

DISCHARGE SUMMARY

Name	Baby Of NISHIKA	UHID	HNH-00015826
Father/Guardian	Mr HARI KIRAN	Age/Gender	0 Y 0 M 6 D/ Male
Address	18-7-739/2/1 sri ram nagara colony gowlipura, Jahanuma, Hyderabad, Telangana, INDIA, 500053		
IP No	IP26-00006517	Admission Date	06-06-2026
Ref Doctor	Self.		
Discharge Date	13.06.2026		

Consultant:

Dr. S TEJASWI REDDY

MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

DR. S. TEJASWI REDDY

MBBS, MD (Paed) DM Neonatology
CONSULTANT PEDIATRICIAN AND
INTENSIVIST
APMC/FMR/94068

DR. SPANDANA PASUPULETI

MBBS, MRCPCH
CONSULTANT PEDIATRICIAN AND
INTENSIVIST
Reg No: 30925

Diagnosis: TERM (40 WEEKS) / AGA / MALE / NVD / PERINATAL ASPHYXIA / MILD HIE

History : Baby Of NISHIKA is a term (40 weeks) / baby boy of birth weight 2.5 kgs, born to P1L1A1 mother delivered by normal vaginal delivery (Vaccum

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Assisted) on 06.06.2026 (Outside Govt. Hospital) at 03:17 am. Baby did not cry after birth. Apgar scores and resuscitation details were 4/10 at 1 min, 5/10 at 5 min. Baby developed respiratory distress after birth for which baby was intubated, IV antibiotic were started and shifted to NICU in outside hospital. At the time arrival to Rainbow ER, baby was gasping, cyanosed and hypothermic. In view of bradycardia, baby was started on chest compressions and 2 doses of adrenaline was given. Baby was re-intubated in view of ET tube block. After heart rate and saturations improved, baby was shifted to NICU for further management.

Maternal History : Mrs. NISHIKA is a 28 years old P1L1A1 mother. Mother's blood group is AB positive.

G1 : Present pregnancy, OI conception. She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

Examination: At the time of admission baby was hypothermic and cyanosed. His heart rate was 80/min, shallow respirations. On auscultation of chest, air entry was bilaterally equal with sub-coastal and inter-coastal retractions were present. Abdomen was soft without organomegaly. Baby was hypotonic. There were no obvious external congenital anomalies.

Weight on Admission : 2.5 kgs
Weight on Discharge : 2.58 kgs
Head circumference : 35 cms
Length : 46 cms.

Investigations: Enclosed reports.

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Date	On 06.06.2026	On 07.06.2026	On 08.06.2026
TEST	Result	Result	Result
CBP: Hemoglobin	13.4 g/dl	12.9 g/dl	
While blood cell	42580 cell/cmm	14130 cell/cmm	
Platelets	2.82 lakh/cmm	2.23 lakh/cmm	
CRP	5 mg/L	26 mg/L	5 mg/L
S.electrolytes: Natrium (Na)	136 mmol/L		
Potassium (K)	5.3 mmol/L		
Chloride (Cl)	105 mmol/L		
Serum.CREATININE	1.4 mg/dl		
BLOOD UREA	19 mg/dl		
Serum.LACTATE	5.5 mmol/L		
Calcium	9.1 mg/dl		
MAGNESIUM	2.6 mg/dl		
LFT: SBR	2.2 mg/dl	6.6 mg/dl	

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DIRECT FRACTION	0.7 mg/dl	6.5 mg/dl	
SGOT	146 U/L	166 U/L	
SGPT	34 U/L	62 U/L	
ALP	150 U/L	128 U/L	
PROTEIN	5.3 g/dl	6.4 g/dl	
ALBUMIN	3.2 g/dl	3.7 g/dl	
GLOBULIN	2.1 g/dl	2.7 g/dl	
A/G Ratio	1.5	1.3	
PT/INR/APTT	25 / 1.9 / 53	14/ 1.0 / 31	
BLOOD CULTURE	Sterile		
BLOOD GROUP	A positive		

EEG : The above EEG findings are suggestive of diffuse cerebral dysfunction in view of absent state to state variability

MRI

* Isolated mild cytotoxic edematous change within the corpus callosum. In the setting of suspected perinatal asphyxia, this may represent a mild hypoxicischaemic insult. Differential of viral etiology/ post ictal edema.

2D Echo shows

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Situs Solitus Levocardia
Small PDA with left to right shunt
PFO with left to right shunt
Good biventricular function
Left arch, No COA

Management:

RDS/ HMD - Non Invasive Ventilation:

Baby was nursed in thermoneutral environment. In view of decreased respiratory efforts the baby was intubated with ET tube of size 2.5 fr and fixed at 8 cm connected to mechanic ventilator PCV-SIMV mode, pressure support with Fio2 21 % ,PEEP-6, Rate -50/min, PIP -15. Chest x ray done on 06.06.2026 was normal. Baby was initially weaned off to NIV, later to CPAP support on DOL2, once breathing efforts were adequate. The baby was maintaining saturations on CPAP support and activity improved , hence was gradually tapered and weaned off to room air on DOL 3.

Probable Sepsis: Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids, IV antibiotics and IV antifungals after sending blood culture. Baby's blood sugars were frequently monitored which remained stable. Baby initial hemogram showed TLC 42580 (N/L 66/26) and CRP was 5. In view of severe acidosis and high lactate levels injection. bicarbonate infusion was given. In view of deranged PT/INR, FFP and cryoprecipitate was given. Repeat CBP done on 07.06.2026 showed TLC WAS 14130 and CRP was 26. IV antibiotics were stopped after blood cultures was negative. Serial monitoring of blood gas was done and ventilator settings were adjusted accordingly.

Serum bilirubin at 6 days of life was 4.8 mg/dl with indirect fraction of 4.7

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mg/dl.

EEG Done on 06.06.2026 which shows suggestive of diffuse cerebral dysfunction in view of absent state to state variability.

NSG done on 06.06.2026 which was normal.

MRI BRAIN suggestive of Isolated mild cytotoxic edematous change within the corpus callosum. In the setting of suspected perinatal asphyxia, this may represent a mild hypoxicischaemic insult. Differential of viral etiology/ post ictal edema.

Feeding: Baby was initially kept on IV fluids. Ultrasound abdomen shows Mildly prominent pelvicalyceal system on the right side and fecal loading in rectum. On DOL 2, gradually introduced OG feeds. After tolerating OG feeds, gradually spoon feeds were introduced and reached full spoon feeds on DOL5. Baby was shifted to ward side on DOL 7. Breast feeding was initiated along with measured feeds were. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	12.06.2026
OPV	Given	12.06.2026
HEPATITIS B	Given	12.06.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: To be done on follow up.

Name	Baby Of NISHIKA	UHID	HNH-00015826
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Newborn screening advanced / Newborn screening-4 : Sent on 12.06.2026, report awaited.

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

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.
- MCT oil for local application twice daily.

Plan:

1. **Newborn screening advanced / Newborn screening-4 report to be collected on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to**

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be done on followup.

3. Serum Bilirubin to be done / decided on followup

Review consultation with Dr. S TEJASWI REDDY on Monday(15.06.2026) 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.

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**

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Srinubh
Registrar/Resident/C.M.O



Dr. S TEJASWI REDDY
MBBS, MD Pediatrics, DM Neonatology
APMC/FMR/94068

2
3



ADMISSION SHEET

Registration Details :



Admission No : IP26-00006517 Admit Date : 06-Jun-2026 Admit Time : 08:42 AM UHID : HNH-00015826

Patient Details :

Patient Name : Baby Of NISHIKA Age : 0 D
Guardian : Mr HARI KIRAN DOB : 06-06-2026 01:00 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : 18-7-739/2/1 sri ram nagara colony gowlipura Phone No : 9989985383/ 8639601071
Jahanuma Hyderabad Telangana INDIA E-mail : no@gmail.com
500053

Admission Details :

Bed Type : DAY CARE Bed No : ER02 Ward Name : GF -EMERGENCY
Room No : ER02 Admission Type : First Visit

Contact Details :

Name : Mr HARI KIRAN Relationship : Father
Contact Address : 18-7-739/2/1 sri ram nagara colony gowlipura Phone No : 9989985383
Jahanuma Hyderabad Telangana INDIA 500053

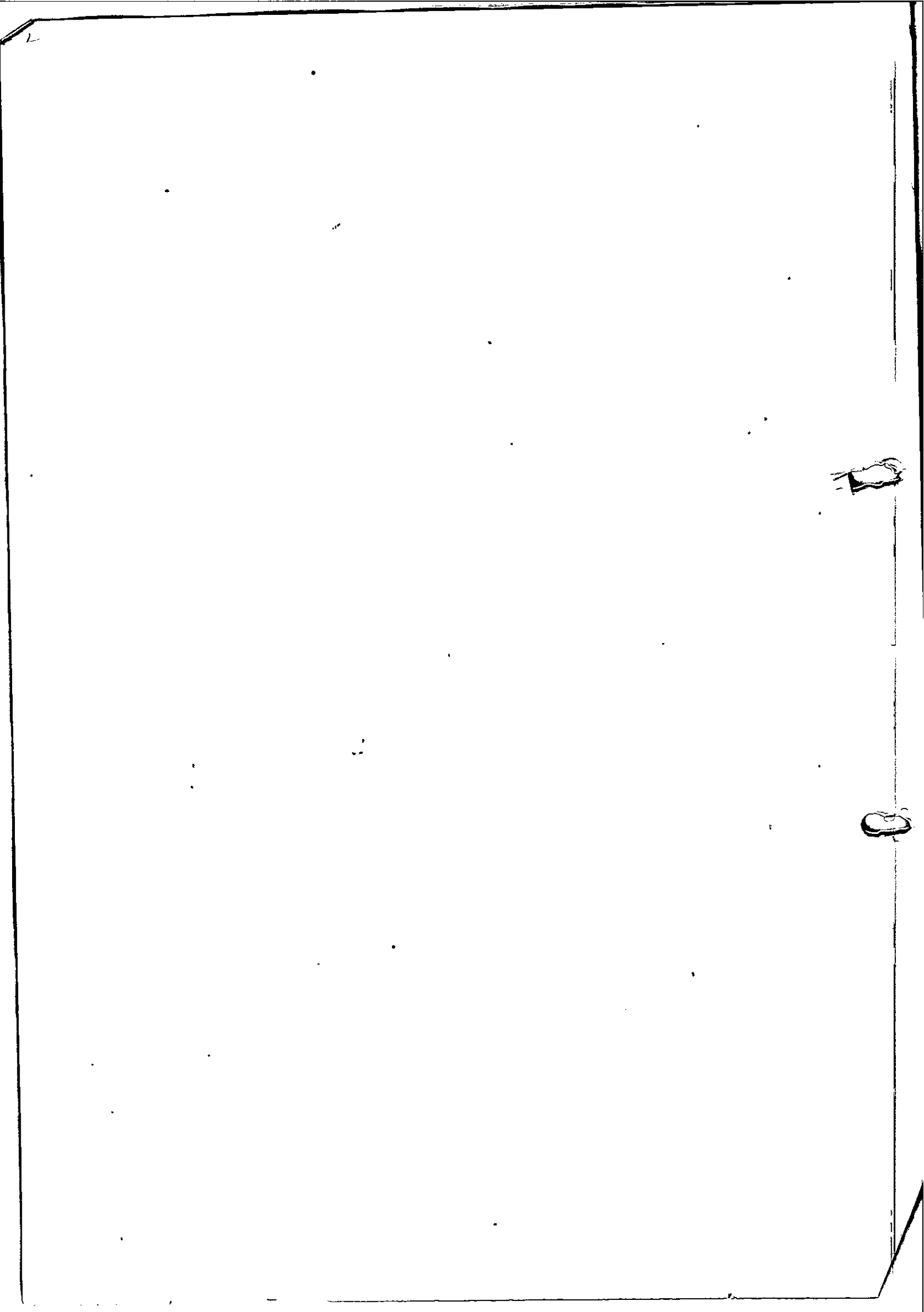

Signature

Doctor Details :

Doctor Name : Dr. S TEJASWI REDDY Specialisation : NEONATOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 30000.00
Payor Name : SELFPAY



NH-00015826 IP26-00006517
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 8-06-2026 0 Y 0 M 6 D (M)
 r. S TEJASWI REDDY



Patient Stic



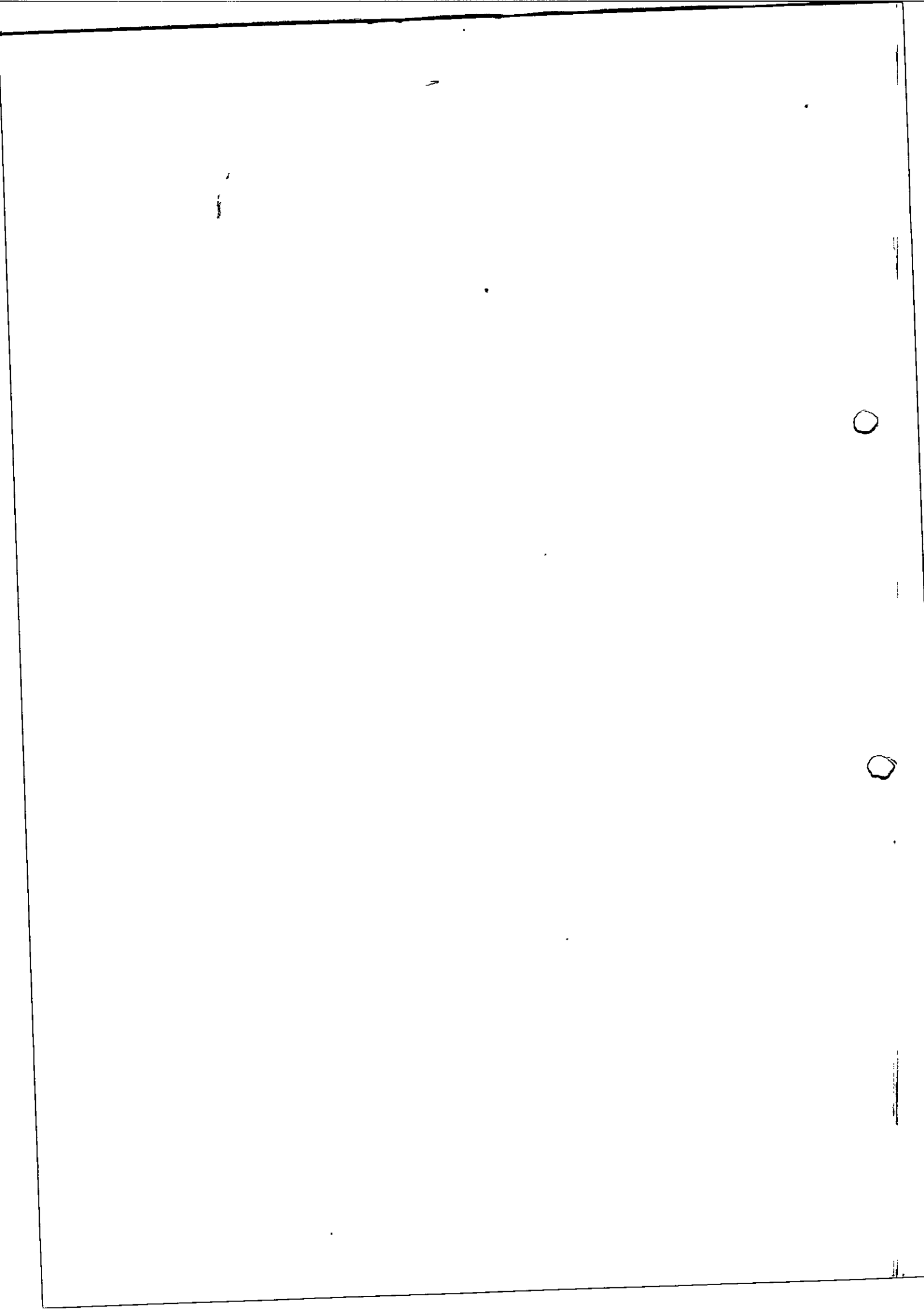
DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets				
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment				
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed	1			
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing extra	1			
		6			
	Total No. of Pages				


