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311
D.C

DISCHARGE SUMMARY

Name	Baby Of DR.B.SPANDANA	**UHID**	HNH-00015806
Father/Guardian	Mr DR.DAYAKAR	**Age/Gender**	0 Y 0 M 0 D 1 H/ Female
Address	20-1-567/1/6,chandrikapuram, puranapool., Bahadurpura, Hyderabad, Telangana, INDIA, 500064		
IP No	IP26-00006509	**Admission Date**	05-06-2026
Ref Doctor	Self.		
Discharge Date	07.06.2026		

Consultant:
Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

DIAGNOSIS	ICD CODE
TERM (38 weeks + 2 days)/AGA/CIAB/BABY GIRL	

History: Baby Of DR.B.SPANDANA is a term (38 weeks + 2 days) baby girl, delivered to a G2P1L1 mother by elective LSCS on 05.06.2026 at 9:34 am with birth weight of 2.980 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby Of DR.B.SPANDANA	UHID	HNH-00015806
IP No	IP26-00006509	Admission Date	05-06-2026

Maternal History: Mrs. DR.B.SPANDANA is a 36 years old G2P1L1 mother.
G1 -2019 Lscs (Indi), male, birth weight 3.1kg.
G2 - Present pregnancy, ovulation induction conception.
had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of maternal hypothroidism present. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O positive. Baby's blood group is B negative.

Examination: Baby was euthermic (36.5 *C), euvolemic and was maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:
Weight at birth : 2.980 kgs.
Weight at discharge : 2.900 kgs.
Head Circumference : 36 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Name	Baby Of DR.B.SPANDANA	UHID	HNH-00015806
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Serum bilirubin at 48 hours sent report was awaited.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk / measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	06.06.2026
OPV	Given	06.06.2026
HEPATITIS B	Given	06.06.2026

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

Newborn screening advanced / Newborn screening-4: To be done on follow up.

Thyroid function test : Sent report to collect on followup.

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.

Name	Baby Of DR.B.SPANDANA	UHID	HNH-00015806
IP No	IP26-00006509	Admission Date	05-06-2026

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

Advice:
Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:
1. **Newborn screening advanced / Newborn screening-4 to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **Thyroid function test : Sent report to collect on followup.**
4. **Serum bilirubin : Report awaited.**

Review consultation with Dr. PRITESH NAGAR on (09.06.2026) Tuesday at Himayatnagar with prior appointment **(Review consultation will be charged).**

Regular follow up with DR. KRISHNA MURTHY SALLA.

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

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IP No	IP26-00006509	**Admission Date**	05-06-2026

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**

Registrar/Resident/C.M.O

Dr. PRITESH NAGAR
MBBS MD
Medical Registration No. 47184

CONSENT FOR FORMULA FEEDS

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HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. PRITESH NAGAR

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

UHID No : .....). : ..... Department : ..... Date : .....

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

Patient Attendant :

Signature : Vidyarani

Name : Vidyarani

Relationship with Patient: grandmother

Date & Time : 5/6/26 @ 11pm

Witness :

Signature : Ofoundge. C

Name : Ofoundge. C

Date & Time : 5/6/26 @ 11pm

Doctor (who is taking the consent) :

Signature : Sunanda

Name : Dr. Sunanda

Date & Time : 5/6/26 @11p

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.
TEL NO :040-48873000
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006509 **Admit Date** : 05-Jun-2026 **Admit Time** : 10:10 AM **UHID** : HNH-00015806

Patient Details :

Patient Name	: Baby Of DR.B.SPANDANA	**Age**	: 0 D
Guardian	: Mr DR.DAYAKAR	**DOB**	: 05-06-2026 09:34 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 20-1-567/1/6,chandrikapuram, puranapool. Bahadurpura Hyderabad Telangana INDIA 500064	**Phone No**	: 6302034291/ 9391103243
		E-mail	: dayakar126@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-412-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-412-1 **Admission Type** : First Visit

Contact Details :

Name : Mr DR.DAYAKAR **Relationship** : Father

Contact Address : 20-1-567/1/6,chandrikapuram, puranapool. Bahadurpura Hyderabad Telangana INDIA 500064 **Phone No** : 6302034291 / 9985095493

Signature

Doctor Details :

Doctor Name : Dr. PRITESH NAGAR **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self. **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 10000.00

