

DISCHARGE SUMMARY

| | | | |
|------------------------|--|-----------------------|--------------------------|
| Name | Baby Of V SASHIKALA | UHID | HNH-00015997 |
| Father/Guardian | Mr VINOD REDDY | Age/Gender | 0 Y 0 M 0 D 13 H/ Female |
| Address | Champapet, Hyderabad, Champapet, Hyderabad, Telangana, INDIA, 500079 | | |
| IP No | IP26-00006592 | Admission Date | 15-06-2026 |
| Ref Doctor | Self. | | |
| Discharge Date | 18.06.2026 | | |

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

| DIAGNOSIS | ICD CODE |
|--|----------|
| TERM (38 weeks + 1 day)/AGA/BABY GIRL/MATERNAL HYPOTHYROID | |

History: Baby Of V SASHIKALA is a term (38 weeks + 1 day) baby girl, delivered to a primi mother by emergency LSCS on 15.06.2026 at 07:24 Pm with birth weight of 2.900 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 6/10 at 1 min, 8/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed

| | | | |
|-------|---------------------|----------------|--------------|
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cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. V SASHIKALA is a 30 years old primi mother. G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. H/O: Hypothyroidism. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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. Weight normal. H/O: Hypothyroidism. No history of Pregnancy Induced hypertension /

Anthropometry: Urinary Tract Infection/ Antepartum Haemorrhage/ Gestational Diabetes Mellitus.
 Weight at birth : 2.900 kgs.
 Weight at discharge : 2.720 kgs.
 Head Circumference : 34 cms.
 Length : 40 cms.

Investigations: Enclosed reports.

Management:

Course during hospital:

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

| | | | |
|--------------|---------------------|-----------------------|--------------|
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tolerated the feeds well.

Vaccination: Baby was given following vaccination:

| Vaccine Name | Status | Date |
|--------------|--------|------------|
| BCG | Given | 16.06.2026 |
| OPV | Given | 16.06.2026 |
| HEPATITIS B | Given | 16.06.2026 |

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Parents not willing.

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

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

| | | | |
|-------|---------------------|----------------|--------------|
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Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

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

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

Plan:

1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**
3. **To collect Serum Bilirubin Report.**

Review consultation with Dr. SPANDANA PASUPULETI on (19.06.2026) Saturday 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

| | | | |
|-------|---------------------|----------------|--------------|
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| IP No | IP26-00006592 | Admission Date | 15-06-2026 |

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 / Vikramपुरi / 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. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

CONSENT FOR FORMULA FEEDS



Patient Name : HNH-00015997 IP26-00006592 Age : Gender : Male Female
Baby Of V SASHIKALA
15-06-2026 0 Y 0 M 0 D 16 H (F)

UHID No : Dr. SPANDANA PASUPULETI 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 : S. Vinod Reddy

Name : Vinod

Relationship with Patient : Father

Date & Time : 16/6/26 @ 2:20pm

Witness :

Signature : 

Name : Sriniji

Date & Time : 16/6/26 @ 2:20pm

Doctor (who is taking the consent) :

Signature : 

Name : Dr. Nair Pujar

Date & Time : 16/6



డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు: వయస్సు లింగం పు స్త్రీ

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

తేదీ

నేను శ్రీ/శ్రీమతి వయస్సు సంవత్సరాలు

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

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

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

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు



వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

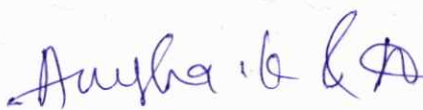
PATIENT TRANSFER FORM

| | | | |
|---|---------------------------------|--|---|
| HNH-00015997 Baby Of V SASHIKALA IP26-00006592 15-06-2026 0 Y 0 M 0 D 1 H (F) Dr. SPANDANA PASUPULETI  | | Date & Time of Admission 15/06/2026 @ | Date & Time of Transfer Order 16/06/2026 @ 10 AM |
| Treating  | | Transfer Ordered by Dr. Spandana | Reason for Transfer observation |
| From Unit pre & post | To Unit | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File 28 | Number of Imaging Films ABCg | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ? | |

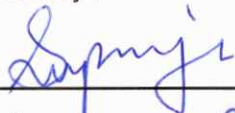
Medications / Consumables / Surgicals / Hand over

| Sl.No. | Item Name | Quantity |
|--------|-----------|----------|
| 1. | ABCg | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Shifting Summary / Notes Written by Doctor : Yes No

| | |
|---|---|
| Name & Signature of Person who is Transferring  | Name of Person Ordered Transfer Dr. Spandana |
|---|---|

Patient & Clinical Records Received by :



Date & Time of Patient Received :

9:50 AM @ 16/6/20

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

**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 : IP26-00006592 Admit Date : 15-Jun-2026 Admit Time : 08:12 PM UHID : HNH-00015997

Patient Details :

Patient Name : Baby B/O V SASHIKALA Age : 0 D
Guardian : Mr VINOD REDDY DOB : 15-06-2026 07:24 PM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Champapet, Hyderabad Champapet Phone No : 8125584745/ 9346319291
Hyderabad Telangana INDIA 500079 E-mail : sasikalaece051@gmail.com

Admission Details :

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

Contact Details :

Name : Mr VINOD REDDY Relationship : Father
Contact Address : Phone No : 8125584745

S. Vinod Reddy
Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI Specialisation : NEONATOLOGY
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

