

ESTIMATION SLIP



Date : 8/8/2026 UHID / IP No. : HNH -000 5834 SI No. **4142**
 Name of Patient : Baby of R. Sahitli Age: _____ Gender: _____
 Father's / Husband's Name : Uebe - Robinath Corporate / Occupation : _____
 Address : Landhinagar Phone : 798144685 Email : _____
 Procedure / Plan : Anoplasty Dos: _____
 MODE OF PAYMENT : SELF TPA : _____ GIPSA : _____ OTHER _____

TARIFF INFORMATION :

	ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
(Per Day)	Room Rent & Nursing Charges										
	Doctor's Fee				11000			16000			
	L. Tax										
PARTICULARS				AMOUNT (₹)							
Surgeon's / Anesthetists's Fee / O.T. Charges				Procedure cost - 1,50,000							
O.T. Consumables				Subject to approval by TPA / Insurance Company							
Instrument Charges				stay extra Not Covered by TPA / Insurance company							
Pharmacy, Consumables & Investigations				As per actual - Not Included in Estimation							
Equipment Charges	Monitor :			Oxygen :			Infusion pump / Syringe pump :				
	Ventilator :		Conventional :		HFO-SLE 5000:			HFOSensormedix :			
	Photo therapy :		Single Surface :		Double surface			Triple Surface			
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.							As per actual - Not Included in Estimation				
Packages											
Others											
Initial Minimum Deposit											

REMARKS

1. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. The estimated surgical charges may vary subject to Surgeon's decisions/Complications/Patient's requirements/Modes of Procedure (like Laparoscopy, Thoroscope, etc)/Unilateral to Bilateral Procedure,
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA Insurance Company at later stage.
6. For Non-Medicinals, Disposables, Consumables, Infusion pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
7. During Non-working hours of OT(8:00 PM to 6:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this if not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6pm. 8. Difference, if any between the final bill amount and amount permitted/approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUS Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I _____ have attended the Financial counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of the after discharge time I promise to settle the claim with the hospital.

Signature of the Client: Rathod Signatory Relationship: _____ Signature of the financial Counselor: _____

MNH-00015834 IP26-00006522
Baby Of R SAHITHI
06-06-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY



SURGERY DETAILS

Date : 6/6/26

Patient Name: B/o Sahithi Date of Birth: 06-06-2026 Age: 07-1D

Gender: Male Ward: OT UHID No.: MNH-00015834

Date of Surgery: 06-06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Anoplasty

Time in : 12pm

Time Out : 1:30pm

	NAME	AMOUNT
1. Surgeon	Dr. S. Tejaswi Reddy	
2. Anaesthetist	Dr. Samir	
3. Assistant Surgeon		
4. OT Technician	Br. Saichandu, Sr. Saraswathi	
5. Circulating Nurse	Sr. Natesh, Sr. Puja	
6. Assistant Nurse	Sr. Sushela	

- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon
[Signature]

Signature of Circulating Nurse
[Signature]

Order No: 26-0000205302

Order by: Arhana 8/6/26 @ 14:11pm

HNH-00015834 IP26-00006522

Baby Of R SAHITHI
06-06-2026 0 Y 0 M 2 D (M)
Dr. S TEJASWI REDDY



plasty - Ano.



CONSUMABLES OF OT

Circulating staff : *pooya* Technician : *saranwathi* Date : *8/6/26* Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3.0, 3.5, 2.5 cutted	1	1	Major Pack <i>general</i>	1		Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N			2303	2		Suction Catheter		
HME filter : A / P / N			5000	1		Feeding Tube		
Syringes : 10 cc			Infant feeding tube (7)	1		Vaccum Suction Set		
05 cc	05	05	Gloves 5.5x6 1/2	1		Surgical Gloves		
02 cc	05	05	Glove 6 1/2	2		Gauze Pack		
01 cc	01	01				Syringe 1ml / 2ml		
Cautery plate : A / P / N	01	01	Surgical blade			Surgical Blade # 20		
IV set	04	04	NG tube			Koochies (S)		
RL	01	01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml	01	01	Koochies					
<i>Dextrose 25%</i>	02	02	Ointments 10x jelly	1				
<i>PCM</i>	01	01	Suction Catheter					
Fentanyl	01	01	Cap, Mask					
Morphine			Gauze Pack 7.5x7.5	2				
Ketamine <i>DNS</i>	02	02	Mop Pack					
Propofol	02	02	Steristrip					
Rocuronium	01	01	Underpad					
Glycopyrolate	01	01	Draw sheet					
Myopyrolate <i>Neostigmine</i>	01	01	Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22 <i>vygon</i>	01	01	Urobag					
Bupivacaine 0.25%	01	01	Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
<i>Antibiotics piptaz 2.25 gm</i>	01	01	Bandage					
<i>oxygen male (P)</i>	01	01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<i>vaccum suction</i>	01	01	Microshield					
<i>Suction catheter 6.00</i>	01	01	Cotton Balls					
<i>cotton roll small</i>	02	02	Latex Gloves					
<i>cling film</i>	01	01	Ramdione Scrub					
			Saral					

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____
 Order No. : *26-0000-205298-15297* Ordered by : *Archana 8/6/26 @ 14:06 pm*
 Doc. No. : RCH / FRM / GENERAL / 125



ELECTRONIC MEDICINE PRESCRIPTION

MRN : HNH-00015834 Name : Baby Of R SAHITHI
Age / Sex : 0 Y 0 M 2 D / Male Doctor : S TEJASWI REDDY
Adm/Reg Date/Time : 06/06/2026 15:21 Payor : SELFPAY
Order Date : 08/06/2026 14:04 Ordernumber : 26-0000205298
Visit ID : IP26-00006522 Ward/Bed No : 4F -NICU 1 / NICU1-402
Patient Address : VILLA NO: 90, FAROOQ NAGAR, SHADNAGAR., Shadnagar, Mahabubnagar, Telangana, INDIA, 509216

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	NS 100ML ACCULIFE - EH		1 mL	External / 10 AM	1 Days		2 mL	Ordered
2	DSYRINGS 2.5ML(NIPRO)	SYRINGE 2ML	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
3	ROCUNILUM INJ 50 MG 5 ML		1 Nos	/ Once Daily	1 Days		1 Vial	Ordered
4	KLIM FILM (SMALL)		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
5	GENERAL SURGICAL KIT (MEDITAKE)	GENERAL SURGICAL KIT	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
6	DSYRINGE 5ML.(NIPRO)	SYRINGE 5ML	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
7	ET TUBE 3.0 CUFFED RUSCH	ET TUBE CUFFED 3.0	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
8	DSYRINGE 10ML (NIPRO)	SYRINGE 10ML	1 Nos	External / Once Daily	1 Days		5 Nos	Ordered
9	THEMIPYRRNOM 0.2MG INJ		1 Nos	Injection / 10 AM	1 Days		1 Nos	Ordered
10	THEMICAINE 30GM JELLY		1 On Application	/ Once Daily	1 Days		1 Nos	Ordered
11	COTTON 100 G (70 G NETT)	COTTON 100G	1 Nos	External / Once Daily	1 Days		2 Nos	Ordered
12	MERSILK 4-0 NW 5000	MERSILK 5000	1 Nos	/ Once Daily	1 Days		1 Nos	Ordered
13	BCV-INTRAFIX SAFESET		1 Nos	/ Once Daily	1 Days		1 Nos	Ordered

S TEJASWI REDDY

Reg No : APMC/FMR/94068

* This document is just for reference purpose only. Not to be considered as primary report.

Note

* This prescription is valid only for specified duration.

* Do not refill medicines.



ELECTRONIC MEDICINE PRESCRIPTION

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 Age / Sex : 0 Y 0 M 2 D / Male Doctor : S TEJASWI REDDY
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 Order Date : 08/06/2026 14:04 Ordernumber : 26-0000205297
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 Patient Address : VILLA NO: 90, FAROOQ NAGAR, SHADNAGAR., Shadnagar, Mahabubnagar, Telangana, INDIA, 509216

S.No	Description	Generic Name	Dosage	Route / Frequency	Duration	Instruction	Qty	Status
1	MCT-ROF 100MG 10ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
2	ET TUBE 2.5 CUFFED RUSCH	ET TUBE CUFFED 2.5	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
3	SPINAL NEEDLE PED 22 G (VYGON-5183.57)	SPINAL NEEDLE 22G	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
4	DNS 500ML BOTTLE (EURO HEAD)- AQUA PULSE		1 Bottle	/ Once Daily	2 Days		2 Bottle	Dispensed
5	SGLOVE # 6.5 (SURGICARE)	SURGICAL GLOVES 6.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
6	SUCTION CATHETER 6 ROMSONS	SUCTION CATHETER 6	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed
7	REVOTAZ INJ 2.25 GM 20ML		1 Vial	/ Once Daily	1 Days		1 Vial	Dispensed
8	BUPICAINE INJ VIAL 0.25% 20ML		1 Nos	External / 10 AM	1 Days		1 Nos	Dispensed
9	MYOSTIGMIN INJ 1ML		1 Nos	/ Once Daily	1 Days		1 Ampule	Dispensed
10	INFANT FEEDING TUBE-7	INFANT FEEDING TUBE 7	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
11	POVINANZ SOLUTION 10% 100 ML		1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
12	DEXTROSE IV 25 % 100 ML BOTTLE		1 Bottle	External / Once Daily	1 Days		2 Bottle	Dispensed
13	ET TUBE - 3.5 CUFFED (KIMBERLY CLARK)	ET TUBE CUFFED 3.5	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
14	GAUZE 7.5X7.5 12 PLY (5 NOS)	GAUZE 7.5X7.5 12 PLY 5 NOS	1 Nos	External / Once Daily	1 Days		2 Nos	Dispensed
15	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
16	Encore Microptic gloves-6.5		1 Nos	/ Once Daily	1 Days		2 Nos	Dispensed
17	RL 500 ML CLOSED SYSTEM	RINGER LACTATE 500ML CLOSED	1 Bottle	/ Once Daily	1 Days		1 Bottle	Dispensed
18	VICRYL 5-0 VP 2303	VICRYL 5-0 NW 2303	1 Nos	/ Once Daily	2 Days		2 Nos	Dispensed
19	Oxygen Mask With Tubing - PeadROMSONS-FC		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
20	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE		1 Nos	External / Once Daily	1 Days		1 Nos	Dispensed
21	VACCUME SUCTION SET	VACCUME SUCTION SET	1 Nos	/ Once Daily	1 Days		1 Nos	Dispensed

S TEJASWI REDDY

Reg No : APMC/FMR/94068

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Note

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208
F.C

DISCHARGE SUMMARY

Name	Baby Of R SAHITHI	UHID	HNH-00015834
Father/Guardian	Mr N. VEERENDER	Age/Gender	0 Y 0 M 0 D 4 H/ Male
Address	VILLA NO: 90, FAROOQ NAGAR, SHADNAGAR., Shadnagar, Mahabubnagar, Telangana, INDIA, 509216		
IP No	IP26-00006522	Admission Date	06-06-2026
Ref Doctor	Self.		
Discharge Date	12.06.2026		

Consultant:

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Co-Consultant

Dr. MUKTA SUBHASH WAGHMARE
MBBS, DNB (Gen Surg), MCH (Pead Surg), FMAS
CONSULTANT PEDIATRIC SURGEON
Reg No: 08964

Name	Baby Of R SAHITHI	UHID	HNH-00015834
IP No	IP26-00006522	Admission Date	06-06-2026

DIAGNOSIS	ICD CODE
TERM (37 weeks + 4 days)/AGA/BABY BOY	
LOW ANORECTAL MALFORMATION- PERINEAL FISTULA	
S/P - ANOPLASTY	

History: Baby Of R SAHITHI is a term (37 weeks + 4 days) baby boy, delivered to a G2P1L1 mother by spontaneous vaginal delivery on 06.06.2026 at 01:16 pm with birth weight of 2.78 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 9/10 at 1 min, 10/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. R SAHITHI is a 25 years old G2P1L1 mother. G1 - 2024- FTLSCS, (Indn : cord around neck), female, 2.7kg, uneventful, A&H G2 - Present pregnancy Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection.Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

Examination: Baby was euthermic (36.5°F), 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. All external orifices were patent and open. All neonatal reflexes were normal. Low anorectal malformation - perineal fistula was noted. Spinal tuft of

Name	Baby Of R SAHITHI	UHID	HNH-00015834
IP No	IP26-00006522	Admission Date	06-06-2026

hair present.

Anthropometry:

Weight at birth : 2.78 kgs.
Weight at discharge : 2.84 kgs.
Head Circumference : 34 cms.
Length : 46 cms.

Investigations: Enclosed reports.

Initial hemogram showed Hemoglobin of 18.0 gm%, White Blood Cell count of 24190 cells/cumm, platelet count of 2.02 lakhs/cumm.

Ultrasound spine shows

* No obvious abnormality detected.

Ultrasound KUB shows

No significant abnormality detected.
Note: Fluid distended rectum noted.

Xray infantogram

Infant feeding tube is seen insitu.
Cardio silhouette appears normal.
Ventricular configuration and aortic arch normal.
Hilar regions appear normal.
CP angles are clear.
Bones and soft tissues normal.

Name	Baby Of R SAHITHI	UHID	HNH-00015834
IP No	IP26-00006522	Admission Date	06-06-2026

No sub diaphragmatic pathology.
Non specific non dilated bowel pattern.
No abnormal extra luminal gas.
No abnormal calcific density.
Hip and sacroiliac joints normal.

Xray spine lateral view shows

Bones appear normal.
Bone density is normal.
Vertebral heights are normal.
Intervertebral disc spaces are normal.
Posterior elements grossly normal.

2d Echo shows

Trickle flow noted across IAS otherwise normal study.

Xray chest shows

Rotation noted to right side.
Feeding tube insitu.

Management:

Course during hospital:

In view of anorectal malformation, baby was shifted to NICU, screening for VACTERL anomalies was done, no other associated anomalies were noted.
Infantogram was done, which showed no vertebral anomaly.
2D echo was normal.

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Ultrasound KUB was normal.

In view of history of anomaly, baby's blood sugar levels were serially monitored which remained stable.

In view of anorectal malformation, Pediatric Surgeon Dr. Mukta consultation was taken, who advised for anoplasty procedure.

Procedure: Anoplasty Done on 08.06.2026

Procedure Notes:

- * V shaped incision made over anus.
- * V anoplasty done with 5-0 vicryl skin to rectal mucosa stitches taken.

Post - Operative Notes: Post operative period was uneventful. Baby was monitored in NICU. Gradually initiated on minimal OG feeds, and gradually increased as baby tolerated well. Later spoon feeds were started.

Feeding:

Gradually initiated on minimal OG feeds, and gradually increased as baby tolerated well. Later spoon feeds were started. Breast feeding was also initiated. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Name	Baby Of R SAHITHI	UHID	HNH-00015834
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Vaccine Name	Status	Date
BCG	Given	12.06.2026
OPV	Given	12.06.2026
HEPATITIS B	Given	12.06.2026

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

Newborn screening advanced : Sent on 12.06.2026, report awaited.

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

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

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

Advice:

Keep the baby clean & warm
Regular breast feeding
Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule

Medication:

Name	Baby Of R SAHITHI	UHID	HNH-00015834
IP No	IP26-00006522	Admission Date	06-06-2026

*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.

* Syrup. Cefixime (5ml/50 mg), 1.5ml, twice daily for 5 days.

*** To dilute 5ml betadine in 100 ml NS, and give rectal wash (squirting) every 2nd hourly**

Plan:

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

Review consultation with Dr. SINDHURA MUNUKUNTLA on Wednesday(17.06.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

Review consultation with Dr. MUKTA SUBHASH WAGHMARE on Wednesday(17.06.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe

Name	Baby Of R SAHITHI	UHID	HNH-00015834
IP No	IP26-00006522	Admission Date	06-06-2026

parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**


Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

PATIENT TRANSFER FORM



Patient Name & UHID No. HNH-00015834 IP26-00006522 Baby Of R SAHITHI 0 Y 0 M 3 D (M) 06-06-2026 Dr. S TEJASWI REDDY 		Date & Time of Admission 6/6/26 @ 3:21 pm	Date & Time of Transfer Order 10/6/26 @ 7:55 pm
		Transfer Ordered by Dr. pramaw	Reason for Transfer stable
From Unit NICU	To Unit 208	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 95	Number of Imaging Films x-ray - 3 2D echo - 1 usg kub - 2 usg spine - 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer Dr pramaw.	
Patient & Clinical Records Received by : Maheshwari			
Date & Time of Patient Received : 10/6/26 @ 7:55 pm.			

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 read

ADMISSION SHEET



Registration Details :

Admission No : IP26-00006522 Admit Date : 06-Jun-2026 Admit Time : 03:21 PM UHID : HNH-00015834

Patient Details :

Patient Name : Baby Of R SAHITHI Age : 0 D
Guardian : Mr N. VEERENDER DOB : 06-06-2026 01:16 PM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : VILLA NO: 90, FAROOQ NAGAR, SHADNAGAR. Phone No : 9390612127/ 9494886647
Shadnagar Mahabubnagar Telangana INDIA 509216 E-mail : RATHODSAHITHI2000@GMAIL.COM

Admission Details :

Bed Type : BASINET Bed No : CRDL-HNPDA-414-1 Ward Name : 4F -OT
Room No : CRDL-HNPDA-414-1 Admission Type : First Visit

Contact Details :

Name : Mr N. VEERENDER Relationship : W/O
Contact Address : VILLA NO: 90, FAROOQ NAGAR, SHADNAGAR. Shadnagar Mahabubnagar
Telangana INDIA 509216 Phone No : 9494886647

Veerender
Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA Specialisation : GENERAL PEDIATRICS
Referral Doctor : Self. Phone No :
Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 15000.00
Payor Name : SELFPAY



CROSS CONSULTATION FORM

Doctor Name: Dr. S. Indhuree ^{Mukta} Date: 10/6/26 Time: 8u

Diagnosis:

Hospital:	Type of Referral :
Referred for : <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Urgent
	<input type="checkbox"/> Non Urgent

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

Signature: _____

Findings and Recommendations :

c/d/is Dr. Mukta

Term (AUA) Loc ARM / Anoplanty

Baby on room air

Hemodynamically stable

(E13M) Acto

→ T feeds to full feeds (BF) and shift to concave side

→ Train parent regarding dressing

→ Cont. antibiotics

Consultant :
Name: Dr. Mukta Signature: Dr. Mukta (Signature) Date & Time: 10/6/26

ACTIVITY RECORD FOR BILLING

Name: **HNH-00015834** **IP26-00006522** **Baby Of R SAHITHI** _____
 UHID No: **06-06-2026** **OYOMOD9H (M)** **Dr. SINDHURA MUNUKUNTLA** _____ Consultant: _____ Dept: _____
 Date of Adm: _____ Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
6/6/26	6:30	2nd floor		Nirmala
8/6/26	11:40	NICU	OT	Pija
8/6/26	3pm	OT	NICU	Oh
10/6/26	7pm	NICU	2nd floor	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1. ✓	Dr. Mutha	8/6/26	5383	Oh
2. ✓	Dr. Mutha	8/6/26	5383	Oh
3.	Cross checked by Smita on 12/6/26 at 11a			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
6/6/26	Blood Grouping ✓	9430 ✓	Nirmala
6/6/26	ultrasound of KUB ✓	6847 ✓	Nirmala
6/6/26	ultrasound spine screening ✓	6847 ✓	Nirmala
6/6/26	KBP ✓	9447 ✓	Nirmala
6/6/26	VBG ① ✓	9450 ✓	Nirmala
6/6/26	x-ray Infantogram ✓	6849 ✓	Nirmala
6/6/26	x-ray chest lateral ✓	6850 ✓	Nirmala
6/6/26	GRBS ① (81 mg/dL) ✓	9453 ✓	Nirmala
7/6/26	GRBS ② (96 mg/dL) ✓	9462 ✓	Ⓜ
7/6/26	2D Echo ✓	6854	Jyoti
8/6/26	RBS ③ (88 mg/dL) ✓	9513 ✓	Ⓜ
8/6/26	x-ray ✓	6925 ✓	Ⓜ
6/6/26	RBS ④ (121 mg/dL) ✓	9459 ✓	
	cross checked by Lami 9/6/26 5AM		
9/6/26	RBS (105 mg/dL) ✓	9566 ✓	Ⓜ
10/6/26	RBS (87 mg/dL) ✓	9600 ✓	Ⓜ
	cross checked by Lami 10/6/26 at 12 AM		
11/6/26 (6am)	RBS (80 mg/dL) ✓	9640 ✓	Jyoti on 10/6/26 at 11am
12/6/26 (6am)	RBS (88 mg/dL) ✓	9688 ✓	Ⓜ
	cross checked by Jyoti on 12/6/26 at 11am		
12/6/26	NBS	9708	Ⓜ

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	TV placement	1	4886	Nirmala
7/6/26	PAC	1	5574 5030	Dlu
8/6/26	PICC line	①	5573	Dlu
CRSE checked by on 10/6/26 at 11a by Suprie on 12/6/26 at 11a				

ANY OTHER INFORMATION

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

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

HNH-00015834
Baby Of R SAHITHI IP26-00006522
06-06-2026 OYOMOD9H (M)
Dr. BINDHURA MUNUKUNTLA



CROSS CONSULTATION FORM

Doctor Name: Dr. Sindhura Date: 8/6/26 Time:

Diagnosis: Low ARM

Hospital: REN - HNH

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

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

Fd Low ARM

[Signature]
Signature:

Findings and Recommendations :

Doc-2nd / Low ARM i perineal fistula
pained meureum riza fistula.
Anal complex - found.
Sacral piece - felt.
U/A - soft minimal distention (+)
gluteal folds (N).