Doc. No. : RCH/FRM/GENERAL/126

Signature and Date :

[Signature]
 13/6/2020 (P.T.O)

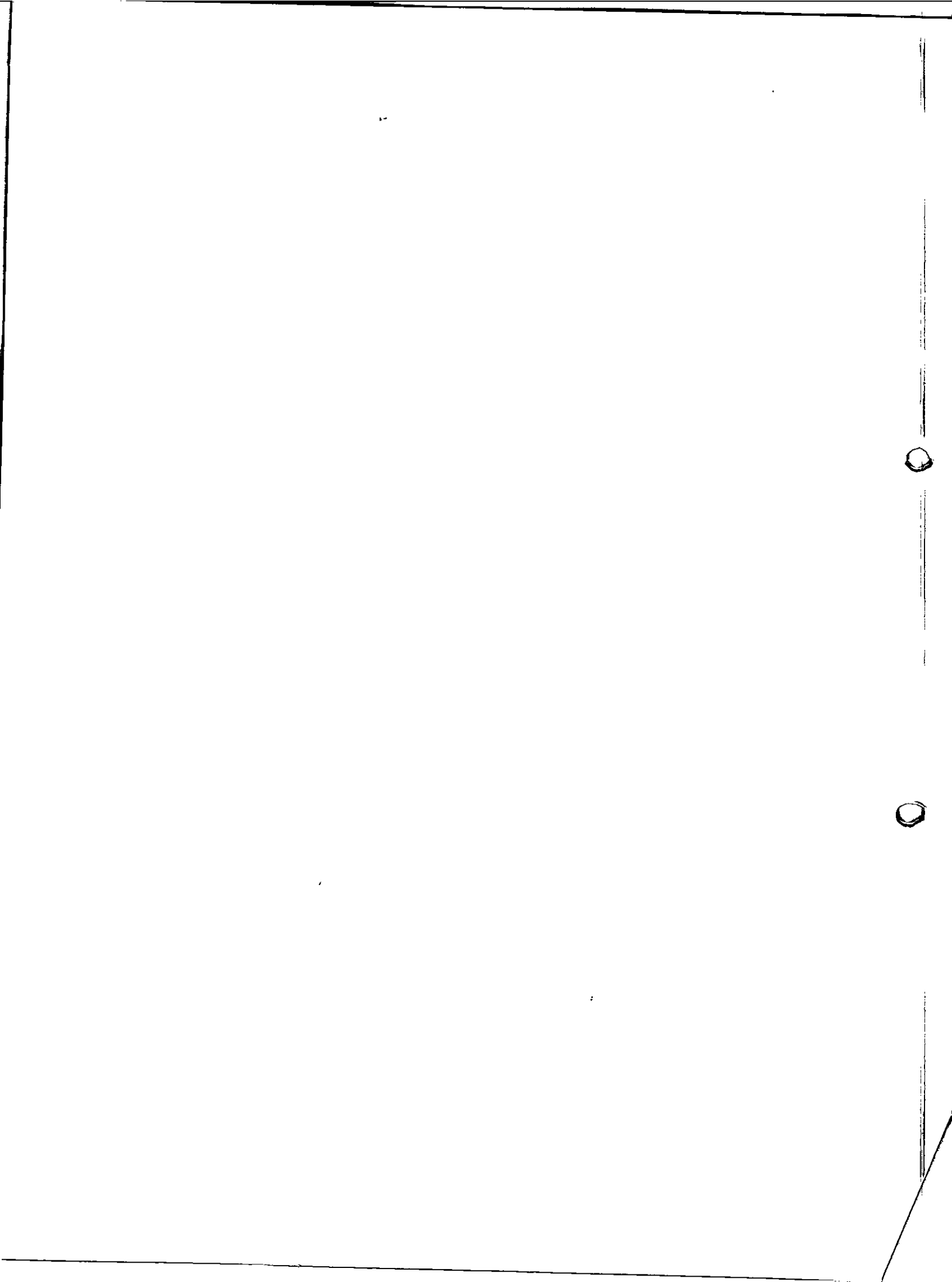


PATIENT TRANSFER FORM

Patient Name & IHDIN No HNH-00015826 IP26-00006517 Baby Of NISHIKA 06-06-2026 0 Y 0 M 6 D (M) Dr. S TEJASWI REDDY		Date & Time of Admission 6/6/26 @ 8:40 AM	Date & Time of Transfer Order 12/6/26
Treating Dr. Tejaswi Reddy		Transfer Ordered by	Reason for Transfer stable
From Unit NICU	To Unit 2nd floor @ 9:10 PM	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 23	Number of Imaging Films 2	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 checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Nikitha		Name of Person Ordered Transfer	
Patient & Clinical Records Received by : Dr. S. Anandya 2 PM			
Date & Time of Patient Received : 12/6/26			

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



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Baby Of NISHIKA
5-08-2026 0 Y 0 M 0 D 15 H (M)
r. S TEJASWI REDDY



ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- IP No : ----- Consultant : ----- Dept : -----

Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	9:30am	NICU/ICU	NICU HMNR	<i>[Signature]</i>
12/6/26	2:10pm	NICU	2nd floor	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Abhishek	7/6/26	57114	<i>[Signature]</i>
2.	Cross checked by Sujata on 10/6/26 at 11a			
3.	Dr. Neelgagan Rao	6/6/26	4668	<i>[Signature]</i>
4.	Cross checked by Sujata on 13/6/26 at 11a			
5.				
6.				
7.				
8.				
9.				
10.				

P-6
 V-4

Date	Investigations	Order No.	Sign
6/6/26	X-ray chest	06800	
6/6/26	RBS ¹ (403mg/dl), GRR ² (107mg/dl)	09409 ✓	[Signature]
6/6/26	ABG ¹ , VBG ¹		
6/6/26	Blood grouping, CRP	09410 ✓	[Signature]
6/6/26	CRP, PT/APTT, Blood culture		
6/6/26	magnesium, calcium, urea		
6/6/26	LFT		
6/6/26	Urea, creatinine, electrolytes	09412 ✓	[Signature]
6/6/26	Lactate	09431 ✓	
6/6/26	USG, NISG, 2 Decho	6807	
6/6/26	X-ray (picline)	6841 ✓	
6/6/26	3PM RBS (107mg/dl) VBG ²	9449 ✓	
6/6/26	6PM RBS ⁴ (59mg/dl) VBG ³		
6/6/26	12PM ABG ²		
6/6/26	ABG ⁴ 9:30 am at 9:30 pm	9457	Shivudeel
7/6/26	ABG ⁵ 12PM ABG ⁵ 6AM	9466	[Signature]
7/6/26	RBS ⁵ 77mg/dl	9467	
7/6/26	RBS, VBG ⁴	9479 ✓	[Signature]
7/6/26	CBP, CRP, LFT, PT/APTT	9480	
8/6/26	RBS 131 mg/dl	9514	[Signature]
8/6/26	ABG ⁶	9518	[Signature]
8/6/26	CRP	9544	[Signature]
9/6/26	RBS (74 mg/dl)	9568	[Signature]
10/6/26	RBS (96 mg/dl)	9601	[Signature]



EMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
6/6/26	Invasive Monitor	9:30AM	12/6 11AM	204656	[Signature]
6/6/26	ventilator	9:30AM	6/6/26 10pm		
6/6/26	Oxygen	9:30AM	8/6/26 8 AM		
6/6/26	Syringe pump (In fluids)	9:30AM	10/6/26 10:30AM		
6/6/26	Syringe pump (Heplock)	4pm	12/6 11AM		
6/6/26	CPAP	10pm	8/6/26 8 AM	204820	[Signature]
				4981	[Signature]
Cross checked by Camu 10/6/26 at 7					
Sujata on 10/6/26 at 10pm					
Cross checked done by Dhaya 11/6/26 @ 10pm					
Sujata on 13/6/26 at 11a					

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	Pv placement	1	204675	J
6/6/26	picc line	1	4840	J
6/6/26	BEG up to 12 hour	1	716 4854	J
6/6/26	ET Intubation	1	5245	J
Cross checked by Lerna 10/6/26 at 7:42				
Signature on 10/6/26 at 11:10				
6/6/26	Blood Transfusion	1	5747	J
6/6/26	Blood Transfusion	1	5243	J
Cross checked done by Dhoya 11/6/26 @ 10 pm.				
6/6/26	Blood transfusion	1	206167	J
10/6	PAC		6170	

ANY OTHER INFORMATION

UBG- (11)
 ABG- (6)
 RBC- (11)
 EEG- (1)
 X-ray- (2)
 USG- (1)
 USG- (1)
 2D echo- (1)
 Dr. Abhishek- (1)

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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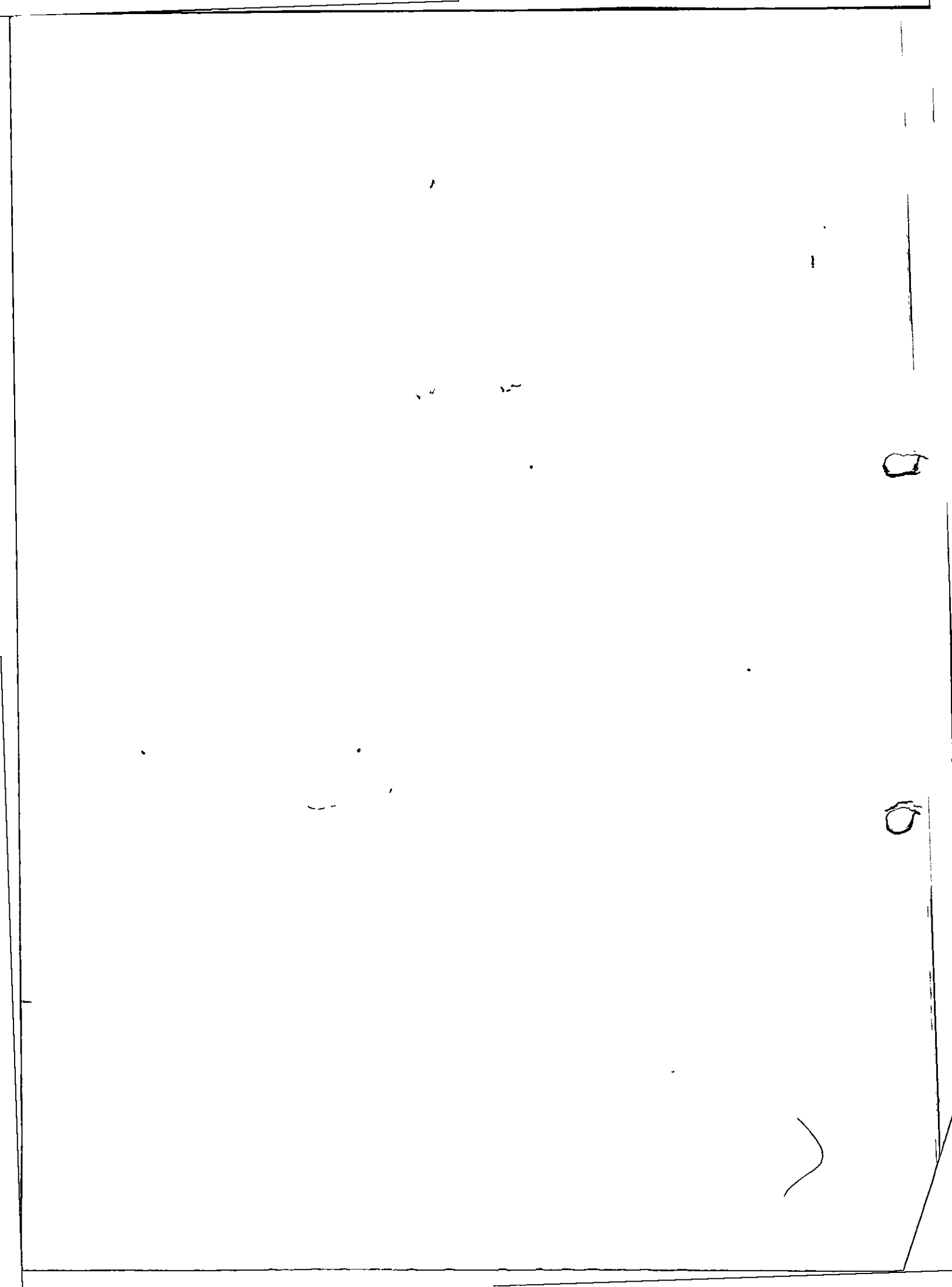
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HNH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-06-2026 0 Y 0 M 0 D 18 H (M)
 Dr. S TEJASWI REDDY



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
6/6/26	10Am 1	403 mg/dl	Iv fluids	[Signature]
6/6/26	12pm 2	107 mg/dl	Iv fluids	[Signature]
6/6/26	3pm 3	170 mg/dl	Iv fluids	[Signature]
6/6/26	6pm 4	59 mg/dl	Iv fluids	[Signature]
7/6/26	6Am 5	77 mg/dl	Iv fluids	[Signature]
7/6/26	6pm 6	112 mg/dl	Iv fluids	[Signature]
8/6/26	8pm 7	131 mg/dl	Iv fluids	[Signature]
9/6/26	6Am 8	74 mg/dl	Iv fluids	[Signature]
CROSS checked by Ceem 10/6/26 at 12 AM				
10/6/26	6 Am 9	96 mg/dl	Iv fluids	[Signature]
CROSS checked by Sujata on 10/6/26 at 10				
11/6/26	6am (10)	68 mg/dl	Bl feed	[Signature]
12/6/26	6am (11)	80 mg/dl	Bl feed	[Signature]
Total (11) CROSS checked done by Dhayer 11/6/26 @ 10pm				





CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : B/o Nishika Age : 5 day Gender : Male Female

UHID NO: HNH-00015826 Surgeon Name: -

Anaesthesiologist : Dr. Samir / Dr. Archana K.

Operative procedure planned : MRI Brain.

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / Renal Tubular Acidosis
- Incapacitating Chronic Obstructive Pulmonary Disease
- Others : laryngospasm, bronchospasm, desaturation

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient B/o Nishika the above mentioned operation / Diagnostic / Therapeutic procedures MRI Brain

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature :
Name : Hari Kiran
Relationship with Patient: Father
Date & Time : 10/6/26 1:10pm

Witness :

Signature :
Name : Nikitha
Date & Time : 10/6/26 1:10pm

Doctor (who is taking the consent) :

Signature :
Name : DR. ARHUNA K
Date & Time : 10/6/26 1:10pm



PAST OBSTETRIC HISTORY

P: A: L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
			Primi			

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <i>NVD</i></p> <p>Second stage (> 2 hours after dilation) <i>vacuum assisted</i></p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : <i>0</i></p> <p>Resuscitation : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
<i>1</i>	<i>1</i>	
<i>1</i>	<i>2</i>	
<i>0</i>	<i>1</i>	<i>Not known</i>
<i>1</i>	<i>1</i>	
<i>1</i>	<i>1</i>	
<i>4/10.</i>	<i>5/10.</i>	

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Primi / 40 weeks / NVD (vacuum Assisted)



term baby, did not cry after birth

Baby transported from Niloufer

envelope - intubated on bag & mask

- baby grunting - hypothermic
- blue
- tachycardia (+)

↓
Baby in the ER - Reintubated into subglottic
- 2 doses of adrenaline given

↓
shifted to NLU

2024/06/06 12:50 / W.A. (ON) T

Investigation details in previous Hospital :

Feeding History :



—

Family History :

```
graph TD; P1[ ] --- P2[ ]; P1 --- P3[ ]; P2 --- P4[ ]
```

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Disposition :

T(40) | AGA | 2.5kg | MALE | NUD | BA]
HIE.

VITALS : Temperature : 35°C HR : 80 RR : Shallow NIBP : CFT :
Color of the extremities : Cyanosis
Jaundice : Pallor : SpO2 : 60%.

