F-C 303

Rainbow® Children's Hospital
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DISCHARGE SUMMARY

Name	Baby Of S NIKITHA	**UHID**	HNH-00015793
Father/Guardian	Mr VENKAT MANOJ KUMAR	**Age/Gender**	0 Y 0 M 0 D 3 H/ Female
Address	1-9-252/9/66 ews 1 qtr-66 east mch colony, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006497	**Admission Date**	04-06-2026
Ref Doctor	Self.		
Discharge Date	07.06.2026		

Consultant:
Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

DIAGNOSIS	ICD CODE
TERM (39 weeks + 2 days)/AGA/BABY GIRL	

History: Baby Of S NIKITHA is a term (39 weeks + 2 days) baby girl, delivered to a primi mother by emergency LSCS on 04.06.2026 at 02:36 pm with birth weight of 3.06 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby Of S NIKITHA	**UHID**	HNH-00015793
IP No	IP26-00006497	**Admission Date**	04-06-2026

Maternal History: Mrs. S NIKITHA is a 30 years old primi mother.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. 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 A positive. Baby's blood group is O positive.

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

Anthropometry:
Weight at birth : 3.06 kgs.
Weight at discharge : 2.760 kgs.
Head Circumference : 36 cms.
Length : 46 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Transcutaneous bilirubin at day 2 of life

Name	Baby Of S NIKITHA	UHID	HNH-00015793
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was 14.4 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds + measured feeds. Repeat serum bilirubin at day 3 of life was 11.3 mg/dl with indirect fraction of 11.2 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), measured feeds were started. Baby tolerated the feeds well.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	05.06.2026
OPV	Given	05.06.2026
HEPATITIS B	Given	05.06.2026

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

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

Thyroid function test report to collect on followup.

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

Baby tolerating feeds well, hemodynamically stable, passed urine and

Name	Baby Of S NIKITHA	UHID	HNH-00015793
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meconium, hence being discharged with the following advice.

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

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

Plan:

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

Review consultation with Dr. SINDHURA MUNUKUNTLA on (10.06.2026) Wednesday 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.

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The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006497 **Admit Date** : 04-Jun-2026 **Admit Time** : 03:18 PM **UHID** : HNH-00015793

Patient Details :

Patient Name	: Baby Of S NIKITHA	**Age**	: 0 D
Guardian	: Mr VENKAT MANOJ KUMAR	**DOB**	: 04-06-2026 02:36 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 1-9-252/9/66 ews 1 qtr-66 east mch colony Ram Nagar Hyderabad Telangana INDIA 500020	**Phone No**	: 8919928151/ 8328215763
		E-mail	: nikithasoma6895@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-415-1 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-415-1 **Admission Type** : First Visit

Contact Details :

Name : Mr VENKAT MANOJ KUMAR **Relationship** : Father

Contact Address : 1-9-252/9/66 ews 1 qtr-66 east mch colony Ram Nagar Hyderabad Telangana INDIA 500020 **Phone No** : 8919928151

V. venkatmanoj
Signature

Doctor Details :

Doctor Name : Dr. SINDHURA MUNUKUNTLA **Specialisation** : GENERAL PEDIATRICS

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

Co-Consultant :

Payment Details :

Deposit Amount : 5000.00

Payment Mode : DC/CC Card **Payor Name** : SELFPAY

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04-06-2026 0 Y 0 M 0 D 0 H (F)
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NEWBORN MONITORING FORM

Date of Birth : 4/6/26
Time of Birth : 2:36 PM
Mode of Delivery : Em LSCS
Birth Weight : 3.060 kgs
Head Circumference :
Length :
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : A +ve.
Baby's Blood Group : O positive
Anomaly Scan :
Vaccination 5/6/26 : BCG OPV Hep B given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
4/6/26	3.060	DBF	1	36°C	Moni
5/6/26	2.920	DBF	1	36°C	~~Ang~~
6/6 Evening	2.820	DBF	1		
6/6/26	2.780kgs	DBF	1	36°C	
7/6/26	2.760 kgs	DBF	1	36°C	~~Ang~~