HNH-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : TRC V. Sashikala Age : 30y Father's Name : Age :
 Date of Birth : 15/06/26 Date of Admission : UHID No.:
 NICU Consultant : 7:24PM Referring Consultant :
Transferring Unit : OT Labour Room ER Ward
Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : TRC V. Sashikala Mother's Blood Group : B+ve
 Gender : M F Blood Group : Birth Weight (gms) : 2900g Length (cms) :
 Date of Birth : 15/06/26 Time of Birth : 7:24PM OFC (cms) :
 Place of Birth : RCC Hemanagar Estimated Gesth Age : 38w+1d

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 32w+1d AN Steroids Drugs / Doses :
 Last Scans Details : NT - @ (9/6/21) = SUCRDF Cephalic Placental post by
AFL - 2.9cm EFW - 2.017kg Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs
 Consanguinity : Yes No
 If yes, degree of consanguinity : 1 2 3
H/o PIH (after 20 weeks) / PE
 How many Drugs / Doses / Since how long :
 H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :
 IUGR - when detected :
 Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus :
 AFI :

H/o GDM/ pre GDM/ on diet or insulin
 Controlled or not, recent values, HbA1 values :
 Compliance with Rx :
 Scans : LGA, TIFFA , Fetal Echo :
H/o Hypothyroidism : when diagnosed ? Medication?
+ on Thyroxine
 Any other Chronic Medical Problems, when detected drugs ? pulmonary Koch @ 24
 (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 :



PAST OBSTETRIC HISTORY

G: P: A: L:

| Sl. No. | Age | GA wks | B. W | Gender | Significant | Details |
|---------|-----|--------|--------|--------|-------------|---------|
| | PPV | 38w+1d | 2900gm | Female | | |
| | | | | | | |
| | | | | | | |

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

| | |
|---|---|
| Duration of Labour First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : Specify the reason : Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal | CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|--------------|----------|-----------|------------|
| | 1 | 2 | |
| | 2 | 2 | |
| | 1 | 1 | |
| | 1 | 1 | |
| | 1 | 2 | |
| | 6/10 | 8/10 | |
| TOTAL | | | |

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Term (38w+1d) / Em Wca / Female / CIAR /
 Bt wt: 2900gm / Matured
 (AUA) Hypo-thyroid.



H

Female
Baby born by Em WA on 15/06/26 7:24 PM



15/06/26 weak cry ⊕, Cord clamping done



Baby dried / Stimulated / positioned



Good crying, passed meconium



HR:- 180/min, SpO₂: 99% @ 10 min



Vit K given



Shift to us the side

Investigation details in previous Hospital :

Feeding History :



[Faint handwritten notes, possibly bleed-through from the reverse side]

Family History :

[Faint handwritten notes]

Socio Economic History :

[Faint handwritten notes]

GENERAL EXAMINATION ON ADMISSION

General Disposition :

[Faint handwritten notes]

VITALS : Temperature : *Afebrile* HR : *180/min* RR : *40/min* NIBP : CFT :
Color of the extremities : *pink*
Jaundice : Pallor : SpO2 : *99% CPA*

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



HEAD TO TOE EXAMINATION

| | |
|--|---|
| HEAD : | Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) : |
| Facies : (Any Facial Dysmorphism) | |
| NECK and CLAVICLES : | Range of Motion : Asymmetry : Masses : |
| EYES : | Symmetry : Red Reflex : Discharge : |
| EARS, NOSE MOUTH and THROAT : | Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue : <i>MAD</i> |
| THORAX and BREASTS : | Shape of Thorax : Position of Nipples and Number : |
| ABDOMEN and UMBILICUS : | Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge : |
| GENITILIA : | Labia / Hymen : Testicles/penis : Anus : |
| HERNIAL ORIFICES | |
| TRUNK and SPINE : | |
| SKIN LESIONS : | |
| EXTREMETIES : | Fingers / Toes : 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 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 150/min BP : Precordial Activity :

Femoral Pulses : 2/6 felt Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord : 2 UA + 1 UV

Abdominal girth : First urine passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

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

Motor System :

