @ 2:30 PM
 604271

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 20 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ Screen electrolyte T/M morning
		← CBP, UFT noted by Bushman @ 6 AM

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order



24/5/26

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

Day in NICU: Day of Life: 55 PMA: 39+6

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1665g (+15g)

		Problems	
		Current	Past Problems
Overview	S.No.		
	1.	Mod PT / SGA / FGR.	
	2.	persistent candida tropicalis sepsis	
	3.	meningitis, HCT	
	4.	Hypokalemia	
	5.	cholestatic jaundice	
Clinical Assessment	Issues of intermittent bradycardia. Hypokalemia - K ⁺ 2.2 → on 1.5 meq/kg KCl correction. ↑ Potchla Potchla → TBD → TID. HR - 102/min SpO ₂ - 99% RR - 32/min BP - 80/38 (54)		
	Medications Used	- HMF - Sucralfate - Oxepam D - biefel XT - Micafungin (D ₄ + 20) - Lansoprazole - Potchla - Meropenam (D ₄) - Domstal - Dexanethasone - Udiliv - Z&D drops	
Plan of Care: • TV -			

Doctor's Name (Hand over given): Dr. Anurag
 Signature: [Signature]
 Date & Time: 24/5/26

Doctor's Name (Hand over taken): Dr. Poojitha
 Signature: [Signature]
 Date & Time: 24/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan (D/W - Dr. Anusha)
22/05		KCL correction
9:13 am	K ⁺ = 2.2	① 1.5mEq/kg
		I.V over 6h.
		noted lab
		join
		24/5 @ 9:30 am
		Rural
		24/5 @ 9:30 am
		Evening Round.
	On RA.	
	Issues of Hypokalemia.	
	1.5mEq/kg KCL correction	Plan
	given.	
	Clitals	IV - 150ml/kg/day
	HR - 115/min.	2ml/2nd hly
	RR - 42/min	+ HMP -
	SpO ₂ = 99%.	OK feed.
	RA - soft	w/ + tachycardia
		R/L & electrolytes
		tense.
		VCG abdomen - /m
		Monitor vitals

Noted By
 meha 24/5/26 @ 8pm

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 23 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	<p>Had bradycardia in morning</p> <p>HR was</p> <p>normal</p>	<p>Pls</p> <p>→ Full O2 feed</p> <p>2ml every 4HR</p> <p>→ S/E/T/m</p> <p>→ Use Abdomen → T/m</p> <p>→ Noted By Megha</p> <p>25/5/26 020966</p> <p>@ 12AM</p>
<p>—————</p>		

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 23 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

25/5/26

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

Day in NICU: Day of Life: 56 PMA: 40 weeks

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1700g (135g)

		Problems	
		Current	Past Problems
Overview	S.No.		
	1.	Mod PT / SCAL / FCRL	
	2.	persistent candida tropicalis sepsis	
	3.	meningitis, HctH	
	4.	Hypocalcemia	
	5.	cholestatic jaundice	
Clinical Assessment	Intermittent brady cardia, improved after PCL correction		
	HR - 121/min RR - 40/min SpO2 - 100% BP - 86/41 (56) U/O - 4.2 cc/kg/hr		
Medications Used	HMF Orofer XT Patchesol Dexamethasone		
	Sucralfate Micafungin (D1+D21) Meropenam (D10+9) Udilir		
Plan of Care: TV - 150cc/kg/day → 2ml/2nd hely + 1+emp OG feed. All nipple feeds Trace S. electrolytes USG abdomen today. w/f brady cardia.			

Weekly - 185g

Doctor's Name (Hand over given): Prasanthi
 Signature:
 Date & Time: 25/5/26 8am

Doctor's Name (Hand over taken): Dr. Animesh
 Signature:
 Date & Time: 25/5/26 8PM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 10:30am		Seen by Dr. Dinesh Sir
		→ USG abdomen today
		→ S/E today evening
		→ R/V oral feed after bottle is acing
		→ Continue KMC
	① Poop like	
		noted by 601071 - Saiya 25/5/26 @ 10:35AM
	Afternoon rounds	Plan
	on RA, no distress	① TRV = 15 bull / day
	HR - 110/min, S/min	2ml S2H + KMF
	RR - 21/min	② R/V oral feeds
	SpO ₂ - 99%	③ (R) oral
	tolerating oral feeds	④ S/E in the evening
	PA soft	⑤ cont KMC
	pained stools	
	SPT & SPTT fully tend.	
	K - 2A → 3.6	⑥ RA / Abony

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 23 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 HPM	Night rounds	Seen by Dr Anatyush
		Plan
		① (RW) SLT 4/1m
		→ Noted
		By BMegha
		26/5/26 8pm



26/5/26

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

Day in NICU: Day of Life: 57 PMA: 40+1 wks.

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1744g (144)

S.No.	Problems	
	Current	Past Problems
1.	Mod PT / SGA / FGR	
2.	Persistent candida tropicalis sepsis	
3.	meningitis, HLH.	
4.	Hypokalemia	
5.	cholestatic jaundice	
6.		

Clinical Assessment
 Rpt. K⁺ → 5.9
 No vomiting
 HR - 156/min
 RR - 42/min
 SpO₂ - 92%
 BP - 95/50 (66)
 U/O -
 USG - Transient ↑ in medullary pyramidal echogenicity

Medications Used
 HMA
 omeprazole XT
 Pötechlor.
 Dexamethasone - Udiliv.
 Sucralfate
 Micafungin (D4+D22)
 Meropenam (D10+10)
 USG - Transient
 Oxycodone →
 Lansoprazole
 Domperidone - 2x D drops

Plan of Care:
 TV - 150ml/kg/day ⇒ 22ml 2nd hely + HMA (2nd hely)
 full O4 feed.
 Continue kmc.
 R/v to send S/E today.

Doctor's Name (Hand over given): Poppithe
 Signature: [Signature]
 Date & Time: 26/5/26 9am

Doctor's Name (Hand over taken): [Signature]
 Signature: [Signature]
 Date & Time: 26/5/26




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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 09:57 AM		seen by Dr. Dinesh Sir
		✓ send serum electrolyte w
		✓ stop pot clon
		✓ ② pallada feed
		noted by Chandana 26/5/26 @ 10:30 AM P. Manthra
26/5/26 2 PM	Afternoon Round	Plan
on RA.	Accepted 1 potaday bottle feed in 20-25min minimal spillage. No vomiting	Give 1 more bottle feed + Rest OI feed.
HR - 106/min RR - 42/min SpO ₂ - 99% BP - 83/40 (56) Kt - 6		✓ ECG now. ✓ Repeat S/E at 4pm ✓ w/f beady cardiac

noted by Chandana 26/5/26 @ 3pm

3AH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 11-04-2026 0 Y 1 M 24 D (M)
 Dr. DINESH KUMAR CHIRLA




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA

27/5/26



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

Day in NICU: Day of Life: 58 PMA: 40 + 2 weeks
 Term Preterm Gestation: 32 + 1 Corrected Gestational Age: Today's Weight: 1.759
 (↑ 15 gm)

Problems	
S.No.	Current
1.	Moderate preterm/SGA/ABR
2.	persistent candida tropicalis sepsis
3.	meningitis
4.	HLL
5.	hypokalaemia
6.	cholestasis

Clinical Assessment	
- on room air	- accepted * four bottle feeds well yesterday [20 to 25 min]
SpO ₂ - 96%	
PR - 125/min	
RR - 42/min	

Medications Used	
HMF	cediliv
osfex-XT	lanzol.
fotchlor	ZGD
Dexamethasone (day 9)	Statin tabs
Succalfate	Cicatrix cream
	nasoclear drops

Plan of Care:

- TV - 150 ml/kg/day → 22ml 2nd hourly + HMF 2nd hourly [6 paladai + rest of feeds]
- Continue KMC
- Review CRBC transfusion today;

Doctor's Name (Hand over given): [Signature]
 Signature: [Signature]
 Date & Time: 27/5/26, 9:30 AM

Doctor's Name (Hand over taken): Dr. Arvind
 Signature: [Signature]
 Date & Time: 27/5/26

Patient Sticker



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

Day in NICU: Day of Life: PMA:

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

Overview	Problems	
	S.No.	Current
1.		
2.		
3.		
4.		
5.		
6.		
Clinical Assessment	[Handwritten clinical notes]	
Medications Used	[Handwritten medication list]	
Plan of Care:	[Handwritten care plan]	

Doctor's Name (Hand over given):

Doctor's Name (Hand over taken):

Signature:

Signature:

Date & Time:

Date & Time:

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 12:30pm	Afternoon Round	
	on RA -	
	Hemodynamically stable.	
	Vitals	<u>Plan</u>
	HR - 134/min	→ Keep NPO for
	RR - 49/min	LRBC transfusion
	SpO2 - 97%	
	BP - 94/52/46	→ TV - 150 ccl/kg/day
	P/A - soft	10% Iso P.
	Hb 7.2	→ Give LRBC transfusion
		→ Feeding as per
		transfusion protocol
		→ Blood gas 2hrs
		after transfusion
		→ Monitor vitals
	Noopthis	
		noted by
		Chandana
		27/5/26 @ 1pm

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11 PM		Seen by <u>Dr. Dinesh</u> .
		→ Send NP, 2 tomorrow LFT } 6am
	↓ <u>Respirator</u>	→ Crib care <u>now</u> after transfusion
		→ R/v shift out tomorrow.
		Noted by Chandana 27/5/26 @ 4pm

BAH-00655373
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA

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

Day in NICU: Day of Life: 59 PMA: 40+3 wks

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1749g (4log)

	Problems		
	S.No.	Current	Past Problems
Overview	1.	Mod PT / SCA / Fae.	Skin-els - Acinetobacter
	2.	Resistant candida tropicalis sepsis	
	3.	Meningitis	
	4.	HCTH	
	5.	Hypokalemia.	
	6.	Cholestasis	
Clinical Assessment	<p>on Room air Hb-7.2 → CRBC given. post-transfusion gas - (R) restarted fed. tolerating full nipple feed.</p>		
Medications Used	<p>Hmf. Hold oral supplements & fortification for 24h.</p>		
Plan of Care:	<p>Crib care. • TV - 150cc/kg/day → 22ml 2nd half full nipple feed. • R/V Dexamethasone & remove IV line. • Continue tmc. Trace NP, LFT reports. • R/V shift out.</p>		

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

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

Signature: [Signature]

Signature: [Signature]

Date & Time: 28/5/26 7am

Date & Time: 28/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 AM	seen by Dr. Dinesh	Plan
		① crib care ② stop pot kies ③ trace ERP ④ shift to room ⑤
		Dr. Dinesh noted by Chandana 28/5/26 @ 10 AM
28/5 3 PM	Afternoon rounds	play
	baby neurodynamically stable on room air	usual slowly + 1 HR F → @ after - 3 PM full pallada feed
	C → HR - 125 BPM SpO ₂ - 100%	→ crib care
	P/A - soft tolerating feeds	→ continue knee
		→ start supplements → flu - shift to sovereign body

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 03:56 PM		<p>Discussed with Dr. Siresha Mani</p> <hr/> <p>- Tapered Dexamethasone</p> <p style="margin-left: 40px;">↓</p> <p>0.2mg → 0.1mg</p> <p style="margin-left: 40px;">↓</p> <p>0.1mg → 0.1mg x 3 days</p> <p style="margin-left: 40px;">↓</p> <p>0.1mg - OD x 3 days</p>
		<p style="margin-left: 40px;">↓</p> <p>5. months</p>
23/5 04 PM		<p>Discussed with Dr. Siresha Mani</p> <hr/> <p>- continue same dose of dexamethasone</p> <p style="margin-left: 40px;">↓</p> <p>opt CRT / CRT of eyes</p> <p style="margin-left: 40px;">3-5 days</p> <p style="margin-left: 40px;">↓</p> <p>then taper dexamethasone</p> <p style="margin-left: 40px;">↓</p> <p>5 months</p>

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 26 D (M)
Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- CBP } cep } T/M morning PCT } to send
28/5/26		
6:00pm	<u>Shifting notes</u>	
	- Stable on room air	
		<u>Plan:</u>
	SpO ₂ - 96%	- Feed
	PR - 125/min	25ml seed help
	RR - 45/min	full paladai
		feeds,
		+ 1 HMF
		in each feed
		- crib care
		- continue tmc
		- Start all supp therapy

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- continue IV DEXAMETHASONE till 30/5/26;
		fib change to oral DEXAMETHASONE
		- RBS OD
		- To send CBP } CRP } from morning. pro-calcitonin }
		- to do UFT ^{LFT} after 3 to 5 days.
		- AABR } after shifting to room.
		- Monitor vitals & Temperature 4th hourly inform if Temp < 97.5°F.
		- RIV Vaccination in followup; <i>As per</i>
		- Rlv all medications tm.



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:00am	Morning Round	
	DOL-60 32+1 → 40+4 wks 'tropicalis' sepsis, meningitis (?) Cholestasis	persistent candida Hypokalemia
	on RA.	Plan.
	Hemodynamically stable Accepting nipple feeds. Episodes Brady (upto 75/min) CRBS - 59 mg/dl.	→ Feed - 25ml 2nd hely [EBM + 1+MF] nipple feeds flb burping
	HR - 118/min RR - 49/min SpO ₂ - 100% P/A - soft	→ Change IV cannula & send CBP } now CRP } Procalcitonin }
	passed urine & stool. no vomitings	→ Continue IV Dexamethasone till 30/5/26, then change to oral.
	on I/j. Dexamethasone (D11) Syp. Sucralofate T. Biotin	→ LFT after 2 to 4 days
	2k Ddrops T. Jemini Kangol Syp. Ortopan - D Demstal susp. Syp. Potekha. Cicaleis cream	→ ABR today → R/v vaccination on follow up → Restart all Supplements

Wt = 1.648 kg
 ↓ 100g

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26		Seen by Dr. Kalyush
12pm		
		→ Recheck weight in the evening
		→ Send CPT on 1/6/26
		→ 25ml / 2nd hely feed + 1cm ³
		→ Nasoclear drops
		→ Check weight twice daily

[Signature]
 noted by Jyotha caolar32

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 29 D (M)
Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 5pm		Seen by Dr. Dinesh. → Head end elevation
	Abd. distension ⊕	→ if persistent distension, vomiting consider X-Ray
		Ask UFT in same sample
		→ Check weight again now.
		→ If wt. loss in the evening also, do a blood gas
		noted by Jyothi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9PM	seen by new Fellow	
	Self ventilating on RA vitality stable	Plan
	HR - 110/min	① 25ml q2h palday / better feed
	SpO ₂ - 100%	+ IHMF
	RR - 32/min	② Nuroclear drops
	CRT < 2s	2-3 hly
	Taking feeds well.	③ nasal suction if needed.
	PA - soft but distended	④ in case of gaseous distension, vomiting
	passing stools - yellow.	kneel abdo.
	No vomiting	⑤ Procto guard oint over diaper rash q2h
	Hungry, rooting actively	
	Ileutic.	
	Diaper rash ⊕	
	nasal blockage ⊕	

[Signature]
 Dr. Dinesh

29/5/26
10PM

Discussed to Dr. Dinesh

Plan

- ① check vitals t/m
- decide gas t/m
- ② gastro review to
Dr. Prashant t/m
- ③ monitor TR, abdomen
- ④ SOS shift to new

[Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:30am	Morning Round.	
	DOL-61 32 ⁺ → 40 ⁺ 5 wks persistent candida tropicalis sepsis/meningitis ?HHT cholestasis hypokalemia	
	on RA.	Plan.
	HR - 114/min RR - 51/min SpO ₂ - 99%	→ Continue feed 150cc/kg/day 25ml/2nd hly (EBM + HMF) nipple feed.
	P/A - distended soft-firm.	
	Urine - 4 times Stool - 4 times AG - 33cm	→ R/v to taper & change to oral Dexamethasone.
	T-wt - 1660g (↑14g).	→ Gastro opinion with De-Beasant 11/10. dechanged CFT.
	Daj. Dexamethasone (D12) Syp-Sucralofate P- Biotin	
	Zn D drops T.Js. Lamsol Cesopan D Domstal	→ If persistent abdominal distension so abdominal X-Ray
	Cica teio cream Oxyer xT Proctoquad.	→ Check weight twice daily.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		→ I/O charting 6 th hely.
		→ Monitor HR and vitals
	↓ Respirator	→ Nasal clear drops 4 th hely.
30/3/26 ← 11:20am		Seen by Dr. Pratyush
		→ IV - 160cc of 1 day 26ml 2 nd hely bottle feeding.
		→ Gastro opinion.
		→ Continue IV Dexamethasone till further advise.
		→ Send Hb, TFT
		→ R/v investigations with after gastro review.
		→ Head end elevation
		→ Strict abdominal girth

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 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 29 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		monitoring pre feed.
	→	Strict vital monitoring
	→	BP charting 6th day.
	→	Twice daily weight monitoring.
	↓ <u>Respiratory</u>	
		Seen by <u>Dr. Dinesh S</u>
	→	USG abdomen today.

00655373 IP5-00173323
 Y OI RUTUJA PATWARI
 4-2026 0 Y 1 M 29 D (M)
 DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 H: 30pm	<u>Evening Round</u>	
	on RA.	<u>Plan</u>
	Hemodynamically stable.	
	Accepting bottle feeds well	→ Feeding - 160 cal/kg/day 26ml 2nd hely. bottle feeds.
	activity - good.	
	passed urine & stool.	→ monitor abdominal girth before each feed.
	AG - 33 cm.	
		→ R/v to send urine c/s.
		S/E: LFT.
	Dexa - 0.25mg/kg/day (BD).	
	↓	
	0.2 - 0.1 → 3D	→ R/v change dexamethason to oral & taper dose.
	↓	
	0.1 - 0.1 → 3D	→ Monitor stool colour and document.
	↓	
	0.1 - 0D → 3D	
		→ Monitor vitals
		→ Check wt. in evening
		→ I/O charting 6 th hly
		→ Keep head end elevation.

to
Prophylax



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>30/5/26.</u>		Seen by <u>Dr. Dinesh</u>
	→	Complete set of labs on Monday
	→	Change Dexamethasone to oral.
	→	Stop IV, remove IV line.
		noted by Sucha 30/5/26 @ 8pm
<u>31/5/26</u>	OAL - 62 / 32H → 40+6	
	Today wt - 1.65 kg. (3 gm wt loss)	<u>Plan</u>
	on room air	1) Continue bottle feeds
	Stool - yellow color	TV - 160 cal/day
	Uo - 1.2 ml/kg/hr.	26 ml @ 2H
	on bottle feeds	2) Labs - Monday
	AG - 33 cm prefeed	3) Monitor stool color & document
		4) Do chelug 6th hour.

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 30 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/1/26 8:30 AM		Scrub 2 - MVB Scrub.
	→ PlA - scrub mild distension ⊕	TV - 28 ml @ 2H.
	→	S.E LFT urined, } BP } Tomorrow.
	→	m. monitor vitals.
		Dr. Dinesh Kumar Chirala
		noted by Jyoti (9010532)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 8:20am	Morning Round	
	DOL-62 32 ⁺ → 4 weeks cholestasis	
	on RA.	
	Hemodynamically stable. accepting bottle feeds well.	
	FWT - 1648g TWT - 1660g ↑ 12gm	Plan → Continue
	Vitals	2 small 2nd hly feed + 1 HMF bottle feeds
	HR - 121/min.	→ Send CBP, S/E
	RR - 42/min.	CFT now.
	SpO ₂ - 99%	→ Monitor vitals
	AG - 32cm.	→ AG monitoring prep'd
	P/A - soft, mild distension (+)	→ I/O charting 6 th hly
	Stool - passed (yellow).	→ Monitor stool colour & document
	D. Poojilha	
		noted by J... <hr/>

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 29 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 10 AM	Seen by Dr. Dinesh	Pen
		① central venous catheter NP, etc today LFT + TFT
		② cont feeds
		③ ACU monitoring
		④ If ①, plan ⑤ t/m
		⑤ AABR today
	Dr. Ashwarya	⑥ Rx last ROP
		⑦ last NSU today
		noted by Julli

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 28 D (7A)
 Dr. DINESH KUMAR CHIRLA



CROSS CONSULTATION FORM

Doctor Name : Dr. Poushya / Dr. Pralamb Date : Time :

Diagnosis :

Hospital :	Type of Referral :
Referred for : <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Urgent
	<input type="checkbox"/> Non Urgent

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

inv /o Transaminitis / cholestasis.

Signature:

Findings and Recommendations :

DOB 61 / 32+1 -> 40+5 wk / Persistent Candida sepsis / Meningitis Tropikal

Issue! - 1x Transaminitis (↑)
 2x Cholestasis (↑)

9 HLH / 9 Cytokine storm.

High inflammatory marker - Anakura / IVIG / weebaby
 High inflammatory marker - 2nd time. anakura / dexamethasone.
 Anakura / IVIG / steroid stopped.

Plan

- 1x eye, urine -
- 2x ~~CMV DNA PCR urine.~~
- 3x USG Abdomen - to comment liver parenchyma & Biliary apparatus

Paused stools - yellowish.
 Urine colour - Normal.

O/E - Abdominal distension (+)
 BS (More than normal).
 Greenish blue spot over buttock

Consultant : Dr. Poushya
 Name : Signature : Date & Time :

No New onset fever / No Hypoglycemia

Actively Good, accepting orally well

CRP - Mild increase.

5 → 18 → 12

PCT - Negative.

Past cmv - Negative report.

Ophthalm examination - (N)

Abdominal Girth - 33 cm (Now)

last PRBC transfusion on 27/05/26. in / o hb - 7.2

No antibiotics / Antifungal :: 4 days

LAMPHO - 20/05/26 stopped (4 wks)

Micafungin - 20/05/26 (6 wks)

~~Repeats~~
~~100~~

4x Measure abdominal girth every pre feed.

5x Documentat Chla of stool Dr-Kumar

6x Thyroid profile (if not done)

7x Syp. Udiliv

Clomyl / Kg / dbcc - 80

Chla

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 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 24 D (M)
 Dr. DINESH KUMAR CHIRLA

7

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	26/5/26	26/5/26	27/5/26	28/5/26	29/5/26	1/6/26
Time	7:10 PM	9:48 PM	9 AM	9 AM		
Hb			7.2	12.3	11.6	12
PCV			21.1	37.2	34.3	36.5
RBC			3.22	5.19	4.89	5.10
WBC			12.71	16.62	11.45	12,500
N/L			66.9/22.0	60.0/23.8	40.0/	34/50
Platelets			327	249	238	221
CRP			5.0 →	1.8	12	8
ESR						
PCT					0.520	
RBS						
Na	139		137	136		134
K	5.5		3.7	5.5		3.8
Cl	114		112	110		105
Ca/Mg	2.0 9.8/2.0			9.8		10.6
Phosphate						
Urea				23		37
Creatinine				0.2		
ALP				566	608	351
SGPT				181	342	237
SGOT				253	471	208
T.Bill/Conj				8.2 < 5.5 2.7	10 < 6.5 3.5	7.5 < 5.5 2.0
T.Protein				6.2	8.1	5.7
S.Albumin				3.6	4.8	3.4
S.Globulin				2.7	3.3	2.29
A/G Ratio				2.7	1.4	1.4
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 :

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.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 22 D (M)
 Dr. DINESH KUMAR CHIRLA



6

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RESULT SHEET

Date	23/5/26	23/5/26	24/5/26	25/5/26	25/5/26	26/5/26
Time	@ 7:10 AM	@ 4:50 PM	@ 7:17 AM	@ 7:13 AM	@ 5:23 PM	4 AM
Hb			8.0			
PCV			22.8			
RBC			3.54			
WBC			7.94			
N/L			54.3/35.0			
Platelets			228			
CRP						
ESR						
PCT						
RBS						
Na	138	138	136	137	138	139
K	3.0	3.3	2.2	3.6	5.9	6.0
Cl	114	111	109	114	115	114
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.2					
ALP			661			
SGPT			145			
SGOT			267			
T.Bill/Conj			8.7	5.8		
T.Protein			5.2	2.9		
S.Albumin			2.9			
S.Globulin			2.4			
A/G Ratio			2.4			
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-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 30 D (M)
 Dr. DINESH KUMAR CHIRLA



RESULT SHEET

Date	1/6/26				
Time	11:19AM				
Hb	12				
PCV	36.5				
RBC	5.10				
WBC	12.50				
N/L	34/50				
Platelets	221				
CRP	8				
ESR					
PCT					
RBS					
Na	134				
K	3.8				
Cl	105				
Ca/Mg	10.6				
Phosphate					
Urea	8.7				
Creatinine	0.3				
ALP					
SGPT					
SGOT					
T.Bill/Conj	2.5 ^{5.5} _{2.0}				
T.Protein	5.7				
S.Albumin	3.4				
S.Globulin	2.29				
A/G Ratio	1.4				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
NO TPT	172.5				

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 :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

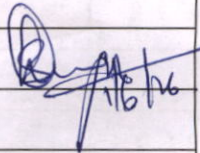
 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 2 M 0 D (M)
Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 4.30pm	Seen by Dr. Dinesh	
		<u>Plan</u>
		OPV ✓ Bcg ✓ to be given Hep B ✓ Now
		plan • D/c tomorrow • Vital monitoring
		<u>Agreement</u>
		<u>1/6/26</u> AABR - Hearing Assessment Bilateral responses are present Bilateral Normal
		<u>Adv</u> BERA after 3 months.
		 1/6/26



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 1.6 kg ... Ward ... 403

DRUG: Glycerine Suppositor
Dose: P/R
Route: TID
Frequency: 3/5
Start Dt.: 3/5/26

Name & Signature of the Doctor Starting the Drugs: *Rm. n. nair*

Additional Instructions: 0.4 ml to 0.4 ml

Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5
10pm	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Daily Doctor's Endorsement by a Sign

DRUG: INS METROFENEM
Dose: 6mg
Route: W
Frequency: TID
Start Dt.: 3/5/26

Name & Signature of the Doctor Starting the Drugs: *FAIZ*

Additional Instructions: 4mg / 1/4 dose

Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5
10pm	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Daily Doctor's Endorsement by a Sign

DRUG: INJ LIPOSOMAL AMPHOTERICIN B
Dose: 3
Route: W
Frequency: OD
Start Dt.: 3/5/26

Name & Signature of the Doctor Starting the Drugs: *FAIZ*

Additional Instructions: 6mg / 1/4 dose → 1 vial dilute in 10ml Distilled water & take 2ml + 2ml of 5% D.

Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5
10pm	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Daily Doctor's Endorsement by a Sign

DRUG: B. Bactomment
Dose: 100mg
Route: TID
Frequency: TID
Start Dt.: 3/5/26

Name & Signature of the Doctor Starting the Drugs: *FAIZ*

Additional Instructions: local

Date/Time	3/5	4/5	5/5	6/5	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5
10pm	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>	<i>10pm</i>
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

Daily Doctor's Endorsement by a Sign

2

Sheet N

REGULAR PRESCRIPTIONS

Weight 1.4 kg Ward Reg

DRUG: ZINC DROPS

Dose	Route	Frequency	Start Dt.	Date/Time
0.5ml	PO	OD	4/5	4/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5

Name & Signature of the Doctor Starting the Drugs: Sreha

Additional Instructions: 1ml = 20mg

Daily Doctor's Endorsement by a Sign: Sreha

DRUG: SYP. UDILIV

Dose	Route	Frequency	Start Dt.	Date/Time
2mg	PO	BD	4/5	4/5 5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5

Name & Signature of the Doctor Starting the Drugs: Sreha

Additional Instructions: (5ml = 125mg)
15mg/kg/dose.

Daily Doctor's Endorsement by a Sign: Sreha

DRUG: POMPERIDONE SUSPENSION

Dose	Route	Frequency	Start Dt.	Date/Time
0.1ml	PO	TID	5/5	5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5

Name & Signature of the Doctor Starting the Drugs: PALZ

Additional Instructions: 0.3mg/kg/dose

Daily Doctor's Endorsement by a Sign: PALZ

DRUG: T. JUNIOR LANZOL

Dose	Route	Frequency	Start Dt.	Date/Time
1ml	PO	OD	5/5	5/5 6/5 7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5 16/5 17/5 18/5 19/5

Name & Signature of the Doctor Starting the Drugs: PALZ

Additional Instructions: 1 tab 15mg
 → Take 1 tab & add 15ml of water & give 1.4ml of it

Daily Doctor's Endorsement by a Sign: PALZ

VERIFIED BY: Name Signature

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0Y 1 M 3 D (M)
 Dr. DINESH KUMAR CHIRLA

3



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.4kg Ward Reg

DRUG : ZIMBALOTION (OZSNOXICIN)				Date/Time	5/5/26	7/5	8/5	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5	17/5
Dose	Route	Frequency	Start Dt.													
	L/A	once a day	5/5/26													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG : CICATRIO cream				Date/Time	5/5/26											
Dose	Route	Frequency	Start Dt.													
	L/A	3rd hands														
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG : CICATRIO / EPITHELIAL				Date/Time	5/5	6/5	7/5	8/5	9/5	10/5	12/5	13/5				
Dose	Route	Frequency	Start Dt.													
	topical	once daily	5/5/26													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																
DRUG : Inj. VANCOMYCIN.				Date/Time	6/5	7/5	8/5	9/5								
Dose	Route	Frequency	Start Dt.													
24mg	IV	Q8H	6/5/26													
Name & Signature of the Doctor Starting the Drugs:																
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																



4

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.6 kg Ward Beg

DRUG :				Date	Time
BIOTIN TAB				7/5	8/5
Dose	Route	Frequency	Start Dt.		
2.5mg	PO	OD	6/5		
Name & Signature of the Doctor Starting the Drugs:				6/5	7/5
Dr. Ashwarya				8/5	9/5
Additional Instructions:				10/5	11/5
2.5mg/day Tab = 5mg				12/5	13/5
Mise 1 Tab in 2ml D. water & Give 1ml @ 1st				14/5	15/5
Daily Doctor's Endorsement by a Sign				16/5	17/5
DRUG : INTJ. FROSEMIDE				7/5	8/5
Dose	Route	Frequency	Start Dt.		
0.2mg	ILV	BD	7/5		
Name & Signature of the Doctor Starting the Drugs:				6/5	7/5
Dr. Naville				8/5	9/5
Additional Instructions:				10/5	11/5
0.5mg/kg dose				12/5	13/5
Daily Doctor's Endorsement by a Sign				14/5	15/5
DRUG : INTJ. ANAKINRA				7/5	8/5
Dose	Route	Frequency	Start Dt.		
5mg	ILV	TID	7/5		
Name & Signature of the Doctor Starting the Drugs:				6/5	7/5
Dr. Naville				8/5	9/5
Additional Instructions:				10/5	11/5
(100mg / 0.6ml) = 0.1ml (15mg)				12/5	13/5
take 0.1ml + 10ml NS (10ml = 15mg) = 1ml = 1.5mg take 3x3ml + 2.7ml with infusion over 6 hours				14/5	15/5
Daily Doctor's Endorsement by a Sign				16/5	17/5
DRUG : STERODERM ointment				7/5	8/5
Dose	Route	Frequency	Start Dt.		
1/4	local	alternat	7/5		
Name & Signature of the Doctor Starting the Drugs:				6/5	7/5
Dr. Naville				8/5	9/5
Additional Instructions:				10/5	11/5
local application over perianal area				12/5	13/5
Daily Doctor's Endorsement by a Sign				14/5	15/5

Signature

Signature

Signature

5

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.6 kg Ward FC3

DRUG : Inf. MICAFUNGIN Date/Time: 8/5, 9/5, 10/5, 11/5, 12/5, 13/5, 14/5, 15/5, 16/5, 17/5, 18/5, 19/5

Dose: 6.4mg IV Route: IV Frequency: OD Start Dt.: 7/5

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

Additional Instructions: 5mg vial
 4 mg/kg/dose → Each vial reconstitute with 5ml NS and (2ml = 10mg) then take 0.6 ml + 2.4ml of 5.10D and give to tube over 60 min

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG : INS. LEPOSOMAL AMPHOTERICIN B Date/Time: 8/5, 9/5, 10/5, 11/5, 12/5, 13/5, 14/5, 15/5, 16/5, 17/5, 18/5, 19/5

Dose: 11.2mg IV Route: IV Frequency: OD Start Dt.: 7/5

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

Additional Instructions: 5mg vial + 10ml SWIL (vol = 5mg) take 2.2ml into the syringe on over the

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG : Inf. FUROSEMIDE Date/Time: 8/5, 9/5, 10/5

Dose: 0.5mg IV Route: IV Frequency: OD Start Dt.: 8/5/26

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

Additional Instructions: 0.5mg/kg/dose

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG : INS. FOLISTIN Date/Time: 9/5, 10/5, 11/5, 12/5, 13/5, 14/5, 15/5, 16/5

Dose: 40,000 IU Route: IV Frequency: TID Start Dt.: 9/5

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

Additional Instructions: 40,000 IU/dose

Daily Doctor's Endorsement by a Sign: [Signatures]

① Soumya

② [Signature]

VERIFIED BY



6

Sheet No: REGULAR PRESCRIPTIONS Weight 1.6 Ward 203

DRUG: INT. ANAKINRA

Dose	Route	Frequency	Start Dt.	Date Time
5mg	Oral	TID	9/5	9/5, 10/5, 11/5, 12/5, 13/5

Name & Signature of the Doctor: *Dr. Dinesh Kumar Chirala*
 Starting the Drugs: *5mg TID*

Additional Instructions: *100mg / 0.6ml*
Take 0.1ml + 10ml NS (10ml = 15mg) 1ml = 1.5mg take 3.3ml

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: NASOCLEPA DROPS

Dose	Route	Frequency	Start Dt.	Date Time
1 drop	Wash	6 times	10/5	10/5, 11/5, 12/5, 13/5, 14/5, 15/5, 16/5, 17/5, 18/5, 19/5, 20/5, 21/5, 22/5, 23/5, 24/5, 25/5

Name & Signature of the Doctor: *Dr. Dinesh Kumar Chirala*
 Starting the Drugs: *1 drop 6 times*

Additional Instructions: *1 drop each wash*

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: ME SACHET

Dose	Route	Frequency	Start Dt.	Date Time
1/2 sachet	PO	Early		

Name & Signature of the Doctor: *Dr. Dinesh Kumar Chirala*
 Starting the Drugs: *1/2 sachet PO Early*

Additional Instructions: *1/2 sachet PO each feed*

Daily Doctor's Endorsement by a Sign: *[Signature]*

ME SACHET

Dose	Route	Frequency	Start Dt.	Date Time
1/2 sachet	PO	Early		13/5, 14/5, 15/5, 16/5, 17/5

Name & Signature of the Doctor: *Dr. Dinesh Kumar Chirala*
 Starting the Drugs: *1/2 sachet PO Early*

Additional Instructions: *1/2 sachet PO each feed*

Daily Doctor's Endorsement by a Sign: *[Signature]*

VEE



7

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.6

Ward Ac3

DRUG:	Date/Time	13/5	14/5	15/5	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5
DRUG: CIA-TRIO, CREAM															
Dose	Route	Frequency	Start Dt.	2am	6am	10am	2pm	6pm	10pm						
	Q	Q4H	13/5	PO	PO	PO	PO	PO	PO						
Name & Signature of the Doctor Starting the Drugs:				Dr. Anuragya											
Additional Instructions:				full body											

Daily Doctor's Endorsement by a Sign

DRUG:	Date/Time	16/5					
DRUG: HMF SACHET							
Dose	Route	Frequency	Start Dt.				
	PO	each feed	16/5				
Name & Signature of the Doctor Starting the Drugs:				PO			
Additional Instructions:				1 sachet in each feed			

Daily Doctor's Endorsement by a Sign

DRUG:	Date/Time	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5
DRUG: JNJ MEPOPEWOM												
Dose	Route	Frequency	Start Dt.	6mg	IV	TID	16/5					
Name & Signature of the Doctor Starting the Drugs:				FAH								
Additional Instructions:				1mg/15/dose								

Daily Doctor's Endorsement by a Sign

DRUG:	Date/Time	17/5	18/5	19/5	20/5		
DRUG: INJ. ANAKINRA							
Dose	Route	Frequency	Start Dt.	5.6mg	IV	TID	17/5
Name & Signature of the Doctor Starting the Drugs:				PO			
Additional Instructions:				0.167ml = 100mg 10mg/kg/day			
Additional Instructions:				0.1 ml + 10ml NS => 10ml = 15mg => 1ml = 1.5mg, take 3.7ml + 2.3ml NS give 6ml			

Daily Doctor's Endorsement by a Sign

VERIFIED

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VERIFIED
1-04-2026
Dr. DINESH KUMAR CHIRLA
Docu. No.

9

Sheet No: REGULAR PRESCRIPTIONS Weight 1.4 kg Ward NICO

DRUG: INJ. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.	Date/Time
0.2mg	IV	BD	18/5	

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

Additional Instructions: (0.5ml = 2mg) + 2ml DWT (1ml = 0.2mg) take 1ml + 2ml IV push 0.25mg/kg/day

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: INJ. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.	Date/Time
0.2mg	IV	BD	18/5	18/5
				19/5
				20/5
				21/5
				22/5
				23/5
				24/5
				25/5
				26/5
				27/5
				28/5
				29/5
				30/5
				31/5

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

Additional Instructions: (0.5ml = 2mg) take 0.5ml + 1ml DWT (1ml = 0.2mg) take 1ml + 2ml IV push 0.25mg/kg/day

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: SYRP. SUCRALFATE

Dose	Route	Frequency	Start Dt.	Date/Time
0.2ml	PO	BD	18/5	18/5
				19/5
				20/5
				21/5
				22/5
				23/5
				24/5
				25/5
				26/5
				27/5
				28/5
				29/5
				30/5
				31/5

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

Additional Instructions: (1ml = 200mg) 50mg/kg/day

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: INJ. LIPOSOMAL AMPHOTERICIN-B

Dose	Route	Frequency	Start Dt.	Date/Time
10mg	IV	OD	20/5	20/5
				21/5

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

Additional Instructions: 6mg/kg/dose. Total = 50mg + dilute in 100ml DW so 1ml = 5mg - give 2ml + 57.0 IV infusion over 1hr.

Daily Doctor's Endorsement by a Sign: [Signature]

VERIFIED

VERIFIED

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA



9

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 It takes a lot to treat the little.

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Weight 1.6kg

Ward fez

REGULAR PRESCRIPTIONS

Sheet No:

DRUG : SYP. POTCHLOR. Date/Time 21/5

Dose 1.9ml Route PO Frequency Q8H Start Dt. 21/5/26

Name & Signature of the Doctor Starting the Drugs:
Propit

Additional Instructions: 15ml = 20meq
1.5 meq/kg/dose

Daily Doctor's Endorsement by a Sign

DRUG : TINJ. MICAFUNGIN Date/Time 21/5

Dose 3-4mg Route IV Frequency OD Start Dt. 21/5/26

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

Additional Instructions:
2mg/kg/dose
2 vial = 50mg

2 vial + 5ml NS → 0.35ml + 2.7ml 5% D → give in over 60mins

Daily Doctor's Endorsement by a Sign

DRUG : BIOTIN TAB Date/Time 21/5

Dose 2.5mg Route PO Frequency OD Start Dt. 21/5

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

Additional Instructions:
1 tab = 5mg
2.5mg/day

1 tab in 2ml DW, give 1ml of it

Daily Doctor's Endorsement by a Sign

DRUG : SYP POTCHLOR. Date/Time 21/5

Dose 2.2ml Route PO Frequency Q8H Start Dt. 21/5

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

Additional Instructions:
23mg/kg/day
1ml = 0.75 meq K+

mix in milk

Daily Doctor's Endorsement by a Sign

Dinesh Chirla
 VERIFIED
 VERIFIED BY NAME

BAH-00655373
 Baby Of RUTUJA PATWARI
 01-04-2028
 Dr. DINESH KUMAR CHIRLA
 IPS-00173323
 0 Y 1 M 19 D
 (M)



110

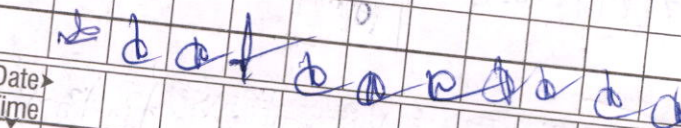
Rainbow Children's Hospital
 It takes a lot to treat the little.

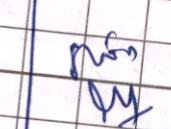
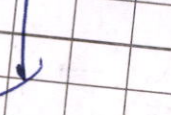
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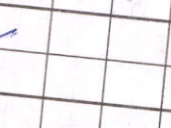
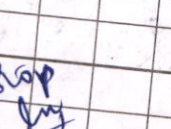
Sheet No. ...



