

**DISCHARGE AT REQUEST SUMMARY**

<b>Name</b>	Baby Of PAVITRA NARESH CHAUDARY	<b>UHID</b>	HNH-00016027
<b>Father/Guardian</b>	Mr NARESH CHAUDHARY	<b>Age/Gender</b>	0 Y 0 M 2 D/ Male
<b>Address</b>	107/shradha anand apt, a wing , road no 33, ramchandra nagar , suman jewelrs, jijamata nagar wagle , maharashtra, Wagle Indl Estate, Thane, Maharashtra, INDIA, 400604		
<b>IP No</b>	IP26-00006603	<b>Admission Date</b>	17-06-2026
<b>Ref Doctor</b>	Dr P V S Sivesh		
<b>Discharge Date</b>	19.06.2026		

**DR. S. TEJASWI REDDY**  
MBBS, MD (Paed) DM Neonatology  
CONSULTANT PEDIATRICIAN AND  
INTENSIVIST  
APMC/FMR/94068

**DR. SPANDANA PASUPULETI**  
MBBS, MRCPCH  
CONSULTANT PEDIATRICIAN AND  
INTENSIVIST  
Reg No: 30925

**Diagnosis: TERM 37 WEEKS/ AGA/2.680 KG/ MALE/ CIAB/TTNB**

**History :** Baby Of PAVITRA NARESH CHAUDARY is a term ( 37 weeks ) / AGA / baby boy of birth weight 2.680 kgs, born to G4P1A2L1 mother delivered by elective LSCS (Indication:Prev.LSCS ) on 17.06.2026 at 3:50 pm delivered at Sagarlal hospital ,Musheerabad.. Baby cried immediately after birth. Oronasal suction was done and the secretions were meconium stained. Apgar scores and resuscitation details were 7/10 at 1 min, 8/10 at 5 min, Baby developed respiratory distress after birth for which baby was referred to

Name

Baby Of PAVITRA NARESH  
CHOUDARY

UHID

HNH-00016027

IP No

IP26-00006603

Admission Date

17-06-2026

Rainbow Children's Hospital - for further management.

**Maternal History :** Mrs. PAVITRA NARESH CHOUDARY is a 28 years old G4P1A2L1 mother.

G1 : Present pregnancy, spontaneous conception. She had regular antenatal checkups and antenatal scans were normal. There was no history of UTI/ Abortions/ Hydramnios/ PROM/ Diabetes/ Hypothyroidism/ Hypertension/ Cardiac/ Renal abnormalities/ PIH/ APH/ Oligohydramnios/ Polyhydramnios / Fever. She received calcium, iron supplementation and TT prophylaxis.

**Examination:** At the time of admission baby was eutermic and maintaining saturations at room air. His heart rate was 140/min, respiratory rate was 60/min. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on Admission : 2.680 kgs

Weight on Discharge : 2.72 kgs

Head circumference : 34 cms

Length : 48 cms.

**Investigations:** Enclosed reports.

**NP1:** NP1 done on 17.06.2026 showed Hb was 16.8 g/dl, WBC- 16060 cells/cumm and platelets - 4.17 lakhs/cumm. Blood culture and sensitivity shows no growth after 24 hours of incubation. Blood group B positive.

**NP2:** NP2 done on 18.06.2026 showed Hb was 15.7 g/dl, WBC- 14610

Name	Baby Of PAVITRA NARESH CHoudary	UHID	HNH-00016027
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cells/cumm and platelets - 2.06 lakhs/cumm. CRP was 6 mg/L.

### Chest X ray shows

Mildly increased perihilar and peribronchial markings.

NG tube noted insitu.

Mild left sided rotation of the patient noted.

### 2d Echo shows

- \* Situs solitus levocardia.
- \* Small PDA with left to right shunt.
- \* Good biventricular function.
- \* Left arch, no COA.

### Management:

**RDS/ HMD - Non Invasive Ventilation:** In view of respiratory distress, the baby was transported and brought to NICU and started on HFNC. (Flow- 6lit FiO2: 25%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Initial chest X - ray shows mildly increased perihilar and peribronchial markings. Cord ABG showed pH of 7.35, pCO2 of 44.8 mmHg, pO2 of 47 mmHg, HCO3 of 22.8 mmol/L and BE of -1.4 mmol/L. As the respiratory distress settled, the following day baby was weaned off to room air. Now baby is maintaining saturation at room air without any respiratory distress.

**Culture Negative Sepsis:** Baby was nursed in thermoneutral environment. Baby was screened for sepsis and started on IV fluids and IV antibiotics after sending blood culture. Baby initial hemogram and CRP were normal. Blood culture sent at the time of admission was sterile and IV antibiotics were stopped after 2 days.