Passive Tone : normal

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

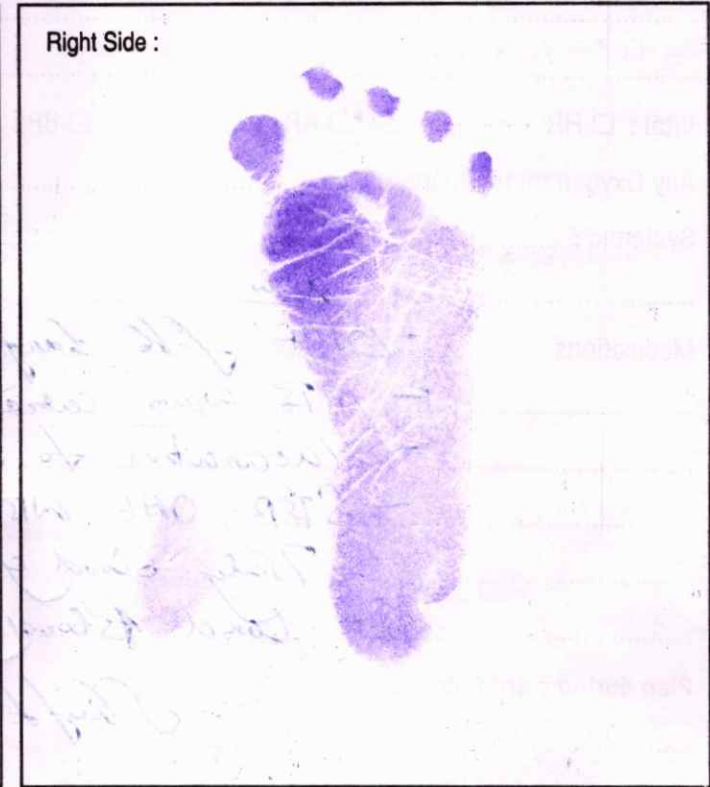
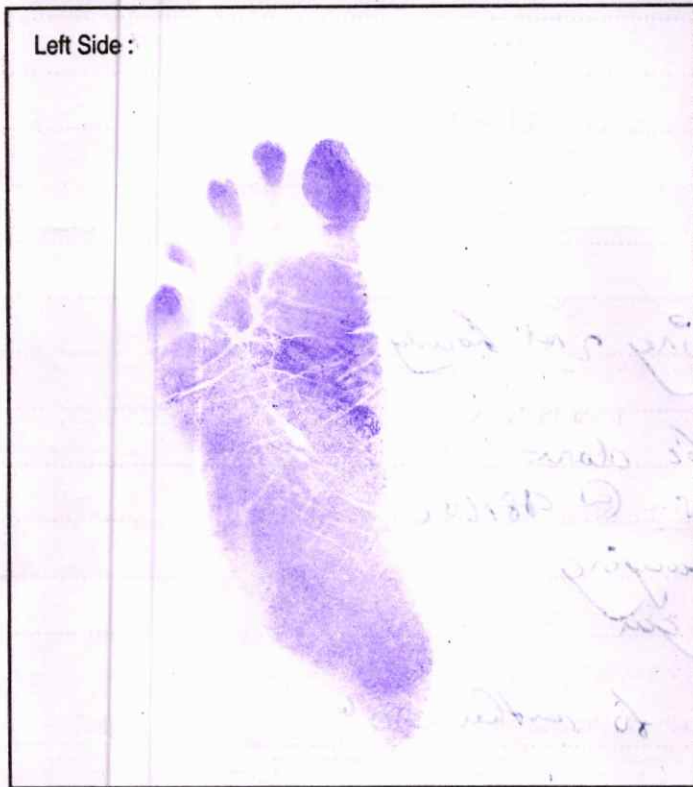
ATNR : Skull and Spine :



Any Congenital Anomalies : *No*

Diagnosis : *Term (38w+1d) (Female) (B. wt 2900gm) (AGA) (work on)*
..... *Emileu (non progression of labour) / Natural (by perthly sides)*

FOOT PRINTS



Resident Doctor :
Signature : *[Signature]*
Name : *Dr. Sambuddh*
Date & Time : *15/06/20 7:22 PM*

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.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :

- ^{Adm} DISE flk langing 2nd hourly
- NTS warm care
- Vaccination to be done
- STR. OAL NRS @ 98HUL
- Baby blood gassing
- Cord blood gas

Plan during ward follow up :

- Shift to another side

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

feeding time
7:40 to 7:50pm

TSC V. Sashikala

HNH-00015997 IP26-00006592
Baby Of V SASHIKALA
15-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI

DATE: 15/06/20



NEWBORN ANOMOLY ASSESSMENT CHECKLIST

| S.NO | ASSESSMENT PARAMETERS | CHECKED BY REGISTRAR | CHECKED BY CONSULTANT | REMARKS |
|------|--|----------------------|-----------------------|---------|
| 1. | Palate | (+) | Normal | |
| 2 | Pre natal teeth | No | No. | |
| 3 | Anal opening | (+) | (+) | |
| 4 | Genitalia | Female | (N) Female | |
| 5 | Spine | (N) | (N) | |
| 6 | Red reflex | | | |
| 7 | 4 limb saturation (before discharge) | Not to be checked | | |

Sankh

Ped.Registrar signature

Ped.Consultant signature



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-----------------------------|---|---|
| 16/06/26 8 AM | 23/6. Dr. Sushruth / Dr. Shreyan | |
| | Term (38w+10d) / female / CEAR / B. wt - 2900gm | Em 12U / |
| | Baby Sathwick paired vein / meconium | Maternal Hypothyroid |
| | O/A - Cx / Tone / Achrdy - good vital's stable | F. wt - 2800gm (3.4% wt loss) |
| | S/B: WS: S, S, ⊕ CNS IAR @ huml | |
| | PAL soft RST R VAC ⊕ | Adv |
| | | - DISE fl6 burping 2nd hourly - NIS warm care |
| | | - Vaccination to be done / (TSCG, 1st Sep IS, OPV) |
| | | - Samples @ 9 AM |
| | | - Trace TSTG - Monitor vital and Inform SBC |
| | | Sushruth |

