

215
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DISCHARGE SUMMARY

Name	Baby Of MAIMUNA SAFURA	UHID	HNH-00015835
Father/Guardian	Mr MUJTABA	Age/Gender	0 Y 0 M 3 D/ Female
Address	H.NO: 20-6-616., Red Hills, Hyderabad, Telangana, INDIA, 500004		
IP No	IP26-00006521	Admission Date	06-06-2026
Ref Doctor	SELF		
Discharge Date	09.06.2026		

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 (38+6 WEEKS) / AGA/ 3.380/ DELAYED TRANSITION / RDS/ MATERNAL HIGH BMI

History: Baby Of MAIMUNA SAFURA is a term (38 weeks 6 days) / AGA / baby girl of birth weight 3.380kgs, born to G2P1L1 mother delivered by LSCS (Indication : maternal high BMI(Morbid obesity) and oligohydramnios) on 06.06.2026 at 01:59pm. Baby cried immediately after birth. Apgar scores and resuscitation details were 6/10 at 1 min, 8/10 at 5 min. Baby developed

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respiratory distress after birth for which DR CPAP was given for 10 minutes but distress hasnt subsided and hence baby was shifted to NICU - for further management.

Maternal History : Mrs. MAIMUNA SAFURA is a 34 years old G2P1L1 mother. G1 -2018- FT-NVD, Female, 2.4kg, A&H

G2 - Present pregnancy, OI conception

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

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

Examination: At the time of birth, baby cried after ttle stimulation, grunt present, DR-CPAP given for 10 minutes, colour was pale and saturations 92% at room air. Her heart rate was 168/min, respiratory rate was 64/min. Tachypnea and grunt were present. Subcoastal and intercoastal retractions were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Abdomen was soft without organomegaly. There were no obvious external congenital anomalies.

Weight on Admission : 3.380 kgs

Weight on Discharge : 3.210 kgs

Head circumference : 35 cms

Length : 47 cms

Investigations: Enclosed reports.

Hb was 17.5g/dl, WBC- 18010 cells/cumm and platelets - 2.36 lakhs/cumm.

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CRP was 5 mg/L.

Repeat Hb was 16.5 g/dl, WBC- 19340 cells/cumm and platelets - 2.26 lakhs/cumm.

Management:

RDS/ NIV: Baby was nursed in thermoneutral environment, DR-CPAP was given and shifted to NICU. In NICU baby was initially kept on NIPPV and in the night distress was better and hence baby taken on CPAP (PEEP-6, FiO2-21%) . . Cord Blood Gas showed pH of ABG showed pH of 7.23, pCO2 of 64.9 mmHg, pO2 of 23 mmHg, HCO3 of 27.3 mmol/L and BE of -0.2 mmol/L. The following day distress subsided and hence baby removed from CPAP and taken on room air. Now baby is maintaining saturation at room air without any respiratory distress. 2D-Echo was done which was normal.

Sepsis: Baby was started on iv antibiotics after sending blood for culture and sensitivity. Repeat CBP, CRP done on 06.06.2026 which was normal and IV antibiotics were stopped after blood culture was sterile. Blood gas analysis was serially monitored. Transcutaneous bilirubin was done which was normal.

Unconjugated Hyperbilirubinemia: Baby developed jaundice on day 2 of life and hence started on phototherapy. Babys maximum serum bilirubin was 11.7 mg/dl with indirect fraction of 11.6 mg/dl at 30 hours of life. The following day jaundice subsided and hence phototherapy stopped.

Vaccination: Baby was given following vaccination:

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Vaccine Name	Status	Date
BCG	Given	09.06.2026
OPV	Given	09.06.2026
HEPATITIS B	Given	09.06.2026

Feeding: Once baby was hemodynamically stable, she was started on NG feeds, which were gradually increased. The following day spoon feeds were started which the baby tolerated well. Later the baby was shifted to ward and breastfeeding was initiated which she accepted and tolerated well. At present baby is on demand breastfeeds along with spoon feed, which she is tolerating well.

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

Newborn screening advanced / Newborn screening-4: Sent on 09.06.2026, report awaited.

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

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

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

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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/ Thyroid function test : report to collect 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 Thursday(11.06.26) 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 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.

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Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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


Registrar/Resident/C.M.O

DR. SPANDANA PASUPULETI

MBBS, MRCPCH

CONSULTANT PEDIATRICIAN AND INTENSIVIST

Reg No: 30925

DR. S. TEJASWI REDDY

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ACTIVITY RECORD FOR BILLING

HNH-00015835 IP26-00006521
Baby Of MAIMUNA SAFURA
06-06-2026 0 Y 0 M 0 D 9 H (F)
Dr. SPANDANA PASUPULETI

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
6/6/26	3pm	OT	NICU	<i>[Signature]</i>
8/6/26	5:30pm	NICU	WARD	<i>[Signature]</i>

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	Ru placement	①	4848	Dheya
	Cross checked done by Dheya			7/6/26
				@9am

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : B Maimuna Safura Age : Father's Name : Age :
 Date of Birth : Date of Admission : 26/6/26 UHID No. :
 NICU Consultant : Dr. Spandana 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 Maimuna Safura Mother's Blood Group : A' Positive
 Gender : M F Blood Group : Birth Weight (gms) : 30380g Length (cms) :
 Date of Birth : 6/6/26 Time of Birth : 1:59 PM OFC (cms) :
 Place of Birth : Rainbow Estimated Gesth Age : 38 + 6

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 34 yrs Ht : Wt : 130kg BMI : High BMI Married Life : LMP : 15/9/25 EDD :
 Conception : Spontaneous or with Rx : Sr
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : SCUBG, oligohydramnios / EFW - 3.1 kg
Doppler - (N) TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : 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 :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



PAST OBSTETRIC HISTORY

P: A: L:

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Padmaja Hospital : 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 checked="" type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : <u>⊖</u></p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : <u>7.28</u> <u>PCO₂-64</u></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
	<u>1</u>	<u>2</u>	
	<u>2</u>	<u>2</u>	
	<u>1</u>	<u>1</u>	
	<u>1</u>	<u>2</u>	
	<u>1</u>	<u>2</u>	
TOTAL	<u>6/10</u>	<u>8/10</u>	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP	<u>✓</u>	<u>✓</u>	
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



Baby cried after tactile stimulation
↓

GRUNT (+), Nasal flaring (+)

N-CPAP given for 10 minutes

Vitals - SpO_2 - 92%, RR - 64. HR - 168

↓

Cord clamped & cut

↓

Reg. vit-k given

↓

Croot (+) Nasal flaring (+)

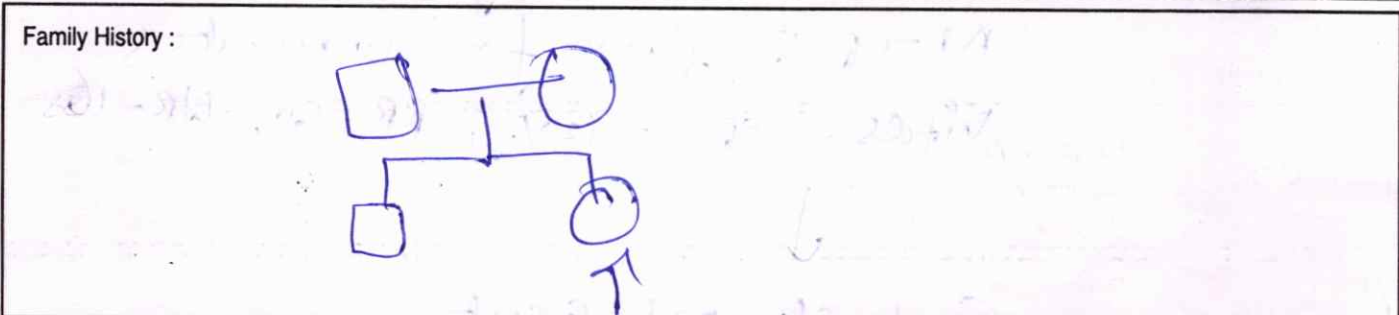
Shifted to NIV.

Investigation details in previous Hospital :

Feeding History :



[Faint handwritten notes]



Socio Economic History :

[Faint handwritten notes]

GENERAL EXAMINATION ON ADMISSION

General Disposition :

+ | AGA | 3.380kg | delayed transition | GM LSCS
 Maternal high BMP.

VITALS : Temperature : 36.5°C HR : 132 RR : 54 NIBP : CFT : C3sec

Color of the extremities : _____

Jaundice : (C) Pallor : (C) SpO2 : 92%

Anthropometry : Birth Weight : 3.380kg Length : _____ HC : _____ Present Weight : _____

Ponderal Index : _____ AGA : (C) SGA : _____ LGA : _____



HEAD TO TOE EXAMINATION

HEAD : Fontanelles :
Sutures :
Shape / Moulding : (N)
Edema / Bruising :
Size - (H.C.) :

Facies :
(Any Facial Dysmorphism) (N)

NECK and CLAVICLES : Range of Motion :
Asymmetry : (N)
Masses :

EYES : Symmetry :
Red Reflex : Yet to be done.
Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape : (N)
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate : No cleft palate
Gums :
Lips : (N)
Tongue : (N)

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

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : 24+IV
Discharge :

GENITALIA : Labia / Hymen : (N) female genitalia
Testicles/penis :
Anus : Patent

HERNIAL ORIFICES (N)

TRUNK and SPINE : (N)

SKIN LESIONS : (N)

EXTREMITIES : 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 : 64 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 : 91% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 162 BP : Precordial Activity : (+) (+) (+)

Femoral Pulses : W F Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure : (-)

Abdomen :

Shape : Hernia orifice :

Palpation : Soft non distension Anal Patency : Patent

Palpable masses : Umbilical Cord : 2A + 1V

Abdominal girth : First urine passed : Passed

Meconium passed : (-)

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

(+)

Motor System :

Passive Tone : (+)

Active Tone : (+)

Neonatal Reflexes : (+)

Grasp : Palmar Plantar Sucking Rooting Crossed adductor

Moro's : DTR : (+)

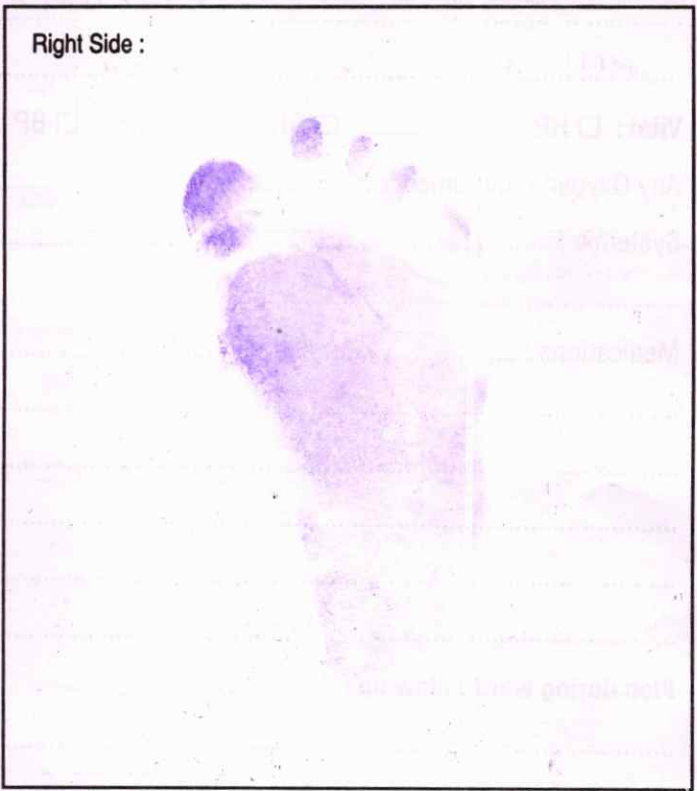
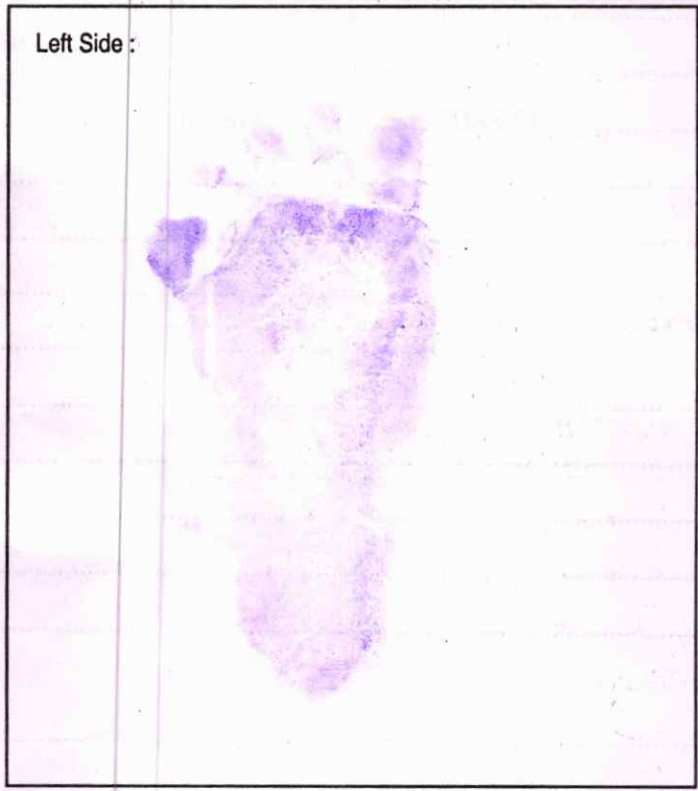
ATNR : Skull and Spine : (+)



Any Congenital Anomalies :

Diagnosis : T1 ACA / 2.380kg / Female / delayed transition / RDS
maternal High BMI / 5m LBS.

FOOT PRINTS



Resident Doctor :
Signature : Deef
Name : Dr. Naipunya
Date & Time : 6/6/26

Consultant :
Signature :
Name :
Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the 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.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : *Asphyxia neonatorum, Hypoxic Ischemic Encephalopathy (HIE), Moderate to Severe, with secondary generalized tonic-clonic seizures.*

Present Issues : *Seizures, Hypotension, Hypothermia, Hypoglycemia, Acidosis.*

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

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up : *Shifted to NICU.*

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :
NSG :
Hearing Screen :
ROP :
TFT :
NP2 :

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 Baby Of MAIMUNA SAFURA
 06-06-2026 0 Y 0 M 0 D 2 H (F)
 Dr. SPANDANA PASUPULETI




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6	<u>CLSLB Dr. Spandana</u>	
3:00 PM	T / ACA / 3.380 kg (38+6)	Plan. delayed transition RDS Mated High BM
	Em. LSCS.	
		<u>Plan</u>
	ON NIV.	
	PEEP - 6.	- CBP, CRP.
	PIP - 16.	Blood C/c.
	FiO2 - 21%.	CXR.
	RIS - BIL AT(+)	- Cont NIV.
	PIA - soft, NT	- IVF 60ml/kg, 10% D.
		- Rx Ampicillin
		- Rx Gentamycin
		VRC. after at 5:00 PM.
		-

noted by nursing
~~6/6/26~~
 3:00 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 4:20pm	<u>Concellij Note</u>	(Dr Spandana)
	- Baby had Respirate distress	start on Resp support NIV.
	- Doing serial <u>VBG</u> ↓ according ↓ we try to taper respints supp NIV → CPAP → S/NCP/Room air.	
	- Heart Rate ↓ fine. Bp	
	- once @ VBG - try to start feeds.	
	- send basic Investigation.	
	- Baby started on Antibiotic.	
	- Echo planing - Monday. Need min 3-4 day NICU stay shifting - play - Tuesday/Wednesday.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	C/S/b Dr. Spandana Kumar	
11PM		
	Term / AHA / RDS /	
	on NIV.	
	SpO ₂ - 104% / min.	Plan
	RR - 36 / min.	- Ct. NIV.
	SpO ₂ - 105%.	- Ct. IVF @ 60ml/kg.
	SpE - WNL.	- Ct. Abx.
		- Monitor vitals.
6/6/26 12:30A	S/B Dr. Prashanth T/A/A/RDS ↓ NIV Vitals stable	
	CBG	Add
	pO ₂ - 29.6	→ CT NPO
	pH - 7.29	→ Slight to CPAP
	Lactate 5.9	→ Gam CBG



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/2/26	S/B Dr Prabhath.	
7 AM		
	T(38.6°C) / AGA / 3.380 kg	delayed transition / RDS
	Mat. High BMI	
	Baby ↓ CPAP.	
	Balance: balance	
	+16 mL	FiO ₂ 21% PEEP 6
	stable	Adv
	on NPO	- Trial off CPAP after
	6 am CBG	further order
	Lactate 3.6	O/E Vital
	PCO ₂ 32.7	stable
	Baby pink	- ↑ TV to 80 mL/kg
	PA 85%	after med.
		- CT Ampicillin
		Gentamycin
	NO	

alokel by swipath
7/2/26
@ 7 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	SIB Dr. Spandana	
10:30 AM	T ₁ (ABX) PICU AB 13.3804	
	TTND / Natural High BMT	Pl ₂
	Baby Eutermic	
	HR - 160/min	2x D.H. feed 2ml/2hr
	SpO ₂ = 96% on RA	LFT 2ml every 4hr
	CVS - S ₄ S ₂ @	IVF 10% Dextrose
	CRT C3K	@ 8:50 AM
	P1-BK - ALFO	↓
	PIA to W	↑ 10ml/hr in the
	CTA good	every @ 6 PM
	1/5-6	
		<p>admitted by Spandana 2/6/26 10:30 AM</p>

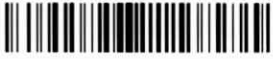
Counselling notes



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 11 AM	Bio Mainen Sahur.	
	- OA feed to be started today	
	- off CPAP today	
	- Every CRP, CRP- to be done	
	- To continue IV Antibiotics	
	- All Blood CG - 48h is Negative	
	- Feeds to be increased gradually.	

Dr. Spandana Pasupuleti
 Consultant Neonatologist and Pediatrician
 Reg. No: 30925



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26	w/B Dr. Thanni	
3pm	term #4# TTNB.	
	- on room air	
	- Paring nines	
	steals ✓	
	- tolerating feeds well.	
	<u>OLE</u>	
	vitals : HR : 120 bpm	Plan
	RR : 42 bpm	1) send USP, CKP
	SpO ₂ : 100%	2) ct. on feeds - 6ml/2ndh
	Bp : 65/44 (51)	↑ 2ml every 4th h
	SLE - (N)	3) ct. antibiotics
		until bloods report
		4) monitor vitals.

Noted by Supriya
 7/6/26
 (N) 3pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 2 AM	SIB Du/Singh D Ten (AAA) TTMB	P6
	Baby Fekuni - HA - 130/m SpO2 - 98% on RA	OG feeds - 8ml/2h ↑ 2ml every 4h - CF IV Antibiotic - Monitor vitals
	CVS - S1S2@ CART3K M - 3K - ACF@	- IV Fluids 10% Dextrose @ 6.3ml
8/6/26 7:30am	<u>U/S re-Mainu</u> <u>TTMB</u>	
	- feeds ✓ - urine - - stools ✓ <u>o/e</u> HR: 135bpm RR: 55bpm SpO2: 100% BP: 75/49 S/E - normal P/A - syst	<u>Plan</u> 1) 04 feeds 11ml/2h ↑ 2ml every 4h - 2) ct. antibiotics till blood cl report 3) ct. IVF. 4) monitor vitals 5) 2D echo now Abused by surp 8/6/26 2 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	<u>S/B Dr Prabhat</u>	
12pm	T AG4 TTNB.	
	Baby ↓ RA	+ 77ml.
	accepting feed	
	acc : feed 1500 @ 2H	
	passed 7/15	<u>Adv</u>
	O/E vitals stable	① SF. full feed
	AF OSP	Next 1500 1700
	PA Soft	
	PA	② CT antibiotics
		fil Blood cl
		③ SBR CRP
		factor
		④ SBR } 4840L
		WBC advised
		⑤ Plan to shift out
		by evening if needed

Covelling

HNH-00015835 IP26-00006521
Baby Of MAJUNA SAFURA
06-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI



RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	By Antibiotics 3/0 Mammogram	
12:20 pm		
	7 seig feeds	
	2000 cc OG feeds	after full feed → MS ^{Shuff}
	CRP, CRP today,	SBR at 48 H O L
		NBS. Advance
	Blood c/c pending of	⊖ Stop Antibiotics
		<u>Mphd</u>
	P.S	

Dr. Spandana Pasupuleti
Consultant Neonatologist and Pediatrician
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6 3 pm	<p><u>CLSB Dr. Pranav</u></p> <p>Le 8/11/26</p> <p>3' 10" / Turn / ASA / Gnl / C/MS - T + NBS / 3-38 kg / Mat-high / 80'</p>	
	<p>Baby active</p> <p>C } T } Good A }</p>	<p>Pln</p> <p>1) Fed - 17-20ml/d</p>
	<p>Accepting spoon feed - 15-18ml/d</p>	<p>2) ct - Abx (Ampicillin) till 48hr of Gungu</p>
	<p>Vital</p> <p>HR - 105/min</p> <p>SpO₂ - 100%</p> <p>RR - 42/min</p> <p>BP - 77/57(62)</p>	<p>3) CBR } now EBR + NBS</p> <p>4) Shifting to Mother's side</p> <p>5) Monitor vital</p>
	<p>Passing urine + stool</p>	
<p><u>NBS</u> <u>Sum</u> <u>Pranav</u></p>		
9/6 2:00 AM	<p><u>CLSB Dr. Naipya</u></p> <p>SBR - 11.7 mg/dl</p>	<p>plan</p>
		<p>- start DSPT</p>
		<p>- DBF 2nd hour</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26	c/s/B - Dr. Prashanti / Dr. Nayanya	
BAM	A - Term / AGA / ♀ / TTNB / But / malonal 38+6 / CIAB / 3-38 / pinky	
	Mol - 66 hrs Bwt 3380 gwt 3220 Twt 3210 ← 10gwt loss 5-f	Plan
	Baby is Active urine ✓ stool ✓	1) 25 ml Q24 (DBF + SF)
	on DSPT	2) ct Ampicillin Gentamycin] P4
O/E HR - 110/min RR - 38/min SpO ₂ - 98% on RA BP - 80/60 mm Hg		3) ct DSPT NIB 4 number Purli
S/E C.T.A - Good		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 10 AM	c/s/by <u>Dr. Ryan</u>	
	<u>not for spl.</u>	
		- ct <u>Aspt</u>
	<u>vital</u> stable	- stop Antibiotic
		If Bldts - <u>NS</u> 4811
	<u>s/e</u>	
	NAD	- Vaccinate tock.
	c/TA - good	- Monitor vitals
		- <u>Evening</u> Disch. @ Regd.
	BCG	
	Opv	
	Hep-B } given	
		Dr. Ryan

Dr. S. TEJASWI REDDY
Registration No. 24068

INTENSIVE CARE UNIT
AL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Baby's Blood Group: Sheet No: **1**

Gest Age: Birth Weight:

Date: 7/6/26	Date: 8/6/26	Date: 9/6/26
DOL D1 Weight 3.220 kg	DOL D2 Weight 3.220 (Sw)	DOL Weight 3.210
Problems: RDS	Problems: RDS	Problems:
Rs. 30-60 bpm Exam Done Vent. Setting (MIV) ABG Done CXR Done	Rs. 30-60 bpm Exam Done Vent. Setting Room/Air ABG CXR Done	Rs. Exam Vent. Setting ABG CXR
CVS Normal HR 130-160 bpm BP Map (3) Cap Refil 25cc	CVS Normal HR 130-160 bpm BP Map Cap Refil 25cc	CVS HR BP Map Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: [111 mg/dl] U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: [62 mg/dl] U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 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 Ampicillin	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment Done	Assessment Done	Assessment
Plan GRBS - DD	Plan GRBS - DD	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 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	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	C/s Results	C/s Results
CRP Antibiotics	CRP Antibiotics	CRP Antibiotics
Med	Med	Med
Neuro:	Neuro:	Neuro:
Assessment	Assessment	Assessment
Plan:	Plan	Plan

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 Dr. SPANDANA PASUPULETI



RESULT SHEET

Date	6/6/26	7/6/26			
Time					
Hb	17.5	16.5			
PCV	48.9	45.3			
RBC	5.52	5.21			
WBC	18.01	19.34			
N/L	38.9, 49.3	58.0, 28.7			
Platelets	236	226			
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					



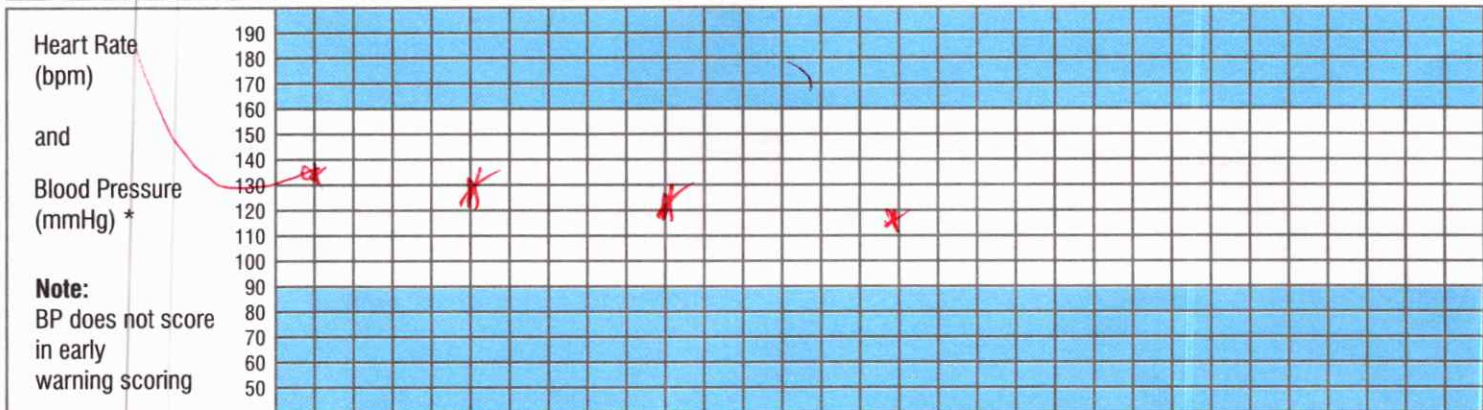
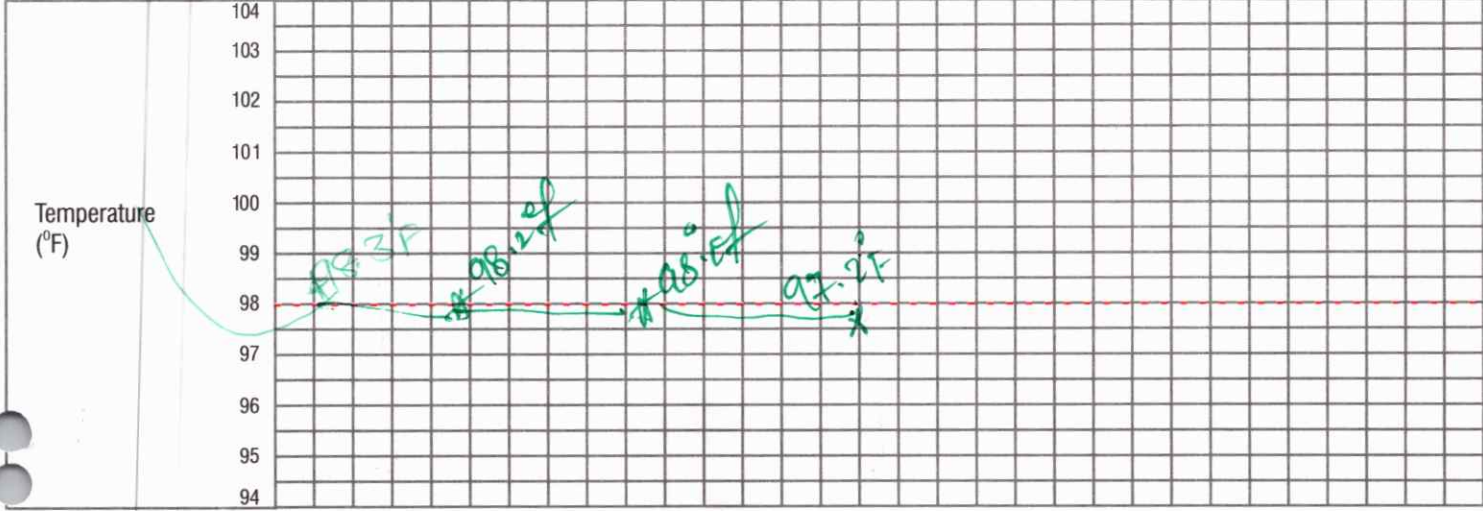
INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



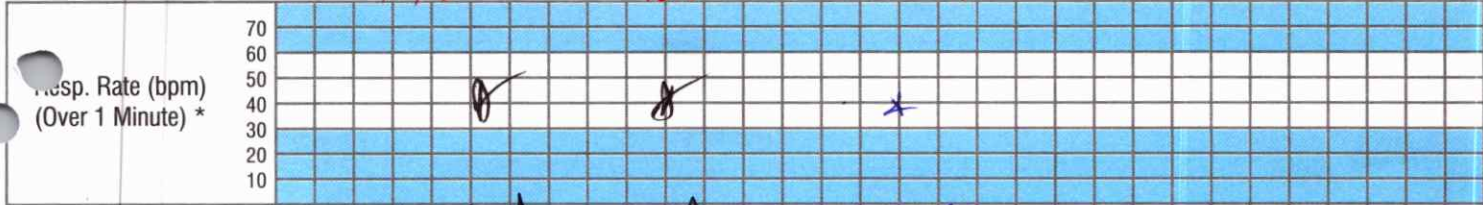
EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 8/6/26 Time: 6 PM 10pm 2am 6am

Doctor/Nurse/Family Concern? _____



Heart Rate (Number) 138b/m 130 120 106b/m



Resp Rate (Number) 38b/m 40 40 22b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 0 0 0 0

Conscious Level Normal / Altered

GCS * 15/15 15/15 15/15 15/15

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

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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



FLUID CHART

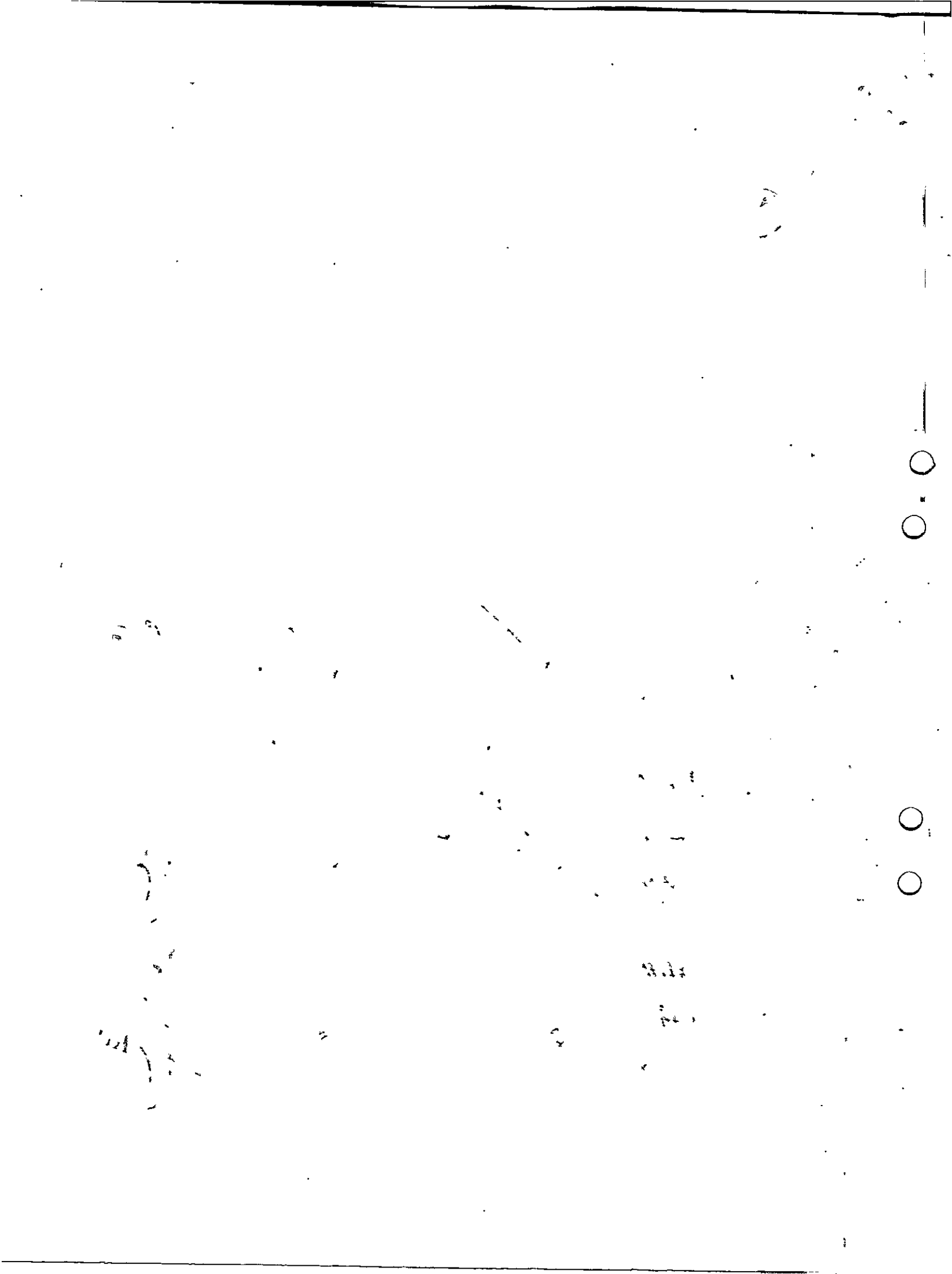
Sheet No. : 7

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

Total 24 hrs. Intake

Total 24 hrs. Output



FLUID CHART

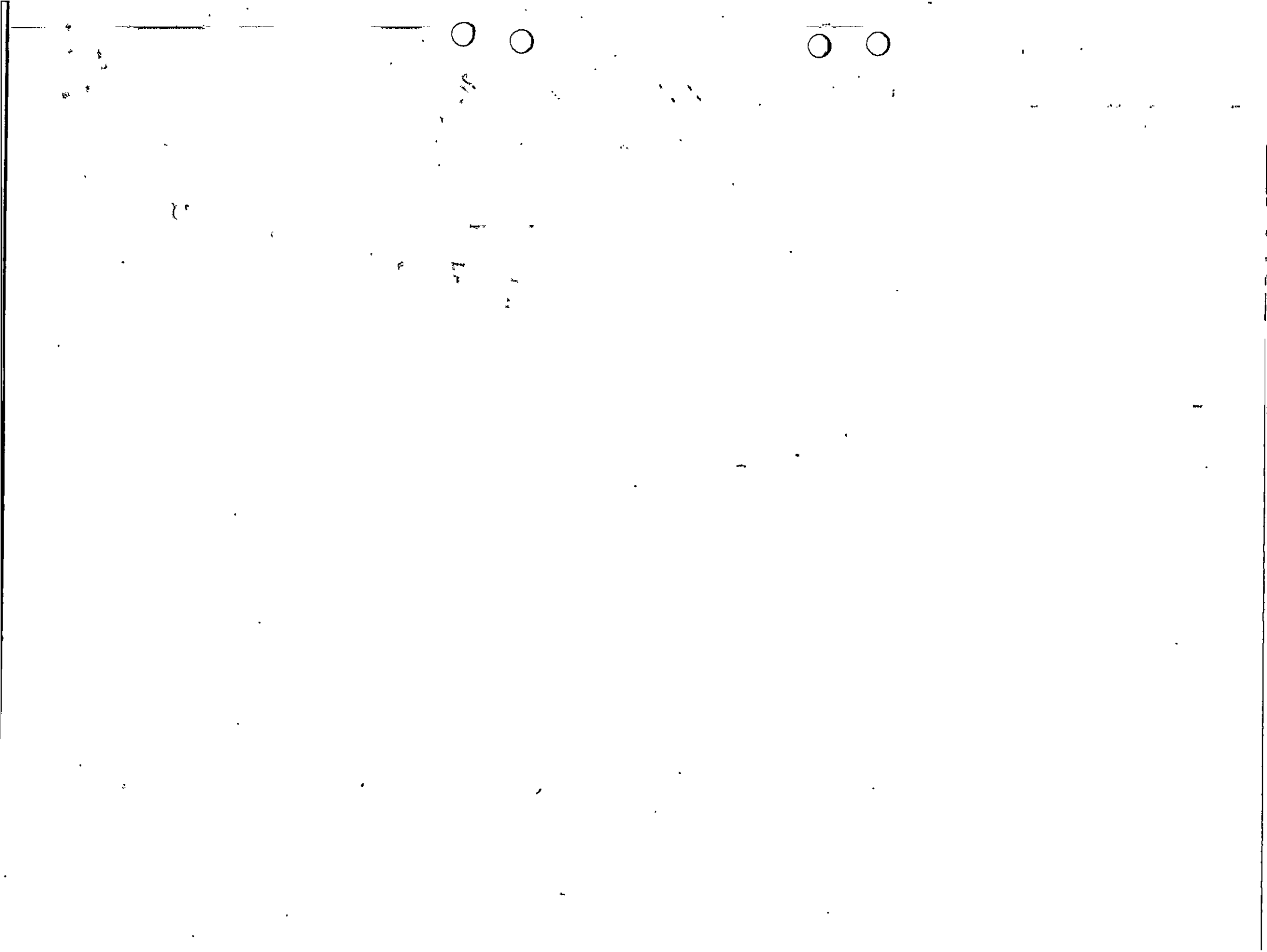
Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
9/6/26	08:00 am		DBF+FF			/							
	09:00 am					/							
	10:00 am	o	DBF+FF			NA			NA				
	11:00 am					/							
	12:00 pm		DBF+FF			/							
	01:00 pm					/							
Total Intake : Taken						Total Output : U- M-							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output





NURSING CARE RECORD

Date: 8/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm to 8pm	- Assess the baby condition - Monitor the v/s - Maintain the I/O - of antibiotics - (T) SBR, MBS	5pm to 8pm	- Assess the baby condition - Monitor the v/s - Maintain the I/O - of antibiotics	- Now baby is stable - (T) SBR, MBS	- Rechecked the v/s	
Night	8pm to 8am	Assess the baby - Monitor the v/s - Administer medicine - Maintain the I/O	8pm to 8am	Assess the baby - Monitor v/s - Administer medicine - Maintain I/O	Administered medicine	Rechecked the I/O	

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 Baby Of MAJMUNA SAFURA
 08-06-2026 0 Y 0 M 2 D (F)
 Dr. SPANDANA PASUPULETI



NURSING CARE RECORD

Date: 9/16/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 Am 8 pm	- Assess the Baby Condition - Monitor vitals - maintain I/O Chart - DBF+ff every 2nd Hourly - medication Give as per drug chart	8 Am 2 pm	- Assessed the Baby Condition - Monitored vitals - Maintain I/O Chart - DBF+ff every 2nd Hourly - medication Give as per drug chart	Baby is Stable	Re-checked vitals	manish
Afternoon							
Night							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known						
			If Yes Specify:						
BACKGROUND	Surgery / Procedure:		Post OP Day:						
	Date	Shift	6/6/26 NI	7/6/26 MS	7/6/26 NI	8/6/26 MS	9/6 SP	9/6/26 MS	
	Medical Condition (Any special condition to be noted):		RD	RD	RD	RD	RD	RD	
	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):		C-Pap	BiPAP	Room Air	Room Air	-	-	
	Tubes/Drains/Catheter:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	36.5°C	36.6°C	36.6°C	36.6°C	38.2°F	98.6°F
			Res:	36bpm	36bpm	40bpm	42bpm	46bpm	40bpm
			SpO ₂ :	99%	99%	100%	100%	100%	100%
			Pulse:	129bpm	130bpm	135bpm	132bpm	142bpm	142bpm
			BP:	-	-	-	-	-	-
			LOC:	-	-	-	-	-	-
			Fall Risk Score:	-	-	-	-	-	-
		Pain Score:	-	-	-	-	-	-	
		Skin Integrity	-	-	-	-	-	-	
Recommendations	Safety Needs:		<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	
	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 :		Saipriya	Dhanu	Saipriya	Sunanda	Saipriya	Saipriya		
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		7/6/26	7/6	7/6/26	8/6/26	9/6	9/6/26		
Time:		8 AM	8 PM	8 AM	8 PM	8 PM	8 PM		
Taken Over By Name :		Dhanu	Saipriya	Dhanu	Saipriya	Saipriya	Saipriya		
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:		7/6	7/6/26	8/6/26	8/6	9/6/26	9/6/26		
Time:		8 PM	8 PM	8 AM	8 PM	8 AM	8 AM		

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	/	/	/	/	/	/
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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
	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 ₂ :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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-00015835
 Baby Of MAIMUNA SAFURA
 06-06-2026
 Dr. SPANDANA PASUPULETI
 IP26-00006521
 0 Y 0 M 0 D 9 H (F)



CHECKLIST FOR THROMBOPHLEBITIS

6/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			7/6/26 DAY-2			8/6 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0	0	
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			NA	NA	NA	NA	NA	NA	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA	NA	NA	NA	NA	NA	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			NA	NA	NA	NA	NA	NA	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			NA	NA	NA	NA	NA	NA	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			NA	NA	NA	NA	NA	NA	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 : [Signature] Name : Abhimala

Signature of Ward In Charge :

Signature : [Signature] Name : Sharee



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BRADEN 'Q' SCALE

Date : 6/6/24 7/6 7/6 8/6
 Time : 2/1 1/5 1/1 1/5

Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
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."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
TOTAL SCORE					24	24	24	28
Evaluator's Name					[Signature]	[Signature]	[Signature]	[Signature]

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

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



REGULAR PRESCRIPTIONS

Weight. 3.380 kg Ward.

Verified by
 Dr. Dhakshayani

DRUG : <u>H-AMPIICUN</u>				Date Time	<u>6/6/16 8/9/16</u>
Dose	Route	Frequency	Start Date		
<u>120mg</u>	<u>iv</u>	<u>BD</u>	<u>6/6/16</u>	<u>6am X 8/9/16</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>	
Additional Instructions:				<u>500mg vial dilu in 5ml DW (100mg/ml)</u>	
				<u>add 5ml NS (50mg/ml) give 3.2ml over 30min</u>	
Daily Doctor's Endorsement by a Sign					

DRUG : <u>H GENTAMYCIN</u>				Date Time	<u>6/6/16 8/9/16</u>
Dose	Route	Frequency	Start Date		
<u>12mg</u>	<u>iv</u>	<u>OD</u>	<u>6/1</u>	<u>6am X 8/9/16</u>	
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>	
Additional Instructions:				<u>2ml vial dilu in NS (10mg/ml)</u>	
				<u>5mgly OD. Given 12ml</u>	
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					

**CONSENT FOR ADMISSION
IN NEONATAL INTENSIVE CARE UNIT**



Name: B/o Maimun Sajara Age: NIB Gender: Male Female

UHID No: _____ Date: _____

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

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

Tcm / AGA / RPP

The doctors have clearly explained to me that my patient B/o B/o maimun sajar 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 _____ 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 : Muytaba

Relationship with Patient: Father

Date & Time : 6/6/26

Witness :

Signature : [Signature]

Name : Dhayera

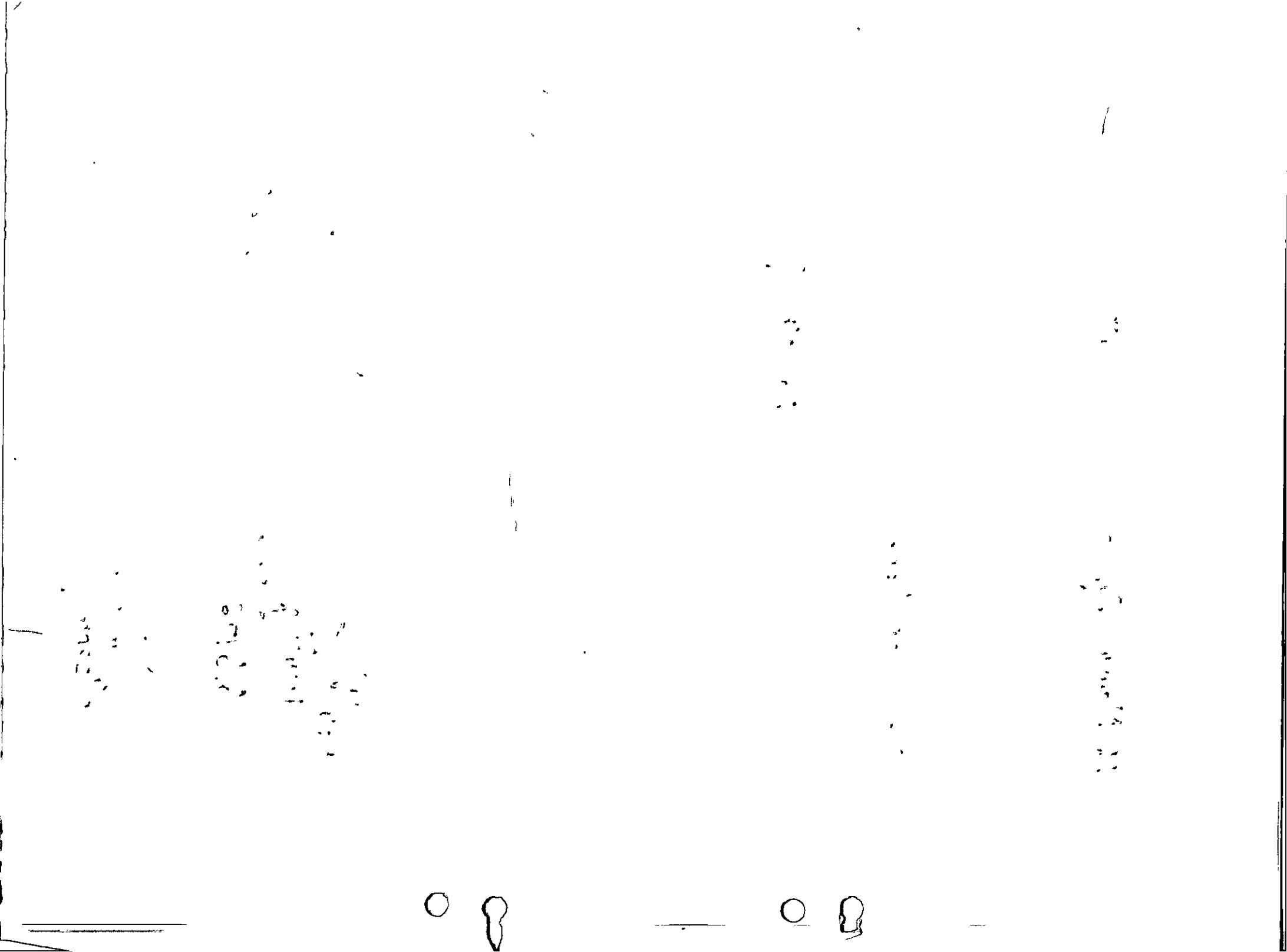
Date & Time : 6/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Anuche

Date & Time : 3/30pm



CONSENT FOR FORMULA FEEDS



Patient Name: **HNH-00015835** **IP26-00006521**
Baby Of MAJMUNA SAFURA Age: Gender: Male Female
06-06-2026 **0 Y 0 M 0 D 9 H (F)**
UHID No: Department: NICU Date: 7/6/26
Dr. SPANDANA PASUPULETI

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

Patient Attendant :
Signature: [Signature]
Name: Mujtaba
Relationship with Patient: father
Date & Time: 7/6/26 @ 11 AM

Witness :
Signature: [Signature]
Name: Dhananjay
Date & Time: 7/6/26 @ 11 AM

Doctor (who is taking the consent) :
Signature: [Signature]
Name: Parvathi
Date & Time: 7/6/26

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CONSENT FOR SPECIAL PROCEDURES



Patient Name : B/6 Maimun Safur Gender: Male Female

UHID No : Department : paed Date : 6/6

I S/D/W/O

Here by give consent for procedure of : NIV support

For my patient, Named :

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

- local anal trauma
- hyperventilation

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. Pandane

Patient Attendant :
Signature : [Signature]
Name : Mujtaba
Relationship with Patient: father
Date & Time : 6/6/26

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

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Aneer
Date & Time : 6/6/26

PATIENT STICKER

DATE : 6/6/26.

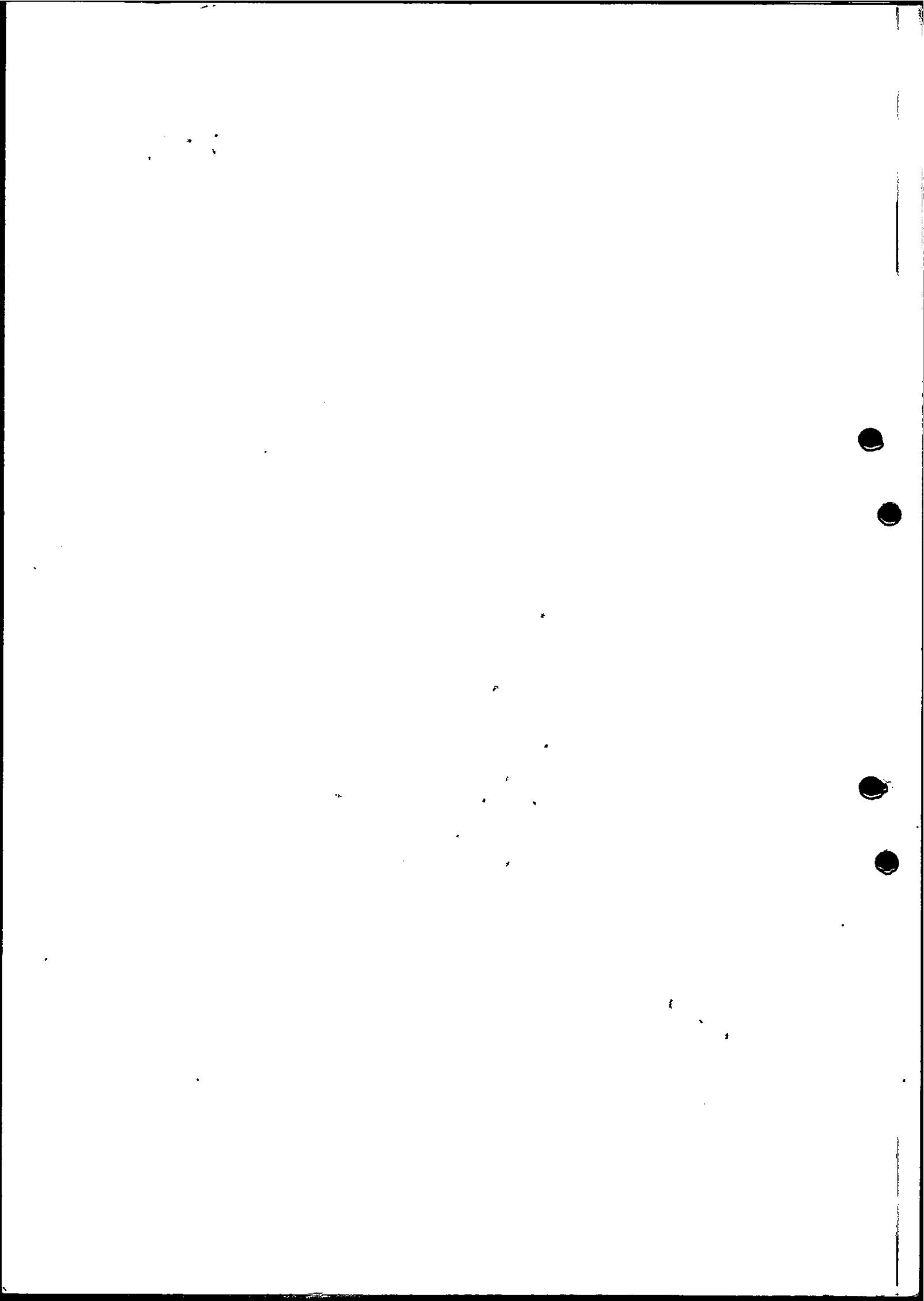
NEWBORN ANOMOLY ASSESSMENT CHECKLIST

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



Ped.Registrar signature

Ped.Consultant signature



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RAJIBOW CHILDREN'S HOSPITAL, HIMAYATH NAGAR
PART OF MAINLINE SAJURA 5H HIN 00015835, CHEST AP OR, THU 06 0 31 PM



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 6/6/26

	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)			X	
Excess Fainout (Afferent Tubing) Drained			X	
Excess Rainout (Efferent Tubing) Drained			X	
Temperature Probe away from Heat / Cover with Aluminium Foil			✓	
Gas Bubbling Continuously			X	
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:			Sanku	
Signature of the Nurse:			[Signature]	
Date & Time:			6/6/26	

*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.

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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	
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:				

*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 TRANSFER FORM

Patient Name & UHID No. <i>Baby of Maimuna Safura</i>		Date & Time of Admission <i>6/6/26 @</i>	Date & Time of Transfer Order <i>6/6/26 @ 2:30pm</i>
Treating Consultant Name <i>Dr. Spandana</i>		Transfer Ordered by <i>Dr. Anusha</i>	Reason for Transfer <i>RDA</i>
From Unit <i>OT</i>	To Unit <i>NICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>(2)</i>	Number of Imaging Films <i>—</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" 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 <i>Kavun</i>		Name of Person Ordered Transfer <i>Dr. Anusha</i>	
Patient & Clinical Records Received by : <i>Dheerathini</i>			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

HNH-00015835 IP26-00006521
Baby Of MAIMUNA SAFURA
06-06-2026 0 Y 0 M 0 D 1 H (F)
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

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of MAIMUNA SAFURA Age : 0 Y 0 M 0 D 1 H
IP No: IP26-00006521 Sex: Female
Consultant: Dr. SPANDANA PASUPULETI Ward/Bed No: 4F -OT/CRDL-HNPDA-415-1

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

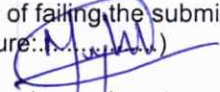
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature: )

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:



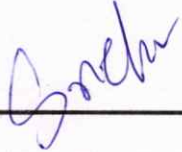
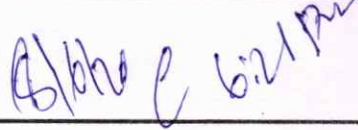
Name: Mujtaba
Relationship: Father
Date: 6/6/26
Wittness Name:
Wittness Signature: 

Patient Address:

H.NO: 20-6-616. Red Hills Hyderabad
Telangana INDIA 500004

Time: 14:52 Pm

PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015835 IP26-00006521 Baby Of MAJMUNA SAFURA 06-06-2026 0 Y 0 M 2 D (F) Dr. SPANDANA PASUPULETI 		Date & Time of Admission 6/6/26 @ 2:52pm	Date & Time of Transfer Order 8/6/26 @ 5:30pm
		Transfer Ordered by Dr. prannav	Reason for Transfer shifting
From Unit NICU	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
SI.No.	Item Name	Quantity	
1.	2l - soey	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 		Name of Person Ordered Transfer Dr. prannav	
Patient & Clinical Records Received by :  			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready