

ACTIVITY RECORD FOR BILLING

Name:.....
 UHID No:.....IP NDept:.....
 Date of Admission:.....Time:..... Discharge:.....Time:.....
 Room / Bed No:.....Ward:.....Suggested Billable bed type :.....

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 1 D (M)
 Dr. V VAMSI KRISHNA



WARD TRANSFERS

Date	Time	From	To	Signature fo Nurse
3/6/26	7h	OT	NICU	[Signature]

CROSS CONSULTATION VISIT

S.No	Doctor Name	Date	Order No	Signature
1	DR. Alwani Manisha	08/06/26	944019	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6/26	Invasive Monitor	8:26 pm	10/6/26 12h	942850	Guravadi
"	Ventilator	8:26 pm	04/6/26 @ 6pm	"	"
"	Syringe Pump	10 pm	8/6/26 2:20 AM	942850	"
"	Syringe Pump - (2)	"	10/6/26 12h	"	"
"	Syringe Pump - (3)	"	10/6/26 12h	942850	"
4/6/26	Syringe Pump - (4)	10 pm	5/6/26 2 AM	942850	Guravadi
	Gigamon incubator	5:26 pm	10/6/26 12h	942849	"
4/6/26	C-PAP	} - 6pm	8/6/26 2 AM	942991	N. Nayga
4/6/26	Oxygen		"	942991	"
4/6/26	ESPE	@ 8pm	05/06/26 @ 6pm	942997	Deep
8/6/26	Ventilator	2 AM	8/6/26 10:30 AM	944189	Sravani
8/6/26	C-PAP	} 10:30 AM	10/6/26 4:12h	944191	Saravani
"	Oxygen		"		
cross checked by N. Nayga 10/6/26 @ 1:40 AM					

INVIESTIGATIONS

Date	Inviestigation	Order No.	Signature
3/6/26	CBP. CBP. 8000 cM, DT, APT	26007693/94	GustVat
"	ABG	26007692	
"	GRMS @ 2PM 113 mg/L	26007694	GustVat
"	GOOD Grouping	26007696	
4/6/26	GRBS @ 2AM 113 mg/L	260076	
"	ABG GRMS @ 8AM 102 mg/L	26007410	GustVat
4/6/26	GRBS @ 2PM 88 mg/dl	26007720	Sarim
04/6/26	NP1	26007727	N. Nayga
04/6/26	GRBS @ 8PM (122 mg/dl)	26007729	N. Nayga
"	ABG	26007732	GustVat
"	GRBS @ 2AM 138 mg/L	26007744	GustVat
5/6/26	GRBS @ 8AM 168 mg/L	26007745	GustVat
5/6/26	GRBS @ 2PM 158 mg/dl	26007771	Ripali
05/06/26	GRBS @ 8PM 178 mg/dl	26007784	th
5/6/26 9PM	NP1	26007785	Sarvani
5/6/26	ABG	26007786	Sarvani
6/5/26	GRBS @ 6AM - 161 mg/dl	26007801	Sarvani
6/6/26	GRBS @ 2PM - 188 mg/dl	26007815	Ripali
6/6/26	ABG @ 2PM	26007826	Ripali
6/6/26	GRBS @ 10PM - 124 mg/dl	26007838	Sarvani
6/6/26	GRBS @ 6AM - (29 mg/d)	26007844	Sarvani
7/6/26	GRBS @ 2PM - 107 mg/dl	26007874	Ripali
7/6/26	GRBS @ 10PM - 108 mg/dl	26007885	Sarvani

cross checked done by. N. Nayga 10/6/26 @ 1:20PM

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/6/26	IV placement	①	942846	Guarneri
"	ET intubation	①	"	"
3/6/26	UAC, UVC	①	942846	Guarneri
4/6/26	TPN	①	942917	①
5/6/26	TPN	①	943264	Sing
6/6/26	TPN	①	943516	Ruf
7/6/26	TPN	①	943887	Ripale
8/6/26	Blood transfusion	①	944001	Sawyer
8/6/26	ET Intubation	①	944006	Sawyer
8/6/26	TPN	①	944123	Sumita




ANY OTHER INFORMATION

cross checked done by N. Nayyar
10/6/26
@ 1:30 AM

Date: 10/6/26

Time: 4 PM

Prepared By: Guarneri

Staff Nurse 	Shift / Ward ICU	Billing Assistant 	Billing Supervisor 
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It takes a lot to treat the little.



DA INVESTIGATION SHEET

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 1 D (M)
 Dr. V VAMSI KRISHNA

Patient Name



Age :

DO. :

Date	Investigation	Ward	Nurse Signature	Bill No.	Received Date & Signature
8/6/26	GRBS @ 1:30 AM - 109	NICU	Sravani	7886	
8/6/26	GRBS @ 9 AM - 130 mg/dl	NICU	Sh.	7906	
7/1	CBP, CRP, S/E, Calcium	NICU	Pitli	7910	
"	Calcium	NICU	Pitli	7911	
"	GRBS @ 7 pm - 120 mg/dl	NICU	Smita	7921	
8/6/26	GRBS @ 10 pm - 109 mg/dl	NICU	Nafa	7924	
9/6/26	VBG	NICU	Nanya	7928	
9/6/26	GRBS @ 6 AM - 119 mg/dl	NICU		7928	
8/6/26	CBP, S/E, CRP	NICU	Nanya	7926	
09/06/26	GRBS @ 6 PM 98 mg/dl	NICU	Sh.	7944	
Cross checked done by N. Nanya 10/6/26 @ 1 AM					
10/6/26	GRBS @ 6 AM - 107 mg/dl	NICU	Nafa	7962	
10/6/26	GRBS @ 12:30 PM - 124	NICU	Sravani	7981	
	ABG				
cc by hmi 10/6/26 46					

1945
WOL
1st

1946
1st

1947
1st

1948
1st

1949
1st

1950
1st

1951
1st

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Main body of handwritten text on lined paper, organized into several columns and rows. The text is mostly illegible due to fading and bleed-through.

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. V VAMSI KRISHNA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : J. Haeu Priya Age 33yrs Father's Name : Age :
 Date of Birth : 11/5/1993 Date of Admission : UHID No.:
 NICU Consultant : Dr. Haeetha Referring Consultant :
 Transferring Unit OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : Blo Haeu Priya Mother's Blood Group : O+ve
 Gender M F Blood Group : Birth Weight (gms) : 896gm Length (cms) :
 Date of Birth : 3/6/26 Time of Birth : 6:39pm OFC (cms) :
 Place of Birth : Rem Estimated Gesth Age : 27+1 w/c

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 33yrs Ht : Wt : BMI : Married Life : LMP : 25/1/26 EDD : 1/9/26

Conception : Spontaneous or with Rx :

Booked at what GA : 27w AN Steroids Drugs / Doses : Yes but dose 2/6/26 @ 1am

Last Scans Details : 2/6/26 . btw - 910g cephalic AF-1 - 12.3cm, Dopple (M)

3/6 AFI - 6.2cm, less than adequate, Dopple (M) Immunization and Iron / Folic Acid : 10/4 - 5LIVG - 19w, CPU-2

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 / Redistribution in MCA) / Ductus Venosus :
 AFI :

H/o GDM/ pre GDM/ on diet or insulin 201A AF (M)
 Controlled or not, recent values, HbA1 values : CX 3.6
 Compliance with Rx : B/c renal problem
 Scans : LGA, TIFFA , Fetal Echo : CAP dig from or each side
H/o Hypothyroidism : when diagnosed ? Medication ?
 Any other Chronic Medical Problems, when detected drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease)
 Infection : H/O, Fever - fever 1 day
 (Malaria UTI TORCH TB HIV HBV)
 UTI : when : Any culture :

PPROM : Duration : from 1/6/26 @ 9pm Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
-> 4 hrs

Medication during Pregnancy : Duration :

History of Present Illness:

Baby was delivered by - Em. LSC

↓
Baby cried immediately after birth

↓
but had grunting & subcostal retractions.