Date	Time	Investigation	Result	Order No.	Signature
4/6/2026	4pm	Blood group	9322	HN26009322	Anusha
4/6/2026	4:05pm	ABG	9325	HN26009325	
		cross checked done			
6/6/26	12:30pm	DSPT		204741	
4/6/26		SBR		9473	
		TFT			
		Cross checked done by Supriya			

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : N/c Nikitha Age : ..... Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : Bio Nikitha

Gender : ☐ M ☑ F Blood Group : .....

Date of Birth : 4/6/26 Time of Birth : 2:36pm

Place of Birth : RCH; HANNR

Mother's Blood Group : A Positive

Birth Weight (gms) : 2660gm Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39wk+2d

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 2/9/25 EDD : 11/6/26

Conception : Spontaneous or with Rx. : Spontaneous

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

Last Scans Details : 20/5/26 SLUF/37wHd/ Vx Pl AIH AFI: 9.3, EFW: 2993g (44%)

UAD-(V)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☐ No

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

H/o PIH (after 20 weeks) / PE

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

.....

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) : .....

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

Baby Of S NIKITHA
04-06-2026 0Y0M0D0H (F)
Dr. SINDHURA MUNUKUNTLA

PAST OBSTETRIC HISTORY

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

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	- PP; S.P Conception; Booked at 20 w.					
	Hb	1st	Trimester	bleeding → Inj Progesterone		
	NT @	Double marker	- UL; TIFFA @			

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 39+2 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
TOTAL	8	9

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby CIAB

↓

Delayed cord clamping (+)

↓

Vit. K given

↓

Shifted to mother's side

↓

Target sats achieved.

Investigation details in previous Hospital :

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : ..... HR : ..... RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

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

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :
Facies : (Any Facial Dysmorphism)	
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :
EYES :	Symmetry : Red Reflex : Discharge :
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : 2A+2V Discharge :
GENITILIA :	Labia / Hymen : Testicles/penis : Anus : → Patent
HERNIAL ORIFICES	
TRUNK and SPINE :	
SKIN LESIONS :	
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :

? Positional CTEV.

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SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System :

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

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

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

Abdomen : Hernia orifice : .....

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

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

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

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

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

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

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

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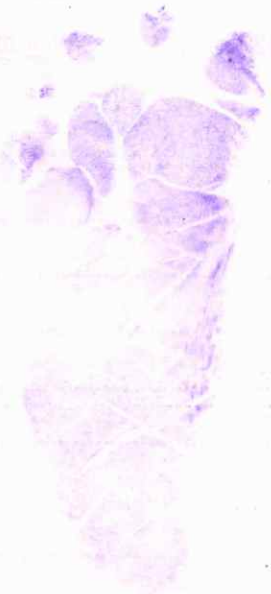
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. SINDHURA MUNUKUNTLA

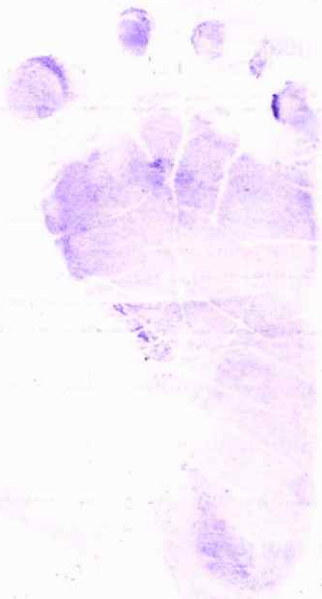
Diagnosis : Term | G | AGA | CGAR | wt-3.2kgs

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name : Dr. Alekhya

Date & Time : 4/6/26; 3pm

Consultant :

Signature :

Name : Dr. Sindhura

Date & Time : 4/6/26 6:30pm

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te referring Hospital : .....
   Address : .....
   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....
   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....
   ..... on whose name the patient is being referred.

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Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. SINDHURA MUNUKUNTLA

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

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

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

.....

(i) Shift to mother's side

.....

(ii) DBF Jb during O2 H

.....

(iii) RR, NBS; ORE at 48hrs

.....

(iv) Warm care; cord care; Eye care

Feeding Plan at the time of shifting : .....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6 5:00pm	C/S/B Dr. Sindhura	
	T/LAGA/ C/A/B	
	Euthemic	Plan
	C/T/A - Good	- DBF 2nd hourly
	Vitals - Stable	flo burping
	Oral cavity - Norml.	
	Chest - Noml.	- Red reflex to check
	Spine - norml	
	Urine - passed	- 4 limb Saturation to check
	Stool - Passed.	- SBR, NBS, OAE } 48 HOL
		- vaccination tomorrow
		[signature]
		noted by Sr. Mounika

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 7:50 AM	S/B Dr. Sreeghan	
	Δ Term / AGA / F / C (IAB)	Plan
	T. wt: 2.920 kg (140 gm wt loss) 4.5%	- DBF + Bug 2 hrs
		- Warm care
	Baby fullterm	- Red reflex to be checked
	CVS - S1S2 ⊕	
	RS - Bl. AE ⊕	
		- Vaccination today
	P/A - Soft	
	CTA Soon	- SBR
		NBS @ 2:30 pm
		OAE on 6/6/26
	Urine / Stool } passed	
		B. Sagar
		noted by sr. saradhya 5/6/26 8:am

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Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 10 AM	S/B Dr. Sindhura.	
	Δ Tem/AxA/FI/CTAD	Mother - A positive Baby - O positive
	T.wt:- 2.9 kg	
	(140gm wt loss @ 4.1%)	- DBF + Burping 2nd h
		- Warm care
	Baby Euthermic CVS- S1S2 ✓ RS- BLE- AEF ✓	- Vaccination today
	Urine / Stool } passed	- SDR NBS OAE } @ 2:30 pm on 6/6/26
	P/A- soft CTA good.	- Red reflex to check.
5/6/26	BCG OPV Hep-B } given	

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

(P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 3PM.	C/S/L Dr. Varsha	
	Dx is - Term / AGA / female.	
	MBG | A+	
	BBG | O+	
	- Baby is euthermic.	
	- Cry, Tone, Activity — Good.	Plan
		- Warm care.
		- DBF Q2H t/b bumping.
	S/E - Vitals stable.	- SBR/MBS/OAE on 6/6/26 @ 2:30pm.
	S/E - WNL.	- To check red reflex.
	Vaccination ✓	
	4 limb SPO2 ✓	

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04-06-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/06/26 6 PM	c/o/s: Dr. Sindhura / Dr. Santhi	
	Term / AGA / female	
	Baby Gethanna	
	Ax/Term/ Activity - good	
	Vitals: Stable	
	S/E: NAD	
		Echo
		DTBF 2nd hourly s/l Lactum
		- JBR, NTSS, UAE @ T/M. 2:30 PM
		- To check red reflex
		- NB warm care
		NB Monitor, Santhi
		@ GP A/F Sindhura Munukuntla

HNH-00015793
Baby Of S NIKITHA
04-06-2026 0Y0M2D (F)
Dr. SINDHURA MUNUKUNTLA
IP26-00006497

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
06/06/26	c/s 6. O. Sindhuntla / O. Thanvi	
7AM	Term / AGA / female / T.wt: 3060gm	T.wt 2820 gm (7.8% wt loss)
	Baby Euthermic Cry / Tone / Activity - good Intake, Stable Urination - good.	
		Adv - DBR 2nd hourly x 6 days - NBS on 5th day - SBR, NVJS, UAE @ 2:30 PM - To check bil reflex

