DISCHARGE SUMMARY

Name	Baby Of KIRAN GOEL	**UHID**	HNH-00015942
Father/Guardian	Mr VISHAL KALLA	**Age/Gender**	0 Y 0 M 3 D/ Female
Address	36270, pentogi enclave , himayath nagar, Himayat Nagar X Roads, Hyderabad, Telangana, INDIA, 500029		
IP No	IP26-00006571	**Admission Date**	12-06-2026
Ref Doctor	SELF		
Discharge Date	16.06.2026		

Consultant:
Dr. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

DIAGNOSIS	ICD CODE
TERM (37 weeks)/AGA/BABY GIRL/2.560kg/TTNB	
DELAYED TRANSITION	
COAGULOPATHY	
NEONATAL HYPERBILIRUBINEMIA	

History: Baby Of KIRAN GOEL is a term (37 weeks) baby girl, delivered to a

Name	Baby Of KIRAN GOEL	UHID	HNH-00015942
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primi mother by emergency LSCS (NPOL) on 12.06.2026 at 03:53 pm with birth weight of 2.56 kgs in Rainbow Children's Hospital, Himayatnagar Hyderabad. Baby cried immediately after birth. Apgar scores were 2/10 at 1 min, 5/10 at 5 min, 7/10 at 10 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done . Fetal presentation was Vertex. In view of delayed transition baby was shifted to NICU for further management.

Maternal History: Mrs. KIRAN GOEL is a 31 years old primi mother.
G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

Mother's Blood group is B positive. Baby's blood group is AB positive.

Examination after delivery: Baby was euthermic (36.5*C), euvolemic and was having respiratory distress. Baby was limp, DR CPAP was given after delivery. On auscultation of chest, air entry was bilaterally equal. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. Caput was present.

Anthropometry:
Weight at birth :2.56 kgs.
Weight at discharge :2.50kgs.
Head Circumference : 33 cms.
Length : 47 cms.

Investigations: Enclosed reports.

Name	Baby Of KIRAN GOEL	**UHID**	HNH-00015942
IP No	IP26-00006571	**Admission Date**	12-06-2026

Date	**On 12.06.2026**	**On 13.06.2026**	**On 15.06.2026**
TEST	**Result**	**Result**	**Result**
CBP: Hemoglobin	15.8 g/dl	-	-
While blood cell	11180 cell/cmm	-	-
Platelets	2.86 lakh/cmm	-	-
CRP	5 mg/L	11 mg/L	5 mg/L
TOTAL BILIRUBIN	-	-	8.5 mg/dl
UNCONJUGATED BILIRUBIN	-	-	8.4 mg/dl
PT/INR/APTT	22/ 1.7/ 51	15 / 1.1 / 36	-
BLOOD CULTURE	Sterile	-	-
BLOOD GROUP	AB Positive	-	-

NEUROSONOGRAM

Both the lateral and third ventricles are normal. No hydrocephalus.
Fourth ventricle is normal.
Posterior fossa structures are grossly normal.

Name	Baby Of KIRAN GOEL	UHID	HNH-00015942
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No e/o intraventricular densities.
Visualised cerebral parenchyma is normal.
Both thalami are normal.
Mild bilateral lenticulostriate vasculopathy changes noted.

Chest X ray show bilateral perihilar and peribronchial markings noted, suggestive of TTNB.

THYROID FUNCTION TEST :

TRIIODOTHYRONINE (T3)	161.8	73 - 288	ng/dL	-	Approved from Review Results
THYROXINE (T4)	11.68	5.04 - 18.5	µg/dl	-	Approved from Review Results..
THYROID STIMULATING HORMONE (TSH)	11.15	0.7 - 15.2	µlU/ml		

Management:
Course during hospital:
Cord ABG showed pH of 6.97, pCO2 of 87.6 mmHg, pO2 of 19 mmHg, HCO3 of 13.6 mmol/L and BE of - -12.4 mmol/L.

DELAYED TRANSITION/ Non Invasive Ventilation: Baby was nursed in thermoneutral environment and continued on non invasive ventilation support. Blood gas analysis were serially monitored. Baby required non invasive

Name	Baby Of KIRAN GOEL	UHID	HNH-00015942
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ventilation support for 1 day, later weaned to CPAP and room air by next day. Now baby is maintaining saturation at room air without any respiratory distress.

Suspected Sepsis: In view of delayed transition, baby was screened for sepsis. Initial hemogram showed hemoglobin of 15.8 gm%, white blood cell count of 11.18 cells/cumm, platelet count of 2.86 lakhs/cumm and C-Reactive Protein of 5.0 mg/l. In view of suspected sepsis, baby was started on Intra Venous antibiotics after sending blood culture. Baby's blood sugar levels were regularly monitored which were normal. Repeat C-Reactive Protein was 11 mg/l. Blood culture was sterile and Intra Venous antibiotics were stopped after 3 days, after last CRP was 5mg/dl.

In view of INR-1.7 and lactate 11mmol/L, 1 unit FFP was transfused.

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin on day 2 of life. Transcutaneous bilirubin at 28 hours of life was 10.3 mg/dl. Baby was started on double surface phototherapy and continued on measured feeds. Serum bilirubin was regularly monitored which showed decreasing trend and baby was shifted to single surface phototherapy. Repeat serum bilirubin at 48 hours of life was 8.5 mg/dl with indirect fraction of 8.4 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

Feeding: feeding was not initiated immediately as PT INR was deranged. Later gradually OG feeds were initiated after baby was stabilised and increased slowly. Baby tolerated the feeds well. Later baby was kept on DBF.

Neurologist opinion was take who advised NSG, which was suggestive of Grade 1 GMH and mild bilateral lenticulostriate vasculopathy. child was advised

Name	Baby Of KIRAN GOEL	UHID	HNH-00015942
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followup.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	15.06.2026
OPV	Given	15.06.2026
HEPATITIS B	Given	15.06.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Bilateral normal outer hair cells functioning.

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

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

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

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

Advice:
Keep the baby clean & warm
Regular breast feeding

Name	Baby Of KIRAN GOEL	**UHID**	HNH-00015942
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Continue direct breast feeds + measured feeds as advised.
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Newborn screening advanced / Newborn screening-4 to be done on followup.**
2. **Serum Bilirubin to be done / decided on followup.**
3. **NSG to be done later in view of mild bilateral lenticulostriate vasculopathy changes on initial NSG.**

Review consultation with Dr. SPANDANA PASUPULETI on Wednesday (17/06/2026) at Himayatnagar with prior appointment. **(Review consultation will be charged).**

Review consultation with Dr. ABHISHEK RAVINDRA JAIN on Wednesday (17/6/26) 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

Name	Baby Of KIRAN GOEL	**UHID**	HNH-00015942
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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. SPANDANA PASUPULETI
MBBS, MRCPCH
30925