Payor Name : SELFPAY

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Baby Of DR.B.SPANDANA
05-06-2026 0Y0M0D0H (F)
Dr. PRITESH NAGAR

Pati

B-negative

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NEWBORN MONITORING FORM

Date of Birth	: 5/6/26	New Born Screening	:
Time of Birth	: 9.30Am	TFT	:
Mode of Delivery	: EL-LSCS	OAE	:
Birth Weight	: 2.980kg	Mother's Blood Group	: O positive
Head Circumference	:	Baby's Blood Group	: B+ve
Length	:	Anomaly Scan	:
Red Reflex	:	Vaccination	: BCG, OPV, Hep B-given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
5/6/26	2.980	DBF	(1)	36°C	
6/6/26	2.880	DBF+FF	(1)	36°C	
7/6/26	2.900kg	DBF+FF	(1)	36°C	

Date	Time	Investigation	Result	Order No.	Signature
5/6/26	10:30Am	Blood group		9353	[signature]
7/6/26	10:30AM.	SBR, TFT		9070	[signature]

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05-06-2026 0 Y 0 M 0 D 0 H (F)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Spandana Age : 30y Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Spandana.

Gender : ☐ M ☒ F Blood Group : .....

Date of Birth : 5/6/26 Time of Birth : 9:30AM

Place of Birth : .....

Mother's Blood Group : O+ve.

Birth Weight (gms) : 2.980 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38+1 wk

Current Obstetric History : (Booked / Unbooked Case) G2P1L1.

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 10/9/25 EDD : 12/6/26

Conception : Spontaneous or with Rx. : ovulat Induction (OI) (CNT IUGA-(0))

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : 27/5 SIUF / Cephalic / Plac. fund. post / Dopple (N) EFW 3100 AFI 15cm

TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....

.....

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....

.....

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism: when diagnosed ? Medication? on T. Thysonorm

.....

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : ..... Duration : .....

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Baby Of DR.B.SPANDANA
05-06-2026 0Y0M0D0H (F)
Dr. PRITESH NAGAR

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1-	2019	Csec	, male	3.1kg		
G2	- PP	ovulat	Induction.			

PERINATAL HISTORY

Treating Obstetrician : Dr. Mallawari Tripu Hospital : RCH HMNR. ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : Previ LSCS.

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

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
8/10	9/10	

TOTAL

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

Comments :

Asymptomatic.

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

G2P1L1 @ 38+4d POG @ Preterm @ k/c/o hypothyroidism
on LT AMA @ 0I Conception.

Baby delivered via csec

↓

CIAB

↓

dry / warm

↓

cord care.
Vit K given

↓

shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 144 RR : 52 NIBP : CFT : < 3 sec

Color of the extremities : Acyanosis

Jaundice : Pallor : SpO2 : 96 %

Anthropometry : Birth Weight : 2.9 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

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Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 0 H (F)
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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	WNL
Facies : (Any Facial Dysmorphism)		WNL
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	WNL
EYES :	Symmetry : Red Reflex : both present Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	WNL
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	WNL
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+1V Discharge :	
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	WNL
HERNIAL ORIFICES		NO
TRUNK and SPINE :		WNL
SKIN LESIONS :		WNL
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	WNL

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : ..... Precordial Activity : .....

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

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

Abdomen : Hernia orifice : .....

Shape : ..... Anal Patency : .....

Palpation : ..... Umbilical Cord : .....

Palpable masses : ..... First urine passed : .....

Abdominal girth : ..... Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☐ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... DTR : .....

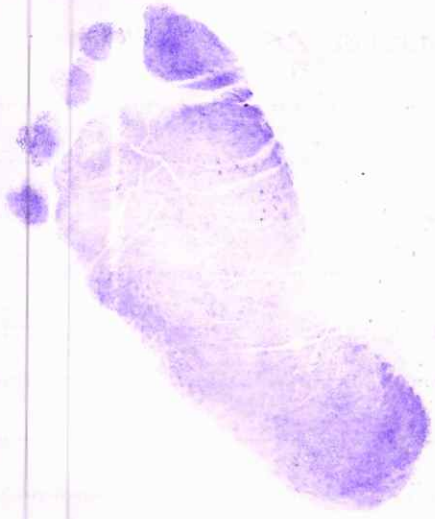
ATNR : ..... Skull and Spine : .....