Anthropometry : Birth Weight : 2054g Length : HC : Present Weight :
Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD :	Fontanelles :	0
	Sutures	
	Shape / Moulding :	
	Edema / Bruising :	
	Size - (H.C.) :	

Facies : (Any Facial Dysmorphism)	0
---	---

NECK and CLAVICLES :	Range of Motion :	0
	Asymmetry :	
	Masses :	

EYES :	Symmetry :	yet to be done.
	Red Reflex :	
	Discharge :	

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

THORAX and BREASTS :	Shape of Thorax :	0
	Position of Nipples and Number :	

ABDOMEN and UMBILICUS :	Shape :	
	Organomegaly :	
	Bowel Sounds :	ZA + IV.
	Umbilical Stump :	
Discharge :		

GENITALIA :	Labia / Hymen :	0 male genitalia.
	Testicles/penis :	
	Anus :	

HERNIAL ORIFICES	0
-------------------------	---

TRUNK and SPINE :	0
--------------------------	---

SKIN LESIONS :	A
-----------------------	---

EXTREMETIES :	Fingers / Toes :	0
	Arms / Legs :	
	Deformities :	
	Mobility :	
	Hip Joint Examination :	



SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 50% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 80 bpm BP : Precordial Activity : none

Femoral Pulses : feeble weak felt Murmurs : NO

Other Peripheral Pulses : Signs of Cardiac Failure : (-)

Abdomen :

Shape : Hernia orifice :

Palpation : soft, nontender Anal Patency : Patent

Palpable masses : Umbilical Cord : 2A + 1V

Abdominal girth : First urine passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : Hypotonia (+)

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

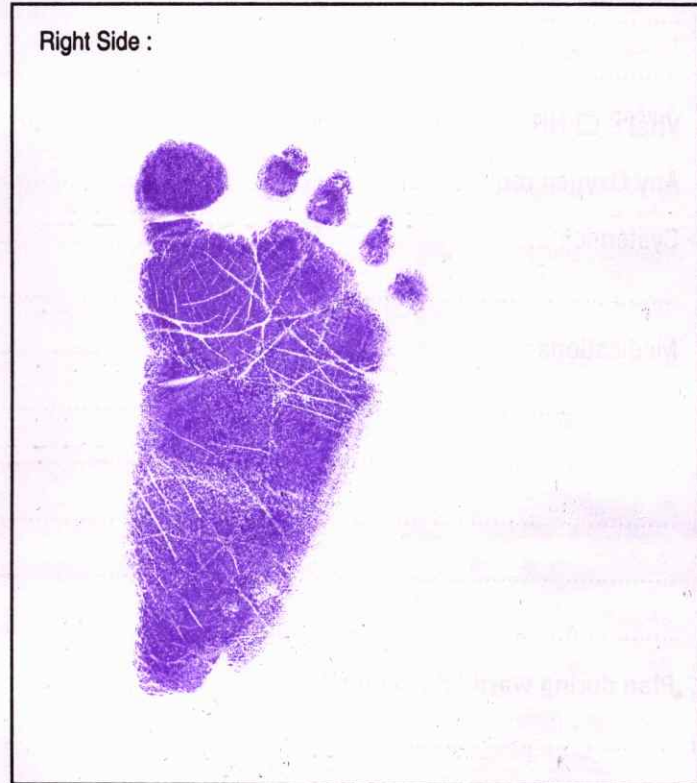
Moro's : DTR :

ATNR : Skull and Spine : (+)



Any Congenital
Diagnosis : T/AGA / MALE / Birth Asphyxia / ? HIE

FOOT PRINTS



Resident Doctor :
Signature :
Name : Dr. Thanvi
Date & Time :

Consultant :
Signature :
Name :
Date & Time :

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 :

Shifted to NICU

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



CONSENT FOR BLOOD TRANSFUSION

Name: Blo Nishika Age: 22.0 L. Gender: Male Female
UHID.No : Date: 6/6/26

- Type of Blood Product: Fresh Frozen Plasma Packed Red Blood Cells Random Donor Platelets
 Cryoprecipitate Single Donor Platelet Whole Blood
 Albumin Red Blood Cell Others

I Hari Kiran hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is Bleeding tendency

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

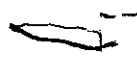
Signature: [Signature]
Name: Hari Kiran
Date & Time: 6/6/26 at 11AM

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Nairaya
Date & Time: 6/6/26 at 11AM

Witness

Signature: [Signature]
Name: [Signature]
Date & Time: 6/6/26 at 11AM



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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/6/2026 Time: 1:30pm

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

Blood Bank Issue No: 1142 Date of Collection: 30/5/26 Date of Expiry: 30/5/27

Date & Time of Starting Transfusion: 6/6/26 at 1:30pm Planned duration of Transfusion: continuous

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 36.5°C HR: 117b/m RR: 50b/m BP: 80/59 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>6/6/26</u>	<u>1:30 pm</u>	<u>117b/m</u>	<u>36.5°C</u>	<u>80/59 (60)</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	15 Min								
	30 Min								
	45 Min								
	1 Hr								
	1 Hr								

Comments: No Rash.

Name of the Incharge-Nurse: Pooja Name of the Nurse: Nirmala

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

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

90221175 , 8341711775

CHURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-L 150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

150-180 ML.

Prepared from Whole Human Blood Collected with
Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a VOLUNTARY DONOR / REPLACEMENT DONOR

Patient Name : **Blo Nishika** Age / Sex : **24/m**

Hospital Name : **Rain bow CH Hosp**

Blood Group : **A+ve** Blood Bag No. : **1142**

Date of Preparation : **31/5/26** Tested Date : **31/5/26**

Expiry Date : **30/5/27** Volume : **40ml**

**Tested and Found Negative for HIV I & II antibodies,
HBsAg, HCV antibodies, VDRL & Malaria Parasites.**

INSTRUCTIONS: 1) Do not store Transfuse immediately.
2) Do not use if there is any visible evidence of deterioration 3) Check
blood group on label and recipients group before administration. 4)
Transfuse creteria 'ABO' Group Compatible. 5) Before Thawing Storage
Temperature - 30° C or below. 6) FFP must be thawed in a water bath
between 30°-37°C before Transfusion. 7) Use it Immediately after that
Discard. 8) Do not Refroze once FFP is Thawed. 9) Do not add any medicine
to the component. 10) Do not dispense without prescription 11) Transfuse
under medical supervision. 12) Use a fresh, clean sterile and pyrogen free
disposable transfusion set with filter.

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/6/2026 Time: 5:50 pm

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

Blood Bank Issue No: 1143 Date of Collection: 31/5/26 Date of Expiry: 30/5/2027

Date & Time of Starting Transfusion: 6/6/26 at 5:50 pm Planned duration of Transfusion: 40 minutes

Check for Correct Unit: Correct Patient:

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

Before starting transfusion vitals: Temp: 36.5°C HR: 113/m RR: 27 1/m BP: 92/69 (77) SpO₂: 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>5:50 pm</u>	<u>15 Min</u>	<u>112/m</u>	<u>36.5°C</u>	<u>92/69 (77)</u>	<u>98%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>15 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No. Rashet.

Name of the Incharge-Nurse: Nirmala

Name of the Nurse: Rajani

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 6/6/2026 at 5:50 pm

Date & Time: 6/6/2026 at

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.
Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

Prepared from Whole Human Blood Collected with
Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a VOLUNTARY DONOR / REPLACEMENT DONOR

Patient Name : B/o Nishika Age / Sex : 1 day / m

Hospital Name : Rain bow hospital.

Blood Group A+ve Blood Bag No. : 1143

Date of Preparation : 31/5/26 Tested Date : 31/5/26

Expiry Date : 30/5/27 Volume : 40ml

Tested and Found Negative for HIV I & II antibodies,
HBsAg, HCV antibodies, VDRL & Malaria Parasites.

INSTRUCTIONS: 1) Do not store Transfuse immediately.
2) Do not use if there is any visible evidence of deterioration 3) Check blood group on label and recipients group before administration. 4) Transfuse creteria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature - 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Retroze once FFP is Thawed. 9) Do not add any medicine to the component. 10) Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

CONSENT FOR BLOOD TRANSFUSION



HNH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-06-2026 0 Y 0 M 3 D (M)
 Dr. S TEJASWI REDDY

Name: Age: Gender: Male Female
 UHID.No : Date:

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I Hasi Kiran hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: [Signature]
 Name: Hasi Kiran
 Date & Time: 6/6/26 @ 8:30pm

Doctor (Who is talking the consent)

Signature: [Signature]
 Name: [Signature]
 Date & Time: 6/6/26 @ 8pm

Witness

Signature: [Signature]
 Name: Shivalcele
 Date & Time: 6/6/26 @ 8pm



2/1/11

1000

1000

1000

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/6/26 Time: 7pm

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

Blood Bank Issue No: Date of Collection: 18/5/26 Date of Expiry: 17/5/27

Date & Time of Starting Transfusion: 6/6/26 @ 7pm Planned duration of Transfusion: 1 hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sai priya Nurse 2: Shivkeel

Before starting transfusion vitals: Temp: 36.5 HR 142 RR: 42 BP: 60/45 SpO₂ 98%
(52)

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>6/6/26</u>	15 Min	<u>137</u>	<u>36.5</u>	<u>71/58</u> (64)	<u>97%</u>	-	-	-	-
	15 Min	<u>128</u>	<u>36.6</u>	<u>76/58</u> (64)	<u>96%</u>	-	-	-	-
	30 Min	<u>147</u>	<u>36.5</u>	<u>84/65</u> (72)	<u>99%</u>	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reaction

Name of the Incharge-Nurse: Shivkeel

Name of the Nurse: Shivkeel

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: Sai priya

Date & Time: 6/6/26 @ 8pm

Date & Time: 6/6/26 @ 8pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

CRYOPRECIPITATE

Volume - 20 -30ml.

Bag No. 980	Blood Group A+ve	HIV I&II HBsAg HCV VDRL MP } NEG ✓
Date of Collection : 18/5/26		
Date of Preparation : 24/5/26		
Date of Expiry : 17/5/27		
Date & Time of Thawing : 6/6/26		
Patient Name : Blo Nishika		
Hospital Name : Rainbow CH Hospital		
1) Do not use if there is any visible evidence of deterioration. 2)Storage temperature -18°C or Below 3) Shelf life *Fozen -1yearThawed(37°) - 6 hours * WARNING Not to use if there is a breakage on Thawing 4) Do not add any other medicine to the Component. 5) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter. 6) Do not dispense without prescription. 7) Maintain reconstituted cryoprecipitate at room temperature untill transfusion .		

Prepared from a Voluntary Blood Donor / Replacement Blood Donor



Blo Nishika



CROSS CONSULTATION FORM

Doctor Name : Dr. Abhishek Date : 7/6/26 Time : 12:15 pm

Diagnosis : RSS

Hospital : RCH

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: _____

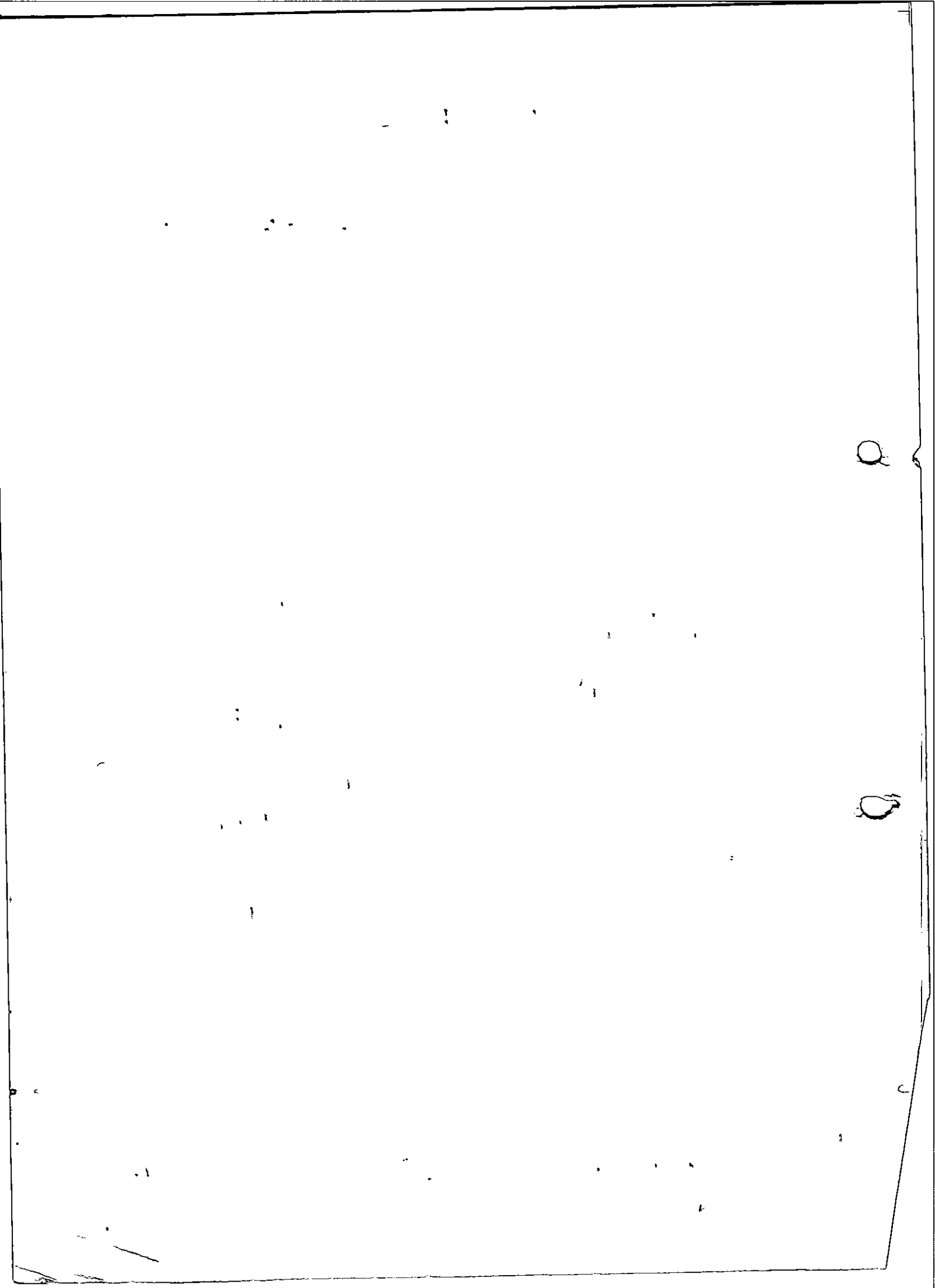
Findings and Recommendations :

- clinically - Baby ^{as} active tone ⊕ cry ⊕ NSG - (N)
- no clinical seizures - no need of antiepileptics
- observe for 3 days → if clinically active, vics well
 - no need to plan MRI
 - no need of antiepileptics
 - EEG - at this stage is inconclusive. [cerebral dysfunction]
- if sepsis ⊕
 - ↳ Rx ⊆ antibiotics.

Consultant :

Name : Dr. Abhishek Signature : _____ Date & Time : 7/6/26

12:15 pm



CONSENT FOR FORMULA FEEDS

HNH-00015826 IP26-00006517
Baby Of NISHIKA
06-06-2026 0 Y 0 M 0 D 18 H (M)
Dr. S TEJASWI REDDY



Patient Name : B/o Anishika Age : Gender : Male Female
UHID No : HNH-00015826 Department : ICU Date : 7/6/26
I Mr / Mrs. : Hanikiran aged 1.9 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 : [Signature]
Name : Hanikiran
Relationship with Patient : Father
Date & Time : 7/6/26 10:30

Witness :

Signature : [Signature]
Name : Shivaleela
Date & Time : 7/6/26 @ 10 pm

Doctor (who is taking the consent) :

Signature : [Signature]
Name : Dr. PRAVAK
Date & Time : 7/6/26 10:30pm

Handwritten text at the top of the page, possibly a title or header, including the word "WORLD" and other illegible characters.

Handwritten text in the middle section of the page, appearing as several lines of notes or a list.

Handwritten text at the bottom of the page, possibly a conclusion or a signature.



CONSENT FOR SPECIAL PROCEDURES

Patient Name: **HNH-00015826** **IP26-00006517**
Baby Of NISHIKA Gender: Male Female
06-06-2026 **0 Y 0 M 1 D** (M)
UHID No: **Dr. S TEJASWI REDDY** Department: **NICU** Date: **7/6/26**

I, **Hanikiran** S/D/W/O **Nishika**

Here by give consent for procedure of: **PICC line**

For my patient, Named: **B/o Nishika**

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

Bleeding tendency

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

Administration of IV antibiotics

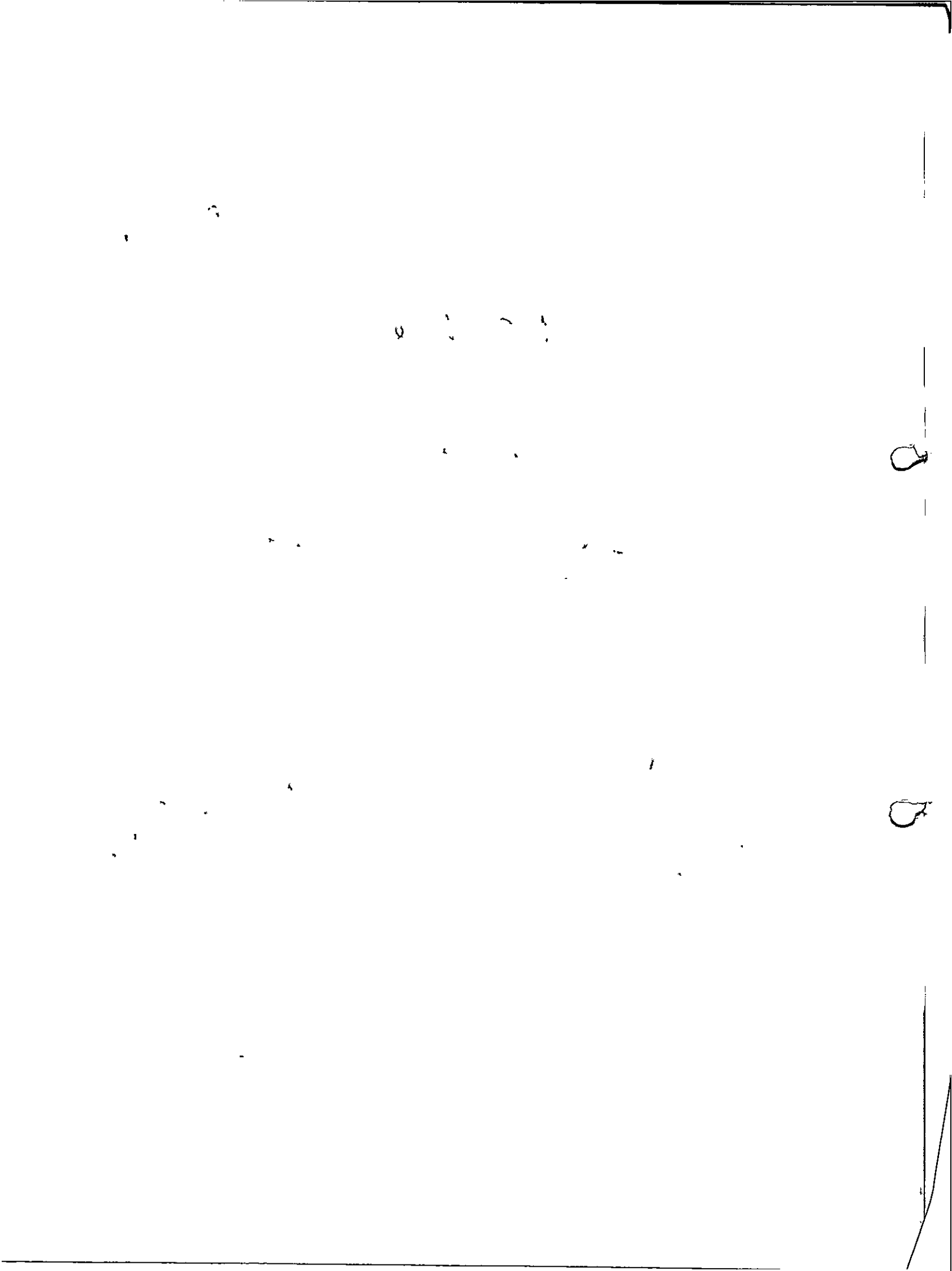
I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure:

Patient Attendant :
Signature: **[Signature]**
Name: **Hanikiran**
Relationship with Patient: **Father**
Date & Time: **7/6/26, 10:30**

Witness :
Signature: **[Signature]**
Name: **Shivakeek**
Date & Time: **6/6/26 @ 10pm**

Doctor (who is taking the consent) :
Signature: **[Signature]**
Name: **R. Praveen**
Date & Time: **6/6/26 11:30am**



HNH-00015826 IP26-00006517
Baby Of NISHIKA
06-06-2026 09:00:18 H (M)
Dr. S TEJASWI REDDY



CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Nishika Gender: Male Female
UHID No : 00015826 Department : Neonatology Date : 6/6/26

I Hani Kiran S/D/W/O

Here by give consent for procedure of : Umbilical Arterial, Venous Catheterization
For my patient, Named : B/o Nishika

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

Insertion site bleeding
Catheter line blockage

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

Central line insertion

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Spandana

Patient Attendant :
Signature : [Signature]
Name : Hani Kiran
Relationship with Patient: Father
Date & Time : 6/6 at 11am

Witness :
Signature : [Signature]
Name : Prof's
Date & Time : 6/6/26 at 11am

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Nalpuja
Date & Time : 6/6/26 at 11am

Handwritten text, mostly illegible due to extreme blurriness and low contrast. The text appears to be organized into several paragraphs or sections, with some lines of text appearing to be indented or bulleted. The overall structure is difficult to discern due to the quality of the scan.





CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Nishika. Gender: Male Female
UHID No : 00015826. Department : Neonatology Date : 6/6/26.

I Hari Kiran S/D/W/O

Here by give consent for procedure of : Intubation

For my patient, Named : B/o Nishika

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

pneumothorax
Severe RDS

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

Mechanical Ventilation
O2 support.

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Spandana

Patient Attendant :
Signature : [Signature]
Name : Hari Kiran
Relationship with Patient: father
Date & Time : 6/6/26 at 11am

Witness :
Signature : [Signature]
Name : Pooja
Date & Time : 6/6/26 at 11am

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Naipunya
Date & Time : 6/6/26 at 11am

HNH-00015826 IP26-00006517
Baby Of NISHIKA
06-06-2026 0 Y 0 M 0 D 18 H (M)
Dr. S TEJASWI REDDY



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT.

Name: B/o Nishika Age: 190L Gender: Male Female

UHID.No: 00015826 Date: 6/6/26

I Hari Kiran S/o, D/o, W/o hereby declare that our patient Mr. / Ms B/o Nishika who is related to me as Son is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 6/6/26.

The doctors have explained to me in a language understood by me that my child has following health related issues :

Severe RDS
Birth Asphyxia H&E ? Stage III
Hypoxia

The doctors have clearly explained to me that my patient B/o during his / her stay in the Neonatal Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Umbilical Artery Catheter, Umbilical Vein and Arterial Lines, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in Neonatal Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Neonatal Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child B/o Nishika in the Neonatal Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Neonatal Intensive Care Unit and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : [Signature]

Name : Hari Kiran

Relationship with Patient:

Date & Time : 6/6/26 at 11AM

Witness :

Signature : [Signature]

Name : Pooja

Date & Time : 6/6/26 at 11AM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Naipueya

Date & Time : 6/6/26 at 11AM

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: B/o Nishika Age: 4 days Sex: M UHID.No: HNH-00015826

Date: 10/6/26 Time: 1:00 pm Proposed Operation: MRI Brain

Diagnosis: Perinatal Asphyxia?

B.P / CRT: 53 sec H.R: 145 Weight: 2.6 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>12.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea: <u>19</u>	Alb:	HBS Ag:	ECG:
WBC: <u>1130</u>	Creat: <u>1.4</u>	Total Bill: <u>2.2</u>	HCV:	2D Echo: <u>Study</u>
Plate: <u>223</u>	Na: <u>136</u>	Dir. Bill: <u>0.7</u>	Blood group: <u>A+ve</u>	Stress/Angio: <u>Small PFO</u>
PT:	K: <u>5.3</u>	LDH: <u>5</u>	T3	Other: <u>MR Study</u>
PTT: <u>53</u>	Ca++: <u>9.1</u>	Alk phos: <u>150</u>	T4	
INR: <u>1.9</u>	Mg++: <u>2.6</u>	Amylase:	TSH	
	Cl-: <u>105</u>	SGOT/SGPT: <u>3.9/1.46</u>		

Allergies: -

FFP given on 10/6/26

Medical History: CVS: Term (40 weeks) / NVD (vacuum) ? + hypoxic ischemic Encephalopathy

RESP: ? Birth Asphyxia Diabetes: -

CNS: NO cry - Intubated - CPR / 10/0 Brady - Adr. inj given 2 doses

Renal: on MV for 1 day -> NIV/CPAP for 1 day -> on RA now

Hepatic / GE: - NO seizures - NSG (N) Physical Activity:

Others: EEG shows cerebral dysfunction

Past Anaesthetic History: N/A

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening:

Lungs: BAE @ L/R SPO2 - 100% on RA

Heart: S1hr @

CNS: Tone good / cry good / active

Pregnant: Yes No NA Venous Access Site:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA @ Upric line @ LL peripheral line

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
/	/
/	/
/	/
/	/

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours Breast milk - 4 hrs + Formula milk - 6 hrs +
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: (Signature) Name: Dr. AKHILA-K

Patient Sticker

ANAESTHESIA CHART



Pre Induction Assessment: 10:15 AM

Change in Patient Condition: Yes No

Fasting Status: Adequate

Physical Status: Patient Identified

Consent Present

Chart Reviewed

H.R: 128/min B.P / CRT: SpO₂: 100% on RA R.R: 24/min Last Feed:

Pre-OP Diagnosis: Operation: MRI - Brain Plan Date: 11/06/26

Surgeon: Anaesthesiologist: Dr. M. V. Vetter Technician:

TIME	10:15	10:20	10:25	10:30	10:35	10:40	10:45	10:50	10:55	11:00	11:05	11:10	11:15	11:20	11:25	11:30	11:35	11:40	11:45	11:50	11:55	12:00	
N ₂ O / AIR / O ₂ LPM																							
HALO / SO / SEVO																							
Drugs:	MIDASOLAM 4.0 mg PROPOFOL i.v. 1mg + 0.5mg ALYCOPYRROLATE 25mg i.v.																						
Antibiotic																							
Suppository																							
Blood Loss																							
NOTES																							
FI _O ₂ / SaO ₂	100	100																					
ETCO ₂																							
ECG																							
Temperature																							
Urine Output																							
Fluids																							
Blood																							
B.P																							
V Systolic	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	160	
A Diastolic																							
X Mean																							
Heart Rate																							
Tourniquet on Time																							
Tourniquet off Time																							
Throat Pack In																							
Throat Pack Out																							

LAB Values

ABG	
GRBS	
Others	

- Equipment Checked and Functional
- BP
- Cuff Site:
- Art Site:
- EKG Lead
- Temp Site
- FI_O₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked

- Temp:**
- HME
 - Cling Film
 - Hugger's
 - Other
 - Fluid Warmer
 - OH Warmer
 - Cotton Wool
- Times:**
- Anaes Start: 10:20 AM
- OP Start: 10:45 AM
- OP End:
- Leave OR:
- Anaesthesia:**
- GA
 - Monitored Anaesthesia Care
 - Regional 2 amps

- Induction**
- IV
 - Pre O₂
 - Inhal
 - RSI
 - Others
- Mask
- Airway
- ETT# at cm
- Oral
- Tracheostomy
- Drug:
- Awake
- Video Laryngoscopy
- Fiberoptic
- Blade# Attempts:
- Difficulty Why?

- Regional:**
- Extremity Specify:
- Spinal
 - Epidural
 - Caudal
- Others:
- Position:
- Site:**
- Needle Size: Depth:
- Parathesia Yes No
- Catheter at skin: cm
- Drug Name & Conc:
- Bolus:
- Infusion:
- Block Level:
- Comments:
- Transportation to
- PACU
 - ICU
 - Other
- Relaxant Reversed Yes No NA
- Name of the Doctor: DR. M. V. VETTER
- Signature of the Doctor: [Signature]

- Eye Care:**
- Oint
 - Tape
 - Padding
 - Awake

- Line (Size & Location)**
- CVP:
 - ART:
 - IV: 24g. @ ULL
 - IV: 24g. @ ULL
 - IV:

- Bilat = BS
- Semi-Closed Circle
- Closed Circle
- Other

Patient Sticker



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

GRBS 371 kg
 w.t 2.5 kg



EMERGENCY ROOM TRIAGE FORM

Patient's Name : R/o P. Nishika Age : Below Gender: Male Female
 Date : 6/6/26 Time of Arrival : 8am

Allergies: No Yes Food Medications Blood Transfusion Other (Specify): Not known

Source of Information : Parents Others (Specify)

Mode of Arrival : Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 38.6 PR: 166 BP: RR: 78.6 SpO₂: 88% asphyxia sub
after birth
did not eye

Chief Complaints: of 0 Team baby after delays

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS
Appearance <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Sick Looking	Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea	<input type="checkbox"/> Stable <input checked="" type="checkbox"/> Unstable : <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
Circulation / Colour <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding		

Triage Classification	CTAS
<input type="checkbox"/> Level 1 : Resuscitation	<input checked="" type="checkbox"/> Immediate
<input type="checkbox"/> Level 2 : EMERGENT : Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	<input type="checkbox"/> 30 min
<input type="checkbox"/> Level 4 : LESS URGENT : Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5 : NON - URGENT : May receive care when convenient	<input type="checkbox"/> 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian

Triage Completion Time : 8:50am

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks Yes No
2. Have you had cough or a rash in the past 2 weeks Yes No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks Yes No

PART B. For patients reporting fever and respiratory/rash symptoms: Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? Yes No
 If yes, State Location:
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? Yes No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

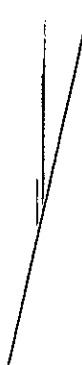
- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : [Signature]

Signature of Triage Nurse : [Signature]

Date & Time : 6/6/26 @ 8:50am

11



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 6/6/26 Time of arrival : 8am asphyx baby
 Chief Complaints: ALO team baby after delivery did not eye
 Height : Weight : 2.5kg Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:
 If yes, identify

Pain Screening: Yes No If Yes, Pain Score: 0 Pain Tool Used: N Pass FLACC Wong Baker
 Character 0/1+ Location 0/1+ Frequency 0/1+ Duration 0/1+

<p>RISK FOR FALL: If patient is < 6 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' tick below fall risk intervention directly If Patient is > 6 years If 'Yes' Assess the below parameters History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ambulatory Aids: • Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gait/Transferring: • Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No • Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mental Status: Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING Fall Risk Intervention: <input checked="" type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</p>	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality</p> <p>Inform consultant for positive criteria</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method</p> <p>Inform consultant for positive criteria</p>
---	---

Psychological Screening: No Significant Findings
 Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: 0/1+ (Date/Time): 0/1+

Social History: Lives With family

Siblings in household Yes No (if yes How Many?)

Time of Initial assessment completed by ER Nurse: 08:10 am

Nursing Care Plan (Including Labs / Medications / Other Care):

Time	Nursing Notes
8:18 AM	→ Assessed the general condition
	→ vitals checked and recorded
	→ Bdry. care done
	→ we have done
	→ Swabs collected
	→ NBS done

Samples collected by: *[Signature]*
 Samples sent by: *[Signature]*

Time: 18:30 AM
 Time: 18:30 AM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: <i>128b</i> BP: CFT: <i>128</i>	Shift - out from ER to: <i>NICU</i>
RR: <i>66b</i> SPO2 at FiO2: <i>36.6%</i>	Time of Shift - out:
GCS: Temperature: <i>36.6°C</i>	Handover given to:
Pain Score:	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any): *we placement done*

Name of the Nurse: *[Signature]* Signature of the Nurse: *[Signature]*

Date & Time: *8/8/14 @ 8:14 AM*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	<u>counseling</u>	<u>TOB</u> : 3:17 AM
@ 3:30 AM 8:30 AM	Dr. Spandana.	
	- Baby brought to the ER in a very bad condition.	
	- <u>ET-tube</u> was secured. - baby gasping, HR: 100 bpm. - hypothermia (+).	
	- <u>HYPOXIA</u> (+) ∴ how long? - brain damage ±	
	- <u>ilv to</u> bradycardia → chest compressions were started	- 2 doses of adrenaline given ↓ heart rate improved.
	- Reintubated & →	spo ₂ : 97-100%, maintaining
	- will be on ventilatory support	
	- will need MRI brain, MSU, FFP transfusions.	
	- prognosis → poor high risk.	AD echo UAC, UVC.