REGULAR PRESCRIPTIONS

Weight 1.7kg Ward

DRUG : ZEPH	Dose	Route	Frequency	Start Dt.	Date Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	
	0.5ml	PO	OD	4/5															
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya																			
Additional Instructions: ml = 20mg					20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg 20mg														
Daily Doctor's Endorsement by a Sign																			

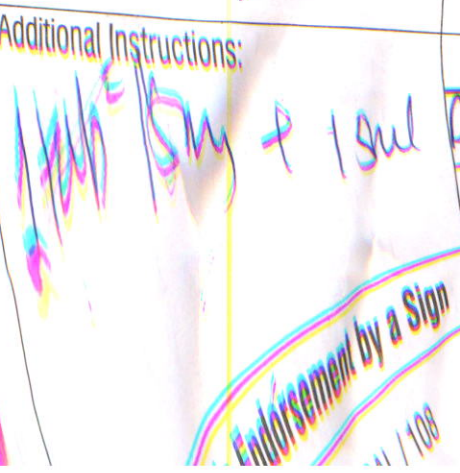
DRUG : SYNVDIV	Dose	Route	Frequency	Start Dt.	Date Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	
	0.8mg	PO	BD	4/5															
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya																			
Additional Instructions: 15mg/4doses 5ml = 125mg																			
Daily Doctor's Endorsement by a Sign																			

DRUG : DOMSTAL SUSPENSION	Dose	Route	Frequency	Start Dt.	Date Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	
	0.4ml	PO	BD	5/5															
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya																			
Additional Instructions: 0.3mg/4doses																			
Daily Doctor's Endorsement by a Sign																			

DRUG : T. JUNIOR LANZO	Dose	Route	Frequency	Start Dt.	Date Time	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6		
	1.7mg	PO	OD	5/5															
Name & Signature of the Doctor Starting the Drugs: Dr. Ashwarya																			
Additional Instructions: 1.7mg + 1ml PO - 1 give 1.7ml orally																			
Daily Doctor's Endorsement by a Sign																			

Signature

NEELAM



BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 20 D (M)
 Dr. DINESH KUMAR CHIRLA



Sheet No.

REGULAR PRESCRIPTIONS

Weight 1.7kg Ward

DRUG : SYP POTCHUOR				Date	Time																		
Dose	Route	Frequency	Start Dt.	21/5																			
1.3ml	PO	Q8H	21/5																				
Name & Signature of the Doctor Starting the Drugs:				Dr. Arshwarya																			
Additional Instructions:				Milk = 1.3ml (3ml/kg/day) + milk (3ml)																			
Daily Doctor's Endorsement by a Sign				[Signature]																			
DRUG : SYP OSSOPAN-D.				Date	Time																		
Dose	Route	Frequency	Start Dt.	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6								
1.5ml	PO	Q6H	21/5	12pm	12pm	12pm	12pm	12pm	12pm	12pm	12pm	12pm	12pm	12pm	12pm								
Name & Signature of the Doctor Starting the Drugs:				Dr. Arshwarya																			
Additional Instructions:				88ml/kg/day Milk = 120ml/day																			
Daily Doctor's Endorsement by a Sign				[Signatures]																			
DRUG : DOM STAL SUSPENSION				Date	Time																		
Dose	Route	Frequency	Start Dt.	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6								
0.5ml	PO	Q8H	21/5	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm								
Name & Signature of the Doctor Starting the Drugs:				Debnure																			
Additional Instructions:				0.3mg/kg/day																			
Daily Doctor's Endorsement by a Sign				[Signatures]																			
DRUG : SYP UDILIN				Date	Time																		
Dose	Route	Frequency	Start Dt.	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6								
1ml	PO	BD	21/5	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm	6pm								
Name & Signature of the Doctor Starting the Drugs:				Debnure																			
Additional Instructions:				15mg/kg/day 5ml = 120mg																			
Daily Doctor's Endorsement by a Sign				[Signatures]																			

VERIFIED
 VERIFIED BY: Name
 VERIFIED BY: Signature

IP5-00173323

ATWARI

0 Y 1 M 20 D

(M)

Dr. DINESH KUMAR CHIRLA



12

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.7kg

Ward

VERIFIED Signature

VERIFIED Signature

VERIFIED Signature

VERIFIED

DRUG: SUP POTCHLOR

Date/Time	21/5	22/5	23/5	24/5
Dose	1.3ml			
Route	PO			
Frequency	Q 8H			
Start Dt.	21/5/26			

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

Additional Instructions: 1ml = 3mg
3ml = 9mg/day
(1.3ml POTCHLOR + 3ml MILK)

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: HMF

Date/Time	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose	1 sachet						
Route	PO						
Frequency	each feed						
Start Dt.	21/5						

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

Additional Instructions: 1 sachet / feed

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: OROFER XT

Date/Time	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5
Dose	0.3ml									
Route	PO									
Frequency	OD									
Start Dt.	21/5									

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

Additional Instructions: 2mg/kg/day

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: Syn POTCHLOR

Date/Time	23/5	24/5
Dose	1.3ml	
Route	PO	
Frequency	TPO	
Start Dt.	23/5/26	

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

Additional Instructions: 1ml = 1.3mg
1mg/kg/day

Daily Doctor's Endorsement by a Sign: *[Signature]*



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 1.7kg Ward

VERIFIED

DRUG: Symp. POTCILOR

Dose	Route	Frequency	Start Dt.	Date & Time
1.3ml	PO	Q8H	24/5/26	6AM, 12PM, 6PM, 12PM, 6PM, 12PM

Name & Signature of the Doctor: *Dr. Poojitha*

Starting the Drugs: *28/5/26*

Additional Instructions: 1ml = 1.3mg
 1mg/kg/dose
 [1.3ml + 3ml milk]

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: Syr. POTCILOR

Dose	Route	Frequency	Start Dt.	Date & Time
1.5ml	PO	12hr	27/5	10PM, 12PM, 2PM, 4PM, 6PM, 8PM, 10PM

Name & Signature of the Doctor: *Dr. Anesha*

Starting the Drugs: *[Signature]*

Additional Instructions: 1ml = 1.3mg
 5mg/kg/dose

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: CICATRIO CREAM

Dose	Route	Frequency	Start Dt.	Date & Time
1/4	TA	4th hourly	27/5	2AM, 6AM, 10AM, 2PM, 6PM, 10PM, 2AM, 6AM, 10AM, 2PM, 6PM, 10PM

Name & Signature of the Doctor: *Dr. Anesha*

Starting the Drugs: *[Signature]*

Additional Instructions: full body

Daily Doctor's Endorsement by a Sign: *[Signature]*

DRUG: NASACLEAR DROPS

Dose	Route	Frequency	Start Dt.	Date & Time
1 drop	each nostril	6th hourly	27/5	12AM, 6AM, 12PM, 6PM, 12PM, 6PM, 12PM, 6PM, 12PM, 6PM, 12PM, 6PM

Name & Signature of the Doctor: *Dr. Anesha*

Starting the Drugs: *[Signature]*

Additional Instructions: 1 drop in each nostril

Daily Doctor's Endorsement by a Sign: *[Signature]*

VERIFIED

BAH-00655373
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 26 D
 Dr. DINESH KUMAR CHIRLA (M)



REGULAR PRESCRIPTIONS

Weight Ward

VERIFIED

DRUG : Syp. POTUWOL

Dose	Route	Frequency	Start Dt.	Date Time
1.2ml	PO	Q12H	27/5/26	27/5/26

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

Additional Instructions:
 3meq/day. 1ml=1.3meq
 6pm hold. stop

Daily Doctor's Endorsement by a Sign

DRUG : T. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.	Date Time
0.3mg	PO	(morning) OD	31/5/26	31/5/26

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

Additional Instructions:
 0.2mg/kg/dose
 1tab = 0.5mg => 1tab + 5ml D. water => 1ml = 0.1mg
 give 0.3ml from it

Daily Doctor's Endorsement by a Sign

DRUG : T. DEXAMETHASONE

Dose	Route	Frequency	Start Dt.	Date Time
0.1mg	PO	night OD	31/5/26	31/5/26

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

Additional Instructions:
 0.1mg/kg/dose
 1tab = 0.5mg => 1tab + 5ml D. water => 1ml = 0.1mg
 give 0.1ml of it

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
------	-------	-----------	-----------	-----------

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

(P.T.O)



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Rainbow Children's Hospital
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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
20/5/26	8:44 PM			
21/5/26		116 mg/dl	10% Dextrose	
21/5/26	5 AM	106 mg/dl	10% Dextrose	B
22/5/26	6 PM	99 mg/dl	Full Feed	B
22/5/26	6 AM	102 mg/dl	Full Feed	B
23/5/26	6 PM	109 mg/dl	Full Feed	B
24/5/26	6 AM	98 mg/dl	Full Feed	B
25/5/26	6 AM	108 mg/dl	Full Feed	B
26/5/26	6 AM	99 mg/dl	Full Feed	B
27/5/26	6 AM	94 mg/dl	Full Feed	B
28/5/26	6 AM	100 mg/dl	Full Feed	B
29/5/26	6 AM	97 mg/dl	Full Feed	B
30/5/26	6 AM	59 mg/dl	Full Feed	B
31/5/26	8 AM	96 mg/dl	Full Feed	B

24/5/26

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 22 D (M)
 Dr. DINESH KUMAR CHIRLA

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

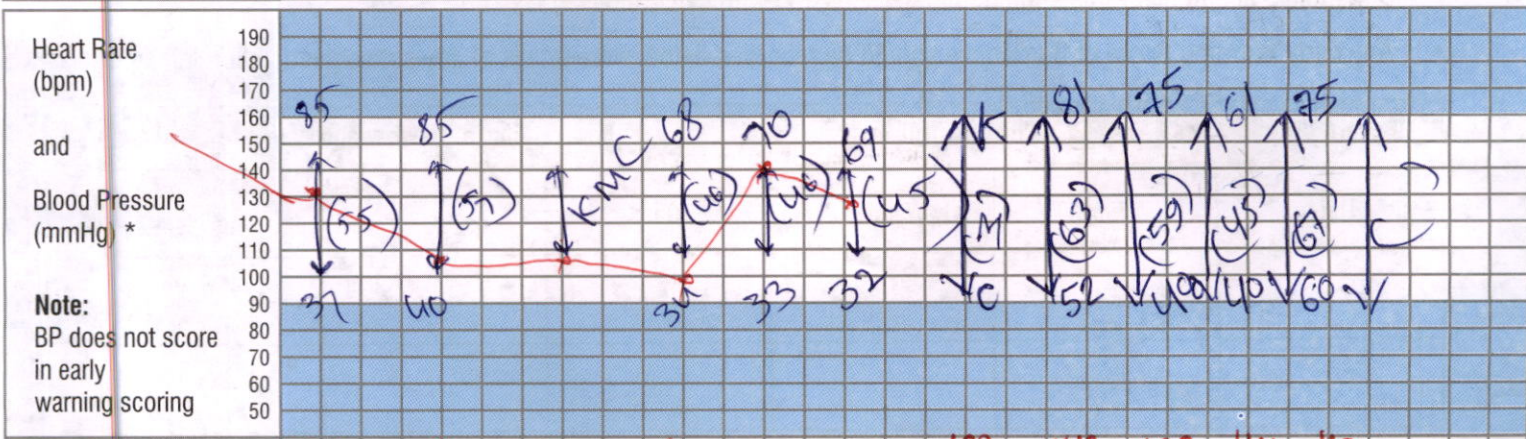
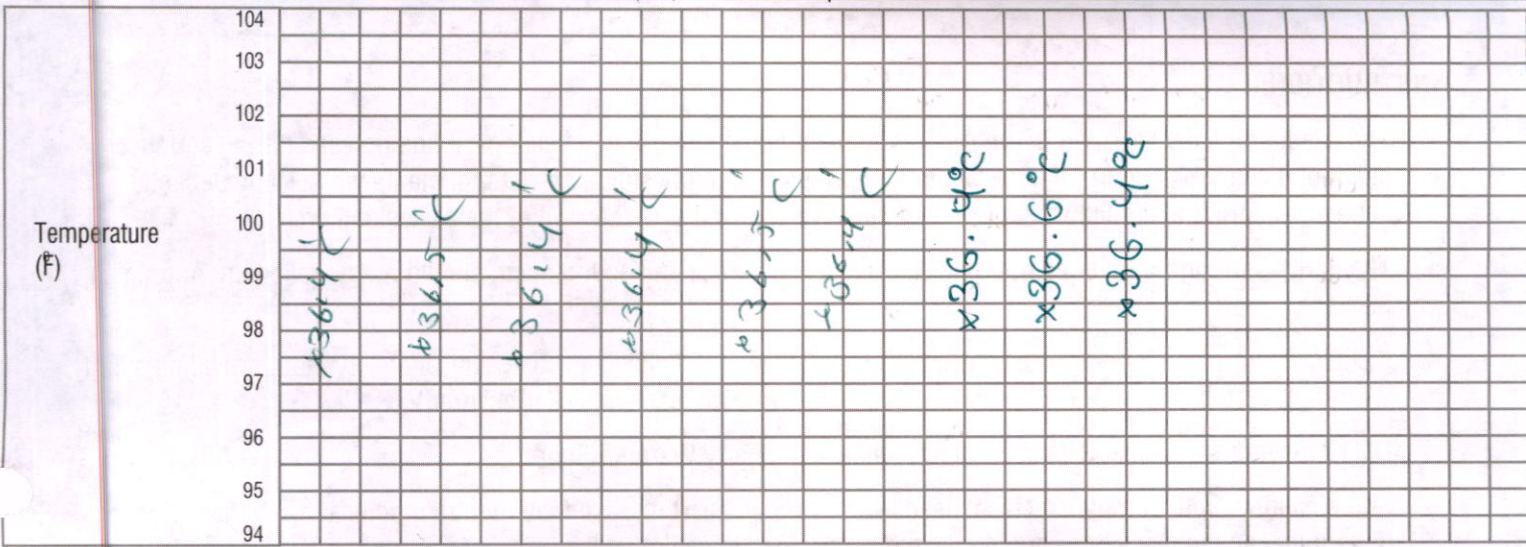
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart

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

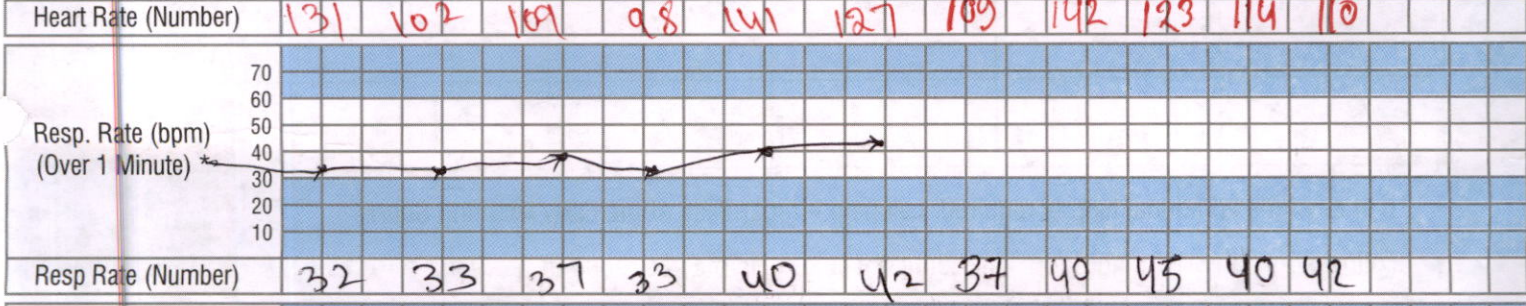
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EARLY WARNING SCORE: CHILDREN'S UNIT

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



Note:
 BP does not score in early warning scoring



Resp Mod/ Severe Distress None / Mild	N	N	N	N	N	N						
Receiving O ₂ (l/min) O ₂ Saturations (%)	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0
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	D	D	D	D	D	D	D	D	D	D	D	D

ACTIONS	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.



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)

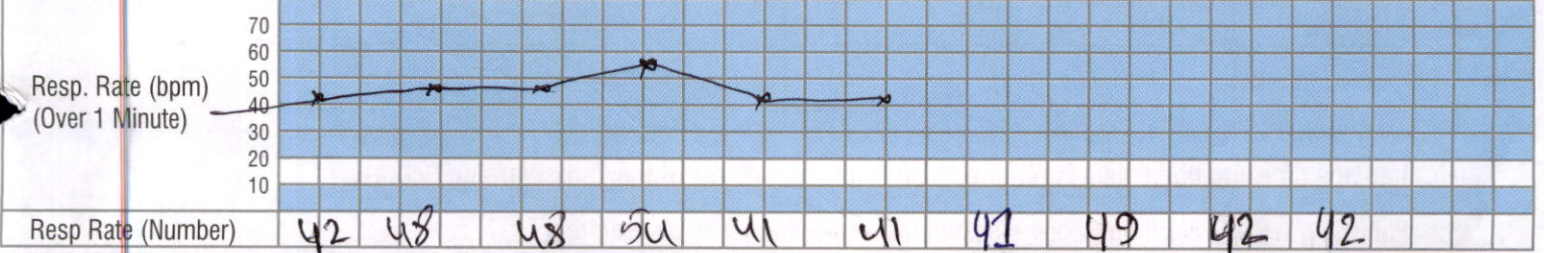
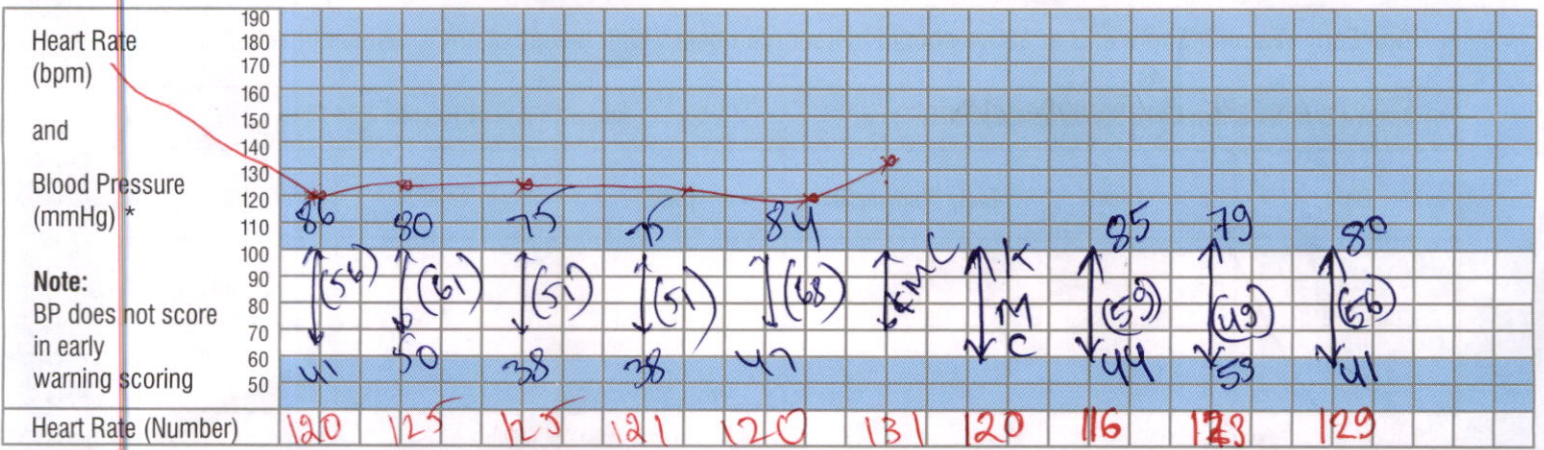
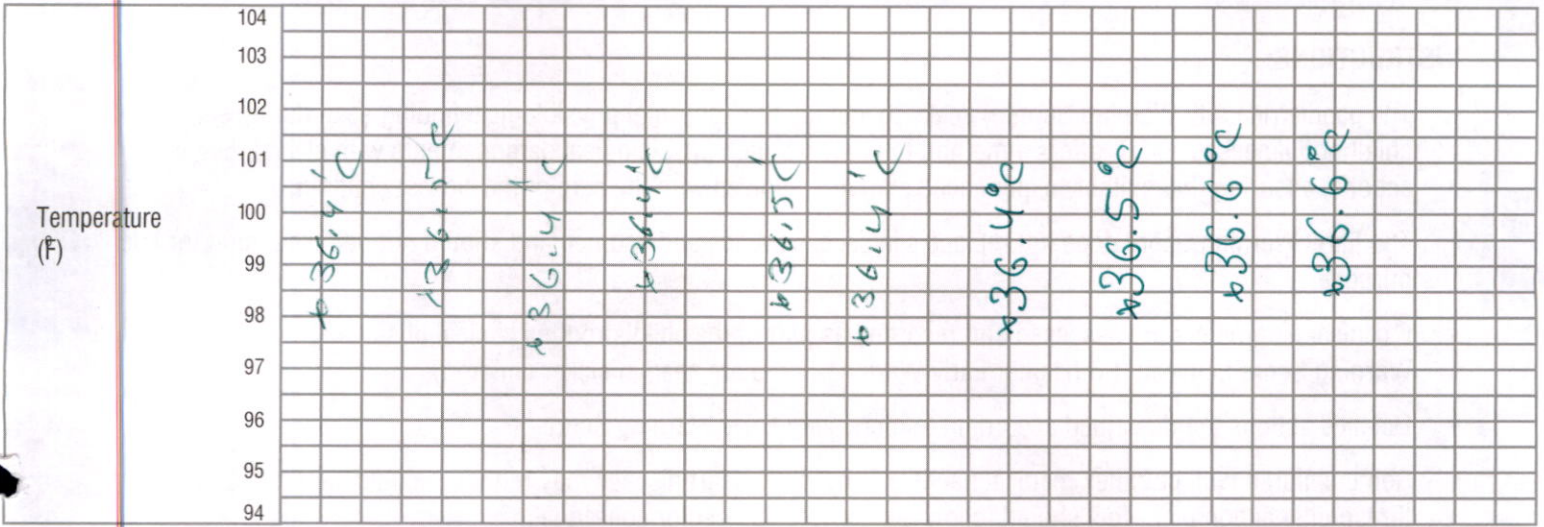
25/5/26

Docu.No. : RCHBH/ FRM / CLINICAL / 127

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

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	Pm	Am	Am	Am



Resp Rate (Number)	42	48	48	50	41	41	41	49	42	42
Resp Mod/ Severe Distress None / Mild	N	N	N	N	N	N	N	N	N	N
Receiving O ₂ (l/min) O ₂ Saturations (%)	99%	99%	99%	98%	98%	99%	98%	97%	98%	98%
Conscious Level Normal / Altered	N	N	N	N	N	N	N	N	N	N
GCS *	C	C	C	C	C	C	C	C	C	C
TOTAL SCORE	0	0	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0
Pain Score	1	1	1	1	1	1	1	1	1	1
Observer's Initials	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC

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 in charge AND PICU fellow or PICU 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.

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)



26/5/26

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

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	8	10	12	2	4	6	8	10	12	2	4	6
Time:	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM
Doctor/Nurse/Family Concern?	Am	Am	Pr	Pr	Pr	Pr	Pr	Pr	Am	Am	Am	Am

Temperature (F)	104											
	103											
	102											
	101	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C	*36.5°C
	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

Heart Rate (Number)	122	125	116	103	130	106	117	129	125	127	107
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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

Resp Rate (Number)	35	45	49	37	46	45	41	35	41	40	47
--------------------	----	----	----	----	----	----	----	----	----	----	----

Resp Distress											
Mod/ Severe None / Mild											

Receiving O ₂ (l/min)											
O ₂ Saturations (%)	98%	98%	97%	97%	99%	97%	100%	100%	98%	98%	98%

Conscious Level	C	C	C	C	C	C	C	C	C	C	C
Normal / Altered											

GCS *	N	N	N	N	N	N	N	N	N	N	N
-------	---	---	---	---	---	---	---	---	---	---	---

TOTAL SCORE											
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	1	0	0	0	0	1	1	1	1	1
Observer's Initials	dm	dm	dm	dm	dm	dm	dm	dm	dm	dm	dm

ACTIONS	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.

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.
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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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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

27/5/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8	10	12	2	4	6	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?	AM	AM	PM	PM	PM	PM	PM	PM	AM	AM	AM	AM	AM

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														

Heart Rate (Number)	110	140	126	119	133	137	105	106	107	110	119	118	
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	--

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

Resp Mod/ Severe Distress													
Receiving O ₂ (l/min)													
O ₂ Saturations (%)	100%	-	100%	97%	99%	99%	100%	96%	97%	99%	99%	99%	
Conscious Level	C	C	C	C	C	C	C	C	C	C	C	C	
GCS *	N	N	N	N	N	N	N	N	N	N	N	N	
TOTAL SCORE													
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0	
Pain Score	0	1	0	0	0	1	0	0	0	0	0	0	
Observer's Initials	cha	cha	cha	cha	cha	cha	S	S	S	S	S	S	

ACTIONS

- 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: Scores 3 should be recorded overleaf

* 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.

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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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)



28/5/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	8	10	12	2	4	6	8	10pm	2AM	6AM
Doctor/Nurse/Family Concern?		Am	Am	Pm	Pm	Pm	Pm	Pm			

Temperature (F)	104											
	103											
	102											
	101											
	100	97.9F		98.4F		98.8F		99.0F		98.5F		97.6F
	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											

Heart Rate (Number)	102	100	100	122	106	100	119	120bPm	115bPm	129bPm
---------------------	-----	-----	-----	-----	-----	-----	-----	--------	--------	--------

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

Resp Rate (Number)		Crib care		crib care		Crib care				
--------------------	--	-----------	--	-----------	--	-----------	--	--	--	--

Resp Distress	Mod/ Severe None / Mild										
---------------	-------------------------	--	--	--	--	--	--	--	--	--	--

Receiving O ₂ (l/min) O ₂ Saturations (%)		0.2L	0.2L	0.2L	0.2L	0.2L	0.2L	0.2L	0.2L	0.2L	0.2L
---	--	------	------	------	------	------	------	------	------	------	------

Conscious Level	Normal / Altered	C	C	C	C	C	C	C	C	C	C
-----------------	------------------	---	---	---	---	---	---	---	---	---	---

GCS *		15	15	15	15	15	15	15	15	15	15/15
-------	--	----	----	----	----	----	----	----	----	----	-------

TOTAL SCORE											
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0
Observer's Initials		Ch	Ch	Ch	Ch	S	S	P	P	P	P

ACTIONS	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.

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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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
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B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 8AM 10AM 12PM 2pm 6pm 10pm 2AM 6AM

Doctor/Nurse/Family Concern? [] [] [] [] [] [] [] []

Temperature (F)	104								
	103								
	102								
	101								
	100	97.7	97.2	97.2	98.4	98.7	97.5	98.0	98.0
	99				*	*	*	*	*
	98								
	97								
	96								
	94								

Heart Rate (bpm)	190								
	180								
	170								
	160								
	150								
	140								
	130								
	120								
	110								
	90								

and

Blood Pressure (mmHg) *	130								
	120								
	110								
	100								
	90								
	80								
	70								
	60								
	50								

Note: BP does not score in early warning scoring

Heart Rate (Number) 121bpm 100bpm 103bpm 135bpm 125bpm 118bpm 124bpm 136bpm

Resp. Rate (bpm) (Over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	0								
	0								
	0								

Resp Rate (Number) 24bpm 24bpm 26bpm 25bpm 24bpm 28bpm 37bpm 40bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 99% 98% 100% 100% 100% 98% 99%

Conscious Level Normal / Altered

GCS * (E5/S15) (E5/S15) (E5/S15) 2/6 15/15 (E5/S15) (E5/S15) (E5/S15)

TOTAL SCORE									
Number of shaded boxes	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0
Observer's Initials	By	By	By	A	A	K	K	K	K

ACTIONS	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
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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.

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

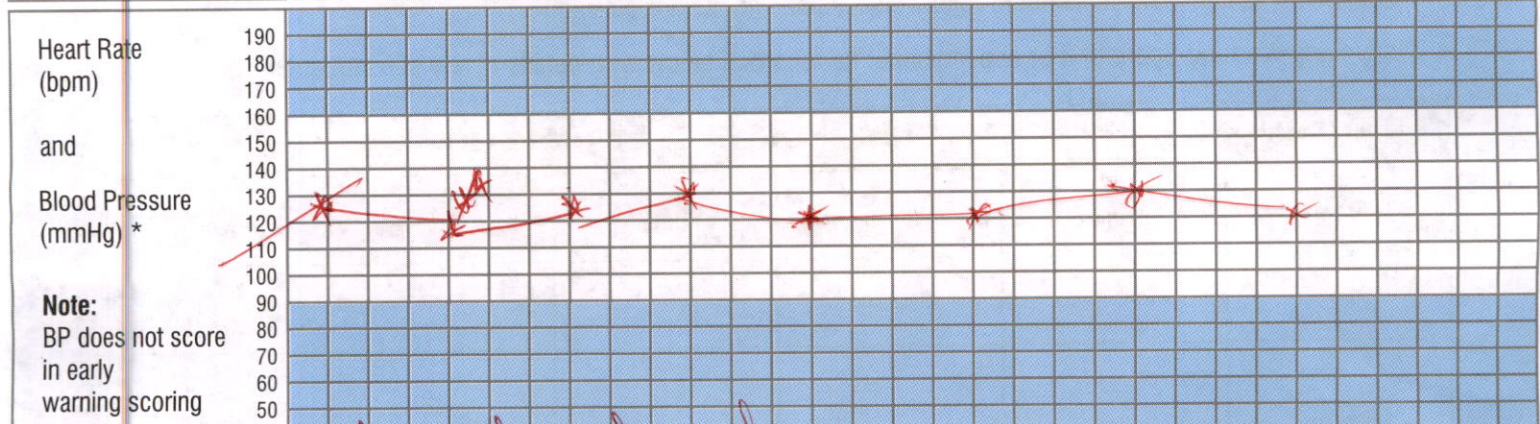
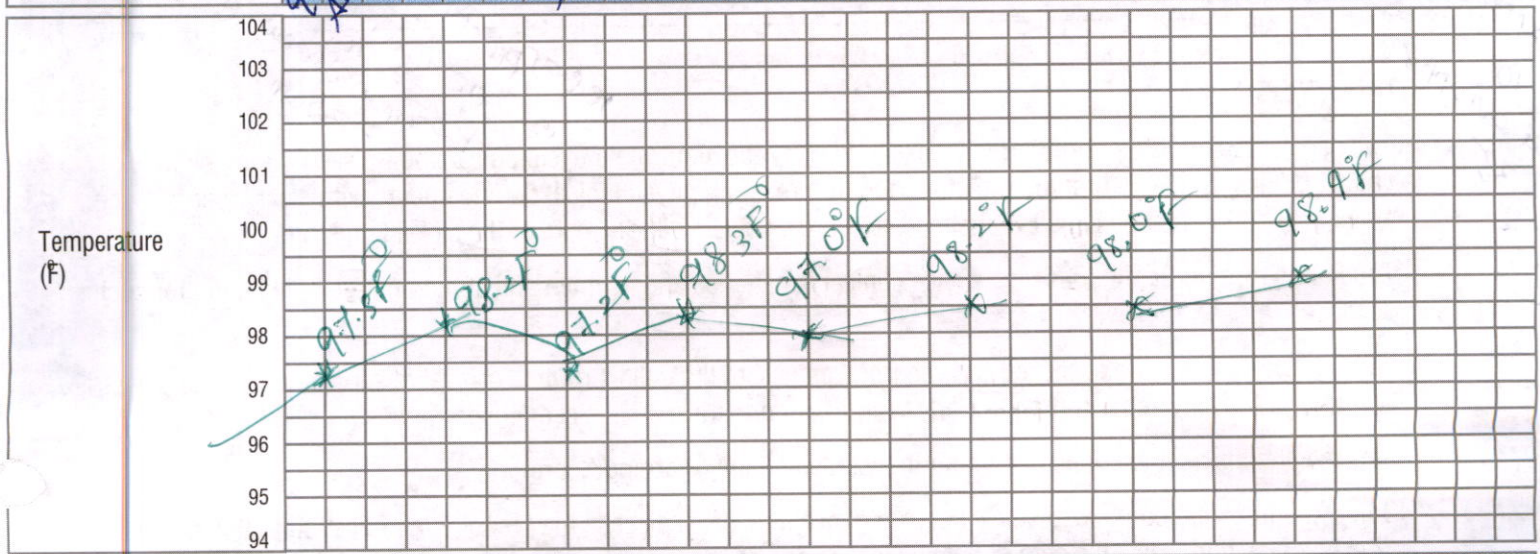
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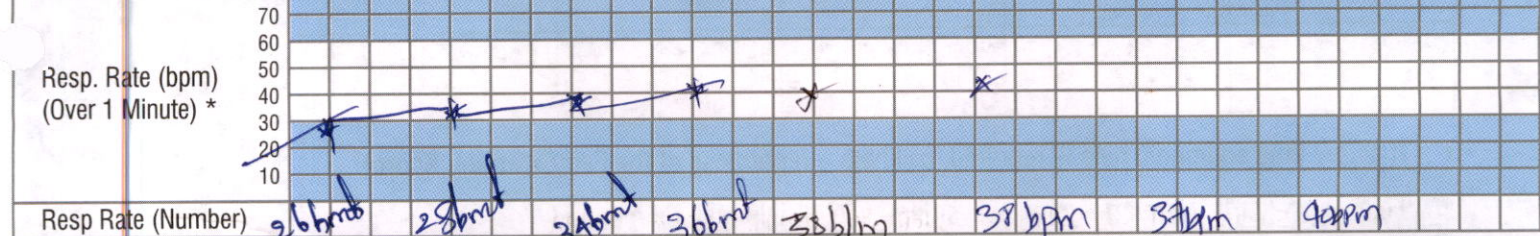
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S	SITUATION : I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND : Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ 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)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/5/26 Time: 9:30 12pm 3pm 6pm 9pm 12pm 3pm 6pm
Doctor/Nurse/Family Concern?



Heart Rate (Number) 128b/min 114b/min 128b/min 133b/min 120b/min 119b/min 136b/min 107b/min



Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0.8l 0.5l 0.7l 0.5l 0.9l 0.8l 0.9l 1.0l

Conscious Level Normal Altered (15/15) (15/15) (15/15) (15/15) (15/15) (15/15) (15/15) (15/15)

TOTAL SCORE								
Number of shaded boxes	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0
Observer's Initials	R	R	R	R	R	R	R	R

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

11:30am Abdominal Girth - 33cm
1:30pm Abdominal Girth - 33cm
3:30pm Abdominal Girth - 33cm
5:30pm Abdominal Girth - 33cm
10:30pm Abdominal Girth - 33cm
12:30pm Abdominal Girth - 32cm
1:25pm Abdominal Girth - 32cm

Capillary weight
Normal Capillary
cut 10
cut 35
fat 25

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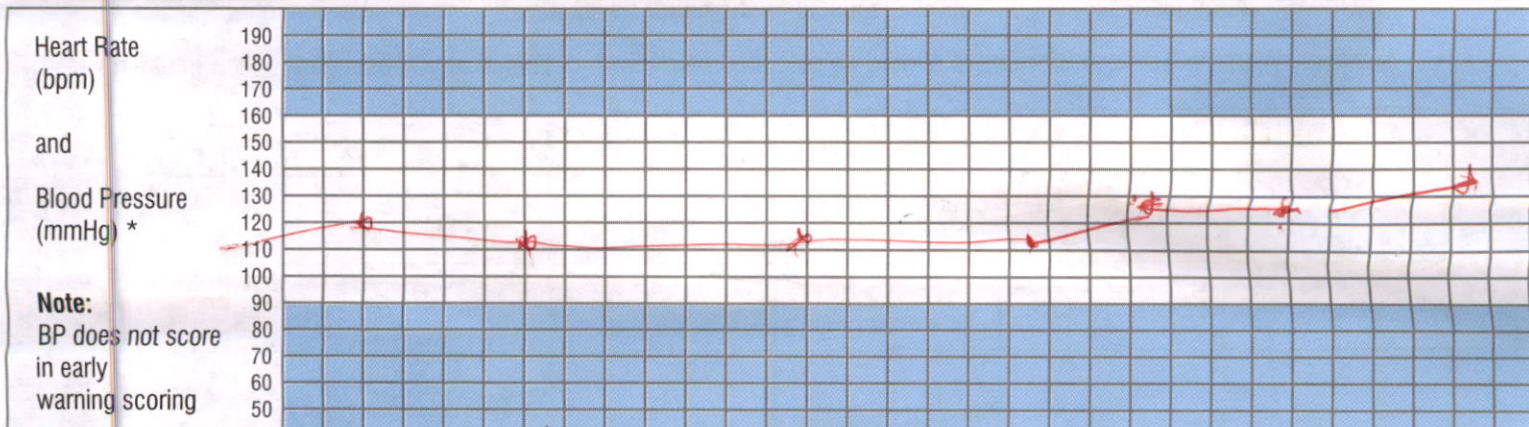
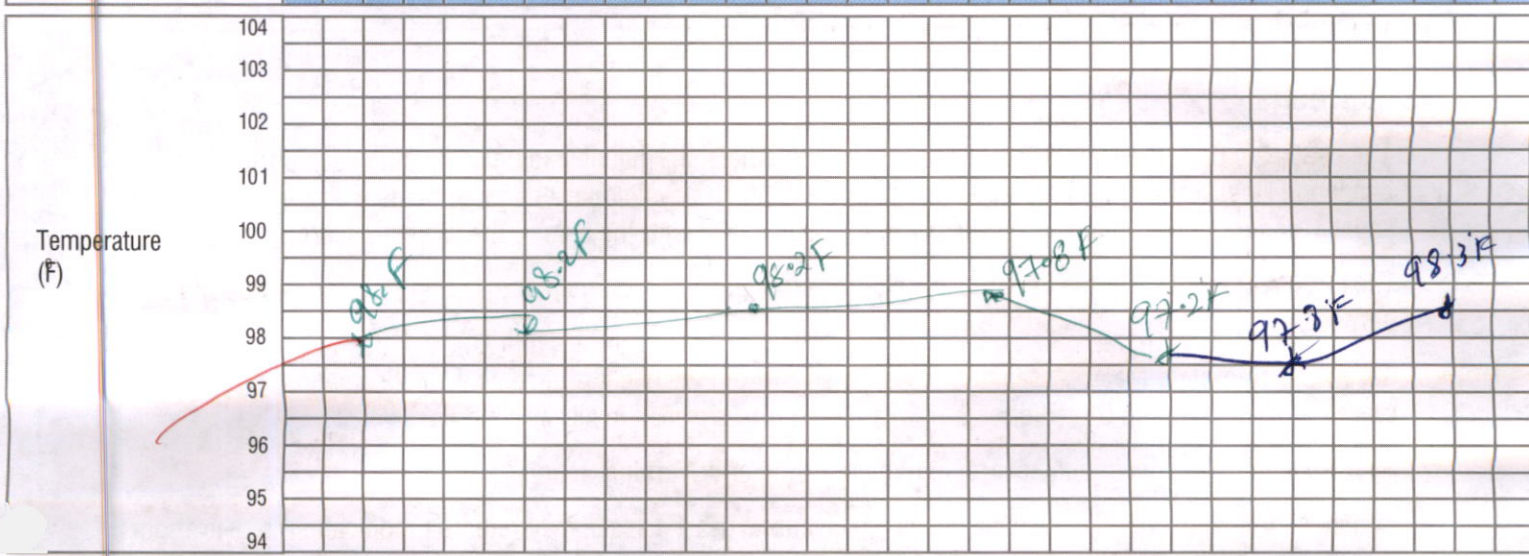
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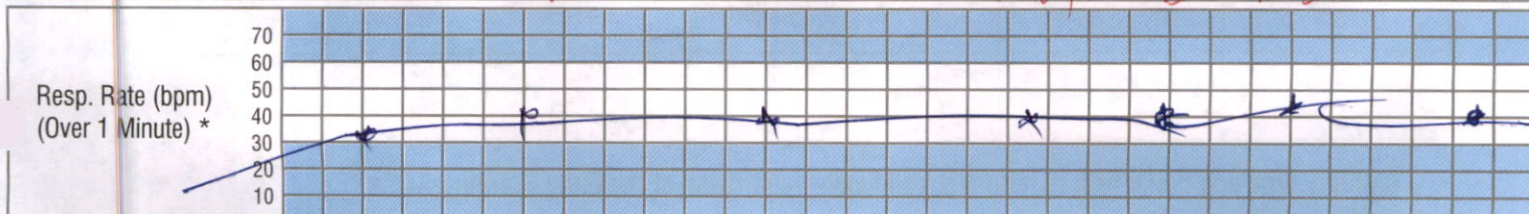
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 02:30 02:50 03:20 PM 04:00 PM 05:00 PM 06:00 AM

Doctor/Nurse/Family Concern? [] [] [] [] [] [] []



Heart Rate (Number) 120bpm 121bpm 120bpm 120bpm 122bpm 122bpm 132bpm



Resp Rate (Number) 32bpm 32bpm 32bpm 32bpm 32bpm 32bpm 32bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0.9 100% 0.9 98% 99% 98% 99%

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15 15/15 15/15 15/15 15/15

TOTAL SCORE
 Number of shaded boxes 0 0 0 0 0 0 0
 Pain Score 0 0 0 0 0 0 0
 Observer's Initials [Signature] [Signature] [Signature] [Signature] [Signature] [Signature] [Signature]

ACTIONS
 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.