Name Baby Of PAVITRA NARESH CHAUDARY UHID HNH-00016027  
IP No IP26-00006603 Admission Date 17-06-2026

**Feeds:** Initially baby was started on OG feeds and gradually increased. The following day spoon feeds were started and as the baby reached full feeds IV fluids were stopped. At present the baby is on spoon feeds and breastfeeding is yet to be started.

**Vaccination:** Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	19.06.2026
OPV	Given	19.06.2026
HEPATITIS B	Given	19.06.2026

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

**Newborn screening advanced / Newborn screening-4 :** Sent on 19.06.2026, report awaited.

**SPO2 : 98 % at room air**

**Red Reflex: Present & Symmetrical**

**Hip Examination was normal.**

Parents are counselled about the nature severity of illness and possible prognosis of the child's condition. They were also counselled about the need for further hospital stay. However parents were unwilling for further management on personal grounds and requested the child to be discharged. Hence child is being Discharge on Request.

<b>Name</b>	Baby Of PAVITRA NARESH CHOUDARY	<b>UHID</b>	HHH-00016027
<b>IP No</b>	IP26-00006603	<b>Admission Date</b>	17-06-2026

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

**Advice:**

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

**Plan:**

- 1. Newborn screening advanced / Newborn screening-4 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. S TEJASWI REDDY on Monday(22.06.26) 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 PAVITRA NARESH CHOUDARY	UHID	HNH-00016027
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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](http://www.rainbowhospitals.in)

  
Registrar/Resident/C.M.O.



**Dr. S TEJASWI REDDY**  
MBBS, MD Pediatrics, DM Neonatology  
APMC/FMR/94068

Term/37~~00~~/AGA  
2.680 kg | CIAB | male  
RDS | IMAB | TTN

R

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RATIBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR  
PART OF RAJESWARA SWAMY CHODDAR'S BHM 80018057, CHEST 411, 10th FLOOR, 28 PM

**Rainbow Childrens Hospital-Himayatnagar**

HNH-00016027

IP26-00006603

Baby Of PAVITRA NARESH

Children's Hospital, Door no. 3-6-267, opp. Cafe niloufer, Old MLA quarters road AP State Housing Board Himayatnagar ,Hyderabad ,Telangana, INDIA ,500029.

17-06-2026

0 Y 0 M 0 D 17 H (M)

Dr. S TEJASWI REDDY

TEL NO :040-48873000

WEB : https://rainbowhospitals.in

**ADMISSION SHEET****Registration Details :**

Admission No : IP26-00006603

Admit Date : 17-Jun-2026

Admit Time : 05:50 PM UHID : HNH-00016027

**Patient Details :**

Patient Name : Baby Of PAVITRA NARESH CHOUDARY

Age : 0 D

Guardian : Mr NARESH CHOUDHARY

DOB : 17-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 107/shradha anand apt, a wing , road no 33, ramchandra nagar , suman jewelrs, jijamata nagar wagle , maharashtra Wagle Indl Estate Thane Maharashtra INDIA 400604

Phone No : 7977803687/ 9491330357

E-mail : 7977803687@gmail.com

**Admission Details :**

Bed Type : NICU

Bed No : NICU2-406

Ward Name : 4F -NICU 2

Room No : NICU2-406

Admission Type : First Visit

**Contact Details :**

Name : Mr NARESH CHOUDHARY

Relationship : Father

Contact Address : 107/shradha anand apt, a wing , road no 33, ramchandra nagar , suman jewelrs, jijamata nagar wagle , maharashtra Wagle Indl Estate Thane Maharashtra INDIA 400604

Phone No : 7977803687

  
Signature**Doctor Details :**

Doctor Name : Dr. S TEJASWI REDDY

Specialisation : NEONATOLOGY

Referral Doctor : Dr P V S Sivesh

Phone No : 8143818234

Co-Consultant :

**Payment Details :**

Deposit Amount : 30000.00

Payment Mode : DC/CC Card

Payor Name : SELFPAY

**ACTIVITY**

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

**G**

Name: -----

UHID No: -----

Consultant: -----

Dept: -----

Date of Admission: -----

Time: -----

Date of Discharge: -----


Time: -----

Room / Bed No: -----


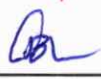
Ward: -----

Suggested Billable bed type: -----

**WARD TRANSFERS**

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

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Dr. Nageswar Rao	18/6/26	7240	
2.	conveys checked by Neurologist on 19/06/26 at 7:18 AM			
3.	Dr. Nageswar Rao	19/6/26	7329	
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
17/6/26	IV placement	①	<del>7186</del>	<del>Ⓢ</del>
Course finished done by Dhaya 18/6/26 SAM				

**ANY OTHER INFORMATION**

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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# CONSENT FOR SPECIAL PROCEDURES



Patient Name : **HNH-00016027 IP26-00006603**  
**Baby Of PAVITRA NARESH** Gender:  Male  Female  
**17-06-2026 0 Y 0 M 0 D 18 H (M)**  
UHID No : **Dr. S TEJASWI REDDY** Department : NICU Date : 17/6/26

I Nareesh choudhary S/D/W/O parithra nareesh

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

For my patient, Named : .....

