HNH-00016027 IP26-00006603
Baby Of PAVITRA NARESH
17-06-2026 0 Y 0 M 0 D 17 H (M)
Dr. S TEJASWI REDDY

Rainbow Childrens Hospital-Himayatnagar

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 : IP26-00006603 **Admit Date** : 17-Jun-2026 **Admit Time** : 05:50 PM **UHID** : HNH-00016027

Patient Details :

Patient Name	: Baby Of PAVITRA NARESH CHOUDARY	**Age**	: 0 D
Guardian	: Mr NARESH CHOUDHARY	**DOB**	: 17-06-2026 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 107/shradha anand apt, a wing , road no 33, ramchandra nagar , suman jewelrs, jijamata nagar wagle , maharashtra Wagle Indl Estate Thane Maharashtra INDIA 400604	**Phone No**	: 7977803687/ 9491330357
		E-mail	: 7977803687@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU2-406 **Ward Name** : 4F -NICU 2

Room No : NICU2-406 **Admission Type** : First Visit

Contact Details :

Name	: Mr NARESH CHOUDHARY	**Relationship**	: Father
Contact Address	: 107/shradha anand apt, a wing , road no 33, ramchandra nagar , suman jewelrs, jijamata nagar wagle , maharashtra Wagle Indl Estate Thane Maharashtra INDIA 400604	**Phone No**	: 7977803687

Signature

Doctor Details :

Doctor Name	: Dr. S TEJASWI REDDY	**Specialisation**	: NEONATOLOGY
Referral Doctor	: Dr P V S Sivesh	**Phone No**	: 8143818234
Co-Consultant	:		

Payment Details :

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

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ACTIVIT HNH-00016027 IP26-00006603 **G**
Baby Of PAVITRA NARESH
17-06-2026 0 Y 0 M 0 D 17 H (M)
Dr. S TEJASWI REDDY

Name: --- ----------

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	5:30pm	sagar lal hospital	NICU	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Nagesw			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17/6/26	CBP, CRP, Blood grouping	9946	
	Blood c/s		
17/6/26	2D Echo	7282	
17/6/26	X-ray chest	7283	
17/6/26	VBG POCT	9949	
17/6/26	RBS 86mg/dl	9952	Comm
18/6/26	ABG, ABG, RBS	9957	[illegible]
	Cross checked done by Shaya 18/6/26 @ 5pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/6/26	Invasive monitoring				
	HFNC		18/6/26. 7:30 AM		
	oxygen		18/6/26 7:30 AM		
	syringe pump	5:50 pm		7183	
	Cross checked done by Dhanya 18/6/26 @ 5 AM				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	Iv placement	1	7186	
	Cross checked done by		Dhaya	18/6/26 5Am

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
17/6/26	6:00pm	86 mg/dL	10% Dextrose	Laxmi
18/6/26	6 Am	113 mg/dl	" "	Dhanyavalli

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UNDERTAKING FOR BALANCE DEPOSIT

To

The Management,

Rainbow Children's Hospital, Himayatnagar

Hyderabad-500029

Sub:- **Undertaking Balance Deposit**

I Mr./Mrs./Ms. NARESH CHOUDHARY (Father/ Mother/ Other_____) of Master/ Baby/ Baby of/ Mrs./ Ms. PAVITRA NARESH CHOUDARY was bought to your hospital on 17/06/26 at 17.50 pm. Admitted in _____. Approximate charges deposit details were explained by the Front office/ Billing executive on duty.

I have to pay the amount of 50k as a caution deposit but for now I'm depositing 30k. The remaining amount I'll deposit on 18-06-26 at 11:00 Am

Total. 50 k paid

20 k at → 10:25 Am 18/6/26

Paid

Remaining

Thanking You

Signature

Name:- Tarun Choudhary

Ph. No.:- 9491330357.

CONSENT FOR FORMULA FEEDS

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Dr. S TEJASWI REDDY

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 : .....