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)



1/6/26

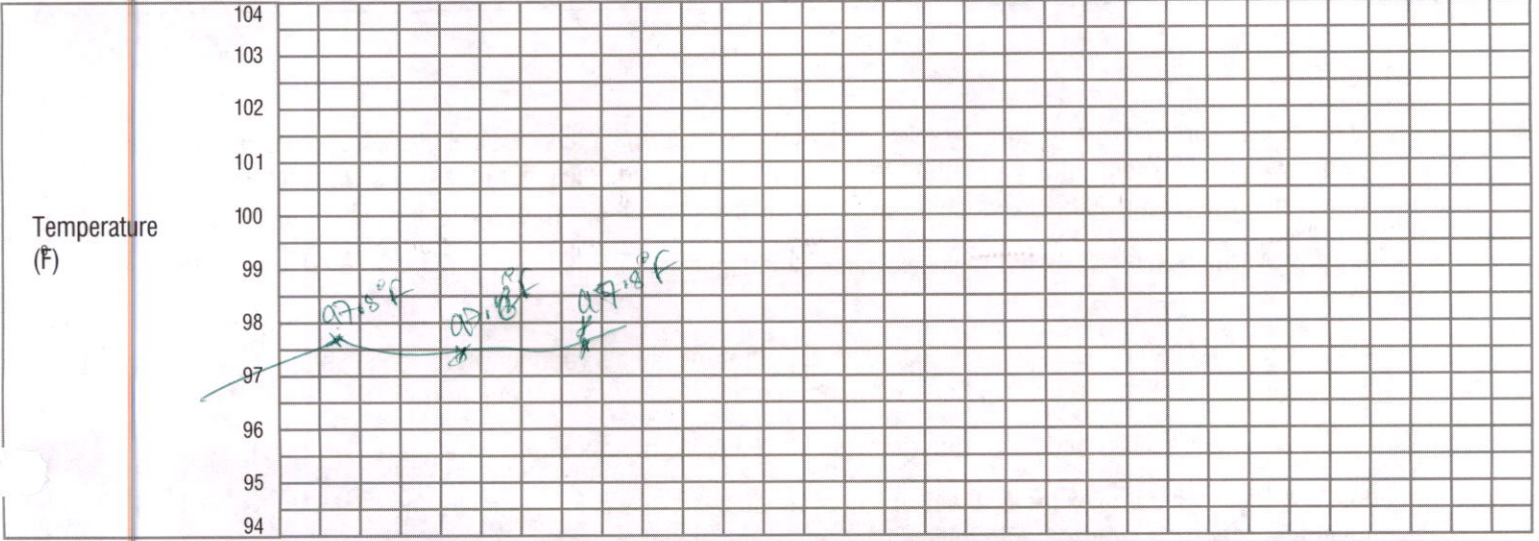
Doc. No. : RCHBH / FRM / CLINICAL / 124

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 9:30 11pm 1pm

Doctor/Nurse/Family Concern? am



Heart Rate (bpm)	190		
and Blood Pressure (mmHg) *	140		
	130		
	120		
	110		
	100		
	90		
	80		
	70		
	60		
	50		

Note:
BP does not score in early warning scoring

Heart Rate (Number) 136bpm 136bpm 136bpm

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

Resp Rate (Number) 40bpm 40bpm 40bpm

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 99% 100% 100%

Conscious Level Normal Altered

GCS *

TOTAL SCORE			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	DK	DK	DK

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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!
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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-00855373 IP5-00173323
 Baby Of RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 24 D
 Dr. DINESH KUMAR CHIRLA

FLUID CHART

JV - 150cc/kg/d
 TF - 2ml
 BWt - 7.7 kg

Sheet No. : 13

26/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	NG	NG	Diarrhoea	Vomit	Drainage	Urine			
26/5/26	08:00 am				NG								
	09:00 am	EBMT HMF				21ml	passed	Nil		9ml	cannula removed		Chen
	10:00 am												
	11:00 am	EBMT HMF	21ml				passed	Nil		10ml			Chen
	12:00 pm												
	01:00 pm												

Total Intake :

Total Output :

02:00 pm	EBMT HMF	21ml				passed			9ml				
03:00 pm													
04:00 pm	EBMT HMF	21ml					passed		10ml				Chen
05:00 pm													
06:00 pm													
07:00 pm	EBMT	21ml					passed		9ml				

Total Intake :

Total Output :

08:00 pm													
09:00 pm	EBMT HMF					21ml	—		10ml				Chen
10:00 pm													
11:00 pm	EBMT HMF					21ml	—		9ml				Chen
12:00 am													
01:00 am	EBMT HMF					21ml	Passed		9ml				Chen

Total Intake :

Total Output :

02:00 am													
03:00 am	EBMT HMF					21ml	Passed		9ml				Chen
04:00 am													
05:00 am	EBMT HMF					21ml	—		10ml				
06:00 am													
07:00 am	EBMT HMF					21ml	Passed		10ml				

Total Intake : 231 cc/kg/day

Total Output : 104 cc/kg/day

Total 24 hrs. Intake 131 cc/kg/day

Total 24 hrs. Output 2.4 cc/kg/day



FLUID CHART

Sheet No. 14

27/5/26

TV - 150cc/kg/day

B.Wt - 1.73kg

T-f - 22ml

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	Route	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am			10% SEP								
	09:00 am	EBM	22ml									
	10:00 am											
	11:00 am	N			10.9ml							
	12:00 pm	P			10.9ml					10ml		
	01:00 pm	O			10.9ml							
Total Intake :						Total Output :						
	02:00 pm			Blood Transfusion	10.9ml	8.5ml						
	03:00 pm				9.2ml	8.5ml				9ml	0	
	04:00 pm				9.2ml	8.5ml						
	05:00 pm				9.2ml	8.5ml				10ml	0	
	06:00 pm				9.2ml	8.5ml						
	07:00 pm				10.9ml	STOP				9ml	0	
Total Intake :						Total Output :						
	08:00 pm				10.9ml							
	09:00 pm	EBM	11ml		5.03ml					10ml	0	
	10:00 pm				5.03ml							
	11:00 pm	EBM	11ml		5.03ml					11ml	0	
	12:00 am				5.03ml							
	01:00 am	EBM	22ml		STOP					9ml	0	
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	EBM	22ml							10ml	0	
	04:00 am											
	05:00 am	EBM	22ml							11ml	0	
	06:00 am											
	07:00 am	EBM	22ml							10ml	0	
Total Intake :						Total Output :						

Total 24 hrs. Intake 150cc/kg/day

Total 24 hrs. Output 3.7cc/kg/day



FLUID CHART



Sheet No. : 18

28/5/26

TV - 150cc/1g/day
 B.wt - 1.75
 T-F - 22ml

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am	EBM 22ml									0	ch
	09:00 am											
	10:00 am	EBM 22ml					passed		80ml		0	ch
	11:00 am											
	12:00 pm	EBM 22ml					—		2ml		0	ch
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm	EBM 22ml					passed		10ml		0	ch
	03:00 pm											
	04:00 pm	EBM 22ml					—		9ml		0	S
	05:00 pm											
	06:00 pm	EBM 22ml					—		10ml		0	
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm	EBM 22ml					passed		9ml		0	S
	09:00 pm										0	Durga
	10:00 pm	EBM 22ml									0	Durga
	11:00 pm						✓		✓		0	Durga
	12:00 am	EBM 22ml									0	Durga
	01:00 am										0	Durga
Total Intake :					Total Output : M-1 U-1							
	02:00 am	EBM 22ml					✓		✓		0	Durga
	03:00 am										0	Durga
	04:00 am	EBM 22ml									0	Durga
	05:00 am										0	Durga
	06:00 am	EBM 22ml									0	Durga
	07:00 am										0	Durga
Total Intake :					Total Output : M-0 U-2							

Total 24 hrs. Intake **taken**

Total 24 hrs. Output **M-4 U-9**



29/5/26

FLUID CHART

Sheet No. : 16

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/5/26	08:00 am										0	Sargee	
	09:00 am	EBM	22ml								0	Sargee	
	10:00 am						✓			✓	0	Sargee	
	11:00 am	EBM	22ml								0	Sargee	
	12:00 pm										0	Sargee	
	01:00 pm	EBM	22ml								0	Sargee	
Total Intake :						Total Output :						U-2 m-1	
	02:00 pm										0	Jyothi	
	03:00 pm	EBM	22ml				—				0	Jyothi	
	04:00 pm									—	0	Jyothi	
	05:00 pm	EBM	22ml				—				0	Jyothi	
	06:00 pm									—	0	Jyothi	
	07:00 pm	EBM	22ml				—				0	Jyothi	
Total Intake :						Total Output :						U-2 m-3	
	08:00 pm										0	Durga	
	09:00 pm	EBM	22ml								0	Durga	
	10:00 pm									22ml	0	Durga	
	11:00 pm	EBM	22ml								0	Durga	
	12:00 am						✓				0	Durga	
	01:00 am	EBM	22ml							✓	0	Durga	
Total Intake :						Total Output :						U-2 M-1	
	02:00 am										0	Durga	
	03:00 am	EBM	22ml				✓				0	Durga	
	04:00 am									✓	0	Durga	
	05:00 am	EBM	22ml				✓				0	Durga	
	06:00 am									✓	0	Durga	
	07:00 am	EBM	22ml				✓				0	Durga	
Total Intake :						Total Output :						U-2 M-0	

Total 24 hrs. Intake

Total 24 hrs. Output U-6 M-5

FLUID CHART

Sheet No. : 924 30/5/26

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine		
										0	Sush	
	08:00 am						✓			0	Sush	
	09:00 am	EBM		22ml					✓	0	Sush	
	10:00 am									0	Sush	
	11:00 am	EBM		22ml			✓			0	Sush	
	12:00 pm								✓	0	Sush	
	01:00 pm	EBM		22ml			✓			0	Sush	
Total Intake :						Total Output : M-3 U-2						
	02:00 pm									0	Sush	
	03:00 pm	EBM		22ml					✓	0	Sush	
	04:00 pm						✓			0	Sush	
	05:00 pm	EBM		22ml					✓	0	Sush	
	06:00 pm						✓			0	Sush	
	07:00 pm	EBM		22ml					25ml	0	Sush	
Total Intake :						Total Output : M-2 U-2						
	08:00 pm										Durga	
	09:00 pm	EBM		22ml							Durga	
	10:00 pm										Durga	
	11:00 pm	EBM		22ml			✓		✓		Durga	
	12:00 am										Durga	
	01:00 am	EBM		22ml							Durga	
Total Intake :						Total Output : U-1 M-1						
	02:00 am									0	Durga	
	03:00 am	EBM		22ml			✓			0	Durga	
	04:00 am									0	Durga	
	05:00 am	EBM		22ml						0	Durga	
	06:00 am								15ml/8ml	0	Durga	
	07:00 am	EBM		22ml						0	Durga	
Total Intake :						Total Output : U-2 M-1						
24 hrs. Intake						Total 24 hrs. Output						
						U-48ml M-7						



FLUID CHART

Sheet No. : 15 31/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	NG	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
31/5			Mouth	0	N.G								
	08:00 am		EBM 26ml										Jyoti
	09:00 am												Jyoti
	10:00 am		EBM 26ml										Jyoti
	11:00 am												Jyoti
	12:00 pm		EBM 26ml										Jyoti
	01:00 pm												Jyoti
Total Intake :						Total Output :						U-1	m-1
31/5	02:00 pm												Sangeeta
	03:00 pm		EBM 26ml										Sangeeta
	04:00 pm												Sangeeta
	05:00 pm		EBM 26ml										Sangeeta
	06:00 pm												Sangeeta
	07:00 pm		EBM 26ml										Sangeeta
Total Intake :						Total Output :						U-2	m-2
31/5	08:00 pm		EBM 26ml										Pooja
	09:00 pm												Pooja
	10:00 pm		EBM 26ml										Pooja
	11:00 pm												Pooja
	12:00 am		EBM 26ml										Pooja
	01:00 am												Pooja
Total Intake :						Total Output :						U-3	m-3
31/5	02:00 am		EBM 26ml										Pooja
	03:00 am												Pooja
	04:00 am		EBM 26ml										Pooja
	05:00 am												Pooja
	06:00 am		EBM 26ml										Pooja
	07:00 am												Pooja
Total Intake :						Total Output :						U-3	m-3

Total 24 hrs. Intake

Total 24 hrs. Output U-7 m-5



1/6/26

FLUID CHART

Sheet No. : 19

Diapa wt - 11

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	NG	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am		Mouth	NG	N.G					48ml	NO	Jullu
	09:00 am	EBMT	28ml								W	Jullu
	10:00 am	AMF									canula	Jullu
	11:00 am	EBMT	28ml									Jullu
	12:00 pm											Jullu
	01:00 pm											Jullu
Total Intake :						Total Output :					W - 48ml	M - 02
	02:00 pm	EBMT	28ml									Jullu
	03:00 pm											Jullu
	04:00 pm											Jullu
	05:00 pm											Jullu
	06:00 pm											Jullu
	07:00 pm											Jullu
Total Intake :						Total Output :					W	m
	08:00 pm											Jullu
	09:00 pm											Jullu
	10:00 pm											Jullu
	11:00 pm											Jullu
	12:00 am											Jullu
	01:00 am											Jullu
Total Intake :						Total Output :						
	02:00 am											Jullu
	03:00 am											Jullu
	04:00 am											Jullu
	05:00 am											Jullu
	06:00 am											Jullu
	07:00 am											Jullu
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
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-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA



DRUG CHART

Date of Admission: 3/5/26 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:																					

Signature
VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 1.6kg Ward. Sur

MOUSUMI

DRUG : INS. METFORMIN Date/Time: 3/5, 4/5, 5/5, 6/5, 7/5

Dose	Route	Frequency	Start Date
3.2mg	ILV	OD	3/5

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

Additional Instructions: 2mg/kg/dose ⇒ Reconstitute each vial with 5ml of NS & then give take 0.3ml + 2.7ml of 5% D & give

Daily Doctor's Endorsement by a Sign: 9 2 2 2 2

DRUG : TAB. U Date/Time: -

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

DRUG : INS. VORICONAZOLE Date/Time: -

Dose	Route	Frequency	Start Date
150mg	ILV	BD	3/5

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

Additional Instructions: 9mg/kg/dose

Daily Doctor's Endorsement by a Sign:

MOUSUMI

DRUG : INT. CEFEPIME Date/Time: 3/5, 4/5, 5/5, 6/5, 7/5, 8/5, 9/5, 10/5, 11/5, 12/5

Dose	Route	Frequency	Start Date
200mg	ILV	OD	3/5

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

Additional Instructions: 5mg/kg/dose

Daily Doctor's Endorsement by a Sign: 9 2 2 2 2 2 2 2 2 2

300mg → 50mg
 242mg → 24ml

Weight. 1.6kg... Ward. N Fez



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
3/5/26	1PM	IVIG	1g/kg	IV	ds	Duggal
			↓ 0.5ml/kg/hr → 60mg			
			↓ 1ml/kg/hr → 60mg			
			↓ 2ml/kg/hr → 60mg			
			↓ 4ml/kg/hr → 60mg, Rest over next 2hrs			
2/5/26	1PA	LRBC	20ml/kg	PO over 4hrs	ds	Duggal
3/5/26	3PA	RDP	15ml/kg	PO over 30mins	ds	Duggal

VERIFY BY : Name Signature

I.V. FLUIDS CHART

Weight. Ward.

		Concentration of I.V. Fluid ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/5		TV-150cc/kg/day 15% ISOPT 5% NACL-3mcg/kg	PICC		R				
		KCL-2mcg/kg CALCIUM-3mcg/kg							
3/5	9pm	INT HEP-NS 1.5ml + 48.5ml NS	PICC	0.02ml	R	Nurse Fogay			
3/5	7:15pm	TV-160cc/kg/day 10% ISOPT + Calcium-3mcg/kg KCL-1mcg/kg	PICC	12.5ml	R	Nurse Fogay	9/5		Nurse R
4/5	7pm	TV-160cc/kg/day 10% ISOPT + Ca ₂	PICC	6.2ml		Nurse Fogay	5/5		Nurse Fogay
5/5	1:30pm	TV-160cc/kg/day 12.5% ISOPT + Calcium-3mcg/kg KCL 1	TV	6.2ml	R	Nurse Fogay	6/5		Nurse Fogay
5/5	10pm	TV-150ml/kg/day 12.5% Dextrose + 2mcg/kg NaHCO ₃ + 0.5mcg/kg MVI	PICC	6.2ml	R	Nurse Fogay	6/5		Nurse Fogay

VERIFIED BY : Name : Signature :

FLUID CHART

TU = 180 cc/kg/day
 B.wt = 8.6 kg
 TF = 23 ml

Sheet No. : ①

14/05/26

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

Date	Time	Nature of Fluid	Intake		Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	Amount	NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	0.2ml								
	08:00 am			0.2ml								
	09:00 am	EBM		0.2ml	23ml		not passed			8 ml		
	10:00 am			0.2ml								
	11:00 am	EBM+1/2 HMF	23ml	0.2ml			vomith. 3ml			6 ml		
	12:00 pm			0.2ml								
	01:00 pm	EBM+1/2 HMF	23ml	0.2ml			passed.			9 ml		
Total Intake :					Total Output : 23ml							
	02:00 pm			0.2ml								
	03:00 pm	EBM+1/2 HMF		0.2ml	23ml		not passed	nil		10 ml		
	04:00 pm			0.2ml								
	05:00 pm	EBM+1/2 HMF		0.2ml	23ml							
	06:00 pm			0.2ml								
	07:00 pm	EBM+1/2 HMF		0.2ml	23ml		not passed	vomith medium		9 ml		
Total Intake :					Total Output :							
	08:00 pm			0.2ml								
	09:00 pm	EBM+1/2 HMF		0.2ml	23ml		not passed	nil		8ml		
	10:00 pm			0.2ml								
	11:00 pm	EBM+1/2 HMF		0.2ml	23ml							
	12:00 am			0.2ml								
	01:00 am	EBM+1/2 HMF		0.2ml	23ml		passed			9ml		
Total Intake :					Total Output :							
	02:00 am			0.2ml								
	03:00 am	EBM+1/2 HMF		0.2ml	23ml		not passed	vomit medium in white (milk)		8ml		
	04:00 am			0.2ml								
	05:00 am	EBM+1/2 HMF		0.2ml	23ml		not passed			10ml		
	06:00 am			0.2ml								
	07:00 am	EBM+1/2 HMF		0.2ml	23ml							
Total Intake : 276ml					Total Output : 77ml							
Total 24 hrs. Intake			172 cc/kg/day.			Total 24 hrs. Output			2.0 cc/kg/day			

FLUID CHART



Sheet No. : 9

15/5/26

TV - 10 ccl/kg/day
 TF - 23 ml
 Bwt - 0.01.659 Kgs. 19

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	Route <i>Hepns</i> I.V	O.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			0.2ml									
	09:00 am	<i>+ 1/2HR</i> EBM		0.2ml	23ml		Passed	-		10ml		<i>Dr.</i>	
	10:00 am			0.2ml							0		
	11:00 am	<i>+ 1/2HR</i> EBM		0.2ml	18ml								
	12:00 pm			<i>(16 min)</i> 0.2ml			Not Passed	-		8ml		<i>Dr.</i>	
	01:00 pm			0.2ml									
Total Intake :			Total Output :										
	02:00 pm	<i>1/2HR</i> EBM		0.2ml	23ml		-	-		4ml		<i>Dr.</i>	
	03:00 pm			0.2ml									
	04:00 pm	<i>+ 1/2HR</i> EBM		0.2ml	23ml		Not Passed	<i>(mild during KMC)</i>		12ml		<i>Dr.</i>	
	05:00 pm			0.2ml									
	06:00 pm	<i>1/2HR</i> EBM		0.2ml	23ml		-			6ml		<i>Dr.</i>	
	07:00 pm			0.2ml									
Total Intake :			Total Output :										
	08:30 pm			0.2ml									
	09:00 pm	<i>EBM 1/2HR</i>		0.2ml	23ml		passed	nil		9ml			
	10:00 pm			0.2ml									
	11:00 pm	<i>EBM 1/2HR</i>		0.2ml	23ml			<i>vomit (small amount) in white milk</i>				<i>Dr.</i>	
	12:00 am			0.2ml			nil						
	01:00 am	<i>EBM + 1/2HR</i>		0.2ml	23ml		passed			11ml			
Total Intake :			Total Output :										
	02:00 am			0.2ml									
	03:00 am	<i>EBM 1/2HR</i>		0.2ml	23ml		passed	nil		10ml			
	04:00 am			0.2ml									
	05:00 am	<i>EBM 1/2HR</i>		0.2ml	23ml		passed	nil		9ml		<i>Dr.</i>	
	06:00 am			0.2ml									
	07:00 am	<i>EBM 1/2HR</i>		0.2ml	23ml		-						
Total Intake :			Total Output :										

Total 24 hrs. Intake : 106 ccl/kg/day

Total 24 hrs. Output : 1.9 ccl/kg/hr

16/5/26

FLUID CHART

TV - 180cc/kg/day

TF - 25ml

BWT - 1.672

Sheet No. : (3)

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	Q.G								
	08:00 am			0.2ml									
	09:00 am	EBM	14ml (47min)	0.2ml			Not Passed		7ml		0		
	10:00 am	HMF		0.2ml									
	11:00 am	EBM	5ml (15min)	0.2ml	20ml		Not Passed		10ml				
	12:00 pm	HMF		0.2ml									
	01:00 pm	EBM	5ml (10min)	0.2ml	20ml		Not passed	vomit yellow colour	7ml				
Total Intake :						Total Output :							
	02:00 pm			0.2ml									
	03:00 pm	EBM HMF		0.2ml	25ml		Passed		10ml				
	04:00 pm			0.2ml			NA				0		
	05:00 pm	EBM HMF		0.2ml	25ml		Passed	yellow colour vomit	7ml				
	06:00 pm			0.2ml									
	07:00 pm	EBM HMF		0.2ml	25ml		Passed		8ml				
Total Intake :						Total Output :							
	08:00 pm			0.2ml									
	09:00 pm	EBM		0.2ml	25ml		not passed	small amount in white milk	7ml				
	10:00 pm			0.2ml									
	11:00 pm	EBM		0.2ml	25ml		not passed	nil	8ml				
	12:00 am			0.2ml									
	01:00 am	EBM + 1/2 HMF		0.2ml	25ml								
Total Intake :						Total Output :							
	02:00 am			0.2ml									
	03:00 am	EBM + 1/2 HMF		0.2ml	25ml		passed	small amount of vomit milk	9ml				
	04:00 am			0.2ml									
	05:00 am	EBM + 1/2 HMF		0.2ml	25ml		passed	nil	7ml				
	06:00 am			0.2ml									
	07:00 am	EBM + 1/2 HMF		0.1ml	25ml		not passed	nil	8ml				
Total Intake :						Total Output :							

Total 24 hrs. Intake 180cc/kg/day

Total 24 hrs. Output 2.2cc/kg/hr



FLUID CHART



11:25 pm
 Jan-1:59 pm
 Cu-2:00 pm

Sheet No. : (M)

17/5/26

FF - 180cc
 TV - 25 ml
 Bwt - 1.632

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouths	I.V	OG								
	08:00 am		0.2										
	09:00 am	EBM 1/2 HMF	0.2		25ml		passed			10ml			(N)
	10:00 am		0.2	10% ISOP							0		
	11:00 am	N	0.2	10.4ml			passed			10ml			(N)
	12:00 pm	P	0.2	10.4ml									
	01:00 pm	O	0.2	10.4ml						13ml			(N)
Total Intake :			56.2ml			Total Output :					33ml		
	02:00 pm		0.2	9.2ml	8.5ml								
	03:00 pm	N	0.2	9.2ml	8.5ml		passed			10ml			(N)
	04:00 pm		0.2	9.2ml	8.5ml								
	05:00 pm	P	0.2	9.2ml	8.5ml					10ml			(N)
	06:00 pm		0.2	9.2ml	8.5ml								
	07:00 pm	O	0.2	9.2ml	Stop					9ml			(N)
Total Intake :			97.7ml			Total Output :					29ml		
	08:00 pm		0.2	9.2ml									
	09:00 pm	EBM	0.2	4ml	12.5ml		not passed			8ml			
	10:00 pm		0.2	4ml									
	11:00 pm	EBM	0.2	4ml	2.5ml		not passed			7ml			
	12:00 am		0.2	4ml									
	01:00 am	EBM	0.2	stopped	2.5ml		not passed			11ml			
Total Intake :			116ml			Total Output :					105ml		
	02:00 am		0.2				0.5ml little ingested						
	03:00 am	EBM	0.2ml	stopped	25ml		0.5ml passed			8ml			
	04:00 am						0.5ml						
	05:00 am	EBM	0.2ml	stopped	25ml		0.5ml not passed			9ml			
	06:00 am						small amount of milk						
	07:00 am	EBM			25ml		ingested passed			7ml			
Total Intake :			274.6ml			Total Output :					105ml		

Total 24 hrs. Intake 171cc/kg/day

Total 24 hrs. Output 270cc/kg/day

3AH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 11-04-2026 0 Y 1 M 16 D (M)
 Dr. DINESH KUMAR CHIRLA

FLUID CHART

TV =
 TF =
 B. wt =

Sheet No. :
 18/5/20

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	NG	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	EBM							Light yellow Small vomit	10ml			
	10:00 am										0		
	11:00 am	EBM	7ml Pallaya Feed										
	12:00 pm	EBM						passed	Milk spit out (small)	7ml			
	01:00 pm												
Total Intake : 50ml					Total Output : 17ml								
	02:00 pm												
	03:00 pm	EBM						light green passed		10ml			
	04:00 pm										0		
	05:00 pm	EBM							2-3 ml Vomit (Green)	10ml			
	06:00 pm												
	07:00 pm	EBM						light green passed		10ml			
Total Intake : 75ml					Total Output : 30ml								
	08:00 pm												
	09:00 pm	EBM											
	10:00 pm												
	11:00 pm	EBM							2-3 ml ml (milk)	10ml			
	12:00 am												
	01:00 am	EBM								10ml			
Total Intake :					Total Output :								
	02:00 am												
	03:00 am	EBM							4-5 ml (milk)	15ml			
	04:00 am												
	05:00 am	EBM						passed		10ml			
	06:00 am												
	07:00 am	EBM	10% dextrose 104ml						5ml	10ml			
Total Intake :					Total Output :								

Total 24 hrs. Intake 161.7 ccl/kg/day

Total 24 hrs. Output 2.5 ccl/kg/hr.

19/5/26



FLUID CHART



TV - 180cc/kg/day
 Bot - 1.7#3
 t.f - 22ml

Sheet No. : 6

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	Route	NG	Diarrhoea	Vomit	Drainage	Urine				
15 mins	08:00 am			10% dextrose I.V	NG								
	09:00 am	EBM		1.4ml						10ml			
	10:00 am			1.4ml	NG Tube								
	11:00 am	EBM	12ml in 100	1.4ml		passed				10ml			
	12:00 pm			1.4ml									
	25 mins	01:00 pm	EBM	16ml	1.4ml								
Total Intake :			Total Output :										
16 mins	02:00 pm			1.4ml									
	03:00 pm	EBM	12ml	1.4ml		passed				7ml			
	04:00 pm			1.4ml									
	25 mins	05:30 pm	EBM	9ml	1.4ml					10ml			
	06:00 pm			1.4ml	CG								
07:00 pm	EBM		1.4ml			passed			10ml				
Total Intake :			Total Output :										
	08:00 pm			1.4ml									
	09:00 pm	EBM		1.4ml						11ml			
	10:00 pm			1.4ml									
	11:00 pm	EBM		1.4ml		passed	small			13ml			
	12:00 am			1.4ml									
	01:00 am	EBM		1.4ml						10ml			
Total Intake :			Total Output :										
	02:00 am			1.4ml									
	03:00 am	EBM		1.4ml		passed	small			12ml			
	04:00 am			1.4ml									
	05:00 am	EBM		1.4ml		passed	large vomit			10ml			
	06:00 am			1.4ml									
	07:00 am	EBM		1.4ml									
Total Intake :			Total Output :										

Total 24 hrs. Intake 175cc/kg/day

Total 24 hrs. Output 2.5cc/kg/day



20/5/26

FLUID CHART

TU - 175 cc/kg/day
 B.wt - 1.597 kg (↓ 16g)
 TF - 23 ml

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	NG			Drainage	Urine		
	08:00 am			10% dextrose							
	09:00 am	EBM		0.7ml	22ml				10ml		ABP
	10:00 am			0.7ml							
	11:00 am	EBM		0.7ml	23ml	passed			9ml		ABP
	12:00 pm			0.7ml							
	01:00 pm	EBM		0.7ml					10ml		ABP
Total Intake :						Total Output :			29ml		
	02:00 pm			0.7ml							
	03:00 pm	EBM		0.7ml	23ml	MCL + 10% D correction passed	Large amount vomit		10ml		ABP
	04:00 pm			0.7ml							
	05:00 pm	EBM		0.7ml	23ml	0.8ml			10ml		ABP
	06:00 pm					0.8ml					
	07:00 pm	EBM			23ml	0.8ml			10ml		ABP
Total Intake :						Total Output :			30ml		
	08:00 pm			0.7ml		Stake 10:30 pm KCL + 10% NS					
	09:00 pm	EBM	Nil	0.7ml	23ml	KCL + 10% NS Not passed	Nil.		8ml		ABP
	10:00 pm			0.7ml	2ml						
	11:00 pm	EBM	Nil	0.7ml	22ml	2ml Not passed	Nil		10ml		ABP
	12:00 am			0.7ml		2ml					
	01:00 am	EBM	Nil	0.7ml	22ml	2ml Not passed	Nil		9ml		ABP
Total Intake :						Total Output :			27ml		
	02:00 am			0.7ml		2ml					
	03:00 am	EBM	Nil	0.7ml	22ml	2ml Not passed	Nil		10ml		ABP
	04:00 am			0.7ml		2ml					
	05:00 am	EBM	Nil	0.7ml	22ml	Stop. passed	Nil				ABP
	06:00 am			0.7ml							
	07:00 am	EBM	Nil	0.7ml	22ml	Not passed	Nil		10ml		ABP
Total Intake :			270ml			Total Output :			106ml		

Total 24 hrs. Intake 168 cc/kg/day

Total 24 hrs. Output 2.7 cc/kg/day

21/5/20

FLUID CHART

TV = 175 cc/kg/day
 Bwt = 1.6 kg
 TF = 23 ml

Sheet No. : 8

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	O.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am			0.7ml									
	09:00 am	EBM			23ml		passed			6ml	0		
	10:00 am												
	11:00 am	EBM			23ml		passed			14ml	0		
	12:00 pm												
	01:00 pm	EBM			23ml		-			6ml			
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm	EBM			23ml		passed	large vomit		9ml	0		
	04:00 pm												
	05:00 pm	EBM 1/2 Bmt			21ml		-			10ml	0		
	06:00 pm												
	07:00 pm	EBM 1/2 Bmt			21ml		passed			9ml	0		
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	EBM + 1/2 HMF			2ml		passed	Nil		10ml	0		
	10:00 pm				2ml								
	11:00 pm	EBM + 1/2 HMF			2ml		Not passed	Nil		9ml	0		
	12:00 am				2ml								
	01:00 am	EBM + 1/2 HMF			2ml		passed green	Nil		10ml			
Total Intake :						Total Output :							
	02:00 am				2ml								
	03:00 am	EBM + 1/2 HMF			2ml		Not passed	Nil		9ml	0		
	04:00 am												
	05:00 am	EBM + 1/2 HMF			2ml		Passed	Nil		12ml	0		
	06:00 am				0.8ml								
	07:00 am	EBM + 1/2 HMF			2ml		passed yellow	Nil		10ml	0		
Total Intake :						Total Output :							

Total 24 hrs. Intake 216 cc/kg/day

Total 24 hrs. Output 2.9 cc/kg/day

22/5/26

FLUID CHART

Tv = 150cc/kg/day
 Bwt = 1.6 kg
 TF = 2ml.

Sheet No. : a

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	NG	Diarrhoea	Vomit	Drainage	Urine					
			Mouth	I.V	NG								
	08:00 am			0.8ml									
	09:00 am	EBMT 1ml		0.8ml	2ml	Paused				10ml	0		Agnes
	10:00 am			0.8ml			Nil						
	11:00 am	EBMT 1ml		0.8ml	2ml					6ml	0		Agnes
	12:00 pm						Nil						
	01:00 pm	EBMT 1ml			2ml	Paused				14ml	0		Agnes
Total Intake :						Total Output :							
	02:00 pm						Nil						
	03:00 pm	EBMT 1ml			2ml					6ml	0		Agnes
	04:00 pm					Paused	Nil				0		
	05:00 pm	EBMT 1ml			2ml					9ml	0		Agnes
	06:00 pm						Nil				0		
	07:00 pm	EBMT 1ml			2ml					7ml	0		Agnes
Total Intake :			<i>kd + 90ml NS (Stat 8, 10am)</i>			Total Output :							
	08:00 pm			1.7ml									
	09:00 pm	EBMT 1ml		1.7ml	2ml	passed	Nil			10ml	0		Agnes
	10:00 pm			1.7ml									
	11:00 pm	EBMT 1ml		1.7ml	2ml	Not passed	Nil			9ml	0		Agnes
	12:00 am			1.7ml									
	01:00 am	EBMT 1ml		1.7ml	2ml	Not passed	Nil			10ml	0		Agnes
Total Intake :			<i>stop</i>			Total Output :							
	02:00 am												
	03:00 am	EBMT 1ml			2ml	Passed	Nil			8ml	0		Agnes
	04:00 am												
	05:00 am	EBMT 1ml			2ml	Passed	Nil			12ml	0		Agnes
	06:00 am												
	07:00 am	EBMT 1ml			2ml	Passed	Nil			9ml	0		Agnes
Total Intake :			<i>stop</i>			Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							
			857cc/kg/day								2.8cc/kg/day		

23/5/26



FLUID CHART



Sheet No. : 10

TV = 150 cc/kg/day
 Bot = 1.650 kg ↑ 25 gm
 TF = 2ml

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
			Mouth	I.V	OG	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am				OG								
	09:00 am	EBM+ IHM+F			2ml		not passed	Nil		6ml	0		
	10:00 am												
	11:00 am	EBM+ IHM+F			2ml		-	Nil		-	0		
	12:00 pm												
	01:00 pm	EBM+ IHM+F			2ml		passed (medium in milk)			11ml	0		
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm	EBM+ IHM+F			2ml		passed	nil		9ml	0		
	04:00 pm												
	05:00 pm	EBM+ IHM+F			2ml		passed	nil		10ml	0		
	06:00 pm												
	07:00 pm	EBM+ IHM+F			2ml		not passed	nil		9ml	0		
Total Intake :						Total Output :							
	08:00 pm			Nil									
	09:00 pm	EBM+ IHM+F	Nil	Nil	2ml		not passed	Nil		8ml	0		
	10:00 pm												
	11:00 pm	EBM+ IHM+F			2ml		not passed	Nil		10ml	0		
	12:00 am												
	01:00 am	EBM+ IHM+F			2ml		passed	Nil		9ml	0		
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	EBM+ IHM+F			2ml		passed	Nil		10ml	0		
	04:00 am												
	05:00 am	EBM+ IHM+F			2ml		not passed	Nil		8ml	0		
	06:00 am												
	07:00 am	EBM+ IHM+F			2ml		passed	Nil		10ml	0		
Total Intake : 252ml						Total Output : 160ml							

Total 24 hrs. Intake 157cc/kg/day

Total 24 hrs. Output 2.6cc/kg/day



24/5/26

FLUID CHART

TR - 150cc/kg/day
 TP - 2ml
 BWT - 1.665 T 15grms

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			NG	Diarrhoea	Vomit	Output		IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	O.G				Drainage	Urine		
	08:00 am						small passed		8ml	0		
	09:00 am	EBMT IHMF		2ml			small amount of milk					
	10:00 am			2ml								
	11:00 am	EBMT IHMF		2ml	2ml		passed nil		8ml	0		
	12:00 pm			2ml								
	01:00 pm	EBMT IHMF		2ml	2ml		passed nil		9ml	0		
Total Intake :			63ml			Total Output :			25ml			
	02:00 pm			2ml								
	03:00 pm	EBMT IHMF		2ml	2ml		passed nil		11ml	0		
	04:00 pm											
	05:00 pm	EBMT IHMF			2ml		not passed		9ml	0		
	06:00 pm											
	07:00 pm	EBMT IHMF			2ml		passed nil		8ml	0		
Total Intake :			63ml			Total Output :			28ml			
	08:00 pm						Not Passed					
	09:00 pm	EBMT IHMF			2ml		Passed Nil		10ml			
	10:00 pm						Not Passed					
	11:00 pm	EBMT IHMF			2ml		Passed Nil		9ml			
	12:00 am						Not Passed					
	01:00 am	EBMT IHMF			2ml		Passed Nil		7ml			
Total Intake :			63ml			Total Output :			26ml			
	02:00 am	EBMT IHMF					Passed Nil		7ml			
	03:00 am				2ml							
	04:00 am	EBMT IHMF					Passed Nil					
	05:00 am				2ml		Passed Nil		10ml			
	06:00 am						NOT Passed					
	07:00 am	EBMT IHMF			2ml		Passed Nil		7ml			
Total Intake :			252 cc/kg/day			Total Output :			173			

Total 24 hrs. Intake 148 cc/kg/day

Total 24 hrs. Output 4.2 cc/kg/day



FLUID CHART



25/5/26

TV - 150cc/kg/day
 TF - 2ml
 BWT - 1.700 ↑35

Sheet No. : 12

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	O.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	EBM+HMF			2ml		passed	nil		8ml	0		
	10:00 am												
	11:00 am	EBM+HMF			2ml		not passed	nil		7ml	0		
	12:00 pm												
	01:00 pm	EBM+HMF			2ml		not passed	nil		9ml	0		
Total Intake : 63ml						Total Output : 24ml							
	02:00 pm												
	03:00 pm	EBM+HMF			2ml		passed	nil		8ml	0		
	04:00 pm												
	05:00 pm	EBM+HMF			2ml		passed	nil		9ml	0		
	06:00 pm												
	07:00 pm	EBM+HMF			2ml		—	nil		—	0		
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm	EBM+HMF			2ml		Passed	Nil		10ml	0		
	10:00 pm												
	11:00 pm	EBM+HMF			2ml		—	Nil		7ml	0		
	12:00 am												
	01:00 am	EBM+HMF			2ml		Passed	Nil		10ml	0		
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	EBM+HMF			2ml		—	Nil		10ml	0		
	04:00 am				2								
	05:00 am	EBM+HMF			2ml		Passed	Nil		7ml	0		
	06:00 am												
	07:00 am	EBM+HMF			2ml		Passed	Nil		8ml	0		
Total Intake : 252 ccl/kg/day						Total Output : 93 ccl/kg/day							
Total 24 hrs. Intake		144 ccl/kg/day				Total 24 hrs. Output		2.2 ccl/kg/day					

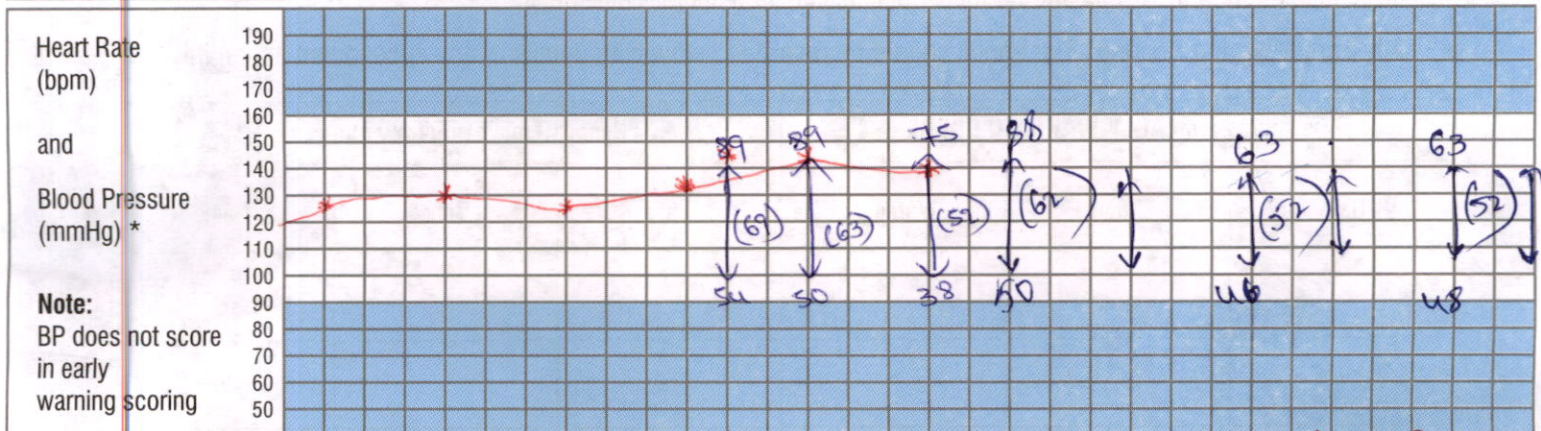
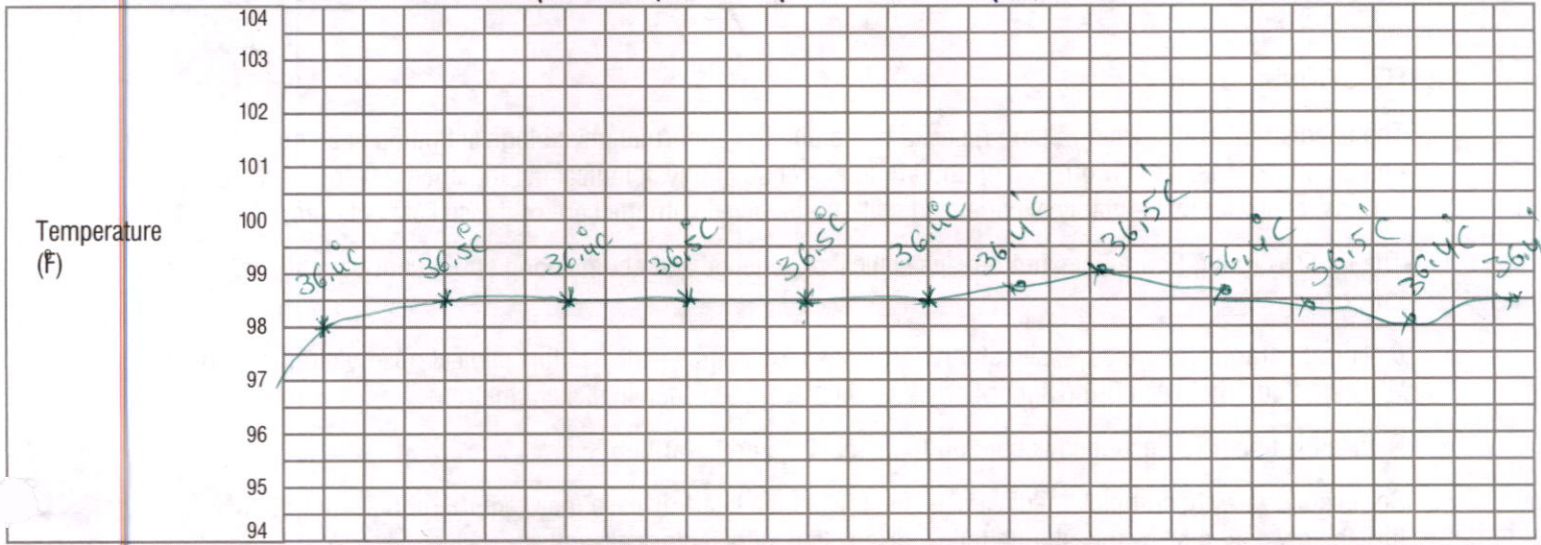


14/05/26

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

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



Heart Rate (Number)	124 bpm	130 bpm	126 bpm	132 bpm	138 bpm	140 bpm	135	116	126	131	128	115
Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)												

Resp Mod/ Severe Distress None / Mild												
Receiving O ₂ (l/min) O ₂ Saturations (%)	98%	99%	99%	97%	99%	100%	98%	98%	97%	97%	100%	99%
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	1	1	1	1	1	1	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	1	1	1	1	1	1
Observer's Initials	PH	PH	PH	PH	PH	PH	PH	PH	PH	PH	PH	PH

ACTIONS

- 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: Scores 3 should be recorded overleaf

* 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.

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-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 12 D (M)
 Dr. DINESH KUMAR CHIRLA

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

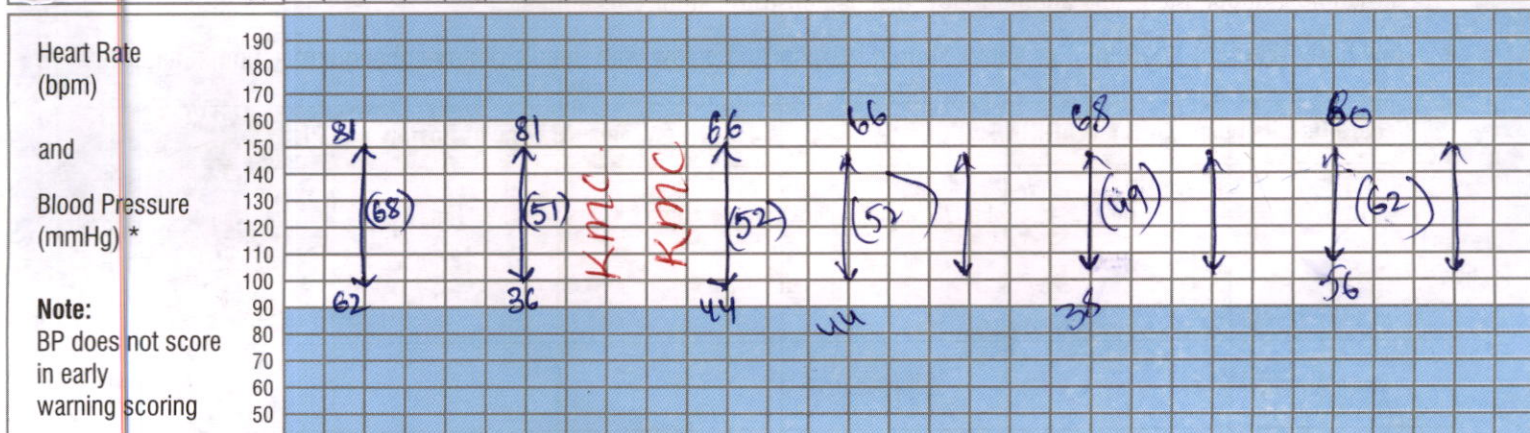
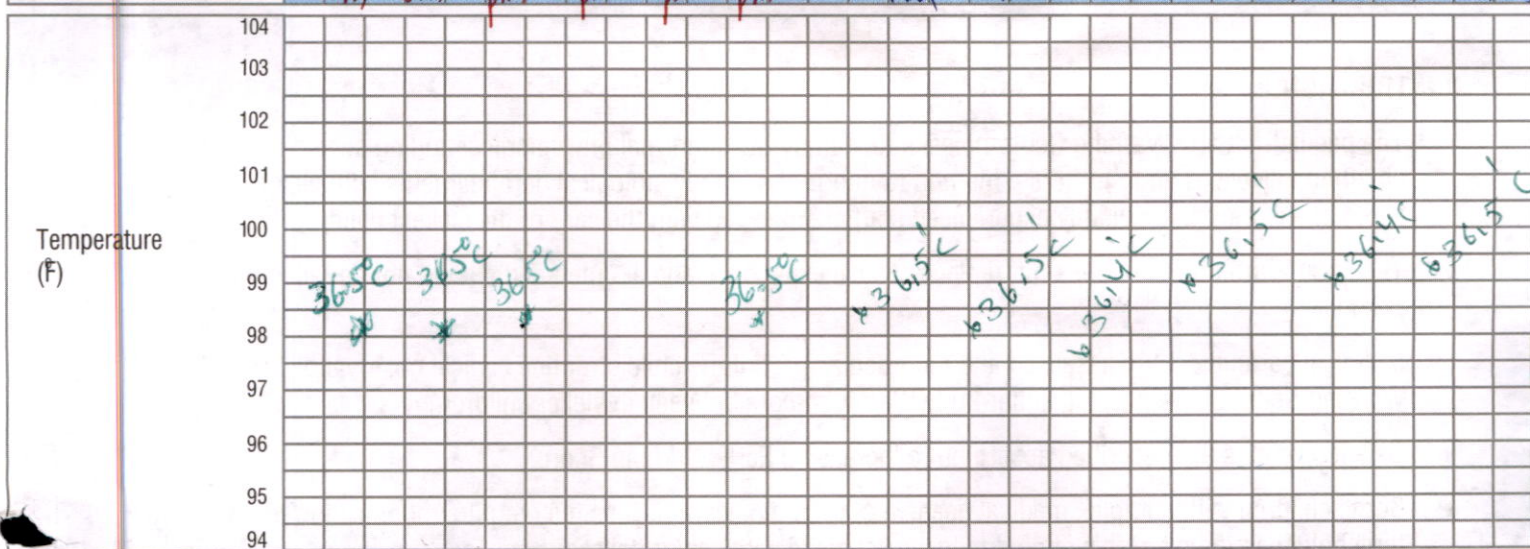
INFANT (<1 year)
 Children's Observation &
 Early Warning Scoring Chart

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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



Heart Rate (Number)	135	124	130	122	126	122	127	121	128	117	121	116
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Resp. Rate (bpm) (Over 1 Minute) *												
Resp Rate (Number)												

Resp Distress	Mod/ Severe											
	None / Mild											
Receiving O ₂ (l/min)	O ₂ Saturations (%)	100%	100%	100%	100%	100%	95%	100%	99%	91%	92%	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	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	1	1	1	1	1	1
Observer's Initials	R	R	R	R	R	R	Q	Q	Q	Q	Q	Q

ACTIONS

- 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: Scores 3 should be recorded overleaf

* 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.

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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- 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)
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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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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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



3
 16/5/26

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time: 8 Am	10 Am	12 Pm	2 Pm	4 Pm	6 Pm	8 Pm	10 Pm	12 Am	2 Am	4 Am	6 Am
Doctor/Nurse/Family Concern?												

Temperature (F)	104												
	103												
	102												
	101												
	100												
	99	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.6°C	36.4°C	36.5°C	36.4°C	36.5°C	36.4°C	36.5°C
	98												
	97												
	96												
	95												
	94												

Heart Rate (bpm)	190											
	180											
and Blood Pressure (mmHg) *	160	71 (47)	76 (52)	75 (49)	70 (45)	70 (45)	79 (52)	76 (49)				
	150											
Note: BP does not score in early warning scoring	140	35	44	35	29	29	38	31				
	130											
	120											
	110											
	100											
	90											
	80											
	70											
	60											
	50											

Heart Rate (Number)	120	108	120	112	116	116	110	123	125	121	123
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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 (%)	96%	99%	97%	98%	98%	100%	97%	100%	100%	100%	100%
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	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC

ACTIONS	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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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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)

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	Pm	Am	Am	Am

Temperature (F)	104											
	103											
	102											
	101	36.5	36.4	36.3	36.3	36.4	36.5	36.4	36.4	36.5	36.4	36.5
	100											
	99											
	98											
	97											
	96											
	95											
	94											

Heart Rate (bpm) and Blood Pressure (mmHg) *	190											
	180											
	170											
	160											
	150		62	71	77			74	67			66
	140		(43)	(44)	(53)			(50)	(50)			(54)
	130											
	120											
	110											
	100		34	38	49			35	43			34
	90											
	80											
	70											
60												
50												

Note:
 BP does not score
 in early
 warning scoring

Heart Rate (Number)	27	107	118	117	110	103	109	110	137	109	106	121
---------------------	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

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 (%)	99%	100%	100%	100%	99%	100%	97%	99%	96%	99%	97%	100%

Conscious Level	Normal	C	C	C	C	C	N	N	N	N	N	N
	Altered											

GCS *		N	N	N	N	N	C	C	C	C	C	C
-------	--	---	---	---	---	---	---	---	---	---	---	---

TOTAL SCORE							0	0	0	0	0	0
--------------------	--	--	--	--	--	--	---	---	---	---	---	---

Number of shaded boxes												
------------------------	--	--	--	--	--	--	--	--	--	--	--	--

Pain Score												
------------	--	--	--	--	--	--	--	--	--	--	--	--

Observer's Initials												
---------------------	--	--	--	--	--	--	--	--	--	--	--	--

ACTIONS	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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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)

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)	104												
	103												
	102												
	101	36.5°C	36.3°C	36.4°C	36.5°C	36.6°C	36.3°C	36.5°C	36.4°C	36.5°C	36.5°C	36.5°C	36.5°C
	100												
	99												
	98												
	97												
	96												
	95												
	94												

Heart Rate (bpm)	190											
	180											
and Blood Pressure (mmHg) *	170											
	160	68	67	70	70	70	88	76	75	83	83	83
Note: BP does not score in early warning scoring	150	148	144	150	150	150	162	151	151	151	151	151
	140	36	33	43	43	43	43	37	40	40	40	40
	130											
	120											
	110											
	100											
	90											
	80											
	70											
	60											
	50											

Heart Rate (Number)	118	101	113	113	118	110	114	120	110	124	112	110
---------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

sp. 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 (%)	98	100	100	97	100	100	97%	96%	98%	99%	98%	99%

Conscious Level	Normal	C	C	C	C	C	C	C	C	C	C	C
	Altered											

GCS *		N	N	N	N	N	N	N	N	N	N	N
-------	--	---	---	---	---	---	---	---	---	---	---	---

TOTAL SCORE		1	1	1	1	1	0	0	0	0	0	0
Number of shaded boxes												

Pain Score		0	0	0	0	0	0	0	0	0	0	0
Observer's Initials		DN	DN	DN	DN	DN	DN	DN	DN	DN	DN	DN

ACTIONS	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
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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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 18 D (M)
 Dr. DINESH KUMAR CHIRLA



19/5/26
 I / 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

DAILY 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)	104												
	103												
	102												
	101	36.1°C	36.2°C	35.4°C	36.4°C	36.4°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C
	100												
	99												
	98												
	97												
	96												
	95												
	94												

Heart Rate (bpm) and Blood Pressure (mmHg) *	190												
	180												
	170												
	160												
	150	140	73	74	90	90	90	90	90	90	90	90	90
	140												
	130												
	120												
	110												
	100	140	48	46	140	140	140	140	140	140	140	140	140
	90												
	80												
	70												
60													
50													

Resp. Rate (bpm) (Over 1 Minute) *	70												
	60												
	50												
	40												
	30												
	20												
	10												
	Resp Rate (Number)	107	110	108	113	113	109	105	110	106	104	102	102

Resp Distress	Mod/ Severe None / Mild												
Receiving O ₂ (l/min)													
O ₂ Saturations (%)		100	98	97	96	99	100	99	99	99	99	99	99
Conscious Level	Normal / Altered	C	C	C	C	C	C	C	C	C	C	C	C
GCS *		N	N	N	N	N	N	N	N	N	N	N	N

TOTAL SCORE		1	1	1	1	1	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0	0	0	0	0
Pain Score		N	N	N	N	N	N	N	N	N	N	N
Observer's Initials												

ACTIONS	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
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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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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)
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BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA

20/5/26

INFANT (<1 year) 8
 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



Y 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)	104													
	103													
	102													
	101	36.4	35.4	36.3	36.4	36.5	36.3	36.5	36.5	36.5	36.5	36.5	36.6	
	100													
	99													
	98													
	97													
	96													
	95													
	94													

Heart Rate (bpm) and Blood Pressure (mmHg) *	190												
	180												
	170												
	160												
	150	66	70	73	70	75	78	75	78	81	75		
	140												
	130	143	149	155	129	136	133	146	146	146	146		
	120												
	110												
	100	30	38	47	43	52	48	57	57	57	57		
	90												
	80												
	70												
	60												
50													

Heart Rate (Number)	101	99	123	101	114	78	98	83	93	95	130	97
---------------------	-----	----	-----	-----	-----	----	----	----	----	----	-----	----

Sp. Rate (bpm) per 1 Minute) *	70											
	60											
	50											
	40											
	30											
	20											
	10											

Resp Rate (Number)							28	32	32	39	34
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Resp Distress	Mod/ Severe	None / Mild										
---------------	-------------	-------------	--	--	--	--	--	--	--	--	--	--

Receiving O ₂ (l/min)												
O ₂ Saturations (%)	100	100	98	97	100	96	95%	95%	97%	97%	100%	98%

Conscious Level	Normal	Altered	C	C	C	C	C	C	C	C	C	C
-----------------	--------	---------	---	---	---	---	---	---	---	---	---	---

GCS *			N	N	N	N	N	N	N	N	N	N
-------	--	--	---	---	---	---	---	---	---	---	---	---

TOTAL SCORE			1	1	1	1	1	1	1	1	1	1
-------------	--	--	---	---	---	---	---	---	---	---	---	---

Number of shaded boxes			1	1	1	1	1	1	1	1	1	1
------------------------	--	--	---	---	---	---	---	---	---	---	---	---

Pain Score			0	0	0	0	0	0	0	0	0	0
------------	--	--	---	---	---	---	---	---	---	---	---	---

Observer's Initials			AN	AN	AN	AN	C	C	Y	E	E	Y
---------------------	--	--	----	----	----	----	---	---	---	---	---	---

ACTIONS

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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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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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-00655373
 Baby Of RUTUJA PATWARI
 0 Y 1 M 19 D
 Dr. DINESH KUMAR CHIRLA

21/5/22

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: 08/05/22 Time: 8:00 AM
 Doctor/Nurse/Family Concern? Am

Temperature (F)

Heart Rate (bpm)

Blood Pressure (mmHg) *

Resp. Rate (bpm Over 1 Minute) *

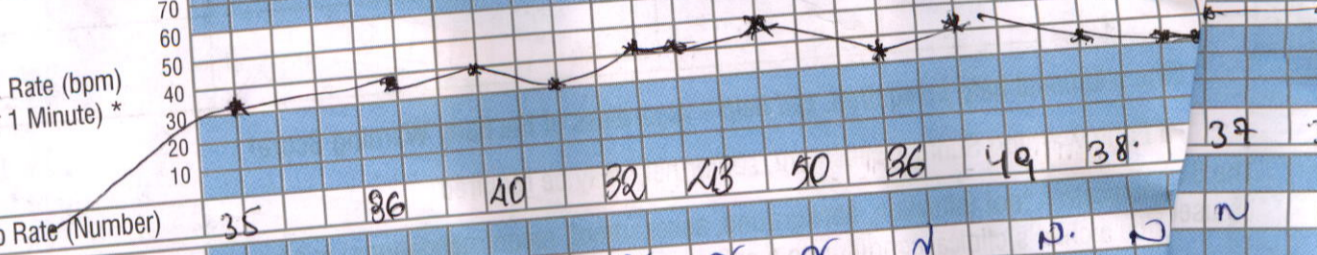
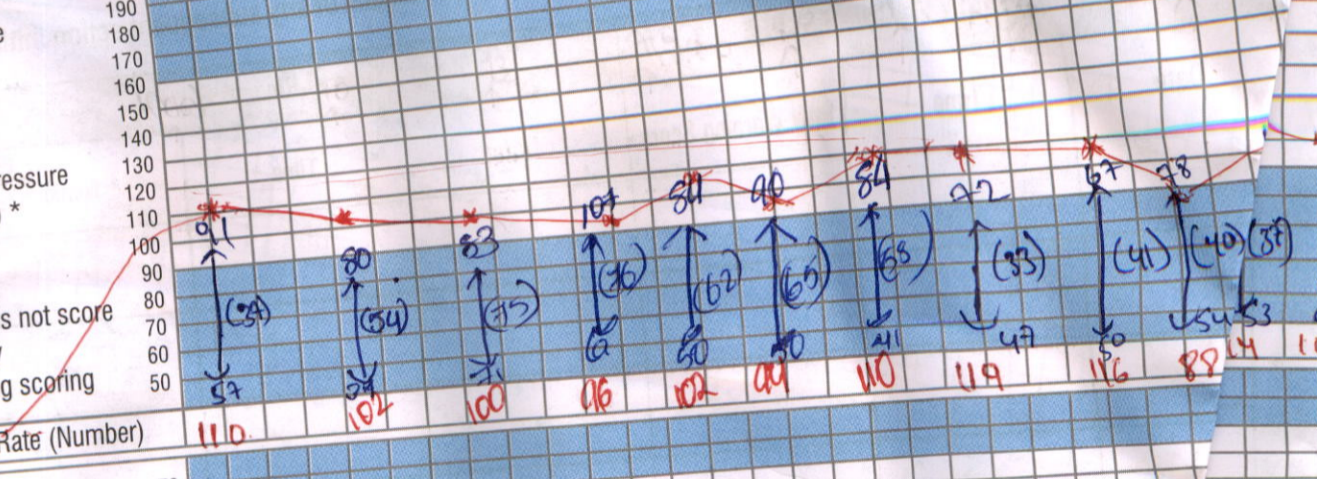
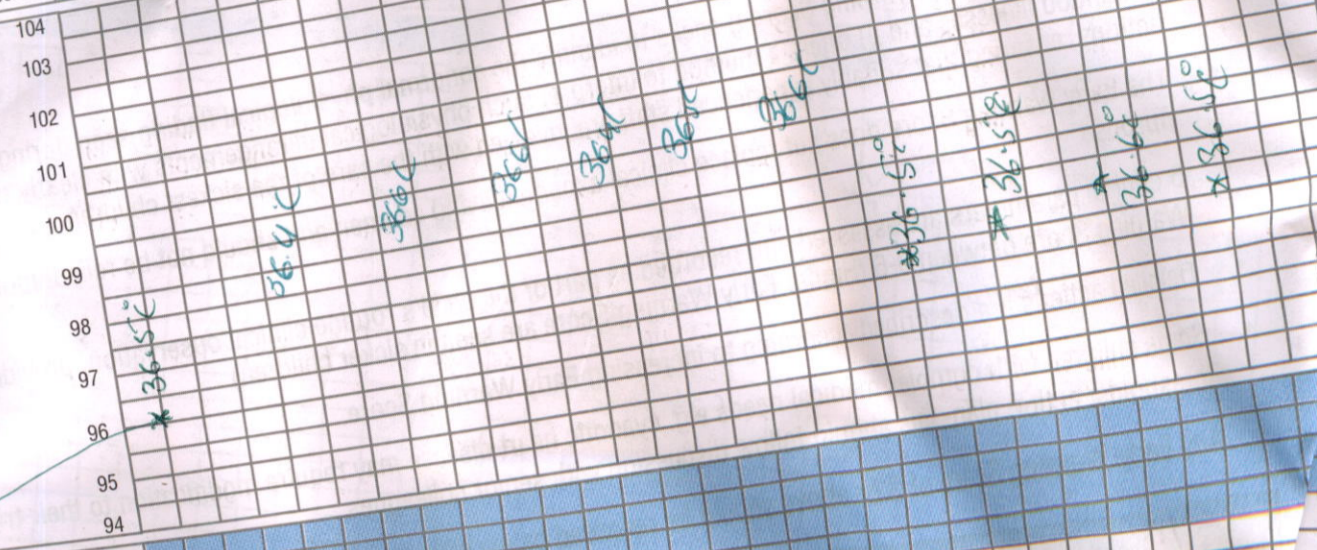
Resp Mod/ Severe Distress

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level GCS *

TOTAL SCORE

ACTIONS



Time	Resp Mod/ Severe Distress	Receiving O ₂ (l/min)	O ₂ Saturations (%)	Conscious Level	GCS *
8:00 AM	N	9A%	N	N	10
8:30 AM	N	9B%	N	C	10
9:00 AM	N	100%	N	C	10
9:30 AM	N	98%	N	C	10
10:00 AM	N	100%	N	C	10
10:30 AM	N	100%	N	C	10
11:00 AM	N	100%	N	C	10
11:30 AM	N	95%	N	C	10
12:00 PM	N	97%	N	C	10
12:30 PM	N	98%	N	C	10
1:00 PM	N	98%	N	C	10
1:30 PM	N	98%	N	C	10
2:00 PM	N	98%	N	C	10
2:30 PM	N	98%	N	C	10
3:00 PM	N	98%	N	C	10
3:30 PM	N	98%	N	C	10
4:00 PM	N	98%	N	C	10
4:30 PM	N	98%	N	C	10
5:00 PM	N	98%	N	C	10
5:30 PM	N	98%	N	C	10
6:00 PM	N	98%	N	C	10
6:30 PM	N	98%	N	C	10
7:00 PM	N	98%	N	C	10
7:30 PM	N	98%	N	C	10
8:00 PM	N	98%	N	C	10

Time	TOTAL SCORE	Pain Score	Observer's Initials
8:00 AM	0	0	D
8:30 AM	0	0	D
9:00 AM	1	0	D
9:30 AM	1	0	D
10:00 AM	1	0	D
10:30 AM	1	0	D
11:00 AM	1	0	D
11:30 AM	1	0	D
12:00 PM	1	0	D
12:30 PM	1	0	D
1:00 PM	1	0	D
1:30 PM	1	0	D
2:00 PM	1	0	D
2:30 PM	1	0	D
3:00 PM	1	0	D
3:30 PM	1	0	D
4:00 PM	1	0	D
4:30 PM	1	0	D
5:00 PM	1	0	D
5:30 PM	1	0	D
6:00 PM	1	0	D
6:30 PM	1	0	D
7:00 PM	1	0	D
7:30 PM	1	0	D
8:00 PM	1	0	D

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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 PI

Patient Sticker

CHILDREN'S

Patient Sticker



CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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BAH-0065373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 22 D (M)
 Dr. DINESH KUMAR CHIRLA



23/5/26

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

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

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	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am
Temperature (F)		36.4°C	36.4°C	36.5°C	36.3°C	36.4°C	36.4°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) *		66 (44) / 98	70 (46) / 92	66 (44) / 92	75 (59) / 90	67 (50) / 98	92 (45) / 92	96 (41) / 92	92 (50) / 92	93 (39) / 98	75 (39) / 92	85 (48) / 92	85 (48) / 92
Heart Rate (Number)		112	111	115	125	112	121	128	112	117	110	118	111
Resp. Rate (bpm) (Over 1 Minute) *		47	43	36	41	46	56	51	52	42	54	39	43
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 (%)		100%	100%	97%	98%	96%	95%	99%	100%	96%	88%	98%	100%
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		0	0	0	0	0	0	0	0	0	0	0	0
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		Am	Am	Am	Pm	Pm	Pm	Pm	Pm	Am	Am	Am	Am
ACTIONS		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: Scores 3 should be recorded overleaf		* 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.											

CHILD'S OBSERVATION 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-00655373 IPS-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA



3

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RESULT SHEET

Date	20/5/26	21/5/26	21/5/26	21/5/26	22/5/26	22/5/26
Time	9:35 PM	12:30 AM	5 AM	6:30 PM	4:18 AM	6 PM
Hb					9.1	
PCV					26.3	
RBC					4.05	
WBC					14.95	
N/L					6006/28=3	
Platelets					252	
CRP					5	
ESR						
PCT						
RBS					102 mg/dl	
Na	121		148	144	140	141
K	4.7	1.5	2.7	1.9	2.2	2.3
Cl	117		122	116	115	116
Ca/Mg	9.1/1.9					
Phosphate			3.5			
Urea				26		
Creatinine				0.3		
ALP			935			
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	2018/26				
Time					
CUE - Alb					
CUE - Sugar					
CUE - Ketones					
CUE - PUS Cells					
CUE - RBC Cells					
CUE					
Urine electrolytes	Na	41			
	K	33.6			
	Cl	66			
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
	* Cortisol	- 14.12			
	* Insulin Fasting	- 0.100			
	ICG	- 11.9			

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



RESULT SHEET

Date	16/5/26	17/5/26	18/5/26	19/5/26	20/5/26
Time	3.15pm	6.30am	7.20am	6.15am	6am
Hb	9.4	7.9	12.8	12.0	
PCV	26.6	21.7	27.4	34.6	
RBC	3.40	2.86	5.59	5.25	
WBC	17.93	12.22	12.90	12.21	
N/L	65/28	54.5/33.3	39.6/48.0	30.6/54.2	
Platelets	272	232	245	237	
CRP	30	21	8.0	5.0	
ESR	38				
PCT	0.290				
RBS					
Na			142		144
K			2.3		2.7
Cl			111		116
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP	810		884		807
SGPT	151		55 119		188
SGOT	426		533		511
T.Bill/Conj	7.8 - ⁵⁸ 2.0		8.7 - ⁶² 2.5		9.5 - ⁶⁶ 2.9
T.Protein	5.4		5.9		6.0
S.Albumin	2.8		3.1		3.2
S.Globulin	2.7		2.9		2.8
A/G Ratio	2.7		2.9		1.6
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	20/1.5				
APTT	48				
CSF Protein / Sugar					
Cells					
N/L					

Dnocalcironi - 0.290

Penilin - 2260

Ferritin - 882

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 : 18/6/26

Blood clt - No growth after 24hrs

No growth after 48hrs

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



3

RESULT SHEET

Date	09/05/26		10/5/26	11/5/26	12/5/26	15/5/26
Time	7:46 AM		10:47 AM	7 AM	7 AM	6:50 AM
Hb	14.6		12.5	11.0	9.7	8.6
PCV	41.4		36.6	31.5	28.4	24.5
RBC	4.5.09		4.41	3.83	3.49	3.11
WBC	13.65		20.84	21.06	23.30	13.74
N/L	31.8/28.9		36.8/27.8	53.5/26.4	56.2/25.8	61.5/21.2
Platelets	78		64	89	110	244
CRP		4.1	23		8	
ESR						
PCT						
RBS						
Na	140		135	135		
K	2.9		3.5	2.9		
Cl	100		108	108		
Ca/Mg			9.8/		8.7/	
Phosphate			2.1		3.9	
Urea	40					
Creatinine	0.5					
ALP	548					
SGPT	21					
SGOT	74					
T.Bill/Conj	8.8 (2.2) 6.6 (D)				4.9 (3.2 (D)) 1.7	
T.Protein	6.7					
S.Albumin	3.4					
S.Globulin	3.3					
A/G Ratio	3.3					
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		1.6/1.2				
APTT		39				
CSF Protein / Sugar						
Cells						
N/L						

G.I.T = 215

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
T3	138.6					
T4	10.94					
TSH	5.56					
free T4	2.31					

Culture and Sensitivities :

.....

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 6 D (M)
 Dr. DINESH KUMAR CHIRLA

2

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RESULT SHEET

Date	6/5/26	6/5/26	6/5/26	7/5/26	7/5/26	8/5/26
Time	8:9	8:41	21:23	7am	6:30pm	
Hb			13.6		10.6	13.0
PCV			38.9		30.4	37.7
RBC			4.71		3.68	4.53
WBC			5.31		1180	11.0
N/L			32.3/49.2		43/30	34.0/30.5
Platelets			25 SDP		38K	83
CRP	134			132	SDP	80
ESR		monocyte 29%				
PCT						
RBS						
Na		140	139			
K		2.3	3.0			
Cl		101	104			
Ca/Mg		7.8	9.2			
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin				2.5		
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR			24/1.9		20/1.5	
APTT			45		44	
CSF Protein / Sugar						
Cells						
N/L						

ocu. No. : RCHBH/FRM/CLINICAL/0338

end - 27
 ESR - 6
 Hematin - 1340

(P.T.O)

1:45

Date	7/5/26					
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Urine ketones for bodies	Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

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.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

3AH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI (M)
 11-04-2026 0Y 1M 2D
 Dr. DINESH KUMAR CHIRLA



RESULT SHEET

①

Date	3/5/26	4/5/26	5/5/26	6/5/26	6/5/26
Time	10 AM	11.2	11.0	4:42 PM	7.9
Hb	8.3	8.3	8.3	8.3	2.70
PCV	23.4	28.3	32.9	32.9	2.70
RBC	2.85	3.82	3.80	3.80	9.54
WBC	4.62	5.59	7.95	7.95	35/50
N/L	20/11.6	25.1/66.7	23/71	23/71	38/60
Platelets	15	1.09 lakh	84	84	134
CRP	140 SDP	53			2.46
ESR					
PCT					
RBS					
Na	156	149	150		
K	3.5	3.1	2.8		
Cl	9.8	10.8	11.3		
Ca/Mg	9.6				
Phosphate				51	51
Urea	14			0.8	0.8
Creatinine	0.6			432	
ALP				24	
SGPT				50	
SGOT				9.8	8.1 (10)
T.Bill/Conj	9.7	6.7	3.0	6.7	1.7
T.Protein				3.7	
S.Albumin				3	
S.Globulin				3	
A/G Ratio				6.7	
Uric Acid				3.7	
S.Amylase				3	
Sr.Lipase				3	
Blood Lactate				3	
S.Cholesterol				42/3.5	
PT/INR	25/2	43/3.6	59/5.0	47	449/33
APTT	37	41	49	47	FFP
CSF Protein / Sugar					FFP
Cells					FFP

Abortagen-150 [isoto 376] (P.T.O)
 D-Dimer-2.45 (P.T.O)

Docu No. / BCBH/FRM / CLINICAL / 0138

(P.T.O)

Date

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



Culture

Radiology

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

Others (ECG, Contrast Studies etc.) :

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA



B/o Rutuja

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3-5-26	NSP	71 - D - Nil
11-300	(M)	
	<u>USG abd</u>	
	- liver (M)	
	- spleen (M)	
	- R (M)	
	- L (M)	
	- US - 37 > 18	→ (M)
	- US - 38 > 19	→ (M)
	- US distended (M)	
	- No cist (LH part)	
	- Bowel loop (M)	
	→ (M) Study	

3AH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 31-04-2026 0Y 1M 2D (M)
 Dr. DINESH KUMAR CHIRLA



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		CS/B → D2 DLK
		→ change to Hbnc
		→ To do Echo today 3m
	NSh 1284 Albumin } (N)	→ Blood sepsis PUF Panel to send (to trace)
		→ LFT to be done
	NBS (N)	→ Coagulation Profile
		→ Trace NBS
		→ To PIV on Robutamin if temp is next (N)
		→ Routine mergenera
		→ White count & microfing
		→ Lipo-Aushob
		→ Remove PICC line



MEDICATION RECONCILIATION FORM

Drug Allergies: Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	CICATRID CREAM		4th local applied	4th hourly		<input type="checkbox"/> C <input type="checkbox"/> DC
2	Nasoclear drops	1 drop	each nostril	6th hourly		<input type="checkbox"/> C <input type="checkbox"/> DC
3	OROFER XT	0.3ml	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
4	HMF	1 sachet	PO	each feed		<input type="checkbox"/> C <input type="checkbox"/> DC
5	Syr UDILV	1ml	PO	BD		<input type="checkbox"/> C <input type="checkbox"/> DC
6	DOMSTAL SUSPENSION	0.5ml	PO	8th hourly		<input type="checkbox"/> C <input type="checkbox"/> DC
7	Syr. OSCOPAN-D	1.5ml	PO	6th hourly		<input type="checkbox"/> C <input type="checkbox"/> DC
8	Tab. Jr. LANZOL	1.7mg	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
9		1.7mg in 7]				<input type="checkbox"/> C <input type="checkbox"/> DC
10	Z6-D drops	0.5ml	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC

BLONIN TAB 2.5mg PO OD * C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Aruna

Date & Time: 28/5/26

Nurse Name & Signature: Su

Date & Time: 28/5/26

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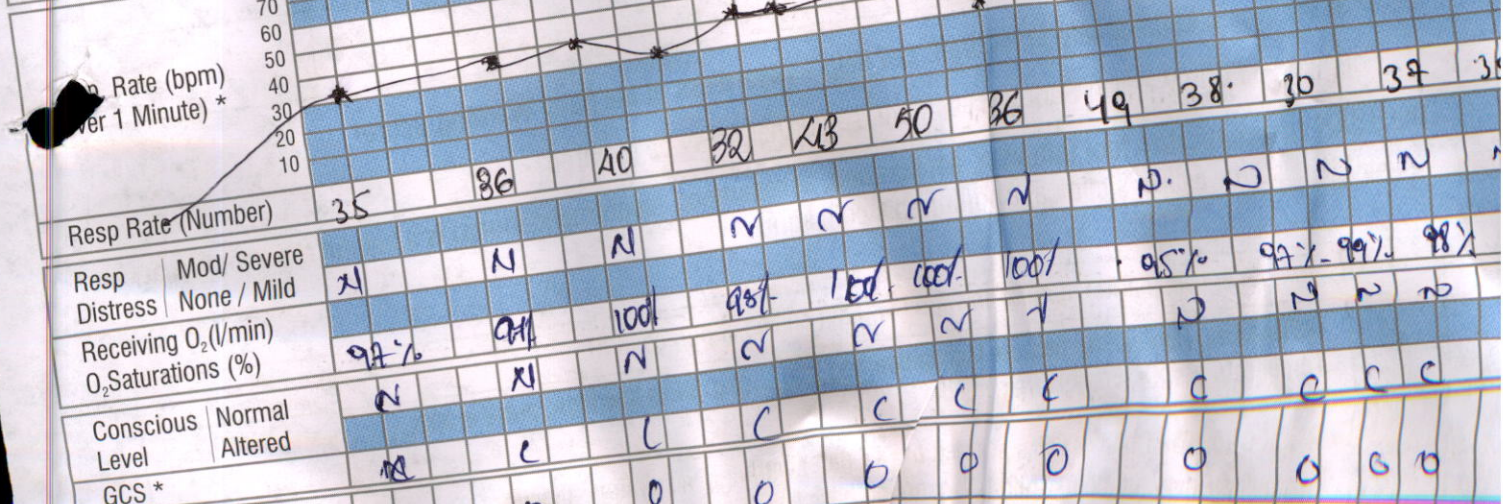
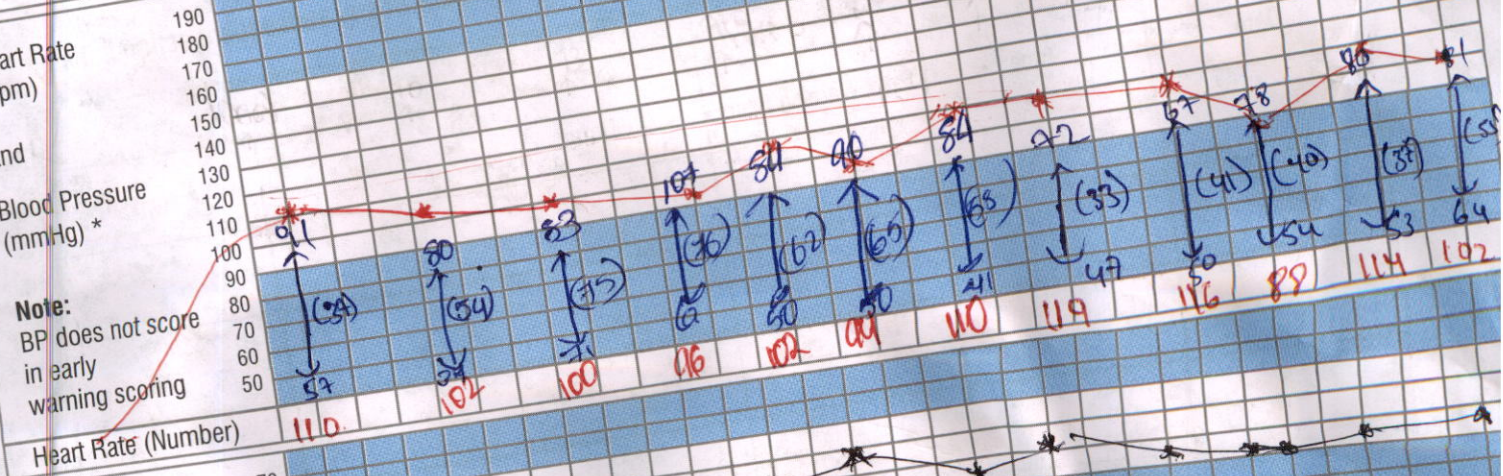
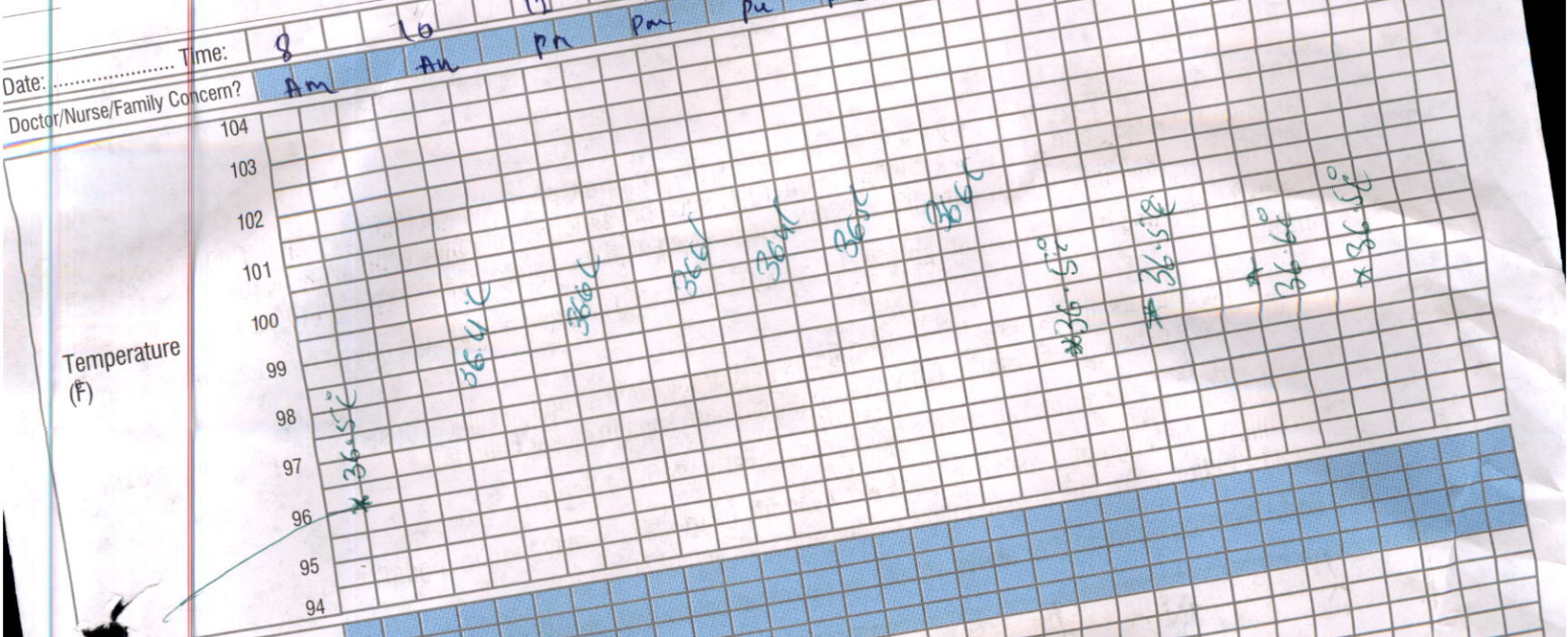
BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 19 D
 Dr. DINESH KUMAR CHIRLA

21/5/26
 I: RCH / FRM / CLINICAL / 124

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



EARLY WARNING SCORE: CHILDREN'S UNIT



Receiving O ₂ (l/min)	0	0	0	0	0	0	0	0	0	0	0	0
O ₂ Saturations (%)	92%	91%	100%	98%	100%	100%	100%	95%	94%	99%	98%	98%
Conscious Level	N	XI	N	N	N	N	N	N	N	N	N	N
GCS *	12	12	12	12	12	12	12	12	12	12	12	12

TOTAL SCORE	0	0	0	0	0	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0	0	0	0	0	0
Observer's Initials	D	D	D	D	D	D	D	D	D	D	D	D

ACTIONS

- 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 patient half hourly to hourly
- Score 4 : Shift in charge AND treating consultant (11 8 PM) or On call consultant to see patient hourly to hourly
- Score 5 & 6 : Shift in charge and PICU /NICU fellow or PICU/NICU consultant to see patient hourly to hourly

NB: Scores 3 should be recorded overleaf

if GCS is below 12 or the Oxygen requirements >3 Lit./min., then irrespective of rest of the score the patient should be referred to PICU team

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

Date	Time	Early Warning Score	Record Time of Review and Plan		
			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 (child (X) is deteriorating, OR I don't know what's wrong but I am really worried).
	RECOMMENDATION: I need to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. the vital/ repet observation)

BAH-0065537 -00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 20 D (M)
 Dr. DINESH KUMAR CHIRLA

22/5/20

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

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

Pratiksha
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date:	Time:	1	10	12	2	4	6	8	10	12	2	4	6
Doctor/Nurse/Family Concern?		Au	Au	Pu	Pa	pu	pa	Pa	pu	Au	Pa	Au	Au
Temperature (F)	104												
	103												
	102												
	101												
	100	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
	99												
	98												
	97												
	96												
	95												
	94												
Heart Rate (bpm)	190												
and	180												
Blood Pressure (mmHg) *	170												
	160												
	150												
	140	88	88	85	85	81	81	81	81	81	81	81	81
	130												
	120												
	110												
	100	56	54	45	45	36	36	36	36	36	36	36	36
	90												
	80												
	70												
	60												
	50												
Note: BP does not score in early warning scoring													
Heart Rate (Number)	104	115	102	100	121	112	108	126	123	101	109	109	109
Resp. Rate (bpm) 'Over 1 Minute' *	70												
	60												
	50												
	40												
	30												
	20												
	10												
Resp Rate (Number)	46	44	30	36	50	60	34	37	39	41	43	43	43
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 (%)		100	98	99	100	100	98	99	99	99	99	99	99
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		DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC	DC
ACTIONS													
	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.

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)



PROGRESS NOTES AND DOCTOR'S ORDER

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Date & Time	Progress Notes	Doctor's Order
		Give
		→ To the IVL6
		→ T. Bact antibiotic
		→ ABH after 3 hours of HMC (4PM)
		→ All line top for c/s
		→ CBP is evening
		→ TV - 180 cc / day 10% ISO
		→ CRBC transfusion of (PAC)
		Noted by Sig Jayah 3/5/26

IAH-00655373

IP5-00173323

Baby Of RUTUJA PATWARI

11-04-2026

0 Y 1 M 2 D

(M)

Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26 6pm	<p><u>Evening Rounds</u></p> <p>On HFNC → 6l/min bradypnea ⊕</p> <p>Currently NPO.</p> <p>HR - 142/min RR - 28/min SpO₂ - 95% BP - 62/49/56.</p>	<p><u>Plan</u></p> <p>→ continue HFNC → 6l/min</p> <p>→ IV - (60cc/15/day 10% dext)</p> <p>→ CRBC } Planned SDP } for IVIG } today FFP }</p> <p>→ Trace Pice line +p clc</p> <p>→ 2 Echo T/m</p> <p>Trace Blood Sepsis Panel</p> <p>→ CRP } LFT } in night s/E }</p>
	<p>CRBC } SDP } IVIG } FFP } Poke given</p>	
		<p>Noted by Dr. Chirala 3/5/26 6pm</p>



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>MICHAEL POWERS</u>	
3/5/26		<u>Plan</u>
10pm	On HProc → 6L/Hr	
		→ Continue HProc 6L/Hr
	Ongoing Lab	
	HR - 150/Min	→ TV - 160cc/14/day
	RR - 31/Min	10% IsoP
	SpO ₂ - 95%	Including all
	BP - 50/35/44	blood products
		→ trace Pleural
	CvC → 1.7cc/10/Min	trp c/s.
		→ 20 Echo/Min
		→ trace blood Pcr sepsis
		Panel
		→ 10/15 } CINE
		SIDP }
		H Pcr 12g

Noted By
 Dr. [Signature]
 049990
 10pm

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 32 days PMA: 37 weeks

Term Preterm Gestation : 32+1 week Corrected Gestational Age:

OVERVIEW	Problems :	
	S.No.	Current
1.	<u>mod PT / SGA / Fev</u>	
2.	<u>Candida tropicalis</u>	
3.	<u>Coagulopathy</u>	
4.	<u>Thrombocytopenia</u>	
5.	<u>cholestasis</u>	
6.	<u>Anemia</u>	

Today's Weight : 1.413

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 HFOV & bll/m

one CRBC Bradycardia

RDP, SPP HR - 132/min

SpO₂ RR - 26/min

U.O - SpO₂ 93%

CARDIO VASCULAR SYSTEM

Plan of Care : CRBS - 76mg/dl BP - 58/36/45

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: 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:
PIA → soft

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	Sl.No.	Drugs	Days
		1.	Symequan	
2.	Symrelingis			
3.	Sym lipo Amplo B			

Plan of Treatment :

- Continue 1 Boc → 6/1/20
- target SpO₂ 90-93%
- 1 Boc / 1/4 / day 10% / 1/20
- 2 Pecho today
- trace free line tip cl
- No chest abls
- trace blood sepsis PCR (send at Himayatnagar)
- CBP, WBC, S/C → send → WBC send at Himayatnagar
- monitor vitals

Doctor's Name (Handover given) : FAZ

Signature : [Signature]

Date & Time : 4/5/26

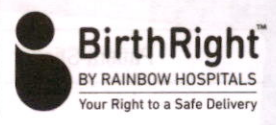
Doctor's Name (Handover taken) : Y. Sorel

Signature : [Signature]

Date & Time : 4/5/26

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @ 11:30pm		Seen by Dr. Dinesh
		1) Tape HFNC by 11am every 12 hours if tolerated.
		2) Echo today.
		3) Ophthalm examination for pingal ball
		4) In & D drops
		5) Start ceftriaxone & Syp
		6) Trace - PICC line tips
		7) Start feeds - 6ml/hr (EBN/DBM)
		8) Remaining TPN - start (MVI, Celecel)
		9) PICC line Today
		10) BP plan once plt > 60k
		11) If ROP not done ROP this Thursday 12) mg/soy dressing over left leg.

Sneha P.T.O

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 @4pm		Seen by Dr. Pra 1) ↓ flow to 34/min ↓
		Plan to change to low flow T/m
		2) Trace - B/e/S
		Seen by ^{Inu} Dr. Dinesh
4/5/26 @5pm		1) PT, aPTT, INR - to send x
		2) CRP - Ask in the same sample.
		3)
4/5/26 @6pm	Afternoon	Roundly Plan.
	Baby on HFNC - 34/min FiO ₂ - 21% ↓	1) on HFNC - 34/min Target SpO ₂ 90-95% ↓
	No Respiratory distress No Bradycardia / desaturation ongoing PICC line insertion Procedure	Plan to change to low flow T/m
		2) TV = 16cc/kg/day 10% FiO ₂ -P

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	HR = 147/min SpO ₂ - 99% RR = 45/min BP = 57/32 (US)	feed at 6mb 2nd hly ↑ feeds 1ml BD 3) Trace - B/C/S
	P/A - Soft mild distension No further vomitings ATC	4) PICC line Tomorrow 5) R/u PICC LP T/m 18 P/T > 60k
		noted by Dr. Sneh ultra 0.9%
	Diaper Rash	→ Proctoquaid + Vaseline
5/5/26 @ 1:50am	<u>Night Rounds</u>	Plan.
	Resp: Baby on HFNC - 34/min No Resp distress (No tachycardia) No Brady / desaturation	1) ↓ HFNC to 20/min Target SpO ₂ 90-95% 2) Fv = 160ml/kg/day ↓ 7mb 2nd hly full OR feeds Rest 10% Fv

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Vitals HR = 148/min RR = 45/min SpO ₂ = 92%	✓ A feeds 1mb TID if tolerating
	BP = 57/35 (43)	⊙ Trace Bld's Raise furogab MLE
	PLA - Soft Tolerating feeds well	⊙ Try for low flow O ₂ in the morning
		⊙ Plan LP if pIT > 60k
		Send CBP } Blood gas } morning monitor lactate in Blood gas
		Fluctuating 6th hrly
		well - vitals
		Sneha



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 35 days PMA: 37+1 weeks

Term Preterm Gestation : 32+1 weeks Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Mod PT/SGA/FGR	
2.	Candida tropicalis sepsis	
3.	Coagulopathy	
4.	Thrombocytopenia	
5.	Cholestasis	
6.	Anemia	

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: 35. Baby on HFNC - 2l/min
↓
Change to low flow O₂
at 0.2l/min

CARDIO VASCULAR SYSTEM

Plan of Care : 1 FFP transfusion, given

HR = 146/min
SpO₂ = 92%
BP = 57/35 (43)
RR = 49/min

CNS

Neurological Examination :

Sedation.....

Last Neurosonogram : Normal 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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	Inj. Meropenem	
	2.	Inj. Micafungin	
	3.	Inj. lipo-Amphes	
			Inj. Caffeine Glycerine T-Bact ointment Zn & D drops Udilw SyP

Plan of Treatment :

- 1) change to low flow O₂ @ 0.24/min
Target SpO₂ 90-95%
- 2) TV = 100 cc/kg/day $\left\{ \begin{array}{l} \text{8mb indrly} \\ \text{full OR feed} \\ \text{10\% ISO-P} \end{array} \right.$
↑ feeds 1mb TID
- 3) Today Picedline → Add NUI, celecol
- 4) Trace - CBP
- 5) Blood gas - OD
GRBS - BD
- 6) No chattering 6th h-ly
- 7) monitor vitals
- 8) plan LP if pIT > 60k
- 9) Trace - BlCS → Raise fungal MIC.

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

Signature : Sneha

Date & Time : 5/5/26

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
5/5/26		Seen by Dr. Dinesh.
		1) Picc line today / Central line.
		2) Trace - CBP
		3) Start - Domperidone lanzol - 3r.
		4) Trace - Sensitivity of fungal culture Raise MIC.
		5) Send - PT, INR → 3r-electrolytes.
		6) Trace Septicemia PCR Panel.
		7) ↑ feeds by 20ml/kg/day ↑ 1ml TID.
		8) I/O charting.
		9) Asmat epimor. <u>Sneha</u>
		10) 2p today
		11) Fibrinogen levels in next tick

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 12:03 pm	Seen by Resident (Dr. Rupjati)	
	PT = 59, I.N.R = 5.0 aPTT = 41	case discussed with Dr. Pratyush
		- Transfuse FFP
		- 2mg Vit - K stat
4/4/26		Plan
18m	GRPS → 2mg/dl	→ IV Dextrose 10%
	8ml orally qh →	2ml/kg
	Feeds = 70cc/kg/day → 3.4	
	10% 150P → 90cc/kg/day → 4.3	→
	↓	Change to
	changed IV fluids to	12.5% 150P.
	12.5% 150P → 90cc/kg/day	↓
	7.8	→ check GRPS after
	total GRPS → 3.4 + 7.8	growth
	↓	
	11.2	→ check GRPS of hb
		after changing fluid & feed.
		↓ (over)

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 4 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/2026	<p><u>Procedure Note: Lumbar puncture</u></p>	
	<p>under sterile precautions, after taking verbal consent lumbar puncture done, yellowish CSF obtained, FFP on flow during procedure, no clinical acid</p>	
	<p>Ass-70</p>	<p>plan</p> <p>CSF sent for analysis</p> <p>CSF → CSF</p> <p>store 1 specimen</p> <p>CSF sent for PT, APTT, P/lympgen, CRP, & Dimer</p> <p>Senior sister to take sample</p> <p>g nurse</p>
4/5/26		<p>Dr. D. Surve</p> <p><u>C/D/w Dr. Divish</u> 02/02/26</p> <p>→ To keep line in scalp.</p> <p>→ To shave the head.</p> <p>→ Take Parents consent</p> <p>Dr. Patil</p>

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 4 D
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26		
6:18pm		seen by Dr. Nalini Kauth
o/e		Plan:
- nasal flaccid ⊕		- To change to NIV,
- GER ⊕		FiO ₂ - 25%, 20/67
- on HFNC - 2lit/min		Ti - 0.45, RR - 90/min
		- send Blood gas
		CXR y now.
		- keep Intubation things ready.
		[Intubation sos]
	Blood gas - 7.15/24.8	- To give NS bolus
	69.7	10ml/kg
	Na ⁺ - 150	over 30min.
	Lac - 9.5	
	Base ex - -18.8	
	ACO ₂ - 10.3	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 7:45pm		<u>cl/w Dr. NK sir</u>
		<u>Plan</u> - To give NS bolus 10ml/kg over 30min ↓ - After this to inf give sodium bicarbonate 1 meq/kg over 30min.
5/5/26 9:50pm	<u>Pice line</u> under - under strict aseptic conditions, pice line inserted into scalp vein and is fixed at 11 o'clk. Back flow present.	<u>Plan:</u> - To start keep NS - keep NPO till next blood gas.

BAH-00655373

IP5-00173323

Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 4 D (M)
Dr. DINESH KUMAR CHIRLA



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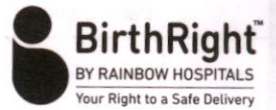


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- w/f lactates in next blood gas and review about feeds.
		- TV - 150 ml/kg/day ↓ 12.5% ISO-P. [Don't add calcium]
		- Next Blood gas at 12:00 Am.
		Dr. Arceeb Dr. Nalankanta
		- change to incubator cl of w or nited
		- TV - 150 ml/kg/day 12.5% Dextrose
		- To give 1 meq/kg sodium bicarbonate correction over 6 hours.
		Arceeb

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 4 D (M)
 Dr. DINESH KUMAR CHIRLA


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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26		
1:00 AM		Plan
	last gas - 7.16 / 26.9 / 47.9 Na-152, lac-9.2, Base - 17.7 / 10.7	- Corecteeeee D1V, 18/6, RR-45 FIO2-24%
	o/e, - no acidotic breathing	- Repeat Blood gas at 6:00 AM,
	Screening Echo-	- ↑ TV to 170ml/ks/day ↓ 12.5% Dextrose; Include dext [Don't add Blood products Calcium]
	- IVC - collapsed. - Good biventricular function	- Give half correction of sodium bicarbonate over 4 hours, [4meq]
		- Ask urea, creatinine in the same sample
		- To give <u>Accl</u> cryoprecipitate T/M morning

PROGRESS NOTES AND DOCTOR'S ORDER

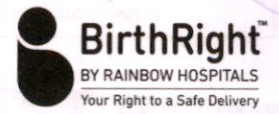
Date & Time	Progress Notes	Doctor's Order
		Oral mouth care C
		EBM.
		Blood gas T/m
		RBS } morning at 6:00AM.
		plan to start feed 2ml and help
		Add MCT oil 0.5ml in each feed T/m after reaching more than 5ml feed
		To send PT/APTT Trop JTLA.
		To send CSF candida PCR tomorrow.
		<u>Dr. Dinesh Sir</u>
		CBP
		CRP
		Pro-calcitonin
		ESR,
		Complete coagulation profile
		ferritin
		IL-6, Triglycerides
		Note by Bushra

6/5/26
 6:30AM

Send Today

BAH-00655373 IP5-00173323
 Baby of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 4 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Radharama devi man prison today
	<u>Issue:</u> - persistent coagulopathy	- Give 1ffp cryoprecipitate today
	↓ PIP	- ↓ PIP to 18, ↓ PEEP to 6, ↓ RR - 40,
		- Start 2 g/kg Aminoverin in PICE line
		- to continue NPO
		- Echo today,
		- Go
		- to keep maintenance Acid Bicarbonate 2 mEq/kg
		Note by Butra



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 36 days PMA: 37+2
 Term Preterm Gestation : 32+1 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	mod. PT / SGA / FGR	Meningitis
2.	Candida tropicalis sepsis	
3.	Coagulopathy	
4.	Thrombocytopenia	
5.	Cholestasis	
6.	Anemia	

Today's Weight :

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 : 7.31/24.7 / 56.3 /
bc-9.4 / -12.6/14.6

Change over the Last 24 Hours.....

- one cryoprecipitate given.

Plan of Care :

- on NIV
 FiO₂ - 28%
 20/7,
 ↓ ↓
 18 6

SpO₂ - 98%
 PR - 166/mean
 RR - 40/min

Neurological Examination :

Sedation.....

Last Neurosonogram : Any Seizures.....

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/k/d Urine Output: 2.2 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

1A - soft

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

INFECTION	Antibiotic	Sl.No.	Drugs	Days
		1.	<u>Trj. meropenem</u>	
2.	<u>Trj. micafungin</u>		<u>Glycerine</u>	
3.	<u>Trj. lipo-Ampho-B</u>		<u>T-Bact ointment</u>	
			<u>Zn & D</u>	
			<u>calcein syrup</u>	

Plan of Treatment :

- continue NW, FiO₂ 25%, 16/6, RR-35/week
- TV - 160ml/kg/day
 ↓
 12.5% dextrose + 2g/kg
- continue sodium bicarbonate [3mEq/kg]
- prepare New TPN [12.5%] - keep NPO
- to give one FFP HA today.
- Blood Gas } 12th hourly - 2D Echo today
- RBS 8th hourly. - to send csf
 candida PCR
- to trace CBP, CRP, pro-calcitonin, ESR, ferritin, IL-6
 triglyceride
- To send extended coagulation profile.

Doctor's Name (Handover given) : Aub Doctor's Name (Handover taken) : Dr. M
 Signature : Aub Signature : R
 Date & Time : 6/5/25 Date & Time : 6/5/25

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 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 4 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5 12:35 PM		seen by Dr. Pratyush
		→ Nilv-
		→ LFBC Transfusion now
		→ NPO
		→ give 3mg/kg / kg Nalox
		→ Take Radha sama man opinion
		→ hematology opinion
		→ trace - extended - send coagulation profile
		→ discuss with Iyer sir regarding
		→ SDF - today
		→ TPN 12:1. TPN Azolla 0.5 celec- 0.3
		→ JTO - 150ml/kg/day

Dr. Navita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5		Discussed with
12:12 pm		Dr. Iyer
		→ send CSF - single
		pathogen PCR
		→ rise fungal site
		for
		to culture
6/5/26		Discussed with
3:10 pm		Dr. Dinesh Sir
		→ send repeat blood
		culture.
		→ send skin swabs for
		culture.
		→ Add Vancomycin.
		noted by hubby
		6/5/26 4:30 pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5		
05:33PM		
		evening rounds
	V → baby on NIV	play
	16/6 rate-90	→ continue NIV-16/6
	fio ₂ -25%	target spo ₂ -90-95%
	gas- 7.448 / 40.8 /	→ TV- 150ml/kg/dy
	3.9 / 27.5 /	12-57-TPN
	cal-6.6	→ stop-NaHCO ₃
	C → HR-159bpm	
	BP-	→ exchange trans fusion
	W/O-	↓
	PIA - distended	↓
	liver palpable	→ send lymphocyte
		- subset
		- blood cl
		→ exchange trans fusion
		↑
		→ usg abd
		• urine ketones +
		→ monitor vitals
		↓
		→ manual



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 @ 4:40	<p>Plan of Single volume Exchange transfusion.</p> <p>Single volume.</p> <p>$90\text{ml/kg} = 90 \times 1.6 = 144\text{ml}$</p> <p>$\frac{2}{3}$ URBC + $\frac{1}{3}$ FFP.</p> <p>↓</p> <p>100ml + 45ml.</p> <p>Total 15 cycles</p> <p>Each cycle - out = 10ml</p> <p>In = 7ml (URBC) + 3ml (FFP)</p> <p>↓</p>	<p>Seen by Dr. Prathya</p>
		<p>Plan</p> <ol style="list-style-type: none"> 1) Before SVET Single volume exchange ↓ Send Olymphocyte Subset analysis ABG, GRBS Send Sr. ca²⁺, s/e. 2) At end of 7 cycles Send ABG GRBS 3) At end of SVET - 15 cycles Send CBP, s/e, ca²⁺, ABG, GRBS 4) Half flow after SVET Send PT, INR, aPTT. <p>(Withdraw 5ml first then take 1ml sample. Refuse 5ml)</p>

Noted by
 Anupama
 012769

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26, 9:40pm	<u>EXCHANGE TRANSFUSION.</u>	
	<p>Under strict aseptic conditions, exchange transfusion was done using pull and push technique. pull via arterial line on left lower limb push via venous central line in Rt lower limb.</p>	
	<p>TV - 90ml/kg \Rightarrow 150ml \leftarrow 100ml - LRBC \leftarrow 50ml - FFP</p>	
	<p>Total 150ml given in 15 aliquots.</p>	
	<p>Baby is on NIV. Vitals.</p>	
	<p>Pre-procedure</p> <p>HR 164 RR 58 BP 55/46(41) SpO₂ 98% GRBC 121</p>	<p>Post procedure</p> <p>147 61 57/29(38) 100% 141</p>
	<p>Procedure was uneventful, baby tolerated the procedure well.</p>	
	<p>Post procedure blood gas pH - 7.41, pCO₂ - 46.4, PO₂ - 79.3, Hb - 13.8 Na⁺ - 140, K⁺ - 2.3, Ca²⁺ - 1.29, Lac - 3.3, BE \rightarrow 4.5</p>	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 @ a:	Before mid exchange-transfusion. Gas: 7.44 / 42.5 / 85.0 / 28.7 / 4.9. lac = 3.7. S/E = 141 / 2.3 / 108. Ca ²⁺ = 1.18. ↓	Seen by Dr. Prathyush. 1) Started TPN containing 2mb/kg ca. gluconate 2) 1 Stat dose. 2mcg/kg. kcl. Ca. gluconate 2mb/kg Over the show
	Mid transfusion Gas 7.42 / 44.5 / 85.9 / 28.2 / 4.6 Sr. electrolytes Sod - 140 Pot - 2.3 chloride - 101. Calcium = 7.8.	3) RTU on kcl correction Based on Post-transf gas 4) PT, INR to send at 10 pm.
		Seen Stop Calcium Correction Seen by Noted by 01276

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 01-04-2026 0 Y 1 M 6 D
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 @ 9:30pm		Seen by Dr. Prathyush
		1) Continue NIPPV PIP = 16, PEEP = 6 Target
		2) Tape PIP as tolerated ↓ Rate = 35/min
		3) Send PT, aPTT, INR at 10pm } CBP } Sr. electrolytes } Sr. Ca ²⁺
		4) Send Lymphocyte Subset analysis in the sample taken pretransfusion
		5) TIVIG to be given now.
		6) 1 Kcl correction
		7) Indent Anakinra
	Noted by Sreha 01/07/26	Sreha



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

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

Term Preterm Gestation : 32+1 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	mod-PT/SGA/FGI	meningitis
2.	Candida Tropicalis Sepsis	
3.	Coagulopathy / Thrombocytopenia	
4.	cholestasis	
5.	Anemia, Skin excoriation	
6.	? 2° HLH ? cytokine Storm	

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 NIV = 15/lb, Rate = 35/min
FiO₂ = 26%
Ti = 0.44

No Respiratory distress

CARDIO VASCULAR SYSTEM

Plan of Care :

HR = 147/min No desaturation
SpO₂ = 92% - Pedal edema (+)
BP = 63/28 (ui) - Single volume exchange transfusion done
1BDP given 1Kcl, Ca, gluc Correction
1RBC given 1Pentaglobin given

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 :

Abdominal Examination: U/O = 2-2 cc/kg/hr
+150-9ml

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

P/A = distended

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	Sl.No.	Drugs	Days		
		1.	Inj. Micafungin	D ₅ + D ₄	T-Bact	Glycerine
2.	Inj. vancomycin	D ₂	caffein	Syp. udiliv		
3.	Inj. meropenem	D ₅	Biotin			
	Inj. Upo amph	D ₄	cediliv	Zumba,		

Plan of Treatment :

- 1) Continue NIV = 15/lb, Rate = 35/ml/min. Target SpO₂ 90-95%.
- 2) TIV = 130 ml/kg/day - Including all 12.5% TPN
- 3) Rlv on lasix infusion
- 4) Trace Septicaemia, whole exome, extended coagulation opinion
- 5) Trace skin swab, B/C/S.
- 6) Lymphocyte subset analysis
- 7) Review on Anakura.
- 8) I/O charting / 6th hrly
- 9) w/f - Brady, desat
- 10) Trace - albumin, CBP

Doctor's Name (Handover given) : Y. Srecha

Signature : *Srecha*

Date & Time : 7/5/26

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

Signature : *Nandhu*

Date & Time : 7/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 12am	Night Rounds	
	Baby on NIV with Ramy PIP-16, PEEP-5 Rate \downarrow 35/min	NIV with Ramy \downarrow PIP-15 PEEP-5 Rate 35/min
	No Respiratory distress No Bradycardia/ desaturation	Target SpO ₂ 90-95% 2) TV = 15ml/kg/day 12.5% TPM
	<u>Vitals</u> HR = 147/min SpO ₂ - 92% BP - 67/30 (42) edematous (+)	3) Start Pentaglobin Infusion
	Oxalob Secretions Present cleared	4) To Send lymphocyte Subset analysis
	Perphous Pant	5) Trace Blood c/s
	P/A - Soft distended	6) Keep Anakinra ready
	Single volume exchange transfusion done.	7) No charting 6th day
		8) w/o Brady desat since

noted by
 Nirupama
 012767

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 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/26 @ 5 am		Discussed with Dr. Dinesh
	U/O = last 6 hrs	1) Send Sr. albumin
	3.1cc/kg/hr + 150.9ml	2) Give dose of Trj. Lasix.
		3) CBP
		4) TV = 100 Bomb/kg/day
		Noted by Navya
		15/26 @ 8 am Sneha

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 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		↓ TV - 120 ul/kg/d
		↓ add analgesia
		↓ give coeixin
		Noted by Nalaya
		7/15/26
		@ 9:15 AM

		seen by Dr. Dinesh Chir
		5/8

		↓ Take on CPAP
		↓ TV + 20 ul/kg/d
		↓ start Flochastin blow
		↓ blood culture L + O
		↓ I start coeixin
		↓ trace
		Urine ketone

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		✓ CRP in the evening
		✓ <u>Parin - BD</u>
		Noted by Nanya 04/05/26 (@ 11 AM)
	<u>Afternoon rounds</u>	
7:15 <u>CI PM</u>	37 days / 32 HWT (1.2 kg → 1.06 kg)	
	baby on CPAP-6	<u>Plan</u>
	fio ₂ - 22%	✓ continue CPAP-6
	NO respiratory distress	Target SpO ₂ - 90-95%
	C → HR - 160 bpm	✓ TV - 120 ml/kg (day)
	BP - 67/35 (47)	12.5% TPN
	U/D	NPO
		✓ Trace culture reports (swabs / blood culture)
	P/A - redness over the abdomen	✓ start waking up
	rashes over hand	✓ CRP in the evening
	flushing @	✓ Trace lymphocyte subset
	CPAP - 13 @	urine ketone
	P/C - 62 @	WES.
	WBC - 5310 - (32.5%)	extended coagulation
		proce.
		✓ neonatal vitals
		✓ ESR normal (ag)
		Noted by Nanya

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 @ 5:40 PM		seen by Dr. Nitesh
		<ul style="list-style-type: none"> → continue CPAP -
		<ul style="list-style-type: none"> → ABG } BD → PPS } BD
		<ul style="list-style-type: none"> * PTENT with CPAP with ABG - now
		<ul style="list-style-type: none"> → Tsc micafungin dose to 4mg/kg
		<ul style="list-style-type: none"> → Tsc lymphocyte subset
		<ul style="list-style-type: none"> → Urine ketone WES
		<ul style="list-style-type: none"> → NPO
		<ul style="list-style-type: none"> → EBM non-oral
		<p>Noted by Nitesh 7/5 @ 8 PM Nitesh</p> <p>by Dr. Nitesh</p>
7/5 @ 11:40 PM		<ul style="list-style-type: none"> Discharged with Dr. Dinesh → give 2nd dose of Pentaglo balm → get chest x-ray

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: Sqt,

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	SI.No.	Drugs	Days	Other	
		1.	Inj Miconazole	D5+4	Glycine T-Bact	Lenzo. cyp v
2.	Inj Vancomycin	D3	Ceftriaxone	Protin		
3.	Inj Mupirocin	D6	Uditin	Zinco		
			Inj lipi-Ampho B	D5		

Plan of Treatment :

- Continue CRAP - 6.
- TV - 20cc/kg/day - 12/5/26. TPN
- Trace WES, Blood c/s
- ROP next Thursday.

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

Signature : *[Signature]*

Date & Time : *8/5/26*

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

Signature : *[Signature]*

Date & Time : *8/5/26*

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 10:30am		Seen by Dr. Pradyumn 2 taxi
		→ TV - 130cc/kg/day 12-57 TPN
		→ keep NPO.
		→ Lasix 0.5mg/kg/OD
		→ Change central line down up - Senix.
		→ CRAP PEEP - 5 R/v HFNC @ night
		→ TPN - 1200 157. A3.5 L1 Na K3 Ca2 MV 10.5 Celecel 0.2.
		→ Trace WBS Blood culture
		→ ROP - next Thursday → R/v Anakina
		→ R/v USG doppler if persistent high BP.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		A Strict BP monitoring
		→ No charting 6 th July
		A Start feed 2ml/2nd July ↑ 2ml/12 th July.
		A Gastroenterology opinion (Dr. Beahant) iv/o cholestasis
		A Send CRP ESR procalcitonin LFT & GGT. CRP. } 5/m CRP. } 6am S/E
		→ CRP + CRP now.
		A iv antifungals. + microbiology. Noted by Nanya 08/05/26 @ 10:45AM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 12:30 PM	Afternoon Rounds	
	on CPAP 5cm I21.1.	Plan
	HR - 152/min	① cont CPAP 5cm
	SpO ₂ - 98%	② HFNC in the evening
	RR - 53/min	③ TV = 120 ml/kg/day
	BP - 86/50 (66) ~ 9th	157-TPN
	skin rash ⊕	2ml q2h O ₂ , 120ml q2h
	anal excavation ⊕	④ Trace blood clts.
	flushed app has reduced	WES
	ERTC zinc	⑤ 1m - LEFT
	PP wt.	- CUT
		- CPAP
		- STE
	on Ancefungin D ₆₊₄	⑥ rot next tuesday
	Vancomycin D ₃	⑦ Anakinra tonight
	Neopren D ₃	⑧ BP monitoring
	Up ₀ - Ampho - D ₅	MBS ④ 44 ± 2.
	blood clts - ^{6/5} Candida tropicalis	⑨ cardio opinion today.
	CF Single pathogen PCR ⑥	⑩ Discus i neurobiologist
	↳ Pan candida PCR +ve	regarding antifungals
	CF clts - Nix x 48hrs ⑥	Tubings D ₅
	central line tip - MSSA ⑥	Incubates D ₅
		acc O ₂
		Removal D ₂
		art D ₂

Noted by Navya
 08/05/26

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 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26		Seen by Dr. Pratyush
		Send LFT + GGT S/E urea, creat TFT, freeT4 CBP } T/M
		→ Doppler & USG abdomen T/M
		→ 2ml constant feed
		→ R/V HFNC T/M



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26 2 PM	Night Round	
	Currently baby is on CPAP; PEEP - 5cm → 1/10 perioral excoriation. FiO ₂ - 21%. No bradyl/desat Intermittent hypertension.	changed to HFNC - Sht <u>Plan</u>
	Vitals. HR - 141/min RR - 52/min BP - 90/57 (71)	→ Continue CPAP HFNC - Sht Target SpO ₂ 90-95%
	≥ 95th centile U/O - 2.3 cc/kg/hr. Balance - +13 ml.	→ TV - 120 cc/kg/day 2ml/2nd help feed (constant) Rest 15% TPN.
	P/A - soft.	→ Send LFT + GGT S/E
	Skin excoriation ⊕	Urea, creat } T/m TFT, free T ₄ } Gam Cbp
		→ USG abdomen } + Doppler } T/m.
		→ R/V HFNC - T/m → R/V Anakinec tonight
		→ ROP - next Thursday + Strict I/O charting & BP monitoring

Dr. _____

Patient Sticker

Handwritten initials in a circle.

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

Day in NICU: Day of Life: PMA:

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

		Problems	
		S.No.	Current
Overview	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
Clinical Assessment		[Handwritten clinical notes]	
Medications Used		[Handwritten medication notes]	
Plan of Care:			
[Handwritten plan of care notes]			

Doctor's Name (Hand over given):
Signature:
Date & Time:

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

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 Baby Of RUTUJA PATWARI
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 Dr. DINESH KUMAR CHIRLA



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 39 days PMA:

Term Preterm Gestation : 32+1 Corrected Gestational Age: 37+5

Problems :		
S.No.	Current	Past Problems
1.	Mod PT / SCA / FCR	
2.	Candida Tropicalis Sepsis	
3.	Meningitis	
4.	Coagulopathy / Thrombocytopenia	
5.	Anemia, Skin excoriation	
6.	2° HctH 2 Cytobiline Norm	

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..... changed from CPAP → HFNC 5Ltr
No desat / beady.
mild SCA ⊕
Resistant hypertension (> 95th centile)
Analgesia sample given, one kcal correction given

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 142/min U/O
 RR - 49/min Balance
 SpO₂ 99% CRBS
 BP - 92/55 (71)

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, skin excoriation (e) perianal excoriation (e)

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

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	SI.No.	Drugs	Days
	1.	Inj MICAFUNGINOL	DAYS
	2.	Inj Vancomycin	D4
	3.	Inj Meropenam	D7
		Inj Lipo Amphob	D6

Glycerine - Lansoprazole
 T-Bact - Zinac
 Caffeine - Oxenoxacin bolus
 Biotin - CICALIO cream
 Udiliv. - Domstal
 2nd Drops - Lanix - OD

Plan of Treatment :

- Continue HFNC - 5Ltr Target SpO2 90-95%
- TV - 120cc/kg/day
- 2ml 2nd milk feed + 15% TPN
- Trace LFT, CrCr, SPE, urea, Creatinine
TFR, free T4, CBP.
- USG abdomen + Doppler today.
- POP next Thursday
- R/V Blood gas frequency.
- Skin care for excoriation
- RBS - OD
- w/f hypertension, strict 2/0 charting 6 hourly

Doctor's Name (Handover given) : Popelthe

Signature : [Signature]

Date & Time : 9/5/26 7am

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

Signature : [Signature]

Date & Time : 9/5/26



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5 7 AM		Seen by Dr. Pradyumn
	→	Blood gases at 12am
	→	Give Anakinra - 4mg/kg/dose.
	→	Noted by Dr. Pradyumn
		Dr. Pradyumn
		seen by Dr. Pradyumn give
4/5 10 AM		Pls - ↑ feed milk / glucose
	→	send IL-6 / ferritin / AT-III / CRP
	→	stop vancomycin start co-trimoxazole
	→	give KCl correction
		Dr. Pradyumn
		Dr. Pradyumn



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		seen by Dr. Mleeb
	diaper rash (+)	Plan
	tolerating minimal feeds	(1) cont HFNC
	PA - soft	(2) TV = 30ml/kg/day 6ml q2h on feed.
	passed stool - light green	EF = 18ml. ↑ 2ml q2h.
	IL 6 ↑ 9.	(3) ROP Thursday
	continuing anaemia	(4) Trace final blood cls.
	skin swabs - acinetobacter ↳ added colistin	(5) RBG JOD gas
	stopped vancomycin	(6) I/O q4h (7) w/f distress (8) cont anaemia D ₃
	blood cls - flagged	colistin D, MR cefazolin P4+6 Aurophenem D7 Lipid amphot D ₆
	GGT - 215	(9) (RW) ↑ upid to 1.5g/kg
	CRP - 134 → 132 → 80 → 41.1	(10) (RW) ↑ m S/E CBP
	SEB - 8.8 (2.2) 6.6	(11) Monitor bilirubin in gas
	ALP - 548	(12) Monitor stool color.
	INR - 1.2.	
		Dr. Mleeb Mum
		Noted by Gushma 02/02/22

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 40 PMA: 37 + 6

Term Preterm Gestation : 32 + 1 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	mod PT / SUA / CUR	
2.	persistent candida tropicalis sepsis & meningitis	
3.	coagulopathy / thrombocytopenia	
4.	Anemia, skin excoriation	
5.	? ^o HLH ? cytokine storm	
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: 7.383/42 5/24.5/10.3/10.8

Change over the Last 24 Hours: → HFNC 5 → 4L
tolerating well
→ IL-6 = 9, continuing analgesia
→ skin swab - acinetobacter → added colistin
→ vancomycin stopped

CARDIO VASCULAR SYSTEM

Plan of Care : → blood us flagged
→ USG A + P + doppler - (N)
→ CMT-215 / SBR-8.8^{2.2} 6.6. ⇒ Baby irritable & in pain
→ INR-1.2
→ CRP - 80 → 41
 HR - 172/min
 SpO₂ - 100%
 Skin excoriation ⊕

CNS

Neurological Examination :
 Sedation :
 Last Neurosonogram : Any Seizures:
 but Impaired
 Nasal excoriation ⊕
 = bleed → baby discomfort & HFNC prongs.

CRBS 90.

FLUIDS STATUS NUTRITION

NPO NG Feeds Wt. Gain: Head Circumference:
 Input: / (+/-) Output: ml/k/d Urine Output: 2.8 ml/kg/hr Stools: 3+
IV Fluids - Type of IVF: @ ml/hr
 Feeding: EBM Formula Donor BM Volume: 8ml Frequency: Q2H Q8
 TPN: Yes No - If yes, details: Calories:
 Abdominal Examination: soft
perianal excoriation @ protruded.
Stools green color.