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. PRITESH NAGAR

Diagnosis : T.m/ASA/9/CABG/ Injab of hypothyroid meth.

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : Al

Name : Anusha

Date & Time : 6/6/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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.

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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 :

- Inlan Care.
- DBF Only 1/2 hrly
- Samples SRR/NBS/ODE, @ 48 HOL
- Sene card B/B/T
- vacination BCG OPV Hep B
- Monit vital

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 1PM	c/s/B - Dr. Pritesh	
	Term / Female / AGA / CSAB / 2.98kg / Infant of Hypothyroid.	
	Feeding well.	Advice:-
	Passed urine	① DBF 8 to 10 times/24 Hrs
	O/E -	② SBR, NBS at 48 hrs. OAE
	Cry, Tone, Activity good.	③ Monitor vitals.
		④ Vaccination
		Mdy

HNH-00015806 IP26-00006509
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8pm	c/o/b - Dr. Adlekha	
	Case of Term female / AGA	Advise:
	Passing urine	1) DBF, JB, burping, bath
	feeding -	ii) PBR, NBS, OAE } at 48hrs
	O/E - Cry, tone, Activity } good.	iii) Vaccination
		iv) Monitor
	P/A: CVS - S1S2, RS - B/L NVBS, P/A - soft	N.B. maheshwari

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0Y0M0D1H (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	S/B Dr Pritesh	
5pm	T/Q/AGA/CAB/2-98 kg/infant of hypothyroid	
	Baby stable accepting feed passing U/S No c/o	Adv
	O/E Vitals stable AFOSF, CRTC3S	(1) DBF Q2H if good burps
	S/E NAD	(2) SBR, OAE, NBS } 48 HOL
		(3) Vaccination I/M
		N.B. Maheshwari

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/b/s. D. [illegible] / D Time	
06/06/26 7am	Term / female / CI0HB / 2.98 kg / Hypothyroid mother	
	Baby [illegible]	T. wt: - 100g ↓ 3.381
	Cry / Tone / Activity - good	
	vitals stable	
		Adv.
		- DBF 2nd hourly f/b [illegible]
		- NTB warm care
		- STBR, NTSS, UAE @ 48 HOL
		- Vaccination to be done
		[signature]
		NB [illegible] @ 8 AM

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. PRITESH NAGAR

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
6/6/26 9am	MLB re-Pertish	
	- feeds well	
	- urine ✓	
	- stools ✓	
	O/E	
	euthermic	
	UT/A: soft	
	AF: flat	Plan
	[illegible] (+)	1) warm care
	[illegible]: stable	2) DBF [illegible]
		3) SBR
	B/L Red Reflex (+)	WBS] [illegible] HOL
		OAE
		4) monitor vitals.
		5) lactation counselling.
		N.B. maheshwari
6/6/26 4:33pm	BCG	
	OPV	
	Hep-B — Given	

HNH-00015806 IP26-00006509
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	SIB Dr. Sreeghan	
1/6/26 3:30 PM	Δ Tm (AGA/F/C IAB Hypothyroid moth	PCy
		- DBF + H 2nd C
	Baby Euthermic	
		- Warm cot
	CVS - S1S2 ®	
	RS - BAE - ACR ®	- SBK
		NB/ @ 9:30 AM
	T/A TOL	OAF on 7/6/26
	CTAFood	N.B. maheshwori

Docu. No. : RCH /FRM / CLINICAL / 088

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	c/s/B - Dr. Pritesh	
	A - Term / AGA / F / CHB	/ Hypothyroidism
	Baby Euthermic	Plan
	CVS - WNL RS P/A CNS	DBF @2H warm cot ~~SBK~~ NBS @ 9:30AM on OAE on 7/6/26
	only TSH	TSH SBR
	Father Does not want NBS	N.B.: maheshwari

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 1 D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 8AM.	S/B. Dr Prathath / Dr Vanni	
	T/AGA/♀/CIAB/hypothyroidism	
	Baby stable accepting feed passing No c/o c/s vital stable AF OSF CRT <3s.	- Plan - - Skin care. - TSH, FBR] today @ 9:30 AM. - DBF Q2H + PP. - Monitor vitals.
MBG/O+ve BBG/B-ve.	PA: Soft.	
	T.W - 2500 B.W - 2480 %o - 2.6%	

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-08-2026 0Y0M1D (F)
Dr. PRITESH NAGAR

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	S/B Dr. Pritesh	
10:35 pm	D Term / AGA / ♀ / LC	SAB / Mature)
	~~Baby~~	Hypothyroidism,
	Baby euthermic	Plan
	CVS – S1S2 ⊕	– warm care
	RS – BLL – AE ⊕	
		– Trace SBR, TSH
	P/A soft	
	CT A good	– DBF + 2nd hly
		Burping
	80 gm wt loss	
	Cumulative (2-6%)	– BAE on followup.
	920g today	

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-05-2026 0 Y 0 M 1 D (F)
Dr. PRITESH NAGAR

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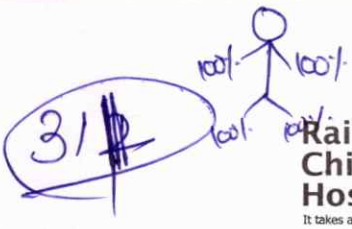
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. PRITESH NAGAR



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RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0Y0M0D0H (F)
Dr. PRITESH NAGAR

Patient Sti

VICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/26 Time:	10AM	6pm. 10pm	2Am	6Am	
Doctor/Nurse/Family Concern?					

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

97.5F 98.5F 98.5F 98.6F

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	140bpm	140bpm.	140bpm	138bpm	140bpm

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

70 60 50 40 30 20 10

Resp Rate (Number)	48bpm	40bpm	42bpm	40bpm	42bpm
Resp Distress: Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)	99%	99%	100%	100+	100+
Conscious Level: Normal / Altered					
GCS *			15/15		
TOTAL SCORE Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials					

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

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

Patient Sticker

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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-05-2026 0 Y 0 M 0 D 15 H (F)
Dr. PRITESH NAGAR

/ FRM / CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time:	10Am.	2pm.	6pm	10pm	2Am	6Am	
Doctor/Nurse/Family Concern?							

Temperature (°F)

Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	136b/m	140b/m	136b/m.	135b/m	140b/m	142b/m

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

70 60 50 40 30 20 10

Resp Rate (Number)	43b/m	45b/m.	43b/m	42b/m	45b/m	40b/m

Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%.	99%.	100%.
Conscious Level: Normal / Altered						
GCS *						
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	AM	AM.	AM	AM	AM	AM

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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Patient Sticker

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

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 16 H (F)
Dr. PRITESH NAGAR

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 7/6/26 Time: 10AM

Doctor/Nurse/Family Concern?

Temperature (°F): 104 103 102 101 100 99 98 97 96 95 94 — 97.5°F

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

Note: BP does not score in early warning scoring

Heart Rate (Number): 136b/m

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

Resp Rate (Number): 43b/m

Resp Distress	Mod/ Severe	None / Mild

Receiving O_2(l/min)

O_2Saturations (%): 100%

Conscious Level	Normal	Altered

GCS *

TOTAL SCORE
Number of shaded boxes: 0

Pain Score: 0

Observer's Initials: [illegible]

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

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

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

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

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. PRITESH NAGAR

Patient Sti

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FLUID CHART

Sheet No. : 6

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
3/6	08:00 am											
	09:00 am											
	10:00 am		DBF			NA						
	11:00 am											
	12:00 pm		DBF									
	01:00 pm											
Total Intake :						**Total Output :** Passed.						
3/6	02:00 pm											
	03:00 pm		DBF									
	04:00 pm											
	05:00 pm				NA			NA				
	06:00 pm		DBF									
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		DBF									
	09:00 pm											
	10:00 pm		DBF									
	11:00 pm											
	12:00 am		DBF									
	01:00 am											
Total Intake :						**Total Output :**						
6/6	02:00 am		DBF									
	03:00 am											
	04:00 am		DBF									
	05:00 am											
	06:00 am		DBF									
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 15 H (F)
Dr. PRITESH NAGAR

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/6/26	08:00 am		DBF+FF				✓			✓		
	09:00 am											
	10:00 am	0	DBF+FF								0	
	11:00 am				NA			NA				
	12:00 pm		DBF+FF				✓			✓		
	01:00 pm											
Total Intake :						**Total Output :**						
6/6/26	02:00 pm											
	03:00 pm		DBF+FF				✓			✓		
	04:00 pm											
	05:00 pm	0	DBF+FF								0	
	06:00 pm				NA			NA				
	07:00 pm		DBF+FF				✓			✓		
Total Intake :						**Total Output :**						
6/6/26	08:00 pm											
	09:00 pm		DBF									
	10:00 pm	0	FF				✓			✓		
	11:00 pm				NA			NA			0	
	12:00 am		DBF									
	01:00 am		FF									
Total Intake :						**Total Output :**						
7/6/26	02:00 am											
	03:00 am		DBF									
	04:00 am	0	FF				✓			✓		
	05:00 am				NA			NA			0	
	06:00 am		DBF									
	07:00 am		FF							✓		
Total Intake :		Taken				**Total Output :**				U-4-M-2		

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. PRITESH NAGAR

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/6/26.	08:00 am	|	DBF+FF									
	09:00 am	|										
	10:00 am	0	DBF+FF								0	
	11:00 am				NA				NA			
	12:00 pm	|	DBF+FF								|	
	01:00 pm	|										
Total Intake :						**Total Output :**						
	02:00 pm	|									|	
	03:00 pm	|	DBF+FF								|	
	04:00 pm	|									|	
	05:00 pm	0	DBF+FF		NA				NA		0	
	06:00 pm	|									|	
	07:00 pm	|	DBF+FF								|	
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	

Patient Sticker

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : .....

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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

HNH-00015806 IP26-00006509
Baby Of DR.B.SPANDANA
05-06-2026 0Y0M0D0H (F)
Dr. PRITESH NAGAR

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BirthRight BY RAINBOW HOSPITALS
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NURSING CARE RECORD

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM 2PM	→ Assess the baby condition → monitor the vitals & record → DBF and help & burping → maintain I/O chart & record	8AM 2PM	→ Assessed the baby condition → monitored the vitals & recorded → maintained I/O chart & record. → DBF and help & burping	Baby is stable	maintain I/O chart & record	Akul
Afternoon	2pm 8pm	→ Assess the baby condition. → monitor the vitals. → DBF give every 2nd hourly. → plan vaccination. Today.	2pm 8pm	→ Assured the baby. condition. → monitored the vitals. → DBF given every 2nd hourly. → planned vaccination. Today.	→ Baby is stable Now	→ Re assessed the vitals.	Mahi
Night	8pm 8am	Assis the baby Maintain the I/O chart and help Maintain I/O chart	8pm 8am	Assist the baby Maintain the I & O chart and help Maintain I/O chart	Baby is stable	Reamd the I/O chart	

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NURSING CARE RECORD

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Date: 6/6/26

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 | 8pm	→Assess the baby condition. →monitor the vitals. →plan vaccination today. →DBF+FF given every 2nd hourly.	8Am | 8pm	→Assessed the baby condition. →monitored the vitals. →planed vaccination today. →DBF+FF given every 2nd hourly.	→Baby is stable now.	→Reassessed the vitals.	mahahari
Afternoon	Day						
Night	8pm to 8Am	→Assess the baby condition →monitor the vitals →maintain I/o chart →DBF+FF every 2nd hourly →SBR, TSH T/m 9:30pm	8pm to 8Am	→Assessed baby condition →monitored vitals →maintained I/o chart →DBF+FF every 2nd hourly →SBR, TSH. T/m	Baby is stable	Re-checked vitals	

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05-06-2026 0 Y 0 M 0 D 15 H (F)
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NURSING CARE RECORD

Date: 7/6/26

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 8PM	→ Assess the baby condition. → monitor the baby condition → plan to day SBR, TFT, OAE. → ~~done~~ DBF + FF give end hourly.	8AM 8PM	→ Assessed the baby condition. → monitored the baby condition. → planed to day SBR, TFT OAE. → DBF + FF given 2nd hourly.	→ Baby is stable now	→ Re assessed the vitals	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Newborn

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	5/6/26 M6	5/6/26 E2	6/6 [illegible]	6/6/26 M5	6/6/26 N1	7/6/26 M5
Medical Condition (Any special condition to be noted):	NA	NA	NB	NB	NB	NB
Diet:	DBF	DBF	DBF	DBF+FF	DBF+FF	DBF+FF

ASSESSMENT

Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	—
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.1°F	97.1°F	98.3°F	98.1°F	98.3°F	98.1°F
Res:	55brmt	55 brm	46brm	46brm	42brm	46brm
SpO_2:	99%	99%	100%	100%	100%	100%
Pulse:	130brmt	150brm	142brm	145brm	142brm	142brm
BP:	—	—	—	—	—	—
LOC:	—	—	—	—	—	—
Fall Risk Score:	—	—	—	—	—	—
Pain Score:	—	0	—	'0'	'0'	'0'
Skin Integrity	good	Good	—	Good	Good	Good

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	—	—	—	—	—	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	DBF	DBF	—	DBF+FF	—	DBF+FF
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	NA	NA	—	—	—	—
Post Operative Procedure Special Orders:	NA	NA	—	—	—	—
Handed Over By Name :	Akhila	mahi	[illegible]	Maheshwari	Anusha	
Signature / ID :						
Date:	5/6/26	5/6/26	6/6	6/6/26	7/6/26	
Time:	2PM	8PM	8AM	8pm	8AM	
Taken Over By Name :	mahi	[illegible]	mahi	Anusha	mahi	
Signature / ID :						
Date:	5/6/26	5/6	6/6/26	6/6/26	7/6/26	
Time:	2pm	8pm	8Am	8PM	8Am.	

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BRADEN 'Q' SCALE

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					Date :	5/6	5/6	6/6/26	6/6/26
					Time :	N6	E	M	N
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
FRICTION-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.		2	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
					TOTAL SCORE	20	21	21	21
					Evaluator's Name				

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

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	• 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	• 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	• 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	• 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

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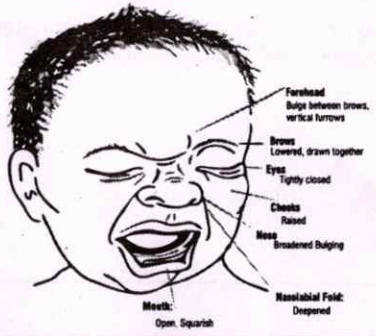
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						5/6	5/6	6/6	6/6					
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						1116	5	m5	N1					
					Procedure ➡	0	0	0	0					
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	0	0	0	0					
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)	0	0	0	0					
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0					
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	0	0	0	0					
Vital Signs HR RR, BP, SaO_2	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	0	0	0	0					
					Gestational Age / Corrected Age	37+0 40+4	37 wks +	37+4 weeks	37+4 weeks					
					Total Pain / Agitation Score	—	—	—	—					
					Intervention	—	—	—	—					
					Effectiveness	—	—	—	—					
					Signature									



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

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

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• 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.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• 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.	• 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	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • 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:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • 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.

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Baby Of DR.B.SPANDANA
05-06-2026 0Y0M0D0H (F)
Dr. PRITESH NAGAR

DATE : 5/6/26.

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N) Noclyft lip. ✓		
2	Pre natal teeth	No	✓ No	
3	Anal opening	Patt	✓	
4	Genitalia	(N)	(N)	
5	Spine	(N)	(N)	
6	Red reflex	] both	✓	
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015806 IP26-00006509 Baby Of DR.B.SPANDANA 05-06-2026 0Y0M0D0H (F) Dr. PRITESH NAGAR	5/6/26 @	5/6/26 @ 2:40PM
	Transfer Ordered by Dr. Anusha.	Reason for Transfer observation
From Unit LDR	To Unit Floor.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File (20)	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ 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 ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis Latha	DR. Anusha.

Patient & Clinical Records Received by : maheshwari

Date & Time of Patient Received : 5/6/26 @ 3:40pm.

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

Patient Stick

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Dr. Spandana Mother's Name: .....

Date of Birth: 5/6/26 Time of Birth: 9.34 Am Gender: ☐ Male ☑ Female

Birth Weight: 2.980 Kgs HC: ..... cm Lenght: ..... cm

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

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

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O+ positive Baby: .....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: 150 /Min RR: 55 /Min BP: ..... SpO_2: 99%

Pain Score: 0 (Follow N Pass)

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

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

Behaviour Status on admission: ☑ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

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

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

Routine Care Provided: Yes / ~~No~~

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / ~~No~~

1. Nutritional Screening: Feeding Problem Yes / ~~No~~
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Akhila Signature: ..... Date &Time: 5/6/26