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|-------------------------------------|----------------------|
| 16/6/26 | C/C by Dr Tejam. | |
| <u>11 AM</u> | O/E - Baby Euthymic vital stable | |
| | latching well. | ke |
| | | DRF = breastfeeding |
| | | BCG } today |
| | | OPV } today |
| | | HepB } today |
| | Red reflex to be checked | |
| 16/6/26 | BCG } given | Dr. K. Srinivas |
| | OPV } given | NB - Supriya |
| | HepB } given | 16/6/2026 @ 11:20 AM |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------|--|--|
| 16/6 2:00pm | <p><u>CLSB Dr. Naipaya.</u></p> <p>T / AUA / female / CIAB</p> | |
| | <p>Euthemic</p> <p>CIT/A - good</p> <p>Vitals - stable.</p> <p>RLS / NAD</p> <p>PIA / NAD</p> <p>U / M S / ✓</p> | <p>plan</p> <p>- DBF + FF 2nd hourly for burping</p> <p>- SBR } 17/6 NBS } OAE } 7:30pm</p> <p>- warmth care</p> <p>- Monitor vitals</p> <p style="text-align: right;">@ey</p> |
| 16/6 3:00pm | <p><u>CLSB Dr. Spandana</u></p> <p>T / AUA / female / CIAB</p> <p>Euthemic</p> <p>CIT/A - good</p> <p>Vitals - stable.</p> <p>RLS / NAD</p> <p>PIA / NAD</p> | <p>plan</p> <p>- DBF + FF 2nd hourly for burping</p> <p>- SBR } 17/6 NBS } OAE }</p> |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------------|---|--|
| 17/06/2026 8am | S/B Dr. Dhanaseen / Dr. Varun. | |
| | Term (38+1) / F / AHA / 2.9 kgs / CIAB 1. cm. uses / Mat. | Hypothyroidism |
| | T. wt - 2.72 kgs (↓ 80gms) since yesterday | Plan |
| | % of wt loss since birth - 6.2% | M / BTK B / BTK |
| | Euthenic / pink. | ② DBF every 2nd hly flb bumping |
| | C/T/A - good | ③ SBR } NBS } today @ OAE } 7:30pm |
| | hemodynamically stable | ④ Monitor vitals Q4 |
| | conscious | ⑤ Reflex to be checked |
| | M clear | (Dhanaseen) |
| | R/A soft | 8:40 AM @ 17/6/26 |
| | urine - ✓ | |
| | stool - ✓ | |
| | Vaccination ✓ | |
| | 4 limb SpO ₂ ✓ | |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|---------------------------------|---------------------------------------|
| 17/6/26 8:45 AM | c/s/b Dr. Tejaswi | |
| | Term / AGA / female / Mat. | Cuppo Kyrosi done |
| | - Enthusiastic | |
| | - Cry tone activity } good. | Plan Kumar Care |
| | O ₂ - vitals stable. | ✓ SBR RRR } today OAC @ 7:30pm. |
| | S/E - WNL. | ✓ B/F Q2H + PF. |
| | | ✓ B/L red reflex present. |
| | | Dr. Tejaswi |
| | | N/B - Superija |
| | | 9 AM @ 17/6/26 |

HNH-00015997 IP26-00006592
 Baby OIV SASHIKALA OYOMID (F)
 15-06-2026
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------|---|---|
| | <u>Lactation Care plan</u> | |
| 17/6/26 11:30 AM | <ul style="list-style-type: none"> - well formed breast & nipple's - primi, Term - baby suck & latch observed - colostrum seen - baby is not sucking continuously, starting suck with strong stimulation | |
| | <u>Advice:-</u> | |
| | <ul style="list-style-type: none"> - Direct Breast feeding [Formula feeds (SAS)] - Aim for deep latch as demonstrated in cradle hold - make baby suck 15 - 20 mins on each side - Demand do not exceeds 2 1/2 hours as per early hunger cues. - Stimulate baby continuously. | |
| | | Sathwik G Dietitian & Lactation 17/6/26 11:35 AM |

HNH-00015987 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



315



Blood Group - B +ve

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

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

HNH-00015997
 Baby Of V SASHIKALA IP26-00008592
 15-08-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI

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

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 15/8/2026 Time: 8 PM 10 PM 12 AM 3 AM 6 AM
 Doctor/Nurse/Family Concern?

| | | | | | | |
|------------------|-----|--------|--------|--------|--------|--------|
| Temperature (°F) | 104 | | | | | |
| | 103 | | | | | |
| | 102 | | | | | |
| | 101 | | | | | |
| | 100 | | | | | |
| | 99 | | | | | |
| | 98 | | | | | |
| | 97 | 36.5°C | 36.5°C | 36.5°C | 36.5°C | 36.5°C |
| | 96 | | | | | |
| | 94 | | | | | |

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| Heart Rate (bpm) and Blood Pressure (mmHg) * | 190 | | | | | |
| | 180 | | | | | |
| | 170 | | | | | |
| | 160 | | | | | |
| | 150 | | | | | |
| | 140 | | | | | |
| | 130 | | | | | |
| | 120 | | | | | |
| | 110 | | | | | |
| | 100 | | | | | |
| Note: BP does not score in early warning scoring | | | | | | |
| Heart Rate (Number) | | 150 | 156 | 150 | 140 | 136 |

| | | | | | | | |
|------------------------------------|--------------------|--|----|----|----|----|----|
| Resp. Rate (bpm) (Over 1 Minute) * | 70 | | | | | | |
| | 60 | | | | | | |
| | 50 | | | | | | |
| | 40 | | | | | | |
| | 30 | | | | | | |
| | 20 | | | | | | |
| | 10 | | | | | | |
| | Resp Rate (Number) | | 20 | 46 | 50 | 48 | 49 |

| | | | | | | |
|----------------------------------|--------------------------------|-----|-----|------|------|------|
| Resp Distress | Mod/ Severe None / Mild | | | | | |
| Receiving O ₂ (l/min) | O ₂ Saturations (%) | 99% | 99% | 100% | 100% | 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 | P | P | P | P | P | P |

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

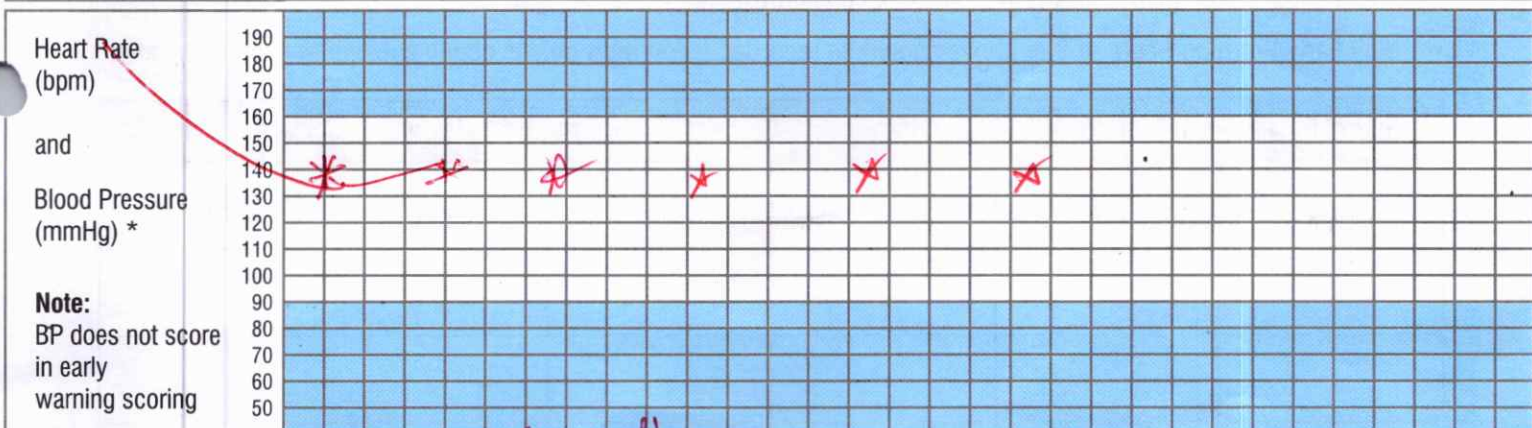
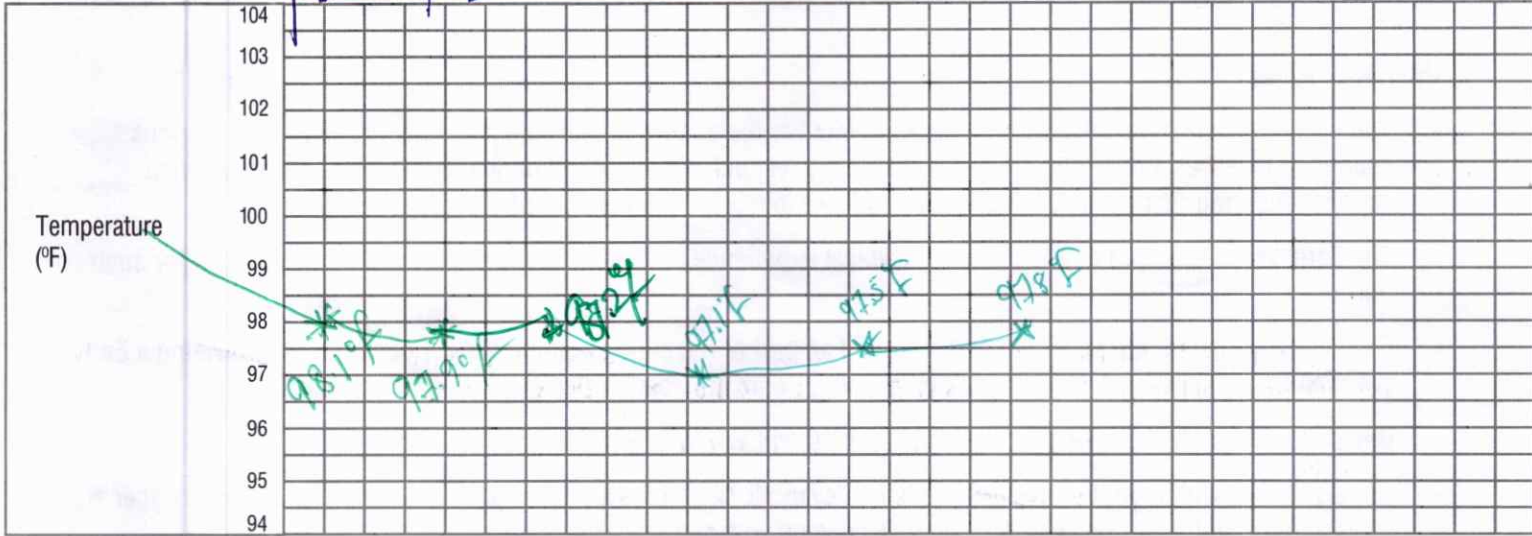
The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

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

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 16/6/26 Time: 9 AM 1 PM 6 PM 10 PM 2 AM 6 AM

Doctor/Nurse/Family Concern? AN PM 6 PM 10 PM 2 AM 6 AM



Heart Rate (Number) 148 bpm 139 bpm 146 bpm 142 bpm 143 bpm 145 bpm



Resp Rate (Number) 42 bpm 46 bpm 42 bpm 42 bpm 45 bpm 42 bpm

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

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

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

ACTIONS
 Score 1 : Continue normal observation by staff nurse
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|---|------|---------------------|--------------------------------|------|------|
| Date | Time | Early Warning Score | Date | Time | Name |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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HNH-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0 Y 0 M 1 D (F)
 Dr. SPANDANA PASUPULETI