PATIENT TRANSFER FORM

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

Patient Name & UHID No	Date & Time of Admission	Date & Time of Transfer Order
HNH-00015942 IP26-00006571 Baby Of KIRAN GOEL 12-06-2026 0 Y 0 M 2 D (F) Dr. SPANDANA PASUPULETI	12/6/26 @ 5:21pm	14/6/26 @8:00pm
Treating: Dr. Spandana	Transfer Ordered by	Reason for Transfer: stable
From Unit: NICU	To Unit	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 10	Number of Imaging Films: 1	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
Laxmi 14/6/26	Dr. prasanth

Patient & Clinical Records Received by : Sweetie @ 8:00pm

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

Rainbow Children's Hospital | BirthRight by Rainbow

Rainbow Childrens Hospital-Himayatnagar

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

ADMISSION SHEET

Registration Details :

Admission No : IP26-00006571 **Admit Date** : 12-Jun-2026 **Admit Time** : 05:21 PM **UHID** : HNH-00015942

Patient Details :

Patient Name	: Baby Of KIRAN GOEL	**Age**	: 0 D
Guardian	: Mr VISHAL KALLA	**DOB**	: 12-06-2026 03:53 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 36270, pentogi enclave , himayath nagar Himayat Nagar X Roads Hyderabad Telangana INDIA 500029	**Phone No**	: 8885148412/ 9032327970
		E-mail	: kirangoel95@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU1-403 **Ward Name** : 4F -NICU 1

Room No : NICU1-403 **Admission Type** : First Visit

Contact Details :

Name : Mr VISHAL KALLA **Relationship** : Father

Contact Address : 36270, pentogi enclave , himayath nagar Himayat Nagar X Roads Hyderabad Telangana INDIA 500029 **Phone No** : 9032327970

Vishal Kalla
Signature

Doctor Details :

Doctor Name : Dr. SPANDANA PASUPULETI **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 30000.00

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

HNH-00015942
Baby Of KIRAN GOEL
12-06-2026
Dr. SPANDANA PASUPULETI
IP26-00006571
0 Y 0 M 0 D 2 H (F)

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : KIRAN GOEL Age : 31y Father's Name : ..... Age : .....

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

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

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

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

BIRTH INFORMATION

Name : B/o KIRAN GOEL

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 12/6/2026 Time of Birth : 3:53 PM

Place of Birth : RCH-HNH

Mother's Blood Group : B Positive

Birth Weight (gms) : 2150 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 26/9/25 EDD : 3/7/26

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : 19/5/26 > SLVF / Cephalic / AFI - 14.2cm / FGR - I / Wt - 2.6kg / Doppler - (N)

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

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs TIFFA - (N)

Consanguinity : ☐ Yes ☐ No NT Scan - (N)

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

H/o PIH (after 20 weeks) / PE

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

.....

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

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

.....

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF /

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

AFI : .....

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

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

.....

Compliance with Rx : .....

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

H/o Hypothyriodism : when diagnosed ? Medication?

.....

Any other Chronic Medical Problems, when detected

drugs ? .....

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

Infection : H/O, Fever

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

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

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

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

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Meena ..... Hospital : RGH-HMS NK ..... ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication : NPOL .....

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications,

malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

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

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink	1	1	1
HEART RATE	Absent	< 100 Minutes	> Minutes	1	2	2
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal	0	1	1
MUSCLE TONE	Limp	Some Flexion	Active Motion	0	0	1
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying	0	1	1
			TOTAL	2/10	5/10	7/10

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints : Term (37w4d) / SGA / 2.560kg / Delayed Transition

Breech conversion / Term

/ Prematurity

Baby Limp & Apneic
HR < 60,
↓
Oronasal suction done (Liquor - Clear)
↓
Bag & mask given
↓
HR > 100/m, Tone
Acrocyanosis
↓
Bag & mask continued
↓
Spinal Stimulation given
↓
Weak cry
↓

Cord clamped and cut
2A IV
Eyelid swelling ↑

Investigation details in previous Hospital :

DR CPAP given
↓
Baby shifted to NICU

Feeding History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

Limp c Apnea
HR <5
↓
Bradycardia
↓
HR >100/m

VITALS : Temperature : ..... HR : 160/m RR : 58/m NIBP : ..... CFT : <3sec

Color of the extremities : .....

Jaundice : ..... Pallor : ..... SpO2 : 94-96% on DR-CPAP

Anthropometry : Birth Weight : 2.56g Length : ..... HC: ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	Caput succedaneum (+)
Facies : (Any Facial Dysmorphism)		
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : → to be checked Discharge :	
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : 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 : Discharge :	(N)
GENITILIA :	Labia / Hymen : Female external genitalia ~~Testicles/penis~~ : Anus :	
HERNIAL ORIFICES		
TRUNK and SPINE :		(N)
SKIN LESIONS :		
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☑ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 58/m ... 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 : .....

94% on PR-CPAP

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

Cardiovascular System :

HR : 140/m ..... BP : .....

Femoral Pulses : Palp

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : .....

Palpable masses : (N)

Abdominal girth : .....

Hernia orifice : patent

Anal Patency : Patent

Umbilical Cord : 2 Art 1 V

First urine passed : Not yet passed

Meconium passed : 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 : .....

Patient Sticker

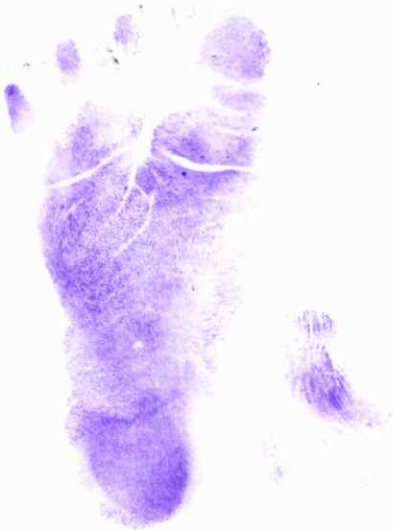
Any Congenital Anomalies : .....

.....

Diagnosis : Term (37+4w) / SGA / 2.5Kg / Delayed Transition RDS

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : B. Sreeyuna

Date & Time : 12/6/16 5PM

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-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-08-2026 0Y0M0D4H (F)
Dr. SPANDANA PASUPULETI

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : Term (37wks) / AGA / 2.5 kg / Female / Delayed

Present Issues :

Vital : ☐ HR : 144/m ☐ RR : 58/m ☐ BP : ☐ SPO2 : 94% Weight : 2.55 kg on DR CPAP

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

- Shift to NICU
- NIV ventilation
- IV Fluid D1 @ 60 ml/kg/day
- Start Ampicillin Gentamicin
- NPO
- USCRP, Blood C/S, VBG

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

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ACTIVITY RECORD FOR BILLING

Name: ----------

UHID No : ---------- IP No : ---------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	5:24pm	OT	NICU	
14/6/26	7:40pm	NICU	3rd floor	

Cross Consultation Visit

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

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SPANDANA PASUPULETI

INVESTIGATIONS

Date	Investigations	Order No.	Sign
	CBP CRP Blood grouping		
12/6/26	Blood cls PT/APTT	9724	Shivaleela
	VBG	9725	Shivaleela
12/6/26	ABG ABG	9726	OT Sandhya
12/6/26	X Ray	7097	Shivaleela
12/6/26	GRBS (99 mg/dl) POCT done	9731	Shivaleela
12/6/26	ABG	9735	Dhanya
13/6/26	ABG, RBS (97 mg/dl)	9740	Dhanya
13/6/26	NSG	7103	Shivaleela
	Cross Cheked done by Dhanya 13/6/26 @ 1:30 PM		
13/6/26	CRP, PT/APTT, INR	9780	Nirmala
13/6/26	VBG, RBS	9779	Nirmala
14/6/26	GRBS, ABG.	9796	Jyothi
	Cross Checked by Lavanya 14/6/26 at 6pm		
15/6/26	SBR, TFT	9826	Dhanya
15/6/26	CRP	9828	Dhanya
	Cross checked done by Supriya 9:58 AM @ 15/6/26		
15/6/26	OAE	6798	Shivaleela

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SPANDANA PASUPULETI

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/6/26	Monitoring.	5:21pm	16/4/26 7:30pm		Shivaleela
12/6/26	Oxygen.	5:21pm	10pm	6812.	
12/6/26	Syring pump.	5:21pm	14/6/26 4pm		
12/6/26	CPAP	5:21pm	13/6/26 10pm	6361	Dhu.
	Cross Checked done Sy			Bhavya	13/6/26
13/6/26	DSPT	12:5AM	10AM @ 15/6/26	6556	Sykd i 30 AM,
	Cross checked done by Supreeya				
			10AM @ 15/6/26		

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D4H (F)
Dr. SPANDANA PASUPULETI

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	IV placement	1	6318	Shivaleela
	Cross cluled donesy Dhaya 12/6/26 @ 11.30AM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
12/6/26	5pm	99 mg/dl	Ll fluids	Dh
13/6/26	6AM	92 mg/dl	Ll fluids	Dh
14/6/26	6AM	68 mg/dl	Iv fluids	Dh

[illegible]
[illegible]
[illegible]

PATIENT TRANSFER FORM

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

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Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/o Kiran	12/6/26 @	12/6/26 @
Treating Consultant Name HNH-00015942 IP26-00006571 Baby Of KIRAN GOEL 12-06-2026 0Y0M0D2H (F) Dr. SPANDANA PASUPULETI	Transfer Ordered by Dr. Spandana	Reason for Transfer NIV
From Unit OT	To Unit NICU	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File 20	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
Karuna.	Dr. pranav

Patient & Clinical Records Received by : Shivaleela

Date & Time of Patient Received : 12/6/26 @ 5:30pm

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-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 13/6/26 Time: 7:30AM.

Blood Group of the Patient: AB+ve. Blood Group on the Blood Bag: AB+ve.

Blood Bank Issue No: 422 Date of Collection: 6/4/26 Date of Expiry: 5/4/27

Date & Time of Starting Transfusion: 13/6/26@7:30AM Planned duration of Transfusion: 30 mins.

Check for Correct Unit ☐ Correct Patient: ☐

Blood products cross checked by: Nurse 1: Dhayen Nurse 2: Basemii

Before starting transfusion vitals: Temp: 36.6°C HR 120 RR: 32 BP: 67/46 SpO_2 100%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
13/6/26	15 Min	140	36.6°C		99%	—	—	—	—
	15 Min								
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No reactions.

Name of the Incharge-Nurse: Bhavani. Name of the Nurse: Dhayen.

Signature of the Incharge-Nurse: Bhn Signature of the Nurse: Dhayen

Date & Time: 13/6/26@7:30AM Date & Time: 13/6/26@7:30AM.

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Devlopment Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

150-180 ML.

Prepared from Whole Human Blood Collected with Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT DONOR**

Patient Name : B/o Kiran Goel Age / Sex : 64Yrs/F

Hospital Name : Rainbow Ch. Hospital

Blood Group : AB+ve Blood Bag No. : 427

Date of Preparation : 6/4/26 Tested Date : 6/4/26

Expiry Date : 5/4/27 Volume : 25ml

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

INSTRUCTIONS : 1) Do not store Transfuse immediately. 2) Do not use if there is any visible evidence of deterioration 3)Check blood group on label and receipients group before administration. 4) Transfuse cretaria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature – 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refroze once FFP is Thawed. 9) Do not add any medicine to the component. 10)Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 13/6/26 Time: 12:30pm.

Blood Group of the Patient: AB+ve. Blood Group on the Blood Bag: AB+ve.

Blood Bank Issue No: ..... Date of Collection: 10/4/26 Date of Expiry: 9/4/27

Date & Time of Starting Transfusion: 13/6/26 @ 12:30 pm Planned duration of Transfusion: 30min

Check for Correct Unit: ☑ Correct Patient: ☑

Blood products cross checked by: Nurse 1: Dhaya Nurse 2: Lavanuri.

Before starting transfusion vitals: Temp: 36.6°C HR 126. RR: 52 BP: 60/29 SpO_2 100%.

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
13/6/26.	15 Min	132	36.6°C	69/40	99%	—	—	—	—
	15 Min	140	36.6°C	65/39	99%	—	—	—	—
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: Nil reactions.

Name of the Incharge-Nurse: Bhavani. Name of the Nurse: Dhaya.

Signature of the Incharge-Nurse: Bhv Signature of the Nurse: Dhy

Date & Time: 13/6/26 Date & Time: 13/6/26

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Devlopment Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.

Lic No. 111/HD/TS/2021/BC/G

FRESH FROZEN PLASMA BP

150-180 ML.

Prepared from Whole Human Blood Collected with Anticoagulant : CPDA Solution U.S.P. 49 ml / 63 ml

Prepared from a **VOLUNTARY DONOR / REPLACEMENT DONOR**

Patient Name : Bfo Kiran GOEL Age / Sex : 6 Hrs/F

Hospital Name : Rainbow CH. Hospital

Blood Group : AB+ve Blood Bag No. : 462

Date of Preparation : 10/4/26 Tested Date : 10/4/26

Expiry Date : 9/4/27 Volume : 25 ml

Tested and Found Negative for HIV I & II antibodies, HBsAg, HCV antibodies, VDRL & Malaria Parasites.

INSTRUCTIONS : 1) Do not store Transfuse immediately. 2) Do not use if there is any visible evidence of deterioration 3)Check blood group on label and receipients group before administration. 4) Transfuse cretaria 'ABO' Group Compatible. 5) Before Thawing Storage Temperature – 30° C or below. 6) FFP must be thawed in a water bath between 30°-37°C before Transfusion. 7) Use it Immediately after that Discard. 8) Do not Refroze once FFP is Thawed. 9) Do not add any medicine to the component. 10)Do not dispense without prescription 11) Transfuse under medical supervision. 12) Use a fresh, clean sterile and pyrogen free disposable transfusion set with filter.

CONSENT FOR BLOOD TRANSFUSION

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HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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

UHID.No : .. Date: 13/6/26

Type of Blood Product:

- ☑ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is .....

.....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: .....

Name: .....

Date & Time .....

Doctor (Who is talking the consent)

Signature: .....

Name: Dr. Bhathi

Date & Time 13/6/26

Witness

Signature: .....

Name: Dhayanithi

Date & Time 13/6/26

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SPANDANA PASUPULETI

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CONSENT FOR BLOOD TRANSFUSION

Name: B/o Kiran Goel. Age: O.D. Gender: Male ☐ Female ☐

UHID.No : HNH-00015942 Date: 12/6/26

Type of Blood Product:

- ☑ Fresh Frozen Plasma
- ☐ Packed Red Blood Cells
- ☐ Random Donor Platelets
- ☐ Cryoprecipitate
- ☐ Single Donor Platelet
- ☐ Whole Blood
- ☐ Albumin
- ☐ Red Blood Cell
- ☐ Others .....

I ..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor has explained to me about the alternative for this procedure which is .....

..... Fresh Frozen plasma .....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: Vishal Kalle

Name: Visla Kalle

Date & Time 12/6/26 @ 11pm

Doctor (Who is talking the consent)

Signature:

Name: Dr. Prabhath

Date & Time 12/6/26 11pm.

Witness

Signature: Dhan.

Name: Dhayanithi

Date & Time 12/6/26 @ 11pm.

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/o Kiran Goel Gender: ☐ Male ☑ Female

UHID No : Department : NICU Date : 12/6/26

I S/D/W/O

Here by give consent for procedure of : NIV Support

For my patient, Named : B/o Kiran

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

Septal depression

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

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

Name of the Doctor performing the procedure: Dr. Spandana

Patient Attendant :

Signature : Vishal Kalla

Name : Vishal Kalla

Relationship with Patient: Father

Date & Time : 12/6/26

Witness :

Signature : Jaya

Name : K. Jayanthi

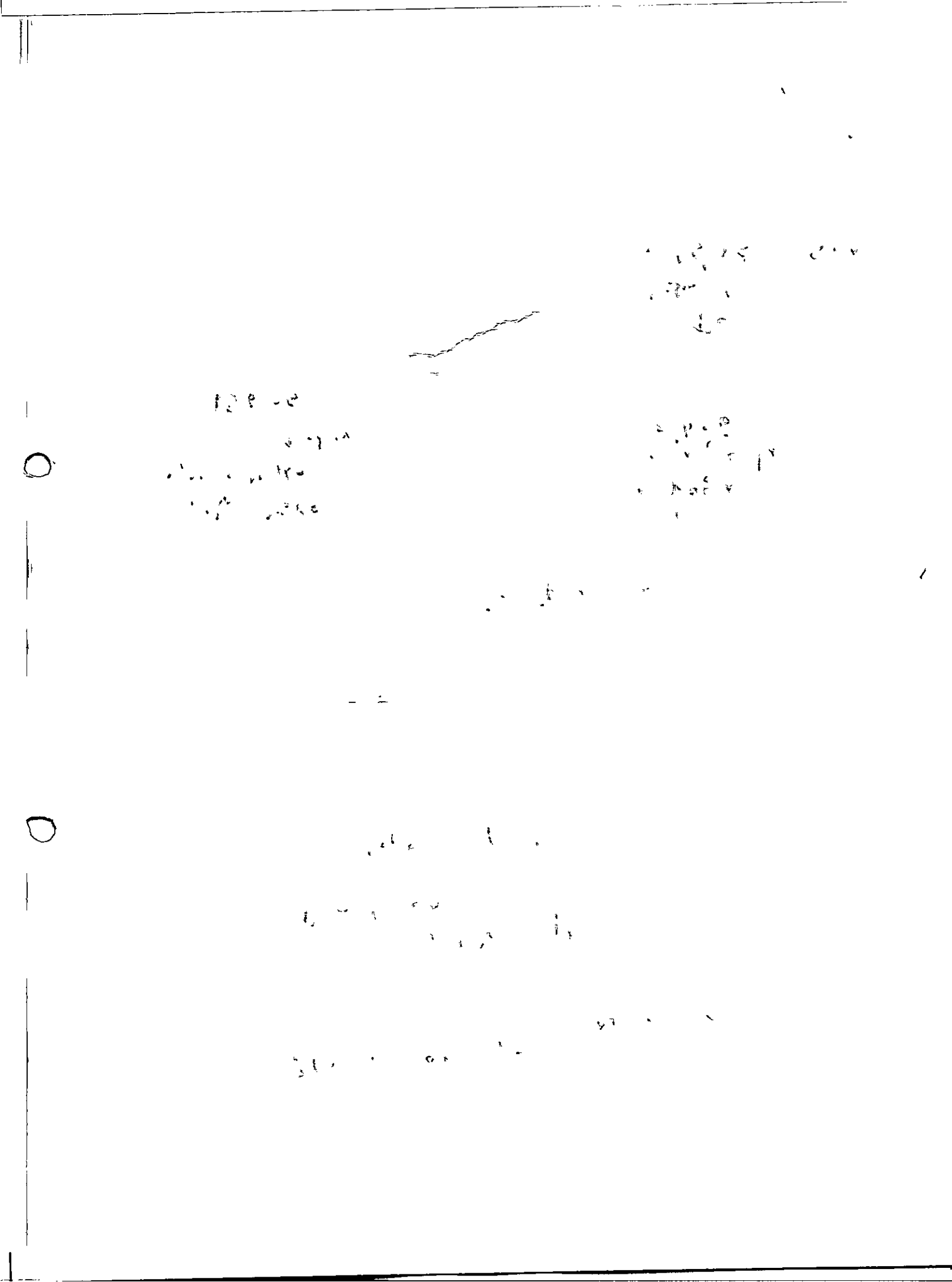
Date & Time : 12/6/26,

Doctor (who is taking the consent) :

Signature :

Name : B. Sreejith

Date & Time : 12/6/26 6 PM



CONSENT FOR FORMULA FEEDS

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HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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 : Vishal Kalla

Name : Vishal Kalla

Relationship with Patient: Husband

Date & Time : 13/6/26 10:30 Am

Witness :

Signature : shivaleela

Name : Sunil

Date & Time : 13/6/26 10:30 Am

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT

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Name: B/o Kiran Goel Age: New born Gender: Male ☐ Female ☑

UHID.No : HNH-00015942 Date: 12/6/26

I ..... S/o, D/o, W/o ..... hereby declare that our patient Mr. / Ms B/o Kiran Goel who is related to me as daughter is getting admitted in the Neonatal Intensive Care Unit of Rainbow Children's Hospital on 12/6/26

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

Term LGA | RDS | Delayed transition

The doctors have clearly explained to me that my patient B/o . Kiran Goel 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 :Kiran Goel ..... 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 : Vishal Kolla

Name : Vishal Kolla

Relationship with Patient: Father

Date & Time : 12/6/26

Witness :

Signature : Dhayanithi

Name : Dhayanithi

Date & Time : 12/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

a

b

NH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-05-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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(1)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:20 am	Counselling B/o KIRAN	

Baby is better when compared to yesterday

(1) Breathing → NIV → 2 pressure support.

CPAP → 1 pressure support

By tomorrow morning ← remove the support.

(2) Blood gas. → pH, Lactate, PT → FFP transfusion (PT / APTT / INR).

deranged.

Lactate → (N)

pH → (N).

(P.T.O)

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-05-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	planning to start feed.	
	2nd / 2nd bdy.	
	↓	
	If No vomitings.	
	↓	
	try to establish full feed.	
		by tomorrow morning.
	Tomorrow morning →	1) removal } CPAP
		2) full feeds.
	Duration } stay	3) Start spoon feeding
	↳ 3 to 4 days.	+
		DBF
	→ NSG ✓	

Dr. Tejaswi

Dr. S. TEJASWI REDDY
Registration No. 94068

Vishal

HNH-00015942
Baby Of KIRAN GOEL IP26-00006571
12-06-2026
Dr. SPANDANA PASUPULETI 0Y0M0D2H (F)

B/o Kiran Goel.

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 5 PM	Counselling done - Baby on NIV ventilation, - Caput Succedaneum present - Baby had cried on after 5 mins - on IV fluids + IV Antibiotics - CBP, LKP, Blood CS sent - NSG to be done later - Baby passed stool - Requires 3-4 days of NICU stay - If any clinical deterioration they might get extended.	

Vidal Kalla

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

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D4H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 5 pm	SIB Dr. Spandana Δ Tga (3 mo) / ASA (2.5 Boy) Female (RD) Delayed Transition	P/o
	HR - 126/min	- INF D10% @ 6.4 ml/h
	SpO2 - 96%	@ 6 ml/kg/day
	on NIV	
	BP - 66/45 (51)	- NPO till further orders
	RR - 51/min	- Inj. AMPICILLIN
	CRT - 3 sec	GENTAMICIN
	RT - 37.1 °F	
		- Monitor Vitals
	PA - Soft	
	CNS:	- Send CBP, CRP, VBG
	Spontaneous ↑	Blood C/S
	Cry ↑	Blood grouping
		- NG Feeds
		- Chest X-ray
		- Repeat Blood gas after 1 hr
		Send - PT, APTT

Noted by Spandana 12/6/26 5 pm

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D4H (F)
Dr. SPANDANA PASUPULETI

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(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 11 PM	S/B Pt Prabhath	
	T (37wk) / AGA / 2.560kg / ♀ / Delayed transition	
	↓ IMV : FiO_2 25-1. PEEP 7 PIP 16	
	↓ 60	
	Balance – NIL	Baby NPO
	O/E HR 141/m	Adv
CXR Perihilar Streaky	RR 59/m	
	SpO_2 99-1. ↓ IMV	– CT. INF 10D
CRP. 5.		
	S/E CNS Grossly Spontaneously Active.	– CT NPO.
PT 22		
aPTT 51		– Trace
INR 1.7		[redacted], Blood cls
Lactate 4.0		[redacted]
		– CT. Ampicillin Gentamycin
		– FFP transfusion Now. 10ml/kg ↓ 8hrs. 2nd dose 10ml/kg
		– CBG T/m 6am.

Noted by Pdocs 12/6/26 11 PM

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D4H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 11:30pm.	FFP transfusion.	
	BG AB+.	
	Expiry date 9/4/27.	
	Transfuse FFP 25mL IV over 30 min.	
	Pre transfusion	
	HR 132/m	
	RR 60/m	
	SpO_2 98%.	

Noted by Dr. Anushka
12/6/26
11:30pm

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

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 11:30 am	Counselling	
	PT, aptt, INR deranged ↓.	
	FFP transfusion Now to ↓ risk of bleeding.	
	NPO to be continued now; EBM plan T/o of baby done	
	Visited baby	

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

(P.T.O).

HNH-00015942
Baby Of KIRAN GOEL IP26-00006571
12-08-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	s/o Dr Prabhath	
6.40 AM	P(37WK) / AGA / 2.560kg / Delayed transition	
	Baby pink, NPO ↓NIV-IMV. PEEP 7, PIP 16 FiO_2 25-1. Balance - Nil paused 4/s o/e Vitals stable. CRT <2s. PA soft	6am ABG PCO_2 39-2 Lactate 2-3 K^+ 5-1 Na^+ 131 BG^+ 1-22 Adv (1) FFP transfusion Now. (2) Plan to start feed after Morning round (3) CT. Ampicillin Gentamycin (4) Trace Blood c/s & plan to stop antibiotics (5) Change to CPAP Mode
	Noted by pediatrician 13/6/26 6:00 AM	

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7am	FFP transfusion	
	BG AB+	
	DOI 6/4/26	
	DOE 5/4/27	
	Transfuse FFP 25ml IV over 30 mi	
	Pre-transfusion	Adv Monitor for transfusion reaction.
	HR 140/mi	
	RR 30/mi	
	SpO2 98%	
	BP 67/46 (54)	

Noted by Dr. Divyanshi 13/6/26 1 Am

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 9:15 Am	S/B Dr. Tejaswi,	
	Δ Tcn / AGA / 2.560kg / ? HIE / RDS / Coagulopathy	Delayed transition
		Plan
	Baby Gutheram:	
	HR - 126/min	- IV fluids @ 6.4ml/hr
	SpO2 - 99% on CPAP	
	BP - 60/42 (48)	- IV AMPICILLIN GENTAMICIN
	CNS - Sl. Sl. ↓	- Start OG feed 2ml/hr 4
	CRT < 3sec	
	RS - BL - AE ↓	
	Equal	- Monitor vitals
	PA - 36.4	- Trace Blood LC
	CNS: Spont movements ↓	- NSG today

Noted by Shivaleela 13/6/26 9:15 Am

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

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

(6)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 2:30 pm	S/B Dr. Sreejhan	
	Δ Term/AGA/2.5 kg/ RDS	Delayed transition
		Plan
	Baby Euthermic on CPAP	- IV Fluid @ 6.4 ml/hr 10% Dextrose + Calcium gluconate
	HR - 138/min	
	SpO_2 - 98%	
	BP - 64/39 (47)	- cf AMPICILLIN GENTAMICIN
	CVS - S1, S2 (+)	
	CRT < 3 sec	- OG feed 4 ml/2 hrly
	RS - BL-AE (+) clear	- Trace Blood Sugar
	P/A - Soft	- CPAP - PEEP - 6 FiO_2 - 21%
	CNS:- Spont movements (+)	
		- Monitor vitals

Noted by Sreejhan 13/6/26 2:30 pm

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 4PM	S/B Dr. Spandana Δ Term/AGA/ Delayed Transition/ RDS	
	Baby on CPAP Euthermic	Plan
	HR - 140/min SpO2 - 96%	- Ct CPAP PEEP - 6 FiO2 - 21%
	BP -	
	CVS - S1,S2 (+) CRT < 3sec	- CG AMPICILLIN GENTAMICIN
	RS - BL - AE (+) clear	- OG feeds 4ml/2nd ↓ ↑ 2ml every 4 hrly
	PA soft	
	CNS:-	- Trace NG report
	Spont movements (+) Cry (+)	
	Tolerating OG feeds	- IV Fluid 10% Dextrose @ 5.1ml/hr - Stop if feeds intake
		- VBG, CRP PT-INR, APTT @ 6PM

Medical Officer Signature 13/6/26 4pm

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

B/O Kiran

(7)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/06/26 12.35pm	Dr. Spandana	
	→ NIV – CPAP	
	tomorrow morning will try to remove CPAP	
	→ Feeds – Started	
	4th hourly – 2ml Bd.	
	→ Bloods – CRP/ clotting screen	
	BC – 48hours awaiting report	
	Negative	
	Abx stop.	
	→ NCG – Benign hisdory	
	Mild Bilateral lateroventricular ventriculomegaly	
	Rpt – 48hours – NCG	
	Bloods – TORCH congenital infection	
P. Shah.		Vishal Jain

Dr. Spandana Pasupuleti
Consultant Pediatrician
Reg. No. 50925

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 1 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6	c/s/o Dr Prama	
7:15p		
	A' - FT/Em LSCS/AGA/2.56 kg	Delayed Transition
	On CPAP	
	PEEP - 6 cm	Pt
	FiO_2 - 21%	1) D/C CPAP
		2) Tran CRP PT, INR
	Feed - 6 ml/Q3H	3) D/C Ampicillin Gentamycin
	Vitals	
	HR - 142/min	
	SpO_2 - 98%	4) Feed - 6 ml/Q3H
	RR - 66/min	Inc 2 ml/4th hr
		Target - 12 ml
	Exam	
	R-S - B/L AE+	Rest IVF
	P/A - Soft.	
		5) Monit Vitals

Advised by duty Dr
13/6/26
7:15pm

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6 10pm	c/s/o Dr Pranav / Dr Nazneen	
	2° - FT / Em LSCS / AGA / 2.56 kg / Delayed Transit	
	Off CPAP - trial Tolerating - 6 ml	
	Vitals HR - 132 SpO_2 - 100%. RR - 55/min	Plan 1) Trace CRP PT/INR 2) Inj Ampicillin Inj Gentamycin
		3) Feed - 6 ml/2 hr Inc 2 ml/4th hrly Target - 12 ml Rest - IVF
	R-S - B/L AE(+) P/A - Soft	
		4) Monitor Vitals
	U.O -) 110 ml in 14 hr (3 ml/kg/hr)	5) Add Oral 3% NaCl 6) CBS @ 2 hrly
		Pranav
		Noted by Jyothi 13/6/26 10pm

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 2:30Am	c/o Dr Pranav / Dr Nagma	
	Baby SV on RA TCBS - 10-3 Accepting - 10ml feed Baby ↓DSPT	Pl 1) DSPT ē cyn & genitals can 2) CT Abx 3) Feed - 10ml/Qvh Target - 12ml Th 2ml/Alt feed
	V:tl HR - 137/m SpO_2 - 99% RR - 60/m	
		4) Abd - 3% NaCl
	R-S-B/L/BS ↓	5) Monitor V:tl
	P/A - Soft	
		Pranav

noted by Jyothi
14/6/26
2:30 Am

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 8 Am	CB/B A- Preem / A- Magnem	
	2°- FT / Em 2SCS / AGA / 2.56 kg / Delay Transition / Fuzzy	
	T-Wt - 2.6 kg (T20g)	
	SV on RA Tolerating - 12 ml fed	Rx 1) Ct - Inj Ampicillin Inj Gentamycin
	Vitals HR - 140/m RR - 52/m SpO2 - 98% BP - 56/39(44) mmHg	2) Tsam - 48 hr CV 3) Feed - 12 ml/Qly ↑ by 2 ml/Alt fed Target - 17 ml 4) Od 3% NaCl 5) Monitor Vitals
	R-S - B/L AE(+) P/A - Soft	
		Rmn
	U:O → 2-7 ml/kg/hr	
		noted by Saipriya 14/6/26 8 Am

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6 10:30 Am.	C/S/13 Dr. Naipunya / Dr. prasanthi	
	FT / AGA / 2.5kg / Delayed transition.	
	on room Air.	Plan
	Vitals - HR - 132, RR - 42, SpO_2 - 98%.	- Cont Ampicillin Gentamycin
	R/S - B/L AE	- feed - 12ml / 3 2 H ↑ 2ml Alt feed
	P/A - soft, NT	Target - 17ml / 3 2 H
		- Cont oral 3% Nacl
		- monitor vitals
		Daily
		Noted by Saipriya 14/6/26 10:30 Am

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/2026 7:25pm	Counselling B/o Kiran Goel.	S CRP → 1.1 infection marker inflammant sleep event

Baby CPAP
↳ removed from
24 hrs. observation -

D/w Dr Asha

→ Full feeds
→ Spoon feeds + DBF.

6pm
↳ DBF + Spoon feeds

6am
↳ CRP

Tomorrow morning → 6am → CRP.
Shift the baby to room side
↳ REQUEST BY PARENT

Dr. Tejasw

Dr. S. TEJASWI REDDY
Registration No: 94068

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 7:45pm	C/S/B - Dr. Tejasvi Dr. Prabhanti / Dr. Naipunya.	Delayed transition
	Δ - Term (37 weeks) | AGA | 2.56 kg | ♀	TTNB NNJ
	DoL -	
	Baby taking feeds	Plan
	Urine ✓	
	Stool ✓	Cont Ampicillin, Gentamicin D3
	O/E	
	HR - 151/min RR - 45/min	- DBF / warm care Q2H.
	SpO2 - 95% on RA	- GRP tomorrow
	BP - 66/40 mmHg.	GAM
	CFT < 3 sec	vaccination.
	PPwell felt	- NBS, SBR, OAE] Plan > Shift out
	S/E	
	RS - NVBS+, B/L AE+, NO added sounds	- Plan to shift to mother's side on Parents request
	CVS - S1S2+, No murmur	
	CNS - WNL	
	P/A - Soft, non distended	
		N/B Rupa

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 22 H (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26	C/S/B. Dr. Prashanti / Dr. Narendra.	
8AM		Delayed Transition.
	A- / orm (37w) / AGA	TTNB NNJ
	~~H~~DOL - ~~6~~ 5 8h	
	Baby taking feeds	Plan
		Cont NSPT
	Urine ✓	Ampicillin] DG
	Stool ✓	Genta
		PBF / warm care Q2H
	O/E	Trace CRP/SBR / TFT
		DAT
	Vitals Stable.	
		Vaccination Rubella
	O/E	
	RS - clear	
	CVS - S1 S2 +	
	CNS - WNL	
	P/A - Soft -	

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10AM	C/E/B- A- Term / AGA / NNJ / ITNB.	R- Tejaswi
	Colour - Pink Euthermic feeds ✓	Plan - Remove canula - CAP-6 } stop Abs - SBR-8.5 mg/dl } stop PSPT
	O/E Vitals stable	Discharge today after vaccination OAE
	S/E WNL CTA Good.	stop Abs
15/6/26	BCG OPV Hep-B } given	Trace TFT rep on Hop
		R/W on wednesday (17/6/26)

Dr. S. TEJASWI REDDY
Registration No: 94068

Dr Tejas

NB- Signing (P.T.O) 10AM @ 15/6/26

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-05-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

DOCTOR
- Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date / Time →
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Sig...ure .....

VERIFIED BY : Name .....

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SPANDANA PASUPULETI

37 weeks

REGULAR PRESCRIPTIONS

Weight. 2.56 Ward. .....

DRUG : INJ. AMPICILLIN

Dose	Route	Frequency	Start Date
130mg	IV	Q8h	12/6/26

Name & Signature of the Doctor Starting the Drugs: Route - dilution
Dr. Prashanti. 500mg vial + 10ml (50mg/ml) NS
Give as infusion over 10 minutes (2.6 ml)

Additional Instructions:
37w, 0 to 7 days, Q8h
50mg/kg/dose

Daily Doctor's Endorsement by a Sign

Date/Time	12/6	13/6	14/6
6am	✓		
2pm		✓	
10pm			

DRUG : Inj. GENTAMICIN

Dose	Route	Frequency	Start Date
10mg	IV	Q24H	12/6/26

Name & Signature of the Doctor Starting the Drugs: Route - dilution
Dr. Prashanti. 2ml vial + 6ml NS = 10mg/ml Give as infusion over 10 mins.

Additional Instructions:
37w 4 mg/kg Q24h

Daily Doctor's Endorsement by a Sign

Date/Time	12/6	13/6	14/6
5pm	✓		

DRUG : 3% NaCl (ORAL)

Dose	Route	Frequency	Start Date
2-5ml	PO	6th hrly	13/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: 2meq/kg/day

Daily Doctor's Endorsement by a Sign

Date/Time	13/6	14/6
12am	✓	
6am	✓	
12pm	✓	
6pm	✓	

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D4H (F)
Dr. SPANDANA PASUPULETI

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/6/26	11 pm	~~TRANSFUSE FFP~~	~~20 mL / kg~~ 50 mL	~~IV over 30 min~~ IV over 30 min		
12/6/26	11 pm	TRASFUSE FFP	10 mL / kg 25 mL	IV over 30 min		
13/6/26	6 Am	TRANSFUSE FFP	25 mL	IV over 30 min		

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SPANDANA PASUPULETI

I.V. FLUIDS CHART

Weight. 2.56 Ward. .....

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/6/26	4:36 pm	IV Fluid 10% Dextrose 140ml + 14ml of 10% [illegible]	IV	6.4			14/6/26 4pm		
		CALCIUM GLUCONATE 12.5							

Signature .....

VERIFIED BY : Name .....

PATIENT STICKER

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

DATE : 12/6

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N)		
2	Pre natal teeth	None		
3	Anal opening	Patent Stool passed		
4	Genitalia	Female external genitalia		
5	Spine	(N)		
6	Red reflex	to be checked		
7	4 limb saturation (before discharge)	to be checked		

Ped.Registrar signature

Ped.Consultant signature

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 14 H (F)
Dr. SPANDANA PASUPULETI

Hed — 10.3
chest — 9.9

BY RAINBOW HO
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INTENSIVE CARE UNIT
ENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: ..... Baby's Blood Group: AR+ve ..... Sheet No: 1

Gest Age: N/B ..... Birth Weight: .....

Date: 13/6/26	Date: 14/6/26	Date: 15/6/26
DOL D1 Weight 2.580 kg.	DOL D2 Weight 2.600kg ↑ 20gm	DOL D3 Weight 2.56
Problems: RD.	Problems: RD.	Problems: RD
Rs. 30-60 b/m Exam done Vent. Setting alw ABG CXR SOS	Rs. 30-60 b/m Exam done Vent. Setting Room air ABG 2 CXR	Rs. 30-60 b/m Exam done Vent. Setting Room/Air ABG CXR SOS
CVS HR 130-160 b/m BP Map 2 sec Cap Refil	CVS 1-38 HR 138 BP 68/39 Map 49 Cap Refil	CVS HR 130-160 b/m BP Map Cap Refil
F / E / N T. Fluids CC /kg /day 97 mg/dl I / O / RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion SOS	F / E / N T. Fluids CC /kg /day I / O / RBS: 68 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion SOS	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 SOS
C/s Results CRP Antiblotics Inj: Ampicilla	C/s Results Inj: Ampicilline CRP Antiblotics	C/s Results CRP 11 Antiblotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment done	Assessment done.	Assessment Done
Plan GRBS 6th	Plan GRBS CBG.	Plan 4 RBS -

INTENSIVE CARE UNIT
CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: ..... Birth Weight: .....

Date: 15/6/26	Date:	Date:
DOL D4 Weight 2-500kgs	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 Refil	CVS HR BP Map Cap Refil	CVS HR BP Map Cap Refil
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 CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

AB positive

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RESULT SHEET

Date	12/6/26	13/6/26				
Time						
Hb	15.8					
PCV	44.1					
RBC	4.21					
WBC	11.18					
N/L	36/58					
Platelets	286					
CRP	5.0	11				
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	22/1.7	15/1.1				
APTT	51	36				
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-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 2 D (F)
Dr. SPANDANA PASUPULETI

FRM / CLINICAL / 124

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 14/6/26 Time: 10 2 6

Doctor/Nurse/Family Concern? PM AM AM

Temperature (°F)

104 103 102 101 100 99 98 97 96 95 94

98.4°F 98.2°F 97.2°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) 140b/m 138b/m 130b/m

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

70 60 50 40 30 20 10

Resp Rate (Number) 40b/m 30b/m 30b/m

Resp Distress	Mod/ Severe / None / Mild
Receiving O_2(l/min) O_2Saturations (%)	100% 99% 99%
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.

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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)

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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							
	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 :**						
14/6/26	08:00 pm	1									1	
	09:00 pm		DBF+ff									
	10:00 pm	0									0	
	11:00 pm	1	DBF+ff									
	12:00 am										1	
	01:00 am		DBF+ff									
Total Intake :		Taken				**Total Output :**				U-2 M-2		
15/6/26	02:00 am	1	DBF+ff				1				1	
	03:00 am											
	04:00 am						0			—	0	
	05:00 am	0	DBF+ff									
	06:00 am	1					1			—	1	
	07:00 am		DBF+ff									
Total Intake :		Taken				**Total Output :**				U-2 M-0		

Total 24 hrs. Intake		Total 24 hrs. Output	

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G SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis: dis:- Term (37 weeks) NNJ					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
BACKGROUND	Area / Shift Time	14/6/26 N)					
	Medical Condition (Any special condition to be noted):	~~RAS~~					
ASSESSMENT	Allergy:	☐ Yes ☒ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☒ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.2°F					
	Res:	40 b/m					
	SpO_2:	99%					
	Pulse:	130 b/m					
	BP:	—					
	Fall Risk Score:	—					
	Pain Score:	—					
Recommendations	Safety Needs:	—					
	Physiotherapy	☐ Yes ☒ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—					
	Special Diet:	☐ Yes ☒ ~~No~~	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :		Divya					
Signature :		D					
Date:		15/6/26					
Time:		8PM					
Taken Over By Name :							
Signature :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: ..... Date of Admission: .....

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							

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NURSING CARE RECORD

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Date: 14/6/26

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							
Night	8pm 8am	→ Assess the baby condition → monitor vitals → maintain I&O chart → baby on DSPT → IV Cannula present → Ct medication → DBF + FF 2nd hourly → Plan to Vaccination → CRP T/M 6am	8pm 8am	→ Assessed the baby condition → monitored vitals & recorded → maintained I&O chart → Ot DSPT → IV cannula Presented → Ct antibotics → DBF + FF 2nd hourly	→ baby is stable → Ct DSPT → plan to vaccination → SBR, NBS, ODE T/M → CRP T/M 6am	→ rechecked vitals	

Docu. No: RCH/FRM/CLINICAL/148

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NURSING CARE RECORD

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Date: .....

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							
Night							

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CHECKLIST FOR THROMBOPHLEBITIS

14/06/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2			NA							
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							
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							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5			NA							
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

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BRADEN 'Q' SCALE

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				Date : 14/6/26			
				Time : 2			
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		
"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		
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		
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		
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4 4		
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		
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		
				TOTAL SCORE	24		
				Evaluator's Name	D		

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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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: | Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: | Post OP Day:

BACKGROUND

Date / Shift	12/6 E2	12/6 N1	13/6/26 M5	13/6/26 N1	14/6/26 M6	14/6/26 E2
Medical Condition (Any special condition to be noted):		NIV	NICU	NICU	NICU	NICU
Diet:		NPO	Feeds OG	OG	OG Feeds	OG Feeds

ASSESSMENT

Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):		—	C-PAP	—	Room Air	Room Air
Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs: Temp:	36.5	36.6°C	36.5°C	36.5°C	36.5°C	36.6°C
Res:	47 b/m	47 b/m	44 b/m	48 b/m	37 b/m	40 b/m
SpO_2:	99%	99%	99%	100%	100%	100%
Pulse:	137	136 b/m	131 b/m	142 b/m	130 b/m	142 b/m
BP:	69/41(54)	69/50	64/42(50)		61/40(46)	—
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:		—	—	—	—	—
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 :	Shivaleela	Divya	Saipriya	Jyothi	Saipriya	Laxmi
Signature / ID :						Laxmi
Date:	12/6/26	13/6	13/6/26	14/6/26	14/6/26	14/6/26
Time:	8pm	8pm	8pm	8AM	8pm	8pm
Taken Over By Name :	Divya	Saipriya	Jyothi	Saipriya	Laxmi	
Signature / ID :					Laxmi	
Date:	13/6	13/6/26	13/6/26	14/6/26	14/6/26	
Time:	8pm	8AM	8pm	8AM	2pm	

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12-08-2026 0Y0M0D4H (F)
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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	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:						
	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 :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	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:						
	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 :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
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:						
	Res:						
	SpO_2:						
	Pulse:						
	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:						
	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 :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR THROMBOPHLEBITIS

12/6/26 13/6/26 14/6/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0			0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	NA	NA	NA	NA	NA	NA		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	NA	NA	NA	NA	NA	NA		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	NA	NA	NA	NA	NA	NA		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	NA	NA	NA	NA	NA	NA		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	NA	NA	NA	NA	NA	NA		
		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-08-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
			Signature of the Nurse										

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Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. SPANDANA PASUPULETI

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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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										
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
		Signature of the Nurse											

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Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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										
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6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5										
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Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

Patient Sticker

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CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	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										
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2										
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		Signature of the Nurse											

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

Signature of Shift In Charge :

Signature : ..... Name : .....

Signature of Ward In Charge :

Signature : ..... Name : .....

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D2H (F)
Dr. SPANDANA PASUPULETI

BRADEN 'Q' SCALE

Rainbow® Children's Hospital
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					Date : 12/6	13/6	13/6	13/6
					Time : E2	N1	MS	N7
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3	3	3	3
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3	3	3	3
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	3	3	3	3
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
					TOTAL SCORE 21	21	21	21
					Evaluator's Name			

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

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

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

Patient ID

BRADEN 'Q' SCALE

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				Date :	14/6			
				Time :	M6			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	3			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	3			
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			
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			
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			
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			
				TOTAL SCORE	21			
				Evaluator's Name	Sg			

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
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Less than 9	Severe Risk	• Use same protocol as for **"High Risk"** Patients • Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

Patient ID

BRADEN 'Q' SCALE

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

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				Date :				
				Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.				
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.				
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.				
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."				
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.				
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.				
				TOTAL SCORE				
				Evaluator's Name				

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

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

Patient ID

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date : / Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.				
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.				
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.				
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."				
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				TOTAL SCORE				
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Patient ID

BRADEN 'Q' SCALE

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

				Date :				
				Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.				
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				TOTAL SCORE				
				Evaluator's Name				

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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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

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. SPANDANA PASUPULETI

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 12/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ 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	X	
Excess Fainout (Afferent Tubing) Drained		X	X	
Excess Rainout (Efferent Tubing) Drained		X	X	
Temperature Probe away from Heat / Cover with Aluminium Foil		X	X	
Gas Bubbling Continuously		X	X	
Water Level at Desired Level in Bubble Chamber.		X	X	
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:		[illegible]	[illegible]	
Signature of the Nurse:		[illegible]	[illegible]	
Date & Time:		12/6/26	12/6/26.	

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

HNH-00015942 IP26-00006571
Baby Of KIRAN GOEL
12-06-2026 0Y0M0D14H (F)
Dr. SPANDANA PASUPULETI

Rainbow® Children's Hospital
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CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 13/6/26

	CRITERIA MET / NOT MET ☐ Yes ☐ 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:	Saipriya	Saipriya		
Signature of the Nurse:				
Date & Time:	13/6/26 8am	13/6/26 8pm		

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

Patient Sticker

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: .....

	CRITERIA MET / NOT MET ☐ Yes ☐ No			Comments by Duty Registrar
	Morning	Evening	Night	
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Excess Fainout (Afferent Tubing) Drained				
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Gas Bubbling Continuously				
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Nasal Prong / Mask Correct Size				
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Oro Nasal Suctioning Documentation				
OG Tube in SITU				
Baby Comfortable				
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Signature of the Nurse:				
Date & Time:				

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Patient Sticker

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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.

HNH-00015835 IP26-00006521
Baby Of MAIMUNA SAFURA
05-05-2026 0Y0M0D9H (F)
Dr. SPANDANA PASUPULETI

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

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☐ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : .....

Nurse Name & Signature: .....

Date & Time : .....