Name : Tarun Chaudhary

Relationship with Patient: Uncle

Date & Time : .....

Witness :

Signature : Laxmi

Name : Laxmi

Date & Time : 17/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Prabhath

Date & Time : 17/6/26
6 pm

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : HNH-00016027 IP26-00006603 Baby Of PAVITRA NARESH 17-06-2026 0 Y 0 M 0 D 18 H (M) Dr. S TEJASWI REDDY ..... Gender: ☐ Male ☐ Female

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

I ..... S/D/W/O .....

Here by give consent for procedure of : .....

For my patient, Named : .....

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

- Pneumothorax
- Nasal septum Injury

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

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

Name of the Doctor performing the procedure: Dr. Spandana

Patient Attendant :

Signature : .....

Name : Tarun Choudhary

Relationship with Patient: Uncle

Date & Time : 17/6/26 @ 7:43pm

Witness :

Signature : .....

Name : .....

Date & Time : 17/6/26 at 7:30pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Prabhakar

Date & Time : 17/6/26 8pm

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Dr. S TEJASWI REDDY

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

UHID.No ..... Date: 17/6/26.

I ..... S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms ..... who is related to me as ~~Baby~~ Child is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 17/6/26.

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

- Meconium aspiration
- TTN.

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

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

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

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

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

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

Patient Attendant :

Signature : .....

Name : Tarun Chowdhary

Relationship with Patient: Uncle.

Date & Time : 17/6/2026 | 6:00 P.M.

Witness :

Signature : .....

Name : Laxmi

Date & Time : 17/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Prabhath

Date & Time : 17/6/26 6:00 pm.

Docu. No. : RCH /FRM / CLINICAL / 012

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B Pavithra Age : 28y 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 Pavithra

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 17/6/26 Time of Birth : 3:50pm

Place of Birth : Sagar Hospital, Mulkuntoor

Mother's Blood Group : .....

Birth Weight (gms) : 2680 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : .....

..... 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?

.....

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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PAST OBSTETRIC HISTORY

G: 4 P: 4 A: 2 L: 1

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

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : Sagar Ist Memorial ☐ Inborn ☑ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☑ Emergency Indication : .....

Specify the reason : Prev. 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 : 37 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

TOTAL

1 Minute	5 Minutes	10 Minutes

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : G4 P1 L1 A2 / Term (37+0 wks) AGA / ? MAS

Elective LSCS / RDS / Male / CIAB / 2.68 kg

(Prev. LSCS)

Patient Sticker

History of Present Illness:

Baby cried immediately after birth

Oronasal suction done

∴ liquor - meconium stained.

Blood - Grunts

Aspirate

↓

Baby had respiratory distress post delivery and hence transported to NICU.

APGAR at 1 min - 7/10

& at 5 min - 8/10

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Acrocyanosis

HR > 100/min

Tone in b/w

VITALS : Temperature : ..... **HR :** 140/min **RR :** 60/min **NIBP :** ..... **CFT :** .....

Color of the extremities : .....

Jaundice : ..... **Pallor :** ..... **SpO2 :** .....

Anthropometry : Birth Weight : 2880gm **Length :** ..... **HC :** ..... **Present Weight :** .....

Ponderal Index : ..... **AGA :** ..... **SGA :** ..... **LGA :** .....

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HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : — AF not Convex Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(P)
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(P)
EYES :	Symmetry : Red Reflex : → To be checked Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(P)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	(P)
GENITILIA :	~~Labia / Hymen :~~ Testicles/penis : → male external genitalia Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :	(P)	
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(P)

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17-05-2026 0 Y 0 M 0 D 18 H (M)
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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 60/min 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 : 96% on O2 by NP @ 2 l/min Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 140/min BP : Precordial Activity :

Femoral Pulses : Felt Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency : patent passed meconium

Palpable masses : Umbilical Cord : 2 A/V

Abdominal girth : First urine passed : Not yet passed

Meconium passed : passed meconium

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 :

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Baby Of PAVITRA NARESH
17-05-2026 0 Y 0 M 0 D 18 H (M)
Dr. S TEJASWI REDDY

Diagnosis : Term (37 wks) / AGA / 2.680 kg / Male / CIAB / RDS / JMAS Elective LSCS (Prev LSCS)

FOOT PRINTS

Left Side :

Right Side :

Resident Doctor :

Signature : .....