↓
&
cord clamped & not in aseptic condition

↓
my wife & my mother give

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 35.3° HR : 126 RR : 38/min NIBP : CFT : 2/10

Color of the extremities : acrocyanosis

Jaundice : Pallor : SpO2 : 55% @ RA

Anthropometry : Birth Weight : 898 gm Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism)

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

EYES : Symmetry :
Red Reflex : to be checked
Discharge :

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



THORAX and BREASTS : Shape of Thorax :
 Position of Nipples and Number : 4

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

GENITALIA : Labia / Hymen : (N)
 Testicles/penis :
 Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES : Fingers / Toes : (N) Arms / Legs :
 Deformities : Mobility :
 Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping r+2 + 1 f 0

Mention If baby has Respiratory distress : RR : 72 SCR / ICR / See - Saw breathing : 9

Scoring of respiratory distress if present (Silverman or Downe's) : 4

Mention if baby is on : Hood box CPAP Ventilator

Settings : FiO₂ - 25% PEEP - 6

SpO₂ : 95% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 166/min BP : Precordial Activity :
 Femoral Pulses : (N) Murmurs : (N)
 Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen : Hernia orifice :
 Shape : Anal Patency :
 Palpation : (N) Umbilical Cord : 20V, 1VA
 Palpable masses : First urine passed : pass
 Abdominal girth : Meconium passed :



ral 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 :

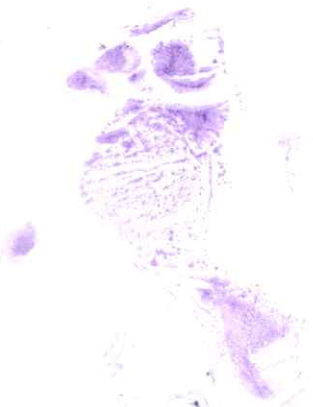
ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : **EXTREME PRETERM (27+1wk) / (EM. L&L) MALE)**
..... **898 gm / RDS**

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor

Signature :

Name : **Dr. Chandan**

Date & Time : **3/6/20** 7pm

Consultant :

Signature :

Name : **Vamsi**

Date & Time : **3/6**



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:

.....
.....
.....
.....
.....
.....
.....
.....

Doctor Signature:

Doctor Name:

Date & Time:

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 03-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. V VAMSI KRISHNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6		
7:40 AM	<p style="text-align: center;"><u>Important notes</u></p>	
	<p>due to strict aseptic precautions</p>	<p><u>2ml</u> - <u>crucif</u></p>
	<p>was given.</p>	
	<p>procedure, post-procedure uneventful.</p>	

noted by *[signature]* 3/6/26 6:58

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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6	<u>c/s/DRNK</u>	
10pm	Temp: 38.5c	Plan
	HR: 152/m	- T/L MV - v G smile
	RI: 60/m	SpO2 100
	CRT: < 3"	80ml k/day IVPG
	PT: WF	4ml k calcium Glc
	PI: 0.6	19ml k A-A
SIP/V+V6	BI: 46/26 (33)	Ret 10/1. D
smile	CVI 5/2 @	- RBS showy
PIR: 18-20	MA soft BS	① CBC; CRP, NT/AMT
fcr: 5	CTA @	→ ABD Mo Int MAI < 26; DBI < 17
<u>fcr: 25/</u>	P	→ T/c Metoprolol
		→ NPO
		→ Clm-ABG - 7am
		- NP, @ 2uHOL
		Hau fentanyl infuse
wtd by hri		3/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26	S/B. Dr Vamsi	O+ve /
, Dam		
	EXPT 27+1 →	27+2 896gm RPR - surfactant
	On SIPPV - VG mode	
	FiO ₂ - 25%	
	PEEP - 6	
	PIP - 20'	Ad.
	maintaining well	-Tlc MV - VG mode.
	HR - 150/m	SpO ₂ - Monitoring.
	RR - 58/m	- TV -
	SpO ₂ - 99%	
	On NPO.	
	UVC / line - Intitu.	
	UAC	- RBS - 6 hly.
	CRA - (V)	- @ 24hr of life - CBC, CRP , NT ,
	Cus - 1, 1, 0	- Tlc. Meropenem.
	Ri - clear BACO	- Tlc fentanyl infusion @ 1mcg/kg/hr
	PIA - 20f	
	→ ASG - emerging	
	→ NPI - 2 hrs.	
	→ Plan to extubate Tru.	

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 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 0 D 7 H (M)
 Dr. V VAMSI KRISHNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 10am	<p style="text-align: center;"><u>c/s/DVK</u></p> <p style="text-align: center;"><u>Plan</u></p> <p style="text-align: center;">→ TV - 80ml/kg/day</p> <p style="text-align: center;">- TPN</p> <p style="text-align: center;">- 1ml study CSM/DM</p> <p style="text-align: center;">- TLC Meningococci</p> <p style="text-align: center;">- TLC MV - SURVEG smily</p> <p style="text-align: center;">- NP1 + ABC1 @ 24HR</p> <p style="text-align: center;">- ABP ABP + info MARC21</p> <p style="text-align: center;"><u>DSIC 20</u></p> <p style="text-align: center;">- RBS hourly</p>	
		<p>noted by Samima 4/6/26 @ 10A</p>
4/6 6:30pm	<p style="text-align: center;">on minimum settings.</p>	<p style="text-align: center;"><u>Plan</u></p> <p style="text-align: center;">Extubated to CPAP</p> <p style="text-align: center;">continue same treatment.</p>

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 03-06-2026 0 Y 0 M 0 D 7 H (M)
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GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 6:30pm	Baby now extubated to minimum ventilatory	to CPAP if/so settings requirement
		<u>Plan</u>
		1) chest X ray blood gas 10pm
		2) Continue CPAP FiO ₂ - 30% PEEP - 5
		↓ FiO ₂ if maintaining well.
		3) 1ml / 2nd hourly (SBM) / (EBM)
		4) Continue meropenem.
		5) Start SSP7



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/06	C/S/B Dr. Vamsi	
7:45 pm		
	→ On BRAD NIMU 25/5/14-16 MP del 11-14	Plan
	maintaining well.	1) IV - 100 ml/kg/day. 10% TPN.
	→ On 1ml/2nd hly	2) 1ml EBM / 2BM Q 2nd hly
	tolerating well.	3) GRBS 6th hly
	→ HR - 142bpm BP - 57/30 (HI)	4) OP TLMV 5) ABG
	CRB R _s (a) P/A	Chest Xray @ 10pm
		6) Incubator care
		7) Ct. Meropenem
		8) % charting
		9) Continue SSP1.
		Bring
		Noted by N. Nayg 04/06/26 @ 7:45 pm

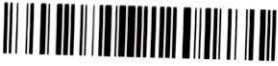
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 Dr. V VAMSI KRISHNA




GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Dr. Vamsi
<u>5/06</u>	EXPT 27+1 → 27+3 / 896 gm RDS - surfactant MV → NIV	
	on NIV 15/6 FiO ₂ - 25%	<u>Plan</u>
	No apnoea maintaining sat's well	1) Continue NIV w/ apnoea / desat
	on TV 100cc/kg/day on 1ml / 2nd hourly feed tolerating well.	2) ct. TV - 100cc/kg/day 1ml / 2nd hourly → 120 @ 4sh AB @ 6th hourly Inform if > 1cm.
	vitals - HR - 146 SpO ₂ - 100% RR - 46/min BP - 53/29	3) GRPM @ 6th hourly (4) ABG @ NPI] @ 48 Hz → 6pm
	V/O → 2.9cc/kg/hr GRBS - 168 mg/dl.	(5) pt on position (6) ↑ 0.5ml labial
	Temp probe injury CUS RS P/A	(N)
	on Micropenem.	

Noted by @ipal on 5/6/26 @ 11 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/24	c/s/ok	
17pm	Tem 36.5	Plan
	HE: 15ul	→ Tlc crpp
	PR: 4ul	- Tlc TMV
12/6/24	CR: 31	- RBS 8 hourly
	HA: 11 ul	
	Sp: 9.67	
2mc defec	CV: 5.82	- NSG Eicu (cm)
deuce (E)	AA: 5.04 BT	- NSG 6pm - 6/6/26
	CTA (2)	- AA 10
CAF (2)		- Tlc feed after sleep 1 feed
CAF (2)		if no fare after
CAF (2)		7.5ml x 2 feed
		if tolera - 7.2ml 2h
		 noted by sravanis 6/6/26 @ 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6		
10 AM	<p>Dr. Vamsi</p>	
	<p>EXPT 127+1 $\xrightarrow{3}$ 27+4 1896g</p>	
	<p>RDS \rightarrow surfactant \rightarrow MV \rightarrow NIV \rightarrow CPAP</p>	
	<p>M - Baby on CPAP</p>	
	<p>GLT, 25% FiO₂</p>	
	<p>maint acts</p>	
	<p>SpO₂: 90</p>	
	<p>HR: 150</p>	
	<p>BP: 56/25(36)</p>	<p>Plan</p>
		<p>- Cont CPAP</p>
	<p>M - 120cc/1/day</p>	<p>- Tr @ 120cc/kg/day</p>
	<p>1-5ml/2nd day</p>	<p>10% TPN.</p>
	<p>TPN</p>	
		<p>- 2ml/2nd milk feed</p>
	<p>Cy</p>	<p>- Blood gas &</p>
	<p>tom / sand</p>	<p>cannula change.</p>
	<p>aerib</p>	
		<p>- change to PIPAZ.</p>
	<p>D. Neopeners</p>	<p>- NSG - today.</p>
	<p>D. caprene</p>	<p>- GRBS 8th milk.</p>
		<p>- Chest X ray.</p>
		<p><i>(Signature)</i></p>
		<p>Noted by @ipale on 6/6/26</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>6/6</u>		
3pm	on CPAP 4 PEEP 23% FiO ₂ maintaining well. No apnoea.	<u>Plan</u> 1) Ct. CPAP 23/4 ↓ FiO ₂ - 21% if maintaining
	HR - 153 SPO ₂ - 99% BP - 58/28 (42)	2) Ct. 2ml / 2nd huly ↑ 0.5 ml / 12th huly
	on 2ml / 2nd huly tolerating well. No apnoea.	3) NSG
	on 120cc/kg/day. tolerating well.	4) Inhibitor care 5) GRBI @ 8th huly 6) monitor vitals
	as R1 (2) P/A	7) AG @ 2 4th huly Aspirate if > 1cm.
		BNCP 6/06.