USG IUB (N)
Heur Co (N)

Consultant :

Name: Dr. MUKTA Signature: [Signature] Date & Time: 8/6/26

AU

- ANOPLASTY ~~at~~

- shift to OT

Insert

HNH-00015834 IP26-00005522
 Baby Of R SAHITHI
 06-06-2026 0 Y 0 M 0 D 2 H (M)
 Dr. SINDHURA MUNUKUNTLA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : R Sahithi Age : 25 Father's Name : Age :
 Date of Birth : 6/6/26 Date of Admission : 6/6/26 UHID No. :
 NICU Consultant : Dr. Sindhura Referring Consultant :
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : Blo Sahithi R Mother's Blood Group :
 Gender M F Blood Group : Birth Weight (gms) : 2760 Length (cms) :
 Date of Birth : 6/6/26 Time of Birth : 1:16 Pm OFC (cms) :
 Place of Birth : Rainbow Hospital Hm NR Estimated Gesth Age :

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 25 Ht : Wt : BMI : Married Life : LMP : 15/8/25 EDD : 23/6/26
 Conception : Spontaneous or with Rx. : Spontaneous
 Booked at what GA : AN Steroids Drugs / Doses : NO
 Last Scans Details : 14/26 33w f3d - EFW 1289g. AFI 15.4
 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA, Fetal Echo : <u>Normal</u> H/o Hypothyroidism : when diagnosed ? Medication? <u>@ 3month, on 75mcg thyroxine</u> Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :</p>
--	--

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

.....2..... P:.....1..... A:.....D..... L:.....1.....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1		Term	2700	♀	LSCS (cord around neck).	
2					PP, Spontaneous Conception	
					TIFFA(N)	

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

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

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	1	2
	2	2	2
	2	2	2
	2	2	2
	2	2	2
	2		
TOTAL	9	9	10

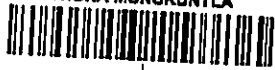
Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

Initial steps done
 ↓
 (N) Newborn care

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



TERM (37+4)	A GA	VBAC CIAB
----------------	------	-------------------------

↓
CIAB

↓
Initial steps done

↓
N Newborn care
 warm care spi

↓
- shift to mother's side.

Investigation details in previous Hospital :

Feeding History :



[Empty box for patient information]

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 150 RR : 38 NIBP : CFT : <3sec
Color of the extremities : Acrocyanosis
Jaundice : - Pallor : SpO2 : 98% ROL

Anthropometry : Birth Weight : 2780 Length : HC : Present Weight :
Ponderal Index : AGA : ✓ SGA : LGA :



HEAD TO TOE EXAMINATION

Sutures ^{3:} }
 Shape / Moulding : } (N) shape / size
 Edema / Bruising : } AF at level.
 Size - (H.C.): }

Facies : (Any Facial Dysmorphism) No dysmorphic facies

NECK and CLAVICLES : Range of Motion : }
 Asymmetry : } wat.
 Masses : }

EYES : Symmetry : (N)
 Red Reflex : - Not yet done
 Discharge : (-)

EARS, NOSE MOUTH and THROAT : Ear set / Shape : }
 Periauricular Pits / Tags : } (N) patent nostrils
 Nasal shape / Patency : }
 Palate : }
 Gums : }
 Lips : }
 Tongue : }

THORAX and BREASTS : Shape of Thorax : }
 Position of Nipples and Number : } (N)

ABDOMEN and UMBILICUS : Shape : }
 Organomegaly : }
 Bowel Sounds : } wat
 Umbilical Stump : }
 Discharge : }

GENITALIA : Labia / Hymen :
 Testicles/penis : → B/c descended testes
 Anus : → LOW ARM

HERNIAL ORIFICES

TRUNK and SPINE : (N), left of hair - sacral region

SKIN LESIONS : NO

EXTREMITIES : Fingers / Toes : }
 Arms / Legs : } NO
 Deformities : }
 Mobility : }
 Hip Joint Examination : } NO DPH-



SYSTEMIC EXAMINATION

Respiratory System : *NO BSH BPLAET, NO added sounds*

Breathing Pattern Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : *34/min* SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator *⊖*

Settings : *RA*

Spo2 : *98% ROL* Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : *148* BP : Precordial Activity : *3*

Femoral Pulses : *B/L well felt* Murmurs : *NO*

Other Peripheral Pulses : *well felt* Signs of Cardiac Failure : *NO*

Abdomen :

Shape : *⊖* Hemia orifice : *NO*

Palpation : *Soft* Anal Patency : *Patent*

Palpable masses : Umbilical Cord : *2A+1V*

Abdominal girth : First urine passed : *NO*

Meconium passed : *NO*

Nervous System : Higher intellectual functions (Sensorium) : } *awake*

State of wakefulness : }

Prechtle Score :

Nerves :

.....

.....

.....

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes : *MOYOS*

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *+* DTR :

ATNR : Skull and Spine : *WNL*



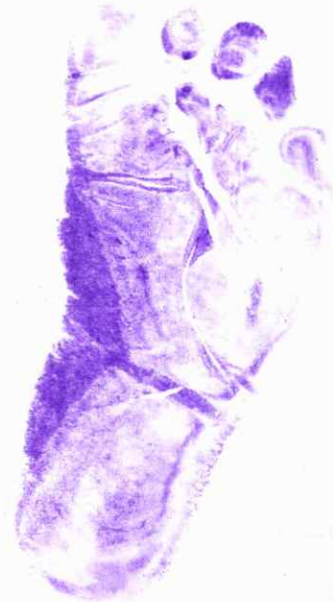
Diagnosis: Term / AGA / VBAC / ♂ / Low ARM / spinal tuft of hair

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : Dr. Prashanth

Date & Time : 6/6/26 1:16pm

Consultant :

Signature : *[Signature]*

Name : Dr. Sindhura M

Date & Time : 6/6/26 1:19pm

PLEASE FILL UP THE FOLLOWING DETAILS

- Name of the referring Doctor :
- Name of the referring Hospital :
Address :
Contact Numbers :
- Contact Details of the referring Doctor :
Mobile No. : E-mail ID :
- 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 :

- DBF 824 / warm care
- [Ⓢ] New born care
- Baby BG
- SBR/NBS/OAE @ 4840L
- vaccination (BGG, OPV, Hepb) to be done
- USG Spine (spinal fluid)

Plan during ward follow up :

- Surgen consultation & hand [LOW ARM] (No Hand spring return)
- USG KUB
- Infantogram
- 2 D Echo

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B - Dr. Sindhura	
6/6/26 2pm	Δ - Term / AGA / VBAC	
	Baby alert / comfortable	Plan
O/E	vitals stable	USG spine / USG KUB
S/E	CIT/A - Good	Surgeon R/w
	Spine - soft of hair + Anus - shape test E recthe ABW	Infantogram 2D Echo
	↳ LOW PRM	DBF 82H / warm care
	C/S R C/S P/A WAK	

HNH-00015834 IP26-00006522

Baby Of R SAHITHI
06-06-2028 0Y0M0D2H (M)

Dr. SINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2028	<u>8/13 Dr. Sindhura M</u>	
6pm	AS: <u>low ARM - to a/v actual naps</u>	
	Baby asleep. left stable	
Pain relief urine output	- low ARM ⊕ - spinal fluid ↑ head ⊕	- <u>ACV</u>
		- USG KUB - USG spine
		- Xray cross table lumbar view
		- Infliximab
		- <u>20000</u>
		- shift to NUS
		- transfer of care to Neonatologist (Dr. Moka)
		Handwritten signature

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No. 68970

HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-08-2026 0 Y 0 M 0 D 9 H (M)
 Dr. SINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 11 PM	C/C/b Dr. Varun	
	<u>Term/AGA/VBAC/Male/low ARM.</u>	
	- low room air	
	- NPO; on IVF.	Plan
	S/E - HR - 105/min.	- U. NPO, IVF.
	PR - 35/min.	- 2D echo tomorrow
	SpO2 - 100% @ RA	- Sx respiv on monday.
	S/E - WNL.	- NG tube open
		Noted by Nikitha 6/6/26 @ 11 PM



R2626-006784



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	S/B. Dr. Prabhath	
7Am		
	T AAA VLBW ♂ Low ARM	
	Baby ↓ RA	
	on NPO.	
	+9.7mL	
	Conting IVF.	Adu
	passing Urine	
	Stool	① CT NPO, till further orders
		CT. IVF
	O/C vitals stable	
	CRT < 3 S	② Plan. 2D. Echo
	PA sft	③ Sx. Repair
		Monday.
	Not	

Noted by
 Nikitha
 7/6/26 @ 7:10 AM

HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-06-2026 OYOMODPH (M)
 Dr. SINDHURA MUNUKUNTLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	S/B Dr. Spondana	
10:10 AM	3 Term / AGA / WT 3.2 kg Low ARM / 2.780g	
	Baby Aathmic	Plb
	HA - 160/cm	MPO
	SpO ₂ - 97%	
	on NA	IV fluids @ 6.9 ml/h
	CNS - S ₄ & ⊕	10% Dextrose
	Rt - BL - ACF ⊕	- 2D Echo tomorrow
	PLA - 50k	- PAC. today
	CTA good.	- Plan for surgery tomorrow
		Noted by <u>Jyothi</u> 7/6/26 10 AM



Bco R Sahithi;



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	Counselling Notes	
11 AM	<ul style="list-style-type: none"> - Baby on Room air, 	
	<ul style="list-style-type: none"> - Baby has Anaxetol medication 	
	<ul style="list-style-type: none"> - PAc to be done today 	
	<ul style="list-style-type: none"> - Surgery to be done tomorrow morning 	
	<ul style="list-style-type: none"> - Procedure of surgery and details to be counselled by Paed. Surgeon tomorrow 	
	<ul style="list-style-type: none"> - Requires NICU stay for 1 week to 10 days post surgery 	
	<p><i>Rathod</i></p> <ul style="list-style-type: none"> - PICC line insertion to be done post procedure for total parenteral nutrition 	
	<p>Dr. Spandana Pasupuleti Consultant Neonatologist and Pediatrician Reg. No: 30925</p>	
	<p><i>PS</i></p> <ul style="list-style-type: none"> - Might require ventilation pre & post procedure 	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 2:30 AM	SIB Dis-Suetyla Tun / AnA / male / low ARM	PG
	Baby fetteric	- NPO
	HA - 120/70 SpO ₂ - 97%	- CE IV Fluid 10% Nektac @ 8.4 ml
	CVS - S1S2 @ P ₃ - S6 - ACE @	@ 254 / 6 / 6
		- Monitor vitals
8/6/26 7:30 AM	<u>U/S R-Prone</u> <u>low ARM</u>	
	- enteral	
	- urine ✓	
	<u>intake:</u>	Plan
	HR: 133 bpm	1) ut IIF.
	RR: 46 upm	2) Plan for surgery today
	SpO ₂ : 94% cRA	3) NPO
	bp: 60/40	4) monitor intake
	SE - (R)	
		Noted by
		Nikitha 8/6/26 @ 2:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 2:30pm	<u>3/8 Rr Proklate</u>	
	Baby Icteric	
	Post OP Sedated	
	Stable	
	<u>0/6 HR 141/ni</u>	<u>Adv</u>
	Rx 26/m	→ CT. in Pipter
	SpO ₂ 100%	in Paracetamol
	<u>8/6 NAD</u>	→ Start scc ORZ
	NS	ob. feeds after baby awake
		 Deleted by Sindhura 8/6/26 2:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6 4:30 pm	CBS/B A Spanda FT/OSA/NVD/RAH/LOW ARM / Spinal Tuft of Lm <u>Post Anoplasty</u> - Skth - vit NR - 18h SpO ₂ - 97% RR - 32h P/A - Soft NG Aspirate - 2ml	P/a 1) Taper & stop Oxyg 2) To d/w surgeon for feed 3) IVF 4) q PIPTAZ by PARACETAMOL } CT 5) Bija SOS P/a
7:30 pm	C/D/W Dr Mukh	P/a 1) Start feed - 5-5ml/Q2H 2) Aspirate - 2nd hly pre feed 3) Based on tolerance to decide Bija SOS P/a
Made by Laxmi S/G 4:30 pm		P/a

HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-08-2026 0 Y 0 M 2 D (M)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		(B) Spandex
8/6	<u>B/O Sahithi</u>	
	-> Baby's Procedure done - stable	
	-> Baby passed stool	
	-> Had 2 ml greenish aspirate ↓ Wt start minimal feed after surgeon opinion	
	-> Giving antibiotics for covering infection	
	-> Will refer infantogram report after Radiologist report	
	-> PICC line placed for IV fluids & antibiotics	
	<i>[Signature]</i>	
	<i>[Signature]</i>	

Dr. Spandana Pasupathi
 Consultant Neonatologist and Pediatrician
 Reg. No. 30925



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6	C/S/13 Dr. Naipya / Dr. Prashithi	
Lalooon.		
	on room Air.	Plan
	Vitals - HR - 132	- OG feed 5ml/hr hourly
	RR - 48.	Prefeed Aspirin
	SpO ₂ - 98%.	2nd hourly
	R/S - B/W/AE.	
	P/A - soft, non-tender.	- Ty: Piptaz
	No Aspirin.	- Ty: paracetamol.
		- Monitor vitals.
		- Monitor U/O/P.
		No chesting
		Ney



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6	CLSIB, Dr. Naipunya / Dr. Prashanthi	
7:00 AM	T / AGA / NVD / Low ARM / Perineal fistula S/P - Anoplasty.	
	On room Air.	Plan
	Vitals - HR - 128 RR - 38 SpO ₂ - 98%	- OG feed 5ml / 2nd hour
	RLs - BLAE ⊕ PIA - Soft, no distension	- Zj - Piptaz - Zj - paracetamol Q6H.
	U/O/P - Adequate.	- Cont IVF (TV - 100ml / 6h)
U/V S/V	NO Aspirate	- Monitor vitals



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 10 AM	C/C/b Dr. Tejaswi / Dr. Venk	
	T / AF A / MOD / Low AMH S/P complexity.	
	on vom xiv S/E HR - 112/min. RR - 50/min. SpO2 - 100% @ RA.	Plan - of feeds 8ml ↓ 10ml Q2H.
	S/E - wak.	- Proj. PTPAE PCM Q6H.
9/6 11 AM	S/B Dr Muleti 1st PM stool	
	P/A sgr AB healthy penex stools	- Proj. ct sam increase feeds by 5ml every next feed Santana



9/6/2026

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11:45 AM	Baby of Sahithi.	
	Baby is doing fine.	
	↓	
	↓	Saturation are good on room air.
	→	O ₂ will be removed.
	→	Bilious aspirates.
	↳	10ml. feeding.
	→	Tomorrow spoon feeds → full feeding.
	↓	
	↓	try direct feeding after spoon feeds.
	→	PCC line kept yesterday.
	Dr. S. Tejaswi Reddy Registration No: 94068	Tomorrow by evening K.P. Sahithi plan to shift.

HNH-00015834
 Baby Of R SAHITHI
 06-06-2026
 Dr. S TEJASWI REDDY
 0 Y 0 M 3 D (M)
 IP26-00006522



GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	C/S/b Dr. Venmu/Dubpandana	
2 P.M.	T/24A/ MUD/low ARM /S/P Anapky.	
	- On room air	
	- Bilirubin expires - 3.5ml since today M.	
	Q/E HR-120/min.	
	RR-40/min.	
	SPO2-100% @ RA.	
	S/E- R/S- BAC=A.	Plan
	P/A- S/T, x7.	- OG feeds @ 10ml Q2H.
	↓ DEPT.	- U. IVF @ 100ml/kg/d.
		- Monitor vitals.
		- Establish DBF tomorrow
		- Shift out by tomorrow evening.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	S/B. Dr Prabhakar	
10:30 pm	T/AGA/NVD/low AXM	Anoplasty
	Baby ↓ DSPT.	
T.Wt	8.5 mL Aspirates	+ 78 mL
2.740 kg	(Milk)	
(60g T)	Since Moniq.	<u>Adv</u>
	on 14cc @ 2H 06 feeds	
	Vitals stable	→ ↑ 1cc every alternate feed (06)
	And	→ Establish DBP T/m
		→ shift out T/m every



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	S/B. Dr. Prabhath.	
7:30 AM		
	T/NVD/ASA/LOW ARM/Anophthy	
	Baby ↓ RA.	
+78.9ml	accepting 19cc of feed @ 2H.	ADU
	passing U/S	
	No alo	① ↑ 1CC every alternate
	o/c vital stable	feed, full feed
	PA soft	25-30cc
	PA	② Establish DBF today
		③ Shift out plan-eving
		④ CT. inj Pipenz 4
		inj PCM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	S/S. Dr. Subhatha.	
10:30pm	c/o Dr. Tejaswi / O. Subhatha	
10/06/26 10:00AM	Turn / Acute low ARX / perinatal distal S/p. Anoxia	
	Baby on room air Accepting oral milk feeds	
	O/G vitals Temp: 36.5°C HR: 130/min TSP: 60/90 mmHg RR: 40/min	
		<p><u>Act</u></p> <p>(Target feeds 25ml 2 hourly) ↓ feeds 2ml 2 hourly ↓ IV fluid 1ml 2 hourly</p> <ul style="list-style-type: none"> - Ij PIPAZ - Supportive care - Monitor vitals and <p>Tejaswi Subhatha</p>



PROGRESS NOTES AND DOCTOR'S ORDER

10/6/26
Date & Time
Name

Progress Notes

Doctor's Order

Baby of Sahithi

Baby is doing fine.

recovery is good

→ full feeding → till morning
On tube

Spoon feeds (full feeds).

Next step → mother

Spoon feeds

→ Direct feeding

~~Dr. S. Tejaswi Reddy~~
Dr. S. TEJASWI REDDY
Registration No. 34088

2 to 3 feeds

Shift out the baby today.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/06/26		16/6. Dr. Sahithi / Dr. Prabhakar
2 PM		
	Term / AGA / Low ARM / Ample	
	Baby on warm air	
	On SF 2nd 2nd	
	passed stool	
	O/G vitamins	
	HR :- 135/min	
	RR :- 38/min	
	TSP :- 62/40 mmHg	
		Achr
		Target feeds (25ml 2nd hourly)
		- INO. PIPITAZ
		- Zinj percutaneous TED
		- Monitor vitals and
		Inform us
		Smitth

MNH-00015834

IP26-00006522

Baby Of R SAITHI

06-06-2026

Dr. S TEJASWI REDDY

0 Y 0 M 4 D

(M)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6 11:00pm	<p style="text-align: center;"><u>Shifting notes</u></p> <p>T / AGA / Low ARM / Anoplasty.</p>	
	<p>Baby got Admitted in NICU for low Ano-rectal malformation with perineal fistula. for which Anoplasty repair was done. slowly feeds were started through OG tube, baby tolerated feeds well, no Aspirate was seen post Surgery, baby passed stools regularly now baby on spoon feeds, hemodynamically stable hence shifted to ward</p>	<p><i>Devi</i></p>
10/6 5:30pm	<p><u>CS/B</u> Dr Spandana</p>	<p style="text-align: center;"><u>Phs</u></p>
	<p>Baby Sr on Room R Passer stool Tolerating spoon fed</p> <p>Vital HR - 132/min RR - 42/min SpO₂ - 97%</p> <p>S - R-S - B/LPE @ PIA - Self</p>	<ol style="list-style-type: none"> 1) Shift to Ward 2) (C) PIPTA 2 3) SOS - PCM 4) Feed - 2ml/dys 5) Rectal wash - 2nd day 6) Monitor Vitals <p style="text-align: right;"><i>Thomas</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6	UGB Di - Prasad / Di - Sravan	
7:40 AM	FT / NVD / ASA / 2.78 kg / CPMQ / Anaplasty	Low PRM & Parental feed
	T-14 - 2.76 kg	Ph
	(40% wt loss @)	1) Di PIPTR2
	Cumulative (20%)	2) Feed - 25 ml / 4h
	Baby SV on Room	3) Rectal wash - 2nd hly
	Tolerating feed	4) RTV Vaccination
	Cry } Good	MSS } T/m
	Tone } Good	OBE }
	Activity } Good	5) Month vills
	Passing urine	Noted by Divya
	Stool	11/6/26 @ 9:00 AM
	T-15 - 3.0	Pm AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 10:30 AM	<u>c/s/by</u> <u>Dr. Sindhu M</u>	
	MVD / AGA / 2.7x14 / CIAS / LOW ARM & Perineal fissure Anaphylaxis done	
	<u>vital</u> stable.	
	<u>uog</u> ↓	
	<u>st/e</u> Tolerate feed well.	<u>Plan</u>
	<u>NAD</u>	- CE Antibiotic
		- Vaccination - pending - NIBS, OAE } <u>Plan</u> } <u>Tomorrow</u>
		- Rectal wash 2nd hourly.
		- DBF only jlb hups.
		- hys sos.
	Dr. Sindhu Manukuntla Consultant Pediatrician Reg. No: 6697Q	<u>Sindhu Manukuntla</u>

HNH-00015834
 Baby Of R SAHITHI
 06-06-2026
 Dr. S TEJASWI REDDY
 IP26-00006522
 O Y O M 4 D (M)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26		
11 30 AM	<p>11/6/26 11 30 AM</p>	
	<p>Low ARM in Perianal joint Angiopathy</p>	
	<p>vital stable</p>	<p>clean wound ⊕</p>
	<p>Painful stools</p>	<p>Plan</p>
	<p>S/E</p>	<p>→ ct Antibiotic</p>
	<p>NAD.</p>	<p>→ Recti wash Qid</p>
	<p>PIA - soft</p>	<p>- R/A 1 week</p>
	<p>Not distended</p>	<p>→ Im dx plan → aft ped. opin.</p>
		<p>Can be discharged for surgical side</p>
		<p>(Betadine + Water) 2nd mly</p>
		<p>- P - Betadine oint YA x 7 day</p>
		<p>R/U next</p>
		<p>Wed. 11/06/2026 12 PM</p>
		<p>multis</p>

INH-00015834

Lady Of R SAHITHI

6-06-2026

Dr. MUKTA SUBHASH WAGHMARE

IP26-00006522

0 Y 0 M 5 D

(M)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6	<u>Clis Dr. Naipaya</u>	
2:00 PM	Low ARM & Penileal fistula.	
	S/p - Anoplasty	
	T/AGA/ NVD.	
	On room Air.	Plan
	Vitals - stable.	- Cont Antibiotic.
	RLS / NAD	
	PIA / NAD	- DBF 2nd hourly. for burping
		- Vaccination tomorrow.
		- Monitor vitals
		- Cont Rectal wash. Q2h
		(Bedside + water) @ 2h

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/26		
7PM	Low APM s/r Anoplaxia	
	Baby in room and	
	Accepting feeds	
	passed urine/stool	
	vitals: stable	
	C/T/A good	
		Adv
		- Cont Antibiotic
		- D3F s/b being reviewed
		- Vaccination Day
		- Monitor vitals and
		Inform doc