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

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 2 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 10:30AM	S/B Dr. Sindhura Δ Term/AGA/F/CIAD Baby Features T.wt:- 2.820 kg (7.8% wt (↓)) CVS - S1, S2 ⊕ RS - BLL - AIE ⊕ P/A Soft CT Good Icterus ⊕	Plan check TCB ~~SOR~~ . Start phototherapy based on TCB DBF + Bag 2 Noted by Divya 6/6/26 @ 10:50AM
6/6/26 12pm	Case d/w Dr. Sindhura TCB - 14.4 mg/dl	Start Double surface phototherapy c eyes & genitalia closed Noted by Divya 6/6/26 @ 12PM

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 2 D
Dr. SINDHURA MUNUKUNTLA (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	48B - Dr. Prashanth	
3pm	Δ - T/M (37+2) / AGA	- F CIAB
	72 Hol	
	Bwt-3060g Ywt-2920	
	Twt-2820 Δ -100g↓	
	140 7.8%	Plan
	on DSPT	
	o/e TCB-14.2	(1) BF q2H / warm care
	Pink	
	Euthermic	NBS / SBR / OAE @ 48hol
	CTA - Good	
	Wnl.	continue DSPT
		[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	S/B Dr Sindhura	
10am	T/AGA/F/LIAB	
	Evening wt 2.780 kg	
	Bwt 3.060 kg	
	9% wt loss	Adv
	Baby ↓ DSPT.	
	accepting DBF	DBF Q2H c̄ good burps
	Pass u/s	
		SBR
	O/E Icterus	OAE } 48 HOL
	Vitals stable	NBS
	PA & SA	CT. DSPT
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 8 AM.	C/S/L Dr. Varma	Dr. Prabhath
	T/AGA/female/ NNH.	HBG/Afve
		BBG/Ofve
	- ↓D&PT.	
	- on room air, accepting feeds.	
	S/E - vitals stable.	Plan -
	S/E - WNL.	- Warm care.
		- DBF Q2H + PF.
		- BR, NBS, DAE } at 12PM today.
	T.W - 2760	
	Y.W - 2780	
	B.W - 3060	- Ct. D&PT.
	Δ - ↓ 20gms.	
	% - 9.8%	- Monitor vitals.
		N/B priyanka.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 10AM.	S/B Dr Sindhura	
	T/AGA/Q/NNH	M/A+ B/O+.
	↓ DSPT.	
		Adv
	↓ RA, accepts feeds.	
	O/E Icteric Vitreous	+ Warm Care
		+ DBF QPH + FF
		+ SBR, OAE 12pm. NBS
	S/E WNL.	+ CT DSPT.
Plan discharge after SBR report		+ Monitor Vitals.
	(L) eye Red Reflex has to checked. Reviews on Tuesday	Noted by Divya 7/6/26 10AM
	(L) eye Red Reflex (+).	

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

(P.T.O)

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. SINDHURA MUNUKUNTLA

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

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/5/26 Time:	3:30 pm	2 AM	6 AM
Doctor/Nurse/Family Concern?			
Temperature (°F)	98.8°F	98.5°F	98.2°F
Heart Rate (bpm) and Blood Pressure (mmHg) *			
Heart Rate (Number)	143	143 bl/m	140 bl/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	32	42 bl/m	42 bl/m
Resp Distress: Mod/ Severe / None / Mild			
Receiving O_2(l/min) O_2Saturations (%)			
Conscious Level: Normal / Altered			
GCS *	99 %	100 %	98 %
TOTAL SCORE Number of shaded boxes	0		
Pain Score	0	0	0
Observer's Initials			