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 Dr. V VAMSI KRISHNA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6	c/c	
6/6	<ul style="list-style-type: none"> - The case of 2/2 - ROME - The pink - 2ml fish 10.5ml (2hr) - AFM - RBT DID 	

Noted by
 T. J. J.
 06/06/26 @ 6 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/24	c/s by Dr. Vamsi	
	GA PT (27 th) → 27 th 896g ROS → Surfactant → MV → NIV → CPAP.	
	Vitals:	D ₂
	HR: 150/min	→ CPAP → 23/4
	SpO ₂ : 99%	
	RR: 38/min	→ w/f - desaturation, apnea
	Temp: 36.5°C	Tapin FiO ₂ acc to saturation
	3ml / 2nd baby feeds	→ feeds - 2.5 ml 2 nd baby OG ↑ 0.5 ml 3 rd baby TF - 11ml
		M. abd. girth
	Evaluating wcd	→ CRBS TID
		→ T/C PIPPAZ.
		→ TV - 130 cc/kg/day.
		10% TPN
		Noted by @ipale 7/6/24 @ 11AM

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GRESS NOTES AND DOCTOR'S ORDER

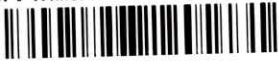
Date & Time	Progress Notes	Doctor's Order
Jf6		
6:30pm	on CPAP 21/4	
	maintaining well.	<u>Plan</u>
	on 3.5ml / 2nd hourly	1) Ct - CPAP.
	tolerating well	2) ↑ 0.5ml / 8th hourly feeds
	urine	3) GRAS 8th hourly
	stool / passed	4) Ct. antibiotic.
	vitals	5) 2D ECHO - 1/m.
	HR - 164 bpm	6) No channing
	SpO ₂ - 99	7) AG ⊕ @ 4th hourly
	BP - 54/27	

BMF



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6	C/S/DONE	
9am	<p>→ T/C CRAB u/24</p> <p>→ 10.5ml 8th hour</p> <p><u>GRBS 8th hr</u></p>	
8/6 1am	<p>Blood from VAC → almost ~15 to 20ml</p> <p>↓</p> <p>Baby had bradycardia</p> <p>↓</p> <p>PPV was initiated</p> <p>and 10ml/kg NS Bolus was given</p> <p>↓</p> <p>Baby had hypothermia.</p> <p>Temp ~ 32°C</p> <p>↓</p> <p>VAC was clamped & removed.</p>	<p>deratuation & poor peripheries.</p> <p>—</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>8/6</u>	9/10 Acute compensatory shock baby was intubated & ET size 2.5 and fixed at 7cm.	
	chest x-ray was done, position confirmed.	
	→ Planned for transfusion 4hrs	Irradiated CRBC 20ml/kg over
<u>8/6</u>	pre transfusion vitals	
20mm	HR - 125 bpm SpO ₂ - 100% RR - 40 BP - 51/29 (37)	<u>Plan</u> 1) 20ml/kg irradiated CRBC over 4hrs
	C/A - good	
	O/S	2) NPO till further advice.
	R/S	
	P/A	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26		
2p	<ul style="list-style-type: none"> - 140ml/kg/day 	
	<ul style="list-style-type: none"> - stop ice feed 1hr & 2 feed 	<ul style="list-style-type: none"> → AGMx
	<ul style="list-style-type: none"> - best <u>TPN</u> 	
	<ul style="list-style-type: none"> - BPMx 	
	<ul style="list-style-type: none"> - RBS shows 	
	<ul style="list-style-type: none"> - <u>Electrolyte</u> 	
		Noted by Titli 08/06/26 @2pm
8/6	R Dr. Vamsi	
5p		
	On CPAP	
	FiO ₂ - 33%	
	" SpO ₂ : 92-93%	plan
	No diuresis	<ul style="list-style-type: none"> - Change to NIV
		<ul style="list-style-type: none"> - Rt. up position
	Tr @ 140cc/1day	<ul style="list-style-type: none"> - Tr @ 140cc/1day
	TPN	TPN
	2ml/2nd day	2ml/2nd day for 2 feeds
	Accepting feeds.	ffb until 2 nd day - constant feeds
		<ul style="list-style-type: none"> - CURS OD
	Chest x-ray = Rt. UL	<ul style="list-style-type: none"> - Cont IV AGx
	collapse	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/R Dr. Vamsi	
9/6 11.00 am	EXPT 27+1 → 6 → 28 896	Surfactant given
	MV - NIV - CPAP - MV - NIV - CPAP	
	Ⓟ - on CPAP.	Audice
	FiO ₂ - 23%.	
	PEEP - 6	- Cont CPAP
	detat ⊕, self pickup ⊕	- TV @ 150cc/kg/day
	Sats upto 94%.	TPN (GIR-6)
	Ⓝ - on NPO.	Li ₃ AA ₃ Na ₂ K ₀ Ca ₀
	TV - 140cc/kg/day.	1st/2nd key - <u>AGMP</u>
	10% TPN	- GRAS BD
	PIA: soft	- Cont IV Abx
	RIS: DM (4)	- Monitor vitals
	WC: (S ₂ ⊕)	
	Vital - Temp - 36.5°C	
	HR - 141/min	
	RR - 50/min	
	SPO ₂ - 94%	
	BP - 64/30(41)	
	on INT PIPRAZ - D4	
	ENS continue	
	urine/stool - passed.	
	V.O → 4.5cc/kg/day.	
	GRAS - 119mg/dL	

Noted by Tithi
 09/06/26
 @ 11AM (P.T.O)



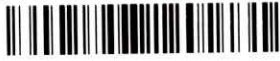
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 3:20 PM	C/S/M Dr. Vamsi	
	→ on CPAP 2/6	Plan
	No brady / desat.	
	No apnoea.	1) Ct. CPAP.
	→ On 1mc / 2nd hly	2) Ct. TV - 150cc/kg/day
	beeds.	10% TPN.
	tolerating well.	3) Ct. IV Ab
	vitals	4) 1mc / 2nd hly
	HR - 150 bpm	OG beeds
	SpO ₂ - 99%	5) Ag ⊕ every 4th
	BP - 55/30	hly
		inform if > 1um.
		6) w/ any brady /
		desat / any
		aspirate.
		7) GRBS 12h hly.
		8) CRP
		Blood gas
		S/E
		T/m
		↓
		↓
		↓



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 - 10 AM	<p>27th → 28th 896 gm MV - CPAP </p>	<p>Dr. Vamsi</p>
	<p>on CPAP 21% No brady, desat No apnoea</p>	<p>Re.</p>
	<p>on 1st 2nd hourly feeds tolerating well</p>	<p>cont. CPAP - ↓ PEEP 10.5 TV - 160cc/kg/day 10% TPN</p>
	<p>Vitals HR: 147/min Spo₂: 98% RR: 36/min</p>	<p>cont. IV antibiotics feeds - 1.5 ml / 2nd hourly if no aspirates - ↑ 0.5 ml / 8th hourly.</p>
	<p>CVS AS (2) P/A </p>	<p>GRBS - ASD wft - brady, desat, aspirates</p>
	<p>V/O - 4.8cc/kg/hr ABS - 107 mg/dl</p>	<p>CRP ABG s-subtype } today</p>
	<p>Noted by [Signature] 10/6/26 108</p>	<p>Syp. Domperidone</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06 3:30pm		
	→ on room air from 1pm	<u>Plan</u>
	maintaining well.	1) ct. 1.5ml / 2nd hly
	on 1.5ml / 2nd hly 0h feeds	0h feeds ↑ 0.5ml - 8th hly
	1.5ml milky aspirate. no altered aspirate	2) Acetaminophen 4g @ Q4h hly If >1um → aspirate.
	4h - 19um.	3) GRM - AD
	eucemic warm, CRT/A - good	4) c. antibiotics
	HR - 153bpm SpO ₂ - 100%.	5) Sumbator care
	O ₂ -	10/06
	Noted by: Sankar 10/6/26 3:40pm	