Signature

Noted by
 prop 6/6/26
 at (P.S.O)

HNH-00015826

IP26-00006517

Baby Of NISHIKA

06-06-2026

OYOMOD18H (M)

Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	dLB re. spandana	
8:45am		? severe
	term / 2.5kg / did not cry after birth (40w)	birth asphyxia.
TOB : 3:30am		
on 6/6/26		
on SIMV		Plan
Fio ₂ - 21%	RR - 50	1) CBP, CRP, S-Ca, S-mg,
PIP - 15	PEEP - 6	LET, RFT, Blood ds,
intails		APTT, PT, INR, Blood grouping
HR : 142 bpm		2) IVF - eGomel 1/day
RR : 50 bpm		3) H ₂ O ₂ - 2.5ml once
SpO ₂ : 100%		30min.
		↓ HB 2.5ml once
		4 hours.
BP - 71/45 (53)	(@ 50% ceftile)	4) USG abdomen, NSG,
		2D echo
		5) inj meropenem,
		fluconazole
		6) FFP transfusion
		now

Noted by
Pooja
6/6/26
at 8:45 AM

HNH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-08-2026 090M0D18H (M)
 Dr. S TEJASWI REDDY



3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 15:44pm	<u>Dr. Spandana</u>	
	Intubated - ventilator. —	
	Breathing - minimal setting	
	FiO ₂ - 21%	
	Respiratory stable -	
	HR/BP - stable.	
	Metabolic panel -	Blood gas - B.E - -24.9
		B.E - <u>-4.5</u>
		HCO ₃ - (12) → <u>20.5</u>
		Lactate - <u>16.9</u> → <u>lab lactate.</u>
	Hb - <u>13.9</u>	PT - <u>243</u>
		WCC - <u>42,000</u> Red.
	Ca, Mg, electrolytes - normal	
	Clotting - PT - 13.5	APTT - 51.5
		INR - 1.9
	FFP / Cryoprecipitate - transfusion	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CRP - (5)	
	<u>Mertensin + Fluconazole</u>	
	1) 2 DEcho - small PDA structurally + functionally normal heart.	
	2) NSG - normal. we need to MRSA scan after <u>use</u> - to see hypoxic changes.	
	<u>EEG - today</u> no clinical seizures	
	3) USS abdomen - <u>mild hydronephrosis</u>	
	<u>lab serum - lab rate</u>	
	today - vent labx. EEG ABX	Reby is high risk
	2x PFP 1x echo.	→ Brain damage - what happened before coming to Rainbow - permanent

HNH-00015826
 Baby Of NISHIKA
 06-06-2026
 Dr. S TEJASWI REDDY

IP26-00006517

OYOMOD18H (M)



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 15:44 PM	Staining blood gas	
	PH - 6.81 → 7.38	
	pO ₂ - 58.5 → 84.9	
	pHc line - increased	
	no feeds today	
	still baby is high risk	
	→ poor prognosis	
	NICU stay - minimum look	
	based on clinical condition stay will	
	be entered.	
	P. S.	
	D. S.	

HNH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-06-2026 0 Y 0 M 0 D 18 H (M)
 Dr. S TEJASW REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/24		
10:30PM.	Baby extubated to	CMV
		PEEP-6 Pmax-16 RR-50 FiO2-21
	vitals post extubation	
	HR-135/min	
	RR-50/min.	
	SpO2-98% on PL-CMV.	
	No c/o apnea, bradycardia & desaturation.	
	c/d/w dr. spontaneous	
	Adv. Repeat CIB1 at 12AM.	

HNH-00015826
 Baby Of NISHIKA
 06-08-2026 0 Y 0 M 0 D 18 H (M)
 Dr. S TEJASWI REDDY



IP26-00006517



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 11PM	C/S/B dx. Venum	
	<u>Asis - Term / AGA / Male / Airtid asphyxia</u>	
	- Extubated.	
	- Maintaining sat. on PC-CHV mode.	
	- Cng Torde Activity } Good.	
		Plan
		- Ct. NPO
		- Ct. IVF.
	S/E - HR - 126/min.	- Ct. Morphine
	RR - 36/min.	fluency di.
	SpO2 - 100%	
		- Repeat CBG @
	S/E - UML.	12AM.
2/6/26 12:30M	S/S Pa Prachath	
	T/AGA / ♂ / Perinatal asphyxia	
	↓ MVU	CBG
	Maintain spo ₂	Adu
	No RD	Lactate 5-6
		PCO ₂ 35.
		Rpt CBG 6am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 8pm.	S/O Dr Prabhath.	
	T/AGA / Male / Perinatal asphyxia.	
	Baby ↓ NIV FiO ₂ 21-1. PIP 18 PEEP 6 Rati free. Stable	
T.wt 2.500 kg	Cry - good. Passed urine & stool	
	CBG 6am PH 7.45, PCO ₂ 39 mmHg, Hct 43.1. K ⁺ 4.2, Na ⁺ 137, Ca ⁺ 1.16 Lactate 2.9, HCO ₃ 27-3	
<u>Balance</u> + 91 mL.	O/G HR 129/mi RR 30/mi SpO ₂ 100-1. CRT < 3s, AF O/SF	<u>Adv</u> (1) start start to start feed at after further orders NIV (2) Change to CPAP mode. FiO ₂ 21-1. PEEP 6
	<u>S/O</u> CNS CTAG 1000	(3) check check fluid balance.
	<u>Pro</u>	Checked by Saipriya 6/6/26 8:50pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	SIB Dr. Spondana	
10:20 AM	D Ten / AGAI Male / Perinatal Asphyxia	
	Baby on CPAP	P1g
	HR - 128/min	OG feed 2ml / 2nd by
	SpO ₂ - 94%	short bag
	BP - 67/52 (59)	CPAP - 3FEED-S
	CVS - S, S, @	FiO ₂ - 21%
	M - BLE - ACE @	- VBA @ 12PM
	PIA - 30u	CBP, CRP, CFT
	CM: cry @	- CE MEROPENEM
		FLUCONAZOLE
		- CE VITAMIN K
		- CE IV fluid @ 9:20h
		6:30h
		10% Dextrose

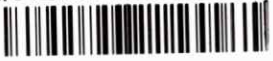
abtd by Saipriya
 7/6/26
 10:20 AM

HNH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-06-2026 0 Y 0 M 1 D (M)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 10:41 AM	Dr. <u>Spandana</u> .	
	<u>Entubak</u> → NIV → CPAP.	
	HR/ BP - stable	
	CBP/ CRP/ CFT'S - repeat <u>clotting screen</u> continue Abx / anti fungal.	
	lactate - decrease - downward trend.	
	Feeding chart - 2mlc - <u>2 hourly</u>	
	<u>EEG</u> - <u>central dysfunction</u>	
	neurology - discuss	
	Ophthalmology - <u>MRI scan</u>	
	P. S.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	UMB Re. Martin	
3pm	term / AUA / Perinatal asphyxia	
	- on CPAP - PEEP: 6	
	FiO ₂ : 21	
	- tolerating feeds well ✓	
	- passing urine ✓	
	stools ✓	
	O/E	Plan
	intals	1) leave CP, CP, IFT
	HR: 134 bpm	2) ut 04 feeds 2ml/2ndh
	RR: 50 bpm	3) send VBG now
	SpO ₂ : 95%	4) ut. meopenem
	BP: 68/48	fluconazole
	ME - UT/A: good	nit K
	enteric	5) Pert ut. as per Rx
		chart.
		6) monitor intals.

Reloked by Surpings
 7/6/26
 3pm

MNH-00015826
 Baby Of NISHIKA
 06-08-2026 09:00:18 H (M)
 Dr. S TEJASWI REDDY

IP26-00006517



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 2:30 AM	SIB De-Suetyh Term / Atrial Perinatal Asphyxia	
	on CPAP PEEP=5	P6
	Fio2=21%	CF Mucoperen Flucanazole
	HR=146/min	Vitamin K
	SpO2=97%	- - On feeds - 2ml/2hr
	WB - Seche	- Monitor vitals
	H-DK-ACF	
		15-hr
8/6/26 7:30 am	UMB re. trauma term / Perinatal asphyxia.	
	- on CPAP: PEEP=5 Fio2: 21	<u>Plan</u>
	- urine - stools ✓	1) ut. 04 feeds 2ml/2hr
	<u>OIE</u>	2) trace LFT.
	HR: 128bpm	3) ut. meesprenem
	RR: 50cpm	flucanazole
	SpO2: 95% cRA.	vit K.
	<u>stE</u> : R: RREF	4) Rest ut. as per x chart
	k/A: soft.	5) monitor vitals



Counselling (9)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	<u>B/o Nishika</u>	
12:30M	Feed to be T sed., Now 2cc ORG feed.	
	Last CRP 26 To be repeated today.	
	Antibiotic to be continued till blood cl report	
	ECG (N)	
	observe for 3 days.	
	Plan MRI later.	
	Expressed Breast Milk being given	
	NIV → CPAP → RA Now.	
	DICC line to be removed before discharge	
	LFT. Mildly elevated enzymes	
	To be repeated after 1 wk	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	S/B. Dr Prabhat	
1pm	T/AGA / Perinatal asphyxia	
	+12-std.	
	Died not passed from yesterday	
	on 2CC OG Nas pro feeds	
	accepting	
	o/e Vitals stable	Adv
	PA GA	CBP, CRP plan } today
		→ Trace B/C/S CT Antibiotics kill report
		→ Plan MRI later
		→ To do LPT after 1wk
		→ ↑ feeds if accepting gradually.

Noted by Laxmi Prabhat
 8/6/26 @ 1 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6 5pm	<p>EB/B A Spandin</p>	
	<p>FT / NVD / AUA / Peripart Asphyxia</p>	
	<p>Baby Activity good & cry @</p>	<p>Ph</p>
	<p>Feed - sm/qs</p>	<p>1) Traa CRP 2) Stop Abx after 48hr CRP & CRP</p>
	<p>Vital HR - 122k</p>	<p>3) Ct. Meropenem Vit - K</p>
	<p>SpO₂ - 97% RR - 36/min</p>	<p>4) TV - 9ml/kg Iso-p & best feed</p>
	<p>Last stool on 6th</p>	<p>5) LFT (after - week MRI)</p>
	<p>RS - B/LAB @</p>	
	<p>PIA - soft</p>	<p>6) Feed - sm/qs Am 1ml / 6th hly</p>
		<p>7) ROS - Glycemia - P/A</p>
		<p>From</p>
	<p>Noted by Lakshmi prasame 8/6/26 @ 5pm</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6	<u>CLRS Dr. Naipunya / Dr. Prashanthi</u>	
10:00 PM	On room Air.	<u>Plan</u>
	Vitals - stable.	→ trace CRP
	Ecchymic	
	RIS - BLAE	- Cont IVF
	PA - soft, NT	- OG feed 5ml / 2nd half
	U/O/P - Adequate.	9 1ml / 6th hourly
		- Cont menoperm
		vit - K
		- Monitor vitals
		Abel Saipriya 8/6 10: PM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6 7pm	<p><u>Counseling</u></p>	
	<p><u>B/o Nishika</u></p>	
	<p>-> Baby is stable on room air of oxygen</p>	
	<p>-> Accepting minimal feed</p>	
	<p>-> LFT - mild elevation, will repeat after 1 week</p>	
	<p>-> Will observe for 3 days in view of EEG - cerebral dysplasia but no clinical seizure, so will be</p>	
	<p>-> Rest clinically good - improving</p>	<p><i>[Signature]</i></p>
	<p><i>[Signature]</i></p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6	C/S/L/S Dr. Naipunya / Dr. Prashanthi	
7:00 AM	Tem / AAA / NVD	penintal Asphyxia.
	on room Air.	<u>Plan</u>
	C/T/A - Good	
	Vitals - HR - 125 RR - 32 SpO ₂ - 97%	- BG + SF 10ml / 2nd hourly ↑ 7ml / 2nd hourly
	R/S - B/LAE.	- Cont IV F 100-p
	PA - soft, NT	- Cont Menopren
		- Monitor vitals.
		aut.
		Noted by Sajanya 9/6/26 @ 4 AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/11/26 10AM	<p style="text-align: center;"><u>COUNSELLING</u></p>	
	<ul style="list-style-type: none"> - Baby on room air. 	
	<ul style="list-style-type: none"> - ^{ing}Activity } food. 	
	<ul style="list-style-type: none"> - Started taking SF round. 	
	<ul style="list-style-type: none"> - plan to give full feeds (~25ml) today. 	
	<ul style="list-style-type: none"> - Tomorrow plan to establish DBF. 	
	<ul style="list-style-type: none"> - Infection marker -ve (CRP-5, Blood c/s - -ve). 	
	<p style="text-align: center;">↓</p> <ul style="list-style-type: none"> - will stop antibiotics. 	
	<ul style="list-style-type: none"> - clinically baby is fine 	
	<ul style="list-style-type: none"> - Possibility of brain damage cannot be ruled out. 	
	<p style="text-align: center;">Dr. Tejan</p>	<p style="text-align: center;">[Signature]</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6 10AM	c/s/b Dr. Tejaswi / Dr. Kumar	
	Term / ASA / MOD / Perinatal asphyxia	
	on room air.	
	cry tone activity } Good.	Plan - SF 10ml O2H
	SpO2 - 100% HR - 114 RR - 40	↓ - ↑ 1ml O2H. (Taspa - 2ml) - Stop Abx.
	S/E - P/A - C/A, VT.	- Monitor vitals. - Stop IV force child reaches full feeds.
	Noted by Nikitha 9/6/26 @ 10AM	✓



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	45/6 hrs. Vramin / Dr. Spodareni	
2 PM	Dis - Term / AGA / NVD / \pm perinatal asphyxia / ?HIE.	
	On room air.	
	- On SF; tolerating well.	
	- Passing urine / stools.	
	- CT / Activity - good.	Plan
	SpE - HR - 120/min. RR - 36/min. SpO ₂ - 100% @ RA	① 14ml Q2H \rightarrow 1ml Q2H. ② Target - feeds 2ml Q2H. - 4. IVF (10%) ISOP @ 8ml/hr.
	SpE - 1/A - SAT, Ni.	③ Monitor vitals. ④ Establish DBF train tomorrow.
		⑤ Stop IVF once baby reaches full feeds.
		Noted by Nikitha 9/6/26 @ 2pm

HNH-00015826
Baby Of NISHIKA
06-06-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY

IP26-00006517

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>9/6/26</u>	<u>COUNSELLING</u>	
<u>6AM.</u>		
	Baby is doing fine.	
	Talking SF well; Antibiotics → stopped.	
	MRI brain on Friday.	

R. J. D. W. P.
(Grandfather)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>9/6/26</u>	<u>s/b Dr Babshalle.</u>	
10:45 AM	T/AGA/NVD/perinatal asphyxia/?HIE.	
T.Wt	Baby ↓RA.	
2.640kg	17cc Norm pro @ 2lt.	
	SF	
+75ul	Paused stool	A&V
	Vital signs	① ↑ 1cc every feed, stop after 25cc fluid target feed
	↓	② Establish DBA from QT/m
		③ MRI brain on pradox
		dictated by Supriya 9/6/26 10:45 AM

to wishka (15)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Tejaswi	Doctor's Order
10/6/26	C/S/B - Dr. Prashanti		
11Am	A-Term (40 week)	♂GA (2.5kg) 23rd antile	male / NVD 66A / rounded arephyria / HIE
6/6/26	DOL - 4	Fentons Bwt 2500	Twt 2620 ywt 2600 wt gain 20g
EEG cerebral dysfxn.	- baby on R 4 - on 25cc Nappro, taking well. ✓ S - Not yet passed today - last at 8pm - No seizures.		Plan - Full feeds @ 110/kg. 25ml Q2H
O/E	vitals HR - 129/min RR - 49/min	CFT 23sec PP well felt	- establish DBF + S/F Q2H
S/E	cry, Tone, Activity Good		- MRI Brain tomm morning
	Rs - clear CVS - S1S2+		- Shift out the baby. @ Evening
	MA - soft, NT, non distend CNS - wnl		- check TcB
			- flap stool
			Noted by Nishika 10/6/26 @ 11 Am

PROGRESS NOTES AND DOCTOR'S ORDER

10/6/2026
 11am

Date & Time	Progress Notes	Doctor's Order
	Baby of Nishika	
	Baby on full feeding with spoon	
	Activity - good.	
	Infection marker - neg	
	↓ Antibiotics are stopped.	
	① Mother feeding →	Spoon feed
	② MRI Brain	+ Direct feed.
	↳ Tomorrow morning.	
	↓ Evening → Shift out the baby.	

