

DISCHARGE SUMMARY

Name	Baby Of G.SWAPNA	UHID	HNH-00015926
Father/Guardian	Mr G.NAGA RAJU	Age/Gender	0 Y 0 M 2 D/ Male
Address	1-9-129/23/C/51, Ram Nagar, Hyderabad, Telangana, INDIA, 500020		
IP No	IP26-00006560	Admission Date	11-06-2026
Ref Doctor	SELF		
Discharge Date	13.06.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
LATE PRETERM (35 weeks + 2 days)/AGA/ MALE/ RH NEGATIVE PREGNANCY/ TRANSIENT TACHYPNOEA OF NEWBORN/ NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of G.SWAPNA is a late preterm (35 weeks + 2 days) baby boy, delivered to a G3P1L1D1 mother by emergency lscs on 11.06.2026 at 01:14

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pm with birth weight of 2.36 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 3/10 at 1 min, 5/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. DR CPAP was given for 10 mins. Early cord clamping done. Fetal presentation was Vertex. In view of respiratory distress, baby was shifted to NICU for further management.

Maternal History: Mrs. G.SWAPNA is a 32 years old G3P1L1D1 mother.

G1 -2021- Emergency PT-LSCS (Ind:Eclampsia with IUD),BBG- unknown- received Inj. Anti-D in postoperative period

G2- 2023-Emergency LSCS at 36 weeks(Ind:scar tenderness in labour),Intra op-Scar dehiscence, Female , 2.8kg, BBG - unknown- received Inj Anti D in postoperative period.

G3- Present pregnancy, Spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of severe PIH with eclampsia was present. No history of Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is O negative. Baby's blood group is A positive.

Examination: Baby was euthermic (36.5°F), euvolemic and was maintaining saturation of ~94% on DR CPAP support. Tachypnoea with grunting noted. On auscultation of chest, air entry was bilaterally equal. Bilateral rhonchi present with subcostal and intercostal retractions. Heart sounds were normal. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Weak Cry and poor activity noted . Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and

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open. All neonatal reflexes were normal.

Anthropometry:

Weight at birth : 2.36 kgs.
Weight at discharge : 2.34 kgs.
Head Circumference : 34 cms.
Length : 48 cms.

Investigations: Enclosed reports.

Blood culture and sensitivity shows no growth after 24 hours of incubation.

Chest X ray shows

Gross rotation noted to right side.
Feeding tube insitu.
Cardiothoracic ratio within normal limits.
No evidence of fracture of the ribs.
No pneumothorax / pleural effusion.
Bilateral mild perihilar streaky markings noted.

Management:

Course during hospital:

Respiratory distress : In view of respiratory distress, baby was shifted to NICU and started on NIPPV. (PEEP: 6, PIP:16, FiO2: 30%). Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Initial chest X ray showed features suggestive of TTNB. Cord ABG showed pH of 7.33, pCO2 of 43.1 mmHg, pO2 of 44 mmHg, HCO3 of 22.6 mmol/L and BE of

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-3.3 mmol/L. As the respiratory distress settled, the baby was weaned off to CPAP mode and later to room air on day 2 of life. Currently, baby is maintaining saturation at room air without any respiratory distress.

In view of Rh negative pregnancy, baby was further evaluated. Cord blood bilirubin was 2.6 mg/dl with indirect fraction of 2.5 mg/dl. hemoglobin of 18 gm%, white blood cell count of 10280 cells/cumm, platelet count of 2.63 lakhs/cumm. C-Reactive Protein of 5 mg/l. Direct coombs test was negative. Reticulocyte count was 4.5 %.

Baby was started on empirical IV antibiotics after sending the sepsis screening. Initial CRP was 5 and CBP showed WBC count 10280 (N/L 54/40). IV Antibiotics were stopped after blood culture report was sterile.

Unconjugated Hyperbilirubinemia: In view of Rh negative pregnancy, cord SBR was sent, which was 2.6. DCT was negative and reticulocyte count was 4.5. Baby was clinically icteric. Hence, started on double surface phototherapy and continued on IV fluids and OG feeds . Phototherapy was stopped on day 3 of life.

Feeding: Initially baby was kept nil by mouth for 6 hours. Gradually OG feeds were introduced which baby tolerated well followed by spoon feeds. At present baby is on demand spoon feeds, which baby is tolerating well.

Vaccination: Baby was given following vaccination:

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Vaccine Name	Status	Date
BCG	Given	13.06.2026
OPV	Given	13.06.2026
HEPATITIS B	Given	13.06.2026

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

Newborn screening advanced / Newborn screening-4 : To be done on follow up.

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

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

Condition at discharge: Baby is pink, warm, active and on spoon 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

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of life).

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

Plan:

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

Review consultation with Dr. SPANDANA PASUPULETI on Monday (15.06.2026) at Himayatnagar with prior appointment **(Review consultation will be charged).**

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

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

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Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / LB Nagar dial just one toll free number **18002122**.

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

Registrar/Resident/C.M.O

Dr. SPANDANA PASUPULETI
MBBS, MRCPC
30925

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 11-06-2026
 Dr. SPANDANA PASUPULETI



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	8			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations	1			
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation				
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)				
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts) ✓				
36	Consent for Admission in PICU / NICU	2			
37	The Humpty dumpty scale				
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Billing	1			
	Others	5			
	Total No. of Pages	31			

Signature and Date : 13/06/26
[Signature] (P.T.O)



ADMISSION SHEET

Registration Details :



Admission No : IP26-00006560 Admit Date : 11-Jun-2026 Admit Time : 02:59 PM UHID : HNH-00015926

Patient Details :

Patient Name : Baby Of G.SWAPNA Age : 0 D
Guardian : Mr G.NAGA RAJU DOB : 11-06-2026 01:14 PM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : 1-9-129/23/C/51 Ram Nagar Hyderabad Phone No : 7702909536/ 8121663210
Telangana INDIA 500020 E-mail : NAGA7880@GMAIL.COM

Admission Details :

Bed Type : NICU Bed No : NICU1-402 Ward Name : 4F -NICU 1
Room No : NICU1-402 Admission Type : First Visit

Contact Details :

Name : Mr G.NAGA RAJU Relationship : Father
Contact Address : 1-9-129/23/C/51 Ram Nagar Hyderabad Phone No : 7702909536
Telangana INDIA 500020

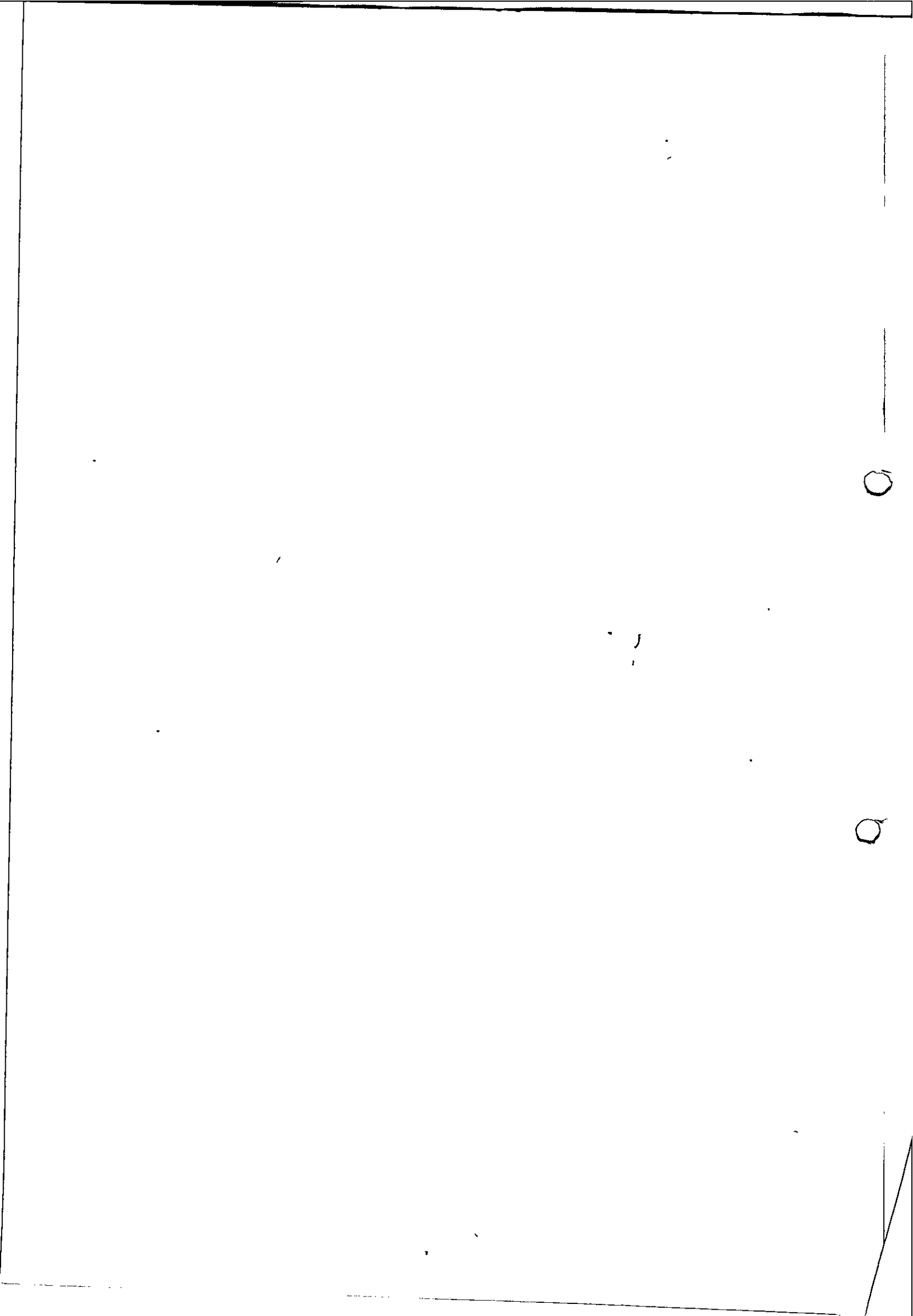

Signature

Doctor Details :


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

Payment Details :

Payment Mode : DC/CC Card Deposit Amount : 10000.00
Payor Name : SELFPAY



PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015926 IP26-00006560 Baby Of G. SWAPNA 11-06-2026 0 Y 0 M 2 D (M) Dr. SPANDANA PASUPULETI 		Date & Time of Admission 11/6/26 @ 8:59 pm	Date & Time of Transfer Order 13/6/26 @ 12:15 pm
		Transfer Ordered by Dr. Spandana	Reason for Transfer AIV
From Unit NICU	To Unit 3 rd floor (315)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 2	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Saipriya / Sai 13/6/26 @ 12:15 pm		Name of Person Ordered Transfer Dr. Saeghem	
Patient & Clinical Records Received by : Sr. Sanchya 13/6/26 1:15 pm			
Date & Time of Patient Received : 13/6/26 1:15 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

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 Baby Of G.SWAPNA
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 Dr. SPANDANA PASUPULETI



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : ----- IP 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
11/6/26	1:30pm	OT	NICU	perjia

Cross Consultation Visit

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

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature
11/6/24	Ev placement	1	6035	pooja
Cross Cleared done by Dhoya 11/6/24 @ 1900				

ANY OTHER INFORMATION

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

Name: B/o G. Swapna Age: 6h Gender: Male Female
UHID.No: HNH-00015926 Date: 11/6/2026

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

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

The doctors have clearly explained to me that my patient B/o Swapna 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 G. Swapna 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 : [Signature]
Name : G. Nagaraju
Relationship with Patient: Father
Date & Time : 11/6/26 at 2PM

Witness :
Signature : [Signature]
Name : Pooja
Date & Time : 11/6/26 at 2PM

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. Prashanth
Date & Time : 11/6/26 2PM

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Dr. SPANDANA PASUPULETI
It takes a lot to treat one wife.



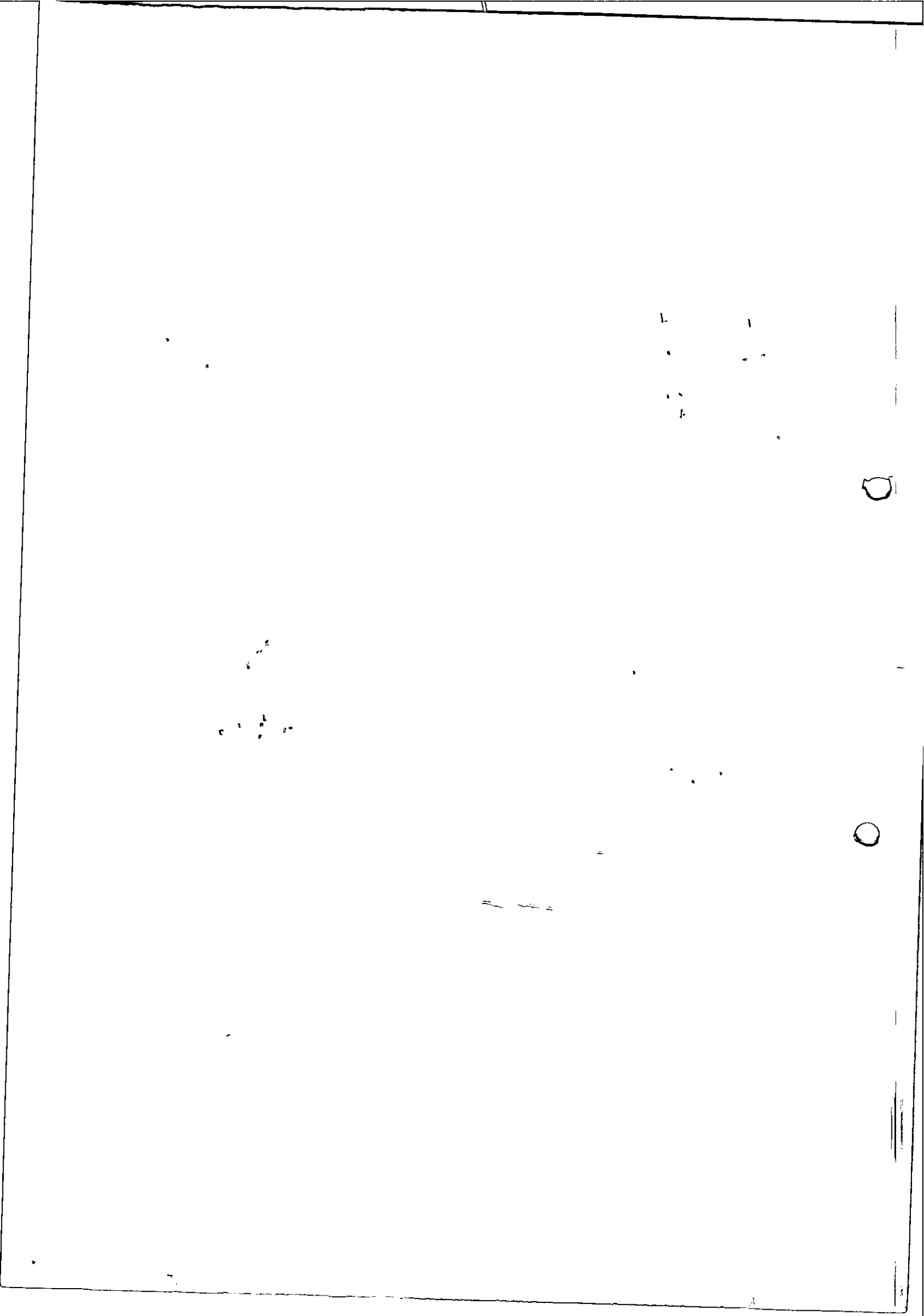
CONSENT FOR FORMULA FEEDS

Patient Name : B/o G. Swapna Age : 6H Gender : Male Female
UHID No : HNH - 00015926 Department : Neonatology Date : 11/6/2026
I Mr / Mrs : Swapna 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 : G. waganajo
Relationship with Patient : father
Date & Time : 11/6/26

Witness :
Signature : [Signature]
Name : Pooj
Date & Time : 11/6/26

Doctor (who is taking the consent) :
Signature : [Signature]
Name : A. Prashanti
Date & Time : 11/6/26



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Baby Of G.SWAPNA
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Dr. SPANDANA PASUPULETI

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o G Swapna Gender: Male Female
UHID No : HNH-00015926 Department : Paediatrics Date : 11/6/2026

I S/D/W/O

Here by give consent for procedure of : NGPAP

For my patient, Named : B/o G Swapna

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

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

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. Tejaswi

Patient Attendant :

Signature : [Signature]

Name : G. Nagaraj

Relationship with Patient: Relative

Date & Time : 11/6/26

Witness :

Signature : [Signature]

Name : [Name]

Date & Time : 11/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Prashanti

Date & Time : 11/6/26

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Swapna . G. Age : 32yr Father's Name : Age :
 Date of Birth : Date of Admission : UHID No.:
 NICU Consultant : Referring Consultant :
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o G. Swapna Mother's Blood Group : O-
 Gender : M F Blood Group : Birth Weight (gms) : 2360g Length (cms) : to be checked
 Date of Birth : 11/06/26 Time of Birth : 1:14 PM OFC (cms) : to be checked
 Place of Birth : RCH Humayatr Nagar Estimated Gesth Age : 35⁺2 wk

Current Obstetric History : (Booked / Unbooked Case) 16/10/25
 Maternal Age : 32yr Ht : Wt : BMI : Married Life : LMP : 23/7/25 EDD : 23/7/26
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : 6/6/26 : 2LUF / 34-35wk / Pl. Posterior / AFI 9.0cm / AFW 2.318kg
Single loop of cord around neck. 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 H/o PIH (after 20 weeks) / PE <u>severe PIH + Edema</u> How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI : <u>9.0cm</u>	H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? 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: 3 P: 2 A: L: 2 D2

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1.					IUD / severe PIH eclampsia	
2.		36wks			& low tendency of delivance in labor.	
3.						

PERINATAL HISTORY

Treating Obstetrician : Dr. Rajani Kumari Hospital : Ret. Hmayaitogor Inborn Outborn

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

APGAR SCORE

Gestational Age : Weeks :

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

1 Minute	5 Minutes	10 Minutes
1	1	1
1	1	2
0	1	2
0	1	1
1	1	1
TOTAL	5	7

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

Comments :
 DR-CPAP for 10min
 FiO2 100%

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



Baby CIAB (weak)
↓
2° Apnea, Colours cyanosed.
& ↓ Movements,
↓
Not responded to stimulation
↓
DR-CPAP given for 10 min -
FiO₂ 100%. PEEP 6 PIP 16.
↓
Cured
↓
vit & given, Cord clamped
↓
Shifted to NICU.
↓

Investigation details in previous Hospital :

-

Feeding History :

-

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(Handwritten notes in this section, including 'CIB' and 'apnea')

Family History :
(Handwritten notes in this section, including 'history of hemoglobinopathy')

Socio Economic History :
(Handwritten notes in this section, including 'history of hemoglobinopathy')

GENERAL EXAMINATION ON ADMISSION

General Disposition :
 Weak CIAB → 2 apnea & cyanosed with severe RD

VITALS : Temperature : HR : 152/min RR : NIBP : CFT : 42s
 Color of the extremities : Acrocyanosis
 Jaundice : Pallor : SpO2 : 90% at 10min after DR CPAP

Anthropometry : Birth Weight : Length : HC : Present Weight : 2360g
 Ponderal Index : AGA : SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD : Fontanelles : }
 Sutures : } None
 Shape / Moulding : }
 Edema / Bruising : }
 Size - (H.C.): To be checked

Facies : (Any Facial Dysmorphism) | N

NECK and CLAVICLES : Range of Motion : | N
 Asymmetry : |
 Masses : |

EYES : Symmetry : N
 Red Reflex : To be checked.
 Discharge : N

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

THORAX and BREASTS : Shape of Thorax : | N
 Position of Nipples and Number : |

ABDOMEN and UMBILICUS : Shape : |
 Organomegaly : | N
 Bowel Sounds : |
 Umbilical Stump : 2A/IV
 Discharge : N

GENITALIA : Labia / Hymen :
 Testicles/penis : → undescended testis.
 Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES : Fingers / Toes : |
 Arms / Legs : | N
 Deformities : |
 Mobility : |
 Hip Joint Examination : |



SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention if baby has Respiratory distress : RR : 80/min SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 90% at 10m Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System : C1,2+

HR : 156/min BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen : Soft

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

Nervous System : Higher intellectual functions (Sensorium) : GNL

State of wakefulness :

Prechtle Score :

Nerves :

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

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

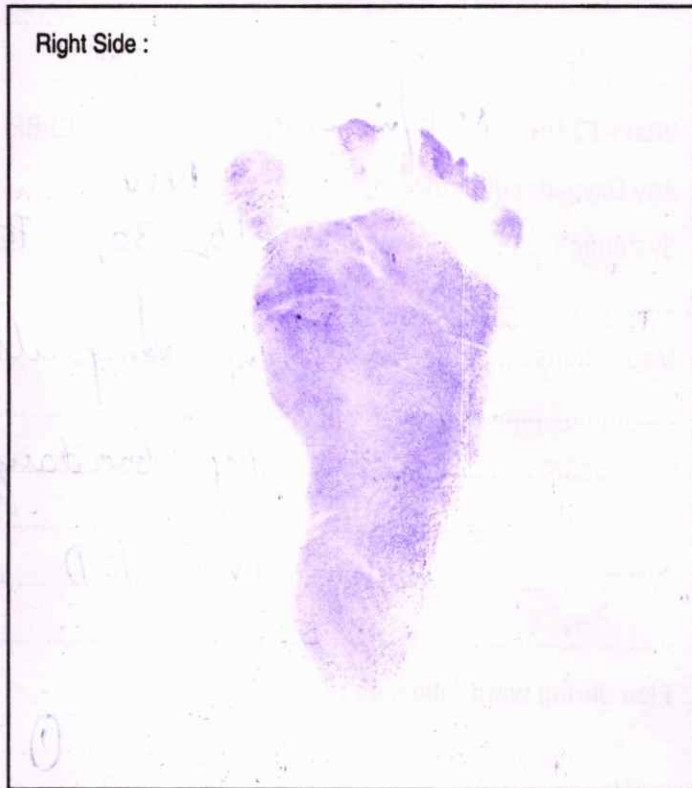
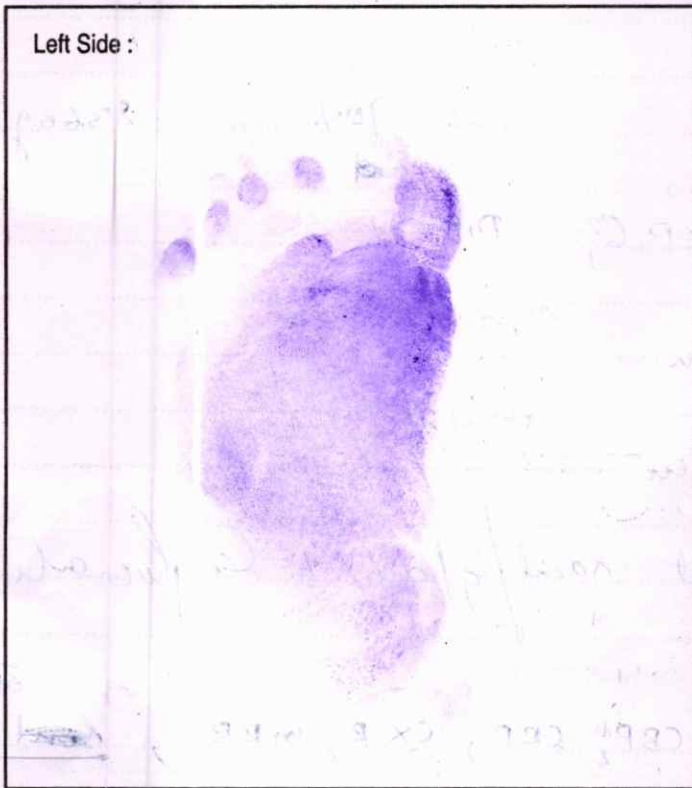
Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

Diagnosis : *G2 P2 / 2 P1 / 35th wk / 2° Apnea / RDS / Rh ⊖ Preg.
 DR-CPAP → NIV*

FOOT PRINTS



Resident Doctor :

Signature : *[Signature]*

Name : *Dr. Paathala*

Date & Time : *11/6/26 12 PM*

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : G2 RLD, 35^{Wk} / 2^o Apnea / RDS? / NIV / IUGR

Present Issues :

Vital : HR : 156/min RR : BP : SPO2 : 90% Weight : 2360g

Any Oxygen requirement : NIV

Systemic : P/a 30, PEEP 6, PIP 16

Medications :
- iv Ampicillin
- iv Gentamycin
- WF 10D at 80ml/kg/day + Cefuroxime

Plan during ward follow up :

(1) CBP, CRP, CXR, G.RBS, ~~Red Blood~~ CLS

(2) DCT, Retic Count, LBR, Baby Blood group.

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PATIENT TRANSFER FORM

Patient Name & UHID No. <i>B/o Swapna.</i>	Date & Time of Admission <i>11/6/26 @</i>	Date & Time of Transfer Order <i>11/6/26 @ 1:40pm</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. Prithvish</i>	Reason for Transfer <i>NIV</i>
From Unit <i>OT</i>	To Unit <i>NICO</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>—</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>S.S. Pujja</i>	Name of Person Ordered Transfer <i>Dr. Prithvish</i>
---	---

Patient & Clinical Records Received by :

[Signature]

Date & Time of Patient Received :

11/6/26 at 1:40pm

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-00015926 IP26-00008560
Baby Of G. SWAPNA
11-05-2025 0Y0M0D6H (M)
Dr. SPANDANA PASUPULETI

PATIENT STICKER



DATE :

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

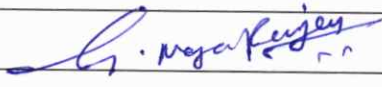
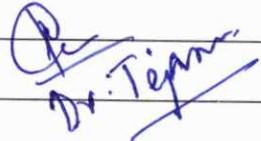
S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate			
2	Pre natal teeth			
3	Anal opening			
4	Genitalia			
5	Spine			
6	Red reflex			
7	4 limb saturation (before discharge)			

Ped.Registrar signature

Ped.Consultant signature



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	<u>Counseling</u>	
2pm Break		
	✓ Gcg (+) → 2° apnea → Dr-CPAP given at birth	
	✓ LPT → 35wk.	
	✓ NICU → kept on NIV	
	↓ If spo, Manting ↓ 24 Hrs CPAP ↓ RA.	↓ If not Manting lungs - Bad ↓ Surfactant to be given ↓ <u>More stay required</u>
	✓ Blood and tests } To be sent. CXR	
	MBG (O ⁻) → DCT, Retec Count, Cord Lactate test	
	✓ Requires time for Clarity	
	 Dr. S. TEJASWINI Registration No: 94068	 Dr. Tejaswini



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026	B/o SWAPNA	
6:20pm	late PT (35 wks).	FiO ₂ → 25%.
	improvement	21%
	24-48hrs take the baby out	No improvement ↓ ventilator surfactant
	Sat → 95% (+)	
	feeding start	
	2ml / 2nd hly.	
	5ml / 2nd hly	Increase the fe
	Dr. Ryan	[Signature]

Dr. S. TEJASWI REDDY
 Registration No. 94068



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order		
12/6/26 12AM	c/s/b Dr. Varun			
	Axis - LPT (35+2wks) / Ag A / Mxk / TTNR/Rh -ve			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">MBG 0-ve</td> <td style="padding: 2px;">BBG A+ve</td> </tr> </table>	MBG 0-ve	BBG A+ve	on CPAP - Maintaining saturation.	
MBG 0-ve	BBG A+ve			
DCT - -ve				
SBR - 2.6				
CRP - 5	- one OG feeds 5ml @ 2H; - tolerating well.			
	- ↓ DCT	Plan - Trace official		
	S/E - HR - 136/min.	DCT, Blood sp/Rh type, Retic. count, Blood c/s.		
	RR - 36/min.			
	SPO ₂ - 96%			
S/E ^{2H} - BAP (+)		- Repeat CBG @ 6am.		
		- ↑ OG feeds to stool next feed.		
		- Ct. Abx		
		- Monitor vitals.		

[Handwritten signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	ds/b Dr. V. Suman	
12/6/26		
7AM	D - LPTL (35+2) / AGA Male / TTNB / Rh-ve pregnancy.	
	- On CPAP $\begin{matrix} 8 \\ \swarrow \\ 21 \end{matrix}$	T.W - B.W - 2360gms.
	- on OG feeds 14ml; tolerating well.	
	- ↓ DSPIT.	
	PE - HR - 158/min. RR - 50/min. SpO2 - 94%.	Plan
		- TxC & official DCT, Blood sp. / Retic. / Blood c/s.
	SPE - WNL.	- CBG now.
		- [↑] OG feeds 3ml Q4H
	MBC / O-ve BBQ A+ve	- Ct. Abx; monitor vitals.
		- Stop IVF once full feeds.
	DCT - -ve SBR - 2.6 CRP - 5	
		Noted by paaji's 12/6/26 7AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	CLSB Dr. Tjani / Dr. Vannu	
8:45 AM	A-LPT / AG / Male / TTN13 / RA -	
	- on CPAP $\left\{ \begin{matrix} 8 \\ 4 \end{matrix} \right.$	- ve pregnancy
	- on CPAP $\left\{ \begin{matrix} 10 \\ 6 \end{matrix} \right.$ / changed to room air @ 8 AM.	
	- Accepting feeds well.	
	PE - HR - 140/min. RR - 40/min. CPAP SpO ₂ - 95% @ RA	Plan - CBG now
	PE - WNL.	- Trau official DCT, Petic, Blood (C), Blood sp.
		- Stop IVF.
		- Change to RA after CBG.
		- Start SFeds.

Noted by Punit
12/6/26
@ 8:45 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026	Counselling	
10:45 AM 11 AM	G. Swapna	
	Baby is doing well.	
	Activity good.	
	Catheterisation - good.	
	CRAP machine removed in the morning.	
	↓ 24hrs (observe).	
	→ feeding → full feed	
	→ full feeds (10-15 ml)	
	↓ Spoon feeding	
	→ Mother → play removal.	
	↓ NICU → feeding baby.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	<p>48/6 - Dr. Prashanti</p>	
	<p>0 - LPT / AGA / ♂ / RDS / Rh neg pregnancy.</p>	
	<p>CPAP weaned to Room Air</p>	
	<p>- Bwt - 2360 Twt - 2380 w/bRAIN +</p>	<p>DCT - neg</p>
	<p>- GA - 35+2 (GA - 35+3</p>	<p>Retic - 4.2</p>
	<p>MBG - 0 neg bBG - A +</p>	<p>B6 ✓</p>
	<p><u>O/E</u></p>	<p><u>Plan</u></p>
	<p>vitals stable</p>	<p>BctS - pending</p>
	<p>HR - 140/min</p>	
	<p>RR - 33/min</p>	
	<p>Sp₂ - 97% on RA</p>	
	<p><u>sg</u></p>	
	<p>Lo - clear</p>	
	<p>CVS } wnl</p>	
	<p>P/A</p>	
	<p>CNB - C, T, A Good</p>	
	<p>icterus (head, Trunk).</p>	

Noted by Anmol
 12/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 4 PM	S/B Dr. Spandana Late preterm / AUA / Rh Negative pregnancy	
	Baby Galiumic	
	Hh - 1361 1361	
	SpO ₂ - 98% RA	
	CVS - 5:15 AM	
	CRTC 3R	Plan
	R - Bic - ACP	
	PIA - 500	- CRP - ^{today} flup
	(TA good)	- c/s - trace
		- plan to stop Abs
		if c/s neg
		- Plan to shift
		to ward side tomorrow
		- ISU S/F 2nd
		+ BSE
		noted by sleepings 12/6/26 9 PM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	c/B. Dr. Prabhath	
10:40am	<p>△ LPT / AGA / Rh ⊕ preg / NNHB</p> <p>Baby ↓ DSPT</p> <p>Euthenic</p> <p>accepts feed</p> <p>paucal</p> <p>No c/o</p>	
	<p>vitals stable</p> <p>PA sxt</p>	<p>Adv</p> <p>Trace CRP</p> <p>(B/C/S)</p> <p>stop Antibiotics ⊖</p>
		<p>- 15CC s/p O2H + DBF</p>
		<p>- CT. DSPT</p>
		<p>- Plan to shift to B/OTM</p>
		<p>Noted by <u>Sanjiv</u> 12/6/26 @ 10:40pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	S/B Dehabhat	
6 AM	Δ LPT / AGA / Rh ⊕ preg / WNH B	
	↓ DSPT.	CRP 5.
	Euthermic	
	+18mL Baby pink	
	accepting 15cc O2H breast	
	pursed lips	Adv
	Vitals stable	- 15cc SF O2H + DBP
		full feed - 25cc
	DSPT	- DSPT Plan to stop DSPT & shift to R/S/T/M
		- Trace Blood c/s
		↓
		Stop antibiotics if ⊖
		Noted by Saipriya
		13/6/26 @ 6 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 9:30 Am	SID Dr. Tejaswi Δ late protein / Rh-ve ^{mother} / AGA / TTNB / NNJ	
	Baby tubercic	Ply DB & SE - 254 2nd
	HA - 138/w Sp O ₂ - 97% on RA	- Shift to room side
	BP - 62/42 (49)	- stop photo therapy
	WS - S, S, ⊕ R - B, A - ⊕	stop IV Antibiotics
	CTA 8001	Vaccination today
	Blood C ₁ - 24w ↓ No growth	
		Noted by Seiprings 13/6/26 @ 9:30 AM

HNH-00015926 IP26-00006560
 Baby Of G. SWAPNA (M)
 11-06-2026 0 Y 0 M 2 D
 Dr. SPANDANA PASUPULETI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	Counselling notes	
10:40 AM	- Shift the baby to room side.	
	- Phototherapy stopped - Intensity	
	- Vaccine for today	
	- Plan discharge today tomorrow	

Swarnaprasanna

Dr. S. TEJASWI
 Registration No: 54563
Dr. Tejan

13/6
 1:30 PM
 plan discharge tomorrow

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6 2:00pm	<p>cls/b Dr. Naipaya</p> <p>LPT AGA TTNB NNS Rh -ve mother</p>	
	<p>on room air.</p> <p>Euthenic.</p> <p>C/T/A - Good</p> <p>Vitals - stable</p>	<p>Plan</p> <p>- DBF + SF 2nd hourly</p>
	<p>RLS - BILAE (P)</p> <p>PIA - soft, NT</p>	<p>- DBF + SF</p> <p>- Vaccination today</p> <p>- monitor vitals</p>
13/6/26 3:18 pm	<p>BCG</p> <p>OPV</p> <p>Hep B - Give 1st</p>	<p>Def.</p>
13/6/26 5PM	<p>cls/b Dr. Venun</p> <p>CPT AGA TTNB NNS</p>	
	<p>on room air.</p> <p>FE - vitals stable.</p> <p>FE - WNL.</p>	<p>Plan</p> <p>- DBF + SPQW.</p> <p>- Vaccination today.</p> <p>Discharge & review on Monday (15/6/26).</p>

REGULAR PRESCRIPTIONS

Weight. 2.360 kg, Ward.

DRUG : INJ. AMPICILLIN				Date Time	11/6	12/6	13/6	
Dose	Route	Frequency	Start Date	11/6	12/6	13/6		
125mg	IV	BD	11/6/26	van X	12/6	13/6		
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath Mater.				upm p... P				5 COP M 13/6
Additional Instructions: Add 4-7 mL DW to 500mg vial 50mg/kg & Make 100mg/mL solution Add 5 mL 0.9% NaCl to make 50mg/mL → 2.5 mL IV over 5-10 min								
Daily Doctor's Endorsement by a Sign								

DRUG : INJ GENTAMYCIN				Date Time	11/6	12/6		
Dose	Route	Frequency	Start Date	11/6	12/6			
12mg	IV	OD	11/6/26					
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhath Mater.				upm p... P				5 COP M 13/6
Additional Instructions: To prepare 10mg/mL 5mg/kg/dose. Take 2 mL & dilute to 8 mL NS (10mg/mL vial) Give 1 mL IV Infusion over 10 min.								
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							

Verified by Dr. Dhakshayami

INTENSIVE CARE UNIT

CAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: A+ positive Sheet No: ①
 Gest Age: 35+2 weeks Birth Weight: 2.360kg

Date: <u>12/6/26</u>	Date: <u>13/6/26</u>	Date:
DOL <u>N/B</u> Weight <u>2.380 kg ↑ 20gm</u>	DOL <u>- 2 day</u> Weight <u>2.340 ↓ 40gm</u>	DOL Weight
Problems: <u>RDS</u>	Problems: <u>RDS</u>	Problems:
Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>CPAP</u> ABG <u>3</u> CXR <u>3</u>	Rs. <u>30-60b/m</u> Exam <u>done</u> Vent. Setting <u>Room air</u> ABG <u>3</u> CXR <u>3</u>	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>138b/m</u> BP <u>65/38</u> Map <u>48</u> Cap Refil	CVS <u>Normal</u> HR <u>148b/m</u> BP <u>58/40</u> Map <u>40</u> Cap Refil	CVS HR BP Map Cap Refil
F/E/N T. Fluids <u>80cc</u> CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>done</u> T. Bil/D Na Hc03 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 <u>done</u> T. Bil/D Na Hc03 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 Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>Inj: Apicilin</u> CRP Antibiotics <u>Inj: Gentamycin</u>	C/s Results <u>Inj: Apicilin</u> CRP Antibiotics <u>Inj: Gentamycin</u>	C/s Results CRP Antibiotics
Med	Med	Med
Neuro:	Neuro:	Neuro:
Assessment <u>done</u>	Assessment <u>done</u>	Assessment
Plan <u>GABBS</u>	Plan <u>GABBS</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

HNH-00015926 IP26-00006560
 Baby Of G.SWAPNA
 11-06-2026 0 Y 0 M 0 D 6 H (M)
 Dr. SPANDANA PASUPULETI



RESULT SHEET

Date	11/6/26				
Time					
Hb	13.0				
PCV	49.8				
RBC	4.90				
WBC	10.28				
N/L	53.5				
Platelets	263				
CRP	5.0				
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					

Patient Sticker

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

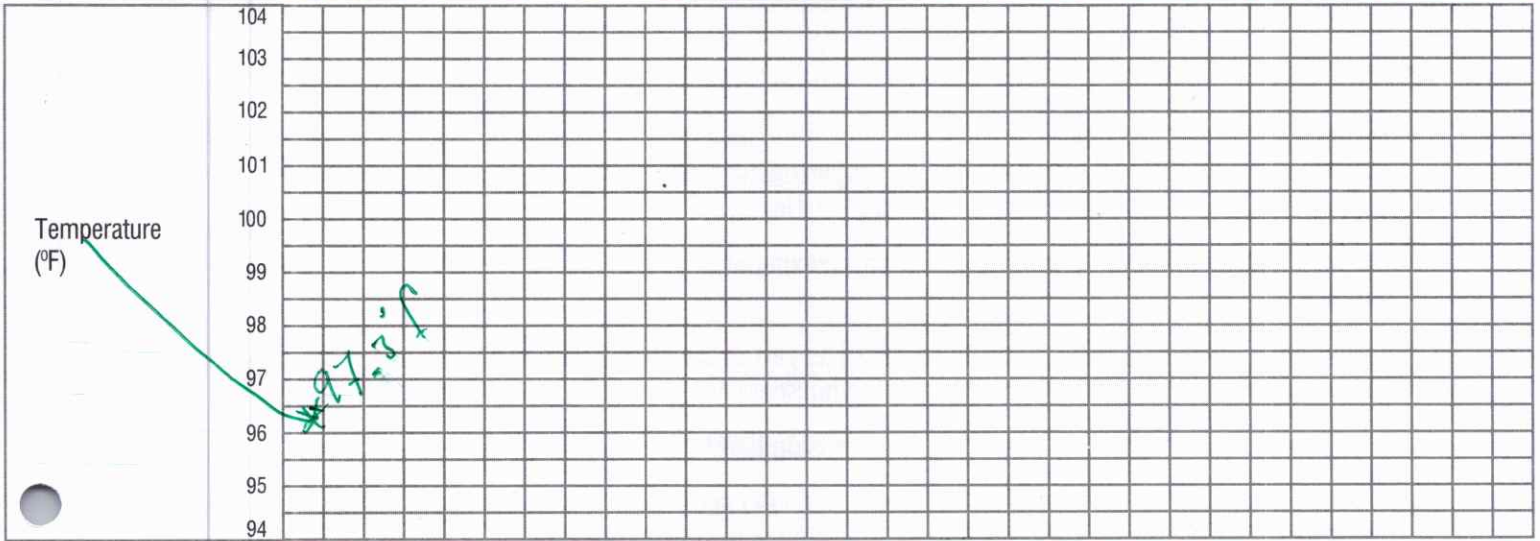
INFANT (<1 year) Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 1:30 PM 6 PM

Doctor/Nurse/Family Concern?



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

Note: BP does not score in early warning scoring

Parameter	Value
Heart Rate (Number)	126 bpm
Blood Pressure (mmHg)	*

Resp Rate (Number)

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

Parameter	Value
Resp Rate (Number)	24 rpm
Sp. Rate (bpm)	

Resp Distress	Mod/ Severe / None / Mild	
Receiving O ₂ (l/min)		
O ₂ Saturations (%)		99%
Conscious Level	Normal / Altered	
GCS *		

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

- If at any time additional help is required, call help \pm 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 is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)

Patient Sticker



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am				NA								
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm				NA								
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area	11/6 ML	11/6 N	12/6/26 MS	12/6/26 N	13/6/26 MS		
	Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS		
ASSESSMENT	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	36.5	36.5°C	36.5°C	36.5°C	36.5°C	
		Res:	47b/m	38b/m	40	38b/m	39b/m	
		SpO ₂ :	97%	96%	95	97%	99%	
		Pulse:	137b/m	134/132/130	139	142/144	139b/m	
		BP:	38/34	54/37/43	50/30			
Fall Risk Score:	-	-	-	-	-			
Pain Score:	-	-	-	-	-			
Recommendations	Safety Needs:	yes	yes	yes	yes	yes		
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:	-	-	-	-	-		
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Special Orders / Medications:	-	-	-	-	-			
Post Operative Procedure Special Orders:	-	-	-	-	-			
Handed Over By Name :	pooja	Ijodhi	pooja	Ijodhi	Saijari			
Signature :	pooja	Ijodhi	pooja	Ijodhi	Saijari			
Date:	11/6/26	12/6/26	12/6/26	13/6/26	13/6/26			
Time:	8pm	8am	8pm	8am	8pm			
Taken Over By Name :	Ijodhi	pooja	Ijodhi	Saijari				
Signature :	Ijodhi	pooja	Ijodhi	Saijari				
Date:	11/6/26	12/6/26	12/6/26	13/6/26				
Time:	8pm	8am	8pm	8am				

Patient Sticker



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Area	Shift Time					
BACKGROUND	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
Fall Risk Score:							
Pain Score:							
Recommendations	Safety Needs:						
	Physiotherapy		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:						
	Special Diet:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Orders / Medications:							
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

Patient Sticker

Ward / Clinic / Unit



NURSING SHIFT HAND OVER FORM / WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known						
	If Yes Specify:		If Yes Specify:						
BACKGROUND	Area	Shift Time							
	Medical Condition (Any special condition to be noted):								
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:	Res:	SpO ₂ :	Pulse:	BP:			
		Fall Risk Score:							
		Pain Score:							
		Safety Needs:							
		Physiotherapy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendations	Others Specify:								
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Special Orders / Medications:								
Post Operative Procedure Special Orders:									
Handed Over By Name :									
Signature :									
Date :									
Time :									
Taken Over By Name :									
Signature :									
Date :									
Time :									

HNH-00015926
 Baby Of G. SWAPNA IP26-00006560
 11-06-2026 0 Y 0 M 0 D 6 H (M)
 Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE



					Date :	11/6	11/6	11/6	12/6/26
					Time :	mc	mc	Ms	
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.	3	3	3	3	
"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.	3	3	3	3	
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3	
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.	3	3	3	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."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
TOTAL SCORE					21	21	21	21	
Evaluator's Name					pa	pa	pa	pa	

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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015926
 Baby Of G.SWAPNA
 11-08-2026
 Dr. SPANDANA PASUPULETI

IP26-00006560
 OYOMOD6H (M)

BRADEN 'Q' SCALE



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

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)
15-18	At Risk	<ul style="list-style-type: none"> • Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> • Use the Same Protocol as for “At Risk” Patients • Position patient at 30 degree lateral incline using foam wedges 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> • Follow the same protocol as for “Moderate Risk” Patients • In addition to regular turning schedule • Make small shifts in their position frequently 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	<ul style="list-style-type: none"> • Use same protocol as for “High Risk” Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 11/6/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		✗	✗	
Excess Fainout (Afferent Tubing) Drained		✗	✗	
Excess Rainout (Efferent Tubing) Drained		✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil		✗	✗	
Gas Bubbling Continuously		✗	✗	
Water Level at Desired Level in Bubble Chamber.		✗	✗	
INTERFACE:				
Nasal Prong / Mask Correct Size		✓	✓	
Nasal Prong/ Mask Correctly Placed		✓	✓	
Hat Fits Snugly		✓	✓	
Moustache Suitable and Effective		✓	✓	
Nasal Bridge Intact		✓	✓	
Septum Intact		✓	✓	
POSITION:				
Head Position Correct		✓	✓	
Head Roll - Correct Size and Position		✓	~	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring		✓	~	
Oro Nasal Suctioning Documentation		✓	~	
OG Tube in SITU		✓	—	
Baby Comfortable		✓	✓	
Chest Retractions		✓	—	
Name of the Nurse:		poorja	Iyanku	
Signature of the Nurse:		<i>[Signature]</i>	<i>[Signature]</i>	
Date & Time:		11/6/26	12/6/26	

*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.

HNH-00015926 IP26-00006560
 Baby Of G. SWAPNA
 11-06-2026 0 Y 0 M 0 D 6 H (M)
 Dr. SPANDANA PASUPULETI



CHECKLIST MAINTAINING CPAP / HFNC / NIV

Date:

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

CPAP stop at 10 AM on 12/6/2026

*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.

MNH-00015926 IP26-00006560
Baby Of G.SWAPNA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI



BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card tpain the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged TPA processing charges Rs.720 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any other bedside equipment's/devices etc. (Detailed list can be taken from billing department).

Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants inquire daily about the bill amount from billing section and pay the outstanding as on that day.

Patient bill outstanding should not be increase more than 10,000/-

You are requested to clear your outstanding amount on daily basis before 12 PM.

MODE OF PAYMENT & REFUNDS

- We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
- All refund more than Rs.2,000/- will be refund through NEFT in three Bank working days.

Name & signature of Patient/Attendant

(Signature of Admission Desk executive)

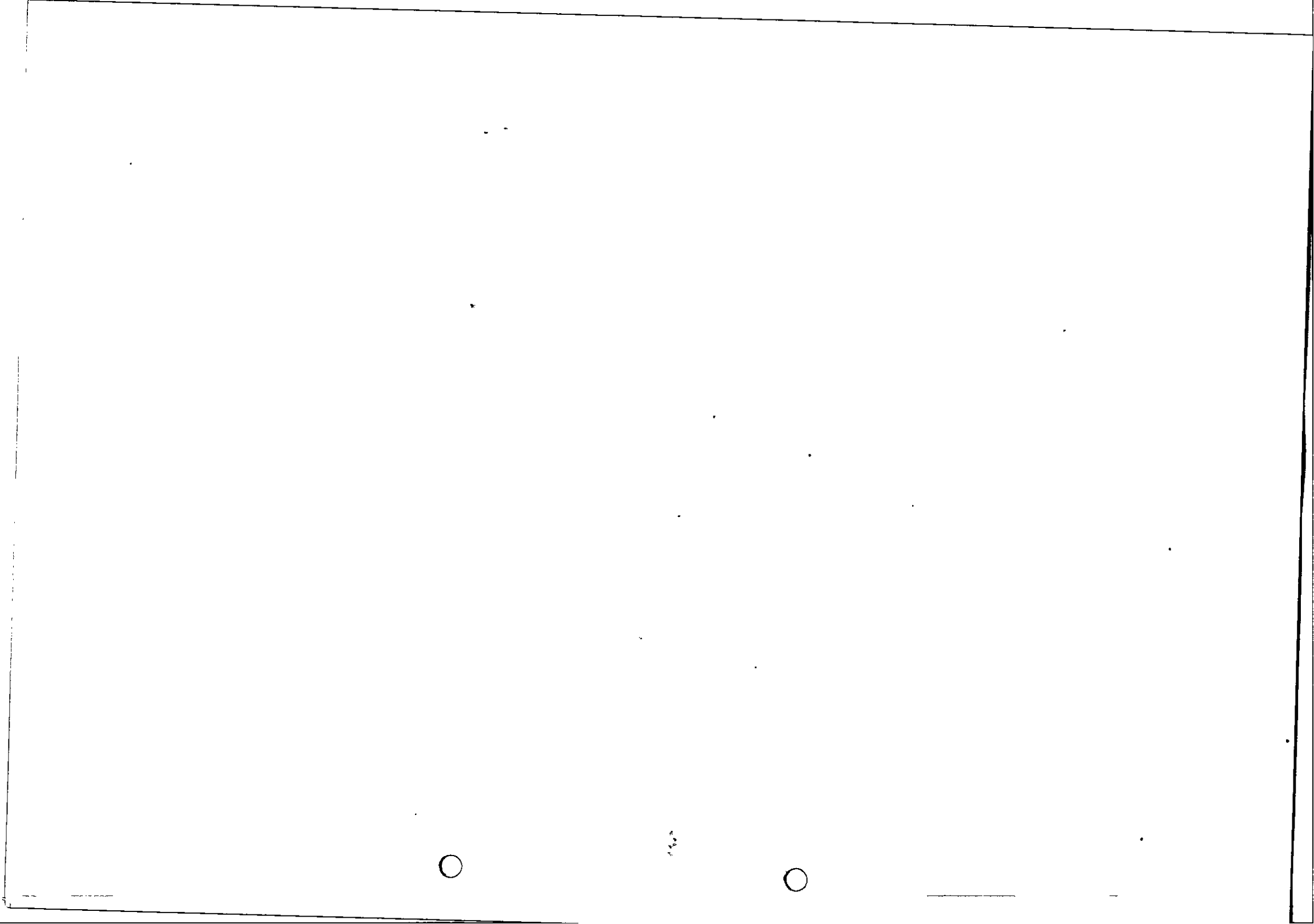
NOTE: Self - attested Govt. ID proof is mandatory whosoever is signing the undertaking.

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

Registered Office: Road No.2, Banjara hills, Near Hotel Park Hyatt, Hyderabad - 500 034, T: +91 40 2233 4455.

Corporate Office: 8-2-19/1/A, Daulet Arcade, Karvy Line, Road No.11, Banjara Hills, Hyderabad - 500 034.

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR
- T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | MARATHAHALLI, BENGALURU - T: +91 80
7111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345, HIMAYATNAGAR- T:- 40 48873000



HNH-00015926 IP26-00006560
Baby Of G.SWAPNA
11-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. SPANDANA PASUPULETI



JW
en's
Hospital
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
At Birth Right, We're Making a Difference.
BirthRight. Making a Difference.

UNDERTAKING FOR BALANCE DEPOSIT

To
The Management,
Rainbow Children's Hospital, Himayatnagar
Hyderabad-500029

Sub:- Undertaking Balance Deposit

I Mr./Mrs./Ms. G. NAGAN RAO (Father/
Mother/ Other _____) of Master/ Baby/ Baby of/
Mrs./ Ms. G. SWAPNA was
bought to your hospital on 11/06/20 at 11.59PM.
Admitted in NICU. Approximate charges deposit details
were explained by the Front office/ Billing executive on duty.
I have to pay the amount of 30k as a caution deposit but for
now I'm depositing 10k. The remaining amount
I'll deposit on at the time of discharge.

Thanking You

G. Nagan Rao

Signature

Name:- G. Nagan Rao

Ph. No.:- 7702909536