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

- Pneumothorax
- Nasal septum injury

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

.....  
.....

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

Name of the Doctor performing the procedure: Dr. Spandana

**Patient Attendant :**  
Signature : [Signature]  
Name : Tarun Choudhary  
Relationship with Patient: Uncle  
Date & Time : 17/6/26 @ 7:43pm

**Witness :**  
Signature : [Signature]  
Name : Carina  
Date & Time : 17/6/26 at 7:30pm

**Doctor (who is taking the consent) :**  
Signature : [Signature]  
Name : Dr. Prabhakar  
Date & Time : 17/6/26  
8pm

# CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT



Name: **HNH-00016027 IP26-00006603**  
**Baby Of PAVITRA NARESH**  
 17-06-2026 0 Y 0 M 0 D 17 H (M) ..... Age: ..... Gender: Male  Female   
**Dr. S TEJASWI REDDY**  
 UHID.No **HNH-00016027** Date: **17/6/26**

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

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

- Meconium aspiration
- TTN.

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

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

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

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

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

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

**Patient Attendant :**  
 Signature :   
 Name : **Tarun Chondhary**  
 Relationship with Patient: **Uncle**  
 Date & Time : **17/6/2026 | 6:00 P.M.**

**Witness :**  
 Signature :   
 Name : **Lavini**  
 Date & Time : **17/6/26**

**Doctor (who is taking the consent) :**  
 Signature :   
 Name : **Dr. Prabhath**  
 Date & Time : **17/6/26 6:00 pm.**

...

...

...

...

...

...

# CONSENT FOR FORMULA FEEDS

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



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

UHID No : HNH-00016027 Department : NICU Date : 17/6/26

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

**Patient Attendant :**

Signature : [Signature]

Name : Tarun Chaudhary

Relationship with Patient : Uncle

Date & Time : 17/6/26 6pm

**Witness :**

Signature : [Signature]

Name : Laxmi

Date & Time : 17/6/26 6pm

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr. Prabhath

Date & Time : 17/6/26 6pm

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## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : B Pavithra Age : 28y Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : ..... Referring Consultant : .....  
**Transferring Unit :**  OT  Labour Room  ER  Ward  
**Transported ?**  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : Bb Pavithra Mother's Blood Group : .....  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2680 Length (cms) : 48 cm  
 Date of Birth : 17/6/26 Time of Birth : 3:50 PM OFC (cms) : 34  
 Place of Birth : Sagarika Hospital, M. V. Nagar Estimated Gesth Age : 37wk

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : ..... Ht : 55 Wt : ..... BMI : ..... Married Life : ..... LMP : ..... EDD : .....  
 Conception : Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : .....  
 TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <b>H/o PIH (after 20 weeks) / PE</b> 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 / ADF / REDF / Redistribution in MCA ) / Ductus Venosus : ..... AFI : .....	<b>H/o GDM/ pre GDM/ on diet or insulin</b> Controlled or not, recent values, HbA1 values : ..... Compliance with Rx : ..... Scans : LGA, TIFFA , Fetal Echo : ..... <b>H/o Hypothyroidism : when diagnosed ? Medication?</b> 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 : .....
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**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

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

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

**PERINATAL HISTORY**

Treating Obstetrician : ..... Hospital : Sagar Lal Memorial  Inborn  Outborn

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

**APGAR SCORE**

Gestational Age : 37 Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes

TOTAL

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints : Gy P, L, A<sub>2</sub> (Term 3704) AUA / ?MAS  
Elective LSCS / RDS / male (CEAB) 2.68kg  
(Pre-eclampsia)



Diagnosis : Term (37wks) (AcA) 2.680kg / Male / C IAB,  
RDS / JMAS Electro Sec (Pre-LSC)

**FOOT PRINTS**

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Anusha

Date & Time : 17/6/26

Consultant :

Signature : .....

Name : .....