Dr. Tejaswi Reddy

[Signature]



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 7am	S/B Pr Babhathi	
	T / AGA / NVD / Perinatal asphyxia / 9 IHC - Baby LRA.	
	on 22cc Nanpro SF. accepting; purred etc	adu 1) stop IVE FF → 25cc O2L1
	T.Wt 2-620kg (20g↓) o/c vitals stable PA soft	2) Establish DBF today
	prod	3) Plan MRI brain on friday
	clerk. Dr. Tejaswi	
10AM	Term / AGA / NVD / Perinatal asphyxia Baby in room and Accepting 25ml 2nd hourly feeds purred well / stable vitals: stable	adu - Cont 25ml 2nd hourly GSTM - Monitor vitals and Safety - MRI Brain T/M
		Noted by Nikitha 10/6/26 10/6/26 @ 10AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/06/26 2 PM	<p>CPK. D. Serumbath / D. Perakati</p> <p>Term / AGA / MVD / pernatel Asphyxia / ? HSE</p>	
	<p>T Body ↓ RA.</p> <p>On 25th 2nd hourly SF</p> <p>passed urine / stool</p> <p>Exhausted</p> <p>O/G vitals HR: 150/min</p> <p>SpO2 99% @ RA</p> <p>RR 35/min</p>	<p>Cerebrine @ 06/06/26 → 1.7</p>
		<p>Adv</p> <ul style="list-style-type: none"> - 2nd 2nd hourly SF (EBOC) - Establish LSP - Monitor vitals and
		<p>Inform doc</p> <ul style="list-style-type: none"> - MRI Brain T/M
		<p>Noted by Nikitha 10/6/26 @ 2 PM</p>



(12)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 11:30pm.	<u>CLLIS DO. Spontaneous</u>	
	on room Air.	<u>Plan</u>
	Vitals - HR - 142	
	RR - 46	- Cont SF 25ml/2nd hourly
	SpO2 - 98.1	+ DBF
	A/C - BLAE	
	P/A - soft.	- MRI Brain, Tomorrow
	U/S	- PAC. today
	S/V	- monitor vitals
	CNS - Active.	- NPO from 6AM
	GU - 15/15.	- monitor vitals (tomorrow)
		Deef

~~Noted by
Nikitha
10/6/26 @ 4:30pm~~

HNH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-06-2026 0Y0M3D (M)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 11:30p	<p>Chf/B Di Pranam / Di - Sreegha</p> <hr/> <p>Tam / ASA / NVD / Perinatal Asphyxia / 2-5kg</p>	
	<p>Baby SV on RA Tolentey - 2nd fed</p>	<p>Ph</p> <ol style="list-style-type: none"> 1) NPO since 6m 2) MRI brain - T1
<p>Vital HR - 132b SpO₂ - 98% RR - 36/min</p>		<ol style="list-style-type: none"> 3) Spon fed - 2nd / 1st 4) Monitor Vital 5) Vaccine <p>NBS } after OAE } from staff</p>
		Ph

HNH-00015826
Baby Of NISHIKA
06-06-2026
Dr. S TEJASWI REDDY

IP26-00006517

0 Y 0 M 3 D (M)



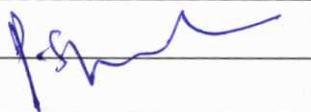
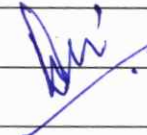
Baby of Nishika

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26 18:20pm	Dr. Spandana	
	Baby is doing good	
	tomorrow - MRI scan brain.	
	→ mom - feeling quies	
	tolerating feeds.	
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6	<u>CLS/B Dr Prannu / Dr Sreeja</u>	
7:30am		
	<u>FT / WVD / ASA / Male / Perinatal Abphyssian</u>	
	J-W 7 - 2-660 (M40g)	
	SV on RA	Ph
	Tolerating feed	1) NPO
		2) IVF @ 13ml/h
		3) MREE blas - today
	Cry } Tone } Good Activity }	4) Vaccinations
		NBS } OAE } aft } noon
	Vital: HR - 155/min	5) Restart feed post MREI
	RR - 28/h	
	SpO2 - 92%	Ph

*Mother
Nishika*



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6 8AM	cls/B Di Spandana	
	Full Term / NVD / Male / ASA / 2-5 kg	
	T.Wt - 2.66 kg (745g)	
	SV on RA	Plan
	Accepting feeds - 25ml/Q4H	1) MRI brain
	Sucking well	2) NPO
	Cry } Tone } cool Activity }	3) Feed - 25ml/Q4H after MRI
	Vital : RR - 152/h	4) Vaccination WBS OAE } after room shift
	RR - 44/h	5) Mouth Vitals
	SpO ₂ - 99%	Plan

Maked by
 Nishika



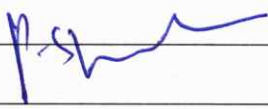

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/2026	C/S/B - Dr. Prashanti	6/6
3:30 PM	Term (40 weeks) / SGA NVD (CL 3rd centile) Fentons	Axonal Asphyxia male 2500kg. 6/6 NSG - (N) EEG - cerebral dysfunction
	DOL - 5 days	6/6
	Baby on RA on 25cc q 2H Sedation weaned off Urine ✓ stool ✓	USG } mildly prominent pelvicalyceal system (5mm) Abd } MRI Brain 11/6 - Awaited.
	O/E HR - 172/min RR - 20/min SpO ₂ 97% on RA BP - 70/40 (MAP 52) CFT < 3sec PP well felt U/O - ✓	2B Echo (6/6) - Small PPA L→R shunt. PRAY chest (9/6) - wnl. Blood products → 2 O FFP (R) LL PICC D 2
	S/E Rs - NVBS+, B/LAE +, no added sounds	PLAN 1) TRACE MRI BRAIN rep 2) feeds 25cc q 2H (B/F) 30cc 3) Vaccination } - shift out NBS OAE
	CVS - S ₁ S ₂ +, No murmurs LNS - wnl C, T, A Good P/A - soft	4) T/m consider shift out Prashanti

HNH-00015826 IP26-00006517
Baby Of NISHIKA
06-06-2026 0 Y 0 M 3 D (M)
Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/8/26	<u>Cocooning</u>	
11:20 AM.		
	MRI done - Report awaited	
	Baby stable	
	Feeds to be started after sedation resolves.	
	T/m Plan to sleep out to room side.	
		

Noted by
Nishika
11/8/26
@ 11:20 AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>ck/b Dr. Vanna</u>	
12/6/26		
12 AM	Term / GA / Perinatal asphyxia.	
	- In room air	
	- Tox rating SF well.	Plan 2nd
		- ct. SF QM.
	O/E - HR - 170/min.	- Vaccination
	RR - 44/min.	NBS
	SpO2 - 96% @ AA	DHE
		after shift out.
	O/E - R/S - BAE ⊕.	
		- Shift out tomorrow.

Noted by
 12/6/26 Nisha
 @ 12 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	C/S/b Dr. Verma	
7AM	Term /AGA/ Perinatal asphyxia.	
	on RA.	
	- Accepting feeds well. 25ml - 2nd PM.	DOL-6
	- T.W - 2700gms. Δ - 40%.	
	B.W - 2500gms.	Plan
	S/E - HR - 148/min. RR - 38/min.	- C. SF 25-30ml PM + DSF
	SPO ₂ - 100% @ RA.	- Shift out today.
	S/E - WNL.	- Vaccination today. NBS, OAT
	Noted by Nikitha 12/6/26	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		cls/b Dr. Tejaswi/Dr. Varun
12/6/26		
7 AM	Term / S/A / Perinatol asphyxia	
	- ON RA	
	S/E - HR - 130/min	Plan
	RR - 50/min	+ Remove Plick Lin
	SpO ₂ - 100% @ RA	↓
		- Give Vancomycin stat dose
	S/E - VOM	↓
		Remove Plick Lin
		- Shift out to mother's side.
		- Vaccination today
		NBS
		CAR
		Noted by
		Nishika
		12/6/26 @ 9 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 10 AM	<u>18/B - Dr. Prashanti</u>	
	<u>Term / SGA / mild HIE</u>	
	Baby is active	
	feeding well	7 AM DBF adm Shift out today after
	Urine ✓	Give stat dose
	Stool ✓	Vancomycin remove PICC line
	O/E	Shift out
	HR - 150/min	add ULTRA (200/ml)
	RR - 24/min	D3 drops (10/ml)
	SpO2 94% on LA	0.5 ml mCTail ml-o-ml
	CF < 3sec	- vaccination } → Shift NBS out f. 096 print

HNH-00015826
Baby Of NISHIKA
06-06-2026 0 Y 0 M 6 D (M)
Dr. S TEJASWI REDDY
IP26-00006517

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026	Counselling	
<u>11am</u>	By <u>Nishika</u>	
	Baby is ready to be lifted down.	
	PICC line will be removed.	
	↓	
	Lift down the baby	

MNH-00015826
 Baby Of NISHIKA
 06-06-2026 0Y0M6D (M)
 Dr. S TEJASWI REDDY

IP26-00006517



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 2:00pm	<p>CLSL13 Dr. Naipunya</p> <p>T / SGA / perinatal Asphyxia</p>	
	<p>Euthemic.</p> <p>CITIA Good</p> <p>Vitals - stable.</p> <p>Tolerating feeds well.</p> <p>R/S NAID.</p> <p>PIA</p>	<p>Plan</p> <p>= DBP</p> <p>NBS } today</p> <p>OAG }</p> <p>✓ Vaccination today</p> <p>✓ Ultra D₃ drops</p> <p>- DBP 2nd hourly</p> <p>for burping</p> <p>- warmth care</p>
12/6/26	<p>BCG } given</p> <p>OPV } given</p> <p>Hep-B } given</p>	<p>✓</p>

HNH-00015826
 Baby Of NISHIKA
 08-08-2026
 Dr. S TEJASWI REDDY
 0 Y 0 M 6 D
 IP26-00006517
 (M)



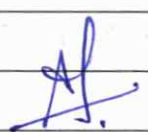
GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	dfb - Dr. Gandana.	
5:30 pm	<p>A - Term / SGA / Perinatal Asphyxia</p> <p>Enthemic C/T/A Good</p>	<p>varianation done</p>
o/e	<p>vitals stable</p>	<p>Plan → sent at 11 pm</p> <p>SBR NBS OAE Today</p>
o/e	<p>CTA Good</p>	<p>DBF Q2H. Done</p>
	<p>AS P/A CNS EVS w/L</p>	<p>noted by Sr. Sandhya 12/6/26 6:15</p>

MNH-00015826
 Baby Of NISHIKA
 06-06-2026
 Dr. S TEJASWI REDDY
 IP26-00006517
 OYOM6D (M)




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7 AM	s/o. Dr. Prabhath / Dr. Anusha. T / SGA / Perinatal Asphyxia.	
	Baby euthenic	
	accepting feed.	Adv
SBR 4.8	Pau. 21.5 No clo	→ DBF & HT c good burping
T 2.580 (120g) ↓	o/e Vitals stable.	→ warmth Com.
T wt 2.700	AF OSF.	→ Monitor vitals.
	PA: sgt.	Noted by Divya 13/6/26 @ 7 AM
		

MNH-00015026 IP26-00006517
 Baby Of NISHIKA
 08-06-2026 0 Y 0 M 6 D (M)
 Dr. S TEJASWI REDDY



IS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	C/S/B - Dr. Tejaswi	
BAM	A - Term / SGA / Perinatal Asphyxia mild HIE	
	DOL -	
	Baby taking feeds	
	Eupneustic	
	Urine ✓	
	Stool ✓	plan
	O/E	P/S
	HR - 142	R/w on Monday
	RR - 33/min	ULTRA D3
	SpO ₂ 98% on RA	MCT L/A
	P/A - CF < 3 sec	
	S/E	
	CVS - S ₁ S ₂ , normal	Dr Tejaswi
	AS - clear	
	CNS - wnl, CIT, A Good	
	P/A - wnl	



REGULAR PRESCRIPTIONS

Weight. 20.5kg Ward.

Verified by
Dr. Dhakshayani

DRUG: <u>INJ MEROPENEM</u>				Date Time	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>	<u>9/6</u>
Dose	Route	Frequency	Start Date					
<u>100mg</u>	<u>IV</u>	<u>TID</u>	<u>6/6</u>	<u>6AM</u>	<u>X</u>	<u>SP</u>	<u>SP</u>	<u>SP</u>
Name & Signature of the Doctor Starting the Drugs:								
Additional Instructions:								
<u>40mg/kg q 8h.</u>								
Daily Doctor's Endorsement by a Sign								

STOP

9/6/26 @ 11 AM

Verified by
Dr. Dhakshayani

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

DRUG: <u>INJ FLUCONAZOLE</u>				Date Time	<u>8/6</u>	<u>10/6</u>
Dose	Route	Frequency	Start Date			
<u>30mg</u>	<u>IV</u>		<u>6/6</u>			
Name & Signature of the Doctor Starting the Drugs:						
<u>Every Alternate day</u>						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP

Verified by
Dr. Dhakshayani

DRUG: <u>INJ Vit-K</u>				Date Time	<u>6/6</u>	<u>7/6</u>	<u>8/6</u>
Dose	Route	Frequency	Start Date				
<u>0.5ml</u>	<u>IV</u>	<u>OD</u>	<u>6/6</u>				
Name & Signature of the Doctor Starting the Drugs:							
<u>for 3dys</u>							
Additional Instructions:							
<u>0.5ml = 1mg</u>							
Daily Doctor's Endorsement by a Sign							

STOP

HNH-00015826 IP26-00006517
 Baby Of MSHIKA
 06-06-2026 0 Y 0 M 6 D (M)
 Dr. S TEJASWI REDDY

Sheet No: **REGULAR PRESCRIPTIONS** Weight 2.5 kg Ward

DRUG : ULTRA D3 drops				Date Time	12/6
Dose	Route	Frequency	Start Dt.		
0.5ml	PO	OD	12/6		
Name & Signature of the Doctor Starting the Drugs: (800 ml / 1ml) Pruthi				2PM	<i>[Signature]</i>
Additional Instructions: upto 1 yr of age.					
Daily Doctor's Endorsement by a Sign					
DRUG : MCT oil				Date Time	12/6 13/6
Dose	Route	Frequency	Start Dt.		
1ml	PO	BD	12/6		
Name & Signature of the Doctor Starting the Drugs: Pruthi				10am	<i>[Signature]</i>
Additional Instructions: 10am to 6pm stop				10am	<i>[Signature]</i>
Daily Doctor's Endorsement by a Sign					
DRUG : MCT oil				Date Time	
Dose	Route	Frequency	Start Dt.		
1ml	L/A	BD	12/6		
Name & Signature of the Doctor Starting the Drugs: Pruthi					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG :				Date Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Verified by Dr. Dhakshayani

Verified by Dr. Dhakshayani

VERIFIED BY : Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6/26	8am	inj adrenaline	1ml	IV stat	h	Shivaleela
6/6/26	8am	IVF-NS kalis	20ml	IV	h	Shivaleela
6/6/26	8:15am	inj adrenaline	1ml	IV	h	Shivaleela
6/6/26	8:30am	IVF-NS kalis	10ml	IV	h	Shivaleela
6/6/26	8:35	inj succinate	5ml			H P
6/6/26	8:30am	inj succinate				
6/6/26	9:45am	inj Fluconazole	50mg	IV	stat	Shivaleela
6/6/26						
6/6/26	11Am	FFP transfusion	38 ml over 30 minutes	IV	Neel	H N