Name : .....

Date & Time : .....

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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17-08-2026 0 Y 0 M 0 D 18 H (M)
Dr. S TEJASWI REDDY

AT THE TIME OF TRANSFER TO THE WARD

Diagnosis : Term / SGA / Cry P/ L/ Asy / Elective LSCS
[illegible]

Present Issues :

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

Any Oxygen requirement :

Systemic :

Medications :
- Inj. Vitamin K Inj IM stat
- Send CBP, CRP, Blood C/S, VBG
- Blood group
- 2D - Echo
- Inj. PIPTAZ
- IVF 10% Dextrose

Plan during ward follow up :

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
17/6/26 5:50 pm	S/B Dr. Spandana.	
	Δ Term (37wks) / AGA / 2.680kg / CIAB	
	Male / RDS / 2 MAS.	
		Plan
	Baby Catherine	- Start HHHFNC 7L flow, 25% FiO2
	HR - 142/min	- IVF 10% Dextrose @ 6.5ml/kg + 13% calcium gluconate
	SpO2 - 98%	
	on O2 by NP @ 2L/min	
	CVS - S1S2 (+)	- Inj. PIPTAZ 270mg IV TID
	CRT < 3sec	
	P/A - Bilt - ACP (+)	
	clear	- SOS NIV ventilation
	B/A - soft	- Chest X-ray
	GT	
	CNS:-	- NG Insertion
	Spont. movements (+)	
	Cry (+).	- Monitor vitals
	GRBS - 86 mg/dl	
		Noted by Lavanya 17/6/26 @ 6pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	S/B Dr. Spandana.	
7pm	Baby ⊥ HHHFNC	
	6L f	
	2D Echo → 21% FiO2	
	Small PDA. Stable	Adv
	Maintaining saturation	
		1cc q2H feed formula
	Vitals stable	
		↑ 1cc 8th hrly
		CT Piptaz
		T/m every CBP
		CRP.
		Rpt 2D Echo after 48 Hrs
		Rpt CBG 12am
		↓
		T/m 6am.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/06/26 19.00pm	Dr. Spandana	
	Baby delivery -	neonatal panel
	↓	
	Breathing test	
	↓	
	NICU admission. —	HNFC
	HR/ BP - stable	
	2DEcho -	small hole - PDA
		No PPHN
		48hours after 2DEcho repeat
	CBP/ CRP/ Blood culture -	
	report awaiting.	
	Abx start	
	After 24hours —	CBP/CRP
	Feeds - starting.	— 1ml - 2hourly
		Formula milk starting
	2-3days -	neonatal stay — NICU.
	If any clinical deterioration —	Stay will be extended.

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 12 Am	S/B. Dr Dilnaaz	
	Baby ↓	
	HHHFNC.	
	6L 4	Adv
	21-/.	
	stable	CT Same
	accepting ICC O2H	
	Vitals stable	
	for	
	Noted by Dhanyavathi 18/6/26 @ 12 Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B. Dr Prabhath	
12 Am		
	T/ 37wk/ AGA/ 2.680kg/ CIAB/ ♂/ TTN/ ?MAS	
	Baby stable	
		↓ HHHFNC 6 flow 4
		21% FiO_2
	~5.5mL.	on ICC Q24 formula
		feeds
	Lactate 2.4.	
	Passed urine	
	Did not pass stool yet.	Adv
	VIEAU stable	
	S/E NAD	↑ ICC every 4 feeds
		CT. piptaz
		T/m evening CBP, CRP
		CBG at 6am T/m
		2D Echo after 48 Hrs
		↓ HFNC to 5L. flow.
	Noted by Dhanyavathi 18/6/26 @ 12 Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 8am	S/B. Dr Prabhath.	
	T | 37wk | AGA | 2.680 kg | CIAB | ♂ | TTNB | MAS	
	T.wt 2.640 kg (40gl) Baby ↓RA accepting 2cc Q2H	Nanpro.
	CBG 6am Passed urine stool.	
	Lactate 1.9 ← 2.4	Adv
	PCO2 36.8mmHg pH 7.43. O/E HR 115/min RR 42/min SpO2 99% BP 59/37(45)	→ ↑ feeds after rounds 1cc Q4H
		→ CT Piptaz
	S/G NAD	→ Evening CBP, CRP } 2pl
	Phanter	
		→ Trace Blood c/s
		→ 2D Echo T/m Evening.
		ab by Dhaya 18/6/26 8pm

HNH-00016027 IP26-00006603
Baby Of PAVITRA NARESH
17-06-2026 0 Y 0 M 0 D 20 H (M)
Dr. S TEJASWI REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B/o Pavitra	
18/6/2026		
	9:50 am	
	Baby is stabilized.	
	HFNC → removed from resp. support.	
	lungs → recover.	Sat. maintain
	feeding ↑ ←	24 hrs → closely observe
	2nd / 2nd baby →	evening feed. increase.
	from evening →	Spoon feeding.
	Direct feed. →	baby shift to room side
	Infection → Neg.	
	Evening → CBP, CRP →	Night → Neg. (Antibiotic → stop)

Dr. Tejaswi

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 11:10 Am	S/B Dr. Archana	
	~~D2DOL~~ (19 hrs of life) / Full term BC(AB) / M (4) / LSCS (Bwt - 2.65 kgs) TTNB / ? MAS	
	on Room Air	
	No respiratory distress	Adv:
	Accepting 5cc/2 hourly	- To increase feeds 1 cc/hourly
	→ Plan to increase feeds gradually	- Trial of spoon feeds in the evening
	urine / stool } passing adequately	- Trial of direct BF once mother is available
	O/E	- Watch for distress
	vitally stable	- (S) CBP, CRP in the evening → Stop Piptaz if reports (N)
	SpO_2 - 100% on RA	
	S/E CNS - alert, active	- Keep warm
	CVS - $S_1 S_2$ (+) M(+)	- 2D-ECHO tomorrow
	RS - AEBE, B/L clear	
	P/A - soft, nt	
	CRP - 5	
	CBP (TC - 16,16)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00016027 IP26-00006603
Baby Of PAVITRA NARESH
17-05-2026 0 Y 0 M 0 D 17 H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name .... Signature ....

HNH-00016027 IP26-00006603
Baby Of PAVITRA NARESH
17-06-2026 0 Y 0 M 0 D 18 H (M)
Dr. S TEJASWI REDDY

REGULAR PRESCRIPTIONS

Weight. 2.68 kg.. Ward. ....

DRUG : INJ PIPTAZ

Dose	Route	Frequency	Start Date
270 mg	IV	TID.	17/6/26

Name & Signature of the Doctor Starting the Drugs: Dr Prabhath

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾	17/6	18/6
6 Am		
2 Pm		
10 Pm	6pm la[illegible]	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

Patient Sticker

Weight. ..... Ward. .....

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

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

Signature .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	6pm	INJ VIT K.	1mg	IM	[illegible]	[illegible]

VERIFIED BY : Name .....

HNH-00016027 IP26-00006603
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17-06-2026 0 Y 0 M 0 D 20 H (M)
Dr. S TEJASWI REDDY

I.V. FLUIDS CHART

Weight. 2.68 kg Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
17/6/26	6pm	IVF 10% D + 13mL Ca. GLUCONATE	IV	6.5	[illegible]	[illegible]			

VERIFIED BY : Name ..... Signature .....