RESULT SHEET

Patient Name :

Age : Gr

I.D. No. :

KOH-00308757
Baby Of J HARI PRIYA
03-06-2026
Dr. V VAMSI KRISHNA
IP2-00056454
0 Y 0 M 0 D 7 H (M)

Date	3/6/26	04/6/26	5/6/26	08/06/26	9/6/26	10/6/26
Time	10h		9:29AM	@ 2:02pm	@ 12Am	12:40p
Hb	20.8	14.0	14.4	16.9	15.5	
PCV	60.2	40.3	42.0	47.1	46.0	
RBC	6.00	4.12	4.30	5.07	4.46	
WBC	34.01	33.57	25.64	22.98	24.24	
N/L						
Platelets	414	4.04	4.04	297	306	
CRP	3.0	6	4.0	2.0		1
ESR						
PCT						
RBS						
Na		142	143	140	137	137
K		5.5	3.8	6.1	5.6	5.4
Cl		113	118	118	116	110
Ca/Mg		6.7	7.7			
Phosphate						
Urea		53.3	43.8			
Creatinine		0.9	0.9			
ALP						
SGPT						
SGOT						
T.Bill/Conj		5.6/0.1	5.5 ^{0.2}			
T.Protein			5.3			
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	20/1.4					
APTT	58					
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

REGULAR PRESCRIPTIONS

Weight 0.896 gm Ward NW



DRUG: <u>2g MEROPENAM</u>				Date	5/6	4/6	5/6	6/6
Dose	Route	Frequency	Start Date	Time				
<u>30mg</u>	<u>IV</u>	<u>BD</u>	<u>3/6/26</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions: <u>4.0 mg/kg dose</u>								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>1g CAFFINE CITRATE</u>				Date	4/6	5/6	6/6	7/6
Dose	Route	Frequency	Start Date	Time				
<u>4.5mg</u>	<u>N</u>	<u>OD</u>	<u>3/6/26</u>					
Name & Signature of the Doctor Starting the Drugs: <u>D. Chaudana</u>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>GLYCERINE ENEMA</u>				Date	6/6	7/6	8/6	9/6
Dose	Route	Frequency	Start Date	Time				
	<u>PR</u>	<u>BD</u>	<u>6/06</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions: <u>0.2ml + 0.2ml NS.</u>								
Daily Doctor's Endorsement by a Sign								
DRUG: <u>1mg PIPERACILIN + TAXOBACTAM</u>				Date	6/6	7/6	8/6	9/6
Dose	Route	Frequency	Start Date	Time				
<u>90mg</u>	<u>IV</u>	<u>BD</u>	<u>6/06</u>					
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>								
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 0 D 4 H (M)
 Dr. V VAMSI KRISHNA



DRUG CHART

Date of Admission: 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:																					

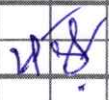

DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

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

VERIFIED BY : Name

Patient Nam		I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : SYP. DOMPERIDONE				Date															
				Time	10/6														
Dose	Route	Frequency	Start Dt.																
0.2ml	oral	8th	10/06																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
1ml/1mg																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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

Patient Nam		I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

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

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

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

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

Patent Sticker

Weight: 0.8969g Ward: MW

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/26	8/3	2g CAFFEINE	20mg/kg/dose (18mg)	IV	[Signature]	[Signatures]
3/6/26	6:40 PM	2g VITAMIN K	0.5mg	IV	[Signature]	[Signatures]
3/6/26	1:30AM	NS BOWLS	10ml/kg	IV	[Signature]	[Signatures]
3/6/26	4AM	NRBC Irradiated	20ml/kg	IV over 4hrs	[Signature]	[Signatures]
9/6	2:30am	Naloxg given	2ml + 2ml 5-10	IV over 6hrs	[Signature]	[Signatures]
9/6	9am	1g VITAMIN K	0.5mg	IV	[Signature]	[Signatures]

VERIFIED BY: [Signature]

I.V. FLUIDS CHART

Weight. Ward.



Position of I.V. Fluid
 (ml/hr = Mcg/kg/min. etc)