VERIFIED BY: Name

Verified

Dr. Dhakshayani

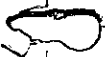


I.V. FLUIDS CHART

Weight: 9.1kg Ward:

		Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
6/6/23	9:30am	IVF-10% D @ 60ml/kg/day + 12ml calcium gluconate	IV	6.3 ml/hr	h	[Signature]	8/6	R	[Signature]
6/6/23	9:45 am	inj bicarbonate 2.5ml eme + 2.5ml NS	IV	30 min	an	[Signature]	6/6	[Signature]	[Signature]
		Hb ↓						a	
6/6/23	10:30am	inj bicarbonate 2.5ml eme + 2.5ml NS.		4 hours	R	[Signature]	6/6	[Signature]	[Signature]
8/6	7pm	IVF-10% ISO-P (TV-90ml/kg)	IV	6 ml/hr	P	[Signature]	11/6	R	[Signature]
9/6	8AM		IV	8ml/hr	h	[Signature]	9/6	[Signature]	[Signature]
11/6	5pm	IVF-10% ISO-P (TV-140ml/kg)	IV	13 ml/hr	Z	[Signature]	11/6	1st stop Puk	[Signature] Miketh

VERIFIED BY: Name Signature



1 | 1. 0. 10 10.1 10.1 10.1 10.1 10.1 10.1 10.1
 2 | 1. 0. 10 10.1 10.1 10.1 10.1 10.1 10.1 10.1

1
 2



INTENSIVE CARE UNIT PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No:

Gest Age: Birth Weight:

Date: 7/6/26 ^{TCB} C-7.6 H-6.8	Date: 8/6/26 ^{TCB-9.5} Head chest-8.8	Date: 9/6/26
DOL D1 Weight 2.500 kg	DOL D2 Weight 2.580 kg	DOL D3 Weight 2.640 kg
Problems: RDS	Problems: RDS	Problems: RDS
Rs. 30-60 bpm Exam Done Vent. Setting C-PAP ABG 2 sos CXR 2 sos	Rs. 30-60 bpm Exam Done Vent. Setting C-PAP ABG 2 sos CXR 2 sos	Rs. 30-60 bpm Exam Done Vent. Setting Room/Air ABG 2 sos CXR 2 sos
CVS Normal HR 180 to 160 bpm BP 76/50 Map (6y) Cap Refil 2.2 ses	CVS Normal HR 120-160 bpm BP Map Cap Refil 2.2 sec	CVS Normal HR 120-160 bpm BP Map Cap Refil 2.2 sec
F/E/N 60cc T. Fluids → 60cc CC/kg/day 100.7cc I/O/RBS: 77 mg/dl U Output: 170 (CC/kg/hr) 2.7cc Exam Done T. Bil/D Na Hc03 K BUN } sos Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 131 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN } NA Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: (74 mg/dl) U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN } NA Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results Swj CRP meropenem Antibiotics	C/s Results Swj meropenem CRP Antibiotics	C/s Results CRP Swj: meropenem Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment Done
Plan GRBS - BD	Plan GRBS - BD	Plan 4RBS - BD

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No:

Gest Age: Birth Weight:

Date: 10/6/26	Date: 11/6/26	Date: 12/6/26
DOL D4 Weight 2.620 kg ↓ 20gms	DOL D5 Weight 2.660 kg ↑ 40gms	DOL D6 Weight 2.700 kg ↑ 40gms
Problems: RDS	Problems: RDS	Problems: RDS
Rs. 30-60/min Exam Done Vent. Setting Room/Air ABG } sos CXR } sos	Rs. 30-60/min Exam Done Vent. Setting Room/Air ABG } sos CXR } sos	Rs. 30-60/min Exam Done Vent. Setting Room/Air ABG } sos CXR } sos
CVS normal HR 120-160/min BP - Map - Cap Refill 2 sec	CVS normal HR 120-160/min BP - Map - Cap Refill 2 sec	CVS normal HR 120-160/min BP - Map - Cap Refill 2 sec
F/E/N T. Fluids CC/kg/day I/O/RBS: 98mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 89mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 80mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics stop	C/s Results CRP Antibiotics stop	C/s Results CRP Antibiotics stop
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment Done
Plan GRBS OP	Plan GRBS OP	Plan GRBS OP

NH-00015826 IP26-00006517
 aby Of NISHIKA
 3-06-2026 0Y0M0D8H (M)
 r. S TEJASWI REDDY



Positive



RESULT SHEET

Date	6/6/26	7/6/26			
Time	10 AM				
Hb	13.4	12.9			
PCV	37.4	36.4			
RBC	3.78	3.83			
WBC	42.58	14.17			
N/L		69/22			
Platelets	282	223			
CRP	5.0	2.6			
ESR					
PCT					
RBS					
Na	136				
K	5.3				
Cl	105				
Ca/Mg	2.6/ca				
Phosphate					
Urea	19				
Creatinine	1.4				
ALP	150				
SGPT	34				
SGOT	146				
T.Bill/Conj	2.2	2.07 2.15			
T.Protein					
S.Albumin	3.2				
S.Globulin	2.1				
A/G Ratio	1.5				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	1.9				
APTT	53				
CSF Protein / Sugar					
Cells					
N/L					



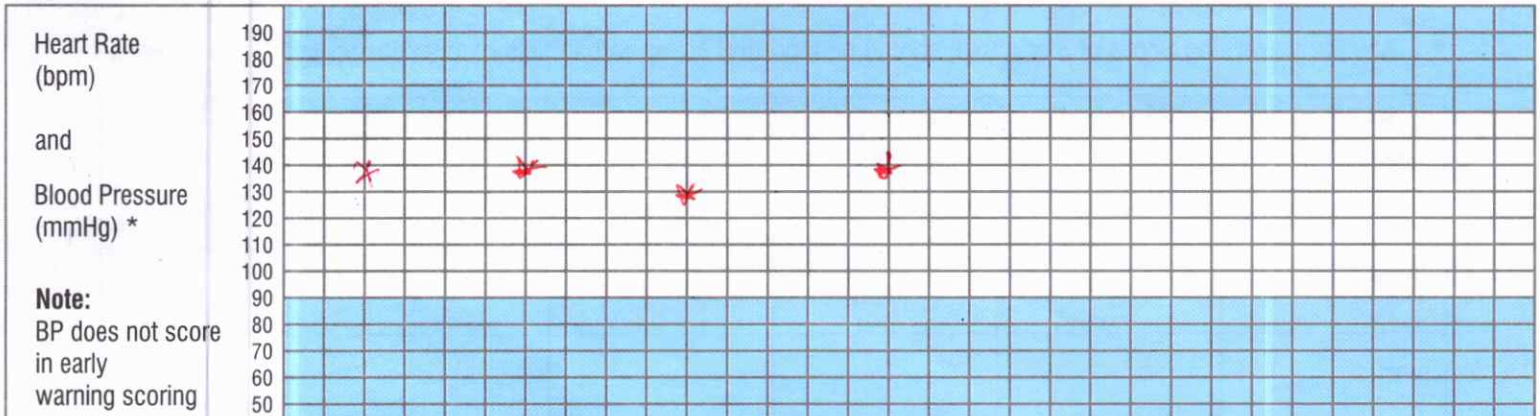
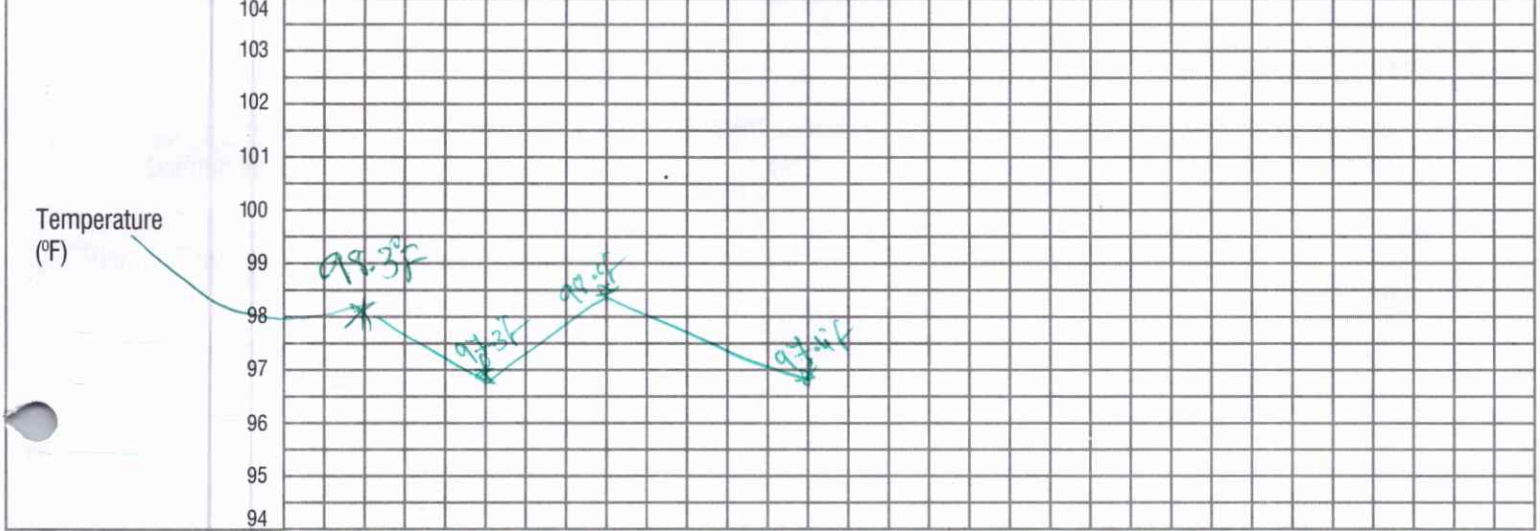
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



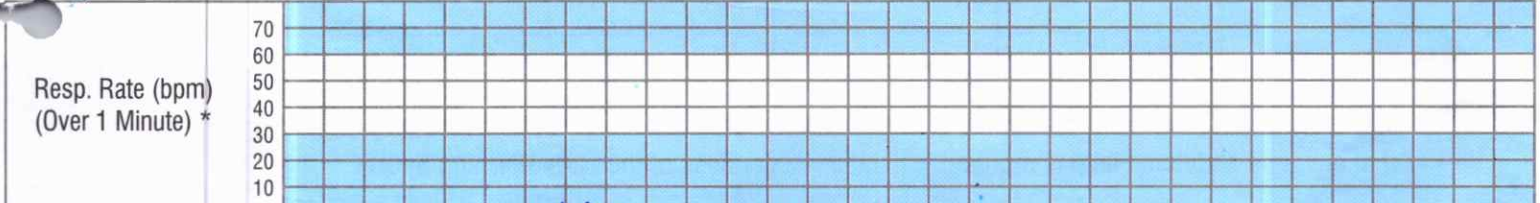
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 12/6/26 Time: 6pm 10pm 2am 6am

Doctor/Nurse/Family Concern?



Heart Rate (Number) 136b/m 144b/m 130b/m 140b/m



Resp Rate (Number) 32b/m 30b/m 20b/m 40b/m

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS * 15/15

TOTAL SCORE Number of shaded boxes 0 0 0 0

Pain Score 0 0 0 0

Observer's Initials RS RS RS RS

- ACTIONS**
- Score 1 : Continue normal observation by staff nurse
 - Score 2 : Shift in charge nurse to be informed and continue hourly observations
 - Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
 - Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
 - Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed
- NB: Scores 3 should be recorded overleaf

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required.

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

INH-00015826 IP26-00006517
 Baby Of NISHIKA 0 Y 0 M 6 D (M)
 06-06-2026
 Dr. S TEJASWI REDDY

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 13/6/26 Time: 10

Doctor/Nurse/Family Concern? ACP

Temperature (°F)

104
103
102
101
100
99
98
97
96
95
94

98.5

Heart Rate (bpm)

190
180
170
160
150
140
130
120
110
100
90
80
70
60
50

and

Blood Pressure (mmHg) *

130/80

Note:

BP does not score in early warning scoring

Heart Rate (Number)

143bbs

Resp. Rate (bpm) per 1 Minute *

70
60
50
40
30
20
10

Resp Rate (Number)

42bbs

Resp Mod/ Severe Distress None / Mild

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

100%

Conscious Level Normal Altered

GCS *

TOTAL SCORE

Number of shaded boxes

0

Pain Score

0

Observer's Initials

TS

ACTIONS

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift incharge and PICU /NICU fellow or PICU/NICU consultant to be informed

NB: Scores 3 should be recorded overleaf

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

MNM-00015826
 Baby Of NISHIKA
 06-06-2026
 Dr. S TEJASWI REDDY
 IP26-00006517
 OYO MED (M)



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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
12/8/25	08:00 pm												
	09:00 pm	DBF											
	10:00 pm	DBF											
	11:00 pm	DBF											
	12:00 am	DBF											
	01:00 am	DBF											
Total Intake : - taken						Total Output : 0-2M-0							
13/8/26	02:00 am												
	03:00 am	DBF											
	04:00 am	DBF											
	05:00 am	DBF											
	06:00 am	DBF											
	07:00 am	DBF											
Total Intake : - taken						Total Output : ✓ - 2M-0							
Total 24 hrs. Intake						Total 24 hrs. Output							

INH-00015826 IP26-00006517
 Baby Of NISHIKA
 06-06-2026 0 Y 0 M 6 D (M)
 Dr. S TEJASW REDDY



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 Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
13/6/26	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :						U	m
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Date: 12/6/26

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				NICU			
Afternoon	2pm to 8pm	→ Assess baby condition → Monitor vitals → Maintain Ilo chart → DBF 2nd hourly → Give medication	2pm to 8pm	→ Assessed baby condition → Monitored vitals → Maintained Ilo chart → DBF 2nd hourly → Given medication.	Baby is stable	Re-checked vitals → vaccination is done	ASG
Night	8pm to 8am	→ Assess the baby condition → Monitor vitals → Maintain Ilo chart → DBF 2nd hourly → Give medication	8pm to 8am	→ Assessed the baby condition → Monitored vitals & recorded → Maintained Ilo chart → DBF 2nd hourly →	→ baby is stable	→ rechecked vitals	ASG



NURSING CARE RECORD



Date: 13/6/26

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 10 2Pm	Assess the Baby Condition. Monitor vitals & record. Maintain Ilochant. Provide the comfortable position. Medication give as per as doctor order.	8Am 10 2Pm	Assessed the Baby Condition. Monitored vitals & record. Maintained Ilochant. Provided the comfortable position. Medication given as per as doctor order.	pt is stable vitals norm.	monitoring ultrasound	Sn L
Afternoon							
Night							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>Birth Asphyxia / RDS</i>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	<i>6/6/26</i>	<i>6/6/26</i>	<i>7/6/26</i>	<i>7/6/26</i>	<i>8/6/26</i>	
	Shift	<i>MS</i>	<i>NI</i>	<i>MS</i>	<i>NI</i>	<i>MS</i>	
	Medical Condition (Any special condition to be noted):						
	Diet:	<i>NIPO</i>	<i>NPO</i>				
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>Ventilator</i>	<i>NIV</i>	<i>CPAP</i>	<i>CPAP</i>	<i>R/A</i>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>36.6°C</i>	<i>36.5</i>	<i>36.5°C</i>	<i>36.5</i>	<i>36.5°C</i>
		Res:	<i>48</i>	<i>25</i>	<i>30</i>	<i>42bpm</i>	<i>42bpm</i>
		SpO ₂ :	<i>99%</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>	<i>100%</i>
		Pulse:	<i>117</i>	<i>132</i>	<i>124</i>	<i>143bpm</i>	<i>146bpm</i>
		BP:	<i>84/60</i>	<i>78/60</i>	<i>73/55(61)</i>	<i>71/52(59)</i>	<i>67/46(54)</i>
		LOC:	<i>NICU</i>	<i>NICU</i>	<i>NICU</i>	<i>NICU</i>	<i>NICU</i>
	Fall Risk Score:	-	-	-	-	-	
Pain Score:	-	-	-	-	-		
Skin Integrity	-	-	-	-	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<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	
	Special Diet:	-	-	-	-	-	
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	<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	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<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		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>Dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>		
Post Operative Procedure Special Orders:	-	-	-	-	-		
Handed Over By Name :	<i>Pooje</i>	<i>shival</i>	<i>Pooje</i>	<i>shival</i>	<i>prasane</i>		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>6/6/26</i>	<i>7/6/26</i>	<i>7/6/26</i>	<i>8/6/26</i>	<i>8/6/26</i>		
Time:	<i>8pm</i>	<i>8AM</i>	<i>8pm</i>	<i>8AM</i>	<i>8pm</i>		
Taken Over By Name :	<i>shival</i>	<i>Pooje</i>	<i>shival</i>	<i>prasane</i>	<i>Sastry</i>		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	<i>6/6/26</i>	<i>7/6/26</i>	<i>7/6/26</i>	<i>8/6/26</i>	<i>8/6/26</i>		
Time:	<i>8pm</i>	<i>8AM</i>	<i>8pm</i>	<i>8pm</i>	<i>8AM</i>		

