


① 5/06/26

ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP No : ----- Dept : -----
 Date of Admission : ----- 1
 Room / Bed No : ----- Ward : ----- Billable bed type : -----

KOH-00308763 IP2-00056475
 Baby Of NAGAVALLI
 05-06-2026 0 Y 0 M 0 D 0 H (M)
 Dr. KADIRI BHANU VARUN KUMAR



Charge : ----- Time: -----


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/06/26	6 ⁴⁰ pm	4W	201	<i>Abhi Choud</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/90	Hep-B	only gives		
	OPV	} Not gives (Dm)		
	BGG			
07/06/26	O:A.E	(1)	943890	Sumit

cross checked by sumit				

ANY OTHER INFORMATION

Baby kit Given.

Date :


5/6/26

Time :

6:40 pm

Prepared By :



<p>Staff Nurse</p> <p></p>	<p>Shift / Ward</p> <p>Hw to 6pm Chand</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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HIV ⊕ mother

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

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

BIRTH INFORMATION

Name : Go Nagarvali Mother's Blood Group : B ⊕
 Gender : M F Blood Group :
 Date of Birth : 5/6/22 Time of Birth : 1:58 pm Birth Weight (gms) : 3,310 Length (cms) :
 Place of Birth : Ren Kondapur OFC (cms) :
 Estimated Gesth Age : 38 wks

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 35y Ht : Wt : BMI : Married Life : LMP : 7/9/21 EDD : 19/6/22
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : USG at 36th - cephalic; 2.7kg; APD: 12cm;
Placenta: post high; Doppler ⊕ 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 :
 Scans : LGA, TIFFA , Fetal Echo :
 H/o Hypothyroidism : when diagnosed ? Medication?
 Any other Chronic Medical Problems, when detected drugs ? HIV positive
 (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 :

Patient Sticker

PAST OBSTETRIC HISTORY

G : P : A : L :

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
	<i>Purni</i>					

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 checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</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
	<i>1</i>	<i>1</i>	
	<i>2</i>	<i>2</i>	
	<i>2</i>	<i>2</i>	
	<i>2</i>	<i>2</i>	
	<i>2</i>	<i>2</i>	
TOTAL	<i>9</i>	<i>9</i>	

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

Snapee II Score

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Baby delivered by E.C. 4.4

↓

C/S

↓

did, suction cleared.

↓

cord clamped & cut

↓

1st & 2nd given.

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : HR : RR : NIBP : CFT :

Color of the extremities :

Jaundice : Pallor : SpO2 :

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

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures :
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
} -

Facies :
(Any Facial
Dysmorphism)
} none

NECK and
CLAVICLES :
Range of Motion :
Asymmetry :
Masses :
} -

EYES :
Symmetry :
Red Reflex :
Discharge :
} To be examined

EARS, NOSE
MOUTH and
THROAT :
Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :
} -

THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	} -
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ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	} 2A+1V
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GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	} Male
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HERNIAL ORIFICES		free
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TRUNK and SPINE :		-
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SKIN LESIONS :		-
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EXTREMETIES :	Fingers / Toes : Deformities : Hip Joint Examination :	Arms / Legs : Mobility :
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

SpO₂ : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : BP : Precordial Activity :
Femoral Pulses : ⊕ ⊕ - Murmurs :
Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :	Hernia orifice : free
Shape :	Anal Patency : ⊕ -
Palpation :	Umbilical Cord :
Palpable masses :	First urine passed :
Abdominal girth :	Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

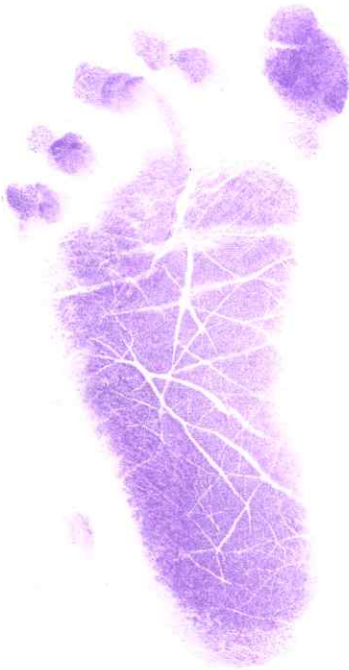
ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis :

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

Consultant :

Signature :

Name :

Date & Time :

DISCHARGE PLAN

Information given by: Family Friend

Will patient require transportation arrangements to go home: Yes No NA

Will Physiotherapy require at home: Yes No NA

Is home medical equipment anticipated: Yes No NA

Is home oxygen therapy anticipated: Yes No NA

Breastfeeding Yes No NA

Formula Feed Yes No NA

Are dressing needs at home anticipated: Yes No NA

Any other needs anticipated: Yes No If Yes Specify

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

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

.....
.....
.....
.....
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Feeding: Breastfeeding Exclusively Breastfeeding and Formula Feeding Formula Feeding

Vitamin K given: Yes No

Vaccinations given BCG Hepatitis B Others:

Neonatal Screen Taken: Yes No, parents advised to have Neonatal Screen at National screening program center on:/...../.....

Hearing Test: Yes No

Jaundice: NIL Slight Moderate

Passed Urine: Yes No

Passed Meconium: Yes No

Weight at discharge:

Appointment was given for follow-up at OPD: Yes No

Date of Discharge:/...../.....

Discharge to Home Other:

Against Medical Advice: Yes No

Referred to another hospital: Yes No

Discharge Medications: Yes No

Details:

Final Diagnosis:

*Imm (3875) | 21.12.15 | Retroviral positive |
e10R3 |*

- warm care

- FF (30-35ml) 2nd hly f15hly

- NEVIRAPINE SYRUP

1.5 ml BD

Doctor Signature: *[Signature]*

- NO BCG vaccine

Doctor Name: *[Name]*

- NO DRF

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6 11 AM	e/R Dr. Varun	
	T 3E + 5M hrs	Moro - Retrieved pre
	Baby well Accepting feeds.	
D 7 AM	cy tone good activity	Plan
	Moro's - complete.	- Warm cau
	ers: S, S ₂ , R	- FF (30-35+) 2 nd day
	M & BAF R	- cont Neuvapin
	pla & soft	- No BCG vaccine
	Noted by program 6/6/26	Only hepatitis-B vaccine
	passed urine & stool well	- Tic Neuvapin 1.5ml OP x 6 weeks
	euthermic warm	Plan
6/6 3:30 pm	UTIA - good mean - same	1) ct. same. 2) Hep B vaccine - now. 3) Monitor vitals.

Noted by program 6/6/26 3:30 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6 11am	el's by	
	42 HOL Temp (38.5) el. Ls Cs (normal) Retrospective	
		⊕
	d/c	d
		warm care
	el r/a: good	pf
	periph: warm	add add hly Hb/hpf
		SRR, WRS after meals
	↑ 5 grams	
	weight	cont. Amoxicillin
	passed urine &	
	stools	
		D/c today
		metronidazole
		if
	Noted by <i>[signature]</i>	

KOH-00308763 IP2-00056475
Baby Of NAGAVALLU
05-06-2026 0 Y 0 M 1 D (M)
Dr. KADIRI BHANU VARUN KUMAR



RESULT SHEET


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


BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	07/06/26				
Time	@ 1:53pm				
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	8 < ^{0.1} 7.9				
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					

① 5/6/26

DRUG CHART

Date of Admission: 5/6/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 9.2/9kg Ward. 1/W

DRUG : Symp. NEVIRAPINE				Date Time	5/6	6/6															
Dose	Route	Frequency	Start Date																		
1.5ml	PO	OD	5/6																		
Name & Signature of the Doctor Starting the Drugs: Haw				B. Srinivas Reddy																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				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 :				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 :				Date Time																	
Dose	Route	Frequency	Start Date																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Morning Shift

Clinical Diagnosis.....
Nursing Diagnosis.....
Plan of Care.....
Planned Investigations Procedures.....
Implementation.....

N/A

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis..... *New Born Baby.*
Nursing Diagnosis..... *New Born Care.*
Plan of Care > *Assess the baby condition.*
> provide formula feeding every 3rd hourly & do Burping.
> provide warm care, Cord care & Eye care.
Planned Investigations Procedures *Group Neoviprone given @ 3:30 pm*
Implementation > *Assessed the baby condition.*
> provided formula feeding every 3rd hourly & done Burping
> provided warm care, Cord care & Eye care.
> Monitored Vital Signs.

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... *N.B*
Nursing Diagnosis..... *Infection related to the baby diseases condition.*
Plan of Care => *Assess the baby condition.*
=> maintain I/O chart and 2nd hourly feeding
formula 30 ml.
Planned Investigations Procedures..... *Vaccine tomorrow*
Implementation => *Assessed the baby condition.*
=> maintained I/O chart.
=> Provided 2nd hourly feeding
Formula 30 ml.

Handed Over by : Name & Signature

Received by : Name & Signature

②

6/6/26

VITALS CHART

6/5/26

Date →	Temp	HP	RR	SPO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am										
9.00 am	98.5	140	38	98%		Formula	30ml	✓	✓	
10.00 am						(P.M)				
11.00 am							30ml			
12.00 pm										
1.00 pm	98.3	140	40	97%		AN-P	30ml	✓	✓	
								u-2	m-2	
2.00 pm										
3.00 pm	97.8	138	38	98%		P.M-P	30ml	✓		
4.00 pm										
5.00 pm										
6.00 pm										
7.00 pm	98.5	144	40	97%		M.P.	30ml	✓		
								u-2	m-0	
8.00 pm										
9.00 pm						Formula feed	30ml	✓	✓	
10.00 pm	97.8	130	45	98%						
11.00 pm						Formula feed	30ml	✓	✓	
12.00 am										
1.00 am						Formula feed	30ml	✓		
2.00 am	98.4	142	53	98%						
3.00 am						Formula feed	30ml	✓		
4.00 am										
5.00 am						Formula feed	30ml	✓	✓	
6.00 am	97.9	130	47	97%						
						TOTAL	300ml	u-9	m-5	

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan..... Formula feed

6/6/26

Day



Morning Shift

Clinical Diagnosis..... NB

Nursing Diagnosis..... Risk for infection related to the baby diseases condition

Plan of Care => Assess the baby condition
=> Monitor vitals
=> Maintain I/O chart

Planned Investigations Procedures..... Assess the baby condition

Implementation => Monitor vitals & I/O
=> Maintain I/O chart
=> 2nd hourly feeds 30-35 ml 2/1/24

Not ABC is vaccinated - Hep-B vaccine not given

Handed Over by : Name & Signature
Poojaram 6/6/26 @ 8pm

Received by : Name & Signature
6/6/26
Soni @ 8pm

Evening Shift

Clinical Diagnosis.....

Nursing Diagnosis.....

Plan of Care

Planned Investigations Procedures

Implementation

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... New born

Nursing Diagnosis..... Risk for infection related to the baby diseases condition

Plan of Care => Assess the baby condition
=> Monitor the baby vitals and record
=> Maintain I/O chart, => 2nd hourly feed 30 ml Formula

Planned Investigations Procedures

Implementation => Assessed the baby condition
=> Maintained I/O chart
=> Monitored the baby vitals & recorded
=> Provided 2nd hourly feeding 30 ml (Formula feed)

Handed Over by : Name & Signature
Soni 7/6/26 @ 8AM

Received by : Name & Signature
Poojaram 7/7/26

KOH-00308763 IP2-00056475
Baby Of NAGAVALLI
05-06-2026 0 Y 0 M 1 D (M)
Dr. KADIRI BHANU VARUN KUMAR



7/6/26

Morning Shift

Clinical Diagnosis..... NB
Nursing Diagnosis..... Risk for infection related to the baby being born in a hospital.
Plan of Care..... monitor vitals & NBS SBR of neonatal condition for 24 hours and hourly feeds 30-35 ml gives
Planned Investigations Procedures..... Assess for baby condition
Implementation..... monitor vitals
HCP & vaccination gives
APV given that gives & vitamin supplements
supplements - a continued course
Handed Over by : Name & Signature *[Signature]* 7/6/26 @ 2pm

Received by : Name & Signature *[Signature]* @ 2pm 07/06/26

Evening Shift

Clinical Diagnosis..... New born
Nursing Diagnosis..... Risk for hypothermia related to new born or immature body function as evidence by vitals
Plan of Care..... Assess the baby's condition. Monitor vitals & record. Maintain ILO chart. Provide health education regarding feeding position.
Planned Investigations Procedures..... SBR & NBS done
Implementation..... Assessed the baby's condition. Monitored vitals & recorded. Maintained ILO chart. Provided health education regarding feeding position.

Handed Over by : Name & Signature *[Signature]* @ 8pm 07/06/26

Received by : Name & Signature

Night Shift

Clinical Diagnosis.....
Nursing Diagnosis.....
Plan of Care.....
Planned Investigations Procedures.....
Implementation.....

Handed Over by : Name & Signature

Received by : Name & Signature

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 Dr. KADIRI BHANU VARUN KUMAR



5/06/26
 (1)

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

HUMPTY DUMPTY SCALE

5/6/26 5/6/26

6/6/26

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			(E)	(N)	M	F	N
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3					
	7 to less than 13 years old	2					
	13 years old and above	1					
Gender	Male	2	2	2	2	2	2
	Female	1					
Diagnosis	Neurological Diagnosis	4					
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope / Dizziness, etc.)	3					
	Psych / Behavioral Disorders	2					
	Other Diagnosis	1	1	1	1	1	1
Cognitive Impairments	Not aware of Limitations	3	3	3	3	3	3
	Forget Limitations	2	2	2	2	2	2
	Oriented to own ability	1					
	History of Falls or Infant-Toddler Placed in Bed	4					
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3	3	3
	Patient Placed in Bed	2					
	Outpatient Area	1					
Response to Surgery / Sedation Anesthesia	Within 24 hours	3					
	Within 48 hours	2					
	More than 48 hours / None	1	1	1	1	1	1
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3					
	Hypnotics	3					
	Barbiturates	3					
	Phenothiazines	3					
	Antidepressants	3					
	Laxatives / Diuretics	3					
	Narcotics	3					
	One of the Meds listed above	2					
	Other Medications / None	1	1	1	1	1	1
Total			15	15	17	15	15

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

Intervention:

Bed in low position					
Call device within reach					
Wheels Locked					
Room free of clutter					
Adequate lighting					
Wheel chair support					
Other Intervention(s) Specify					
Nurse's Name:	Abhi	Joni	Pam	Joni	Joni
Signature:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	5/6/26	5/6/26	6/6/26	6/6/26	6/6/26
Time:	5pm	10pm	8 AM	8 PM	8 PM

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