Route

Flow Rate
 ml/hr

Doctor
 Sign

Nurse
 Sign

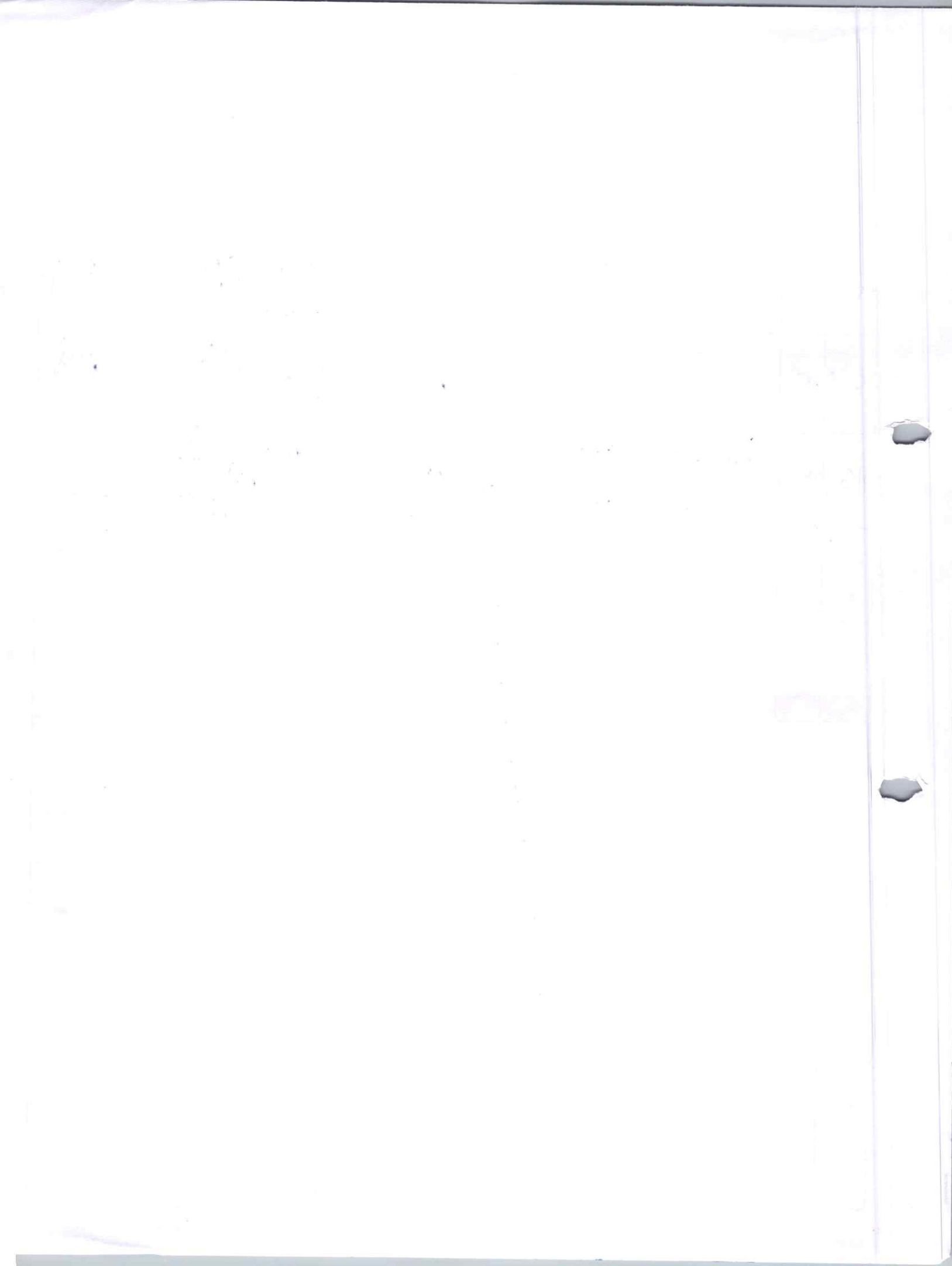
Date of
 Stopping

Doctor
 Sign

Nurse
 Sign

Position 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
3/6/26 100% IVF - 80cc/kg/day (50ml) 10% D +	IV	200 1.7	[Signature]	[Signature]	4/6	[Signature]	[Signature]
IV Calcium gluconate (@ 4ml/kg/day) 36ml	IV		[Signature]	[Signature]	4/6	[Signature]	[Signature]
3/6 100% aminocaproic acid (10ml/kg/day) = 9ml.	IV	0.3	[Signature]	[Signature]	4/6	[Signature]	[Signature]
IV HEPARIN	UAC	0.3 ml/h	[Signature]	[Signature]	4/6	[Signature]	[Signature]
3/6 100% 2ml FENTANYL + 8ml NS	UVC/ Pump line	0.1ml/hr	[Signature]	[Signature]	4/6	[Signature]	[Signature]
4/6 1pm TV @ 80cc/kg/day TPN + LIPID	UVC	2ml 0.2ml/hour	[Signature]	[Signature]	4/6	[Signature]	[Signature]
4/6 1pm HEPARIN 0.5ml + 49.5ml NS	UAC	0.3ml/hour	[Signature]	[Signature]	4/6	[Signature]	[Signature]
4/6 100% TV @ 100cc/kg/day 10% TPN	UVC	2ml	[Signature]	[Signature]	5/6	[Signature]	[Signature]
5/6 @ 7pm TV @ 120cc/kg/day + TPN + lipid	UVC	26ml	[Signature]	[Signature]	6/6	[Signature]	[Signature]
5/6 @ TV @ 120cc/kg/day 10% TPN	UVC	2.2ml	[Signature]	[Signature]	7/6	[Signature]	[Signature]

VERIFIED BY: Name Signature



NAME : Baby Of J HARI PRIYA
DOB : 03-06-2026 0 Y 0 M 5 D (M)
GEST AGE : Dr. V VAMSI KRISHNA

KOH-00308757 IP2-00056454
03-06-2026 0 Y 0 M 5 D (M)
Dr. V VAMSI KRISHNA

Maternal Blood Group : 0+ve
Baby's Blood Group : 0+ve
Birth Weight : 0.896grms

Date	Date	Date
9/6/26	10/06/26	
DOL 06 Weight 0.851grms [↓ 45gm]	DOL 07 Weight 0.819grms [↓ 32gm]	DOL Weight
Problems : 27 ⁺ wks / LBW / RD	Problems : 27 ⁺ wks / LBW / RD	Problems :
Rs. 30-60 blm Exam Vent, Setting ABG urine } passed CXR stool }	Rs. 30-60 blm Exam Vent, Setting ABG urine } passed CXR stool }	Rs. Exam Vent, Setting ABG CXR
CVS Normal HR 120-160 blm BP Map Cap Refil < 2-3 sec	CVS Normal HR 120-160 blm BP Map Cap Refil < 2-3 sec	CVS HR BP Map Cap Refil
F/E/N TV: 140cc / kg / day T. Fluids 110.1ml (CC/kg/day) 122. cc / kg / day I/O/RBS : 119mg/dl U Output : (CC/kg/hr) 97ml Exam 4.5cc / kg / day T Bil/D Na 140 HCO3 K 6.1 BUN Cl 118 Crea Hemat HB: WCC 22.98 } 9/6/26 Plats 2.97 } Transfusion	F/E/N TV: 150cc / kg / day T. Fluids 138.9ml (CC/kg/day) 155.0cc / kg / day I/O/RBS : 107mg/dl U Output : (CC/kg/hr) 105ml Exam 4.8cc / kg / day T Bil/D Na 137 HCO3 K 5.6 BUN Cl 116 Crea Hemat HB: 15.5 WCC 24.24 } 9/6/26 Plats 3.06 } Transfusion	F/E/N T. Fluids (CC/kg/day) I/O/RBS : U Output : (CC/kg/hr) Exam T Bil/D Na HCO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP 2.0 Antibiotics	C/s Results CRP 2.0 Antibiotics	C/s Results CRP Antibiotics
Meds inj: piptaz - D4 Neuro : inj: caffiene -	Meds inj: piptaz - D5 Neuro : inj: caffiene -	Meds Neuro :
Assessment	Assessment	Assessment
Plan 8 th hourly	Plan GRBS 12 th hourly	Plan

1000

1000

1000

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1000



Intensive Care Unit
Clinical Presentation Format for Nurses & Doctors

Sheet No. (2)



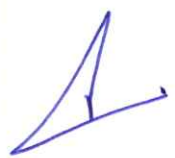

NAME : Baby Of J HARI PRIYA
DOB : 03-06-2026
GEST AGE : 0 Y 0 M 3 D
KOH-00308757 IP2-00056454
Dr. V VAMSI KRISHNA (M)

Maternal Blood Group : O +ve
Baby's Blood Group : O +ve
Birth Weight : 0.896 gm

Date 6/6/26	Date 7/6/26	Date 8/6/26
DOL D3 Weight Not checked	DOL D4 Weight Not checked	DOL D5 Weight Not checked
Problems : 27 ⁺ WIKS/EXLBW/RDS	Problems : 27 ⁺ WIKS/EXLBW/RDS	Problems : 27 ⁺ WIKS/EXLBW/RDS
Rs. 30-60 bpm Exam done Vent, Setting CPAP ABG Urine } passed CXR Stool }	Rs. 30-60 bpm Exam done Vent, Setting CPAP ABG Urine } passed CXR Stool }	Rs. 30-60 bpm Exam done Vent, Setting CPAP ABG Urine } passed CXR Stool }
CVS Normal HR 120-160 bpm BP Map Cap Refil 22-35 sec	CVS Normal HR 120-160 bpm BP Map Cap Refil 22-35 sec	CVS Normal HR 120-160 bpm BP Map Cap Refil 22-35 sec
F/E/N TV-120 ccl/kg/day T. Fluids 93.5 ml (CC/kg/day) 105 ccl/kg/day I/O/RBS : 161 mg/dl U Output : (CC/kg/hr) 3 ccl/kg Exam 66 mg/dl T Bil/D 5.5 } 5/6/26 Na 143 HCO3 K 3.8 BUN Cl 118 Crea Hemat HB: 14.4 WCC 25.64 Plats 404 Transfusion	F/E/N TV-120 ccl/kg/day T. Fluids 106.1 ml (CC/kg/day) 119 ccl/kg/day I/O/RBS : 129 mg/dl U Output : (CC/kg/hr) 3.3 ccl/kg Exam 72 mg/dl T Bil/D 5.5 } 5/6/26 Na 143 HCO3 K 3.8 BUN Cl 118 Crea Hemat HB: 14.4 WCC 25.64 Plats 404 Transfusion	F/E/N TV-130 ccl/kg/day T. Fluids 160.6 ml (CC/kg/day) 157 ccl/kg/day I/O/RBS : 112 mg/dl U Output : (CC/kg/hr) 3.5 ccl/kg Exam 75 mg/dl T Bil/D 5.5 } 5/6/26 Na 143 HCO3 K 3.8 BUN Cl 118 Crea Hemat HB: 14.4 WCC 25.64 Plats 404 Transfusion
C/s Results CRP 4.0 → 5/6/26 Antibiotics Inj. Meropenem	C/s Results CRP 4.0 → 5/6/26 Antibiotics	C/s Results CRP 4.0 → 5/6/26 Antibiotics
Meds Inj. caffiene	Meds Inj. - caffiene	Meds Inj. - caffiene Inj. Pip taz → D3
Neuro :	Neuro :	Neuro :
Assessment Done	Assessment Done	Assessment
Plan GRBS 8th hourly	Plan GRBS 8th hourly	Plan



PARENT COMMUNICATION SHEET

DATE	TIME	DOCTOR DISCUSSION	DOCTOR SIGN	PARENT SIGN
<u>8/6/26</u>		<ul style="list-style-type: none"> → PICC line insert → CRAP; → Hemodistak → Not tolerate & full enter → to with <u>restare</u> feed 		
<u>10/6/1</u>	→	<ul style="list-style-type: none"> CRAP 6 → Hemodistak → CRAP → If full @ <u>0.5ml</u> sh 		





PARENT COMMUNICATION SHEET

DATE	TIME	DOCTOR DISCUSSION	DOCTOR SIGN	PARENT SIGN
<u>5/6/26</u>	11:00	<ul style="list-style-type: none"> - Eutube to NIMB - start feeds 7 feeds - Meper - <u>ECG</u> 		
<u>6/6/26</u>	10:00	<ul style="list-style-type: none"> - CMA - 2 feeds 2hr - Antibiotics - icu @ theatre - <u>NSF</u> 		
<u>8/6/26</u>	10:00	<p>Had VAC bleed during to pull the tube surgical bleed in hand fractured blood</p> <ul style="list-style-type: none"> - transverse ventilator - Nt @ - Ect @ - <u>NPO</u> - Retain 		 5/10/26