Dr. Sindhura Mankunitha
 Consultant Pediatrician
 Reg No: 28970

[Signature]
 MUKTA-M

noted by
 Sr. Sindhya
 11/6/26
 7PM

INH-00015834 IP26-00006522
 Baby Of R SAHITH
 16-06-2026 0 Y 0 M 5 D (M)
 Dr. MUKTA SUBHASH WAGHMARE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/06/26 10M	<p>12/06/26 10M</p> <p>Dr Low ARM S/p Anoplasty</p>	<p>12/06/26 10M</p> <p>Dr Low ARM S/p Anoplasty</p>
	<p>Baby on room air Accepting feeds passing urine / stools vitals: stable Cry / Tone / Activity - good S/S NAD</p>	<p>T.wt: 2.840 gm (↑ 120 gm)</p>
	<p>12/6/26</p> <p>BCG OPV Hep B } given SB</p>	<p>Adv</p> <p>Cont. Antibiotic</p> <p>ORSE #6 suspension 2ndarily</p> <p>NBS, OAGE & Vaccination to be done (4 days)</p> <p>Rectal wash 2H</p> <p>Monitor vitals and Inform sor</p>
		<p>Noted by Divya 12/16/26 @ 10AM Sankhath</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6	C/O/B D. Sridhar	
10:15 AM	<u>Isolated Low APAM - Folate</u>	
	T.Wt. = 2.83 kg	
	Vaccinated today	Pls
		1) D/C today
		FLVP on Monday <i>weekly</i>
		2) Feeding
	Baby alert	
	Vital stable	
	C } Good	3) NISS] Nov
	T } Good	
	R } Good	4) Monitor Vital
	Passing Urin & Stool	5) Decid B/v i Salyper
		↓
		On Widen
		Send Abx for 5 days
		Cefixime
		Cont - 2nd hourly rectal wash
		for 1 wash

Dr. Sindhura Minukumila
 Consultant Pediatrician
 Reg. No. 66970

[Handwritten signature]
 Dr. Sindhura Minukumila



DRUG CHART

Date of Admission: 6/6/26 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 **I** 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:																					

Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 2.72kg Ward.

Verified by
 Dr. Dhakshayani

DRUG : <u>INJ. PIPRAZ</u>				Date Time	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>	<u>12/6</u>
Dose	Route	Frequency	Start Date						
<u>2604</u>	<u>IV</u>	<u>TID</u>	<u>8/6</u>	<u>6am</u>	<u>10am</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>
Name & Signature of the Doctor Starting the Drugs:				<u>D. Muddu</u>					
Additional Instructions:				<u>2pm 1/10 sample</u> <u>10pm 1/10 sample</u>					
Daily Doctor's Endorsement by a Sign									
DRUG : <u>INJ. PARACETAMOL</u>				Date Time	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>	<u>12/6</u>
Dose	Route	Frequency	Start Date						
<u>30mg</u>	<u>IV</u>	<u>TID</u>	<u>8/6</u>						
Name & Signature of the Doctor Starting the Drugs:				<u>D. Muddu</u>					
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>INJ. PARACETAMOL</u>				Date Time	<u>8/6</u>	<u>9/6</u>	<u>10/6</u>	<u>11/6</u>	<u>12/6</u>
Dose	Route	Frequency	Start Date						
<u>40mg</u>	<u>IV</u>	<u>TID</u>	<u>8/6</u>	<u>6am</u>	<u>10am</u>	<u>12pm</u>	<u>2pm</u>	<u>4pm</u>	<u>6pm</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Dhakshayani</u>					
Additional Instructions:				<u>(10ug/ml) 4ml IV over 10-15 min</u>					
Daily Doctor's Endorsement by a Sign									
DRUG : <u>T Bact Ointmt</u>				Date Time	<u>11/6</u>	<u>12/6</u>			
Dose	Route	Frequency	Start Date						
<u>'</u>	<u>TA</u>	<u>TID</u>	<u>11/6</u>	<u>6AM</u>					
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Dhakshayani</u>					
Additional Instructions:				<u>10pm</u>					
Daily Doctor's Endorsement by a Sign									

Verified by
 Dr. Dhakshayani

STOP



Weight 2.70kg Ward

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
08/06	12:30pm	INJ. PARACETAMOL	40 mg	IV	[Signature]	[Initials]
08/06	1:10pm	INJ. PIPERACILLIN TASOBACTAM	200 mg	IV	[Signature]	[Initials]
10/6	4:00pm	Inj. Vancomycin	54mg	IV	[Signature]	[Initials]

VERIFIED BY: Name Signature

Verified by

Dr. Dhakshayani



I.V. FLUIDS CHART

Weight: 2.72kg 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
6/6/24	7pm	IV fluid 10% D + 13ml ca glucose	iv	6.9 ml/hr	A	[Signature]	8/6 8pm	[Signature]	[Signature]
8/6	3AM	10% Dextrose + 13u calcium	IV	8.5 ml/hr	n	[Signature]	8/6 12.15pm	[Signature]	[Signature]
08/06	12.15pm	RINGER LACTATE + 1% DEXTROSE	IV	30ml/hr	h 2	[Signature]	08/06	[Signature]	[Signature]
8/6	5pm	2mg HEPLOCK 2.5ml + 47.5ml NS	PICC	0.3	T	[Signature]	9/6	[Signature]	[Signature]
9/6	10:15 AM	10% Dx + Mup calcium	iv	6ml/hr	k	[Signature]	10/6	[Signature]	[Signature]
10/6				3ml/hr					

Signature

VERIFIED BY : Name



INTENSIVE CARE UNIT REPRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No:
 Gest Age: Birth Weight: 2.780

Date: <u>7/6/26</u>	Date: <u>8/6/26</u>	Date: <u>9/6/26</u>
DOL <u>D1</u> Weight <u>2.720</u> ↓ 60 grms	DOL <u>D2</u> Weight <u>2.640</u> ↓ 60 grms	DOL <u>D3</u> Weight <u>2.740</u> ↓ 60 grms
Problems: <u>Anorectal malformation</u>	Problems: <u>Anorectal malformation</u>	Problems: <u>Anorectal malformation</u>
Rs. <u>30-60</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>psos</u> CXR <u>psos</u>	Rs. <u>30-60</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>psos</u> CXR <u>psos</u>	Rs. <u>30-60</u> Exam <u>Done</u> Vent. Setting <u>Room Air</u> ABG <u>psos</u> CXR <u>psos</u>
CVS HR <u>120-160</u> BP <u>Map</u> Cap Refil	CVS HR <u>120-160</u> BP <u>Map</u> Cap Refil	CVS HR <u>120-160</u> BP <u>Map</u> Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>96 mg/dl</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>121 mg/dl</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids <u>216.8</u> CC/kg/day I/O/RBS: <u>105 mg/dl</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med	Med	Med
Neuro:	Neuro:	Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan	Plan <u>surgery</u>	Plan

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: Birth Weight:

Date: 10/6/26	Date: 11/6/26	Date: 12/6/26
DOL D4 Weight 2.80 kg	DOL D4 Weight 2.760 kgs	DOL Weight 2.840 kgs
Problems: Anorexia, malnutrition	Problems:	Problems:
Rs. 30-60b/m Exam Done Vent. Setting RA ABG CXR 650s	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 120-160b/m BP Map Cap Refill < 50	CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill
F/E/N T. Fluids CC/kg/day I/O/RBS: 87mg/dL U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 86 mg/dL U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 88 mg/dL U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment	Assessment
Plan RBS - OD	Plan RBS - OD	Plan RBS OD

HNH-00015834
 Baby Of R SAHITHI 0 Y 0 M 1 D
 06-06-2026
 Dr. S TEJASWI REDDY

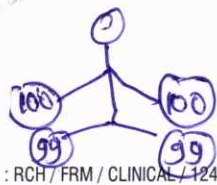
IP26-000065 (M)



RESULT SHEET

Date	6/6/26				
Time					
Hb	18.0				
PCV	48.9				
RBC	4.68				
WBC	24.19				
N/L	673,21.7				
Platelets	202				
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-00015834
 Baby Of R SAHITHI
 06-06-2026 0 Y 0 M 3 D (M)
 Dr. S TEJASWI REDDY



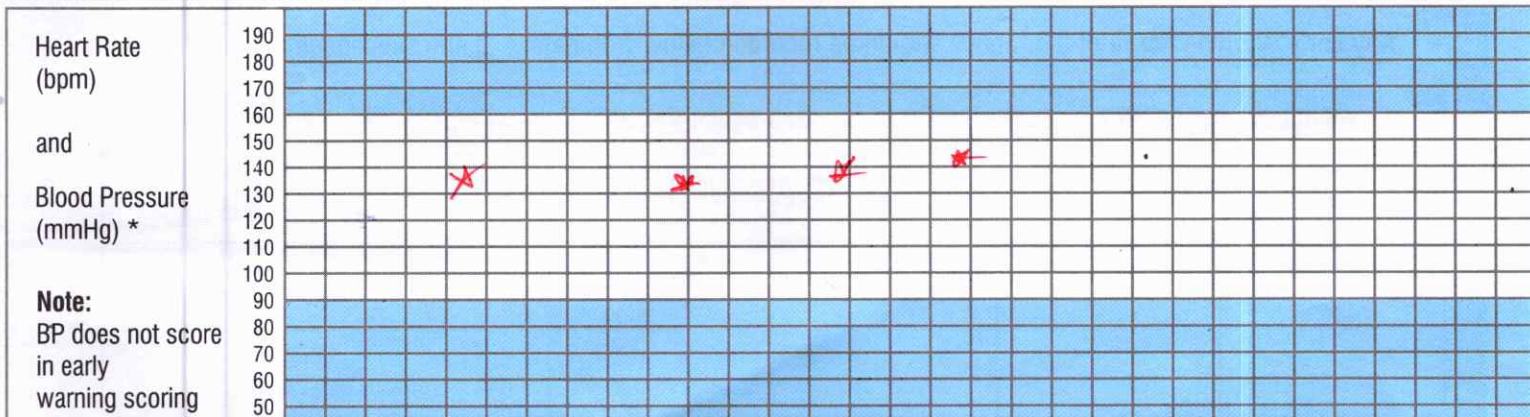
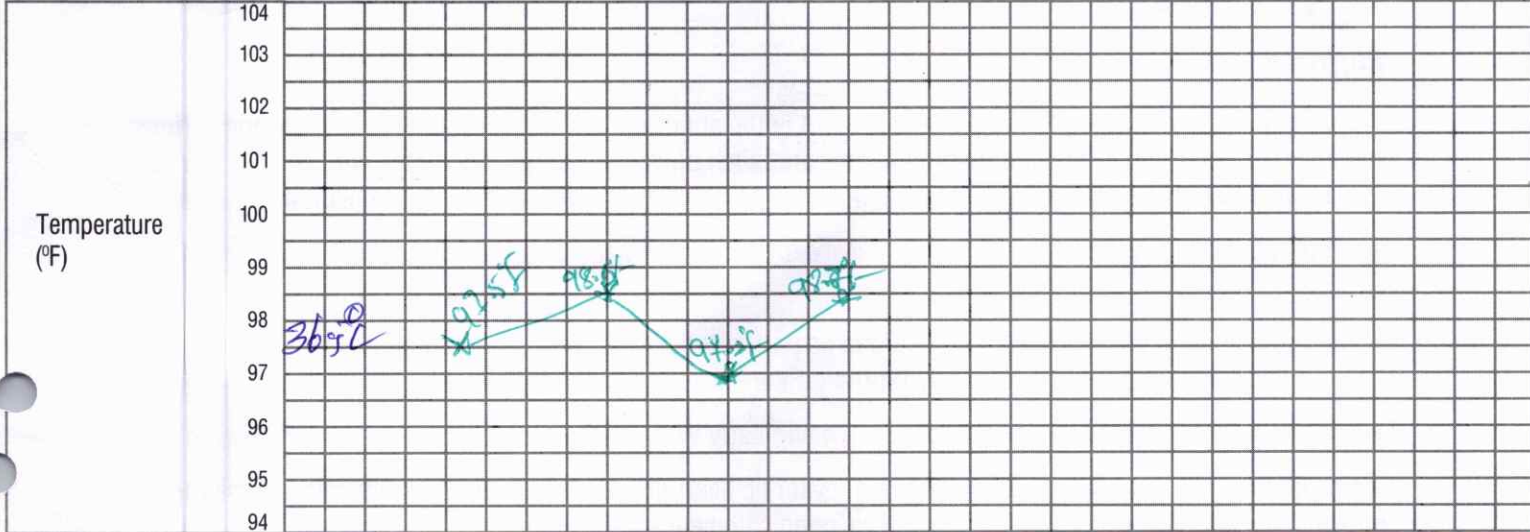
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



