

**DISCHARGE SUMMARY**

<b>Name</b>	Baby Of VANAM AISHWARYA LAKSHMI	<b>UHID</b>	HNH-00015859
<b>Father/Guardian</b>	Mr SRAVAN KULKARNI	<b>Age/Gender</b>	0 Y 0 M 0 D 0 H/ Male
<b>Address</b>	FLAT NO:404,VASAVI TOWERS ,SAI NAGAR COLONY NEAR SHIVAJI STATUE CIRCLE, Chaitanyapuri Colony, Hyderabad, Telangana, INDIA, 500060		
<b>IP No</b>	IP26-00006535	<b>Admission Date</b>	08-06-2026
<b>Ref Doctor</b>	SELF		
<b>Discharge Date</b>	10.06.2026		

**Consultant:**  
**Dr. DILNAAZ FAROOQUI**  
MBBS DNB  
56763

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
TERM (37 weeks + 4 days)/AGA/BABY BOY/ RIGHT UNDESCENDED TESTIS	

**History:** Baby Of VANAM AISHWARYA LAKSHMI is a term (37 weeks + 4 days) baby boy, delivered to a G2P1L1 mother by emergency LSCS on 08.06.2026 at 12:14 am with birth weight of 2780 gms in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after

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delivery. Delayed cord clamping done. Fetal presentation was Vertex.

**Maternal History:** Mrs. VANAM AISHWARYA LAKSHMI is a 28 years old G2P2L2 mother.

G1 - 2024 - FTLSCS (IND:NPOL), male, 3.3kg, A&H

G2 - Present pregnancy, Spontaneous conception.

had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Hypothyroidism. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ / Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

**Mother's Blood group is O positive. Baby's blood group is O positive.**

**Examination:** Baby was eutermic (36.5 \*C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Right testis not palpable in scrotum. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Right undescended testis.

**Anthropometry:**

Weight at birth : 2.780 kgs.

Weight at discharge : 2.56 kgs.

Head Circumference : 34 cms.

Length : 49 cms.

**Investigations:** Enclosed reports.

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**Management:  
Course during hospital:**

Serum bilirubin at 48 hours of life was 10.4 mg/dl with indirect fraction of 10.3 mg/dl.

In view of right undescended testis, Pediatric surgery opinion was taken. Advised USG abdomen and inguinoscrotal region.

**Feeding:** Breast feeding was initiated (First feed was given within 30 minutes), measured feeds were started. Baby tolerated the feeds well.

**Vaccination:** Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	08.06.2026
OPV	Given	08.06.2026
HEPATITIS B	Given	08.06.2026

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:** Done on 10.06.2026 (report awaited).

**Newborn screening advanced / Newborn sreening-4 :** Parents not willing.

**SPO2 : 98 % at room air**  
**Red Reflex: Present & Symmetrical**  
**Hip Examination was normal.**

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Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

**Condition at discharge:** Baby is pink, warm, active and on direct breast feeds + measured feeds.

**Advice:**

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

**Plan:**

1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Serum Bilirubin to be done / decided on followup**
3. **USG abdomen and inguinoscrotal region on follow up.**

Review consultation with Dr. DILNAAZ FAROOQUI on Friday (12.06.2026) at Himayatnagar with prior appointment (**Review consultation will be charged**).

**Review back to Hospital:** If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

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The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Himayatnagar / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website **[www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

*Valm*  
Registrar/Resident/C.M.O

**Dr. DILNAAZ FAROOQUI**  
MBBS DNB  
56763

# CONSENT FOR FORMULA FEEDS



11111111111111111111 11111111111111111111  
Baby Of VANAM AISHWARYA  
08-08-2026 0 Y 0 M 0 D 20 H (M)  
Dr. DILNAAZ FAROOQUI

Patient Name : ..... Age : ..... Gender :  Male  Female

UHID No : ..... Department : Pediatrics Date : .....

I Mr / Mrs. : ..... aged ..... years, hereby declare that I have admitted my  son /  daughter in the Neonatal Intensive Care Unit of Rainbow Children's Hospital, Hyderabad on ..... I hereby give consent for formula feed for my child. Doctors have explained me about the formula feeding benefits, risks, alternatives in the language I best understand.

### Patient Attendant :

Signature : V. Anjali

Name : Vanam. Aishwarya Lakshmi

Relationship with Patient : mother

Date & Time : 9/6/26 @ 9:30 AM

### Witness :

Signature : [Signature]

Name : Somya

Date & Time : 9/6/26 @ 9:30 AM

### Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Dhaipriya

Date & Time : 9/6/26



# డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు  స్త్రీ

యు.హెచ్.ఐ.డి. .... రిజిస్ట్రేషన్ నెం.: ..... విభాగము .....

తేదీ .....

నేను శ్రీ/శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె/కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా

ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

HNH-00015859 IP26-00006535  
Baby Of VANAM AISHWARYA  
08-06-2026 0 Y 0 M 0 D 10 H (M)  
Dr. DILNAAZ FAROOQUI



# CROSS CONSULTATION FORM

Doctor Name : ..... Date : ..... Time : .....

Diagnosis : .....

Hospital : .....

**Type of Referral :**

- Emergency
- Urgent
- Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

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

Signature: \_\_\_\_\_

**Findings and Recommendations :**

Term / AGA / male / Right undescended testis.

Euthemic

Vitals - stable.

RLs - BIL AE ⊕

PLA - soft, NATD

Urine - passed  
Stool - passed.

OLE ⇒ Lt testis palpable in scrotum ⇒ Rt testis not palpable.

⇒ Scrotum well developed

Plan

- ⇒ USG - Abdomen & inguinoscrotal region
- ⇒ Review report

**Consultant :**

Name : ..... Signature :  ..... Date & Time : .....

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP26-00006535      Admit Date : 08-Jun-2026      Admit Time : 01:07 AM      UHID : HNH-00015859

**Patient Details :**

Patient Name : Baby Of VANAM AISHWARYA LAKSHMI      Age : 0 D  
Guardian : Mr SRAVAN KULKARNI      DOB : 08-06-2026 12:14 PM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : FLAT NO:404,VASAVI TOWERS ,SAI NAGAR      Phone No : 8317585034/ 8919925943  
COLONY NEAR SHIVAJI STATUE CIRCLE      E-mail : NA@GMAIL.COM  
Chaitanyapuri Colony Hyderabad Telangana  
INDIA 500060

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-HNPDA-415-1      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-415-1      Admission Type : First Visit

**Contact Details :**

Name : Mr SRAVAN KULKARNI      Relationship : Father  
Contact Address : FLAT NO:404,VASAVI TOWERS ,SAI NAGAR      Phone No : 8317585034  
COLONY NEAR SHIVAJI STATUE CIRCLE  
Chaitanyapuri Colony Hyderabad Telangana  
INDIA 500060

  
Signature

**Doctor Details :**

Doctor Name : Dr. DILNAAZ FAROOQUI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : DC/CC Card      Deposit Amount : 20000.00  
Payor Name : SELFPAY







## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name: VANAM AJSHWARYA Age: 28 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 VANAM AJSHWARYA Mother's Blood Group: B Positive  
 Gender:  M  F Blood Group: ..... Birth Weight (gms): 2780 Length (cms): .....  
 Date of Birth: 08/06/26 Time of Birth: 12:14 AM OFC (cms): .....  
 Place of Birth: RCH - HMNL Estimated Gesth Age: 37 wks

Current Obstetric History: (Booked / Unbooked Case)  
 Maternal Age: 28 Ht: ..... Wt: ..... BMI: ..... Married Life: ..... LMP: ..... EDD: .....  
 Conception: Spontaneous or with Rx: .....  
 Booked at what GA: ..... AN Steroids Drugs / Doses: .....  
 Last Scans Details: 16/26 - SLEUF, Cephalic (37 wks), Doppler (EFW - 2.9 kg) TT Immunization and Iron / Folic Acid: .....

### MATERNAL RISK FACTORS

<p>Age: <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs          Consanguinity: <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, degree of consanguinity: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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 : .....</p>	<p>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 ? .....          ( Anemia, SLE, Jaundice, CHD, Heart Disease )          Infection : H/O, Fever.          ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )          UTI : when : ..... Any culture : .....</p>
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PPROM: Duration: .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results: .....  
 Medication during Pregnancy: ..... Duration: .....



**PAST OBSTETRIC HISTORY**

G: ..... P: ..... A: ..... L: .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1	2y	Term	3.3 kg	♂		

**PERINATAL HISTORY**

Treating Obstetrician : ..... Dr. Sanjivani ..... Hospital : LCH-HMNR .....  Inborn  Outborn

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

**APGAR SCORE**

Gestational Age : ..... 37 ..... Weeks : ..... 4.9 .....

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
	1	1	
	2	2	
	1	2	
	2	2	
	2	2	
<b>TOTAL</b>	<u>8/12</u>	<u>9/12</u>	

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints : Tum / Anal Prolapsed / Mele (CIAB/2.7804)



Baby cried Immediately after birth



HR > 100/min, Tone is blo

Axillary's

Grinace reflex ⊕

One nasal suction done - ligens.

Card clamped out  $\leftarrow$  2A  
12

Investigation details in previous Hospital :

Feeding History :



[Faint handwritten notes]

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :  
*Acrocyanosis*  
*HR > 160/min*  
*Tare in b/w*

VITALS : Temperature : ..... HR : *136/min* RR : *36/min* NIBP : ..... CFT : *< 3 sec*  
Color of the extremities : .....  
Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : *2780 gm* Length : ..... HC : ..... Present Weight : .....  
Ponderal Index : ..... AGA :  SGA : ..... LGA : .....



HEAD TO TOE EXAMINATION

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

Facies :  
(Any Facial  
Dysmorphism)

no

NECK and  
CLAVICLES :

Range of Motion :  
Asymmetry :  
Masses :

)  
(N)

EYES :

Symmetry :  
Red Reflex :  
Discharge :

)  
(N) to be checked

EARS, NOSE  
MOUTH and  
THROAT :

Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

)  
(N)

THORAX and  
BREASTS :

Shape of Thorax :  
Position of Nipples and Number :

)  
(N)

ABDOMEN and  
UMBILICUS :

Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

)  
(N)

GENITALIA :

Labia / Hymen :  
Testicles/penis : male external genitalia - (RT) undescended  
Anus : testy

HERNIAL ORIFICES

(N)

TRUNK and SPINE :

(N)

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :  
Arms / Legs :  
Deformities :  
Mobility :  
Hip Joint Examination :

)  
(N)



**SYSTEMIC EXAMINATION**

**Respiratory System :**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 36/min 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 : 90% RA Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

**Cardiovascular System :**

HR : 136/min BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

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

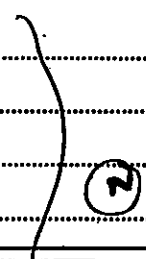
**Abdomen :**

Shape : ..... Hernia orifice : patent

Palpation : ..... Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 2A/1V

Abdominal girth : ..... First urine passed : ..... Meconium passed : Not yet 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 : .....

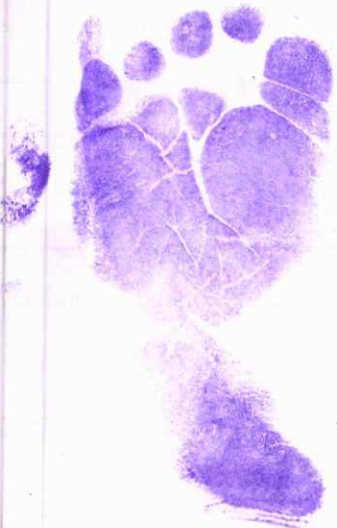


Any Congenital Anomalies : .....

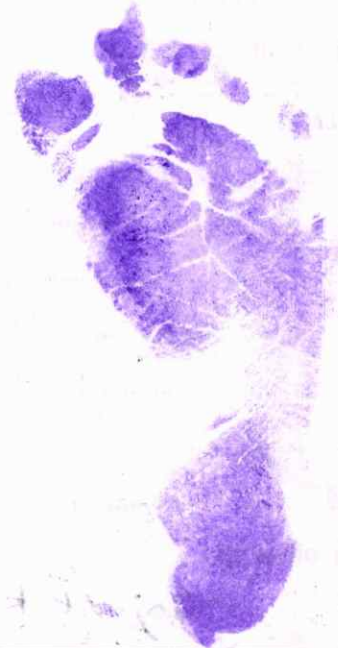
Diagnosis : ..... Tem / Atrial CIAD / 2.780 kg / (R) Undescended testes  
Em. LSCS (Plan. LSCS)

**FOOT PRINTS**

Left Side :



Right Side :



Resident Doctor :

Signature : ..... *B. Sastry*

Name : ..... *B. Sastry*

Date & Time : ..... *8/6/26 12:40 AM*

Consultant :

Signature : ..... *Dilnaaz*

Name : ..... *Dr. Dilnaaz*

Date & Time : ..... *8/6/26, 10:30 am*

**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**

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

**Plan during ward follow up :**

- Inj. Vit K Inj IM stat
- Vaccination today OPV-2, BCG, Hep B-2nd dose
- Blood group - Send - Cord blood
- D.B.S.T. Biopsy 2nd
- Warm care

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

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

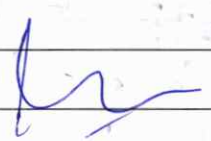
ROP : .....

TFT : .....

NP2 : .....



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	NIB Dr. Shami	
8am	term) AYA / male / 2.78 / (RP) unduly	tub.
	<ul style="list-style-type: none"> <li>- accepting feeds well ✓</li> <li>- urine ✓</li> <li>- stools ✓</li> </ul>	
	<p>o/e</p> <p>enthusiastic</p> <p>U/A: good</p> <p>AF: alert</p> <p>moans (+)</p> <p>vitals: stable</p>	<p>Plan</p> <p>1) warm care</p> <p>2) DBF every 2ml/h</p> <p>stb keeping</p> <p>3) SBR</p> <p>NBS</p> <p>OPE</p> <p>@ 48 HOL</p>
		<p>4) monitor vitals</p> <p>5) vaccination today.</p>
		<p>NIB Shami</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 10 AM	C/S/b by Dilnaz	
	<p>Team (ASA/Male) Pt. undecompressed                      trachea.</p> <p>Enthusiastic.                      Accepting feeds well.</p>	
	<p>of - vitals stable. Plan                      warm care.                      - Vaccination today.                      SBR                      NSG } @ CPB HDL                      OAE</p>	
	<p>of - WNL.</p> <p>scrutiny                      - USG <del>IP HDL</del> - SAT follow up.                      - Ped. Sx opinion.                      - check limb saturation                      Noted by Divya 8/6/26                      Dilnaz @ 10 AM</p>	
8/06/26 12:15 PM	<p>BCG                      OPV                      Hep-B Given</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 3 pm	c/s/hy ds. Anuhe.	
	Baby euthe Ache	
	Aptz good well.	paed Sx Opinion
	vital stable	DBF Only jlb hup
		Sample c usho L
		USG Scrot - on jlb
		check 4 limb spo
	Al.	Noted by Divya 8/6/26 @ 3pm



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>8/6/26</del>	<del>C/D/w Dr Swapna (Paed surgeon)</del>	<del></del>
8:30 AM	<p>Δ - Term / AGA / ♂ / R undiseased Testes</p> <p style="text-align: center;">↓</p> <p>vitals stable</p>	
<u>4/E</u>		<u>Plan</u>
	<p>⊙ undiseased Testes.</p>	<p>Examined. It to be released</p> <p>T/m at</p>
		<p>8 AM noted by</p> <p><i>[Signature]</i> 8/6/26</p> <p><i>[Signature]</i> 8/6/26</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
9/6	CLSLIS for Naipunya / for prashanthi	
7:00 AM	T / AGA / male	(RF) un descended testis
M/B +ve	on room Air	
B +ve	Euthenic CITIA - Good	Plan
	RIS - B/LAF PA - soft, NT	DBF 2nd hourly fls bumping
		- ped Sx opinion
	T. wt - 2.560	+ USA scrotum.
	(7.9% wt loss)	(during followup)
	(220g) ↓↓	SBR, NBS, OAG @
		48 Hrs N/B priyanka



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Dilnaaz	
9/6 9:00 AM	T /AGA/ male	RT Undescended testis
	Githenic	plan
	C/X/A - Good	
	R/S - BL A+⊕	DBF 2nd hourly
	PLA - soft, NT	shn bumping
	V passed	+ Formula feed (15-20ml)
	S passed	Feed Sx opinion
		- SBR } 48 H/L
		- MBS }
		- OAE }
		- Monitor vitely
	MBG: B +ve	- lactical counselling
	BBG: 0 +ve	
		- Check 4 limb saturation
		Dilnaaz
		NB Supriya
		1044 @ 9/6/26

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
9/6/26 12pm	<p><u>Lactation</u> <u>care</u> <u>plan</u></p>	
	<ul style="list-style-type: none"> <li>- well formed Breast &amp; Nipple's</li> <li>- Colostrum seen</li> <li>- baby suck &amp; latch observed.</li> <li>- G2, TARM</li> <li>- baby is not sucking continuously, starting to suck with strong stimulation.</li> </ul>	
	<p><u>Advice:-</u></p>	
	<ul style="list-style-type: none"> <li>- Direct Breast feeding</li> <li>- Aim for deep latch as demonstrated in cradle hold.</li> <li>- make baby suck for 15-20 mins on each side.</li> <li>- stimulate baby continuously</li> <li>- Demand feeding not exceeding 2 1/2 hours as per early hunger cues.</li> <li>- Start Lactare (TID) - Dweak</li> <li>- galact granules 4 scoops (BD) [water dilution]</li> </ul>	<p>Sathwik 9-5                  Pediatric Lactation                  12:10pm</p>

Patient



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2 3pm	<p><u>CLSB Dr. Prerna</u></p>	
	<p><u>Term / App / rule / (RT) Undescended Testis</u></p>	<p>M / B T B / O T.</p>
	<p>Baby Feeds upto lower Abdom</p>	
	<p>Baby Febrile</p>	
	<p>Cry } Tone } Good</p>	<p><u>Plan</u></p>
	<p>Activity } Good</p>	<p>1) Warm care</p>
		<p>2) DBF f/lk feeding Q2h + FF</p>
	<p>R-S - BLAE ⊕</p>	<p>3) SBR } NBS } T/M SAM</p>
	<p>RA - soft</p>	<p>OAE }</p>
		<p>4) Monitor Vitals</p>
		<p>5) USG Abdomen &amp; scrotum on f/lk</p>
	<p><u>CLSB Dr. Sruthi</u></p>	<p><u>Prerna</u></p>
	<p><u>8PM</u> Baby Febrile</p>	
	<p>Cry / Tone / Activity - good</p>	
	<p>Vitals Stable</p>	
	<p>Hydration - good</p>	<p><u>Adv</u></p>
		<p>- Continue same</p>
		<p>- SBR, NBS, OAE / T/M SAM</p>
		<p><i>[Signature]</i></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	S/B Dr. Pallab / Dr. Nazneen	
8 AM	T/AGA/O7/R Underended testis	
	Baby stable accepting feed	Aster
	T.Wt - passing urine/stool	1) warm base
	2.560 kg of vital stable	2) DBF + FP 024
	(8% wt loss) s/e NAD	3) good lungs
		3) <del>Trachea</del> SBR
		OAE <del>if seen</del>
		NBS
		4) USG section on F/R abdomen
		NB - Supriya
		8:30 AM @ 9/6/26



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<u>10/6/26</u>	<u>c/s/by Dr Simdhara M</u>	
	Baby active <u>vital/stab</u>	paed sx opinion <u>done</u>
	<u>s/c</u> <u>NAD</u>	- R/c on Friday Dr Dilnaaz - USG Scutum - Review. & abdome.
		- DBF Obs jlb busy.
		- Monitor vital
		- d/s today
		noted by sandhya 10/6/26 h.c

*M. Simdhara*  
~~DR. DILNAAZ FAROOQUI~~



HNH-00015859 IP26-00006535  
 Baby Of VANAM AISHWARYA  
 08-06-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. DILNAAZ FAROOQUI



305



Blood Group - O+ve

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					
Time					
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					
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					





# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> 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)

MNH-00015859  
 Baby Of VANAM AISHWARYA  
 08-08-2026 0 Y 0 M 0 D 5 H (M)  
 Dr. DILNAAZ FAROOQUI

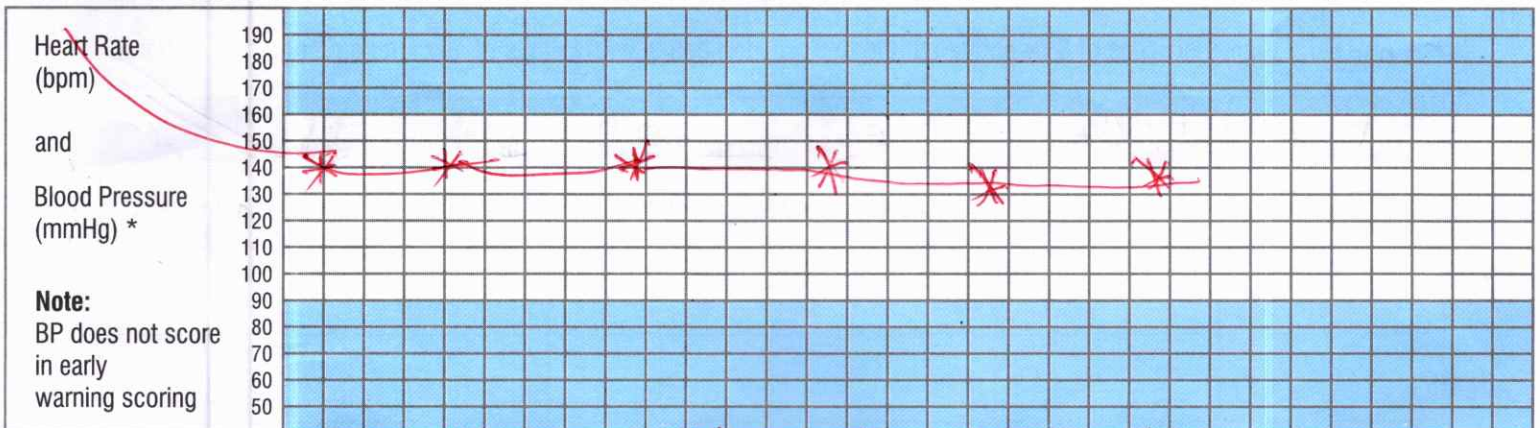
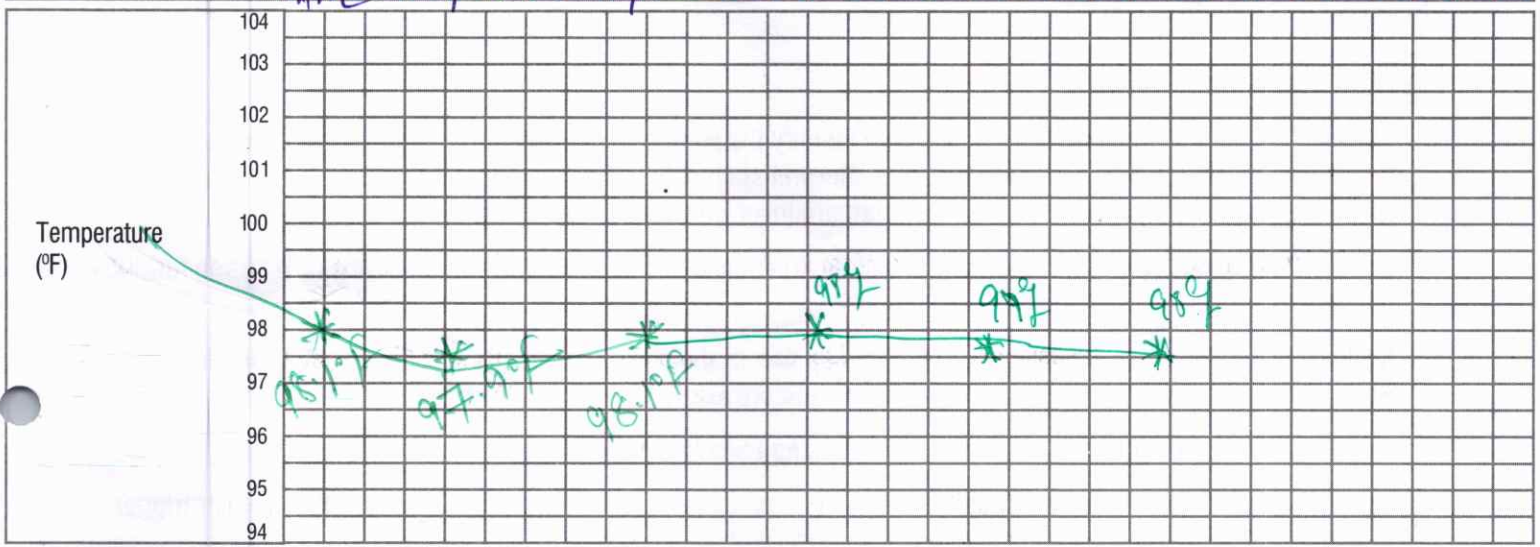
FRM / CLINICAL / 124

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

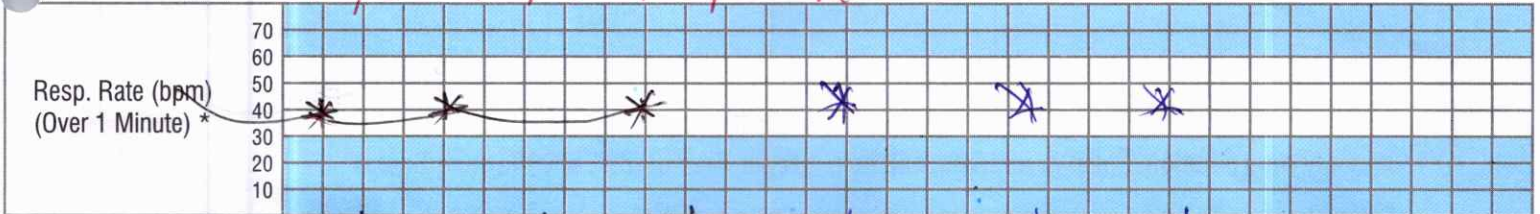


**LY WARNING SCORE: CHILDREN'S UNIT**

Date: 9/6/26 Time: 10 AM 2 PM 6 PM 10 PM 2 AM 6 AM  
 Doctor/Nurse/Family Concern? Am PM PM



Heart Rate (Number) 142b/m 142b/m 142b/m 142b 138b 138b



Resp Rate (Number) 42b/m 42b/m 42b/m 42b 42b 42b

Resp Mod/ Severe Distress None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 100% 99% 99% 99% 99%

Conscious Level Normal / Altered

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

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

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<b>R</b>	<b>RECOMMENDATION:</b> 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)

HNH-00015859 IP26-00006535  
 Baby Of VANAM AISHWARYA  
 08-06-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. DILNAAZ FAROOQUI



# FLUID CHART

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.

		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
8/6	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am	DRF											
	01:00 am	DRF											
<b>Total Intake :</b>						<b>Total Output :</b>							
9/6	02:00 am												
	03:00 am	DBF					✓			✓			
	04:00 am												
	05:00 am	DBF											
	06:00 am												
	07:00 am	DBF											
<b>Total Intake :</b> Taken						<b>Total Output :</b> Passed							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015859 IP26-00006535  
 Baby Of VANAM AISHWARYA  
 08-06-2026 0 Y 0 M 0 D 5 H (M)  
 Dr. DILNAAZ FAROOQUI



# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
8/6/26	08:00 am	DBF											
	09:00 am	DBF											
	10:00 am	DBF											
	11:00 am	DBF											
	12:00 pm	DBF											
	01:00 pm	DBF											
<b>Total Intake :</b> 4ken						<b>Total Output :</b> 2m-2							
8/6/26	02:00 pm	DBF											
	03:00 pm	DBF											
	04:00 pm	DBF											
	05:00 pm	DBF											
	06:00 pm	DBF											
	07:00 pm	DBF											
<b>Total Intake :</b> taken						<b>Total Output :</b> 2m-							
8/6/26	08:00 pm	DBF											
	09:00 pm	DBF											
	10:00 pm	DBF											
	11:00 pm	DBF											
	12:00 am	DBF											
	01:00 am	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							
8/6/26	02:00 am	DBF											
	03:00 am	DBF											
	04:00 am	DBF											
	05:00 am	DBF											
	06:00 am	DBF											
	07:00 am	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

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			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
9/6/26	08:00 am	↓	DBF										
	09:00 am	○	DBF										
	10:00 am	○	DBF										
	11:00 am	↓											
	12:00 pm	↓	DBF										
	01:00 pm	↓											
<b>Total Intake :</b>						<b>Total Output :</b> U- M-							
9/6/26	02:00 pm		DBF										
	03:00 pm												
	04:00 pm		DBF										
	05:00 pm												
	06:00 pm		DBF										
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
9/6/26	08:00 pm	↓	DBF										
	09:00 pm	↓	FF										
	10:00 pm	○											
	11:00 pm	↓	DBF										
	12:00 am	↓	FF										
	01:00 am	↓											
<b>Total Intake :</b>						<b>Total Output :</b>							
10/6/20	02:00 am	↓	DBF										
	03:00 am	↓	FF										
	04:00 am	○											
	05:00 am	↓	DBF										
	06:00 am	↓	FF										
	07:00 am	↓											
<b>Total Intake :</b>						<b>Total Output :</b>							

**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.

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												
	<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015859 IP26-00006535  
 Baby Of VANAM AISHWARYA  
 08-08-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. DILNAAZ FAROOQUI

# NURSING CARE RECORD



Date: 8/6/26

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8PM	<ul style="list-style-type: none"> <li>→ ASSES the baby condition</li> <li>→ monitor the vitals &amp; record</li> <li>→ DRF and hygiene</li> <li>→ maintain Diapers &amp; record</li> </ul>	8AM	<ul style="list-style-type: none"> <li>→ Assessed the baby condition</li> <li>→ monitored the vitals &amp; record</li> <li>→ DRF and hygiene</li> <li>→ maintained Diapers &amp; record.</li> </ul>	Baby is stable	maintain 5 to 6 charcoal	AKWIS @



# NURSING CARE RECORD



Date: 8/6/26

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am to 2pm	<ul style="list-style-type: none"> <li>- assess the baby condition</li> <li>- monitor vital</li> <li>- give every 2nd baby feeding</li> </ul>	8am to 2pm	<ul style="list-style-type: none"> <li>- Assessed the baby condition</li> <li>- monitored vitals</li> <li>- given every 2nd baby feeding</li> </ul>	Now baby is stable	Re-check vitals	<p>navi</p>
Afternoon	Day						
Night	8pm to 8am	<ul style="list-style-type: none"> <li>- Assess the baby condition</li> <li>- Monitor vitals &amp; record</li> <li>- Maintain Ilo chart</li> <li>- DBF + FF 2nd baby</li> <li>- Tim plan for sample SBR &amp; OAE</li> </ul>	8pm to 8am	<ul style="list-style-type: none"> <li>- Assessed the baby condition</li> <li>- Monitored vitals &amp; record</li> <li>- Maintained Ilo chart</li> <li>- DBF + FF 2nd baby</li> </ul>	Baby is stable now	Re-checked vitals	



## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

<b>SITUATION</b>	Diagnosis: <span style="font-size: 1.2em; color: blue;">New born</span>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
<b>BACKGROUND</b>	Area: _____ Shift Time: _____	DI 8/6/26 NA	MS 9/6/26 NA	MS 9/6/26 -	NI 9/6/26 -		
<b>ASSESSMENT</b>	Medical Condition (Any special condition to be noted): Allergy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tubes/Drains/Catheter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Vital Signs: Temp: 97.8°f, 97.8°f, 98.1°f, 97.8°f Res: 30bpm, 30, 43b/m, 46b/m SpO <sub>2</sub> : 98%, 98%, 99%, 100% Pulse: 150b/m, 150b/m, 143b/m, 146b/m BP: - Fall Risk Score: - Pain Score: -	NA NA - - - - -	NA NA - - - - -	- - - - "0" -	- - - - - -		
<b>Recommendations</b>	Safety Needs: - Physiotherapy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Others Specify: - Special Diet: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Special Orders / Medications: NA	- - - - - -	- - - - Good - -	- - - - - -	- - - - - -		
	Post Operative Procedure Special Orders: NA	NA NA - -	NA NA - -	- - - -	- - - -		
	Handed Over By Name : Akeela	NA NA - -	NA NA - -	- - - -	- - - -		
	Signature : _____ Date: 8/6/26 Time: 8AM	NA NA - -	NA NA - -	- - - -	- - - -		
	Taken Over By Name : Momi	NA NA - -	NA NA - -	- - - -	- - - -		
	Signature : _____ Date: 8/6/26 Time: 8AM	NA NA - -	NA NA - -	- - - -	- - - -		

Patient Sticker



## NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
<b>BACKGROUND</b>	Area .	/	/	/	/	/	/	
	Shift Time							
	Medical Condition (Any special condition to be noted):							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
Fall Risk Score:								
Pain Score:								
<b>Recommendations</b>	Safety Needs:							
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

HNH-00015859 IP26-00006535  
 Baby Of VANAM AISHWARYA  
 08-08-2026 0 Y 0 M 0 D 10 H (M)  
 Dr. DILNAAZ FAROOQUI



DATE: 8/6/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(P)	Normal	no cleft palate
2	Pre natal teeth	None	nil	
3	Anal opening	patent	Patent anal	orifice
4	Genitalia	Male extery genitalia (R) Undescended testis	male	external genitalia Rt. undescended testes
5	Spine	(P)	normal	
6	Red reflex	to be checked	Red reflex seen in both eyes	
7	4 limb saturation (before discharge)	to be checked	Equal in all 4 limbs	

*[Handwritten Signature]*

Ped.Registrar signature

*[Handwritten Signature]*

Ped.Consultant signature

1212



W



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark' [✓] the boxes as applicable)

Baby's Name: Aishwarya Lakshmi Mother's Name: .....

Date of Birth: 8/6/26 Time of Birth: 12:14 AM Gender:  Male  Female

Birth Weight: 2.780 Kgs HC: ..... cm Length: ..... cm

Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No

Term / Pre-term / Post-term: .....

Resuscitated:  Yes  No Blood Group: Mother: ..... Baby: .....

Feeding:  Breast Feeding  Formula  Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental  AVD

Indication: .....

### Physical Assessment of New Born:

Temp: 36 °C HR: 150 /Min RR: 55 /Min BP: ..... SpO<sub>2</sub>: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 0 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore:  Yes  No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry

Skin:  Pink  Meconium Stain  Others, Specify: .....

Nursing Management: (Please strike through if not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No

3. Socio History: Siblings Yes / No

All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Akshita


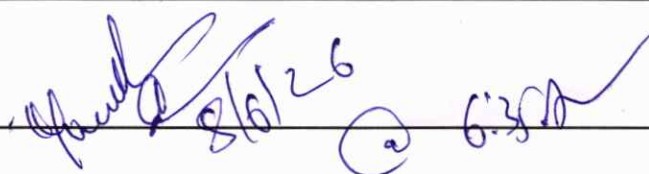
Signature: [Signature]

Date & Time: 8/6/26



# PATIENT TRANSFER FORM



Patient Name & UHID No. HNH-00015859 IP26-00006535 Baby Of VANAM AISHWARYA 08-06-2026 0 Y 0 M 0 D 10 H (M) Dr. DILNAAZ FAROOQUI 		Date & Time of Admission 8/6/26 @ 1:07 AM	Date & Time of Transfer Order 8/6/26 @ 6:30 AM
		Transfer Ordered by Dr. Sreeghan.	Reason for Transfer observation.
From Unit PR & Post	To Unit Floor	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Akshata		Name of Person Ordered Transfer Dr. Sreeghan	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 8/6/26 @ 6:30			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
  Nurse not Available
  Available Bed not ready