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

D4 Femoral line
D4 Arterial
D5 PICC line

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION

Antibiotic	Sl.No.	Drugs	Days
	1.	1mg Micafungin D4+7	<u>clean</u>
	2.	1mg Lipo Ampic D7	<u>Amphot</u>
	3.	1mg meropenem D8	<u>T. Bact</u>
	4.	1mg vancomycin D2	<u>Clarithromam.</u>
	5.	<u>ANAKINRA</u> D3.	<u>Ozenoxacin lotion</u>

Caffeine
Biotin
Udilitiv.
2 ED drops D6/7/8
Lanzol.
Domstal
Laxix - OD.
Prunice

- Plan of Treatment :**
- cont HFNC 4l/min
 - TV = 130ml/kg/day
 8ml Q2H feed, ↑ 2ml Q8H.
 FF = 18ml; rest 157 TPN.
 - Trace final blood ds
 - RBS / OD
 gas /
 - RVP on tuesday
 - 210 Q6H
 - RU ↑ lipid to 1.5g/kg
 - RU to send S/E & CRP
 - RU glycerol

Doctor's Name (Handover given) : Dr. Arthurs
 Signature : Dr. Arthurs
 Date & Time: 10/5/20

Doctor's Name (Handover taken) : Dr. Manthe
 Signature : 8
 Date & Time: 10/5/20



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5 @ 10 AM		seen by Dr. Divesh sir
		→ take on lowflow
		→ stop - sildenafil
		→ keep Doppler - open
		→ pop - thursday
		→ stop Caerix
		→ ↑ TV - 150ml/kg/dy
		→ CRP 7 CRP 7 } send phosphate } now Calcium }
		→ ↑ feed by 300ml/kg/dy
		→ ↑ 2ml slowly → repeat blood culture tomorrow

Noted by
 Abin
 1530#
 @ 10 AM
 10/5/26

Dr. Smartest

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5 7:47P ^h	evening rounds baby stable on room air	play
	NO deaturation	→ TV-150cc/kg/day 157-TPN
	NO respiratory distress	feed - 12ml / showy ↑ 2ml showy
	C → HR - 157 bpm BP - 64/38 (49) U/O - 2.9ml/kg/hr	→ CRG - DD RRS - DD
	p/A - NO obvious distension	→ No chalking showy
	tolerating feeds	→ POP - Thursday
	stool - green (light)	→ CBP - TPN
	CRP - 132 → 80 → 41 → 23	→ monitor vitals
	plt - 78 → 64	
	WBC - 20.8K	→ Plv - manually lines. Play
	azulim - D5	
	ceftaz - D4	
	actc - D4	
		Wetted by feeding 02/10/22



11/5/24

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 41 PMA: 38 weeks
 Term Preterm Gestation : 32+1 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	moderate preterm / SGA / FGR	? 2° HLH
2.	persistent candida tropicalis	? cytokine storm
3.	sepsis & meningitis	Tip culture - MSSA
4.	coagulopathy	
5.	Thrombocytopenia	
6.	Anemia, skin lesions	

Today's Weight : 1.6 kgs

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: HFNC to room air
- stable on room air,
etc
- perioral creases

CARDIO VASCULAR SYSTEM

Plan of Care :
SpO₂ - 96%
PR - 167/beat
RR - 45/beat

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: 24 ml/kg/hr Stools panked

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 - sat

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	Sl.No.	Drugs	Days	Medications	
		1.	Inj. Miconazole	D4+8	Glycerine T. Bact	Coccoliv Z-D drops
2.	Inj. Lipo-tarpho	D8	Cicathio cream	lanzol		
3.	Inj. Collistin	D3	Ozenox lotion	Domstal		
	Inj. Meropenem	D9	Caffeine	biix-01	femoral artery - days 5	
			Biotin	scalp (Picoline)	- day 6	

Plan of Treatment:

- TV - 150 uel lts/day Inj. Amikina (1+3) femoral line - days 5

↓
 Feed 12 uel 2nd hily
 ↑ 2 uel 8th hily [IF = 20 uel] med - 20 ml/kg
 + rest 15% TPN feed - 90 ml/kg

- Blood Gas sos
- RBS OP
- Trace final blood c/s
- Rop this thursday
- Trace CBP & electrolytes report

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

Signature : [Signature]

Date & Time : 11/5/20

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

Signature : [Signature]

Date & Time : 11/5/20



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	11/5/26	
	9:00 AM	
		Seen by Dr. Dinesh
		Plan
		- Remove scalp line
	11/5/26	
	11:15 AM	
		Seen by Dr. Pratyesh
		Plan:
		- check weight tomorrow.
		- stop lipid in TPN
		- Add 2g/kg Ammonium
		- R/V regarding Repeat Blood U/s.
		- Trace repeat Serum electrolytes
		- R/V to stop Analgesia

noted by
 Rbin
 11:50 AM
 11:15 AM

Asif



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/3/26	Afternoon rounds	
1:00 PM		
	- on room air	plaus
	SpO ₂ - 96%	- continue
	PR - 160/beat	TV - 150ml/kg/day
	BP - 65/35 (48)	↓
	[25th to 50th centile]	14ml 2nd half feed
	PIA - soft	OR feeds
	- stools passed	[↑ 2ml 8th hourly]
	- urine output	[TF = 20ml]
		+ Rest 2g/kg
		Amnover +
		0.4ml/kg pphos
		correction till
		Tm 1:00pm
	- Blood cfs - sent today.	
		- R/V to send
	Last RBS - 80mg/dl	phosphate calcium
		SBR, Tm evening
		- RBS OD
		- Blood gas OD

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 9 D (M)
 Dr. DINESH KUMAR CHIRLA



1215



DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 42 PMA: 33 + 1 wk

Term Preterm Gestation : 32+1 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	mod ptl sqal FeR	ppneum tipc G- ASSA
2.	persistent candida topicalis	
3.	sepsis & meningitis	
4.	thrombocytopenia	
5.	anemia	
6.	? HCH / ? cytokine storm	

Today's Weight : 1.7 kg

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 stable on weaning

Plan of Care :

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: 2.7 ml/kg/hr Stools:
IV Fluids - Type of IVF: @ ml / hr
 Feeding: EBM Formula Donor BM Volume: Frequency:
TPN: Yes No - If yes, details: Calories:
 Abdominal Examination: *tolerating feeds*
 *Stool - green.*

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

.....

.....

Risk of Sepsis / Suspected Sepsis / Proven Sepsis :

Sepsis screen:

Blood culture Urine culture ET culture Fungal Culture LP CSF :

INFECTION	Antibiotic	SI.No.	Drugs	Days	
		1.	Ulcayungin	D4 + D7	
2.	Liposyn	B-D7		T-bact	
3.	Colistin	-D4		licabioceay	
	Meropenam	-D10/10		oseron 10/10	
				cyzine	

Plan of Treatment :

① TV - 180ml/kg/ds
 ✓
 feed - 2ml/2hr
 C 150ml/kg/ds

→ 30ml/kg/day medical
 + Aminoven.

② CFP same sample

③ true repeat

Noted by Pop - Thursday
 Binu
 15/3/25

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

Signature : *[Signature]*

Date & Time : *12/5/20 8AM*

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

Signature : *[Signature]*

Date & Time : *2/5/20 8AM*

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 E 4:28 PM	evening rounds	
	baby hemodynamically stable on room air	Seen by Dr. Pratyush Sir
	C → HR - 141 bpm	→ TV - 180 c/min (day)
	BP - 65/29 (43)	2ml slow feed (150 c/min/day)
	U/O - 3.3 cml/kg/h	30 cml/kg / medication + Amivone 2g/kg
	p/A - tolerating feeds	→ Pop - Huesdg
		→ Rh - fortification tomorrow
		Noted by Shwani 13/5/26 @ 6am
		1/2 Amivone

13/5/26

DAILY ASSESSMENT AND HANDOVER SHEET OF NICU (VENTILATED PATIENT)

Day in NICU : Day of Life : 43 PMA: 38+2 wky
 Term Preterm Gestation : 32+1 Corrected Gestational Age:

Problems :		
S.No.	Current	Past Problems
1.	Mod P/H SGA / PGL	Picc line tip - MSA
2.	persistent candida ^{topicalis}	
3.	sepsis / meningitis	
4.	Thrombocytopenia	
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: Stable on room air
3 episodes of small vomitings overnight - milky

CARDIO VASCULAR SYSTEM

Plan of Care : HR - 140/min U/O
 RR - 42/min Balance -
 SpO₂ - 97%
 BP - 63/39 (48)

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: tolerating feeds.
 P/A - soft
 passing stool.

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

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

INFECTION

Antibiotic	Sl.No.	Drugs	Days	
	1.	Micajungin. Dyt	D10	Glycerine T-Bact
	2.	Lipo Ampho B.	D10	Cicatio cream.
	3.	Colistin Atrop	D5	Ozenox lotion Caffeine. P Duethe - D3

Plan of Treatment :

- TV - 150cc/kg/day.
- Feed - 2ml/2nd hly 30cc/kg/day
(150cc/kg) Med + Aminover.
- No charting 6th hly.
- R/V fortification today.
- ROP - tomorrow.
- Monitor vitals

Doctor's Name (Handover given) : Prof. P. S. ...
 Signature :
 Date & Time : 13/5/26, Jan

Doctor's Name (Handover taken) : Dr. Manjula
 Signature :
 Date & Time : 13/5/26

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 09:56 AM		seen by Dr. Dinesh
		- remove arterial line
		- stop amikacin
		- stop colistin 7dg
		- removal of femoral line after 14dg
		- take on warmer
		- pallada feed
		- Antifungal 14 days from 1st culture

Noted by
 Puytha
 G66562
 13/5/26 @ 10 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 @ 12:15PM	evening study	
	D43 / 32+1 → 38+2 weeks	
	V → baby haemodynamically stable on room air	Plan → IV - 120ml/kg/day
	C → HR - 144bpm BP - 70/36 (49) U/O -	feed 21 and 2 hours + 1/2 AMT (150ml/kg/day)
	P/A - tolerating feeds	30ml/kg Amniocentesis + 30ml/kg medication → POP - tomorrow → stop amniocentesis
	Blood c/s - NO growth after 24 hrs	→ remove arterial line collection total - 7 days → femoral line - 14 days → Antifungal - 14 days from 1st culture
	Noted by Pooja 006562 13/5/26 @ 12:15PM	→ monitor vitals km Dr. Manthra

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order						
13/5/26 1:00pm	Nutrition calculation							
	Fresh wt - 1.7 kgs feed - 21ml 2nd hely => 252ml HMF => 6 Sachets							
	<table border="0" style="width: 100%; text-align: center;"> <tr> <td><u>cal</u></td> <td><u>prot</u></td> <td><u>ca</u></td> <td><u>po4</u></td> <td><u>fe</u></td> <td><u>vit-D</u></td> </tr> </table>	<u>cal</u>	<u>prot</u>	<u>ca</u>	<u>po4</u>	<u>fe</u>	<u>vit-D</u>	
<u>cal</u>	<u>prot</u>	<u>ca</u>	<u>po4</u>	<u>fe</u>	<u>vit-D</u>			
EBM (62 11.1/35) 15/0.2/-)	169 cal 2.7g 88mg 38mg 0.5mg							
HMF (3.37/0.27/15.8) 7.9/0.3/132.8)	20 cal 1.62g 94.8mg 47.4mg 1.8mg 797 U							
	189 cal 4.3g 182.8mg 85.4mg 2.3mg 797 U							
<u>Per kg</u>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>111 cal</td> <td>2.5g</td> <td>107.5mg</td> <td>50mg</td> <td>1.35mg</td> <td>469 U</td> </tr> </table>	111 cal	2.5g	107.5mg	50mg	1.35mg	469 U	
111 cal	2.5g	107.5mg	50mg	1.35mg	469 U			
	$\frac{\text{cal}}{\text{prot}} = 44.4$	$2.1:1$						



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 3:30 PM	seen by Dr. Pratyush warmer care	Plan ① OMS ② 3-4 feeds by bottle today ③ start 1/2 HMF Noted by Pootha 606562 13/5/26 @ 3:30 PM
13/4/26 9 PM	Night notes on RA, no distress KMC ongoing vitally stable HR = 100-130/min SpO ₂ - 100% taken 3 paladay slowly today, tired. Rest, OA given, HMF added PA-soft, non distended stools passed, no vomiting blood 45- NA x 4 hrs. Removal line D2	Plan ① cont TV = 180ml/kg/day 150ml/kg 23ml 624 1/2 HMF Rest needs of 2300g Hep NS 20ml/kg ② Dr. Vidhi OM 7 PM ③ RBS OD - crass SOS ④ ROP 7 PM ⑤ cont warmer care ⑥ stop colostomy after 7 days ⑦ remove catheter after D24 ⑧ w/o distress. ⑨ cont KMC.

14/5

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

Day in NICU: Day of Life: 45 PMA: 38+3

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1.650 ↓ 60 gm

Problems		
S.No.	Current	Past Problems
1.	MPT / SGA / FUR.	all tip - MESA
2.	Persistent candida tropicalis sepsis	
3.	Emmenyitis	
4.	Thrombocytopenia	
5.	Anemia	
6.	Diaper dermatitis - excoriation	

Clinical Assessment
 on KA, no distress.
 skin excoriation ↓
 Active
 KMC done yday
 vitally stable
 HR - 143/min
 SpO2 94-1.
 RR - 43/min
 PA - soft
 2 elo small venting (HMF added yday)
 Art line removed
 Anakinra stopped
 Taken 3plady slowly.
 warmy oil

Medications Used
 Micafungin D₄₊₁₁ / 21
 Lipo-Ampho B D₁₁ / 21
 Colistin D_{6/7} / 21
 Clycaine
 Tback + Cicatris cream + Ozenox lotuin
~~SpO2 drops~~
 2 & D drops.
 Domstal.
 Lanzol.
 Biotin.
 femoral line P8/14.

Plan of Care:
 ① TV = 180ml/kg/day
 160ml/kg → 23ml q4h + 1/2 HMF
 20ml/kg - next med Hep NS
 ② OMS by Dr Vidhi
 ③ RBS OD, gas SOS
 ④ ROP today.

Doctor's Name (Hand over given): Dr. Anurag
 Signature: [Signature]
 Date & Time: 14/5/26 7pm
 Docu. No.: RCHBH / FRM / CLINICAL / 290

Doctor's Name (Hand over taken): Dr. Manu
 Signature: [Signature]
 Date & Time: 14/5/26 @ 8AM

Patient Sticker

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

Day in NICU: Day of Life: PMA:

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

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

Doctor's Name (Hand over given):

Doctor's Name (Hand over taken):

Signature:

Signature:

Date & Time:

Date & Time:

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA

(58)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5 9:30 AM		seen by Dr. Pratyush
		→ 4 pallada feeds
		→ all well HMF
		→ CBP - TM
		→ three blood cultures
		→ $\frac{1}{2}$ p. nautank
14/5 1:45 PM	Afternoon rounds	Play
	Baby hemodynamically	→ TV - 180 ul/kg/dg
	stable on room air	160 ul/kg/dg 20 ul/kg/dg
	C → HR - 121 bpm	23 ml slowly + medical
	Bp u/l	Y ₂ HMF
	P/A - tolerating feeds	④ pallada feeds → Bp monitoring & hourly
	noted by Pujika 66552	→ CBP - Tomorrow
		→ all bloods & whole eno seqe uery 2 months



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 @ 11:28 AM		seen by wife's sis
	did not take spoon feed well	continue on feed continue anti fungal continue - ONS CBP - tomorrow noted by Dr. Manthara gain 14/5 @ 11:35 AM
12/5 @ 11 AM	morning rounds wt - 1.55 kg baby hemodynamically stable on room air C → H - 140 bpm SpO2c Bp - 8 (62/68) central line Day-10	seen by Dr. Vijayvardhan pallada feed watch for apnea/death 1800 cc/kg/day 1600 cc/kg/day 2000 cc/kg/day medication CRBS-OP continue ONS Dr. Manthara



15/5

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

Day in NICU: Day of Life: 46- PMA: 38+4
 Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1659g (199)

Problems		
S.No.	Current	Past Problems
1.	MPT (SGA) (FGR)	Picc line tip - MSSA
2.	Persistent Candida tropicalis sepsis	
3.	& meningitis	
4.	Thrombocytopenia / Anemia	
5.	Diaper dermatitis - excoriation	
6.		

Overview		
Clinical Assessment	on RA. No resp distress. Active. Kmc given for 3.5 hrs. Skin lesions improved	HR - 149/min. RR - 42/min SpO ₂ - 100%. U/O - 200g/urine. passed stool (once yest.)
	Taking palladay feed for long time (Casmin)	
Medications Used	Micajungin D ₄ + 12/21 Lipo Amphob - D ₁₂ /21 Colistin - D ₇ /D ₇ . Cefixime. T-bact + Cicatio cream + Oxenoxolone	ZD drops Domstal. Lanyol. Biotin.
	Femoral line D ₉ /14.	
Plan of Care:	TV - 180cc/kg/day → 200 160cc/kg - feed - 20ml/paddy Continue kmc. try 4 palladay feed. 200cc/kg/day - Hep - NS. CRBS - OD. Monitor vitals. Feace CBP.	

Doctor's Name (Hand over given): Prasanna
 Signature: [Signature]
 Date & Time: 15/5/26 9am

Doctor's Name (Hand over taken): [Signature]
 Signature: [Signature]
 Date & Time: 15/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Afternoon records	
1:15 PM	highest wt - 1.710kg	Plan:
	- ON room air	TV - 180ml / 12/day
	SpO ₂ - 96% PR - 125/min RR - 45/min	↓ 23ml 2nd half + 1/2 AMF
	- skin lesion - improving	by paladai feeds + rest of feeds
	- Taken one paladai slowly (love 60ml)	Continue PM C, OMS, NNS.
		RBS OD
		Noted By KT Bessy 15/5 @ 2:30pm
	- Res - expected TM noises	Acet

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

Day in NICU: Day of Life: 47 PMA: 32+5

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1.672 (ST)
13 gm

Problems		
S.No.	Current	Past Problems
1.	mod PHL SQAL FGR	thrombocytopenia
2.	persistent candida tropicalis	anaemia
3.	e. meningitis	sepsis
4.	Diaper dermatitis	leucopenia
5.		? secondary Hth /
6.		? cytokine storm

Clinical Assessment
 hemodynamically
 stable on room air
 active / alert

Medications Used
 micafungin D4 + 13/21
 liposomal-B - D13/21
 colistin - D2
 zed-1-deop / domster / canzo / 60mg
 praziquantel
 fenwal
 low - D10/14
 T-bact
 cicatroneg
 orehence

Plan of Care:
 TV - 180ml/kg/day - 24ml/24hr + 1/2 Hct
 C160ml/kg
 Rh - stat
 20ml/kg / medication
 continue the / our / our
 monitor vitals

Doctor's Name (Hand over given): Dr. Anantha
 Signature: [Signature]
 Date & Time: 16/5/20

Doctor's Name (Hand over taken): Dr. Adwaraj
 Signature: [Signature]
 Date & Time: 16/5/20

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 9 AM		seen by Dr. Shreshth S/S
		Feed slow + 1 half to give
		Stop colistin ↓
		↓ manually
16/5 2 PM	Afternoon rounds	send CPT / PT - APTT eff CPT
	Baby hemodynamically stable on vancomycin	↓ Feed slow + 1 half
	Cere probam CPT 354	Continue tube / oars
	glucose (3) pallid did not take well to feeding of feed	Watch for respiratory distress monitor vitals → to send Procalcitonin (PT) / CRP

total by
negha
↓
manually



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 2:00pm		<p>C/D/W Dr Dinesh sir</p> <p>1) To do procalcitonin LFT ESR now</p>
		<p>2) If procalcitonin is high and LFT-cholesterol ↓ Take Blood culture and start Meropenam Colistin Remove femoral line</p>
		<p>3) CRP CRP } Tomorrow if CRP is increasing plan to start ANAKINRA</p>
		<p>noted by 16/5/26 @ 7:30h Dr. Debmann</p>



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

Day in NICU: Day of Life: 48 PMA: 38+6
 Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight:

		Problems	
		Current	Past Problems
Overview	S.No.		
	1.	Med PT SGA FGR	Thrombocytopenia
	2.	persistent Candida tropicalis	Anemia / Leucopenia
	3.	sepsis & meningitis	? secondary HctH
	4.	Diaper dermatitis	? cytokine storm
	5.		
Clinical Assessment	Baby is stable on room air 4 episodes of vomiting, milky, one with bloody streaks. Not accepting bottle feed well; currently on OG feed. CRP: 8 → 30; Procalcitonin - 0.99, Ferritin - 2010. Blood culture sent on 16/5/26. ESR ESR-38		
	Medications Used	Micafungin - D4+14/21 Lipo AmphoB - D14/21 Colistin meropenam - D2 ZAD drops Demstal, Lanyol, Procton. T. Bact Cocatio. celam. Syp. udiliv. femoral line - D11.	
Plan of Care: <ul style="list-style-type: none"> TV - 180 ccl/kg/day → 24 ml/2nd hely + 42 HMR. Torac CBP, CRP. → 20 ccl/kg - medication (OG feed) Review femoral line removal. Review Anakina. Continue EMC, OMS. 2D charting 6th hely. 			

Doctor's Name (Hand over given): Popiltra
 Signature: [Signature]
 Date & Time: 17/5/26 7am

Doctor's Name (Hand over taken): Dr. Ariswarya
 Signature: [Signature]
 Date & Time: 17/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 10:45am		Seen by Dr. Dinesh → Stop TMF.
		→ Remove femoral line after securing IV line
		→ CBP, CRP, T/m LFT
		→ SUCRALFATE susp
		→ CRBC. 7 Anakira Today
	<p>Ⓟ Poojika</p>	
17/5/26 12:30PM	<p>Seen by Dr. Afternoon Rounds</p>	<p><u>Plan</u></p>
	<p>on RA - no distress HR - 113/min RR - 35/min SpO₂ - 100%</p>	<p><u>Plan</u></p>
	<p>No further vomiting Take baby on NPO for transfusion RA - soft</p>	<p>① cont on RA ② TV = 150ml/kg/day IO = 150 P. NPO for transfusion ③ Feeds as per protocol</p>



(82)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Passed stools. No bleeding manifestator. Skin lesions healing</p>	<p>(4) Remove general line after transfusion (5) CRP } 4pm CRP } LFT } (6) Analgesia to cont.</p>
		<p>Dr. Aradhya Dr. Aradhya</p>
		<p>Noted by Srs. Navaratha 17/5/26 @ 12:30pm</p>
	<p>18/5/26 12AM</p>	<p>seen by Dr. Aradhya Plan (1) Remove general line (2) STE 4pm CRP CRP LFT</p>
		<p>Dr. Aradhya Dr. Aradhya Noted by Srs. Navaratha 18/5/26 @ 12:10Am</p>

BAH-00655373 IP5-00173323

Baby Of RUTUJA PATWARI

01-04-2026 0 Y 1 M 8 D (M)

Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	seen by Dr Dinesh	
10:30AM		Plan
		① Paladay feeds today
		② genetic review c Dr Rohit
		③ Add Ferritin
		ITB
		levels
		④ USA A+P to
		cook @ liver
		echotexture
		⑤ genetic review c
		Dr. Prashant.
		⑥ trace final blood
		ys.
		⑦ cont Analkemia
		⑧ If ys negative,
		to discuss c
		br strength regarding
		steroids.
		Noted by
		Srs. Navartha
		18/5/26 @ 10:30AM

18/5/25

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

Day in NICU: Day of Life: 49 PMA: 39 wk

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight:

	Problems		
	S.No.	Current	Past Problems
Overview	1.	mod PTF sqal Fepr /	Thrombocytopenia /
	2.	persistent candida tropicalis	Anemia / Leucopenia
	3.	sepsis and meningitis	? secondary HLH
	4.	Diaper dermatitis	? cytokine storm
	5.		
	6.		

Clinical Assessment: baby is stable on room air
 1 episode of vomiting

Medications Used: mitofungin } 1st 2
 liposomal-B }
 meperidan - P3
 2 & Δ drops
 domstal / canzol bioin
 T-bact
 Cicabio - cream
 Emp uliviv
 Anakinra - P2

Plan of Care: feed - small slowly
 - genetic review
 - send ferritin + IL-6
 → usg abd. → m. prashanth sir review
 → stisha nam review

Doctor's Name (Hand over given): Dr. Manish
 Signature: [Signature]

Doctor's Name (Hand over taken): Dr. Ashwani
 Signature: [Signature]

Date & Time: 18/5/25 @ 8a

Date & Time: 18/5/25 @ 9a

AH-00655373 IP5-00173323
 aby Of RUTUJA PATWARI
 1-04-2026 0 Y 1 M 17 D (M)
 r. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5 3:47 PM		seen by Dr. Vijayanand SIR
		→ watch for apnea / bradycardia desaturation
		→ genetic gastro enterology screen } today
		Dr. Nandhu
		Noted by SIC. Navartha 12/5/26 @ 3:47 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 1 PM	Nutrition Round	
	Max. wt - 1.7kg. Tr - 175cc/kg/day → 298ml ≈ 300ml. No fortification	
	Cal Puro. Ca ²⁺ P Fe Vit D	
EBM [67/1.1/BS] [15/0.2/-]	201 3.3 105' 45 0.6 -	
pecky	123 1.94 61.7 26.4 0.3 -	
		2.3:1

19/5

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

Day in NICU: Day of Life: 50 PMA: 39 + 9 wk

Term Preterm Gestation: 32 4/1 Corrected Gestational Age: Today's Weight:

		Problems		
		S.No.	Current	Past Problems
Overview	1.		and pH sgal FUEL	thrombocytopenia
	2.		persistent candida topicals	meningitis, sepsis
	3.		sepsis and meningitis	? secondary sepsis
	4.		diaper dermatitis	? cytomegalovirus
	5.			
	6.			

Clinical Assessment
 Baby stable on sorbitol
 HR - 126 bpm
~~BAF~~
 5-6 hmc vomiting

Medications Used

micafungin P16/24	Denostat	Sucralfate
Lipo-AmphoB D16/24	Lanzol	
Meropenem D4	biotin	
ZEO Drops	Anakina D3	
	Dexa D1	

Plan of Care:

- TV = 175ml/kg/day - 25ml @ 2H
- Trace ferritin, IL6, CRP, insulin
- warmer care
- Trial of paladay

Doctor's Name (Hand over given): Dr Ashwarya

Doctor's Name (Hand over taken): Dr Poornima

Signature: [Signature]

Signature: [Signature]

Date & Time: 19/5/26 8AM

Date & Time: 19/5/26 8AM

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 11:30 PM		send CBP LFT } tomorrow
		LFT - wednesday
		Noted by Chandanot 19/5/26 @ 12 AM Pun Anandha

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 @ 10:29 AM		Seen by Dr. Dinesh Sir
		→ LFT - to follow
		→ Trace - IL-6
		Insulin Corbisol
		→ Try - pallada feed
		→ nasogastric tube to place
		↓ Dr. manually
		, Noted by Navartha 19/5/26 @ 10:29 AM

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 18 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		seen by Dr. Pratyush
4:30 AM		
		Trace IL-6 report.
		Tweety, Cortis
		- LFT 7/1m morning.
		fermiting
		chardana
		noted by chardana
		19/5/26 @ 10pm
		feeb
	19/5/26	
	5 PM	Afternoon Note
	Taking feed from nifty-cup	Plan
	PA - soft	① cont on RA
	1-1/0 vomiting	② cont oral feeds
	vitality stable on RA	SOS severe NG
	HR - 110/min	③ cont 9m LFT
	SpO ₂ - 100%	Peroutin
	Skin lesions improving	④ Trace IL6
	Active	Insulin control

Head
 3.6
 3.5
 4.6
 Chest
 2.5
 3.1
 4.2



20/5

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

Day in NICU: Day of Life: 51 PMA: 39+2w 4p

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1.597 (16)

Overview	Problems	
	S.No.	Current
1.	mod ptl sgal Furl	thrombocytopenia /
2.	persistent candida tropicalis	Anemia / Leucopenia
3.	sepsis and meningitis	? secondary fibr
4.	Diaper dermatitis	? cysteine
5.		
6.		

Clinical Assessment
 Baby stable on room air
 HR - 104 bpm
 BP - 66 / 30 (43)
 4 times voiding

Medications Used

nicamycin] D 17/21	domstal / lanzol / b. orbi /
lipo amphot-B		Anakin - DA
meropenem - DF		denacra - D2
Z & D drop -		succalate

Plan of Care:

- TV - 175 ul/kg/dq → 20 ul/kg/dq = 10% DEEPER
 23ml / 2hours
- Trace Insulin + cortisol + ICG.
- Toy - 4 pallada feed, put prompt change

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

Signature: [Signature]

Date & Time: 20/5/20 @ 8am

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

Signature: [Signature]

Date & Time: 20/5/20 @ 9a

BAH 00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		seen by Dr. Dinesh
		→
		→ same sample electrolyte
		↓
		→ check potassium
		→ ↓ micafungin to 2mg/kg
		→ ↓ lipo-ampho
		→ stop micafungin
		→ stop amikacin
		cc NS4 today
		→ full oral feed.
		↓ m. nandha
		Noted by Srs. Naranatha 20/5/2026



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	Afternoon Notes	
3PM	on RA, no distress	
	HR - 108/min	Plan
	SpO ₂ - 100%	① cont O ₂ feeds
	RR - 32/min	for today
	on O ₂ feeds	TV = 175ml/24h
	NO vomiting	10ml/4 - 10% dextrose
	RA - soft	+ 23ml of 24 O ₂ feeds
	formed stools.	② w/ distress
	Active, alert.	③ CRK S BD
	Suckling @ rooting ⊕	④ I/O ⊕/⊖
	K = 2.7 → correction	⑤ ensure cannula
	ongoing	patency
	NSA - ⊕	⑥ cont upo Augro 17/24
	central line tips - NC.	Dexa D ₂
	Insulin - < 0.400 (2.6 - 24.9)	Meropenem D ₅
	Cortisol = 4.12 (6.2 - 19.4)	

Dr. Dinesh Kumar Chirala
 20/5/26
 @up

BAH-00655373 IP5-00173
 Baby Of RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 19 D
 Dr. DINESH KUMAR CHIRLA

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

Day in NICU: Day of Life: PMA:

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

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

Doctor's Name (Hand over given):

Doctor's Name (Hand over taken):

Signature:

Signature:

Date & Time:

Date & Time:

AH-00655373

IP5-00173323

aby Of RUTUJA PATWARI
1-04-2026 0 Y 1 M 17 D (M)
r. DINESH KUMAR CHIRLA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 6:15 PM		Seen by <u>Dr. Nilesh</u>
	1 episode of vomiting on OG feed.	→ Trace X-ray
	Ongoing KCl collection.	→ R/v UGI contrast
		→ CRBS - BD (perfused)
		→ Trace U-6.
		→ Repeat S/E Tm (K+ levels) (bam)
		→ Discuss about low cortisol levels.
		→ Send - S/E, Ca²⁺, Mg²⁺ VBC.
		Propels
		note by BMM 20/5/26 @ 5PM

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/8/26 9:20pm		Case discussed - Dr. Dinesh Su
	baby is on RA issue of bradycardia HR upto 80.	<u>Plan</u> . (wt-1.6kg)
	<u>Bentali</u>	→ TV - 175ml/kg/day
	HR - 92/min.	IV fluid Feed.
	RR - 51/min	↓ ↓
	SpO ₂ - 96%	7.5ml/kg 167ml/kg
	BP -	↓ ↓
	peripheries - warm	→ 12ml over. 22ml 2nd half
	CRT - 3secs	6 hrs @ 2ml/hr. feed.
		[10ml KCl + 90ml 0.9% NS]
	P/A - soft	Run this fluid overh.
		→ Send Serum potassium after 2hrs. → 12am.
		→ Next S/E at 4am.
		→ Check IV line, patency,
		→ Monitor vitals, ECG waveform
		→ Send urinary electrolytes
		<u>Prophyl</u>
		note by Bushy 20/8/26 @top

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 <u>12:30am</u>		Seen by <u>Dr. Sarat</u>
	QRBS - 98	→ Trace S/E report
	on KCl correction 1.5 meq/kg.	→ Send S/E at 11:30am along \bar{c} blood gas.
	QTC - 0.36s	→ Send urinary electrolytes
	QTC - <u>0.36s</u>	→ Monitor ECG wave form Check IV line regularly. while KCl
	⊙	Noted by <u>Shyama</u> at 10:30AM

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA

21/5/26
 (72)

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

Day in NICU: Day of Life: 52 PMA: 39+3 wks.

Term Preterm Gestation: 32+1 Corrected Gestational Age: Today's Weight: 1612g (1159)

		Problems	
		S.No.	Past Problems
Overview	Current		
	1.	Mod PT/SCA/FCR.	
	2.	persistent Candida tropicalis	
	3.	sepsis and meningitis	
	4.	Hypokalemia, Bradycardia	
	5.		
Clinical Assessment	<p>on RA was on full O4 feed test. - 1 vomiting Issues of bradycardia overnight; Improved after KCl correction ECG - QTc - 0.36s. HR → 110/min, SpO2 99%, CRBS-106.</p>		
	<p>4st - K⁺ - 2.7 KCl correction given K⁺ ↓ - 1.4. 1 meq/kg correction mg 2⁺ - 1.9 → corrected rpt. K⁺ → 1.5 ↓ 2.7.</p>		
Medications Used	<p>Neurogen Meropenam D6. ZLD drops. Domstal. Lanyol. Bisbri.</p>		
Plan of Care:	<p>Hold Lipo Ampho B today Continue full O4 feed - 23ml/2nd hourly Add oral potassium → 1.5 meq/kg. TID. Send urinary electrolytes. R/V and repeat ECG, R/V O4 content</p>		

Doctor's Name (Hand over given): Poojitha

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

Signature: [Signature]

Signature: [Signature]

Date & Time: 21/5/26 @ 8a

Date & Time: 21/5/26 @ 9a



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26		seen by Dr. Dinesh
10:20 AM		
		Plan: - continue Meicafungin (low dose) - Hold ^{stop} Lepo - Augho B. - continue full OR feeds - Add patchlor [3 mg/kg] in 3 divided doses.
		✓ Serum electrolytes Today evening.
		- Add Atrophos.
		- CBP & CRP } T.M. morning.
		✓ Continue Antifungals till 27/5/26.
		✓ LFT on Monday.
		- Nutrition Calculation.

Noted by
 Anil
 at 10:20 AM

Anil

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 19 D
 Dr. DINESH KUMAR CHIRLA

EM

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

15ml 200
 100ml 200
 BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 4 PM	seen by Dr. Pradyumn / Dr. Dinesh. 2 e/o vomiting.	Plan ① TV = 150ml / 4 day. 2ml q 4H + 1/2 HMF. ② KMC. ③ S/E @ 6PM + urea + creat ④ qm - CRP CRP. ⑤ Monday - LFT. ⑥ plan upper GI study qm - if further vomiting ⑦ Add oscipon - 1
		noted by and cross at 4pm
21/5/26 7.5 PM	evening note Baby self ventilating on RA HR - 100/min RR - 37/min SpO ₂ - 100% BP - 79/38/53	A new page



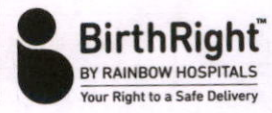
(A5)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/3/26 3PM	k-1.9	Plan
	PA soft	① cont OR feeds
	no further ep vomiting on OR feeds	② TV = 150ml/kg/day 2ml of 24 OR feeds
	ossofan - D added on per XT.	③ IV kcal correction 1: 3mg/kg IV over 6hrs
		(10ml kcal + 90ml NS ↓ give 12ml over 6hrs)
		w/lt extravasation/ bradycardia
		④ E/m CBP CBP
		S/E
		⑤ Monday 2FT
		⑥ E/m upper GI
	Dr. Dinesh Chirla	note by Bushra

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 2 D (M)
Dr. DINESH KUMAR CHIRLA


①



ADMISSION CRITERIA – NICU

Admission / Transfer from:

- Emergency Outpatient (OPD) Ward Operation Theater Others:

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

Prematurity and Low Birth Weight Babies:

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

Major Surgical Problems:

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

Criteria for shifting inborn babies from wards to NICU:

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

Signature of the Doctor: 

Name of the Doctor: Dr. Anurag

Date & Time: 2/5/20 @ 10am

Patient Sticker



DISCHARGE CRITERIA – NICU

Discharge to:

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

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

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

Signature of the Doctor:

Name of the Doctor :

Date & Time:

Handwritten notes:
 Discharge criteria met
 10/10/10



CROSS CONSULTATION FORM

Doctor Name : Dr. Suresh Reddy Date : 4/5/26 Time : 1:30 PM

Diagnosis : to Mr. fungal sepsis

Hospital : RHH-B

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]
Signature:

Findings and Recommendations :

Thank for referral

Ux - Da 336 reply

(ole)

Pls: see

Pls: see

(no s/o fungal sepsis)

Tammaru Reddy

Mr
2 week

no s/o: Ocular
fungus

Consultant:

Name : Suresh Reddy Signature : [Signature] Date & Time : 4/5/26 1:30 PM



5

CROSS CONSULTATION FORM

Doctor Name: Dr. Adli Navardher Date: 14/1/26 Time: 3:17pm

Diagnosis: Feeding difficulties due to prematurity.

Hospital: RCH; Banjara

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:

Feeding & Swallowing Assessment

Signature: Adli

Findings and Recommendations: * Infant was active & well cooperative
* OME was assessed & revealed structurally adequate & functioning weak NMS.

* Matured sucking reflex

* Matured suck-swallow breathe coordination

* Tone, symmetry was within expected limits

* Referred with cp not taking feeds well; when assessed revealed, infant was spitting & didn't take feeds well due to use of autoflow feeding bottle

Adv: 1. mother was counselled & trained for the same

2. To get to Brown's pacifier nipple bottle & flow up

3. Continue OMS for 3-4 times a day & give pacifier before feeding

Consultant: U. Khep

Name: Dr. Adli Navardher Signature: Adli Navardher

3:17pm

Date & Time: 14/1/26



(4)

CRCS CONSULTATION FORM

Doctor Name: Dr. Vidhi Navandher Date: 16/1/26 Time: 11:00am

Diagnosis: (1) Feeding difficulties & PVAR & prematurity

Hospital: RCH; Banjara

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:

Feeding & Swallowing Review

Signature: Vidhi

Findings and Recommendations: * Infant was well active

* Initiated using philips number 3 nipple when he took 5ml in 5mins of time

* Weak NMS

* Fed & sleepy at earliest

(1) Dry mouth

Adv. 1. To do OMe for 3-4 times a day before feeding

2. To give preemie nipple pacifier for 10mins before feed

3. To continue giving milk through oral swabs

4. Flup

Consultant :

Name: Dr. Vidhi

Signature: Vidhi

Date & Time: 16/1/26

11:00am

AH-00655373
IP5-00173323
Baby Of RUTUJA PATWARI
1-04-2026 0 Y 1 M 17 D (M)
DINESH KUMAR CHIRLA

3



CONSULTATION FORM

Doctor Name : Dr. Vidhi Navandhe Date : 18/1/26 Time : 11:00am

Diagnosis : Feeding difficulties & RUGR

Hospital : RCH; Banjara

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:

feeding & Swallowing Review

Signature: Dr. Vidhi

Findings and Recommendations : Infant was alert

* Substitute oral feeds using philips mother's nipple were, matured sucking & suck-swallow-breathe coordination was observed.

* Infant was tired & sleepy after intake of 6-7ml milk.

Adv: 1. To continue OMS before feed

2. To give pacifier for 10mins before feed

3. To get 'MILKY CUP' for feeding

4. Parents were counselled & trained with the same.

5. RHP

Consultant :

Name : Dr. Vidhi

Signature : Dr. Vidhi Navandhe

Date & Time : 18/1/26 11:00am

BAH-00655373 IP5-00173323

Baby Of RUTUJA PATWARI 01-04-2026 0 Y 1 M 18 D (M)

Dr. DINESH KUMAR CHIRLA



2



CROSS CONSULTATION FORM

Doctor Name: Dr. Vidhi Navandher Date: 19/5/26 Time: 11:00am

Diagnosis: Feeding difficulties & prematurity

Hospital: RCH; Baijara

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:

Feeding & Swallowing Review

Signature: [Signature]

Findings and Recommendations : Infant was active.

* Assessed using 'NIFTY CUP' where he took 10-12ml within 10-12mins.

* Some amount of spillage was seen during feed.

* Sucking coordination was fair during feeding

* Advy. To continue OMS

1. To give pacifier for 10mins before feed

2. Try next feed with 'NIFTY CUP'.

4. PUP

Consultant :

Name: Dr. Vidhi . N

Signature: [Signature]

Date & Time: 11:00am 19/5/26



GRUSS CONSULTATION FORM

Doctor Name : DR. RACHA RAJADEVI Date : 5/5/26 Time : 5PM

Diagnosis : PT/SGA/FGR

Hospital : RCH - Bangalore

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

Signature: _____

Findings and Recommendations :

Preterm 32 wks
 B. wt 1.2 kg
 now 1.6 kg

O/E Multiple skin rashes.

NBS: TMS - N

To do Biotinidase assay
 Thr TSH

O/E Abd distension
 Liver palpable
 2 Ascites.

To do
 ① Abd us

② urine ketones

③ send fw WES (Buccal smear)
 by Broka 2.5mg BD



Met. Acidosis
 Now resolved
 Hypo Hypoglycemia
 Lactate ↑
 Fungal sepsis
 Thrombocytopenia
 IL6 ↑
 S. Ferritin ↑

= Severe fungal sepsis

= To rule out Immuno
 def

Consultant :

Name : _____ Signature : Am Date & Time : 5-5-26

wari

CROSS CONSULTATION FORM

Doctor Name : Dr. Smitisha Rani Date : 6/5/26 Time : 4pm

Diagnosis : 2° HLH

Hospital : Rch Bangalore Hills

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

2° HLH (Trigger = Fungal sepsis)

Signature:

Findings and Recommendations:

(Non-concomitant; IVF) Thanks for Referral

DT 32 wks | Bwt = 1.2kg |
32+1 → 37+2
Twt = 1.6kg

Plan

- ① Cont IV Antibiotics
Antifungals
- ② Consider Dexamethasone / Anakinra
(as HLH active) (today & then)
- ③ Add posonazole; along w
micofungin
- ④ TO send Lymphocyte sub sets
- ⑤ collect wbc ① Exchange ②

History w/cd

76 95w (N35%) Tpc 1-3Loh
(Blood c/s = candida albicans)
Ferritin ↑ trend (1340)
TMS (W); ↑ IL-6
Bysteria (↓ Hb, ↓ Tpc)
wetasis
(w 6.1g/kg on 3/5/26)
coagulopathy

Consultant :

Name : Dr. Smitisha Rani Signature : [Signature] Date & Time : 6/5/26, 3pm

SAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 3 D (M)
Dr. DINESH KUMAR CHIRLA

CROSS CONSULTATION FORM

Doctor Name : Dr. Mikhant Date : 5/5/26 Time : 12pm

Diagnosis : Perineal ulcerations + ~~Diaper~~ - Bullous Impetigo

Hospital : RCH-B

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 :

A 32 day old male neonate
Klebsiella pneumoniae sepsis

Perineal erosions & scabry
similar lesions on lt forearm & feet

dx: Bullous Impetigo

Consultant :

Name : Dr. Mikhant Signature : [Signature] Date & Time : 5/5/26 12pm

Adv:

1: Zimba lotion (Oxycodone 1%)

Perianal area & Perianally + Uterus
once a day. - 20 days

2. Cicca mo / Epi thelial Duo cream
face & full body every 3rd hourly.
↓
avoid the lip - every 2nd hourly.

Sub



①

CROSS CONSULTATION FORM

Doctor Name : Dr. Prashant B Date : 18/5/26 Time : 4PM

Diagnosis : MPT/SGA/FGR

Hospital : RCHB

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:

cholestasis

Signature:

Findings and Recommendations :

Mod PT / SGA / FGR
Candida sepsis / meningitis

- stool c/s: Normal

on R.A

hemodynamically stable

f/A: soft

Sepsis associated cholestasis

?- Drug induced cholestasis

TPN associated

Delayed enteral feeding

	<u>16/5</u>	<u>18/5</u>
SBR:	<u>7.8</u> ^{5.8}	<u>8.4</u> ^{6.2}
SGOT:	<u>426</u>	<u>533</u>
SGPT:	<u>151</u>	<u>179</u>
ALB:	<u>2.8</u>	<u>3.1</u>

9/5

GAT: 215

USG: GAD (W)
CBD (W)

liver - (N)

Genetics:

UGT1A1 (+)

DEAF1 (-)

Consultant :

Name : Dr. Prashant B. Signature : _____ Date & Time : 18/5/26

- Triglycerides (27)

- cortisol

- Thyroid profile (27)

Plan:

① Eye examination for chorioretinitis.

② Repeat LFT after 1 week

③ Send cortisol



CROSS CONSULTATION FORM

Doctor Name : Dr Powsheya Date : 8/5/26 Time : upn

Diagnosis : PT/RDS

Hospital : RCHB

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:

cholestasis, acholic stools

Signature:

Findings and Recommendations :

32 weeks / em lscs / 1.2 kg.

no persistent cholestasis
no pale stools (+)

passed meconium on day 1
small quantities of meconium
↓
lower GI contrast
s/o meconium ileus.
Rectal wash done

0/E on ~~APV~~ CPAP
21/1. ~~kdca~~
PEEP: 5

Altered NG aspirates
∴ day 1

Extensive skin peeling (+)
passed pigmented stool now.

1g/kg lipid
3g/kg protein

on 15% TPN: 4.4 ml/hr
Bolus
on ~~ag~~ feed 2ml/Q2H
(B.M)
current wt: 1.4 kg

fungal sepsis, DIC,
Bicytopenia. (Received 1vsg)
Anakina

Consultant :

Name : Dr. Powsheya Signature : [Signature] Date & Time : 8/5/26 @ 4pm

	5/5	6/5	7/5	7/5	
INR:	5	1.9	1.5		Pan Candida PCR: +ve
Alb:			2.5		6/5 (blood)
					Candida tropicalis
ferretin		1340		3/5:	CSF PCR: (4/5)
LL-6		442		GB: (N)	Candida
				liver: (N)	
				Bones: (N)	
fibrenogen	150		8/5		
			Hb. 13.0		
D-Dimer	2.45		WBC: 12320		
			(W/L: 48/34)		8/5 Blood gas
LFT:	SBP: 9.8		plt: 83,000		pH: 7.4
	/				pCO ₂ : 33.9
	8.1				HCO ₃ : 26.1
	(D)				Na ⁺ : 144 K ⁺ : 2.3
SGOT: 50			TMS } (N)		Cl ⁻ : 118
SUPS: 24			NBS }		lac: 2.0
ALP: 437					
Alb: 3.7					

possibilities:

- sepsis induced cholestasis
- cystic fibrosis | Bile plug
-

Plan:

- ① Repeat LFT
Send GGT
- ② USG abdomen.
- ③ continue utiliti.
- ④ To increase enteral feeds gradually & reduce TPN

3

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 8 D (M)
Dr. DINESH KUMAR CHIRLA



ACTIVITY RECORD FOR BILLING

Name : Blo - Rutuja Patwari

UHID No. : Bah-655373 IP No : 12323 Consultant: Dr. Mr 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				
2				
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9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/5/26	CBP	26047222	af
	Electrolytes	26047231	af
	ABU, RBS	26047765	af
	Blood clg	26047804	af
12/5/26	CBP, calcium, phosphorus,	26048144	af
	RBR, RBS		
14/5/26	RBS	26048853	af
15/5/26	CBP, RBS	26049201 26049202	af
16/5/26	RBS	26049301	af
16/5/26	CBP, CRP PT-APTT, ESR	26049730	af
17/5/26	Blood culture	26049836	af
17/5/26	CBP, CRP, RBS	26049892 26049893	af
18/5/26	CBP, CRP, RBS, LFT, S/E	26050225 26050226	af
17/5/26	RBS, VBG	26050115	af
18/5/26	central line culture	2605014802	af
18/5/26	Interleukin 6 (IL6)	26050400	af
"	Ferritin		
"	Ultrasound Abdomen	R265-024932	af
19/5/26	CBP, CRP, RBS	26050710	af
"	RBS, RBS	26051090	af
"	RBS	26050709	af
"	RBS Cortisol, Insulin	26050782	af
20/5/26	LFT, ferritin, RBS	26051148	af

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/5/26	Syringe pump ②			9595519	} Jusuf
	Inv. monitor ①	9/5/26		9589731	
	HFNC		10/5/26 @ 11AM	9599030	
	Gr. Incubator		12/5	9591267	
	Oxygen		-	9589731	
	Syringe pump ①			9596078	
	Syringe pump ①	10/5/26		9589731	
10/5/26	Syringe pump ②			9595519	
	Inv. monitor			9589731	
	Gr. Incubator		12/5	9591267	
	Oxygen		-		} Jusuf
	Syringe pump ①			9596078	
	Syringe pump ①			9589731	
11/5/26	Syringe pump ②	11/5/26		9595519	
	Inv. monitor			9589731	
	Gr. Incubator		12/5	9591267	
	Syringe pump ①			9596078	
	Syringe pump ①			9589731	
14/5/26	Inv. monitor	3/5/26 @ 10:21AM		9589731	} Jusuf
	Syringe pump	7/5/26 @ 12:54PM		9596078	
18/5/26	Inv. monitor	3/5/26 @ 10:21AM		9589731	} Jusuf
	Syringe pump	7/5/26 @ 12:54PM		9596078	
19/5/26	Inv. monitor	3/5/26 @ 10:21AM		9589731	} Jusuf
19/5/26	Syringe pump	7/5/26 @ 12:54PM		9596078	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/05/26	LRBC	(1)	9612845	<i>[Signature]</i>
20/5/26	ECG	(1)	026918	<i>[Signature]</i>
14/5/26	ROP	(1)	9608266	<i>[Signature]</i>

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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2

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 6 D (M)
Dr. DINESH KUMAR CHIRLA



ACTIVITY RECORD FOR BILLING

Name : Blo - Pujitha Patwari

UHID No. : BAH-655373 IP No : 173323 Consultant : DR. D.K Dept : NICEE

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	<u>DR.</u>			
2				
3				
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8				
9				
10				

INVESTIGATIONS


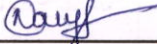


Date	Investigations	Order No.	Signature
6/5/26	SF, cat	26046202	Nlu
	ABU, RBS	26046310	Nlu
7/5/26	CBP, PT/INR, SF, cat	26046222	Nlu
7/5/26	ABU, RBS X-ray	-	Nlu
7/5/26	Albumin, CRP	26046306	Nlu
	ABU, RBS	26046307	Nlu
7/5/26	urine for ketones	26046445	} B. Dany
	RBS IN BG	26046576	
	PT/APTT / CRP	26046577	
	Other Investigations (Lymphocyte subset panel)	9596189	
	X-ray	265-023256	Nlu
8/5/26	ABU, RBS	26046832	Dany
8/5/26	CBP, CRP	26046833	Dany
9/5/26	CBP, FREE T4, TFT, creatinine, s/e URCA, G.G.P, LFT	26047077	} Dany
9/5/26	ABG, RBS	26047076	
9/5/26	CRP, PT/APTT, FERRITIN, IL6	26047177	
9/5/26	RBS	26047383	
10/5/26	ABU, RBS	26047657	} Dany
	Electrolytes	26047502	
	CBP, CRP, Phosphorus, calcium	26047532	} Dany
11/5/26	ABU	26047532	

MEDICAL EQUIPMENT (WARD & ICU)

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature	
7/5/26	Syr pump - ②	7/5/26		9595519	} <u>Nixon</u>	
	Inv. monitor	}				
	Syr pump - ②					
	CPAP		9589731	9589731		
	Oxygen					
	G. Incubator		3/5/26		9591262	
7/5/26	Syring pump	7/5/26		9596078	B. Dany	
8/5/26	Syr - pump ②	}		9595519	} <u>Sharma</u>	
	Env. monitor ①					
	C-PAP		8/5/26	8/5/26 8PM		9589731
	Gr. Incubator					9591262
	Oxygen					
8/5/26	Syringe pump ②	}		9595519	} <u>Sharma</u>	
	Env. monitor ①		9/5/26			9589731
	HFCV		8/5/26	8PM		9599030
	Gr. Incubator					9591262
	Oxygen					9589731
	Syringe pump ①			9596078	}	
	Syringe pump ①			9589731		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
7/15/26	Blood transfusion	①	05915522	
8/5/26	TPN	①	9598258	
9/5	TPN	①	9600318	
1/5	USG	①	023446	

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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3AH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
11-04-2026 0 Y 1 M 2 D (M)
Dr. DINESH KUMAR CHIRLA



1



ACTIVITY RECORD FOR BILLING

Name : B/o - Raghya Patwari

UHID No. : BAH-00655 IP No : 00173323 Consultant: DR. D.K. Dept : NICU

Date of Admission: 3/3 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				
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8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
	PT/APTT	26044918	} Poychi
	VBG/RBS	26044889	
	NPI Blood c/s	26044888	
	XRay	022441	
	RBS	26044910	
	CBP, SE		} Degechi
	VBG RBS		
5/1/20	PT/APTT, 8- electrolytes	26045585	} Sushu
	RBS	26045584	
	Lumbar puncture	9592883	} Sushu
	CSF Analysis	26045689	
	CSF culture & sensitivity		
5/5/20	XRay (2)	022564	} B
6/5/20	RBS		
	Blood Gas		} B
	RBS / Blood Gas		
6/5/20	SC, cult		} B
	ASH, RBS		
	X-ray	265-023266	
6/5/20			SP
6/5/20	X-Ray		} B
6/5/20	ASH Zoncho	022940	

24



ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____ Consultant: _____ Dept : _____

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 19 D (M)
 Dr. DINESH KUMAR CHIRLA



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				
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INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/5/26	chest - xray - ①	025474	}
20/5/26	Electrolytes	26051234	
20/5/26	RBS	26051434	
20/5/26	RBS	26051147	
20/5/26	RBS, EBG, S/Cu	26051517	
21/5/26	Pottul	26051555	
21/5/26	Alkaline Phosphatase	26051555	
21/5/26	urine for electrolytes	26051641	
21/5/26	Electrolyte, urea, creatinine	26051850	
22/5/26	CBP, CRP, serum electrolyte	26051929	
"	RBS	26051928	
22/5/26	S. Electrolyte + creatinine	26052395	
22/5/26	RBS		
23/5/26	S. electrolyte + ^{+R} creatinine	26052395	
23/5/26	S. electrolyte CBP/CRP	26052685	
24/5/26	S/E CBP CFT RBS	26052813 26052831	
25/5/26	S/E, RBS	26053806	
25/5/26	S/E	26053317	
25/5/26	USG abdomen	265-026335	
26/5/26	RBS	26053467	
26/5/26	serum electrolytes	26053514	Chand
26/5/26	serum electrolytes	26053648	Chand
26/5/26	Ca/mg	26053696	Megha

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/5/26	Blood transfusion	①	9590311	[Signature]
5/5/26	Blood transfusion	①	9593400	[Signature]
8/5/26	Blood transfusion	①	9595522	[Signature]
4/5/26	USG	①	022595	[Signature]
3/5/26	USG, NSG	①	022480	[Signature]
6/5/26	NSG	①	022929	[Signature]
6/5/26	Blood transfusion	①	9594968	[Signature]
6/5/26	TPN	①	9594968	[Signature]
4/5/26	Picc line	①	9591290	[Signature]
6/5/26	IV placement	①	9594341	[Signature]
6/5/26	IV placement	①	9594968	[Signature]
6/5/26	central line, Arterial line	①	9594968	[Signature]

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/5/26	ECC	1	026610	[Signature]

ANY OTHER INFORMATION

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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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5



ACTIVITY RECORD FOR BILLING

AH-00655373 IP5-00173323
 Name baby Of RUTUJA PATWARI
 1-04-2026 0 Y 1 M 24 D (M)
 r. DINESH KUMAR CHIRLA



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				
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7				
8				
9				
10				

BAH-0065373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 5 D (M)
Dr. DINESH KUMAR CHIRLA

Verbal consent
Taken



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Rutuja Gender: Male Female

UHID No C55323 Department : NICU Date : 6/5/26

I Dr. Lokesh S/D/W/O wife Rebeja

Here by give consent for procedure of : Resp Femoral Venous line

For my patient, Named : B/o Rutuja

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

Bleeding

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

exchange transfusion

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 Kapil

Patient Attendant : Lokesh
Signature :

Name : Dr. Wahnekar L.

Relationship with Patient: Father

Date & Time : 06/05/26 @ 4M

Witness :
Signature : Abhinav

Name : Abhinav

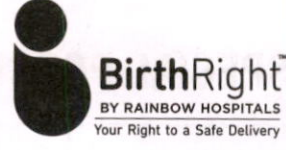
Date & Time : 06/05/26 @ 4M

Doctor (who is taking the consent) :
Signature :

Name :

Date & Time : 6/5/26 @ 4pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00655373 IPS-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 5 D (M)
Dr. DINESH KUMAR CHIRLA



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Rutuja Gender: Male Female

JHID No : 655373 Department : Nicu Date : 6/5/26

By : Dr Lokesh S/D/W/O wife Rutuja

Here by give consent for procedure of : Exchange transfusion

For my patient, Named : B/o Rutuja

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

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

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. Pogetha

Patient Attendant : [Signature]
Signature :

Witness : [Signature]
Signature :

Name : Dr. Walmeekar. L.

Name : Ahmi

Relationship with Patient: Father

Date & Time : 06/05/26

Date & Time : 06/05/26

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time : 6/5/26 @ 7pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

.....
.....
.....

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

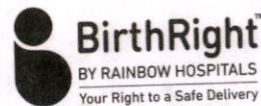
సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Verbal consent
taken.



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Rutuja Gender: Male Female

UHID No : 655333 Department : NICU Date : 6/5/26

I Dr. Lokesh S/D/W/O wife Rutuja

Here by give consent for procedure of : Arterial line

For my patient, Named : B/o Rutuja

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

Bleeding

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

Blood to

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. Kapil

Patient Attendant : [Signature]
Signature :

Name : Dr. Wahnekar L

Relationship with Patient: Father

Date & Time : 06/5/26 4pm

Witness :
Signature : [Signature]

Name : ABR

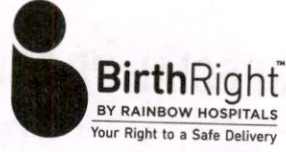
Date & Time : 06/5/26 4pm

Doctor (who is taking the consent) :
Signature :

Name :

Date & Time : 6/5/26 @ upn

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 4 D (M)
Dr. DINESH KUMAR CHIRLA



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/O Rutuja Patwari Gender: Male Female

UHID No : 00655373 Department : ICU Date : 5/5/26

I Dr. Lokesh S/D/W/O wife Rutuja

Here by give consent for procedure of : Picc line (seal)

For my patient, Named : B/O Rutuja Patwari

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: Dr. Fair

Patient Attendant :

Signature : Rutuja Patwari

Name : Rutuja patwari

Relationship with Patient: Mother

Date & Time : 5/5/26 @ 2:30pm

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 5/5/26 @ 2:30pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time : 5/5/26 @ 2:30pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



CONSENT FOR SPECIAL PROCEDURES

Patient Name : Blo Rutuja Patwari Gender: Male Female

UHID No : 00655373 Department : NICU Date : 5/5/20

I Dr Lokutaja S/D/W/O wife Rutuja w/o Dr. Dinesh

Here by give consent for procedure of : Lumbar Puncture.

For my patient, Named : Blo Rutuja

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

Bleeding & Seizures

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 : Rutuja

Name : Rutuja Patwari

Relationship with Patient: Mother

Date & Time : 5/5/20 @ 2:30pm

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 5/5/20 @ 2:30pm

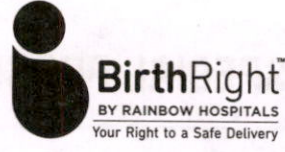
Doctor (who is taking the consent) :

Signature : [Signature]

Name : [Name]

Date & Time : 5/5/20 @ 2:30pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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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

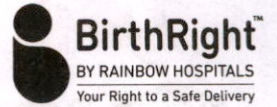
స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Verbal Consent
taken



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o ~~Sushmanjita~~ Gender: Male Female

UHID No : 655373 Department : NICU Date : 4/5/26

Lokesh S/D/W/O wife Rutuja

Here by give consent for procedure of : Picc line insertion

For my patient, Named : B/o ~~Sush~~ Rutuja

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

Bleeding, migration, 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: Dr. Mamta

Patient Attendant : Lokesh
Signature :

Name : LOKESH

Relationship with Patient: FATHER

Date & Time : 4/5/26 @ 7pm

Witness :
Signature : Sushma

Name : Sushma

Date & Time : 4/5/26 @ 7pm

Doctor (who is taking the consent) :
Signature : Sneha

Name : Sneha

Date & Time : 4/5/26 @ 7pm

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

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

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

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Ⓟ

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 2 D (M)
Dr. DINESH KUMAR CHIRLA



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/O RUTUJA PATWARI Age: 1m2day Gender: Male Female

UHID.No: 00655373 Date: 3/5/26

I Lokesh S/o, D/o, W/o wife Rutuja Patwari hereby declare that our patient Mr. / Ms. B/O Rutuja who is related to me as son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 1

The doctors have explained to me in a language understood by me that my child has following health related issues :

• mPTI sepsis like

The doctors have clearly explained to me that my patient B/o Rutuja Patwari during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o Rutuja Patwari in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :
Signature : [Signature]
Name : Dr. LOKESH . W .
Relationship with Patient : Father
Date & Time : 3/5/26 @ 3pm

Witness :
Signature : [Signature]
Name : [Name]
Date & Time : 3/5/26 @ 3pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Y. sneha
Date & Time : 3/5/26 @ 3pm

నవజాత శిశువుల ఇంటర్నల్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యూ) సమ్మతి పత్రం



రోగి పేరు వయస్సు లింగం పు క్రీ

యు.పా.ఐ.డి
 నేను బి

అనే బాలుడు / బాలిక యొక్క బికిళ్ళ మేరకు రేయిన్ఫీ బిల్డన్ ఆసుపత్రిలోని నవజాత శిశువుల ఇంటర్నల్ కేర్ యూనిట్లో తేటి

..... నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి / బాలికలో. ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు ఆర్డరు గు భాషలో వివరించితిరి.

నవజాత శిశువుల ఇంటర్నల్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల బికిళ్ళ విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ధమని మార్గం, సింట్రిల్ లైన్ వెస్ట్ డ్రైయిన్, పెరిటోనియల్ డ్రైయిన్ ఇంసర్జన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు ఆర్డరుమగు భాషలో వివరించారు.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే దీలు లేని చో ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితులు ఏర్పడినప్పుడు మా బాలుడు / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి / బాలికకు రుగ్మతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు ఆర్డరుమగు భాషలో వివరించితిరి

మా బాలుడు / బాలిక నవజాత శిశువు ఇంటర్నల్ కేర్ యూనిట్ లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ బికిళ్ళ విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్పరిణామాలు కలగవచ్చని ఆర్డం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన సమస్యలు, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు.

మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్.ఐ.సి.యూ. లో ఉన్నప్పుడు జరుగు బికిళ్ళ విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగిన విధంగా బికిళ్ళ చేయడానికి వైద్యునికి నాపూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు ఆర్డరుమగు భాషలో అంతా వివరించారు.

మా బాలుడు / బాలిక ను ఇన్చార్జినింగ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యూ) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటొనైంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి
 సంతకము
 పేరు
 తేదీ మరియు సమయము

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 3 D (M)
Dr. DINESH KUMAR CHIRLA



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

Name: Blo Rutuja Age: 1.03.0 Gender: Male Female
UHID.No: 655323 Date: 4/5/26

- Type of Blood Product:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, Rutuja 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 NA

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: Rutuja Patward
Name: RUTUJA
Date & Time: 4/5/26 @ upu

Doctor (Who is talking the consent)
Signature: Sneha
Name: Sneha
Date & Time: 4/5/26 @ upu

Witness
Signature: [Signature]
Name: [Name]
Date & Time: 4/5/26 @ upu

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|--|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Randonm Donor Platelets |
| <input type="checkbox"/> క్రయాప్రెసిటిటేట్ | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో ఆడ్మిట్ అయి ఉన్నప్పుడు పూర్తి బికిత్తులో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికి రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హాపెట వి యాంటీ బడిస్, హైపటెటిస్ బి సర్వేస్ యాంటిజెన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని సరిక్కించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లను సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనవి పర్కవసానాలు తెలెత్తవచ్చు అని నేను ఆర్డం చేసుకున్నాను. ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

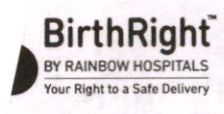
పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి బికిత్తు చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. బికిత్తు చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెప్స్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

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

సంతకము
పేరు

CONSENT FOR BLOOD TRANSFUSION

BAH-00655373 IPS-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 3 D
Dr. DINESH KUMAR CHIRLA (M)



Name: Blo Rutuja Age: 1m 3d. Gender: Male Female
UHID.No: 655373 Date: 4/5/26

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input checked="" type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, Rutuja 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 SDP

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: RUTUJA
Date & Time: 4/5/26 @ 3pm

Doctor (Who is talking the consent)
Signature: [Signature]
Name: Y. Sneha
Date & Time: 4/5/2026 @ 3pm

Witness
Signature: [Signature]
Name: [Signature]
Date & Time: 4/5/26 @ 3pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ఫ్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

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

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

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

సహాయకుడు(అటెండెంట్) సాక్షి
సంతకము సంతకం
పేరు పేరు
తేదీ మరియు సమయము తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము
పేరు

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 4 D (M)
Dr. DINESH KUMAR CHIRLA



CONSENT FOR BLOOD TRANSFUSION

Name: R/b Rutuja Age: 1m 4 day Gender: Male Female
UHID.No : 655373 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 Rutuja 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 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: Rutuja
Name: Rutuja patwari
Date & Time 5/5/26 @ 1:30pm

Doctor (Who is talking the consent)

Signature: Dr
Name: FRM
Date & Time 5/5/26 @ 1:30pm

Witness

Signature: Shrushti
Name: Shrushti
Date & Time 5/5/26 @ 1:30pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

రక్త ఉత్పత్తి రకాలు:

తాజా ఘనీభవించిన రక్తం

కణాలు 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

నేను
ఉన్నప్పుడు పూర్తి బికిత్తులో ఉండే దాత రక్తాన్ని హెచ్ఐవి మరియు లక్షణాలు లేవని పరీక్షించి బయట ఇతర ఇన్ఫెక్షన్ ద్వారా అతి తక్కువ ప్రతిచర్యలు సోకే ప్రమాదం ఉండేలా చేసుకున్నాను.

A	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-00550 Blood Group: A Rh Positive Collection Date: 09/Mar/2026 Expiry Date: 09/Mar/2027

ఈ ఆసుపత్రిలో అడ్మిట్ అయి, రక్తం అంగీకారం తెలుపుతున్నాను. మలేరియా మరియు సిఫిలిస్ పుటికి పరీక్షలో కనబడని అనేక రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన నాలుగు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

1)do not refrigerate Without Warming. 2)shake Gently Before Use.3)do Not Add Any other Medication. 4)check Blood Group on Label & Recipient's Group and Name Before Administration. 5)use Sterile Transfusion 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 and Thawed Precipitate Carefully & Completely Into Residual Plasma. Bath Between.....

ఈ ప్రక్రియకు ప్రత్యామ్నాయ పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు, వివరించబడ్డాయి. బికిత్తు చేస్తున్న సమయం ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్ నాకు పూర్తిగా అర్థమగు భాషలో నాకు

Issue Label / Cross Matching Report
Patient : **BABY.OF.RUTUJA PATWARI -**
Patient's Blood Group : **A Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, DR. DINESH KUMAR**
UHID No.: **BAH-00655373** Wd-Bed No.:
Product : **FFP-I**
Blood Group : **A Rh Positive** Issue Dt : **05/May/2026**
Unit No.: **BAH26-00550** Colln. Dt : **09/Mar/2026**
X-Matching Report: **ABO Compatible** Exp. Dt : **09/Mar 2027**
X-matched by: **Nachiket** Issued By : **Nachiket**

బికిత్తు చేస్తున్న డాక్టర్ ద్వారా నాకు రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన (సవి) నా అంగీకారము తెలుపుతున్నాను. తిస్తున్నాను

సహాయకుడు(అటెండెంట్)

.....

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 2 D (M)
Dr. DINESH KUMAR CHIRLA



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nt to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: B/O RUTUJA PATWARI Age: 1 M 2 DAY Gender: Male Female
UHID.No : 00655373 Date: 3/5/26

- 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 RDP

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

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

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. LOKESH - W.
Date & Time: 3/5/26 @ 10am

Doctor (Who is talking the consent)
Signature: [Signature]
Name: X. SREHA
Date & Time: 3/5/26 @ 10am

Witness
Signature: [Signature]
Name: Priyanka
Date & Time: 3/5/26 10 AM

CONSENT FOR BLOOD TRANSFUSION



BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 5 D (M)
 Dr. DINESH KUMAR CHIRLA

Name: Age: 1m5d Gender: Male Female
 UHID.No : Date: 6/5/26

- Type of Blood Product:**
- | | | |
|--|--|--|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input checked="" type="checkbox"/> Others <u>LRBC</u> |

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

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

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

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>LOKESH</u>	Name: <u>Poojithe</u>
Date & Time: <u>6/5/26 2:45 PM</u>	Date & Time: <u>6/5/26 2:45 pm</u>

Witness

Signature: [Signature]

Name: [Signature]

Date & Time: 6/5/26 3pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

- రక్త ఉత్పత్తి రకాలు:**
- | | | |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయో ప్రెసిపిటేట్ | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్ | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> మొత్తం రక్తం | <input type="checkbox"/> ఎర్ర రక్త కణం | <input type="checkbox"/> ఇతరులు..... |

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

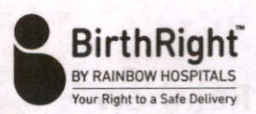
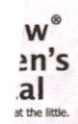
ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

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

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము
వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)	
సంతకము	
పేరు	

oral consent

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 6 D (M)
Dr. DINESH KUMAR CHIRLA



CONSENT FOR BLOOD TRANSFUSION

Name: Bla- Rutuja Patwari Age: 1m 6 D Gender: Male Female
UHID.No: BAH-00655373 Date: 7/5/26

- 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

Dr. Lokesh 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 NA

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

Patient (Or Patient Relative / Guardian):
 Signature: [Signature]
 Name: Dr. Lokesh
 Date & Time: 7/5/26 @upm

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Dr. Lokesh
 Date & Time: 7/5/26 @upm

Witness
 Signature: [Signature]
 Name: [Name]
 Date & Time: 7/5/26 @upm

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

రక్త ఉత్పత్తి రకాలు:

<input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా	<input type="checkbox"/> ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు	<input type="checkbox"/> Random Donor Platelets
<input type="checkbox"/> క్రయోప్రెసిపిటేట్	<input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్	<input type="checkbox"/> Whole Blood
<input type="checkbox"/> మొత్తం రక్తం	<input type="checkbox"/> ఎర్ర రక్త కణం	<input type="checkbox"/> ఇతరులు.....

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

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

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

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము	సంతకం
పేరు	పేరు
తేదీ మరియు సమయము	తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

BAH-00655373 IP5-00173323
Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 8 D (M)
Dr. DINESH KUMAR CHIRLA



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Rutuja Patwari Age: 1m 8d Gender: Male Female
UHID.No : 655373 Date: 7/5/26

- Type of Blood Product:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I Lokesh 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 NA

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):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>LOKESH</u>	Name: <u>Dr. RAMYA</u>
Date & Time: <u>7/5/26 @ 10:20 PM</u>	Date & Time: <u>7/5/26 @ 10:20 PM</u>

Witness

Signature: [Signature]

Name: Shruti

Date & Time: 7/5/26 @ 10:30 PM

రక్త మార్పిడి కొరకు అంగీకార పత్రము

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

రక్త ఉత్పత్తి రకాలు: తాజా ఘనీభవించిన ప్లాస్మా ప్లాస్మా చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets
 Whole Blood
 ఇతరులు.....

నేను
ఉన్నప్పుడు పూర్తి బికిత్త
దాత రక్తాన్ని హెచ్ బి
లక్షణాలు లేవని పరీక్షి
ఇతర ఇన్ఫెక్షన్ ద్వారా
ప్రతిచర్యలు సోకే ప్రా
చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రతి

పైన పేర్కొన్న అన్ని

వివరించబడ్డాయి.
ఎర్ర రక్త కణాలు, ఎం

నాకు పూర్తిగా అర్థమగు

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

PLATELETAPHERESIS SDP-II
Qty. 35 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator
(Qty. 250 ml ± 20 ml.)

A

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

Donor Type: Replacement
Unit No.: BAH26-P0085
Blood Group: A Rh Positive
Collection Date: 03/May/2026
Expiry Date: 08/May/2026

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

Issue Label / Cross Match Report
Patient : BABY.OF.RUTUJA PATWARI -
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
UHID No.: BAH-00655373 Wd-Bed No.:
Product : SDP-II
Blood Group : A Rh Positive Issue Dt : 07/May/2026
Unit No.: BAH26-P0085 Colln. Dt : 03/May/2026
X-Matching Report: ABO Compatible Exp. Dt : 08/May/2026
X-matched by: B.Abhishek Issued By : B.Abhishek

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

ున్నో ఆసుపత్రిలో అడ్మిట్ అయి
మార్పిడికి అంగీకారం తెలుపుతున్నాను.
బడిన్, మలేరియా మరియు సిప్టిస్
రిగినప్పటికీ పరీక్షలో కనబడని అనేక

ఉత్పత్తుల మార్పిడికి సంబంధించిన
శాలు తెలెత్తవచ్చు అని నేను అర్థం

స్ర చేస్తున్న డాక్టర్ ద్వారా నాకు
బేదా రక్త ఉత్పత్తులు ప్లాస్మా చేయబడిన
నా అంగీకారము తెలుపుతున్నాను.

OPERATOR DATE: 07/05/2026
RACH&RI BLOOD BANK

IRRADIATED
CY INDICATOR

సాక్షి

సంతకం

పేరు

తేదీ మరియు సమయము

CONSENT FOR BLOOD TRANSFUSION



Name: **BAH-00655373** **IP5-00173323** **Baby Of RUTUJA PATWARI** Age: 1m5D Gender: Male Female
 UHID.No : **01-04-2026** **0 Y 1 M 5 D** (M) Date: 6/5/26
Dr. DINESH KUMAR CHIRLA

- 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

Lokesh 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
NA

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

Patient (Or Patient Relative / Guardian):
 Signature:
 Name: LOKESH
 Date & Time: 6/5/26 @ 6am

Doctor (Who is talking the consent)
 Signature:
 Name: Poojika
 Date & Time: 6/5/26 6am

Witness
 Signature:
 Name: Bushra
 Date & Time: 6/5/26 @ 8:15 AM

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

CRYOPRECIPITATE AHF I.P.

Qty. 22 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./SAGM Solution.

A	HIV I & II/ HBsAG/HCV - Non reactive
	VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/HCV)- Non reactive
	Unit No.: BAH26-00732 Blood Group: A Rh Positive Collection Date: 30/Mar/2026 Expiry Date: 30/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 Set 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.

Issue Label / CrossMatching Report

Patient: **BABY.OF.RUTUJA PATWARI**
 Patient's Blood Group: A Rh Positive
 Hosp/Dr: Rainbow Childrens Hospital, DR. DINESH KUMAR
 UHID No.: BAH-00655373 Wd-Bed No.:
 Product: CRYO
 Blood Group: A Rh Positive
 Unit No.: **BAH26-00732**
 XMatching Report: Group Specific
 X-matched 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

Issue Dt.: 06/May/2026
 Colln. Dt.: 30/Mar/2026
 Exp. Dt.: 30/Mar/2027
 Issued By: B.Abhishek

అంకార పత్రము

పురుషుడు స్త్రీ

Random Donor Platelets
 Whole Blood

తరులు.....

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

CRYOPRECIPITATE AHF I.P.

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

A	HIV I & II/ HBsAG/HCV - Non reactive
	VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/HCV)- Non reactive
	Unit No.: BAH26-00743 Blood Group: A Rh Positive Collection Date: 30/Mar/2026 Expiry Date: 30/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 Set 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.

Issue Label / CrossMatching Report

Patient: **BABY.OF.RUTUJA PATWARI**
 Patient's Blood Group: A Rh Positive
 Hosp/Dr: Rainbow Childrens Hospital, DR. DINESH KUMAR
 UHID No.: BAH-00655373 Wd-Bed No.:
 Product: CRYO
 Blood Group: A Rh Positive
 Unit No.: **BAH26-00743**
 XMatching Report: Group Specific
 X-matched 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

Issue Dt.: 06/May/2026
 Colln. Dt.: 30/Mar/2026
 Exp. Dt.: 30/Mar/2027
 Issued By: B.Abhishek

నేను ఉన్న దాతరక్తాన్ని హెచ్ఐవి లక్షణాలు లేవని పరీక్షించి ఇతర ఇన్ఫెక్షన్ ద్వారా అతి ప్రతిచర్యలు సోకే ప్రమాదం చేసుకున్నాను. ఈ ప్రక్రియకు ప్రత్యామ్నాయ పైన పేర్కొన్న అన్ని ప్రమాదాల వివరించబడ్డాయి. చికిత్స చేసే ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణానాకు పూర్తిగా అర్థమగు భాషల సహాయకుడు(అటెండ్నెంట్) సంతకము పేరు తబీ మరియు సమయము వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నా) సంతకము పేరు

అంకార పత్రములో అడ్మిట్ అయి ప్లడికి అంగీకారం తెలుపుతున్నాను. నేను, మలేలియా మరియు సిఫ్టిస్ ప్లడికి పరీక్షలో కనబడని అనేక క్షుణ్ణుల మార్పిడికి సంబంధించిన పాత్రలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను. పున్న డాక్టర్ ద్వారా నాకు రక్త ఉత్పత్తులు ప్యాక్ చేయబడి అంగీకారము తెలుపుతున్నాను.

CONSENT FOR BLOOD TRANSFUSION



BAH-00655373 IPS-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 5 D (M)
 Dr. DINESH KUMAR CHIRLA

Name: Age: 1m 5D Gender: Male Female
 UHID.No : Date: 6/5/26

- Type of Blood Product:**
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I Lokesh 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
copy

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: LOKESH
 Date & Time: 6/5/26 @ 12:40pm

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Poojitha
 Date & Time: 6/5/26 ; 12pm

Witness
 Signature: [Signature]
 Name: [Signature]
 Date & Time: 6/5/26 12:40pm

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

రక్త ఉత్పత్తి రకాలు:

శాశ్వత సుశీలబంధించిన ప్లాస్మా ప్లాస్మాక్ చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets

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/1S/2018/BB/G

FRESH FROZEN PLASMA B.P (I)

Qty. 35

A	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive Unit No.: BAH26-00518 Blood Group: A Rh Positive Collection Date: 08/Mar/2026 Expiry Date: 08/Mar/2027
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Whole Blood
 ఇతరులు.....

నేను ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా దాత రక్తాన్ని హెచ్ ఐ వి యా లక్షణాలు లేవని పరీక్షించి బయటి ఇతర ఇన్ఫెక్షన్ ద్వారా అతి తక్కువ ప్రతిచర్యలు సోకే ప్రమాదం ఉండేలా చేసుకున్నాను.

ఆసుపత్రిలో అడ్మిట్ అయి డికి అంగీకారం తెలుపుతున్నాను. మలేరియా మరియు సిఫిస్ ప్రతిచర్యలు లేవని పరీక్షించి కనబడని అనేక రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన నాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం

1)administer Without Warming. 2)shake Gently Before Use.3)do Not Add Any Medication. 4)check Blood Group on Label & Recipient's Group and Name Before Administration. 5)use Sterile Transfusion Set

Issue Label / CrossMatching Report	
With Ther	Patient: BABY.OF.RUTUJA PATWARI -
9)rcs	Patient's Blood Group : A Rh Positive
Plas	Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
Bctv	UHID No.: BAH-00655373 Wd-Bed No.:
	Product : FFP-1
	Blood Group : A Rh Positive
	Unit No.: BAH26-00518
	XMatching Report: ABO Compatible
	X-matched by: R.RAMESH
	Issue Dt: 06/May/2026
	Colln. Dt: 08/Mar/2026
	Exp. Dt: 08/Mar/2027
	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/1S/2018/BB/G	

పైన పేర్కొన్న అన్ని ప్రమాదాలు, లక్షణాలు వివరించబడ్డాయి. చికిత్స చేస్తున్న ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, నాకు పూర్తిగా అర్థమగు భాషలో న

..... రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన (వలెనవి) నా అంగీకారము తెలుపుతున్నాను. య్యతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR BLOOD TRANSFUSION



BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 3 D (M)
 Dr. DINESH KUMAR CHIRLA

Name: Age: 1m 3d Gender: Male Female
 UHID.No: Date: 4/5/26

- Type of Blood Product:**
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

Lokesh 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
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 / Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Name: <u>LOKESH</u>	Name: <u>Y. Sreha</u>
Date & Time: <u>4/5/26 @ upu</u>	Date & Time: <u>4/5/26 @ upu</u>

Witness

Signature: [Signature]

Name: [Signature]

Date & Time: 4/5/26 @ 11pm

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ

UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- Random Donor Platelets
- Whole Blood
- ఇతరులు.....

నేను

ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా
దాత రక్తాన్ని హెచ్ఐవి యాంటిబయోటిక్
లక్షణాలు లేవని పరీక్షించి బడి
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా
ప్రతిచర్యలు సోకే ప్రమాదం ఉన్నదని
చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు
వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో
ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్‌లెట్స్
నాకు పూర్తిగా అర్థమగు భాషలో నాకు

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

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

FRESH FROZEN PLASMA B.P (I)

Qty. 30

A	HIV I & II/ HBsAG/ HCV - Non reactive
	VDRL - Non reactive
	MP - Negative
NAT(HIV I & II/ HBsAG) - Non reactive	
Unit No.: BA 26-00525	
Blood Group: A Rh Positive	
Collection Date: 08/Mar/2026	
Expiry Date: 08/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 Set With Filter. 6)do Not Dispense Without Prescription. 7)do Not Use if There is Any Leakage. Evidence of Clots Between -30° C or Below. 8)resuspend Plasma. 10)do Not Use if Evidence of Clots Between 30° C and 37° C

Issue Label / Cross Matching Report

Patient : **BABY.OF.RUTUJA PATWARI**
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
UHID No. : BAH-00655373 Wd-Bed No. :
Product : FFP-1
Blood Group : A Rh Positive
Unit No. : **BAH26-00525** Issue Dt : 04/May/2026
X Matching Report: ABO Compatible Colln. Dt : 08/Mar/2026
X-matched by: K. Alok Exp. Dt : 08/Mar/2027
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

పత్రిలో అడ్మిట్ అయి
అంగీకారం తెలుపుతున్నాను.
లేనియూ మరియు సిప్లిస్
క్రి పరీక్షలో కనబడని అనేక
ఉత్పత్తుల మార్పిడికి సంబంధించిన
గాలు తెలియవచ్చు అని నేను అర్థం

శు చేస్తున్న డాక్టర్ ద్వారా నాకు
క్రమ / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన
(నవి) నా అంగీకారము తెలుపుతున్నాను.
మీరు

సాక్షి

సంతకం


పేరు

తేదీ మరియు సమయము



CONSENT FOR BLOOD TRANSFUSION



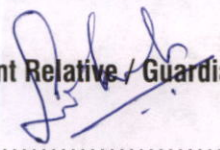
BAH-00655373 IPS-00173323
 Baby Of RUTUJA PATWARI
 Name: 11-04-2026 0 Y 1 M 16 D (M) Age: 1;8D Gender: Male Female
 Dr. DINESH KUMAR CHIRLA
 UHID No :  Date: 17/5/26

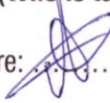
- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others PRBC

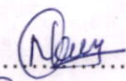
Lokesh Walverkar hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been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

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

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

Patient (Or Patient Relative / Guardian):
 Signature: 
 Name: Dr. LOKESH WALVERKAR
 Date & Time: 17/5/26 @ 3pm

Doctor (Who is talking the consent)
 Signature: 
 Name: Dr. Anshu
 Date & Time: 17/5/26 @ 3pm

Witness
 Signature: 
 Name: Navartha
 Date & Time: 17/5/26 @ 3pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము పురుషుడు స్త్రీ

UHID. సంఖ్య: తేదీ: 12/5/26

రక్త ఉత్పత్తి రకాలు:

- తాజా
- కయోస్


rad-sure™
Irradiation Indicator
OPERATOR: L DATE: 12/5/26
25 Gy INDICATOR **NOT IRRADIATED**

రక్త కణాలు Random Donor Platelets

- Whole Blood
- ఇతరులు.....