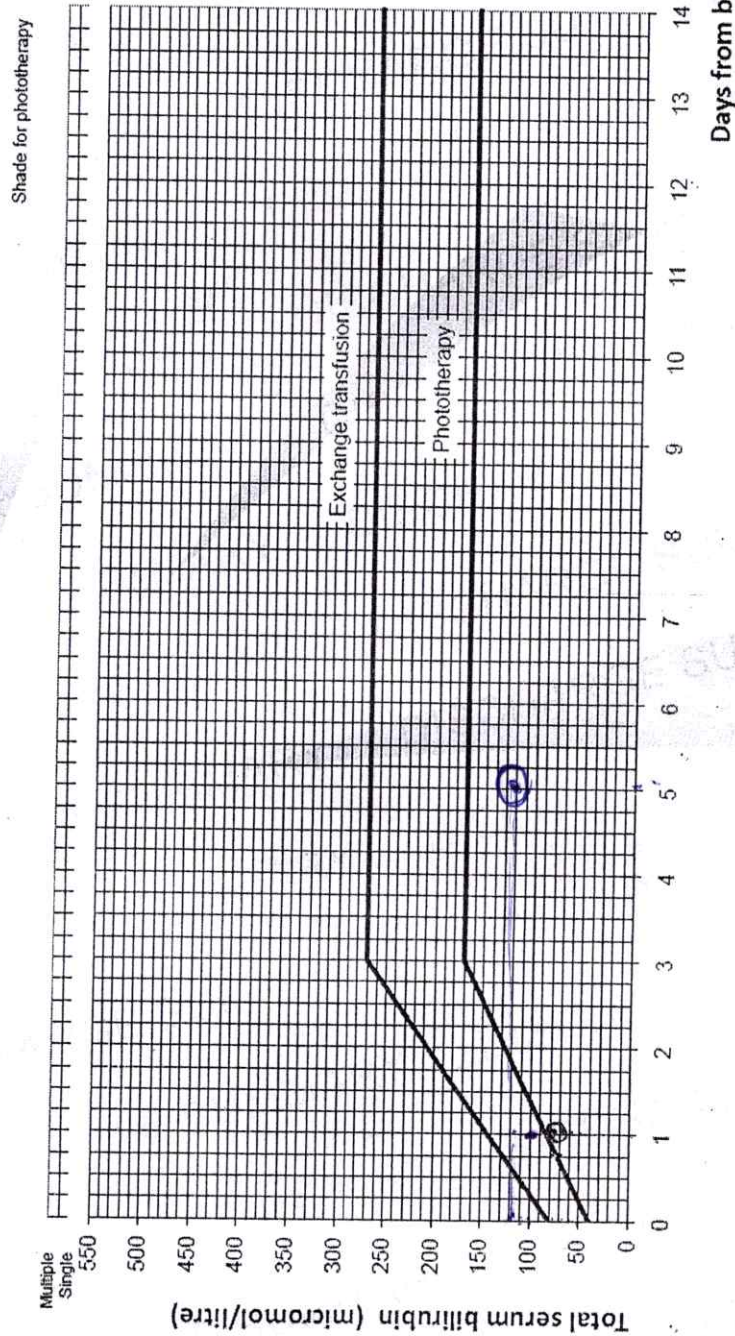
top @
 bleed -
 in -

→ in -
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mill at the
 - RT @
 - univ ✓
 - Mito ✓

Bilirubin thresholds for phototherapy and exchange transfusion in babies with hyperbilirubinaemia

Baby's name: **KOH-00308757** IP2-00056454
Baby OT J HARI PRIYA
 Date of birth: **03-06-2026** 0 Y 0 M 0 D 14 H (M)
 Hospital no: **Dr. V VAMSI KRISHNA** birth: _____
 Direct Antiglobulin Test: _____
27 weeks gestation



NHS
National Institute for Health and Clinical Excellence

Mother's blood group _____

Baby's blood group _____

Medical guideline 98 – Treatment threshold graphs

Rainbow Children's Medicare Limited

NANAKRAMGUDA
In EMERGENCY Call: T: +91 40 6931 3233
For OPD Appointment Call Toll-Free: 1800 2122

BANJARA HILLS
In EMERGENCY Call: T: +91 40 2355 1555
M: +91 9100925516
For OPD Appointment Call Toll-Free: 1800 2122

KARKHANA
In EMERGENCY Call: T: +91 40 2789 1531
For OPD Appointment Call Toll-Free: 1800 2122

KUKATPALLY
In EMERGENCY Call: T: +91 40 4246 2300
(Ext: 1020 / 1021) | M: +91 709 392 2858
For OPD Appointment Call Toll-Free: 1800 2122

KONDAPUR
In EMERGENCY Call: T: +91 40 2311 4455
For OPD Appointment Call Toll-Free: 1800 2122

KONDAPUR OUTPATIENT CLINIC
(for Children, Women & Infertility)
PLEASE NOTE: We do not have any EMERGENCY Service
For OPD Appointment Call Toll-Free: 1800 2122
T: +91 40 4246 2100

LB NAGAR
In EMERGENCY Call: T: +91 40 7111 1333
For OPD Appointment Call Toll-Free: 1800 2122

For Appointment Call: 1800 2122

For online appointments visit: www.rainbowhospitals.in

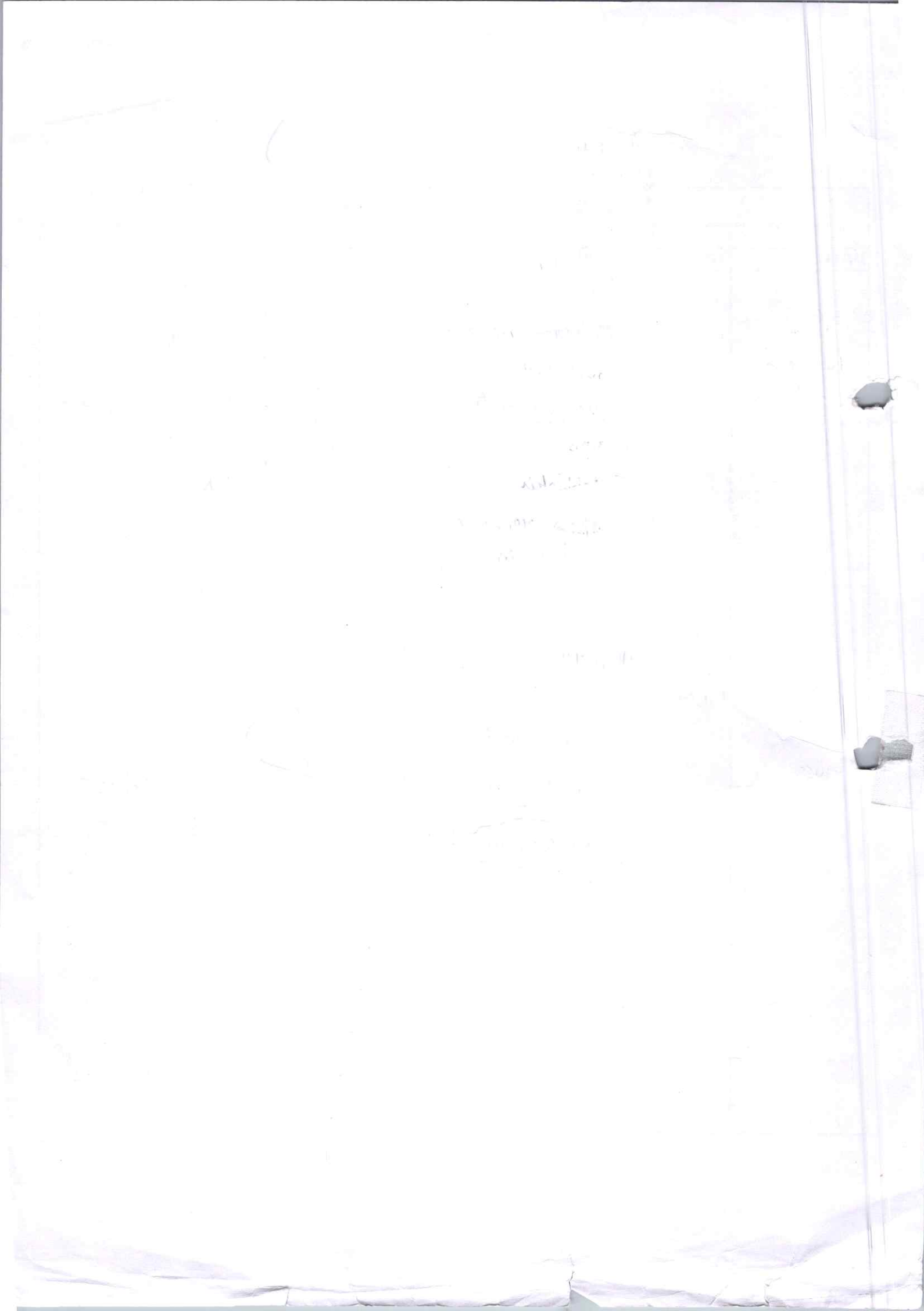
KOH-00308757 IP2-00056454
Baby Of J HARI PRIYA
03-06-2026 0 Y 0 M 3 D (M)
Dr. V VAMSI KRISHNA