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day: _____					
BACKGROUND	Date	9/6/26 MS	9/6/26 NI	10/6/26 MS	10/6 AU	11/6/26 MS	
	Shift						
	Medical Condition (Any special condition to be noted):	P		-	-	-	
	Diet:	-	-	-	-	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	36.6°C	36.5°C	36.6°C	36.6°C	36.6°C
		Res:	40 bpm	39 bpm	52 bpm	52 bpm	34 bpm
		SpO ₂ :	100%	100%	97%	97%	95%
		Pulse:	130 bpm	120 bpm	154 bpm	150 bpm	125 bpm
		BP:	-	-	-	-	-
		LOC:	-	-	-	-	-
		Fall Risk Score:	-	-	-	-	-
Pain Score:	-	-	-	-	-		
Skin Integrity	-	-	-	-	-		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	-	-	-	-	-	
	Post Operative Procedure Special Orders:	-	-	-	-	-	
	Handed Over By Name :	Nikitha	Sainiy	Nikitha	Dhe	Nikitha	
	Signature / ID :						
	Date:	9/6/26	10/6/26	10/6/26	10/6	11/6/26	
	Time:	8 pm	8 AM	8 pm	8 pm	8 pm	
	Taken Over By Name :	Sainiy	Nikitha	Dhe	Nikitha	Nikitha	
	Signature / ID :						
	Date:	9/6/26	10/6/26	10/6	11/6/26	12/6/26	
	Time:	8 pm	8 AM	9 pm	8 pm	8 AM	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	Shift	12/6/26 mg	12/6/26 NI			
	Medical Condition (Any special condition to be noted):		—	—			
	Diet:		—	—			
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):		—	—			
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:		Temp: 36.6°C	97.2°F			
			Res: 14 b/min	40 b/min	42 b/min		
			SpO ₂ : 100%	99%	99%		
			Pulse: 132 b/min	140 b/min	140 b/min		
			BP: —	—	—		
			LOC: —	—	—		
			Fall Risk Score: —	—	—		
		Pain Score: —	—	—			
		Skin Integrity: —	—	—			
Recommendations	Safety Needs:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:		—	—			
	Others Specify:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:		—	—			
	Critical Lab Test / Values:		—	—			
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ADL (Dependent / Non Dependent):		—	—			
Post Operative Procedure Special Orders:			✓	✓			
Handed Over By Name :		Nithya Divya		Sr			
Signature / ID :		[Signature]		[Signature]			
Date:		12/6/26	12/6/26	12/6/26			
Time:		9 AM	8 AM	4:00 PM			
Taken Over By Name :		Divya		Sr			
Signature / ID :		[Signature]		[Signature]			
Date:		12/6/26	12/6/26				
Time:		8 PM	8 PM				

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	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	
	Ventilation (RA, NP, NIV, VENTI):							
	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 ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<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	
	Physiotherapy:							
	Others Specify:	<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	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<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	
	PU Prophylaxis:	<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	
	DVT Prophylaxis:	<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	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

HNH-00015826
 Baby Of NISHIKA
 06-06-2026
 Dr. S TEJASWI REDDY
 IP26-00006517
 0 Y 0 M 0 D 18 H (M)



BRADEN 'Q' SCALE



					Date :	6/6/26	6/6/26	5/6	7/6
					Time :			1:25	1:11
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		3	3	3	3
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		3	3	3	3
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		3	3	3	3
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		3	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		3	3	3	3

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

TOTAL SCORE	21	21	21	21
Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



BRADEN 'Q' SCALE

					Date :	8/6	8/6	9/6	9/6
					Time :	15	21	15	21
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3	3	
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3	
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

TOTAL SCORE	21	21	21	21
Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

Patient ID

BRADEN 'Q' SCALE

				Date :	10/6/21	11/6/21	12/6
				Time :	7:15	7:15	7:15
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	3	3	3
Activity The degree of physical activity	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3
Molsture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.*	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3

Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

TOTAL SCORE

Evaluator's Name

28 28 28
[Signatures]

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for "At Risk" Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for "Moderate Risk" Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for "High Risk" Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

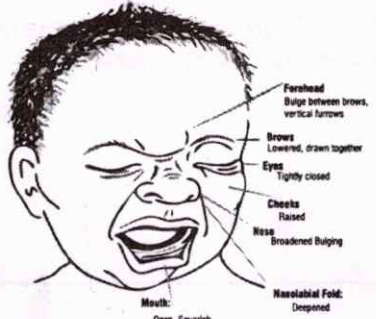
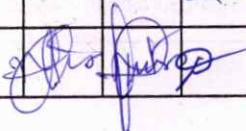
Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	6/6	6/6	7/6	7/6	8/6	8/6	9/6	9/6
						Time	Time	Time	Time	Time	Time	Time	Time
						M5	N1	N5	N1	M5	N1	M5	N1
	Procedure →					-	-	-	-	-	-	-	-
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA	NA
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA	NA
Vital Signs RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	NA	NA	NA
<p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 - No Intervention Pain Score greater than 3 - Intervention</p>	Gestational Age / Corrected Age	39wks	39wks	40wks	40wks	40wks	40wks	40wks	40wks	40wks	40wks	40wks	
	Total Pain / Agitation Score	0	-	-	-	-	-	-	-	-	-	-	-
	Intervention	-	-	-	-	-	-	-	-	-	-	-	-
	Effectiveness	-	-	-	-	-	-	-	-	-	-	-	-
	Signature	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior. 	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	<ul style="list-style-type: none"> • Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record. 	<ul style="list-style-type: none"> • Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record
Interpretation	<ul style="list-style-type: none"> • Desired levels of sedation vary according to the situation. • Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> • "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea • "Light sedation": goal score of -5 to -2 • Reassess patient per frequency in local sedation policy • A negative score without the administration of opioids/ sedatives may indicate: <ul style="list-style-type: none"> • The premature infant's response to prolonged or persistent pain/stress • Neurologic depression, sepsis, or other pathology 	<ul style="list-style-type: none"> • Does not provide pain intensity rating. • Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). • Reassess patient per frequency of local pain policy. • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	
Procedure →						-	-	-						
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	N/A	N/A	N/A						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	N/A	N/A	N/A						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	N/A	N/A	N/A						
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	N/A	N/A	N/A						
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	N/A	N/A	N/A						
	<p>Premature Pain Assessment: Scoring</p> <p>+3 if less than 28 weeks gestation age / Corrected Age</p> <p>+2 if 28 - 31 weeks gestation age / Corrected Age</p> <p>+1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention</p> <p>Deep Sedation: Score = -10 to -5</p> <p>Light Sedation: Score = -5 to -2</p> <p>Pain Score less than or equal to 3 – No Intervention</p> <p>Pain Score greater than 3 – Intervention</p>					Gestational Age / Corrected Age	-	-	N/A					
	Total Pain / Agitation Score	-	-	N/A										
	Intervention	-	-	+										
	Effectiveness	-	-	-										
	Signature													

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior. 	<ul style="list-style-type: none"> • Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	<ul style="list-style-type: none"> • Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record. 	<ul style="list-style-type: none"> • Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record
Interpretation	<ul style="list-style-type: none"> • Desired levels of sedation vary according to the situation. • Discuss and determine sedation goal with provider. <ul style="list-style-type: none"> • "Deep sedation": goal score of -10 to -5 <ul style="list-style-type: none"> • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea • "Light sedation": goal score of -5 to -2 • Reassess patient per frequency in local sedation policy • A negative score without the administration of opioids/ sedatives may indicate: <ul style="list-style-type: none"> • The premature infant's response to prolonged or persistent pain/stress • Neurologic depression, sepsis, or other pathology 	<ul style="list-style-type: none"> • Does not provide pain intensity rating. • Any score greater than 3 indicates the possibility of the presence of pain in the infant <ul style="list-style-type: none"> • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological). • Reassess patient per frequency of local pain policy. • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.



7

CHECKLIST FOR THROMBOPHLEBITIS

6/6/26 7/6/26 8/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0	0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0	0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0	0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0	0	
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : Name :



Signature of Ward In Charge :

Signature : Name :

①

VENTILATOR CARE BUNDLE CHECK LIST

Date of Intubation: 6/6/26 No of Days on Ventilation: Date of Tracheostomy:

Parameters	Date	Shift Time	<u>6/6/26</u> MG	<u>6/6/26</u> NI					
Ready for Extubation today? (Discuss during the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
Is Sedation holiday discussed? (Discuss during the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
Is Ventilator Circuit visibly soiled? (If Yes - Please Change)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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
Is Suction container visibly Soiled? (If Yes - Please Change)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
Inline Suction Used?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
Is AMBU bag soiled? (If Yes - Please Change)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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
Check AMBU bag kept in a clean, Non-Sealed plastic bag? (If No - please change)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
Is there condensate in the ventilatory circuit? (If Yes - drain away from the patient)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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
Is Head End elevated by 15°-30° (for neonates 10°-15°)? (If No - please change)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
Oral and Nasal Care every 4 Hrs			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
Mouth Care with EBM (Only for Neonatal Patient)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is ET / Oral Suction needed (2nd hrly)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
Sterile Suctioning Done			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
DVT Prophylaxis			<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse			<u>Prj</u>	<u>shree</u>					
Signature of the Nurse									



CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0										
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
Signature of the Nurse													

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 7/6/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✗	✗	✗	
Excess Rainout (Afferent Tubing) Drained	✗	✗	✗	
Excess Rainout (Efferent Tubing) Drained	✗	✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✗	✗	✗	
Gas Bubbling Continuously	✗	✗	✗	
Water Level at Desired Level in Bubble Chamber.	✗	✗	✗	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	nil	nil	nil	
Name of the Nurse:	Pooja	Nishal	[Signature]	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	7/6/26	7/6/26	7/6/26	

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

Patient Sticker



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min				
Humidifier Temperature Correct (36.5-37.5°C)				
Humidifier Water Level Correct				
Proper Oxygen Tubing From Blender to Humidifier.				
Tubing Correctly Placed (Position & Leak)				
Excess Fainout (Afferent Tubing) Drained				
Excess Rainout (Efferent Tubing) Drained				
Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
INTERFACE:				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
POSITION:				
Head Position Correct				
Head Roll - Correct Size and Position				
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

*If CPAP is being given through Dragger ventilator then make sure that: Flow to be set at 5 litres/min & PIP to be set between 12-15 cm.

HNH-00015826 IP26-00006517
Baby Of NISHIKA
06-06-2026 0 Y 0 M 0 D 7 H (M)
Dr. S TEJASW REDDY

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
of being the quality you
expect. Making BirthRight

BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).


Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

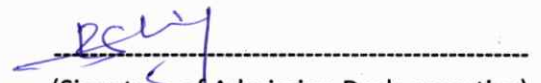
Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.


Name & signature of Patient/Attendant


(Signature of Admission Desk executive)

NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

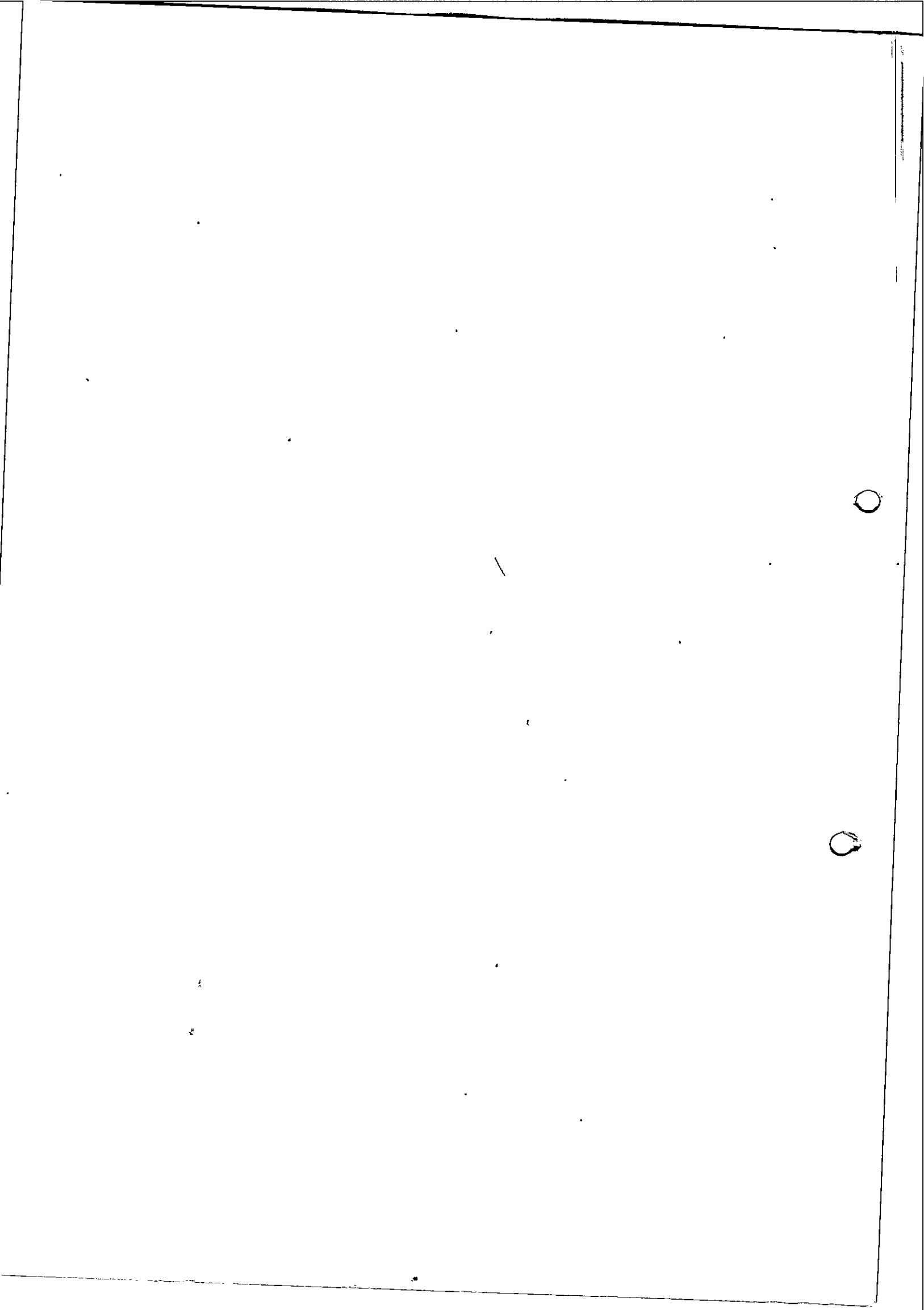
Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR - T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80 7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000

CIN: U85110 TG1998 PTC029914

email : info@rainbowhospitals.in

www.rainbowhospitals.in





GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby Of NISHIKA** Age : **0 Y 0 M 0 D 7 H**
IP No: **IP26-00006517** Sex: **Male**
Consultant: **Dr. S TEJASWI REDDY** Ward/Bed No: **GF -EMERGENCY/ER02**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature:.....)

- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: *Hasi Kiran*

Relationship: *Father*

Date: *6/6/26*

Witness Name:

Witness Signature:

Patient Address:

18-7-739/2/1 sri ram nagara colony
gowlipura Jahanuma Hyderabad
Telangana INDIA 500053

Time: *8:42AM*