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-2
Qty. 35 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. / AGM Solution.

 Rh Positive	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01175 Blood Group: O Rh Positive Collection Date: 15/May/2026 Expiry Date: 26/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 Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

9నుపత్తిలో అడ్మిట్ అయి
కి అంగీకారం తెలుపుతున్నాను.
మలేలియా మరియు సిఫిస్
టికి పరీక్షలో కనబడని అనేక
ఉత్పత్తుల మార్పిడికి సంబంధించిన
లు తెలెత్తవచ్చు అని నేను అర్థం

నేను
ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా
దాత రక్తాన్ని హెచ్ఐవి యాంటిబయోటిక్
లక్షణాలు లేవని పరీక్షించి బడి
ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అధిక
ప్రతిచర్యలు సోకే ప్రమాదం
చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం

పైన పేర్కొన్న అన్ని ప్రమాదాలు
వివరించబడ్డాయి. చికిత్స చేస్తున్న

ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెమ్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను
నాకు పూర్తిగా అర్థమగు భాషలో నా

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Issue Label / CrossMatching Report సమ్మతిస్తున్నాను

Patient : BABY.OF.RUTUJA PATWARI -	
Patient's Blood Group : A Rh Positive	
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR	సాక్షి
UHID No.: BAH-00655373	Wd-Bed No.:
Product : LR-PRBC Pedia-2	
Blood Group : O Rh Positive	Issue Dt : 17/May/2026
Unit No.: BAH26-01175	Colln. Dt : 15/May/2026
XMatching Report: Compatible	Exp. Dt : 26/Jun/2026
X-matched by: PILLEM	Issued By : PILLEM
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital	
D.No. 8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State Lic No. 46/HD/TS/2018/BB G	

సంతకం
పేరు
తేదీ మరియు సమయము


CONSENT FOR BLOOD TRANSFUSION



BAH-00655373 IP5-00173323

Baby Of RUTUJA PATWARI
01-04-2026 0 Y 1 M 26 D (M)

Name: Dr. DINESH KUMAR CHIRLA Age: 58 Day Gender: Male Female

UHID.No:  Date: 27/5/26

- Type of Blood Product:
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others <u>LRBS</u> |

I, Rutuja Patwari 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):	Doctor (Who is talking the consent)
Signature: <u>Rutuja</u>	Signature: <u>Poojitra</u>
Name: <u>Rutuja Patwari</u>	Name: <u>Poojitra</u>
Date & Time: <u>27/5/26 @ 12pm</u>	Date & Time: <u>27/5/26 9am</u>

Witness

Signature: Chandana

Name: Chandana

Date & Time: 27/5/26 @ 12pm



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 7/5/26 Time: 10:30pm

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

Blood Bank Issue No: BAH 205-10085 Date of Collection: 3/5/26 Date of Expiry: 8/5/26

Date & Time of Starting Transfusion: 7/5/26 @ 10:30pm Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 36.5°C HR: 150 RR: 25 BP: 80/40/50 SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>7/5/26</u>	<u>15 Min</u>	<u>146</u>	<u>36.5°C</u>	<u>75/40(60)</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>155</u>	<u>36.5°C</u>	<u>80/40(60)</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>147</u>	<u>36.5°C</u>	<u>79/40(60)</u>	<u>96%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: no reactions during transfusion

Name of the Incharge-Nurse: see name Shushu

Name of the Nurse: Shushu

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 7/5/26 @ 10:30pm

Date & Time: 7/5/26 @ 10:30pm

BAH-00655373 IP5-00173323
 Baby OF RUTUJA PATWARI (M)
 01-04-2026 0 Y 1 M 8 D
 Dr. DINESH KUMAR CHIRLA



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

pentaglobulin

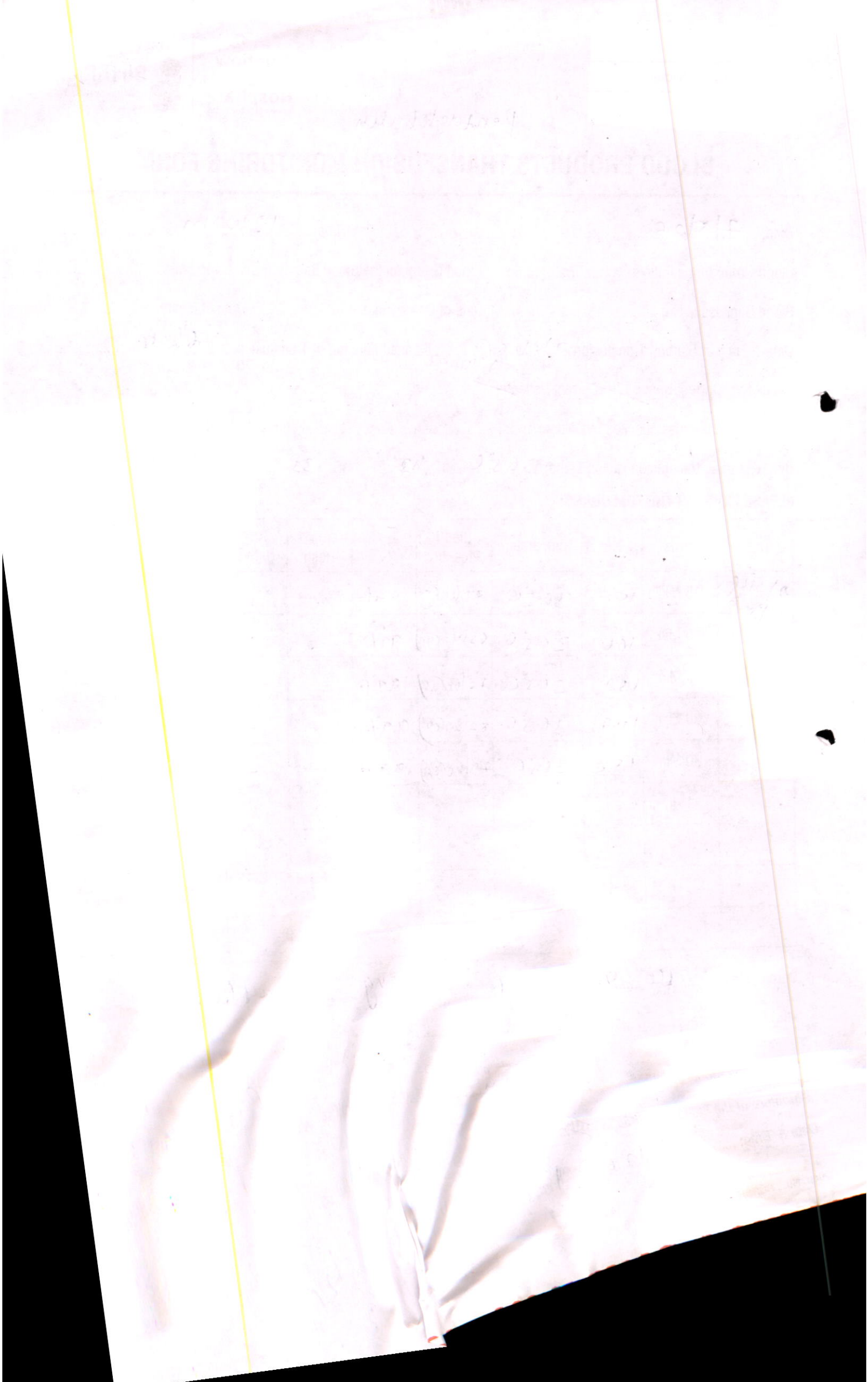
Date: 7/5/26 Time: 1:10 AM
 Blood Group of the Patient: _____ Blood Group on the Blood Bag: _____
 Blood Bank Issue No: _____ Date of Collection: _____ Date of Expiry: _____
 Date & Time of Starting Transfusion: 7/5/26 @ 1:10 AM Planned duration of Transfusion: 6 hrs
 Check for Correct Unit: Correct Patient: Nurse 2: _____
 Blood products cross checked by: Nurse 1: _____ RR: 35 BP: 80/40/60 SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>7/5/26</u>	15 Min	<u>153</u>	<u>36.5°C</u>	<u>80/40/60</u>	<u>99%</u>	—	—	—	—
	15 Min	<u>160</u>	<u>36.5°C</u>	<u>85/42/65</u>	<u>99%</u>	—	—	—	—
	30 Min	<u>152</u>	<u>36.5°C</u>	<u>78/40/60</u>	<u>98%</u>	—	—	—	—
	30 Min	<u>149</u>	<u>36.5°C</u>	<u>82/40/60</u>	<u>99%</u>	—	—	—	—
	30 Min	<u>155</u>	<u>36.5°C</u>	<u>79/40/65</u>	<u>97%</u>	—	—	—	—
	1 Hr								
	1 Hr								

Comments: no reaction during transfusion

Name of the Incharge-Nurse: Srinaxmi Name of the Nurse: Shreya
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 7/5/26 @ 1:10 AM Date & Time: 7/5/26 @ 1:10 AM





Exchanged transfusion

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6.15/26 Time: 8:10 am

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A3+ve

Blood Bank Issue No: BAH/26-01024 Date of Collection: 27/4/26 Date of Expiry: 27/4/27

Date & Time of Starting Transfusion: 6.15/26 @ 8:10 am Planned duration of Transfusion: 1.15 hrs

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 36.6°C HR 164 RR: 46 BP: 55/11/66 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
6.15/26	15 Min	164	36.6°C	55/41 (46)	98%	NO	NO	NO	NO
	15 Min	160	36.5°C	52/27 (37)	100%	NO	NO	NO	NO
	30 Min	154	36.5°C	55/32 (40)	100%	NO	NO	NO	NO
	30 Min	147	36.7°C	57/29 (38)	100%	NO	NO	NO	NO
	30 Min								
	1 Hr								
	1 Hr								

Comments: NO ISSUES during transfusion.

Name of the Incharge-Nurse: Anilamma

Name of the Nurse: Nirupama

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

Signature of the Nurse: *[Signature]*

Date & Time: 6.15/26 @ 4pm

Date & Time: 6.15/26 @ 3:30pm

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

FRONT OZEN Blood collected in 49 ml. of C.P.D./
 Qty. 100 ml. Prepared from human blood
 SAGM Solution.

AB	HIV 1 & 2 / HBsAG/ HCV - Non reactive
	VDRL - Non reactive
	MP - Non reactive
	N. G. (T. & H. BsAG/ HCV) - Non reactive
Unit No.: BAH26-01034	
Blood Group: AB Rh	
Collection Date: 27/Apr/2026	
Expiry Date: 27/Apr/2027	

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Add Any Medication.

Issue Label / Cross Matching Report	
Patient : BABY.OF.RUTUJA PATWARI -	
Patient's Blood Group : A Rh Positive	
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR	
UHID No. : BAH-00655373	Wd-Bed No. :
Product : FFP	
Blood Group : AB Rh Positive	Issue Dt : 06/May/2026
Unit No. : BAH26-01034	Colln. Dt : 27/Apr/2026
XMatching Report: ABO Compatible	Exp. Dt : 27/Apr/2027
X-matched by: Nachiket	Issued By : Nachiket
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital	
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P. Road No.2, Banjara Hills, Hyderabad, Telangana State Lic.No. 46/HD/TS/2018/BB/G	

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 8 D (M)
 Dr. DINESH KUMAR CHIRLA

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Exchanged transfusion

BLUDD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/5/26 Time: 8:10 AM

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

Blood Bank Issue No: BAH-26-01075 Date of Collection: 5/may/26 Date of Expiry: 6/5/26

Date & Time of Starting Transfusion: 6/5/26 8:10 Planned duration of Transfusion: 1:20 mid

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 36.5°C HR 156 RR: 63 (40) BP: 63/33 (44) SpO₂ 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	156	36.5°C	63/24 (38)	94%	NO	NO	NO	NO
	15 Min	162	36.6°C	60/33 (44)	95%	NO	NO	NO	NO
	30 Min	143	36.7°C	64/32 (43)	93%	NO	NO	NO	NO
	30 Min	159	36.5°C	65/26 (41)	93%	NO	NO	NO	NO
	30 Min	159	36.5°C	62/28 (41)	93%	NO	NO	NO	NO
	1 Hr								
	1 Hr								

Comments: no issues during transfusion

Name of the Incharge-Nurse: Snlaxmi

Name of the Nurse: Nirupama

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 7/5/26

Date & Time: 7/5/26

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

LR-LEUCO REDUCED BLOOD-CELLS IP PL
 Qty. 130 ml. Prepared from Wh...
 ...man blood collected in 63 ml. of

25 GY INDICATOR
 Lot 038874CX25

Rad-sure™
 Radiation Indicator



h Positive

FVI & ...
 reisi:
 VDR:
 MP - A
 NAT/HL
 reactive H26-u
 Unit No: O
 Blood Date: 05/05/2026
 Coll Date: 16/05/2026
 Exp:

2027-12-30

IRADIATED

1) Administer Without Warming. 2) Shake Gently Before
 Medication. 4) Check Blood Group on
 Label Name Before Administration. 5) Use
 Carefully. 6) Do Not Dispense Without
 Any Visible Evidence. 8.) Store Report
 at the Hospital Blood Centre.

Issue Label / Crossmatch Report
 Patient : **BABY.OF.RUTUJA PATWARI -**
 Patient's Blood Group : A Rh Positive
 Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
 UHID No. : BAH-00655373 Wd-Bed No. :
 Product : LR-PRBC Pedia-3 Issue Dt : 06/May/2026
 Blood Group : O Rh Positive Colln. Dt : 05/May/2026
 Unit No. : **BAH26-01075** Exp. Dt : 16/Jun/2026
 X-Matching Report : Compatible Issued By : Nachiket
 X-matched by: Nachiket
Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
 No.2, Banjara Hills, Hyderabad, Telangana State
 Lic No. 46/HID/TS/2018/BB/G

Pentaglobin.

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 7/5/26 Time: 2:30 am

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: Not applicable

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

Date & Time of Starting Transfusion: 7/5/26 @ 7:30 am Planned duration of Transfusion: 5 hrs.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirepana Nurse 2: Jounya

Before starting transfusion vitals: Temp: 36.4°C HR: 164 RR: 143 BP: 63/30(41) SpO2: 92.5%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
7/5/26	15 Min	156	36.7°C	63/24 (38)	94%				
	15 Min	162	36.6°C	60/33 (44)	95%				
	30 Min	143	36.7°C	64/32 (43)	93%				
	30 Min	159	36.5°C	65/28 (41)	93%				
	30 Min	159	36.5°C	63/28 (41)	93%				
	1 Hr								
	1 Hr								

Comments: No issues during pentaglobin transfusion

Name of the Incharge-Nurse: Srilaxmi Name of the Nurse: Nirepana

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

Date & Time: 7/5/26 @ 11am Date & Time: 7/5/26 @ 11am



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 7/5/26 Time: 2am

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

Blood Bank Issue No: BAH-26-PO055 Date of Collection: 3/may/26 Date of Expiry: 8/may/26

Date & Time of Starting Transfusion: 7/5/26 @ 2am Planned duration of Transfusion: 30min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirupama Nurse 2: DR. Sneha Mam

Before starting transfusion vitals: Temp: 36.7°C HR: 162 RR: 42 BP: 63/24 (36) SpO₂: 95%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>7/5/26 @ 2am</u>	15 Min	162	36.7°C	63/24 (36)	94%	NO	NO	NO	NO
	15 Min	143	36.6°C	66/33 (44)	95%	NO	NO	NO	NO
	30 Min	164	36.7°C	64/32 (43)	95%	NO	NO	NO	NO
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: NO issues during transfusion.

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: [Signature]

Signature of the Incharge-Nurse: Soilaxmi

Signature of the Nurse: Nirupama

Date & Time: 7/5/26 @ 5am

Date & Time: 7/5/26 @ 5am

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

PLATELETAPHERESIS SDP-I

Qty. 30 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator
 (Qty. 250 ml ± 20 ml.)

A

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

Donor Type: Replacement

Unit No.: BAH26-P00*

Blood Group: A Rh Po

Collection Date: 03/May/2026

Expiry Date: 08/May/2026

DATE: 07/05/26

IRRADIATED

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

Issue Label / Cross Matching Report

Patient : **BABY.OF.RUTUJA PATWARI -**
 Patient's Blood Group : A Rh Positive
 Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
 UHID No. : BAH-00655373 Wd-Bed No. :
 Product : SDP-I
 Blood Group : A Rh Positive Issue Dt : 07/May/2026
 Unit No. : **BAH26-P0085** Colln. Dt : 03/May/2026
 XMatching Report: ABO Compatible Exp. Dt : 08/May/2026
 X-matched by: B.Abhishek Issued By : B.Abhishek

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

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

BIACH&RI
 OF
 BLOOD BANK

25 Gy INDICAT



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/5/26 Time: 3pm

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

Blood Bank Issue No: BAH-26 Date of Collection: 5/5/26 Date of Expiry: 16/6/26

Date & Time of Starting Transfusion: 3pm 6/5/26 Planned duration of Transfusion: 1 hour

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: h. sharma Nurse 2: soniya

Before starting transfusion vitals: Temp: 36.5°C HR: 147 RR: 33 BP: 49/24 SpO₂: 95

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>6/5</u>	<u>15 Min</u>	<u>177</u>	<u>36.5°C</u>	<u>75/45</u>	<u>97</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6/5</u>	<u>15 Min</u>	<u>171</u>	<u>36.5°C</u>	<u>57/28</u>	<u>99</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6/5</u>	<u>30 Min</u>	<u>166</u>	<u>36.5°C</u>	<u>73(54/6)</u>	<u>95</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6/5</u>	<u>30 Min</u>	<u>164</u>	<u>36.5°C</u>	<u>-</u>	<u>92</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6/5</u>	<u>30 Min</u>	<u>158</u>	<u>36.5°C</u>	<u>73(54/6)</u>	<u>99</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6/5</u>	<u>1 Hr</u>	<u>154</u>	<u>36.5°C</u>	<u>49(44/31)</u>	<u>95</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>6/5</u>	<u>1 Hr</u>								

Comments: NO ISSUES DURING TRANSFUSION

Name of the Incharge-Nurse: Sis Shweta

Name of the Nurse: h. sharma

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 6/5/26

Date & Time: 6/5/26

rad-sure™
irradiation indicator OPERATOR: vel DATE: 6/5/26

25 Gy INDICATOR [REDACTED] IRRADIATED

LOT 038874GX25
[Barcode]

2027-12-30

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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 45 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D. SAGM Solution.



Rh Positive

HIV I & II/ HBsAg/ HCV - Non reactive
VDRI - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAg/ HCV)- Non reactive

Unit No.: BAH26-01075
Blood Group: O Rh Positive
Collection Date: 05/May/2026
Expiry Date: 16/Jun/2026

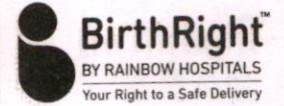
1) Administer Without Warming, 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and With Filter. There is A Appropriate Antibodies

Issue Label / Cross Matching Report

Patient : **BABY.OF.RUTUJA PATWARI -**
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. DINESH KUMAR
UHID No. : BAH-00655373 Wd-Bed No. : 10/11
Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No. : **BAH26-01075**
X Matching Report: Compatible
X-matched by: R.RAMESH
Issue Dt : 06/May/2026
Collm. Dt : 05/May/2026
Exp. Dt : 16/Jun/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/TS/2018/BB/G

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 3/5/26 Time: 6 PM

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

Blood Bank Issue No: 26-00408 Date of Collection: 22/2/26 Date of Expiry: 22/2/27

Date & Time of Starting Transfusion: 3/5/26 Planned duration of Transfusion: 30m'

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sis. Piyanka Nurse 2: Sis. Mansoni

Before starting transfusion vitals: Temp: 36.4°C HR 139b/min RR: 23b/min BP: 56/30(26) SpO₂ 94%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>3/5/26</u>	<u>15 Min</u>	<u>139</u>	<u>36.4°C</u>	<u>52/30(34)</u>	<u>94%</u>	-	-	-	-
	<u>15 Min</u>	<u>130</u>	<u>36.5°C</u>	<u>51/34(24)</u>	<u>95%</u>	-	-	-	-
	<u>30 Min</u>	<u>140</u>	<u>35.2°C</u>	<u>52/33(40)</u>	<u>92%</u>	-	-	-	-
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments:

No issues during transfusion

Name of the Incharge-Nurse: Sourya Name of the Nurse: Piyanka

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

Date & Time: 3/5/26 @ upn Date & Time: 3/5/26 @ upn

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. 30

A	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive Unit No.: BAH26-00408 Blood Group: A Rh Positive Collection Date: 22/Feb/2026 Expiry Date: 22/Feb/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 Set 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 Agitated Water Bath Between 30° C to 37° C.

Issue Label / Cross Match Report

Patient: **BABY.OF.RUTUJA PATWARI -**
 Patient's Blood Group: **A Rh Positive**
 Hospital: **Rainbow Childrens Hospital, DR. DINESH KUMAR**
 UHID No.: **BAH-00655373** Wd-Bed No.:
 Product: **FFP-1**
 Blood Group: **A Rh Positive** Issue Dt: **03/May/2026**
 Unit No.: **BAH26-00408** Colln. Dt: **22/Feb/2026**
 XME: **Matching Report: ABO Compatible** Exp. Dt: **22/Feb/2027**
 X-: **Matched by: Nachiket** Issued By: **Nachiket**
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
 No.2, Banjara Hills, Hyderabad, Telangana State
 Lic No. 46/HD/TS/2018/BB/G

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 2 D (M)
 Dr. DINESH KUMAR CHIRLA



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 3/5/26 Time: @upm

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

Blood Bank Issue No: 26-01049 Date of Collection: 3/4/26 Date of Expiry: 5/5/26

Date & Time of Starting Transfusion: 3/5/26 Planned duration of Transfusion: 30 min

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sis Pooja Nurse 2: Sis Mousmi

Before starting transfusion vitals: Temp: 36.9°C HR 135 RR: 36 BP: 70/40 SpO₂ 93%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>3/5/26</u>	<u>15 Min</u>	<u>144</u>	<u>98.4°F</u>	<u>59/31</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>135</u>	<u>98.5°F</u>	<u>58/31(40)</u>	<u>91%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>140</u>	<u>98.3°F</u>	<u>55/31(30)</u>	<u>90%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments:

No issues during transfusion

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: [Signature]

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 3/5/26 @upm

Date & Time: 3/5/26 @upm

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

PLATELET CONCENTRATE I.P.

Qty. 60 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
 SAGM Solution.

A

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

Unit No.: **BAH26-01049**
 Blood Group: **A Rh Positive**
 Collection Date: **30/Apr/2026**
 Expiry Date: **05/May/2026**

1. Do Not Dispense Without Prescription. 2. Check Blood Group On

Issue Label / Cross Matching Report

Label / Patient : **BABY.OF.RUTUJA PATWARI -** shake
 Gently Patient's Blood Group : **A Rh Positive** iately
 After 1: Hosp/Dr : **Rainbow Childrens Hospital, DR. DINESH KUMAR** sc If
 There 1 UHID No.: **BAH-00655373** Wd-Bed No.: With
 Clottin Product : **RDP**
 Gentle Blood Group : **A Rh Positive** Issue Dt : **03/May/2026**
 9. Adn Unit No.: **BAH26-01049** Colln. Dt : **30/Apr/2026**
 X Matching Report: **Group Specific** Exp. Dt : **05/May/2026**
 X-matched by: **PILLEM** Issued By : **PILLEM**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

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 No.2, Banjara Hills, Hyderabad, Telangana State
 Lic No. 46/HD/TS/2018/BB/G



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 04/05/26 Time: 1 AM

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

Blood Bank Issue No: BH26-P0082 Date of Collection: 2/5/26 Date of Expiry: 7/5/26

Date & Time of Starting Transfusion: 1 AM Planned duration of Transfusion: 30 min
04/05/26

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Digeshwari Nurse 2: Blessy

Before starting transfusion vitals: Temp: 36.5°C HR: 146 RR: 35 BP: 69/46 SpO₂: 96

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>04/05/26</u>	<u>15 Min</u>	<u>129</u>	<u>36.5°C</u>	<u>55/35</u>	<u>96</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>04/05/26</u>	<u>15 Min</u>	<u>133</u>	<u>36.5°C</u>	<u>55/33</u>	<u>94</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>04/05/26</u>	<u>30 Min</u>	<u>135</u>	<u>36.5°C</u>	<u>51/36</u>	<u>95</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No issues during Transfusion

Name of the Incharge-Nurse: Soumya

Name of the Nurse: Digeshwari

Signature of the Incharge-Nurse: Soumya

Signature of the Nurse: Digeshwari

Date & Time: 4/5/26 @ 7 AM

Date & Time: 04/05/26 @ 1 AM

rad-sure™
irradiation indicator

OPERATOR: L DATE: 03/5/24

25 Gy INDICATOR

IRRADIATED

LOT 038874GX25



2027-12-30

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

PLATELETS

Qty. 40 ml. Prepared from Human Whole Blood using Cell Separator
(Qty. 250 ml ± 20 ml.)

A

HIV 1 & 2 - Non reactive
VDRL - Non reactive
MP - Negative

G/HCV - Non reactive

Donor Type: Replacement

Unit No.: **BAH26-P0082**
Blood Group: **A Rh Positive**
Collection Date: **02/May/2024**
Expiry Date: **07/May/2026**

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

Issue Label / Cross Matching Report

Patient: **BABY.OF.RUTUJA PATWARI -**
Patient's Blood Group: **A Rh Positive**

Hosp/Dr: **Rainbow Childrens Hospital, DR. DINESH KUMAR**
UHID No.: **BAH-00655373** Wd-Bed No.:

Product: **SDP-III** Issue Dt: **03/May/2026**

Blood Group: **A Rh Positive** Colln. Dt: **02/May/2026**

Unit No.: **BAH26-P0082** Exp. Dt: **07/May/2026**

X-Matching Report: **ABO Compatible** Issued By: **Nachiket**

X-matched by: **R.RAMESH**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/1D/TS/2018/BB/G

BAH-00655373
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 3 D (M)
 Dr. DINESH KUMAR CHIRLA

IP5-00173323



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 03/05/26 Time: 8pm
 Blood Group of the Patient: A+ve Blood Group on the Blood Bag: O+ve
 Blood Bank Issue No: BAH-26-01050 Date of Collection: 30/04/26 Date of Expiry: 11/06/26
 Date & Time of Starting Transfusion: 7pm (03/05) Planned duration of Transfusion: 4 hours
 Check for Correct Unit: Correct Patient:
 Blood products cross checked by: Nurse 1: Digeshwar Nurse 2: Priyanka
 Before starting transfusion vitals: Temp: 36.5°C HR 146 RR: 44 BP: 65/43 SpO₂ 96

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
03/05	15 Min	136	36.5°C	55/31	93	-	-	-	-
03/05	15 Min	137	36.5°C	58/35	92	-	-	-	-
03/05	30 Min	132	36.5°C	55/29	95	-	-	-	-
03/05	30 Min	128	36.5°C	57/34	93	-	-	-	-
03/05	30 Min	133	36.5°C	55/33	92	-	-	-	-
03/05	1 Hr	126	36.5°C	61/36	91	-	-	-	-
03/05	1 Hr	130	36.5°C	62/29	93	-	-	-	-

Comments: no issues during transfusion

Name of the Incharge-Nurse: Sourabh
 Signature of the Incharge-Nurse: [Signature]
 Date & Time: 3/5/26 @ 9pm

Name of the Nurse: Digeshwar
 Signature of the Nurse: [Signature]
 Date & Time: 03/05/26

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

LR-LEUCO REDUCED BLOOD CELLS IR PEDIA-2

Qty. 45 ml. Prepared from Whole human blood collected in 63 ml of C
SAGM Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - N
reactive
VDRI. - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)
reactive

Unit No.: BAH26-010
Blood Group: O Rh Pos.
Collection Date: 30/Apr/2026
Expiry Date: 11/Jun/2026

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

Issue Label / Cross Matching Report

Patient : **BABY.OF.RUTUJA PATWARI**
Patient's Blood Group : A Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. RAMESH
UHID No.: BAH-00655373 Wd-Bed
Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No.: **BAH26-01050**
X Matching Report: Compatible
X-matched by: R.RAMESH

Rainbow Hospital Blood Centre,
Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor
No.2, Banjara Hills, Hyderabad
Lic No. 46/HD/TS/

rad-sure™
Irradiation Indicator
25 Gy INDICATOR
LOT: 038874GX25
OPERATOR: [Redacted]
DATE: 09/5/26
IRRADIATED
2027-12-30

BAH-00855373 IP5-00173323
 Baby Of RUTUJA PATWARI
 11-04-2026 0 Y 1 M 16 D (M)
 Dr. DINESH KUMAR CHIRLA



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 17/5/26 Time: 2pm
 Blood Group of the Patient: A+ve Blood Group on the Blood Bag: O+ve
 Blood Bank Issue No: BAH26-01175 Date of Collection: 15/May/2026 Date of Expiry: 26/June/2026
 Date & Time of Starting Transfusion: 17/5/26 @ 2:20pm Planned duration of Transfusion: 4 Hours
 Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sis. Blessy Nurse 2: Sis. Navaneetha
 Before starting transfusion vitals: Temp: 36.3°C HR: 117 RR: 38 BP: 65/48/12 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
17/5/26	15 Min	113 b/min	36.4°C	-	100%	-	-	-	-
17/5/26	15 Min	117 b/min	36.3°C	-	100%	-	-	-	-
17/5/26	30 Min	112 b/min	36.5°C	-	100%	-	-	-	-
17/5/26	30 Min	118 b/min	36.3°C	-	100%	-	-	-	-
17/5/26	30 Min	110 b/min	36.4°C	-	99%	-	-	-	-
17/5/26	1 Hr	107 b/min	36.3°C	-	99%	-	-	-	-
17/5/26	1 Hr	126 b/min	36.5°C	-	98%	-	-	-	-

Comments: No reaction during transfusion

Name of the Incharge-Nurse: Athira Name of the Nurse: S. Navaneetha
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 17/5/26 7pm Date & Time: 17/05/26 @ 7pm



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 27/5/26 Time: 2:30pm

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

Blood Bank Issue No: BAH 26-01259 Date of Collection: 25/5/26 Date of Expiry: 6/7/26

Date & Time of Starting Transfusion: 27/5/26 @ 2:45pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: chandana Nurse 2: B. Soemya

Before starting transfusion vitals: Temp: 36.4°C HR: 118 bpm RR: 32 bpm BP: 95/69 (54) SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
27/5/26	15 Min	113	36.4°C	93/62(44)	97%	-	-	-	-
27/5/26	15 Min	118	36.5°C	93/47(61)	99%	-	-	-	-
27/5/26	30 Min	120	36.5°C	91/61(62)	99%	-	-	-	-
27/5/26	30 Min	136	36.4°C	80/59(63)	100%	-	-	-	-
27/5/26	30 Min	132	36.4°C	94/75(81)	99%	-	-	-	-
27/5/26	1 Hr	112	36.5°C	97/68(73)	100%	-	-	-	-
27/5/26	1 Hr	124	36.5°C	74/36(49)	99%	-	-	-	-

Comments: no reaction during transfusion & after transfusion

Name of the Incharge-Nurse: Silpa M.C

Name of the Nurse: chandana

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 27/5/26 @ 7:30pm

Date & Time: 27/5/26 @ 7:30pm

Rainbow Hospital Blood Centre, Rainbow Childrens Ho
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, S.No.129/11, 403/P, Room
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HID/TS/2018/BB/G
LR-LEUCO REDUCED BLOOD CELLS IP PEDIA
Qty: 50 ml. Prepared from whole human blood collected in 63 ml. of C
SAGM Solution.

Rh Positive

HIV I & II / HBsAG/HCV - No
reactive
VDRL - Non reactive
MP - Negative
NAT/HIV I & II / HBsAG/HCV
reactive

Unit No.: BAH26-01259
Blood Group: O Rh Positive
Collection Date: 25/May/2026
Expiry Date: 06/Jul/2026

Do not administer without warming. 2) Shake Gently Before Use. 3
Add Any Medication. 4) Check Blood Group on Label & Receipt
Group and Name before Administration. 5) Use Sterile Transfusion Set
With Antibi
There
Appre
There

Issue Label / Cross-Matching Report
Patient: **IBABY OF RUTUJA PATWARI** Use 3
Patient's Blood Group: **A Rh Positive**
Hosp/Dr: **Rainbow Childrens Hospital, DR. DINESH KUMAR** Use if
UHID No.: **BAH-00655373**
Product: **LR-PRBC Pediat-1**
Blood Group: **O Rh Positive**
Unit No.: **BAH26-01259**
Cross-Matching Report/Compatible
Matched by: **B. Abhishek**

Issue Dt: 27/May/2026
Colln. Dt: 25/May/2026
Exp. Dt: 06/Jul/2026
Issued By: **B. Abhishek**
Hospital: **Rainbow Childrens**
Rainbow Hospital Blood Centre, Rainbow Childrens
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, S.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No.46/HID/TS/2018/BB/G

BIACH&RI
BLOOD BANK OPERATOR: **ksir** DATE: **27/5/26**
25 Gy INDICATOR  IRRADIATED

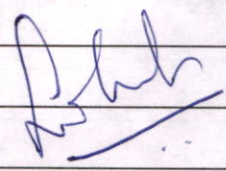
1:35pm ~ 2:16pm

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 23 D (M)
 Dr. DINESH KUMAR CHIRLA



Ⓟ

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/15	<u>B10 Rutuja</u>	
	→ baby is stable	
	→ yesterday baby had small vomiting	Ⓟ times
	→ taking feeds	
	→ Ⓟ spoon feed today	
	yesterday taken Ⓟ spoon feeds	
	→ today - occupational therapist will see the baby	
	→ tomorrow will do CRP	
	→	
		

PROGRESS NOTES AND DOCTOR'S ORDER

& Time	Progress Notes	Doctor's Order
22/5/16	Ho Rubija	
	2 eps vomiting yesterday but tolerated rest of the feeds.	
	Heart rate stabilised, ranging from 90 - 130/min, sinus rhythm.	
	K ⁺ low again, (1.7 - 1.2) given correction IV & added oral as well	
	Antibiotics changed from Upasomal AmproB to Micafungin	
	CRP-5 & PL 2.65, holding & can restart KMC.	
	to continue dexamethasone	
	to check UFT's on Monday to monitor trend.	
	<u>P. Rubin</u>	

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	15/5/24	B/O - Rautya
	- trying uppladaai feeds today;	
	- weight gain present.	
	- platelets improved;	Aced

TOTAL PARENTERAL NUTRITION (TPN) CHART



Patient Name : B/o Rutuja Patwari

Date : 6/5/28

UHID. NO: 655393

Current (Maximum) Weight : 1.6 kg

Fluid : 1.50 ul ml / kg / day

TU -> 240

Feed : NPO ml / kg / day

225

Others : 15 ml / kg / day

TPN Fluid : 12.570 TPN

PO - 166.114

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
			<u>24 hours</u>	<u>4860</u>
Intra Lipid (20%) 1g = 5ml	<u>1 g/kg</u>	<u>1.6 kg</u>	<u>8 ml</u>	<u>16 ml</u>
Protein / Aminoveni 10, 1g=10ml	<u>3 g/kg</u>	<u>4.8 kg</u>	<u>48 ml</u>	<u>96 ml</u>
3% NaCl (1ml = 0.5 mEq)	mEq/kg			
KCL	<u>2 mEq/kg</u>	<u>3.2 mEq</u>	<u>1.6 ml</u>	<u>3.2 ml</u>
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	<u>0 ml/kg</u>			
MVI	<u>0.5 1 ml/kg</u>	<u>0.8</u>	<u>0.8 ml</u>	<u>1.6 ml</u>
CELECEL (Trace Elements)	<u>0.3 1 ml/kg</u>	<u>0.5 ml</u>	<u>0.5 ml</u>	<u>1 ml</u>
MgSo4	ml/kg		<u>52.9</u>	<u>117.8</u>
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			<u>67.1 ml</u>	<u>134.2</u>
25% Dextrose			<u>99 ml</u>	<u>198 ml</u>
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

12.5 x 225 - 5 x 166.1

Name : Dr. Maulik

Signature : [Signature]

Date & Time : 6/5/28 @ 6pm

2812 - 830

TOTAL PARENTERAL NUTRITION (TPN) CHART

Date : 4/5/26 @ 4pm

Patient Name : Blo Rutuja

UHID. NO: 655373

Current (Maximum) Weight : 22.4

Fluid : 160 ml / kg / day

Feed : 6ml end hourly ml / kg / day

Others : ml / kg / day

TPN Fluid : 10% TPN

22.4
- 72ml (feed)
- 15ml (medica)
TPN = 137ml
- 62.7
74.3ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	2 g/kg	2.8	14ml	28ml
Protein / Aminoveni 10, 1g=10ml	3 g/kg	4.2	42ml	84ml
3% NaCl (1ml = 0.5 mEq)	- mEq/kg	-	-	-
KCL	2 mEq/kg	2.8	1.4ml	2.8ml
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	3 ml/kg	4.2ml	4.2ml	8.4ml
MVI	0.5 1 ml/kg	0.7	0.7ml	1.4ml
CELECEL (Trace Elements)	0.3 1 ml/kg	0.4	0.4	0.8ml
MgSo4	ml/kg		62.7	125.4
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			24.4ml	48.8ml
25% Dextrose			49.9ml	99.8
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Name : Y-Sneha

Proteins

Signature : Sneha

Fats

Date & Time : 4/5/26 @ 4pm

$$10 \times 137 - 5 \times 74.3$$

$$= 998.5 - 371.5$$

$$= 627$$

$$\frac{627}{20} = 31.35$$

Hep n/3 - 3

BAH-00655373 IP5-00173323
 Baby Of RUTUJA PATWARI
 01-04-2026 0 Y 1 M 7 D (M)
 Dr. DINESH KUMAR CHIRLA



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TOTAL PARENTERAL NUTRITION (TPN) CHART

Date :

Patient Name : B/O Rutuja Patwari

UHID. NO:

Current (Maximum) Weight : 1.6 kg

Fluid : 130ml ml / kg / day

TO - 208ml

Feed : medm - 30 ml / kg / day

TPN - 106ml

Others : 72ml ml / kg / day

TPN Fluid : 15.7 TPN

PO - 35ml

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
			<u>24hr</u>	<u>48 hrs</u>
Intra Lipid (20%) 1g = 5ml	<u>1</u> g/kg	<u>1.6gm</u>	<u>8ml</u>	<u>16ml</u>
Protein / Aminoveni 10, 1g=10ml	<u>3</u> g/kg	<u>4.8gm</u>	<u>48ml</u>	<u>96ml</u>
3% NaCl (1ml = 0.5 mEq)	<u>2</u> mEq/kg	<u>3.2 mEq</u>	<u>6.4ml</u>	<u>12.8ml</u>
KCL	<u>3</u> mEq/kg	<u>4.8 mEq</u>	<u>2.4ml</u>	<u>4.8ml</u>
POTPHOS (0.3 ml = 1.2 mEq K)	<u>0.3</u> ml/kg			
Calcium Gluconate	<u>3</u> ml/kg	<u>4.8ml</u>	<u>4.8ml</u>	<u>9.6ml</u>
MVI	<u>0.5</u> 1 ml/kg	<u>0.8ml</u>	<u>0.8ml</u>	<u>1.6ml</u>
CELECEL (Trace Elements)	<u>0.3</u> 1 ml/kg	<u>0.5ml</u>	<u>0.5ml</u>	<u>1ml</u>
MgSo4	ml/kg		<u>70.9</u>	<u>141.8</u>
Heplock (0.1 ml = 1 unit)	<u>0.5</u> unit/ml of lipid			
5% Dextrose			<u>4ml</u>	<u>8ml</u>
25% ^{50%} Dextrose			<u>31ml</u>	<u>62ml</u>
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

15 x 106 - 5 x 35

Name : BM

Signature : Mr. Manjhar

Date & Time : 9/5/20

1590 - 175