PARENT COMMUNICATION SHEET

DATE	TIME	DOCTOR DISCUSSION	DOCTOR SIGN	PARENT SIGN
<u>3/6/26</u> 10:40pm		<ul style="list-style-type: none">- Mechanical ventilated- Surfactant- UAC/UCV inserted- NPO- Antibiotics- CPAP NPI, 24 HCL- ABG - (M)		
<u>4/6/26</u> 10e		<ul style="list-style-type: none">- Mechanical ventila- Start lcc feed 2 hours ERH/DM- NPI @ 24 HCL		

vya



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 8/6/26 Time: 4 AM

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

Blood Bank Issue No: BAH26-01346 Date of Collection: 6/6/2026 Date of Expiry: 18/7/26

Date & Time of Starting Transfusion: 8/6/26 Planned duration of Transfusion: HB LOW

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 35.8°C HR: 131 RR: 40 BP: 58/42/35 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
8/6/26	15 Min	132	35.8°C	58/35 (45)	100%	X	X	X	X
8/6/26	15 Min	133	36.4°C	61/31 (38)	100%	X	X	X	X
8/6/26	30 Min	145	36.7°C	63/40 (55)	100%	X	X	X	X
8/6/26	30 Min	141	36.7°C	63/44 (50)	100%	X	X	X	X
8/6/26	30 Min	150	36.8°C	61/37 (45)	100%	X	X	X	X
8/6/26	1 Hr	168	36.6°C	70/33 (42)	99%	X	X	X	X
8/6/26	1 Hr	165	36.6°C	69/27 (47)	98%	X	X	X	X

Comments: No complications

Name of the Incharge-Nurse: Nanya

Name of the Nurse: sravan

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 8/6/26

Date & Time: 8/6/26



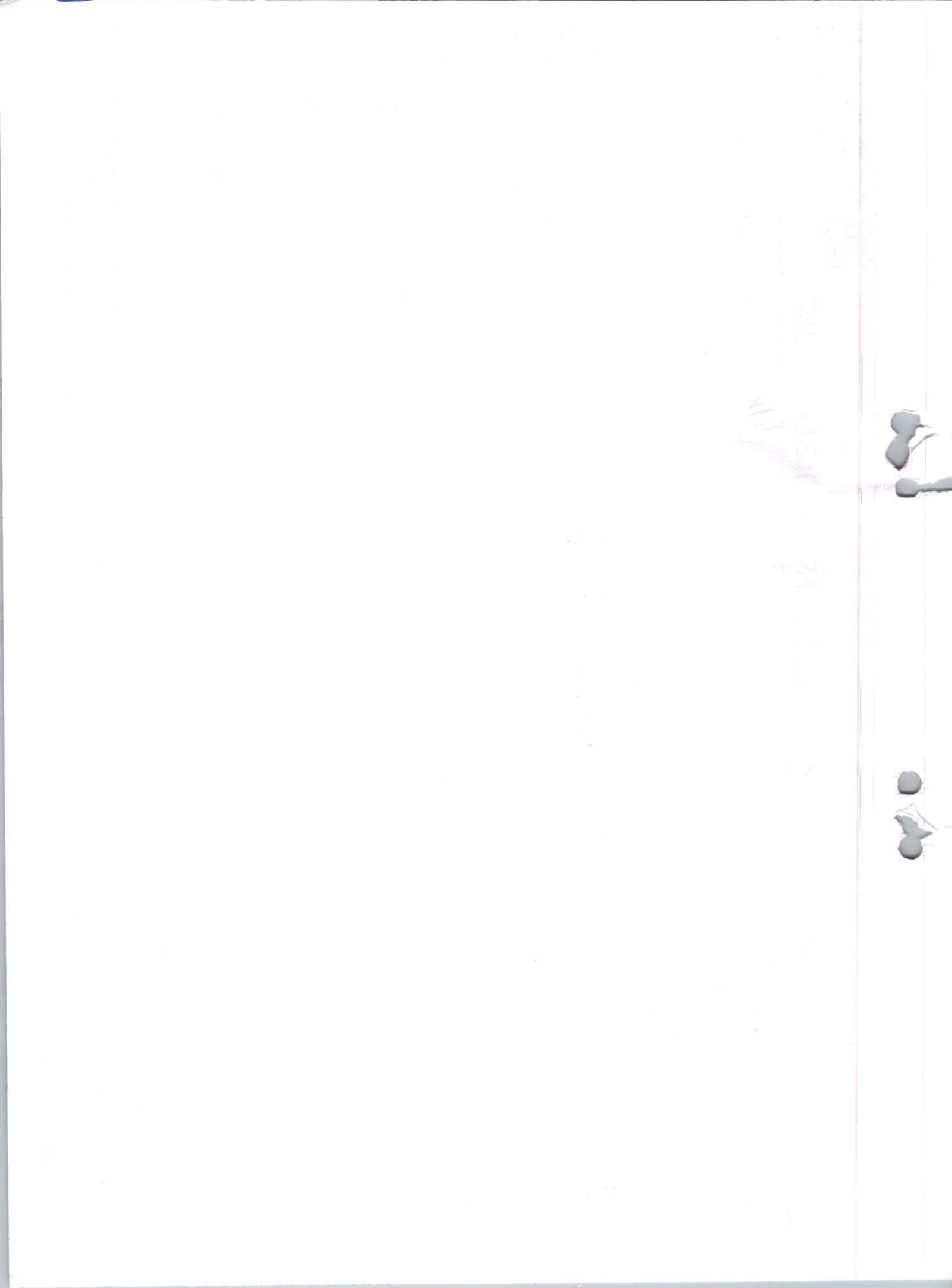


CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: 3/6/26 Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider - antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Can we remove Central Line today (Discuss in the clinical round)	<u>3/6/26</u>	<u>8P-8P</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence of any inflammation at insertion site (Redness / Swelling (if yes inform the doctor)	<u>4/6/26</u>	<u>8AM</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood at insertion site (If yes inform the doctor)	<u>4/6/26</u>	<u>2PM</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any peeling of dressing? (If yes inform the doctor)	<u>4/6/26</u>	<u>8P-8P</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is dressing clean and dry? (If no inform the doctor)	<u>4/6/26</u>	<u>8P-8P</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any leakage at insertion site? (If yes inform the doctor)	<u>4/6/26</u>	<u>8AM</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any obstruction to the infusion flow? (If yes inform the doctor)	<u>4/6/26</u>	<u>8AM</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dressing intact and labelled properly	<u>4/6/26</u>	<u>8AM</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Central line changed on	-	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of the Nurse	<u>Gunth</u>	<u>8AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse	<u>[Signature]</u>	<u>[Signature]</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TOTAL PARENTERAL NUTRITION (TPN) CH

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 3 D (M)
 Dr. V VAMSI KRISHNA



Date : 6/6

Patient Name :

UHID. NO:

Current (Maximum) Weight : 0.89

Fluid : 120 ml / kg / day $106 - 10 = 96$

Feed : ml / kg / day

Others : ml / kg / day

TPN Fluid :

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	3 g/kg	2.7	13.5	
Protein / Aminoventi 10, 1g=10ml	3 g/kg	2.7	30	
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.8	3.6	
KCL	1 mEq/kg	0.9	0.5	
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	5 ml/kg		4.5	
MVI	1 ml/kg		1ml	
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			20	
25% Dextrose			34	
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories: 20/D

Carbohydrates
 Proteins
 Fats

Name : Dr. Vamsi

Signature : [Signature]

Date & Time : 6/6/26 10A

TOTAL PARENTERAL NUTRITION (TPN) CHART

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 2 D (M)
 Dr. V VAMSI KRISHNA



Date : 5/6/20

Patient Name :

UHID. NO:

Current (Maximum) Weight : 0.89

Fluid : 100 ml / kg / day 90-10 = 80

Feed : ml / kg / day ~~100~~

Others : ml / kg / day

TPN Fluid :

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	2 g/kg	0.9	9ml	
Protein / Aminoveni 10, 1g=10ml	2.5 g/kg	2.25	22	
3% NaCl (1ml = 0.5 mEq)	mEq/kg			
KCL	mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	4 ml/kg		3.5	
MVI	1 ml/kg		0.9	
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			17	
25% Dextrose			28	
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : Dr. Vamsi

Signature : [Signature]

Date & Time : 5/6/20 10:4

Docu. No. : RCH /FRM / CLINICAL / 113

17.5/10

[Signature]

45

TOTAL PARENTERAL NUTRITION (TPN) CHART

TPN Fluid
Dextrose
Amino
Lipid
Electrolyte

Component	Concentration	Volume	Total
Dextrose 50%	50%	1000 ml	1000 ml
Amino Acids 10%	10%	1000 ml	1000 ml
Lipid 20%	20%	500 ml	500 ml
Electrolyte			
TPN Total			2500 ml

10-10-1981

TOTAL PARENTERAL NUTRITION (TPN) CHART

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 0 D 14 H (M)
 Dr. V VAMSI KRISHNA



Date : 4/6/20

UHID. NO:

Patient Name :

Current (Maximum) Weight : 0.89 (0.9)

Fluid : 80 ml / kg / day

Feed : ml / kg / day

Others : ml / kg / day

TPN Fluid :

72-10



	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	1 g/kg	0.9	4.5 ml	
Protein / Aminoveni 10, 1g=10ml	1.5 g/kg	1.35	14 ml	
3% NaCl (1ml = 0.5 mEq)	mEq/kg			
KCL	mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Glyconate	4 ml/kg		3.5 ml	
MVI	1 ml/kg		0.9	
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			9	
25% Dextrose			25	
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : Dr. Vamsi

Signature : [Signature]

Date & Time : 4/6/20 10

TOTAL PARENTERAL NUTRITION (TPN) CHART

Patient Name : B/o Haeipriya Date : 8/6
 Current (Maximum) Weight : 0.896 UHID. NO: _____
 Fluid : 140 ml / kg / day 126 - 24 = 102
 Feed : _____ ml / kg / day
 Others : _____ ml / kg / day
 TPN Fluid : _____ 102

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	<u>3</u> g/kg	<u>2.7</u>	<u>13</u>	
Protein / Aminoveni 10, 1g=10ml	<u>3</u> g/kg	<u>2.7</u>	<u>28</u>	
3% NaCl (1ml = 0.5 mEq)	<u>2</u> mEq/kg	<u>1.8</u>	<u>3.6</u>	
KCL	mEq/kg		<u>-</u>	
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	<u>3</u> ml/kg		<u>2.7</u>	
MVI	1 ml/kg		<u>0.9ml</u>	
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg			<u>55mg</u>
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			<u>23</u>	<u>22</u>
25% Dextrose			<u>32</u>	<u>67</u>
TPN Fluid				
GIR			<u>7</u>	
NPC / Protein (gm)				

Total Calories: 16.5/1

Carbohydrates
Proteins
Fats

Name : Dr. Vamsi
 Signature : _____
 Date & Time : 8/6/16 - 2.00
 Docu. No. : RCH / FRM / CLINICAL / 113

TOTAL PARENTERAL NUTRITION (TPN) CHART

DATE: 11-1-87
 TIME: 10:00 AM
 NURSING: [Signature]

11-1-87
 10:00 AM

5-1-87

DATE	TIME	GLUCOSE	AMINO ACIDS	LIPIDS	INSULIN	PHOSPHATE	POTASSIUM	MAGNESIUM	ZINC	OTHER
11-1-87	10:00 AM	100	100	100	100	100	100	100	100	
11-1-87	11:00 AM	100	100	100	100	100	100	100	100	
11-1-87	12:00 PM	100	100	100	100	100	100	100	100	
11-1-87	1:00 PM	100	100	100	100	100	100	100	100	
11-1-87	2:00 PM	100	100	100	100	100	100	100	100	
11-1-87	3:00 PM	100	100	100	100	100	100	100	100	
11-1-87	4:00 PM	100	100	100	100	100	100	100	100	
11-1-87	5:00 PM	100	100	100	100	100	100	100	100	
11-1-87	6:00 PM	100	100	100	100	100	100	100	100	
11-1-87	7:00 PM	100	100	100	100	100	100	100	100	
11-1-87	8:00 PM	100	100	100	100	100	100	100	100	
11-1-87	9:00 PM	100	100	100	100	100	100	100	100	
11-1-87	10:00 PM	100	100	100	100	100	100	100	100	
11-1-87	11:00 PM	100	100	100	100	100	100	100	100	
11-1-87	12:00 AM	100	100	100	100	100	100	100	100	

100

100
100

100

[Signature]

[Signature]

TOTAL PARENTERAL NUTRITION (TPN) CHART

KOH-00308757 IP2-00056454
 Baby Of J HARI PRIYA
 03-06-2026 0 Y 0 M 4 D (M)
 Dr. V VAMSI KRISHNA



Date : 7/6

Patient Name :

UHID. NO:

Current (Maximum) Weight : 0.89

Fluid : 1.30 ml / kg / day 117 - 24 = 93

Feed : ml / kg / day (F)

Others : ml / kg / day

TPN Fluid :

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	3 g/kg	2.7	13	
Protein / Aminoventi 10, 1g=10ml	3 g/kg	2.7	30	
3% NaCl (1ml = 0.5 mEq)	2 mEq/kg	1.8	3.6	
KCL	1 mEq/kg	0.9	0.5	
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	4 ml/kg	3.5	3.5ml	
MVI	1 ml/kg			
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose			20	
25% Dextrose			32	
TPN Fluid				
GIR			6.6	
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name :

Signature : Dr. Vamsi

Date & Time : 7/6/2026



Intensive Care Unit
Clinical Presentation Format for Nurses & Doctors

Sheet No. ①

NAME : KOH-00308757 IP2-00056454
Baby Of J HARI PRIYA
DOB : 03-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. V VAMSI KRISHNA
GEST AGE : 

Maternal Blood Group : O+ve
Baby's Blood Group : O+ve
Birth Weight : 0.896 gms

Date 3/6/26	Date 4/6/26	Date 5/6/26
DOL Weight 2.8	DOL Weight 2.1 not checked	DOL Weight 2.2 not checked
Problems : ENT 24hr/12hr/12hr	Problems : ENT 24hr/12hr/12hr	Problems : ENT 24hr/12hr/12hr
Rs. Exam 30-60 bpm Vent, Setting ABG urine 1001 CXR	Rs. Exam 30-60 bpm Vent, Setting ABG urine 1001 } not checked CXR 1001 } not checked	Rs. Exam 30-60 bpm Vent, Setting ABG urine 1001 } not checked CXR 1001 } not checked
CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil
F/E/N TV 80cc/day T. Fluids (CC/kg/day) I/O/RBS : U Output : (CC/kg/hr) Exam T Bil/D Na HCO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N TV 80cc/day T. Fluids 23.4ml (CC/kg/day) 26.1cc/kg/day I/O/RBS : 102 ml/L U Output : (CC/kg/hr) 1.9ml Exam 2.4cc/kg/hr T Bil/D Na HCO3 K BUN Cl Crea Hemat HB: 90-8 WCC 34.01 Plats 414 Transfusion 3/6/26	F/E/N TV 100cc/day T. Fluids 24ml (CC/kg/day) 82.5cc/kg/day I/O/RBS : 168 ml/L U Output : (CC/kg/hr) 6.4ml Exam 2.9cc/kg/hr T Bil/D Na HCO3 K BUN Cl 113 Crea Hemat HB: 120 WCC 33.5 Plats 404 Transfusion 5/6/26
C/s Results	C/s Results 5/100 @ ds - 3/6	C/s Results
CRP	CRP - 3	CRP
Antibiotics	Antibiotics 1st Moxipenem - 0.1	Antibiotics 1st Moxipenem - 0.1
Meds	Meds 1st caffeine	Meds 1st caffeine
Neuro :	Neuro :	Neuro :
Assessment	Assessment Done	Assessment Done
Plan	Plan GRIP etc keep	Plan GRIP etc keep

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: 03/06/2026 Duration of Central Line: 7 days

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Can we remove Central Line today (Discuss in the clinical round)	6/6/26	8 AM-2 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)	6/6/26	2 PM-8 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood at insertion site (If yes inform the doctor)	6/6/26	8 PM-8 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any peeling of dressing? (If yes inform the doctor)	6/6/26	8 AM-2 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is dressing clean and dry? (If no inform the doctor)	6/6/26	2 PM-8 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any leakage at insertion site? (If yes inform the doctor)	6/6/26	8 AM-2 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any obstruction to the infusion flow? (If yes inform the doctor)	6/6/26	8 PM-8 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dressing intact and labelled properly	6/6/26	8 AM-2 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Central line changed on	NO	NO										
Name of the Nurse	Dipali	Tilli										
Signature of the Nurse	<i>Dipali</i>	<i>Tilli</i>										