Note: BP does not score in early warning scoring

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

Patient Sticker

FANT (<1 year) ildren's Observation & rly Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/26 Time:	10AM	2 PM	6PM	10PM	6AM	10AM	2AM	6AM	
Doctor/Nurse/Family Concern?		Pro							
Temperature (°F)	98.6°F	97.5°F	97.6°F	98.3°F	98.2°F	98.3°F	98.3°F	98.0°F	
Heart Rate (bpm) and Blood Pressure (mmHg) *									
Heart Rate (Number)	143b/m	136b/m	140b/m	135b/m	132b/m	128b/m	133b/m	140b/m	
Resp. Rate (bpm) (Over 1 Minute) *									
Resp Rate (Number)	40b/m	40b/m	41b/m	40b/m	42b/m	43b/m	40b/m	42b/m	
Resp Distress: Mod/ Severe / None / Mild									
Receiving O_2(l/min) O_2Saturations (%)	100%	100%	100%	100%	99%	99%	99%	100%	
Conscious Level: Normal / Altered									
GCS *					15/15				
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0	0	0	
Pain Score	0	0	0	0	0	0	0	0	
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
Score 2	: Shift in charge nurse to be informed and continue hourly observations
Score 3	: Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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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)
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- 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!
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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-00015793
Baby Of S NIKITHA
04-06-2026
Dr. SINDHURA MUNUKUNTLA
IP26-00006497
0 Y 0 M 2 D
(F)

FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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.Y WARNING SCORE: CHILDREN'S UNIT

Date: ..... Time: 10 2 6pm 2am 6am

Doctor/Nurse/Family Concern?

Temperature (°F)

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 130 bpm 148 bpm 132 bpm 140 bpm 129 bpm

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

Resp Rate (Number) 20 b/m 20 b/m 32 b/m 42 b/m 40 b/m

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

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	: Continue normal observation by staff nurse
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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

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Baby Of S NIKITHA
04-06-2026 0 Y 0 M 3 D (F)
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INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/26 Time:	10	1 PM
Doctor/Nurse/Family Concern?	Any	

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

98.5°F 98.3°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number)	138 b/m	130 b/m

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

70, 60, 50, 40, 30, 20, 10

Resp Rate (Number)	30 b/m	30 b/m
Resp Distress: Mod/ Severe / None / Mild		
Receiving O_2(l/min) O_2Saturations (%)	99%	
Conscious Level: Normal / Altered		
GCS *		
TOTAL SCORE Number of shaded boxes	0	
Pain Score	0	
Observer's Initials		

ACTIONS	
NB: Scores 3 should be recorded overleaf	Score 1 : Continue normal observation by staff nurse
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Record Details when EARLY WARNING SCORE > 3			**Record Time of Review and Plan**		
Date	Time	Early Warning Score	Date	Time	Name

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Baby Of S NIKITHA
04-06-2026 0Y0M0D0H (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
4/6	02:00 pm		DBF								1	
	03:00 pm											
	04:00 pm		DBF							✓	0	Asymptomatic
	05:00 pm											
	06:00 pm		DBF				✓					
	07:00 pm										1	
Total Intake :						**Total Output :** Passed						
4/6	08:00 pm	1	DBF								1	
	09:00 pm											
	10:00 pm		DBF								0	
	11:00 pm	0								✓		0
	12:00 am		DBF									
	01:00 am			NA			✓	NA			1	
Total Intake :						**Total Output :** U-1 M-1						
5/6/26	02:00 am	1	DBF								1	
	03:00 am									✓		
	04:00 am		DBF								0	
	05:00 am	0					✓					2
	06:00 am		DBF							✓		
	07:00 am			NO				NA			1	
Total Intake :						**Total Output :** U-2 M-1						

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient Sticker

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 2

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
5/6/26	08:00 am		DBF									
	09:00 am						✓		NA	✓		
	10:00 am		DBF		NA						0	
	11:00 am											
	12:00 pm		DBF							✓		
	01:00 pm											
Total Intake :								**Total Output :**		V-2	D-1	
	02:00 pm											
	03:00 pm		DBF							✓		
	04:00 pm	0					0					
5/6/26	05:00 pm		DBF		NA				NA			
	06:00 pm									✓		
	07:00 pm		DBF									
Total Intake :								**Total Output :**				
	08:00 pm											
	09:00 pm		DBF							✓		
	10:00 pm											
	11:00 pm	0	DBF		NA				NA		NA	
	12:00 am		FF(10ml)				✓			✓		
	01:00 am											
Total Intake :								**Total Output :**				
	02:00 am											
	03:00 am		DBF							✓		
	04:00 am	0	FF		NA				NA		NA	
6/6	05:00 am		DBF									
	06:00 am									✓		
	07:00 am											
Total Intake :								**Total Output :**				

Total 24 hrs. Intake		Total 24 hrs. Output	

Patient: HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 13

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
6/6/26	08:00 am	1					✓			✓	1	
	09:00 am		DBF									
	10:00 am	0			NA			ND			0	D
	11:00 am	1	DBF				✓			✓		
	12:00 pm										1	
	01:00 pm		DBF									
Total Intake : 1 oken						Total Output : U – M –						
6/6/26	02:00 pm	1					✓			✓	1	
	03:00 pm		DBF									
	04:00 pm				ND			NA			0	ND
	05:00 pm	2										
	06:00 pm	1	DBF				✓			✓	1	
	07:00 pm											
Total Intake :						Total Output : U – M –						
6/6/26	08:00 pm	1							✓		1	
	09:00 pm		DBF									
	10:00 pm				NA		✓					
	11:00 pm	0	DBF					PA		✓	0	RY
	12:00 am	1									1	
	01:00 am		DBF									
Total Intake :						Total Output :						
7/6/26	02:00 am	1									1	
	03:00 am		DBF						✓			
	04:00 am	2					✓			✓	0	AH
	05:00 am	1	DBF		DA			NA			1	
	06:00 am											
	07:00 am		DBF	✓						✓		
Total Intake :						Total Output : M – 2 U – 3						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
7/6/26	08:00 am	1										
	09:00 am		DBF				–					
	10:00 am	2				NA		NA			0	
	11:00 am		DBF									
	12:00 pm	1					–			–	1	
	01:00 pm		DBF									
Total Intake : taken						**Total Output :** U – M –						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015793 IP26-00006497
Baby Of $ NIKITHA
04-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainb… Childr… Hospita…
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Date: 4/…

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM to 2pm	=> Assess the patient condition => plan for vitals => plan for Blochem	8AM to 2pm	=> Assessed the pt condition => maintain vitals & record => maintain Blochem	patient is stable	vitals is normal	Claude
Afternoon				Duty			
Night	8PM to 8AM	=> Assess the baby condition => monitored vitals => DBF and hrly => maintain I/O chart	8PM to 8AM	=> Assessed the baby condition => monitored vitals => DBF and hrly => maintain I/O chart	Baby is stable	Rechecked vitals	

Patient Sticker

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am / 2pm	- Assess the pt Condition - Monitor vitals - Maintain I/O chart - DBF every 2nd Hourly	8Am / 2pm	- Assessed the Baby Condition - monitored vitals - Maintained I/O chart - DBF every 2nd Hourly	Baby is Stable.	Recorded vitals	
Afternoon	2pm / 8pm	→ plan vaccination Today. → plan SBR, NBS, OAE @ 2:30pm. on 6/6/26. → Red Reflex to check. plan	2pm / 8pm	→ planned vaccination Today. → Planned SBR, NBS, OAE @ 2:30pm. on 6/6/26. → planned Reflex to check.	→ Baby is stable now	→ Re assessed the vitals	
Night	8pm / 8am	Assess the baby Monitor the VS DBF continue Monitor any	8pm / 8am	Assessed the baby Monitored VS Continue DBF Clarify	(Baby Katelly stable noted)	Recorded the baby N	

HNH-00015792 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0Y 0M 0D 12H (F)
Dr. SINDHURA MUNAGUNTLA

NURSING CARE RECORD

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Date: 6/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	→Assess the Pt condition →~~Monitored~~ Vitals →maintain Blochart →DBF every 2nd hourly	8am 2pm	→Assessed the Pt condition →monitored Vitals →maintained Blochart →DBF every 2nd hourly →	→Pt is Stable	→rechecked Vitals	
Afternoon				DAY			
Night	8pm & 8am	→Assess the baby condition →monitor the vitals →maintain Blochart →DBF every 2nd hrly →ct DSPT	8pm TO 8am	→Assessed baby condition →monitored vitals →maintained Blochart →DBF every 2nd hrly →Ct DSPT	Baby is Stable	Rechecked vitals	

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 3 D (F)
Dr. SINDHURA MUNUKUNTLA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 7/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am 2pm	-Assess the baby condition -monitor vitals -maintain I&O chart -baby DBF every 2nd hourly	8am 2pm	-Assessed the baby condition -monitored vitals recorded -maintained I&O chart -Baby DBF every 2nd hourly	-VH is stable. -(4) reports	-rechecked vitals	
Afternoon							
Night							

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 1 H (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NB					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift	4/6/26 E	5/6/26 N	5/6/26 M	5/6/26 E	6/6	6/6/26 M
	Medical Condition (Any special condition to be noted):	—	—	—	—	NB	
	Diet:	DBF	DBF	DBF	DBF	—	—
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):		—	—	—	—	—
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	36.6°C	97.3°F	98.6°F	98.1°F	98.6°F	
	Res:	44/m	45b/m	40b/m	40b/m	42b/m	
	SpO_2:	99%	99%	99%	100%	100%	99%
	Pulse:	141	142b/m	193b/m	141b/m	142b/m	140b/m
	BP:		—	—	—	—	—
	LOC:		—	—	—	—	—
	Fall Risk Score:		—	—	—	—	—
	Pain Score:		—	'0'	'0'	—	—
	Skin Integrity		—	Good	Good	—	—
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	✓	—	—	—	—	—
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	DBF	—	—	—	—
	Critical Lab Test / Values:			—	—	—	—
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	—
Post Operative Procedure Special Orders:		Amula	Sandhya	—	—	—	—
Handed Over By Name :				Supriya	mathuri		Divya
Signature / ID :		017102	5/6/26				
Date:		4/6/2026	5/6/26	5/6/26	5/6/26	6/6	6/6/26
Time:		8PM	8am	2pm	8pm	8am	8am
Taken Over By Name :			Supriya	mahi		Divya	
Signature / ID :							
Date:			5/6/26	5/6/26	5/6/26	6/6/26	6/6
Time:			8am	2pm	8pm	8am	8am

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-05-2026 0 Y 0 M 0 D 12 H (F)
Dr. SINDHURA MUNUKUNTLA

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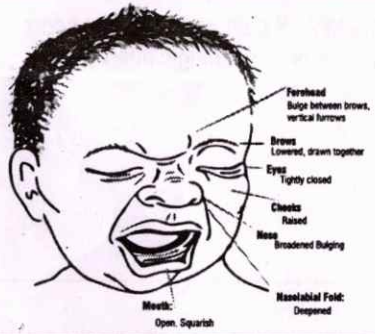
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
						[illegible]	N8	M6	5	[illegible]	M6	M6		
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	-	—	-	—	0	0	0		
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	—	-	—	0	0	0		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	—	'	1	0	0	0		
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	—	'	—	0	0	0		
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	—	-	—	0	0	0		
Gestational Age / Corrected Age								-	-	[illegible]	37	37		
Total Pain / Agitation Score						0	0	-	-	0	0	0		
Intervention						R		-	-	0	0	0		
Effectiveness						0	0	-	-	0	0	0		
Signature						[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age

+2 if 28 - 31 weeks gestation age / Corrected Age

+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5

Light Sedation: Score = -5 to -2

Pain Score less than or equal to 3 – No Intervention

Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

	Sedation	Pain / Agitation
How to use	• Observe the infant for a minute before selecting a score for each behavior. • Stimulate the infant and observe and select a score for each behavior. • Select only one numeric value (Highest) per behavior.	• Observe the infant for a minute before selecting a score for each behavior. • Select only one numeric value per behavior.
Scoring/ Documentation	• Sedation scores are negative scores only • Add the scores from the 5 individual behavior areas to generate a total NPASS Sedation score. (Do not add points for correcting gestational age) • NPASS Sedation total score has a range from 0 to -10 possible. • Document total NPASS Sedation score in the medical record.	• Pain/Agitation scores are positive scores only • Determine if scoring needs to be adjusted based on the patient's gestational age. See Premature Pain Assessment criteria. • Add the scores from the 5 individual behavior areas and for corrected gestational age (if indicated) to generate a total NPASS Pain/Agitation score. • NPASS Pain/Agitation total score has a range from 0 to 13 possible. • Document the total NPASS Pain/Agitation score in the medical record

Interpretation	• Desired levels of sedation vary according to the situation.
	• Discuss and determine sedation goal with provider.
	  • "Deep sedation": goal score of -10 to -5
	  • Deep sedation is not recommended unless an infant is receiving ventilator support, related to the high potential for hypoventilation and apnea
	  • "Light sedation": goal score of -5 to –2
	• Reassess patient per frequency in local sedation policy
	  • A negative score without the administration of opioids/ sedatives may indicate:
	  • The premature infant's response to prolonged or persistent pain/stress
	  • Neurologic depression, sepsis, or other pathology
		• Does not provide pain intensity rating.
		• Any score greater than 3 indicates the possibility of the presence of pain in the infant
		  • Continue evaluation to determine individualized patient interventions (non-pharmacological and pharmacological).
		  • Reassess patient per frequency of local pain policy.
		  • If upon reassessment, the NPASS pain/agitation total score remains consistent or higher, consider pharmacologic intervention.

HNH-00015793
Baby Of S NIKITHA IP26-00006497
04-06-2026 0Y0M0D0H (F)
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BRADEN 'Q' SCALE

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	• Follow the same protocol as for **"Moderate Risk"** Patients • In addition to regular turning schedule • Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

Patient Sticker

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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:				

Patient Sticker

REGULAR PRESCRIPTIONS

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

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

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

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

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

Patient Sticker

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

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... 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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015793 IP26-00006497 Baby Of S NIKITHA 04-06-2026 0 Y 0 M 0 D 1 H (F) Dr. SINDHURA MUNUKUNTLA	9/6/26	4/6/26
	Transfer Ordered by Dr. Prabhakar	Reason for Transfer observation
From Unit PICU POST	To Unit OT	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 25	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Attached.	

Patient & Clinical Records Received by : Sr. Sandhya

Date & Time of Patient Received : 4/6/26 @10.30 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 ready

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. SINDHURA MUNUKUNTLA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Nikitha Mother's Name: .....

Date of Birth: (2:36PM) 4/6/2026 Time of Birth: 2:36PM Gender: ☐ Male ☐ Female

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

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

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

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: ..... Baby: .....

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36°C °C HR: 156 /Min RR: 46 /Min BP: ..... SpO_2: 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: Anyla Signature: ..... Date &Time: 4/6/26

HNH-00015793 IP26-00006497
Baby Of S NIKITHA
04-06-2026 0 Y 0 M 0 D 0 H (F)
Dr. SINDHURA MUNUKUNTLA

DATE : 4/06/2026

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	N	N	
2	Pre natal teeth	N	N	
3	Anal opening	Patent		
4	Genitalia	N	N	
5	Spine	N	N	
6	Red reflex	Yet to check	Yet to check	
7	4 limb saturation (before discharge)	Yet to check	Yet to check	

Ped.Registrar signature

Ped.Consultant signature