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	17/6/26 E2	17/6/26 N1	18/6/26 M5			
	Medical Condition (Any special condition to be noted):	—	RDS	RDS			
	Diet:	—	—	—			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	HFNC	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.6°C	36.5°C	36.4°C			
	Res:	30 bpm	44 bpm	32 b/m			
	SpO_2:	100%	100%	98%			
	Pulse:	144 bpm	115 bpm	131 b/m			
	BP:	-	66/47 (55)	64/43			
	LOC:	—	—	—			
	Fall Risk Score:	—	—	—			
	Pain Score:	—	—	—			
	Skin Integrity	—	—	—			
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:	—	—	—			
	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):	—	—	—			
Post Operative Procedure Special Orders:		—	—	—			
Handed Over By Name :		Laxmi	Dhanyavathi	Laxmi			
Signature / ID :		Laxmi	[signature]	[signature]			
Date:		17/6/26	18/6/26	18/6/26			
Time:		8pm	8AM	8pm			
Taken Over By Name :		Dhanyavathi	Laxmi				
Signature / ID :		[signature]	[signature]				
Date:		17/6/26	18/6/26				
Time:		8pm	8AM				

HNH-00018027 IP26-00006603
Baby Of PAVITRA NARESH
17-05-2026 0 Y 0 M 0 D 17 H (M)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
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:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
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:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
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:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00016027 IP26-00006603
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17-06-2026 0 Y 0 M 0 D 17 H (M)
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BRADEN 'Q' SCALE

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				Date : 17/6/26	17/6/26	18/6/26	
				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.	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.	4	4	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	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	4	4	
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."	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 mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	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	4	4	
				TOTAL SCORE	28	28	28	
				Evaluator's Name	Laxmi	[illegible]	[illegible]	

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

Docu. No. : RCH /FRM / CLINICAL / 119

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

Patient ID

BRADEN 'Q' SCALE

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				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.				
"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.				
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.				
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.				
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."				
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.				
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.				
				TOTAL SCORE				
				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

HNH-00016027 IP26-00006603
Baby Of PAVITRA NARESH
17-06-2026 0 Y 0 M 0 D 17 H (M)
Dr. S TEJASWI REDDY

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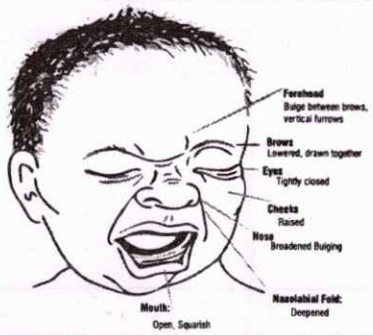
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
						19/6	19/6	18/6						
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						R2	N1	M5						
					Procedure ➡	—	—	—						
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA						
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA						
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	NA	NA	NA						



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

Gestational Age / Corrected Age	37+ weeks	37+ wks	37+ wks									
Total Pain / Agitation Score	—	—	—									
Intervention	—	—	—									
Effectiveness	—	—	—									
Signature	Navya	[illegible]	[illegible]									

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.

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.
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Patient Sticker

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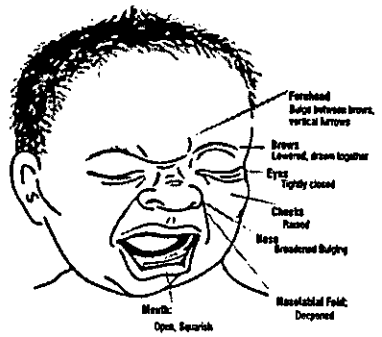
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	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									
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, 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									



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

Gestational Age / Corrected Age		
Total Pain / Agitation Score		
Intervention		
Effectiveness		
Signature		

Interpretation

NPASS: Neonatal Pain, Agitation & Sedation Scale

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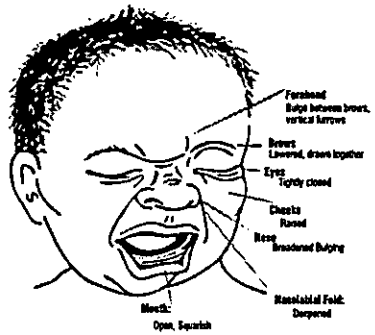

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Pain Score less than or equal to 3 – No Intervention

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Gestational Age / Corrected Age											
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Effectiveness											
Signature											

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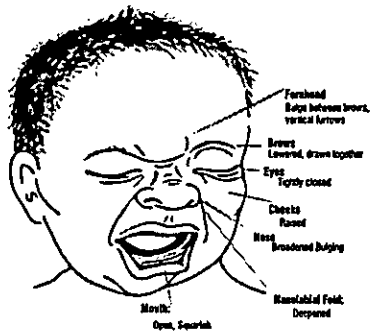

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Baby Of PAVITRA NARESH
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CHECKLIST FOR THROMBOPHLEBITIS

17/6/26

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

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

Signature of Shift In Charge :

Signature : ..... Name Bhavani .....

Signature of Ward In Charge :

Signature : ..... Name : Lavani .....

Docu. No. : RCH /FRM / CLINICAL / 137

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
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4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3										
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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HNH-00016027 IP26-00006603
Baby Of PAVITRA NARESH
17-06-2026 0 Y 0 M 0 D 20 H (M)
Dr. S TEJASWI REDDY

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 17/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5*C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✗	✗	
Excess Fainout (Afferent Tubing) Drained		✗	✗	
Excess Rainout (Efferent Tubing) Drained		✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil		✓	✓	
Gas Bubbling Continuously		✗	✗	
Water Level at Desired Level in Bubble Chamber.		✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
MONITORING/ SUCTIONING				
SpO_2 Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Lavani	Prthanp	
Signature of the Nurse:		Lavi	[illegible]	
Date & Time:		17/6/26	17/6/26	

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

Docu. No. : RCH /FRM / CLINICAL / 179

Patient Sticker

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Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

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Rainbow Retrieval Team

TRANSPORT SHEET

Rainbow® Children's Hospital
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RRT No.	Year	NICU / PICU	Number
Date:	Date 7	Month 06	Year 2026

Type of Transport: ☑ Urgent ☐ Standard ☐ Planned

Patient Name : B/O PAVITRA DoB: Day 7 Month 06 Year 2026 ToB (NICU) AM/PM

Gender : ☑ Male ☐ Female Birth Weight: 2.8 Current Weight: 2.8 GA: Weeks Days CGA: Weeks Days

History (by Doctor) : G4 P2 L2 A2 / FT/LSCS / CIAB / Boy / 2.8 kg / AGA / MAS - ? TTNB

Maternal History: Antenatal Steroids — PROM — Hrs $MgSO_4$ APGAR 7, 8 Vit-K

Antibiotics ..... HVS .....

Referring Hospital : Sagar Lal Nursing Referring Doctor .....

Destination Hospital : RCH - HNH

Estimated Kilometers of transport : ..... Parents Contact Number: .....

Call received by : ..... Time Transport Confirmed: ..... (24 Hr Format)

Transport discussed with Rainbow consultant : Dr. .....

PRE-DEPARTURE EQUIPMENT CHECKING

Sno	Equipment Name	Rainbow Hospital	Referring Hospital
1	Transport Ventilator		
2	Ventilator Tubing		
3	Transport Incubator (NICU)		
4	Syringe Pumps .....(Numbers).....		
5	Transport Monitor		
6	Transport Kit (Sealed)		
7	Suction Machine Checked		
8	Defibrillator (for PICU)		
9	iSTAT		
10	iSTAT - Cartridge		
11	Gases Checked		

PRE-DEPARTURE EQUIPMENT CHECKING

Sno	Equipment Name	Rainbow Hospital	Referring Hospital
12	Oxygen Cylinder (Portable)		
13	Transwarmer		
14	Humivent		
15	iNo		
16	Forms & Reports		
17	Surfactant Vial (NICU)		
18	Fridge Drugs		
19	Airway Bag		
20	Transfer Plan Agreed with Rainbow Consultant		

Note: '✓' = Yes, '×' = No, 'NA' = Not Application

Timing (in 24 Hrs Format)		
Time Ambulance Requested		
Time Ambulance Ready		
Time of Departure from Rainbow Hospital		
Time Team arrived at baby (Referring Hospital)		
Time Team depart with baby (from Referring Hospital)		
Time of arrival at Rainbow Hospital		
Any delays?	Yes	No

Transport Team

Team Leader / Doctor : .....

Nurse : .....

Driver : .....

Others : .....

Reasons for delay: .....

Assessment at Referring Hospital

Airway & C-Spine

- ☑ Clear
- ☐ Compromised
- ☐ Intubated
- ☐ being Intubated
- ☐ Tracheostomy
- ☐ Collar
- ☐ Blocks & Tape
- ☐ Surfactant (Time)

Size,
Route,
Lenght
Cuffed / Uncuffed

Breathing

- ☐ Ventilated - (Mode)
- ☐ HFOV
- ☐ CPAP / HFNC
- ☐ SV (Air/O_2 2 L/Min)

PIP / DP		SpO_2	
PEEP		Insp. Time	
FiO_2		Exp. Time	
MAP		Nitric PPM	
V. Rate		Oxyg Index	

Resp Rate 62

Resp Efforts: Mild | Moderate | Severe

Circulation

Observations		Fluid Boluses (ml/kg)	
HR	192/m	Colloid	
BP		Crystalloid	
Mean BP		Blood	
CAP Refill	<3s	FFP / CRYO	
		U/Output	

Inotropes (Dose): —

IV Access & Site
- ☐ Peripheral —
- ☐ Central —
- ☐ Arterial —

Neurology

GCS E V M — A V P U

Sedated ☐
Paralysed ☐
Pupils D ✓

- ☐ 3% Saline
- ☐ Mannitol
- ☐ NG Tube
- ☐ OG Tube

AF Opx Activity Good Tone Good

Antibiotics.....

Blood Gases

ART / VEN / CAP

Time	pH	pCO_2	pO_2	HCO_3^-	BE	Lactate	Glucose	Na^+	K^+	Hb

Temp. 38.3°F Core | Skin RBS mg/dl

Culture Results —

Investigations at Referring Hospital

Date & Time	—	—	—
Hb			
WBC			
Platelets			
Na^+			
K^+			
Urea			
Creatinine			
INR/PT			
APTT			
AST/ALT			
Billrubin			
CRP			
Others			

Imaging

Date & Time	Plain X-Rays	CT /US/ MRI
	—	—

Primary Diagnosis FT / LSCS / MAS / CHB / TTNB
Bg / 2.8 kg

Co-Morbidity .....

Co-Morbidity Type ☐ Resp ☐ Cardiac ☐ Neuro ☐ Genetic / Syndrome ☐ Metabolic/Endo ☐ Haem/Onc ☐ Multisystem

Plan discussed with RRT Consultant : Yes | No

Consultant Name: .....

Comments: .....

Summary of Interventions at Referring Hospital

Airway & C-Spine

Primary Intubation	☐ RRT	☐ RH	Other Airway	☐ RRT	☐ RH
Re-Intubation	☐ RRT	☐ RH	C-Spine Immobilisation	☐ RRT	☐ RH
ETT Repositioning	☐ RRT	☐ RH			

Detailed Notes: – Transport – Neo puff

Breathing

LFO_2 (..... L/min)	☐ RRT	☐ RH	Chest Drain	☐ RRT	☐ RH
HFNC	☐ RRT	☐ RH	Non-Invasive Vent	☑ RRT	☐ RH
Mechanical Vent	☐ RRT	☐ RH	ECMO	☐ RRT	☐ RH
Inhaled Nitric Oxide	☐ RRT	☐ RH	Surfactant	☐ RRT	☐ RH

Detailed Notes: CPAP – PEEP – 6cm

Circulation

Inotropes / Vasopressors	☐ RRT	☐ RH	(Dose)	Intraosseous Access	☐ RRT	☐ RH	(Site)
Central Venous Line / UVC	☐ RRT	☐ RH	(Size, Site, Lumen, Attempt)	Peripheral IV	☐ RRT	☐ RH	(Site)
Ultrasound Guidance	☐ RRT	☐ RH		CPR / Defibrillation	☐ RRT	☐ RH	
Arterial Line / UAC	☐ RRT	☐ RH		Postaglandin Infusion	☐ RRT	☐ RH	(Dose)

Detailed Notes: None

Neurology

CT Scan / NSG	☐ RRT	☐ RH	Sedation	☐ RRT	☐ RH
3% Sailne / Mannitol	☐ RRT	☐ RH	Muscle Relaxant	☐ RRT	☐ RH

Detailed Notes: CHH – Grad

Others

Nasio / Orogastric Tube	☐ RRT	☐ RH	Blood Products	☐ RRT	☐ RH
Urinary Catheter	☐ RRT	☐ RH	Neonatal Cooling	☐ RRT	☐ RH

Detailed Notes: –

Discussed with RRT Consultant : ☑ Yes ☐ No Consultant Name: Dr. Sparsdam

Comments:

Monitoring During Transport by Doctor (Hourly)

Time	Temp	HR	RR	SpO_2	BP	CRT	$ETCo_2$	PUPIL	AVPU
5:05pm	36.5°C	166/m	60/m	99%	–	<3sec		Reactive	

Clinical Status at Arrival to Rainbow Children's Hospital

Clinical Examination

Temperature	: 36.5°C	Heart Rate	: 142/m	Respiratory Rate	: 58/m	NIBP	:
SPO2	: 99%	$EtCO_2$	:	CVP	:	CRT	: 2 sec
RBS	:	Pupils	:				

Systemic Examination: .....

Handover given to (Name)	Reasons for Not Transported
	☐ Patient Improved ☐ Patient Died with Team ☐ Patient Died in the Ambulance
RCH IP No :	

Events During Transfer: ☐ Administrative ☐ Equipment ☐ Clinical ☐ Vehicle ☐ Communication ☐ Personel

Details: .....

Final Outcome of the Patient: | DISCHARGED | DEATH | LAMA |

Other Comments: .....

TRANSPORT CONSENT

I Tarun Choudhary Aged 20 S/o. Sharavam Choudhary.

hereby given my consent for my Son / Daughter B/o PAVITRA for the transportation

from Sagar Memorial Respite hospital to Rainbow Children hospital.

I give consent for any procedure or interventions needed for the treatment of my child.

I am fully aware that the transport of my child in the ambulance is risky and the associated risks have been fully explained to me by the transport team. I also state that the hospital authorities, including referring hospital, transport team and the hospital to which the transport is being carried out, will not be held liable for the consequences arising out of the transportation.

A fully description of the transportation, including risk, complications and consequences including possibility of fatality like death, has been discussed with me in a language known to me to my satisfactory understanding.

Expected cost of treatment has been explained to me in my own language.

Patient / Guardian:

Name & Signature : Tarun Choudhary

If guardian, Relation : Uncle (Mother's Brother)

Address : .....

Contact No : 9491330357

Father - NARESH - 7977803687

WITNESS:

Name & Signature : .....

If guardian, Relation : .....

Address : .....

Contact No : .....

DOCTOR

Name : Dr. Pranav

Signature : Pranav

Date & Time : 17/6/2026