INM / CLINICAL / 124

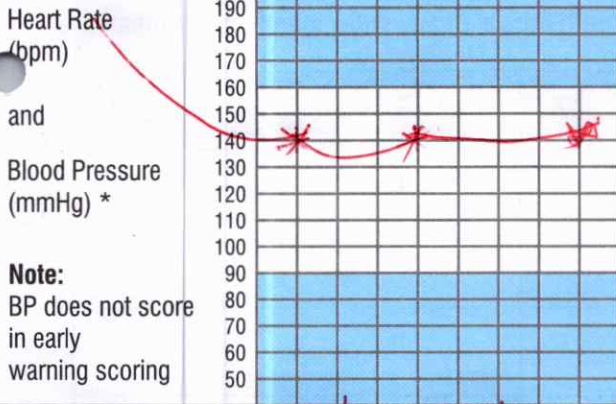
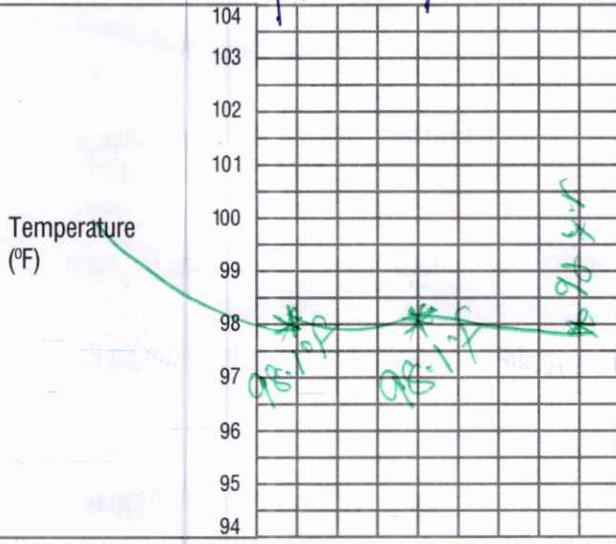
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



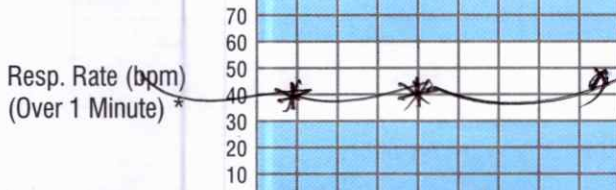
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 17/6/26 Time: 10 2 6

Doctor/Nurse/Family Concern? AM PM PM



Heart Rate (Number) 142b/m 140b/m 147b/m



Resp Rate (Number) 41b/m 40b/m 40b/m

Resp Distress Mod/ Severe None / Mild

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

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15

TOTAL SCORE Number of shaded boxes 0 0 0

Pain Score 0 0 0

Observer's Initials [Signature] [Signature] [Signature]

- ACTIONS**
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|---|------|---------------------|--------------------------------|------|------|
| Date | Time | Early Warning Score | Date | Time | Name |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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HNH-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0Y0M0D1H (F)
 Dr. SPANDANA PASUPULETI



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 | | DBF | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 15/6/26 | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | DBF | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | DBF | | NA | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 am | | | DBF | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |
| 25/6/26 | 02:00 am | | | | | | | | | | | | |
| | 03:00 am | | DBF | | | | | | | | | | |
| | 04:00 am | | | | | | | | | | | | |
| | 05:00 am | | DBF | | | | | | | | | | |
| | 06:00 am | | DBF | | | | | | | | | | |
| | 07:00 am | | DBF | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

Sheet No. :

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|---------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 16/6/26 | 08:00 am | DBF | | | | | | | | | | | |
| | 09:00 am | DBF | | | | | | | | | | | |
| | 10:00 am | DBF | | | | | | | | | | | |
| | 11:00 am | DBF | | | | | | | | | | | |
| | 12:00 pm | DBF | | | | | | | | | | | |
| | 01:00 pm | DBF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U- M- | | | | | | | |
| 16/6/26 | 02:00 pm | DBF+FF | | | | | | | | | | | |
| | 03:00 pm | DBF+FF | | | | | | | | | | | |
| | 04:00 pm | DBF+FF | | | | | | | | | | | |
| | 05:00 pm | DBF+FF | | | | | | | | | | | |
| | 06:00 pm | DBF+FF | | | | | | | | | | | |
| | 07:00 pm | DBF+FF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U- 2 M- 2 | | | | | | | |
| 16/6 | 08:00 pm | DBF+FF | | | | | | | | | | | |
| | 09:00 pm | DBF+FF | | | | | | | | | | | |
| | 10:00 pm | DBF+FF | | | | | | | | | | | |
| | 11:00 pm | DBF+FF | | | | | | | | | | | |
| | 12:00 am | DBF+FF | | | | | | | | | | | |
| | 01:00 am | DBF+FF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U- M- | | | | | | | |
| 17/6 | 02:00 am | DBF+FF | | | | | | | | | | | |
| | 03:00 am | DBF+FF | | | | | | | | | | | |
| | 04:00 am | DBF+FF | | | | | | | | | | | |
| | 05:00 am | DBF+FF | | | | | | | | | | | |
| | 06:00 am | DBF+FF | | | | | | | | | | | |
| | 07:00 am | DBF+FF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U- M- | | | | | | | |

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0 Y 0 M 1 D (F)
 Dr. SPANDANA PASUPULETI



FLUID CHART

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- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

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|-----------------------|----------|-----------------|--------|-----|-----|-------------------------------|-----------|-------|----------|-------|--------------------------------|-------------|-------------------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 17/6/26 | | | | | | | | | | | | | |
| | 08:00 am | | | | | | | | | | | 0 | } <i>[Signature]</i> |
| | 09:00 am | DBF | | | | | | | | | 0 | | |
| | 10:00 am | FF | | | | | | | | | 0 | | |
| | 11:00 am | DBF | | | | | | | | | 0 | | |
| | 12:00 pm | FF | | | | | | | | | 0 | | |
| | 01:00 pm | DBF | | | | | | | | | 0 | | |
| 01:00 pm | FF | | | | | | | | | 0 | | | |
| Total Intake : | | | | | | Total Output : U- M- | | | | | | | |
| 18/6/26 | 02:00 pm | DBF | | | | | | | | | | | } <i>[Signature]</i> |
| | 03:00 pm | FF | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | | |
| | 05:00 pm | DBF | | | | | | | | | | | |
| | 06:00 pm | FF | | | | | | | | | | | |
| | 07:00 pm | DBF | | | | | | | | | | | |
| | 07:00 pm | FF | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : U-2 M-2 | | | | | | | |
| | 08:00 pm | | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | | |
| | 01:00 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 | | | | | | | | | | | | |
| | 07:00 am | | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | | |

| | |
|-----------------------------|--|
| Total 24 hrs. Intake | |
|-----------------------------|--|

| | |
|-----------------------------|--|
| Total 24 hrs. Output | |
|-----------------------------|--|

Patient Sticker



FLUID CHART

Sheet No. :

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

| | | Intake | | | Output | | | | IV Site Thrombophlebitis Score | Sign. Nurse |
|-----------------------|----------|-----------------|-------|-----|-----------------------|-----------|-------|----------|--------------------------------|-------------|
| Date | Time | Nature of Fluid | Route | | NG | Diarrhoea | Vomit | Drainage | | |
| | | | 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-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



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 | 15/6 | 16/6 | 16/6 | | | | | | |
| 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) | | | | | | | | | |
| Facial Expression | Mouth is lax No expression | Minimal expression with stimuli | Relaxed Appropriate | Any pain expression intermittent | Any pain expression continual | | | | | | | | | |
| 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| | <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 | | 38w | 38w | | | | | |
| | Total Pain / Agitation Score | | - | - | | | | | | | | | | |
| | Intervention | | | | | | | | | | | | | |
| | Effectiveness | | | | | | | | | | | | | |
| | Signature | | | | | | CP | | | | | | | |

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. |

HNH-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-08-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



BRADEN 'Q' SCALE



Date : 15/8 16/8 16/8 17/8/26
 Time : 11 12 15 12

| | | | | | | | | |
|---|--|--|---|--|---|---|---|---|
| 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. | 2 | 4 | 4 | 4 |
| "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. | 2 | 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. | 4 | 4 | 4 | 4 |
| 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. | 4 | 3 | 3 | 3 |
| FRICITION-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." | 4 | 4 | 4 | 4 |
| 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. | 4 | 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. | 4 | 4 | 4 | 4 |

| | | | | |
|-------------------------|-------------|-------------|-------------|-------------|
| TOTAL SCORE | 25 | 25 | 25 | 25 |
| Evaluator's Name | [Signature] | [Signature] | [Signature] | [Signature] |

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 | <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 : | | | | |
|---|--|--|---|--|--------|----|--|--|--|
| | | | | | Time : | | | | |
| 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. | 7/7/16 | 12 | | | |
| "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. | | 4 | | | |
| 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. | | 4 | | | |
| 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. | | 4 | | | |
| 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." | | 4 | | | |
| 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. | | 4 | | | |
| 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. | | 4 | | | |
| TOTAL SCORE | | | | | | 28 | | | |
| 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 | <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 |
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| 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 |

HNH-00015997 IP26-00006592
 Baby Of V SASHIKALA
 15-06-2026 0 Y 0 M 0 D 1 H (F)
 Dr. SPANDANA PASUPULETI



NURSING CARE RECORD



Date: 15/6/26

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 | | | | NA | | | |
| Afternoon | | | | | | | |
| Night | 8pm to 8Am | ⇒ Assess the patient condition. ⇒ plan for vital signs ⇒ plan for blockage | 8pm to 8Am | ⇒ Assessed the patient condition ⇒ maintain vital signs ⇒ maintain blockage | patient is stable | vital signs normal | C. Suresh |



NURSING CARE RECORD



Date: 15/6/26

- 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 | <ul style="list-style-type: none"> → To assess the baby condition → To check the vitals & record → 2nd hourly DBF → I/O chart maintain | 8AM 10 2PM | <ul style="list-style-type: none"> → To assessed the baby condition → To checked the vitals & recorded → 2nd hourly DBF → I/O chart maintained | <ul style="list-style-type: none"> → Baby is stable → Vaccination to be done today | <ul style="list-style-type: none"> → Re-checked the vitals → I/O → Trace blood group | Supriya |
| Afternoon | NA | | | | | | |
| Night | 8pm 8pm | <ul style="list-style-type: none"> - assessed the baby general condition - Check the vitals - maintain I/O - warm care - DBF + FF 2nd hourly | 8pm 8pm | <ul style="list-style-type: none"> - assessed the baby general condition - Check the vitals - maintain I/O - warm care - DBF + FF 2nd hourly - Vaccination done | <ul style="list-style-type: none"> - Baby is stable | <ul style="list-style-type: none"> - monitor the vitals - Trace blood group | Dhr |



NURSING CARE RECORD

Date: 17/6/26

- 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 | 8pm | To assess the baby condition | 8pm | To assessed the baby condition | Baby is stable | Re-checked the vitals | Supriya |
| | to | To check the vitals & record | to | To checked the vitals & recorded | SBR, NBS, OAG | I/O | |
| Afternoon | 2pm | 2nd hourly DBF + FF | 2pm | DBF + FF 2nd hourly | today @ 7:30pm | | Madhvi |
| | to | I/O chart maintain | to | I/O chart maintained | | | |
| Night | 2pm | To assess the baby condition | 2pm | Assess the baby condition | Baby is a stable. | Re-check the vitals I/O | |
| | to | To check the vitals | to | To checked the vitals | | | |
| | 8pm | 2nd hourly DBF + FF | 8pm | DBF + FF 2nd hourly | | | |
| | | I/O chart maintain | | | | | |

Patient Sticker

NURSING CARE RECORD



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 | | | | | | | |



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

| | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|--------|
| SITUATION | Diagnosis: | NB | | | | | | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | |
| | Area | 15/6 M1 | 16/6/26 M6 | 16/6/26 M6 | 16/6/26 M5 | 16/6 M1 | 17/6/26 M6 | 17/6/26 E2 | |
| BACKGROUND | Shift Time | | | | | | | | |
| | Medical Condition (Any special condition to be noted): | | | | | | | | |
| 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Tubes/Drains/Catheter: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Vital Signs: | Temp: | 36.5 | 98.4°f | 98.5 | 98.5 | 98.5 | 98.1°f | 98.3°f |
| | | Res: | 20 | 42b/m | 40b/m | 40b/m | 40b/m | 42b/m | 40b/m |
| | | SpO ₂ : | 100 | 99% | 98% | 99% | 99% | 99% | 99% |
| | | Pulse: | 156 | 140b/m | 140 | 140b/m | 142b/m | 142b/m | 140b/m |
| | | BP: | - | - | - | - | - | - | - |
| | Fall Risk Score: | - | - | - | - | - | - | - | |
| Pain Score: | - | 0 | 0 | 0 | 0 | 0 | 0 | | |
| Recommendations | Safety Needs: | Yes | Yes | Yes | Yes | Yes | Yes | Yes | |
| | Physiotherapy | <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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Others Specify: | - | - | - | - | - | - | - | |
| | Special Diet: | <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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Other Special Orders / Medications: | - | - | - | - | - | - | - | |
| Post Operative Procedure Special Orders: | | - | - | - | - | - | SOL, NRS 7:30pm | - | |
| Handed Over By Name : | | Chudde | Susriya | Shruti | Dhu | Susriya | Madley | | |
| Signature : | | Chudde | Susriya | Shruti | Dhu | Susriya | Madley | | |
| Date: | | 16/6/26 | 16/6/26 | 16/6/26 | 17/6/26 | 17/6/26 | 17/6/26 | | |
| Time: | | 8AM | 2pm | 4pm | 8am | 2pm | 8pm | | |
| Taken Over By Name : | | Susriya | Shruti | Dhu | Susriya | Madley | | | |
| Signature : | | Susriya | Shruti | Dhu | Susriya | Madley | | | |
| Date: | | 16/6/26 | 16/6/26 | 16/6/26 | 17/6/26 | 17/6/26 | | | |
| Time: | | 8AM | 8pm | 8pm | 8pm | 8pm | | | |

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

| | | | | | | | |
|------------------------|--|---|--|--|--|--|--|
| SITUATION | Diagnosis: | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | | | | | |
| BACKGROUND | Area | / | / | / | / | / | / |
| | Shift Time: | | | | | | |
| | Medical Condition (Any special condition to be noted): | | | | | | |
| 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 |
| | 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: | | | | | | |
| Fall Risk Score: | | | | | | | |
| Pain Score: | | | | | | | |
| Recommendations | Safety Needs: | | | | | | |
| | Physiotherapy | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Others Specify: | | | | | | |
| | Special Diet: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Other Special Orders / Medications: | | | | | | |
| | Post Operative Procedure Special Orders: | | | | | | |
| | Handed Over By Name : | | | | | | |
| | Signature : | | | | | | |
| | Date: | | | | | | |
| | Time: | | | | | | |
| | Taken Over By Name : | | | | | | |
| | Signature : | | | | | | |
| | Date: | | | | | | |
| | Time: | | | | | | |

HNH-00015997 IP26-00006592
Baby Of V SASHIKALA
15-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SPANDANA PASUPULETI



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: shashikala

Date of Birth: 15/6/26 Time of Birth: Gender: Male Female

Birth Weight: 2.90 Kgs HC: cm Length: cm

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

Term / Pre-term / Post-term:

Resuscitated: Yes No Blood Group: Mother: Baby:

Feeding: Breast Feeding Formula Both First Feed Time:

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 36.5 °C HR: 154 /Min RR: 46 /Min BP: SpO₂: 100%

Pain Score: (Follow N Pass)

Fall Risk Assessment: Yes No Score: (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: Signature: Date & Time: