210
d.c

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	Baby Of SEEMA MAIYA	**UHID**	HNH-00015801
Father/Guardian	Mr SANAL S MENON	**Age/Gender**	0 Y 0 M 0 D 15 H/ Male
Address	3-4-812/1 ,g-12, Barkatpura, Hyderabad, Telangana, INDIA, 500027		
IP No	IP26-00006500	**Admission Date**	04-06-2026
Ref Doctor	Self.		
Discharge Date	06.06.2026		

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

DIAGNOSIS	ICD CODE
LATE PRETERM (35 weeks + 3 days)/INFANT OF DIABETIC MOTHER/AGA/BABY BOY	

History: Baby Of SEEMA MAIYA is a Late Preterm (35 weeks + 3 days) baby boy, delivered to a G3P1A1L1 mother by normal vaginal delivery on 04.06.2026 at 06:43 pm with birth weight of 2.42 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after

Name	Baby Of SEEMA MAIYA	UHID	HNH-00015801
IP No	IP26-00006500	Admission Date	04-06-2026

delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Maternal History: Mrs. SEEMA MAIYA is a 40 years old G3P1A1L1 mother.
G1 - 2017 - PT/LSCS/ 32 wks(Preterm PROM, Overt DM on Insulin) , Male, Wt 1.6 kg, NICU X 14 Days, A & H
G2 - 2021 - 7 Wks - Spontaneous Complete Miscarriage
G3 - PP, Sp Conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Gestational Diabetes Mellitus(overt DM on OHA-pre-pregnancy, on Insulin-post pregnancy). No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

Anthropometry:
Weight at birth : 2.42 kgs.
Weight at discharge : 2.320 kgs.
Head Circumference : 33 cms.
Length : 45 cms.

Investigations: Enclosed reports.

Name	Baby Of SEEMA MAIYA	UHID	HNH-00015801
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Management:
Course during hospital:

In view of maternal history of gestational diabetes mellitus, baby's blood sugar levels were serially monitored which remained stable.

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

Vaccination: Baby was given following vaccination:

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

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

Newborn screening advanced /Newborn sreening-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.

Name	Baby Of SEEMA MAIYA	UHID	HNH-00015801
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Condition at discharge: Baby is pink, warm, active and on direct breast feeds + measured feeds.

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

Plan:
1. **Newborn screening advanced / Newborn screening-4/ Thyroid function test to be done on followup.**
2. **Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on follow up.**
3. **Serum Bilirubin to be done on follow up**
4. **2D ECHO to be done after 48 hours**

Review consultation with Dr. SINDHURA MUNUKUNTLA on Monday (08.06.2026) 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.

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Name	Baby Of SEEMA MAIYA	**UHID**	HNH-00015801
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The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor ..... in a language that I can understand and I acknowledge.

Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Dr. SINDHURA MUNUKUNTLA
MBBS, DCH, DNB PEDIATRICS
66970

CONSENT FOR FORMULA FEEDS

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HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. SINDHURA MUNUKUNTLA

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

UHID No : .... Department : ..... Date : .....

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 : .....

Name : .....

Relationship with Patient: .....

Date & Time : .....

Witness :

Signature : .....

Name : .....

Date & Time : 4/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Anusha

Date & Time : 4/6/26

Ref. : F/NICU/FD/02

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డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

రోగి పేరు : ..... వయస్సు ..... లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.ఐ.డి. ..... రిజిస్ట్రేషన్ నెం.: .....విభాగము .....

తేదీ .....

నేను శ్రీ / శ్రీమతి ..... వయస్సు ..... సంవత్సరాలు

నా కుమార్తె / కుమారుడు రెయిన్బో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

Rainbow Childrens Hospital-Himayatnagar

Rainbow Children's Hospital

BirthRight by Rainbow

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006500 **Admit Date** : 04-Jun-2026 **Admit Time** : 07:30 PM **UHID** : HNH-00015801

Patient Details :

Patient Name	: Baby Of SEEMA MAIYA	**Age**	: 0 D
Guardian	: Mr SANAL S MENON	**DOB**	: 04-06-2026 06:43 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 3-4-812/1 ,g-12 Barkatpura Hyderabad Telangana INDIA 500027	**Phone No**	: 9966408873/ 9966408874
		E-mail	: seema_maiya85@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-HNPDA-414-2 **Ward Name** : 4F -OT

Room No : CRDL-HNPDA-414-2 **Admission Type** : First Visit

Contact Details :

Name : Mr SANAL S MENON **Relationship** : Father

Contact Address : 3-4-812/1 ,g-12 Barkatpura Hyderabad Telangana INDIA 500027 **Phone No** : 9966408873

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Deposit Amount : 10000.00

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

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0Y0M0D0H (M)
Dr. SINDHURA MUNUKUNTLA

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NEWBORN MONITORING FORM

Date of Birth : 4/6/26
Time of Birth : 6:43 Pm
Mode of Delivery : female baby NVD
Birth Weight : 2.420kgm
Head Circumference : .....
Length : .....
Red Reflex : .....

New Born Screening : .....
TFT : .....
OAE : .....
Mother's Blood Group : A+ve
Baby's Blood Group : A+ (ve)
Anomaly Scan : .....
Vaccination 5/6/26 : BCG, OPV, Hep-B 1 given

Date	Weight	Type of Feed	Quantity	Temperature	Signature
4/6/26	2.420kg	DBf	(1)	37c	
5/6/26	2.420kg	DBf + ff	(1)	36°c	
6/6/26	2.320kg	~~DBf + ff~~	(1)	36°c	

Date	Time	Investigation	Result	Order No.	Signature
4/6/26	8 PM	Blood grouping		✓ HN26009331	[illegible]
4/6/26	6:43pm	GRBS - 1st hrly	79mg/dl	✓ 9336	Akwila
4/6/26	8PM	ABG	9335	✓ 9335	Akwila.
4/6/26	9:43pm 3rd	GRBS (60mg/dl	~~9330~~ 60mg/dl	✓ 9341	Moni
5/6/26	12:43AM 6th	GRBS 6th hrly	71 mg/dl	✓ 9350	[illegible]
5/6/26	6:43AM 12th	GRBS 12th hrly	83 mg/dl	✓ 9351	[illegible]
5/6/26	6:43PM [illegible]	GRBS	76 mg/dl	✓ 9400	[illegible]
6/6/26	6:43Am	GRBS 30th Hrly	89 mg/dl	✓ 9405	[illegible]
6/6/26	6:43pm	GRBS 48th hrly	mg/dl		
			Cross check done		
			by Sunanda		

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 0 H (M)
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Seema Maiya Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : 4/6/26 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 Seema Maiya.

Gender : ☑ M ☐ F Blood Group : AF

Date of Birth 4/6/26 Time of Birth : 6.43 PM

Place of Birth : RCH Hmayatnagar

Mother's Blood Group : A+

Birth Weight (gms) : 2420g. Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 35^{+3} wk.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 40yr Ht : 160 cm. Wt : 99kg. BMI : ..... Married Life : ..... LMP : 29/9/25 EDD : .....

Conception : Spontaneous or with Rx. : Spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : → No steroid Coverage.

Last Scans Details : S.L.U.P AFI 21.7, EFW @ 33^{+4} wk., AC: 68 %

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☑ >35yrs

Consanguinity : ☐ Yes ☑ No

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : 21.7 wk.

H/o GDM/ pre GDM/ on diet or insulin Overt DM on OHA (Pre-preg) Insulin (Post preg)

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

HNH-00011804 IP26-00006498
Mrs SEEMA MAIYA
28-09-1985 40 Y 8 M 8 D (F)
Dr. SWAPNA SAMUDRALA

PAST OBSTETRIC HISTORY

G : 3 P : 1 A : 1 L : 1

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Swapna Samudrala Hospital : RCH- Umayalapur ☑ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☑ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : (N)

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

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

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

1 Minute	5 Minutes	10 Minutes
1	1	2
2	2	2
1	2	2
2	2	2
2	2	2
8	9	10

TOTAL

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

Comments :

Required Noresuscitation

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Baby CIAB
↓
~~Head to toe (N)~~
↓
Cord claped, Baby dried
(2A/1V)
↓
Head to toe (N)
↓
Vit K 0.5mL IM given GRBS 79mg/dL at birth.
↓
BF Initated, Shifted Mother side

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

–

Family History :

–

Socio Economic History :

–

GENERAL EXAMINATION ON ADMISSION

General Disposition :

CTA Good

VITALS : Temperature : 36.5° HR : 152/mi RR : ..... NIBP : ..... CFT : .....

Color of the extremities : .....

Jaundice : ..... Pallor : – SpO2 : 98% at 10 am

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : 2440g

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

HNH-00011804 IP26-00006498
Mrs SEEMA MAIYA
26-09-1985 40 Y 8 M 8 D (F)
Dr. SWAPNA SAMUDRALA

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) : → To be checked	N
Facies : (Any Facial Dysmorphism)		N
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	N
EYES :	Symmetry : Red Reflex : To be checked Discharge :	N
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Patent Palate : Gums : Lips : Tongue :	N
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	N
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : ~~2A~~ N / 1V Discharge :	N
GENITILIA :	Labia / Hymen : Testicles/penis : ♂ B/L descended testes. Anus : patent	
HERNIAL ORIFICES		N
TRUNK and SPINE :		N
SKIN LESIONS :		N
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	N

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. SINDHURA MUNUKUNTLA

SYSTEMIC EXAMINATION

Respiratory System : BAE+

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

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

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

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

Settings : .....

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

Cardiovascular System : S1S2+

HR : 152/mi BP : .....

Femoral Pulses : felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen : soft

Shape : .....

Palpation : .....

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : .....

First urine passed : .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : CTAgood

State of wakefulness : .....

Prechtle Score : .....

Nerves :

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

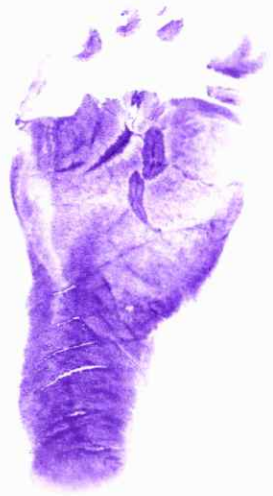
ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : None.

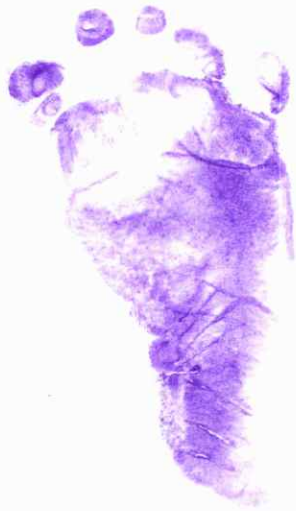
Diagnosis :

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature :

Name :

Date & Time :

Consultant :

Signature :

Name :

Date & Time :

PLEASE FILL UP THE FOLLOWING DETAILS

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

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. SINDHURA MUNUKUNTLA

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : PTNVD / 35+3 wk / CIAB / IDM (Mother on Insulin, OHA) / Advanced Mat age

Present Issues : —

Vital : ☐ HR : 152/min ☐ RR : 52/min ☐ BP : ☐ SPO2 : 98% Weight : 2440g

Any Oxygen requirement : —

Systemic :

Medications :

Plan during ward follow up :

1. DBF + FF (Prenan) Q2H with good latch topup
2. GRBS Monitoring 1HOL, 3HOL, 6HOL, 12th hrly, (18), (24) hours
3. Temp Monitoring hrly (36) (48) hrs
4. Vaccination BCG, OPV, Hep B
5. SBR, OAE, NBS at 48HOL.

Feeding Plan at the time of shifting :

Send Blood group.

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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04-06-2026 0Y0M0D8H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26. 12 30 AM	c/s/by Dr Aneesh	
	Baby Euthic / warm. Pink / Euglycemic T/A - Good	Plan.
	Accept feeds well No distress.	- at warm care - DBF + premam feeds (10-15ml) Only JTh burping
	S/E B/L AE (+) NVDS (+)	- GRBS monitor - check 4 limb SpO2 - Inform SOS.
5/6/26. 8 AM.	c/s/by Dr Aneesh LPT / 35+3 wk / CIAB / IDM mother / Adv maternal age.	
	Urine ✓ Stools ✓	M / A +ve B /.
	Baby Euthic Euglycimic Pink.	T. wt 2420 wt loss. 2.420
	c/T/A Good, vitals sk	Plan Same. - ~~wa care~~. - DBF + FF (10-15 ml) Only JTh burp. - GRBS monitor
	S/E NAD.	- ~~4th~~ vaccination today. Monit vital

Noted by Swetha 5/4/26. @ 8:00 Am

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. SINDHURA MUNUKUNTLA

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
Date 5/6/26	BCG, OPV, Hep B } given.	

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04-06-2026 0Y0M0D8H (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o - Dr. Sindhura	
5/6/26 12pm	Δ - LPT / CIAB / IDM 35+3	
	Twt 2420 MOL - 18	
	4wt 2420	
	MBG - A+	DAT N
	BBG - ?	
	Vaccination ✓	✓ 2Decho >48hoL
		✓ Trace Blood Group (Baby)
	o/e	✓ DBF + SF.
	Head N	
	- Vitals stable	✓ GRBS monitoring (upto 48hrs)
	CRT - Good.	
		Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970
		NB Sunanda

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 1:30pm	Lactation care plan - well formed Breast & Nipples - G3 P1 A1 L1 [LPT] - colostrum seen - baby sucking observed. - baby is not sucking continuously, starting to suck with strong stimulation Advice:- - DBF - Aim for Deep latch as demonstrated in Cross cradle hold - make baby 15-20 mints on each side every 2nd hrly - Demand feeding do not exceeds 2-2½ hours as per early hunger cues. - Direct Breast feeding followed by formula feeds with Spoon feeding. - Avoid Nipple confusion to baby. - Expose baby while feeding - To start [redacted]	Domstal -10mg [TID] - 1 week. Sathwika-G Dietitian & Lactation 5/6/26 1:35pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 6:15PM	C/S/L Dr. Sindhura. - LPT (35+3 WKS) / IDM / Male. - Baby is euthermic - O/E - vitals stable. S/E - WNL.	Plan - ~~Iraq~~ 2D echo 74HRS. - DBPG 2H. - GRBS monitoring upto 48HRS. - SBR/MBS/OAE @ 48HRS. Noted by Dr. Sindhura MD

Dr. Sindhura Munukuntla
Consultant Pediatrician
Reg. No: 66970

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04-06-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	ML B Dr. Manu	
7AM		B. wt: 2420gm
		Tivat: 2320gm
		(4% wt loss)
	- euthermic ✓	
	- feeds ✓	
	- urine ✓	
	- stools ✓	
	O/E	Plan
	euthermic	1) warm care
	UT IA: good	2) DBF every 2nd h
	AF: flat	3) SBR
	moro (+)	NBS } @ 48 HOL
	vitals: stable.	OAE
		4) monitor vitals
		5) 4RBS monitoring
		Noted by Swetha
		6/6/26 @ 8AM

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Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26 10:00	C/S/B - Dr. Sindhura	
	B - VT / 1DM / male	MBG A+
	3??6	BBG A+
	HoL - 32	
		Plan
	O/E	
	Euthermic	1) Warm care
	LTA Good.	2) DBF Q2H + FF.
	Vitals stable	3) SBR, WBS, Q4H > 48 HoL on monday
		4) monitor vitals
		5) GRBS monitoring
		6) R/W on Monday.
		2D ECHO after ??
		Dr. Sindhura Munukuntla, Consultant Pediatrician, Reg. No. 66970
		??

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

(P.T.O)

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 1 D (M)
Dr. SINDHURA MUNUKUNTLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-05-2026 0 Y 0 M 0 D 0 H (M)
Dr. SINDHURA MUNUKUNTLA

210

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RESULT SHEET

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

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0Y0M0D0H (M)
Dr. SINDHURA MUNUKUNTLA

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

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 4/6/26 Time: 8pm | 10pm | 2AM | 6AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.1°F | 98.5°F | 98.5°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number): 150bpm | 145bpm | 136bpm

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

70 60 50 40 30 20 10

Resp Rate (Number): 48bpm | 50bpm | 45bpm

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

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 8 H (M)
Dr. SINDHURA MUNUKUNTLA

/ CLINICAL / 124

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

Rainbow® Children's Hospital
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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 5/6/26 Time: 10 AM | 2 PM | 6 PM | 10 PM | 2 AM | 6 AM

Doctor/Nurse/Family Concern?

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.6°F | 98.4°F | 98.2°F | 97.5°F | 98.5°F

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

Note: BP does not score in early warning scoring

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

Heart Rate (Number): 142 bpm | 142 bpm | 144 bpm | 146 bpm | 138 bpm | 146 bpm

Resp. Rate (bpm over 1 Minute) *

70 60 50 40 30 20 10

Resp Rate (Number): 40 bpm | 40 bpm | 40 bpm | 40 bpm | 40 bpm | 42 bpm

Resp Distress	Mod/ Severe / None / Mild					
Receiving O_2(l/min) O_2Saturations (%)		100%	100%	100%	100%	99%	98%
Conscious Level	Normal / Altered					
GCS *						
TOTAL SCORE Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		K	C				

ACTIONS

NB: Scores 3 should be recorded overleaf

Score 1	:	Continue normal observation by staff nurse
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Score 4	:	Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
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* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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Date	Time	Early Warning Score	Date	Time	Name

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-08-2026 0Y0M0D0H (M)
Dr. SINDHURA MUNUKUNTLA

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
4/6	02:00 pm										0	D
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm		DBF									
Total Intake :						**Total Output :**						
5/6	08:00 pm	1	DBF								0	
	09:00 pm											
	10:00 pm											
	11:00 pm	0	DBF		NA			NA				
	12:00 am	1										
	01:00 am											
Total Intake : Rabeen						**Total Output :** U - M - D						
6/6	02:00 am	1	DBF								0	
	03:00 am											
	04:00 am											
	05:00 am	0	DBF		NA			NA				
	06:00 am	1										
	07:00 am											
Total Intake : Rabeen						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

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Baby Of SEEMA MAIYA
04-06-2026 0Y0M0D8H (M)
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FLUID CHART

Sheet No. : .....

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

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

Total 24 hrs. Intake		Total 24 hrs. Output	

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0Y0M0D0H (M)
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NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 4/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm | 8pm	→ Assess the baby condition → monitor the vitals & record → DBF 2nd hrly & changing → maintained Flowchart & record.	2pm | 8pm	Assessed the baby condition → monitor the vitals & record → maintain Flowchart & record → DBF 2nd hrly changing	Baby is stable	Maintain I/O chart & record.	AK RD.
Night	8pm to 8am	→ Assess the Baby condition → monitor vitals & record → maintain flowchart → DBF + FF 2nd hrly	8pm to 8am	→ Assessed the baby condition → monitored vitals & recorded → maintained flowchart → DBF + FF 2nd hrly	→ Baby is ~~stable~~ Good	→ Rechecked Vitals	

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Baby Of SEEMA MAIYA
04-06-2026 – 0 Y 0 M 0 D 8 H (M)
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Patient Sticker

NURSING CARE RECORD

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

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM | 2pm	Assess the Baby condition Monitor vitals Maintain I/O Chart DBF + ff every 2nd hourly.	8AM | 2pm	Assessed the Baby condition monitored vitals Maintained I/o chart. DBF + ff every 2nd hourly	Baby is stable now	Vitals is Normal	Khushboo Khushboo
Afternoon	2pm to 8pm	Assess the baby Condition. monitor vitals q 4 hrly Maintain I/O Chart. Provide the Comfortable Position. Medication given as Per os doctor order.	2pm to 8pm	Assessed the baby condition. monitored vitals q 4 hrly. Maintained I/O Chart. Provided the Comfort. Position. medication given as per os doctor.	→ Pt is stable → vitals normal	→ monitor vitals. → Maintain I/O Chart.	Sneh Sneh
Night	8pm to 8AM	→ Assess the baby condition → monitor vitals q 4 hrly → maintained I/O chart → DBF + ff every 2nd hrly	8pm to 8AM	→ Assessed the baby condition → monitored vitals q 4 hrly → maintain I/O chart → DBF + ff 2nd hrly	→ Baby is stable	→ Rechecked Vitals	

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: newborn			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure:			Post OP Day:			
BACKGROUND	Date / Shift	4/6/26 EL	4/6/26 N	5/6/26 MG	5/6/26 EL	5/6/26 N	
	Medical Condition (Any special condition to be noted):	—	—	—	—	—	
	Diet:	DBF	DBF	DBF	—	—	
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	—	—	—	—	—	
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.1°F	98.5°F	97.0°F	98.2°F	98.5°F	
	Res:	55bmt	50b/m	50b/m	44bm	40b/m	
	SpO_2:	99%	99%	99%	98%	100%	
	Pulse:	150bmt	148b/m	139b/m	140bm	142b/m	
	BP:	—	—	—	—	—	
	LOC:	—	—	—	—	—	
	Fall Risk Score:	—	—	—	—	—	
	Pain Score:	—	—	—	—	—	
	Skin Integrity	—	—	—	—	—	
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—	—	—	—	
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	Special Diet:	DBF	—	—	—	—	
	Critical Lab Test / Values:	—	—	—	—	—	
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	—	—	—	—	—	
Post Operative Procedure Special Orders:		—	—	—	—	—	
Handed Over By Name :		Akhila	Swetha	Divya	Sneha	Swetha	
Signature / ID :		[signature]	[signature]	[signature]	40/6051	[signature]	
Date:		4/6/26	4/6/26	5/6/26	5/6/26	6/6/26	
Time:		8Pm	8Am	2Pm	8Pm	8Am	
Taken Over By Name :		Swetha	Divya	Sneha	Swetha		
Signature / ID :		[signature]	[signature]	40/6051	[signature]		
Date:		4/6/26	5/6/26	5/6/26	5/6/26		
Time:		8pm	8AM	2pm	8pm		

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 0 H (M)
Dr. SINDHURA MUNUKUNTLA

BRADEN 'Q' SCALE

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					Date : 4/6 / Time : 6	4/6 13	5/6/26 NB	5/6 EL
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	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.	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.	3	3	3	4
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	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.	3	3	3	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.	3	3	3	4
					TOTAL SCORE	20	20	23
					Evaluator's Name			

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

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

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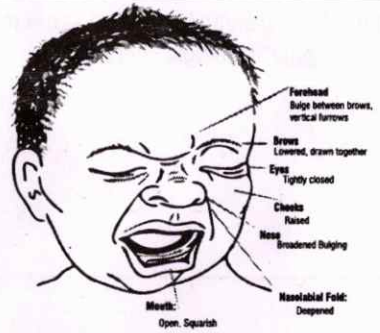
NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	Time
Procedure →						0	0	P	0	0				
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	–	–				
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	–	–	–	–	–				
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	–	–				
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	–	–				
Vital Signs HR RR, BP, SaO_2	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO_2 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO_2 less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	–	–				
Gestational Age / Corrected Age						35 weeks	35 weeks	35 weeks	35 wks	35 wks				
Total Pain / Agitation Score						–	–	–	–	–				
Intervention						–	–	–	–	–				
Effectiveness						–	–	–	–	–				
Signature														



Premature Pain Assessment: Scoring

+3 if less than 28 weeks gestation age / Corrected Age
+2 if 28 - 31 weeks gestation age / Corrected Age
+1 if 32 - 35 weeks gestation age / Corrected Age

Intervention

Deep Sedation: Score = -10 to -5
Light Sedation: Score = -5 to -2
Pain Score less than or equal to 3 – No Intervention
Pain Score greater than 3 – Intervention

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

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

HNH-00015801 IP26-00006500
Baby Of SEEMA MAIYA
04-06-2026 0 Y 0 M 0 D 0 H (M)
Dr. SINDHURA MUNUKUNTLA

DATE : 4/6/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)	(N)	
2	Pre natal teeth	None	None OC - (N) Mech - (N)	
3	Anal opening	patent	patent	
4	Genitalia	♂ B/L descended testis	♂ B/L descended testis	
5	Spine	(N)	(N)	
6	Red reflex	To be checked	B/L +	
7	4 limb saturation (before discharge)	To be checked	WNL U/L (N) Chest (N)	

Umbilicus
(N)
U
S

Ped. Registrar signature

Ped. Consultant signature

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
HNH-00011804 IP26-00006498 Mrs SEEMA MAIYA 28-09-1985 40 Y 8 M 7 D (F) Dr. SWAPNA SAMUDRALA	6/6/26	6/6/26 10:12 PM
	Transfer Ordered by Dr. Anuja	Reason for Transfer OBS
From Unit LDR	To Unit Room C210	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File 21	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sis- Monika	Dr- Anuja.

Patient & Clinical Records Received by :

Date & Time of Patient Received : 6/6/26 @ 10:25pm

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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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Seema maiya Mother's Name: .....

Date of Birth: 4/6/26 Time of Birth: 6:43PM Gender: ☑ Male ☐ Female

Birth Weight: 2.420 Kgs HC: ..... cm Lenght: ..... cm

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

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

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

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

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Indication: .....

Physical Assessment of New Born:

Temp: 36 °C HR: ..... /Min RR: 55 /Min BP: ..... SpO_2: 99%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** 0 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☑ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☑ Sleeping ☐ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: ~~Yes~~ / No

Routine Care Provided: Yes / ~~No~~

Capillary Blood Glucose Monitoring Done: Yes / ~~No~~

Neonatal Screening Done: ~~Yes~~ / No

1. Nutritional Screening: Feeding Problem ~~Yes~~ / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / ~~No~~
3. Socio History: Siblings ~~Yes~~ / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: ~~Yes~~ / No

Nurse Name: ..... Signature: ..... Date &Time: 4/6 12.