Date & Time : .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

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

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Baby Of PAVITRA NARESH  
17-06-2026 0 Y 0 M 0 D 19 H (M)  
Dr. S TEJASWI REDDY

**AT THE TIME OF TRANSFER TO THE WARD**

Diagnosis : ..... Term (37w6d) / Cy Pg L A2 / Electro 2500  
..... (122 / 100 / 2.58 / 1.00 / 2.7 / 1.0) / CEAB  
..... (102 / 100 / 1.22 / 1.25) / 2.7 / 1.0

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

- Inj. Vitamin K Inj. Im Star
- Send CBP, CRP, Blood C, VBG
- Blood group
- 2D - Echo
- Inj. PIP 7.5
- 10% Dextrose

Plan during ward follow up : .....

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....



History of Present Illness:

Baby cried Immediately after birth

Oral suction done

liquor - meconium stained.

8-10 - Greenish  
Aspirate



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

APGAR at 1 min - 7/10

8 at 5 min - 8/10

Weight - 3.2 kg

Investigation details in previous Hospital :

Feeding History :



*[Faint handwritten notes]*

Family History : *[Faint handwritten notes]*

Socio Economic History : *[Faint handwritten notes]*

**GENERAL EXAMINATION ON ADMISSION**

General Disposition : *[Faint handwritten notes]*  
*Absent*  
*HR > 100/min*  
*Tone in b/w*

VITALS : Temperature : ..... HR: *140/min* RR: *60/min* NIBP : ..... CFT : .....  
Color of the extremities : .....  
Jaundice : ..... Pallor : ..... SpO2 : .....

Anthropometry : Birth Weight : *2650 gm* Length : ..... HC : ..... Present Weight : .....  
Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....



**HEAD TO TOE EXAMINATION**

**HEAD :** Fontanelles : *— At of Cerv*  
Sutures  
Shape / Moulding :  
Edema / Bruising : *(P)*  
Size - (H.C.) :

**Facies :**  
(Any Facial  
Dysmorphism)

**NECK and  
CLAVICLES :** Range of Motion :  
Asymmetry : *(P)*  
Masses :

**EYES :** Symmetry :  
Red Reflex : *→ to be checked*  
Discharge :

**EARS, NOSE  
MOUTH and  
THROAT :** Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate : *(P)*  
Gums :  
Lips :  
Tongue : *A.S.*

**THORAX and  
BREASTS :** Shape of Thorax :  
Position of Nipples and Number :

**ABDOMEN and  
UMBILICUS :** Shape :  
Organomegaly : *(P)*  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

**GENITALIA :** Labia / Hymen :  
Testicles/penis : *→ male external genitalia*  
Anus :

**HERNIAL ORIFICES**

**TRUNK and SPINE :** *(P)*

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes :  
Arms / Legs : *(P)*  
Deformities :  
Mobility :  
Hip Joint Examination :



**SYSTEMIC EXAMINATION**

**Respiratory System :**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention if baby has Respiratory distress : RR : 60/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 : .....

Spo2 : 96% on 2 L O2 @ 2 L/min Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

**Cardiovascular System :**

HR : 140/min BP : ..... Precordial Activity : .....

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

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

**Abdomen :**

Shape : ..... Hernia orifice : .....

Palpation : ..... Anal Patency : patent - passed meconium

Palpable masses : ..... Umbilical Cord : 2 A, 1 V

Abdominal girth : ..... First urine passed : Not yet passed

Meconium passed : passed meconium

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

State of wakefulness : ..... AS

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 : .....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	S/B Dr. Spondana.	
5:50 pm	Term (37w6d) / AGA / 2-680g / CTAB	
	Male / RPS / 1 MAS.	
	Baby Arthemi	Plan
	Hb-14g/dl	- start HHHFNC 7L flow 25% FiO <sub>2</sub>
	SpO <sub>2</sub> -98%	- IVF 10% Dextrose @ 6-54cc
	on O <sub>2</sub> by NP @ 2L/min	+ 13cc Celeston
	CNS-S <sub>1</sub> S <sub>2</sub> ⊕	- 1sj. PIPTAZ 270mg
	CMT C3K	IV TID
	A-3L-ACC⊕	
	clear	- SOS NIV ventilation
	3/Asol	- Chest X-ray
	CMT:-	- NG Intake
	Spont. movements ⊕⊕	- Monitor vitals
	Cry ⊕.	
	CRBS - 86g/1cc	

Noted by Laxmi  
 17/6/26 @ 6pm

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



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26	S/B Dr. Spondora.	
7pm	Baby LHHHFWC	
—	2DEcho → Small PDA. Stable	21-1. 15/2
	Manting Sahuati	Adv
	Vital stable	1cc @ 2H feed formula
	<del>Por</del>	1cc @ 4Hly
	<del>pt</del>	CT Piptaz
		T/m evening CRP
		CRP.
		Rpt 2D Echo after 48Hly
		Rpt CBG 12am
		↓ T/m 6am.

Noted by Dr. Tejaswi Reddy  
 17/6/26  
 7pm



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
17/06/26 19:00pm	Dr. <u>Spandana</u>	
	Baby delivery - neonatal passed	
	↓	
	Breathing, test	
	↓	
	NICU admission. - <u>HNFC</u>	
	HR/ BP - stable	
	2DEcho - small hole - PDA	
	NO PPHN	
	48 hours after - 2DEcho repeat	
	CRP/CRP Blood culture -	
	report awaiting.	
	<u>ASA chart</u>	
	After 24 hours -	<u>CRP/CRP</u>
	Feeds - starting.	- 1ml - hourly
		Formula with <u>masking</u>
	2-3 days -	neonatal stay - <u>NICU</u>
	if any clinical deterioration -	stay will
		be extended.





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B. Dr. Prabhath	
12 Am		
	T   37W6   AGA   2-680g   CIAB   ♂   TTN   ?MAS	
	Baby stable	
	↓ HH HFNC 6 flow 4	
	-5.5ml.	21-1. FiO <sub>2</sub>
	Lactate 2.4.	on ICC Q24 formula feeds
	passed urine	↑ ICC every 4 feeds
	Did not pass stool yet.	CT. puptax
	V/Eals stable	T/m evening CBP, CRP
	S/E NAD	CBG at 6am T/m
	<del>mo</del>	2D Echo after 48hrs
		↓ HFNC to 5L flow
	noted by Dhanyarathi	
	18/6/26 @ 12 Am	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B. Dr Prabhat.	
8am		
	T   37wk   AHA   2.680kg   CIAB   ♂   TTNB   MAS	
	T.wt Baby LRA	
	2.640kg	
	(40g ↓)	
	accepting 2cc Q4H	
	Nanpro.	
	CBG 6am	
	Paused urine	
	stool.	
	Lactate 1.9 ← 2.4	Adv
	pCO <sub>2</sub> 36.8 mmHg	
	pH 7.43	
	HR 115/min	
	RR 42/min	→ ↑ feeds after rounds
	SpO <sub>2</sub> 99%	1cc Q4H
	BP 59/37(45)	
	S/G NAD	→ CT Diptar
	<u>Prante</u>	→ Evening
		CBP 2 RPL
		CRP
		→ Trace blood /s
		→ 2D Echo T/m
		Ewing
		also by Dhaya 18/6/26 8am

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
18/6/2026	B/o Pavitra	
9:50 am	Baby is <u>stabilized</u> .	
	HFNC → removed from resp. support.	
	Lungs → recover.	
	feeding ↑	Sat. maintain
	2ml / 2nd hly	24 hrs → closely observe
	→	every feed. increase.
	from evening →	spoon feeding.
	Direct feed. →	baby - shift to room side
	Infection → Neg.	
	Evening → CRP } →	Night ↓ Neg.
		(Antibiotic → stop) (P.T.O.)

Dr. Tejaswi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 11:10 AM	S/B <del>Dr. Archana</del> Dr. Tejaswi	
	<del>200</del> (19 hrs of life) / Full term BCLAB/MCH/LSCS (Bwt - 2.65 kgs) TTNB / ? MAS	
	on Room Air	
	No respiratory distress	Adv
	Accepting 5cc/2 hourly	- To increase feeds
	→ Plan to increase feeds gradually	- 1 cc hourly
		- Trial of spoon feeds
		in the evening
	urine & passing adequately	- Trial of direct BF
	stool	once mother is available
	ok	- watch for distress
	vitality stable	- (3) CBP, CRP in the
	SpO <sub>2</sub> - 100% on RA	evening → stop Piptas
	CNS - alert, active	if reports (A)
	CNS - S, S <sub>2</sub> @ M@	- Keep warm
	RS - AEBE, BL clear	- 2D-ECHO tomorrow
	PIA - soft, nt	
	CRP-5	
	CBP (TC - 16.6)	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/8/26	S/B De-Archana	
3pm	23 hrs of life / FIT/BC/MB/	AGALMCH / ITNB / ? MAS
	on Room Air	
	on full feeds	
	No distress	
	No fresh Complaints	Advice
	urine - Passed x2	- Continue full feeds (spoon feeds)
	stool - passed x2	- watch for distress
		- BF trial when mother is available
	sk	- (S) CBP, CRP in the evening
	HR - 120 bpm	- 2D- Echo tomorrow
	RR - 42/min	
	PP - WF	
	CRT < 3sec	
	CIA - good	
	sk	
	RS - DEBE, BL clear	

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 5:20 PM	SIB Dr. Spandana △ Term IAGA/ Male/ TTNB	
	Baby Full term	Plg
	HR-120/min	
	SpO <sub>2</sub> -98% on RA	- SLE- 18-204/244
		- 2D-Echo screening ↳ tomorrow
	CVS-S <sub>1</sub> S <sub>2</sub> @	
	P1-BLL-ACE@	- CF PIPTA 2
	clear	
	PIA 300	- CBP } 6 PM CRP }
	CTA good.	
	Tolmetolip spoon feed.	- Monitor vitals
		- Trace Blood C <sub>1</sub>

Noted by

Pooja 18/6/26

@ 5:20pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 12:40pm	Dr. Spandana	
	Baby is crable	
	HNPC - cannot out	
	<u>AVBA</u>	
	→ CBP/CRP. - depark morning	
	CRP - (5) - normal	
	If today's CRP is also normal / BE - request will stop Abx	
	→ Feeding - Full feeds Green feeds	
	→ Training to mother - spoon feeding	
	after that will shift baby to moon side	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6 9:45pm	<u>CLSB Dr. Prasad / Dr. Prashanthi</u>	
	W - FT / LOS / ASA / 2.6kg / boy / TTNR - MAS	
	Baby skin RA	<u>CRP - 6.3</u>
	Accepting spoon feed.	Plan 1) Spoon feed 20-25ml/d
	Vital HR - 138/min	2) 2D echo - T/m Scream
	SpO <sub>2</sub> - 98%	3) Dig PIPTA 2 till Trace Blood c/s
	RR - 32/min	4) Monitor V/d
	BP - 66/48 (56)	5) Vaccine SBR/MRS } T/m
	R-S - B/2AE ✓	
	RA - Soft.	
	Passing Urin & Stool	
		Prasad
		Noted by prasanna 18/6/26 @ 10 pm

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



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6	<u>CH/BS Dr - Prann / Dr - Prashantha</u>	
6:30 AM		
	Δ - D2 (40102) / FT / SES / HGA / 2-6 kg / Reg / TENS - NOS	
	T-Wt - 2.72 kg	RH
	Self Ventilation on RAH	1) Spoon feed 20-25ml/d
	Tolerating feed	2) 2D echo screening - Today
	Vital	3) Ecg PIPTAZ till blood clt
	HR - 130 h	4) Room Shift
	RR - 22 h	(SBR/MSB Vaccination)
	SpO <sub>2</sub> - 97%	5) Monitor Vital
	R - S - B/AB ⊕	Infus sos
	PIA - Soft	
		Prann

Noted by Nirmala  
 19/6/26 @ 6:35 Am





19/8/2026

### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:45am	Counselling	
→	Baby is taking full feeds.	
→	Repeats → (N)	
→	2D Echo. screening ↓ Shift out the baby.	
	(N) at request if mother not willing to come.	











HNH-00018027 IP26-00006603  
 Baby Of PAVITRA NARESH  
 17-06-2026 0 Y 0 M 0 D 17 H (M)  
 Dr. S TEJASWI REDDY



# 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)

Signature	<b>DRUG :</b>				Date															
					Time															
	Dose	Route	Frequency	Start Date																
	Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																				
Signature	<b>DRUG :</b>				Date															
					Time															
	Dose	Route	Frequency	Start Date																
	Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																				
VERIFIED BY : Name	<b>DRUG :</b>				Date															
					Time															
	Dose	Route	Frequency	Start Date																
	Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																				



**REGULAR PRESCRIPTIONS**

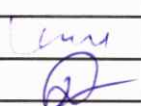
Weight. 2.68 kg.. Ward. ....

<b>DRUG :</b> INS PIPTA 2				Date Time																		
Dose	Route	Frequency	Start Date																			
270mg	I.V	TID.	17/6/26	6 AM																		
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhat																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Date																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Date																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						
<b>DRUG :</b>				Date Time																		
Dose	Route	Frequency	Start Date																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
<b>Daily Doctor's Endorsement by a Sign</b>																						

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	6pm	INS VIT K.	1mg	IM	mf	<div style="border: 1px solid black; padding: 2px;">  </div>

SIGNATURE

VERIFY BY: Name





## INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: 37 Weeks Birth Weight: 2.680 Kg

Date: <u>18/6/26</u>	Date: <u>19/6/26</u>	Date:
DOL <u>D1</u> Weight <u>2.640 gm ↓ 40 gm</u>	DOL <u>D2</u> Weight <u>2.720 gm ↑ 80 gm</u>	DOL Weight
Problems: <u>RDS</u>	Problems: <u>RDS</u>	Problems:
Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>HFNC</u> ABG } CXR } <u>Sas</u>	Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting } ABG } CXR } <u>Sas</u>	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>140-160 bpm</u> BP <u>66/47 Map (55)</u> Cap Refil <u>&lt; 2 sec</u>	CVS <u>Normal</u> HR <u>140-160 bpm</u> BP <u>68/59 Map (54)</u> Cap Refil <u>&lt; 2 sec</u>	CVS HR BP <u>Map</u> Cap Refil
F/E/N T. Fluids <u>99 ml</u> CC/kg/day <u>37.5 cc</u> I/O/RBS: <u>113 mg/dl</u> U Output: <u>100 (CC/kg/hr) 1.57 cc</u> Exam - <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids <u>243 ml</u> CC/kg/day <u>89.3 cc/kg/hr</u> I/O/RBS: <u>76 mg/dl</u> U Output: <u>190 (CC/kg/hr) 2.9 cc</u> Exam - <u>Done</u> 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 Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results  CRP Antibiotics <u>INJ. PIPTAZ</u>	C/s Results  CRP Antibiotics <u>INJ. PIPTAZ</u>	C/s Results  CRP Antibiotics
Med  Neuro:	Med  Neuro:	Med  Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment
Plan <u>GRBS - OD</u>	Plan <u>GRBS - OD</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:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill
F/E/N T. Fluids CC/kg/day I/O/RBS: 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-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-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	Assessment	Assessment
Plan	Plan	Plan

HNM-00016027 IP26-00006603

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



## RESULT SHEET

Date	17/6/26	18/6/26			
Time	6:07pm				
Hb	16.8	15.7			
PCV	45.1	42.6			
RBC	4.51	4.30			
WBC	16.06	14.61			
N/L	72.3/16.7	60.3/28.6			
Platelets	417	206			
CRP	5.0	6.3			
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-00018027 IP26-00006603  
 Baby Of PAVITRA NARESH  
 17-06-2026 0 Y 0 M 0 D 17 H (M)  
 Dr. S TEJASWI REDDY



## 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	17/6/26 E2	17/6/26 N1	18/6/26 M5	18/6/26 N1	19/6/26 M6	
	Medical Condition (Any special condition to be noted):			—	RDS	RDS	RDS	RDS
Diet:			—	—	—	—	—	
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):	—		HFNC	RA	RIA	PIA	—
	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:	36.6°C	36.5°C	36.4°C	36.5°C	36.4°C	—
	Res:	30 bpm	44 bpm	32 bpm	46 bpm	30 bpm	—	—
	SpO <sub>2</sub> :	100%	100%	98%	100%	100%	—	—
	Pulse:	144 bpm	115 bpm	131 bpm	147 bpm	131 bpm	—	—
	BP:	—	66/42(55)	64/43	84/53(77)	—	—	—
	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 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
	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 :	Laxmi		Dhanyavathi	Laxmi	Nirmala	Pooja	—	
Signature / ID :	Laxmi		Dhanyavathi	Laxmi	Nirmala	Pooja	—	
Date:	17/6/26		17/6/26	18/6/26	18/6/26	19/6/26	—	
Time:	8pm		8am	2pm	8am	2pm	—	
Taken Over By Name :	Dhanyavathi		Laxmi	Pooja	Pooja	—	—	
Signature / ID :	Dhanyavathi		Laxmi	Pooja	Pooja	—	—	
Date:	17/6/26		18/6/26	18/6/26	19/6/26	—	—	
Time:	8pm		8am	2pm	8am	—	—	



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	ADL (Dependent / Non Dependent):							
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature / ID :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature / ID :							
	Date:							
	Time:							

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



# BRADEN 'Q' SCALE



Date: 17/6/24 17/6/26 18/6/20 18/8/26  
 Time: 12:00 11:00 18:00 18:00

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> 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	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4

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

<b>TOTAL SCORE</b>	28	28	28	28
<b>Evaluator's Name</b>	Lokesh	[Signature]	[Signature]	[Signature]

Risk Score	Category	Action	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	<ul style="list-style-type: none"> <li>• High density foam mattress</li> <li>• Gel pads for high-risk areas</li> <li>• Alternating pressure mattress overlay</li> </ul>
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	<ul style="list-style-type: none"> <li>• High density foam mattress</li> <li>• Gel pads for high-risk areas</li> <li>• Alternating pressure mattress overlay</li> </ul>
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	<ul style="list-style-type: none"> <li>• High density foam mattress</li> <li>• Gel pads for high-risk areas</li> <li>• Alternating pressure mattress overlay</li> </ul>
Less than 9	Severe Risk	<ul style="list-style-type: none"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	<ul style="list-style-type: none"> <li>• High density foam mattress</li> <li>• Gel pads for high-risk areas</li> <li>• Alternating pressure mattress overlay</li> </ul>

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



# BRADEN 'Q' SCALE



Date: 18/6/26 19/6/26  
 Time: 10:15 10:16

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4	4		
"Activity The degree of physical activity"	<b>1. Bedfast:</b> Confined to bed	<b>2. Chairfast:</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4		
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> 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		
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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		
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4		

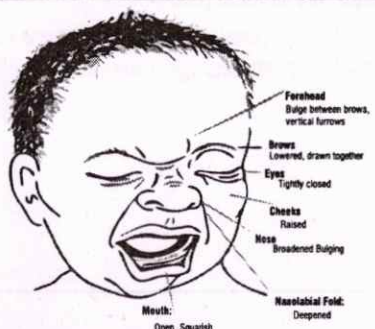
Severe Risk : less than 9 | High Risk : 10-12 | Moderate Risk : 13-14 | Mild Risk : 15-18 | Not at Risk: 19-23

<b>TOTAL SCORE</b>	28	26		
<b>Evaluator's Name</b>	[Signature]	[Signature]		

Risk Score	Category	Action	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “At Risk” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “Moderate Risk” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	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"> <li>• Use same protocol as for “High Risk” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



## 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	18/6	18/6	18/6	18/6	19/6				
						Time	Time	Time	Time	Time	Time	Time	Time	
						R2	21	175	21	26				
						Procedure →								
<b>Crying Irritability</b>	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA				
<b>Behavior State</b>	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA				
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA				
<b>Extremities Tone</b>	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA				
<b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA				
	<b>Premature Pain Assessment: Scoring</b> +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					<b>Gestational Age / Corrected Age</b>	37+ weeks	37+ weeks	37+ weeks	37+ weeks	37+ weeks			
						<b>Total Pain / Agitation Score</b>	-	-	-	-	-			
						<b>Intervention</b>	-	-	-	-	-			
						<b>Effectiveness</b>	-	-	-	-	-			
						<b>Signature</b>	Govinda	Abhishek	Dr. S. Tejaswi Reddy					

## NPASS: Neonatal Pain, Agitation & Sedation Scale

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



## CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	17/6/26 DAY-1			18/6/26 DAY-2			19/6/26 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 cord pyrexia	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 : Name: Bharani

Signature of Ward In Charge :

Signature : Name : Laxmi



# CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 17/6/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
<b>CIRCUIT and BUBBLER:</b>				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✗	✗	
Excess Fainout (Afferent Tubing) Drained		✗	✗	
Excess Rainout (Efferent Tubing) Drained		✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil		✓	✓	
Gas Bubbling Continuously		✗	✗	
Water Level at Desired Level in Bubble Chamber.		✓	✓	
<b>INTERFACE:</b>				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
<b>POSITION:</b>				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	✓	
<b>MONITORING/ SUCTIONING</b>				
SpO <sub>2</sub> Probe Monitoring		✓	✓	
Oro Nasal Suctioning Documentation		✓	✓	
OG Tube in SITU		✓	✓	
Baby Comfortable		✓	✓	
Chest Retractions		✓	✓	
Name of the Nurse:		Laxmi	Prithvi	
Signature of the Nurse:		<i>Laxmi</i>	<i>Prithvi</i>	
Date & Time:		17/6/26	17/6/26	

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

Patient Sticker



# CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
<b>CIRCUIT and BUBBLER:</b>				
Blended Air / Oxygen Gas Supply				
Flow Between 5-7 Litres / Min				
Humidifier Temperature Correct (36.5-37.5°C)				
Humidifier Water Level Correct				
Proper Oxygen Tubing From Blender to Humidifier.				
Tubing Correctly Placed (Position & Leak)				
Excess Fainout (Afferent Tubing) Drained				
Excess Rainout (Efferent Tubing) Drained				
Temperature Probe away from Heat / Cover with Aluminium Foil				
Gas Bubbling Continuously				
Water Level at Desired Level in Bubble Chamber.				
<b>INTERFACE:</b>				
Nasal Prong / Mask Correct Size				
Nasal Prong/ Mask Correctly Placed				
Hat Fits Snugly				
Moustache Suitable and Effective				
Nasal Bridge Intact				
Septum Intact				
<b>POSITION:</b>				
Head Position Correct				
Head Roll - Correct Size and Position				
<b>MONITORING/ SUCTIONING</b>				
SpO <sub>2</sub> Probe Monitoring				
Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
Chest Retractions				
Name of the Nurse:				
Signature of the Nurse:				
Date & Time:				

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