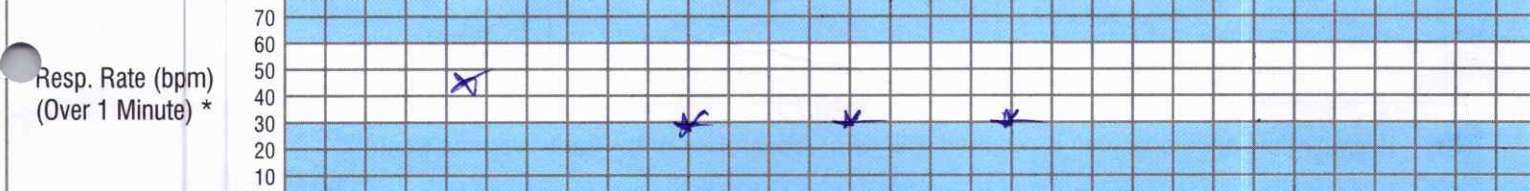
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 10/6/26 Time: 7 AM 6 PM 10 2 6

Doctor/Nurse/Family Concern? Am Am Am



Heart Rate (Number) 135 140 135 135 140



Resp Rate (Number) 40 40 30 30 30

Resp Distress: Mod/ Severe None / Mild

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

Conscious Level: Normal Altered

GCS *

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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

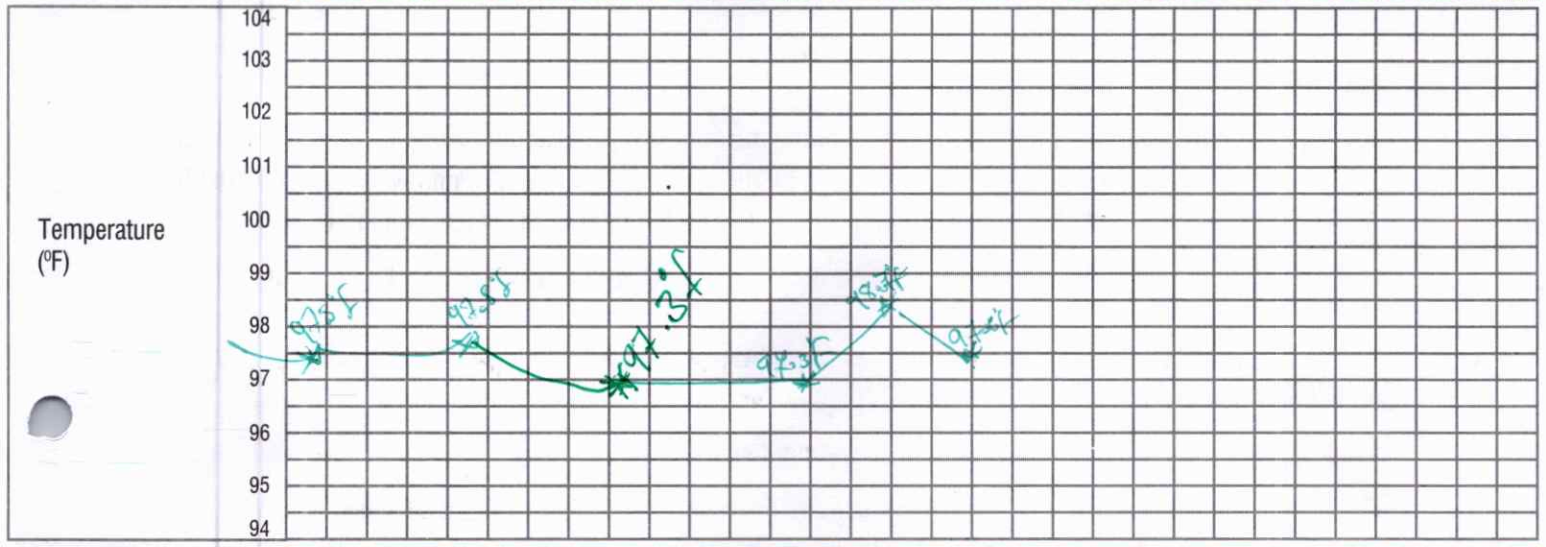
- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

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: 11/11/26 Time: 10 PM 9 PM 6 PM 10 AM 9 AM 6 AM
 Doctor/Nurse/Family Concern? _____



Heart Rate (bpm) and Blood Pressure (mmHg) *	10 PM	9 PM	6 PM	10 AM	9 AM	6 AM
Heart Rate (Number)	140 bpm	142 bpm	145 bpm	138 bpm	145 bpm	138 bpm
Blood Pressure (mmHg) *	140	140	140	135	140	130

Resp. Rate (bpm) (Over 1 Minute) *	10 PM	9 PM	6 PM	10 AM	9 AM	6 AM
Resp Rate (Number)	41 bpm	45 bpm	40 bpm	40 bpm	45 bpm	38 bpm

Resp Mod/ Severe Distress None / Mild	10 PM	9 PM	6 PM	10 AM	9 AM	6 AM
Receiving O ₂ (l/min) O ₂ Saturations (%)	100%	99%	99%	100%	99%	100%

Conscious Level Normal / Altered	10 PM	9 PM	6 PM	10 AM	9 AM	6 AM
GCS *						

TOTAL SCORE	10 PM	9 PM	6 PM	10 AM	9 AM	6 AM
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	A	A	A	A	A	A

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)

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
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Date	Time	Early Warning Score	Date	Time	Name

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

HNH-00015834 IP26-00006924
 Baby Of R SAHITHI
 06-06-2026 0 Y 0 M 5 D (M)
 Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

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	DBF											
	03:00 pm												
	04:00 pm	DBF											
	05:00 pm												
	06:00 pm	DBF											
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm	DBF											
	09:00 pm	EBN											
	10:00 pm												
	11:00 pm	DBF											
	12:00 am	EBN											
	01:00 am	DBF											
Total Intake :						Total Output :							
	02:00 am												
	03:00 am	DBF											
	04:00 am	EBN											
	05:00 am	DBF											
	06:00 am	EBN											
	07:00 am	DBF											
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

HNH-00015834 IP26-00006522

Baby Of R SAMITHI
06-06-2026 0 Y 0 M 4 D (M)
Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
				Route	NG	Diarrhoea	Vomit	Drainage	Urine				
11/6/26			Mouth	I.V	N.G								
	08:00 am		DBF				✓			✓			
	09:00 am		EBM										
	10:00 am	6									0	(M)	
	11:00 am		DBF+				✓		NA				
	12:00 pm		EBM										
	01:00 pm												
Total Intake :						Total Output :							
11/6/26	02:00 pm		DBF								1		
	03:00 pm		EBM										
	04:00 pm	0									0		
	05:00 pm		DBF										
	06:00 pm		EBM										
	07:00 pm												
Total Intake : taken						Total Output : U-2 M-							
11/6/26	08:00 pm												
	09:00 pm		DBF								1		
	10:00 pm		EBM				✓		NA		0		
	11:00 pm		DBF+										
	12:00 am		EBM				✓				1		
	01:00 am		DBF+										
			EBM										
Total Intake : taken						Total Output : U-2 M-2							
12/6/26	02:00 am												
	03:00 am		EBM								1		
	04:00 am		DBF										
	05:00 am	0									0		
	06:00 am		EBM+										
	07:00 am		DBF										
Total Intake : taken						Total Output : U-1 M-1							
Total 24 hrs. Intake						Total 24 hrs. Output							

HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-06-2026 0 Y 0 M 4 D (M)
 Dr. S TEJASWI REDDY



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
12/6	08:00 am										0	[Signature]	
	09:00 am										0		
	10:00 am										0		
	11:00 am										0		
	12:00 pm										0		
	01:00 pm												
Total Intake :						Total Output : 0 - m -							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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	
-----------------------------	--



NURSING CARE RECORD

Date: 10/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm to 8pm	=> Assess the patient condition => plan for vital => plan for discharge	2pm to 8pm	=> Assessed the patient condition => maintain vital & record => maintain I/chart => DBF every 2nd hourly	patient is stable	vital is normal	C. Reddy
Night	8pm to 8AM	=> Assess the Baby Condition => Check the vital sign => Maintain the I/O Chart => give DBF 2nd hourly.	8pm to 8AM	=> Assess the Baby Condition => Check the vital sign => Maintain the I/O Chart => give DBF 2nd hourly.	-> Baby is stable	-> rechecked vitals	Dr. J

HNH-00015834
 Baby Of R SAHITHI
 06-06-2026
 Dr. S TEJASWI REDDY
 0 Y 0 M 4 D (M)
 IP26-00006522

NURSING CARE RECORD

Date: 11/6/26

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	→ Assess the vitals. → monitor the vitals. → drugs give as per order → Monitor vitals. → Maintained 2/0	8AM	→ Assess the general condition for → Monitor vitals → Maintained 2/0 → Administered	Pt is stable	Re-assess vitals	Maha
Afternoon	2PM	→ Assess the patient general condition → monitor vitals → maintain 2/0 → EBM and hourly	2PM	→ Assess the patient general condition → monitored vitals → maintained 2/0	Patient is stable	Rechecked vitals	J
Night	8PM	→ Assess the baby condition → monitor vitals → maintain 2/0 → EBM → DF and hourly	8PM	→ Assessed the baby condition → monitored vitals & recorded → maintained 2/0 → baby vaccination → DF → EBM and hourly	→ Patient is stable	→ rechecked vitals	De

NH-00015834

IP26-00006522

Baby Of R SAHITHI
6-06-2026 0 Y 0 M 5 D (M)
Dr. MUKTA SUBHASH WAGHMARE



NURSING CARE RECORD



Date: 12/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assess the baby condition. Monitor vitals & record.	8Am	Assessed the baby condition. monitored vitals & record.	pt is stable	monitor vitals.	
	10 2Pm	Maintain T10 chart. Provide the comfortable position. medication give as per as doctor order.	10 2Pm	Maintained T10 chart. provided the comfortable position. medication given as per as doctor order.	vitals normal	Maintain T10 chart.	
Afternoon							
Night							

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							



CHECKLIST FOR THROMBOPHLEBITIS

10/6/20

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

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

Signature of Shift In Charge :

Signature : Name :

Signature of Ward In Charge :

Signature : Name :



CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

Signature of Ward In Charge :

Signature : Name :

Signature : Name :



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify:				
BACKGROUND	Date	Shift	9/6/26	9/6/26	10/6/26	10/6/26	
			MD	NI	NO	SE	
	Medical Condition (Any special condition to be noted):		—	NI	—	—	
	Diet:						
ASSESSMENT	Allergy:		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		—	—	—	—	
	Tubes/Drains/Catheter:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:		36.5°C	36.6°C	36.6°C	36.6°C
		Res:		36bpm	30bpm	40bpm	38bpm
		SpO ₂ :		94%	97%	96%	98%
		Pulse:		122bpm	109bpm	66	121bpm
		BP:		66/55/55	60/50	—	61/45/50
		LOC:		—	—	—	—
	Fall Risk Score:		—	—	—	—	
Pain Score:		—	—	—	—		
Skin Integrity		—	—	—	—		
Recommendations	Safety Needs:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:		OK	—	—	—	
	Others Specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:		OK	—	—	—	
	Critical Lab Test / Values:		—	—	—	—	
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:		<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	
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):		—	—	—	—		
Post Operative Procedure Special Orders:			—	—	—	—	
Handed Over By Name :			Jyotsna	Laani	Nirmala	Jyotsna	
Signature / ID :			[Signature]	[Signature]	[Signature]	[Signature]	
Date:			9/6/26	10/6/26	10/6/26	10/6/26	
Time:			8pm	8AM	8pm	8AM	
Taken Over By Name :			Laani	Nirmala	Jyotsna	Divya	
Signature / ID :			[Signature]	[Signature]	[Signature]	[Signature]	
Date:			9/6/26	10/6/26	10/6/26	11/6/26	
Time:			8pm	8pm	2pm	8pm	

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	11/6/26 NI	12/6/26 NI	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:	Diet - EBM	-					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	-	-					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.2F	98.2F				
		Res:	20b/m	20b/m				
		SpO ₂ :	99%	99%				
		Pulse:	100b/m	142b/m				
		BP:	-	-				
		LOC:	-	-				
		Fall Risk Score:	-	-				
	Pain Score:	-	-					
	Skin Integrity	-	-					
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-					
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-					
	Critical Lab Test / Values:	-	-					
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<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		
	ADL (Dependent / Non Dependent):	-	-					
	Post Operative Procedure Special Orders:		-					
	Handed Over By Name :	Divya	Sneha					
	Signature / ID :	D	S (40/6031)					
	Date:	12/6/26	12/6/26					
	Time:	8AM	2PM					
	Taken Over By Name :	Sneha						
	Signature / ID :	S (40/6031)						
	Date:	12/6/26						
	Time:	8 PM						

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:		Post OP Day:						
BACKGROUND	Date	Shift	8/6/26 E2	6/6/26 N1	7/6/26 N1	7/6/26 N1	8/6 MS	8/6/26 N1	
	Medical Condition (Any special condition to be noted):								
Diet:			DBF				NPO		
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):		-						
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Vital Signs:		Temp:	97.9	36.6°C	36.5°C	36.6°C	36.6°C	36.5°C
			Res:	20	30 bpm	38 bpm	43 bpm	43 bpm	39 bpm
			SpO ₂ :	100%	96%	99%	97%	99%	98%
			Pulse:	150	156 bpm	113	125 bpm	126 bpm	130 bpm
			BP:	-	-	-	-	-	-
			LOC:	-	-	-	-	-	-
			Fall Risk Score:	-	-	-	-	-	-
		Pain Score:	-	-	-	-	-	-	
		Skin Integrity	-	-	-	-	-	-	
Recommendations	Safety Needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:		-						
	Others Specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Special Diet:		DBF						
	Critical Lab Test / Values:		-						
	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	PU Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
DVT Prophylaxis:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
ADL (Dependent / Non Dependent):		-							
Post Operative Procedure Special Orders:									
Handed Over By Name :		Chud.	Nikitha	Syonal	Nikitha	Dhan	Saxmi	Syonal	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		6/6/26	7/6/26	7/6/26	8/6/26	8/6	8/6	8/6/26	
Time:			8 AM	9 AM	8 AM	8 PM	8 AM	8 AM	
Taken Over By Name :		Nikitha	Syonal	Nikitha	Dhan	Saxmi	Syonal	Syonal	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		6/6/26	7/6/26	7/6/26	8/6	8/6	8/6/26	8/6/26	
Time:		8 PM	8 AM	8 PM	8 PM	8 PM	8 PM	8 AM	

CHECKLIST FOR THROMBOPHLEBITIS

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

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

Signature of Shift In Charge :

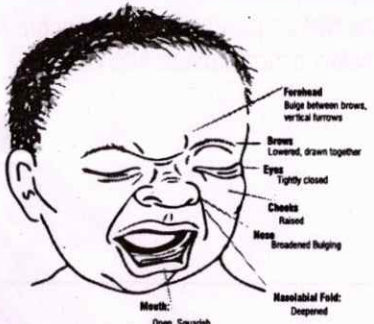
Signature of Ward In Charge :

Signature : Name :

Signature : Name :

HNH-00015834
 Baby Of R SAHITHI IP26-00006522
 06-06-2026 0Y0M0D2H (M)
 Dr. SINDHURA MUNUKUNTLA

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	-	-	-	-	-	-	-	-	
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	38 wks	38 + 5 wks	34 + 1 wks	38 + 1 wks	38 wks	38 wks	38 wks	38 wks	38 wks	38 wks	38 wks	38 wks	
	Total Pain / Agitation Score													
	Intervention													
	Effectiveness													
	Signature													

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

Patient ID

					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.					
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.*					
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)
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HNH-00015834

IP26-00006522

Baby Of R SAHITHI

06-06-2026 0 Y 0 M 3 D (M)

Dr. S TEJASWI REDDY



BRADEN 'Q' SCALE



Date: 27/06/2026 10:06 AM
 Time: 10:06 AM

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	2	2	2
'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	2	2	2
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	2	2
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	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 lift up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
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TOTAL SCORE

Evaluator's Name

28 28 28 28
 hf sf ml ad

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

HNH-00015834
 Baby B/O R SAHITH
 08-08-2026 0 Y 0 M 0 D 2 H (M)
 Dr. SINDHURA MUNUKUNTLA

IP26-00006522

BRADEN 'Q' SCALE



					Date :	6/6	6/6	7/6/20	7/6/20
					Time :	6:30	11	11:20	5
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	2	2	2
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					TOTAL SCORE	28	28	28	28
					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

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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

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : B/o Lalitha Gender: Male Female Age : 22y

UHID No : Date : 8/8/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

Anoplasty

upon

B/o Lalitha

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, infection

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: D. Kulkarni

Consentee :

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : Rohinath

Name : Rohinath

Relationship with Patient: Brother's wife

Date & Time : 08/06/2026 (12:05 Pm)

Witness :

Signature : R. Sahithi

Name : R. Sahithi (Mother)

Date & Time : 8/6/26

Doctor (who is taking the consent) :

Signature : D. Kulkarni

Name : D. Kulkarni

Date & Time : 11:15 AM 8/8/26

HNM-00015834 IP26-00006522
Baby Of R SAHITHI
06-06-2026 0 Y 0 M 1 D (M)
Dr. S TEJASWI REDDY



POST OPERATIVE - DOCTORS HANDOVER FORM

OT to PICU NICU MICU WARD

Date: 08/06/26 Time: 1:35 PM

Name of the Surgery: Amnioplasty

Drugs used for sedation during surgical procedure: INJ. MIDAZOLAM - 0.1mg, INJ. PROPOFOL - 5mg, INJ. GLYCOPYRROLATE 20mcg, INJ. ROCURONIUM 1.5mg i.v. + INJ. PENTANYL 5mg

IV Fluids type / amount used using surgical procedure: RINGER LACTATE + 1% DEXTROSE @ 30ml/hr

Input 30 ml Output ml Blood Loss ml

Blood Transfusion if any -

Any intra operative event: nil significant

On arrival to PICU / NICU / MICU / WARD:

Temp: 36.5 HR: 154 RR: 32 BP: CRT: <2 sec

Peripheries: warm SpO₂: 100% on Nasal Prongs O₂ @ 3l/hr via

Drains: -

ET Tube: Cuffed Uncuffed

Size of ETT: Length of Fixation of ETT: -

Surgeon's Notes: Yes No

Time of Arrival to Unit: 1:35 pm

Handover given by:

Handover taken by:

Anesthesiologist's Name DR. M. VINBETHA

Doctor's Name

Signature: [Signature]

Signature:

Date & Time: 08/06/26 1:35 pm

Date & Time:

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



Name: **HNH-00015834** **IP26-00006522**
Baby Of R SAHITHI Age: Gender: Male Female
06-06-2026 **O Y O M O D 6 H (M)**
Dr. SINDHURA MUNUKUNTLA
 UHID.No : Date:


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

The doctors have explained to me in a language understood by me that my child has following health related issues :
Tumor (ACCA) Anorectal malformation

The doctors have clearly explained to me that my patient B/o *Sahithi* 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 *Sahithi* 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 : *Rathod*
 Name : *Robinath*
 Relationship with Patient: *Brother*
 Date & Time : *06/06/2026*

Witness :
 Signature : *Abhinav*
 Name : *Abhinav*
 Date & Time : *6/6/26 at 8:45 PM*

Doctor (who is taking the consent) :
 Signature : *B. Suresh*
 Name : *B. Suresh*
 Date & Time : *06/06/26 8:40 PM*

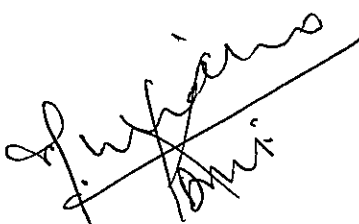
HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-06-2025 0Y0M0D2H (M)
 Dr. SINDHURA MUNUKUNTLA

DATE :

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	No cleft palate	(TV)	
2	Pre natal teeth	no	no	
3	Anal opening	patent	patent	
4	Genitalia	B/c descended testis	B/c descended	
5	Spine	spinal tuft of hair	→ tuft of hair (P)	
6	Red reflex	Not yet checked		
7	4 limb saturation (before discharge)	not yet checked		


 Ped.Registrar signature


 Ped.Consultant signature

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE



Patient Name: **B/o R. SAHITHI** Age: **1 Day** Gender: Male Female
 UHID NO: **Dr. S TEJASWI REDDY** (M) Surgeon Name: **Dr. SAMIR**
 Anaesthesiologist: **Dr. SAMIR**
 Operative procedure planned: **ANOPLASTY.**

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient **B/o R. SAHITHI** the above mentioned operation / Diagnostic / Therapeutic procedures **ANOPLASTY**

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

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

CONSENT FORM FOR ANAESTHESIA



Patient Name : **Baby Of R SAHITHI** Age : Gender : Male Female
 UHID NO: Surgeon Name:
 Anaesthesiologist: Operative procedure planned :

HNH-00015834 IP26-00006522
 06-06-2026 0 Y 0 M 1 D (M)
 Dr. S TEJASWI REDDY

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient the above mentioned operation / Diagnostic / Therapeutic procedures.

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

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

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

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

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

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

I have been explained all my queries in the language understood by me.

Patient / Patient Attendant :
 Signature : *R. Sahithi*
 Name : *R. Sahithi*
 Relationship with Patient : *Mother*
 Date & Time : *2/6/2026 3:30pm*

Witness :
 Signature : *Dharm*
 Name : *Dharm*
 Date & Time : *2/6/2026 @ 3:30pm*

Doctor (who is taking the consent) :

Signature : Name : Date & Time :



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: B/O R. SAHITHI Age: 1 Day Sex: Male UHID.No: HNH-0015834

Date: 07/06/2026 Time: 2:30 pm Proposed Operation: ANOPLASTY

Diagnosis: low ARM

B.P / CRT: H.R: 132/min Weight: 2.720 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:			
Hgb: <u>18.0</u>	Glucose: <u>96 mg/dl</u>	Protein:	HIV:
PCV: <u>48.9</u>	Urea:	Alb:	HBS Ag:
WBC: <u>9000</u>	Creat:	Total Bill:	HCV:
Plate: <u>2.02</u>	Na:	Dir. Bill:	Blood group: <u>A+ve</u>
PT:	K:	LDH:	T3
PTT:	Ca++:	Alk phos:	T4
INR:	Mg++:	Amylase:	TSH
Cl-:	SGOT/SGPT:	X-Ray:	

Medical History: CVS: Baby: Teem / AGA / VBAC / CIAS

RESP: → no Dysmorphic facies Diabetes:

CNS: → no cleft palate

Renal: ultrasound KUB - N/A / ultrasound Spine: Spinal cord Normal

Hepatic / GE: Physical Activity: - no Synria

Others: Tuft of hair ⊕ @ Below Sacral hiatus / Cover ends @ L1-L2

Past Anaesthetic History: NIL / - No effecting of L

Physical Exam: Actively crying

Airway: MP 1 2 3 4 Mouth Opening: — Mentohyoid Distance: — Neck: — Teeth: —

Lungs: Clear ⊕, no rales

Heart: S1 S2 ⊕

CNS:

Pregnant: Yes No NA Venous Access Site: peripheral Spine Exam for regional: ⊕

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:** NPO 6 hours - Infant 4 hours - Mothers Milk
- DVT Prophylaxis:
 - NIL ORAL: Water / ORS 2 Hours / Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. Suresh V

Adm 1. Consent Pending
2. CBP
3. Blood Grouping & typing



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 140/min B.P / CRT: 55/40 w/h SpO₂: 100% R.R: 24/min Last Feed:

Pre-OP Diagnosis: LOW ARM Operation: Anoplasty Date: 06/06/26

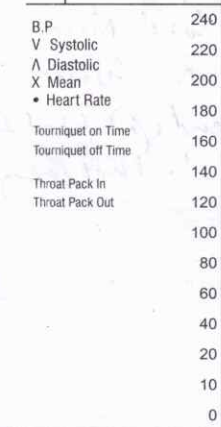
Surgeon: Dr. Tejaswi Anaesthesiologist: Dr. Samir & Dr. Vineetha Technician: Mr. Sai Chandu

TIME	6:00	6:15	6:30	6:45	7:00	7:15	7:30	7:45	8:00
N.O. / AIR / O ₂ / LPM									
HALO / SO ₂ / SEVO									
Drugs:									
MIDAZOLAM	0.1mg								
GLYCOPYRROLATE	20mcg								
PROPOFOL	5mg								
ROCURONIUM	1.5mg								
PARACETAMOL	40mg								
FI ₀₂ / SaO ₂	100	100	100	100	100	100	100	100	100
ETCO ₂	BR	HO	HL	HS	HL	HL	HL	HL	HL
ECG	CR	CR	CR	CR	CR	CR	CR	CR	CR
Temperature		36.5							
Urine Output									
Fluids									
Blood									
Other									

Antibiotic
PIPERACILLIN
TAZOBACTAM 200mg
 Suppository I.V.

Blood Loss
 NOTES

Fluids
 RINGER LACTATE 30ml/hr
 1/2 DEXTROSE
 40ml x 20ml



LAB Values
 ABG
 GRBS - 140 mg/dl @ 1-30pm

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <u>200</u> <input type="checkbox"/> Cuff Site: <u>200</u> <input type="checkbox"/> Art Site: <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>cetotracheomy</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input checked="" type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Goggles <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>12:42 PM</u> OP Start: <u>12:50 PM</u> OP End: <u>12:50 PM</u> Leave OR: <u>1:30 PM</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input checked="" type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input checked="" type="checkbox"/> IV: <u>20G, 24G</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input checked="" type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT # <u>2.5</u> at <u>8</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input checked="" type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input checked="" type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade # <u>0</u> Attempts: <u>02</u> Difficulty Why? <u>Anterior vocal cords</u> <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input checked="" type="checkbox"/> Caudal Others: Position: <u>Left lateral</u> Site: <u>clavicle-Haatus</u> Needle Size: <u>22G</u> Depth: Parasthesia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: <u>0.25% BUPIVACAINE 3CC</u> Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input checked="" type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>DR. N. VINETHA</u> Signature of the Doctor:
---	---	---	--

HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-06-2026 0Y0M1D (M)
 Dr. S TEJASWI REDDY



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

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

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

OPERATION THEATER NOTES

HNH-00015834 IP26-00006522
Baby Of R SAHITHI
06-06-2026 0Y0M1D (M)
Dr. S TEJASWI REDDY

Patient's Name

Age : Gender :

UHID:

P.No. : Weight :



Surgeon : *D Mukta* Asst. Surgeon :

Anesthetist : OT Nurse :

Surgical Procedure :
Anoplasty

Indications for Surgery :
Low ARM (Perineal fistula)

Date : Start Time : End Time :

PRE-OPERATIVE PREPARATION :

OPERATION NOTES:

3 - V' shaped incision made over anus

'Y' pl anoplasty done. Foricryl. (Skin to mental mucosa stitches take)

POST - OPERATIVE ORDERS :

- Start feeds. 10ml 2nd only +
↑ as tolerated

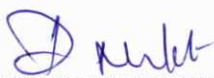
- 2q PIPRAZ. 260mg TID

- 2q Pen 37mg TID

- IV fluids to centre

N&P Betadine washes (Squirts up)
(100ml N&P 5% Betadine) 2nd only

Zofran



Consultant Surgeon's Name

Date : 8/1/26 Time : 1:pm



Consultant Surgeon's Signature

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Mukta
 Asst. Surgeon :
 Anaesthetist : Dr. Samir
 Scrub Nurse : S.S. Sushobha

Patient Name : MNH-00015834 Age :
Baby Of R SAHITHI IP26-00006522
 UHID No. : 06-06-2026 O Y O M I D (M)
Dr. S TEJASWI REDDY
 Date :

Gender :



Before Induction of Anaesthesia >>

SIGN IN	Time: <u>12:00pm</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name : <u>Dr. M. VIN KESHAV</u>	

Before Skin Incision >>

TIME OUT	Time: <u>12:00pm</u>
Confirm all team members have introduced themselves by Name and Role <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>[Signature]</u>	
Name :	

Before Patient Leaves Operating Room

SIGN OUT	Time:
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <u>[Signature]</u>	
Name : <u>Dukar</u>	

PATIENT TRANSFER FORM



HNH-00015834 IP26-00006522
 Baby Of R SAHITHI
 06-06-2026 0 Y 0 M 1 D (M)
 Dr. S TEJASWI REDDY



Date & Time of Admission <i>6/6/26@</i>		Date & Time of Transfer Order <i>08/06/26@</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Samir</i>	Reason for Transfer <i>Observation</i>
From Unit <i>OT</i>	To Unit <i>NICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>—</i>	Number of Imaging Films <i>—</i>	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.	<i>RL</i>	<i>1</i>
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>SRS. P. Raja</i>	Name of Person Ordered Transfer <i>Dr. Samir</i>
---	---

Patient & Clinical Records Received by : *Dr. Samir*

Date & Time of Patient Received :

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready

PATIENT TRANSFER FORM

HNH-00015834 IP26-00006522
Baby Of R SAHITHI
06-06-2026 0Y0M0D5H (M)
Dr. SINDHURA MUNUKUNTLA



	Date & Time of Admission <i>6/06/26</i>	Date & Time of Transfer Order <i>6/06/26@</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Anusha</i>	Reason for Transfer
From Unit <i>pre - post</i>	To Unit	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>Sis. Madhu</i>		Name of Person Ordered Transfer <i>Dr. Anusha</i>
Patient & Clinical Records Received by :		
Date & Time of Patient Received :		

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

- Unavailable Bed Nurse not Available Available Bed not ready

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015834 IP26-00006522 Baby Of R SAHITHI 06-06-2026 0 Y 0 M 0 D 2 H (M) Dr. SINDHURA MUNUKUNTLA 		Date & Time of Admission 6/6/26 @ 3:21 PM	Date & Time of Transfer Order 6/6/26 @
		Transfer Ordered by DR. ANUSHA	Reason for Transfer Observation
From Unit pre post	To Unit Room	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sic. Sindhura		Name of Person Ordered Transfer DR. ANUSHA	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

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

HNH-00015834 IP26-00006522
Baby Of R SAHITHI
06-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: Sahithi

Date of Birth: 6/6/26 Time of Birth: 1.16 pm Gender: Male Female

Birth Weight: 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: 36.9 °C HR: 140 /Min RR: 26 /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: Chumbakala

Signature: [Signature]

Date & Time: 6/6/26

26-0000265170



NARCOTIC PRESCRIPTION FORM (PATIENT COPY)

Patient Name: <i>Baby of Sahilli</i>	Age:	Gender: <i>Male</i>	
UHID No: <i>HNH-00015836</i>	IP No: <i>IP26-00006522</i>	Date: <i>8/6/26</i> Time: <i>8:45 Am</i>	
Diagnosis: <i>Anoplasty</i> <i>wound - 09</i>			
PRESCRIPTION DETAILS (Tick only one of the following)			
S.No	Drug Name	Dosage	Remarks
1.	Fentanyl Citrate Inj. 50mcg/ML	<i>100 mcg</i>	<i>1 amp</i>
2.	Morphine Sulphate Inj. 15mg/ML	/	/
3.	Remifentanil Hydrochloride Inj. 2MG	/	/
4.	Remifentanil Hydrochloride inj. 1MG	/	/
Doctor Name: <i>Dr. SAIRAJ.V</i>		Doctor Registration No: <i>APMC 75172</i>	
Signature: <i>S-V</i>			

NARCOTIC DISPENSING FORM APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: *IP26-00006522* Date: *8/6/26*

Aadhaar No. of the Patient (Optional):

1.	Name: <i>Baby of Sahilli</i>	Remarks		
	Complete postal address (with contact number, if any)	<i>Villa no 90, Tawar nagar, shalibergen, Mahabubnagar, Telangana. 509216</i>		
3.	Brief description of the illness	<i>Anoplasty</i>		
4.	Whether registered with any other registered medical practioner / recognized medical institution (If yes, details of the recorded)	<i>NO</i>		
5.	Details of essential Narcotic drug dispensed	<i>Fentanyl</i>		
Date	Name of the Essential Narcotic Drugs	Quantity	Signature / Thumb Impression of the patient / Patient Attender	Remarks, if any
<i>8/6/26</i>	<i>Fentanyl</i>	<i>1 amp</i>	<i>R: Sahilli</i>	

Dispensed by (Name & ID No.): *Sama (018442)* Signature: *Sama*

Received by (Name & ID No.): *Sarawathi (021006)* Signature: *[Signature]*

Time: