

106

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 10 AM	<p>US/B Dr Tejaswi / Dr Prasad</p>	
	<p>DOZ-33 / 30⁺³ → 35⁺² wk / VPT / VIBU - 1-44 kg / RDS / Candida sepsis / Feed Intolerance / NNTS & Congenital Hypertrophic CLD</p>	
	<p>T. WT - 1.530 (✓220g)</p>	
	<p>on Miniflow jar - 0.2 lit/hr T extubated feed</p>	<p>Pln 1) To Taper oxygen 2) Cont DART</p>
	<p>Vital HR - 138/min SpO₂ - 93% RR - 50/min BP - 64/39 (58) mmHg</p>	<p>3) Spoon feed - 22ml/kg NMF in EBM (At least 1) 3) Cont Demostat</p>
	<p>U.O - 5.1 ml/kg (yest)</p>	<p>Lanzol Erythromycin</p>
	<p>R.S - B/200 @ PLA - Soft</p>	<p>4) Ct - Folic acid Calcium - P Vit - D3 Add Phos</p>
		<p>5) Monitor Vital 6) CRP } T/m SBR }</p>
	<p>Send renal urine CMV-PCR CPE</p>	<p>7) Monitor Vital of conjugated level in plasma for urine CMV PCR later</p>
		<p>Add Iron in Prasad</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 2:15pm	15/15 Dr. Prasad	
	DOL-33 / 30 ⁺ → 35 ⁺ wk / VPT / 1.44 kg / 1 Girl / NNS / RDS / CLD candida sepsis / Feed intolerance - Hypoxic ischaemic	
	on low flow O ₂ - 0.2 L/min	Pln
	Ectopic dull Accepting feed slowly	1) Spaced - 22ml/hr (TV - 160ml/kg/day)
	Vital	2) DART regimen
	HR - 142/min	3) Cont. Supplements
	SpO ₂ - 94%	4) CRP] SBR] T/M
	RR - 55/min	5) Feed < CVE
	BP - 77/50 (59) mmHg	Urine CMV PCR
	RIS - B/LPE @	6) Monitor Vitals
	PIA - soft c Mild distension	Infan Sol
	V.O - 20ml (1.5ml/kg/h)	
		Noted by Tejate Prasad
		2pm
		23/5



107

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 11 AM	<p><u>B/o Rachana</u></p> <p><u>Counseling</u> (Dr. Tejaswi)</p>	
	<p>→ O₂ Minimal, oxygen - 0.2 lit</p>	
	<p>Hope to wean off oxygen by T/m.</p>	
	<p>→ Stable, activity better</p>	
	<p>→ Accepting 22ml spoon feed</p>	
	<p>→ Plan to send urine CMV PCR & CUE</p>	
	<p>Based on report later management plan</p>	
	<p>→ Will add iron supplement and other syng</p>	
	<p>as supplements</p>	
	<p><i>Dr. Tejaswi</i></p>	<p><i>[Signature]</i></p>
	<p>Dr. S. TEJASWI REDDY Registration No: 94068</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5 3pm	C/S/B Dr Spandana	
	DOL-33/30 ⁺³ → 35 ⁺² wk / VPT / 1.4kg by / 1hid / PDS / NNS / CLD Candida species / Feed Entelecan / Conjugated Hyperbilirubinemia	
	on low flow O ₂ - 0.2 ltr ↳ 0.1 ltr	Pb
	Accepted feed now	1) send { CVB Virus CMV PCR
	Vitals HR - 132/min	2) spoon fed - 22ml/d TR - 160ml/kg/day
	SpO ₂ - 96% RR - 32/min	3) cont DART begin
	BP - 77/50 (57)	4) CT - Supplement CT - Volcanet
	R-S-Blood @ PIA - soft	5) CBP CBP, CRP } T/M 6AM SBR.
		6) Monitor Vitals Infam SOS
		7) Try to wean off O ₂
		Praw Note by Saipriya 23/5/26 @ 3pm

by of Rachana

108

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/26 12:02pm	Dr. <u>Shivalakshmi</u>	
	→ Still on oxygen DART regime continuing	
	→ Feeds - tolerating Spoon feeding - 22mls	
	<u>HMF</u> / <u>MUFOIL</u>	BOV
	→ urine CVR - } urine CVE }	REPORT awaiting
	Amino raised conjugated levels	
	→ CRP / ERY CRP - checking	
	→ NO Abx / no Antifungal.	
	P.S.	

Dr. Sneha S. Sankar
 Consultant Neonatologist / Pediatrician
 Reg. No. 10125

Noted by P. Shivalakshmi
 23/05/26 @ 5pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/2026	S/B Dr. Nameer / Dr. Alekya	
9 PM		S/B Dr. Dhruv
		d/w Dr. Spandana
	Abdominal distention (+)	Plan
	on 0.2L/min O ₂	① CBG now
	SpO ₂ 94%	② Xray Abdomen now (Screening)
	HR - 130/min	③ NPO till further order
		④ send urine c/s
		⑤ w/f RD.
	CBG - K ⁺ - 3.44	
	PH - 7.39; PCO ₂ - 38.2	(Nameer)
	PO ₂ - 58; HCO ₃ - 23.	
		① Start IV fluids;
		Add K ⁺ to IV fluids
		② Stop MCT oil / AMF.
		(Nameer)
	S/B Dr. Nameer / Dr. Tharun	
24/5/2026		Plan
1 am	on 0.2L O ₂ ; maintaining SpO ₂	① ct NPO
	NPO;	② trace urine cmv; urine c/s
	Abdominal distention (+)	③ ct DART regimen
	Xray Abd - dilated loops	
		(Nameer)

NH-00015053
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 1 M 2 D (F)
 r. S TEJASWI REDDY

IP26-00006172

109



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/2026	8/3 Dr. Nameen / Dr. Thann	
7am	D34 30+3 → 35+3 VPT 1.4 kgs RDS WNS CEP Candida	
	sepsis Feed to intolerance conjugated hyperbilirubin	
	- T. wt - 1.5 kgs (↓ 20gms)	Plan
	- on low flow O ₂ - 0.1 L/min	① Try to wear off O ₂
	SpO ₂ - 93% - 95%	② ct NPO
	HR - 110/min	③ ct IV fluids with K ⁺
	BP - 65/48 mmHg (55)	in fluids.
	activity ✓	④ ct DART regimen
	NPO.	⑤ Trace urine CMV /
	Abd: distention - better	urine cl's.
		⑥ CBP / CRP / SBR after rounds
		⑦ monitor intals

Done
 (Dr. Nameen)

Noted by Shivalal
 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10:30 AM	e/s/by Dr Spandane	
	<u>D34</u>	
	HR = 120/min.	
	- Abd diste (↓) soft (+)	- (T) urine CMV u/e/p
	- Mini LFNC = 0.05 u/l ↓ 0.07 of low.	- CBP, CRP, SBR. Send 2pm Now.
		- 10ml sml judu next jud 10ml C-topex iv fluids.
		If No distension ↑ sml Every alternate feed (1/2 sml iv fluids) Every alternate.
		- ct DEXA (DART) Regimen - 200mg sos.
		Noted by Saipriya 24/5/26 10:30 AM

110

B/o Rachna

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10:50 AM	<p><u>Counselling Notes</u> (Dr. Spandana)</p>	
	<p>- Baby on mini Low FNC (0.076/min)</p>	
	<p>- Abdominal distense yesterday (+) ↓ - stopped next Oil</p>	
	<p>- started feeds Again. - tolerating Abdomen - soft in the morn.</p>	
	<p>- <u>CBP, CRP, SBR</u> - Send in After 2pm</p>	
	<p>- on DART Regimen.</p>	
	<p>- (+) urine cmc / una / eps. Reports.</p>	
	<p><i>[Signature]</i></p>	<p><i>[Signature]</i></p>
<p>Dr. Spandana Pasupuleti Consultant in Neonatal and Pediatric Registrar No. 30925</p>		<p>Noted by Saipriya 24/5/26 @ 10:50 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 8pm	c/s/hy, Dr. Annu <u>284</u> / 95+3 cgn / RDL / NNT / CD / candid sepsis / feed Intolerant conj hyperbilirub.	
	→ on CFNC ↓	
	O ₂ → 1	
	SpO ₂ = 95%	<u>Plan</u>
	HR = 120/min	→ 20ml spoon feed
	BP = 74/48 (su)	Orly fth
	CFT < 3sec	humping
		→ PRBC PRBC Tx Now.
		- DART Regime
		- (T) v/c/p. B/c/p.
	AF	- Norm sos.
		Noted by Saipray 24/5/26 8pm

(11)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7:30 AM	c/s/hy. ds. Anush	
	D35 / 35 th CGA / RNS / NNTJ / CCD / candida. sepsis / feed Intolerance / conjugate hyperbilirubemia	
→	Tolcualt feed No vomiting No abd distension.	P-500 (same wt) → on full feed 23-25ml Q4h flb buying
→	SpO2 96% on RA	→ (T) u/ds B/ds.
→	HR = 124/min BP 77/45(57)	→ ct DART legimed.
→	RR = 45/min CRT < 3sec	→ ct mini CRNIC. (SOS)
→	AP	→ If SpO2 (T) - start mini CRNIC
→		Give by rancomycin stat ↓ Remve. Puc line
→		Noted by Seepriya

25/5/26 @ 7:30 AM

NH-00015053 IP26-00006172

Baby Of RACHNA SANKLA

1-04-2026 0 Y 1 M 2 D (F)

r. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>clsh Dr Spadham</u>	
25/5/26		
9 AM	<u>D35</u>	
	<u>vital</u>	
	stat	
	<u>SpO₂ 89-93%</u>	→ cl spoon feed
		→ Remove PICC line.
	If ports (D)	→ vj VANCOMYCIN
	1-join	Before PICC line
	↓	
	connect	- Traine mother spoon feed.
	mini LFNC <u>0.09</u>	→ Monit vital



~~Noted by Sujanya
25/5/26
9 AM~~

NH-00015053
Baby Of RACHNA SANKLA
1-04-2026 0 Y 1 M 4 D (F)
r. S TEJASWI REDDY
IP26-00006172

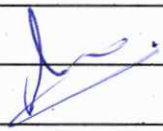
112



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/24 11am	<u>counselling</u>	<u>B/o Raghava</u>
	- try mother's feeds	DSA spoon feeds / train the mother
	- injection markers	: negative
	- jaundice : ↓	
	- Plan to discharge day after.	
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/25	<u>U/B Dr. Pravin</u>	
2:30pm	<u>D35</u>	
	- on room air	
	- tolerating feeds well.	
	- urine ✓	
	- stools ✓	
	O/E	
	HR: 127 bpm	
	RR: 42 bpm	Plan
	SpO ₂ : 94% eRA	1) ct. spoon feeds
	Sp: 66/49	2) train mother for spoon feeds
	PIA - soft	3) ct. Hexa
	RS: BNE ⊕	4) ct. supplements
		5) Rub-as per Rx chart
		6) monitor vitals -

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5	CS/B D. Prasad / Dr. Karna	
11:30pm	<p>DOB 35 / 30⁺³ → 35⁺³ Wk / VPT / 1.46 kg - VESU / RDS / NNT / CLD / candida sepsis / Feed Intolerance / Sterigmatized Hyposphalangia</p>	
	SV on Room R	Ph
	Tolerating feed	1) Spoon feed - 22 ml (2x)
	Passing urine to stool	2) OART sign
	Vital	3) Cont supplement
	HR - 104/bm	4) Monitor Vitals
	SpO ₂ - 93%	5) Train mother in spoon feed
	RR - 30/m	
	BP - 75/45 (56) only	
	R-S - B/VAB	Infon 505
	PIA - soft	
		Prasad



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 6:30 am	<p>CLSB Dr. Pranav / Dr. Valan</p>	
	<p>DOB - 26/30⁺6 → 35⁺4 wk / VPT / 1.44 kg - VLBW / RDS - ? CLD / mW</p>	
	<p>Candida Septic / Feed intolerance / Co conjugated hyperbilirubinemia - Cholestasis</p>	
	<p>T.Wt - 1.46 kg (↓40 g)</p>	
	<p>SV on RA</p>	<p>Pl.</p>
	<p>Accepting spoon feed</p>	<p>1) Spoon feed ~ 22 ml / d</p>
	<p>Vitals</p>	<p>2) DART regimen</p>
	<p>HR - 166/min</p>	<p>3) Train mother in spoon feed</p>
	<p>SpO₂ - 97%</p>	<p>4) Supplement</p>
	<p>RR - 48/min</p>	<p>5) Dermid</p>
	<p>R/S - B/LAE ⊕</p>	<p>lanzal</p>
	<p>RA - soft</p>	<p>Erythromycin</p>
		<p>6) Inj. SOS</p>
		<p>7) Monitor Vitals</p>
		<p><u>Pranav</u></p>

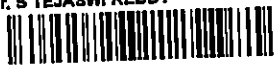


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/28	SIB Dr. Tejaswi	
10 AM	ADG - 35 / Very pale skin	3 sink + 6d → 3 sink + 6d
	VLBW - 1.44 kg / RDs - 7 CLD / NMS	Candida sepsis
	Feed intolerance / conjugated hyperbilirubinemia	Cholelithiasis
	T-wt: 1.46 kg	
	CL 40 g	Play
		SIF - 22-25 / 2-0-6
	Baby Gutheer	
	HR - 134 / min	cf DART regimen
	SpO ₂ - 95%	Train mother in
	BP - 77/65	Spoon feed
	CVS - S ₁ S ₂ @	Shift to room side
	M - 36 ALCO	by 12 PM
	PLA-Jack	cf DOMITAL
	CM: - Spont movement	LANZOL
		Fingertone
	POP / Immunized	Monitor vitals
		cf VITAMIN D ₃
		CALCI MAX D
		Ad phos
		ODNIV
		OROPER XT

NH-00015053 IP26-00006172

by Of RACHNA SANKLA
1-04-2026 0Y 1M 4D (F)
r. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

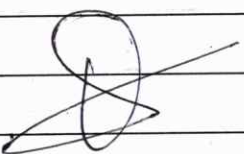
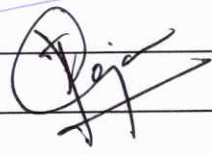
Date & Time	Progress Notes	Doctor's Order
26/5/26	SIB Dr. Sreyah	
2 PM	<p>Doi - 37/ Very preterm / 30wk + 6d -> 31wk + 6d</p> <p>WLBW = 1.44 kg / RD = 10.0 / NNT (Congenital)</p> <p>hyperbilirubinemia / Sepsis / Feed Intolerance</p> <p>Candida Sepsis / ? UTI</p>	
	Baby Belkumic	Start oral Amoxyclo
	CVS - S ₄ S ₁ 0	
	M - BU - ACE	CF DAPT regimen
	CLex	
	PLATOL	SIF - 22 - 25 / 25 kg
	CMi -	EDM / FR
	Spont movement @	ROP - Tommonow
	SpO ₂ - 97% on RA	Train mother in spoon feed
		Monitor vitals
		CF DOMSTAL
		LANZOL
		Eythomy C ₃
		VITAMIN D ₃
		CALCI MAX P
		Add phosphate
		JDILIV
		OKOPER XT



B10 Machine



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	Counseling Mother	
10:35 AM	- weight by	- 40 gm today
	- on Formula feed - Pre-Nan	+EBM
	- SLE - 22-25ml / 2hr	
	- Plan to shift the baby	room side by 12 PM
	- Mother to be trained	for feeds today
	- ROL - Tomorrow	
		
	NIB-Shanya	
		Dr S TEJASWI REDDY Registration No: 44068



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	S/B Dr Spandana	Plan
3:15 PM	Baby full term	
	SpO ₂ 95%	- CF AMOXICLAV
	ONRA	
	HR - 136/min	- CF DART regimen
	CVS S ₁ S ₂ @	- ROY - Transposed
	M - 34 - ACF @	- S/F - 22 - 25u/daily
	PLA - 50 u	
	CM: Spont. movements @	- Train motus in head
		- Monitor vitals
		- CF Supplements @

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/5/26</u>	<u>S/S. Dr Prabhat.</u>	
8 AM	D3500 / VPT / 35+6d / VLBW 1.44kg / RDS / ? UTI.	
	Baby stable accepting feed.	Adv
T. wt 1.440kg (20g ↓)	passing urine & stools. no do.	1. CT. Amoxiclav
	v/s vitals + stable	2. CT. DART Program
	PA cgt	3. ROP T/m
		4. CF 22-25 cc / q2h
		5. CT. Supplements.
	Poo	NB - Madhuri

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>4516 Dr. Tjokowi</u>	
27/5/26 11:0 AM	VPT / 35+6d / NBW / RDS / ?UTI.	
	Baby is accepting feeds well.	
	- Passing urine ✓ Stools ✓	Plan - ct. tomorrow.
	O/E - vitals stable.	- ct. DART regimen.
	S/E - IONL.	- ROP today
		- SF 22-25ml q2h.
		- ct. supplements.
		- D/C Today
		Table

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

NH-00015053
 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 25 D (F)
 r. S TEJASWI REDDY



DRUG CHART

Date of Admission: 21/4/26 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:																					

VERIFIED BY: Name Signature



REGULAR PRESCRIPTIONS

Weight. ... 6 kg ... Ward.

DRUG : Inj MICAFUNGIN Date: 16/5/17/15

Dose	Route	Frequency	Start Date
3mg	IV	OD	4/5

Name & Signature of the Doctor Starting the Drugs: *Pran* 8 AM

Additional Instructions: 2mg/kg
 1ml = 50mg
 Dilute 1ml in 10ml of 5% D
 1ml = 5mg ⇒ Take [0.6ml] of reconstituted med + 4.4ml 5% D ⇒ 5ml over 2 hours

Daily Doctor's Endorsement by a Sign 2 hours

DRUG : Inj LIPOSOMAL AMPHOTERICIN B Date: 16/5/17/15

Dose	Route	Frequency	Start Date
10mg	IV	OD	4/5

Name & Signature of the Doctor Starting the Drugs: *Pran* 6 AM

Additional Instructions: 1ml = 50mg
 1ml in 12ml D ⇒ 1ml = 4mg
 Take [2.5ml + 2.5ml of 5% D] ⇒ 5ml 10 over 2 hours

Daily Doctor's Endorsement by a Sign

DRUG : Inj CAFFEINE CITRATE Date: 16/5, 17/5, 18/5, 19/5, 20/5, 21/5, 22/5, 23/5, 24/5, 25/5, 26/5, 27/5

Dose	Route	Frequency	Start Date
8mg	IV	OD	21/4

Name & Signature of the Doctor Starting the Drugs: *Pran* 6 AM

Additional Instructions: 5mg/kg

Daily Doctor's Endorsement by a Sign

DRUG : MCT OIL Date: 16/5, 17/5, 18/5, 19/5, 20/5, 21/5, 22/5, 23/5, 24/5, 25/5, 26/5, 27/5

Dose	Route	Frequency	Start Date
-	Oral	BD	5/5

Name & Signature of the Doctor Starting the Drugs: *Pran* 6 AM

Additional Instructions: 6 AM

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

Verified by

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG: GLYCERINE SUPPOSITORY
 Date/Time: 16/5 17/5 18/5 19/5 20/5 21/5 22/5 23/5 24/5 25/5 26/5 27/5
 Dose: 2nd 7 2nd 15
 Route: PIR
 Frequency: BD
 Start Dt: 6/5
 Name & Signature of the Doctor Starting the Drugs: *Pran*
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign: *6 8 ✓ 10 12*

DRUG: ~~Vancomycin~~
 Date/Time: ~~17/5~~
 Dose: ~~25mg~~
 Route: ~~IV~~
 Frequency: ~~TID~~
 Start Dt: ~~14/5~~
 Name & Signature of the Doctor Starting the Drugs: ~~*Pran*~~
 Additional Instructions: ~~15mg/kg/dm 8th by~~
 Daily Doctor's Endorsement by a Sign: ~~*10 pm*~~

DRUG: ~~Colistin~~
 Date/Time: ~~17/5~~
 Dose: ~~0.6ml~~
 Route: ~~iv~~
 Frequency: ~~TID~~
 Start Dt: ~~17/5~~
 Name & Signature of the Doctor Starting the Drugs: ~~*Al*~~
 Additional Instructions: ~~dilate in Nial = 1MU → 30ml DW → (1ml = 10khu) → take 0.6ml + 30ml DW 1 hour infusion 0.6ml/kg/dose~~
 Daily Doctor's Endorsement by a Sign: ~~*STOP 17/5 11AM*~~

DRUG: ~~Meropenem~~
 Date/Time: ~~17/5~~
 Dose: ~~50mg~~
 Route: ~~iv~~
 Frequency: ~~TID~~
 Start Dt: ~~17/5~~
 Name & Signature of the Doctor Starting the Drugs: ~~*Al*~~
 Additional Instructions: ~~(100mg/100ml) 50mg over 30min~~
 Daily Doctor's Endorsement by a Sign: ~~*STOP 17/5 11AM*~~



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Domstal suspension				Date	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose	Route	Frequency	Start Dt.	Time										
0.3ml	PO	TID	18/5	6 AM										
Name & Signature of the Doctor Starting the Drugs:														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														
DRUG : T. Junior (azole)				Date	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose	Route	Frequency	Start Dt.	Time										
1ml	PO	OD	18/5	6 AM										
Name & Signature of the Doctor Starting the Drugs:														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														
DRUG : ERU THROMYCIN ORAL				Date	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose	Route	Frequency	Start Dt.	Time										
Name & Signature of the Doctor Starting the Drugs:														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														
DRUG : ERU THROMYCIN SYR				Date	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose	Route	Frequency	Start Dt.	Time										
0.2ml	PO	QID	18/5	12 AM										
Name & Signature of the Doctor Starting the Drugs:														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : INJ VITAMIN K				Date
Dose	Route	Frequency	Start Dt.	Time
0.5mg	IV	OD	18/5/20	19/5/20 20/5/20 21/5/20
Name & Signature of the Doctor Starting the Drugs:				Dr. [Signature]
Additional Instructions:				K ₁ (Phytonadione) 1mg/0.5ml Give 0.5 0.3ml slow IV over 5-10min Total 3days
Daily Doctor's Endorsement by a Sign				[Signature]
DRUG : Inj LIPOSOMAL AMPHOTERICIN B				Date
Dose	Route	Frequency	Start Dt.	Time
10mg	IV	once daily	18/5	18/5/19/5
Name & Signature of the Doctor Starting the Drugs:				10 PM [Signature]
Additional Instructions:				1ml = 5mg 1ml in 12ml D.W => 1ml = 4mg Take [2.5ml + 2.5ml of 5% D] => 5ml IV over 2 hours
Daily Doctor's Endorsement by a Sign				[Signature]
DRUG : Tab. FOLIC ACID				Date
Dose	Route	Frequency	Start Dt.	Time
1.05ml	PO	OD	19/5	19/5/20/5/21/5/22/5/23/5
Name & Signature of the Doctor Starting the Drugs:				[Signature]
Additional Instructions:				1 tab = 5mg Dilute 1 tab in 10ml 5% D and give 1.05ml
Daily Doctor's Endorsement by a Sign				[Signature]
DRUG : HMF Sachet				Date
Dose	Route	Frequency	Start Dt.	Time
1 Sachet	PO	each feed	21/5	21/5/22/5/23/5
Name & Signature of the Doctor Starting the Drugs:				[Signature]
Additional Instructions:				12 AM X 2 AM X 4 AM X 6 AM X 8 PM Low X 10 PM X
Daily Doctor's Endorsement by a Sign				[Signature]

Verified by
 Dr. Dhakshayani

Verified by
 Dr. Dhakshayani



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG: vitamin D ₃ drops.				Date	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose				Time							
Dose	Route	Frequency	Start Dt.								
0.5ml	PO	OD	21/5								
Name & Signature of the Doctor Starting the Drugs:											
Additional Instructions:											
1ml = 800 IU.											
Daily Doctor's Endorsement by a Sign											
DRUG: Syp. Calcimax - P.				Date	22/5	23/5	24/5	25/5	26/5		
Dose				Time							
Dose	Route	Frequency	Start Dt.								
2.5ml	PO	BD	22/5								
Name & Signature of the Doctor Starting the Drugs:											
Additional Instructions:											
80mg/kg/day											
Daily Doctor's Endorsement by a Sign											
DRUG: Addphos Sachet.				Date	21/5	22/5	23/5	24/5	25/5	26/5	27/5
Dose				Time							
Dose	Route	Frequency	Start Dt.								
	PO	BD	21/5								
Name & Signature of the Doctor Starting the Drugs:											
Additional Instructions:											
Dilute 1/2 sachet in 10ml Distilled water and give 1ml											
Daily Doctor's Endorsement by a Sign											
DRUG: Inj DEXAMETHASONE				Date	22/5	23/5	24/5	25/5			
Dose				Time							
Dose	Route	Frequency	Start Dt.								
120mg	IV	BD	22/5								
Name & Signature of the Doctor Starting the Drugs:											
Additional Instructions:											
7.5mg/kg/dose x 3 days till 24/5 night.											
Daily Doctor's Endorsement by a Sign											

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 1 M 2 D (F)
 Dr. S TEJASWI REDDY



REGULAR PRESCRIPTIONS

Sheet No: Weight Ward

DRUG : MCT OIL				Date Time	23/5																	
Dose	Route	Frequency	Start Dt.		12pm																	
1ml	PO	6 th ly	23/5																			
Name & Signature of the Doctor Starting the Drugs:					 6pm <u>HOLD</u>																	
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : OROFER - XT Dropp				Date Time	23/5	24/5	25/5	26/5	27/5													
Dose	Route	Frequency	Start Dt.		2pm	12pm	12pm	12pm	12pm													
0.5ml	PO	BD	23/5																			
Name & Signature of the Doctor Starting the Drugs:					 2pm 12pm 12pm 12pm																	
Additional Instructions: 1ml = 10mg 6mg/kg																						
Daily Doctor's Endorsement by a Sign																						

DRUG : Syrup UDILIV / UDCA MET				Date Time	23/5	24/5	25/5	26/5	27/5													
Dose	Route	Frequency	Start Dt.		12pm	12pm	12pm	12pm	12pm													
1ml	PO	BD	23/5																			
Name & Signature of the Doctor Starting the Drugs:					 12pm 12pm 12pm 12pm																	
Additional Instructions: 5ml = 125mg Ursodeoxycholic Acid 15mg/kg - BD																						
Daily Doctor's Endorsement by a Sign																						

DRUG : Erythromycin Syrup				Date Time	24/5	25/5	26/5	27/5														
Dose	Route	Frequency	Start Dt.		12 AM	12 AM	12 AM	12 AM														
0.2ml	PO	QID	24/5																			
Name & Signature of the Doctor Starting the Drugs:					 6 AM 12 PM 6 PM 12 PM 6 PM 12 PM																	
Additional Instructions: (125mg / 5ml)																						
Daily Doctor's Endorsement by a Sign																						

VERIFIED BY : Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Inj. DEXAMETHASONE				Date Time	25/5/2026																	
Dose	Route	Frequency	Start Dt.																			
80mg	IV	BD	25/5	11am	x																	
Name & Signature of the Doctor Starting the Drugs:																						
Name																						
Additional Instructions:																						
50mg/kg/dm 1Vial = 2ml = 8mg Take 0.5ml + 20ml NS => 1ml = 100mg => (Take 0.8ml + 20ml NS) 1V 0.8ml 20ml																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Inj. AMOXICILLAV				Date Time																		
Dose	Route	Frequency	Start Dt.																			
45mg	IV	TID	26/5	12M																		
Name & Signature of the Doctor Starting the Drugs:																						
B. Sreyhan R																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : Syf AMOXICILLAV				Date Time	26/5																	
Dose	Route	Frequency	Start Dt.																			
0.8ml	oral	BD	26/5	10AM	x																	
Name & Signature of the Doctor Starting the Drugs:																						
B. Sreyhan R																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : TOBA e/D				Date Time																		
Dose	Route	Frequency	Start Dt.																			
10		TID	27/5	6AM																		
Name & Signature of the Doctor Starting the Drugs:																						
[Signature]																						
Additional Instructions:																						
X 3 DAYS																						
Daily Doctor's Endorsement by a Sign																						

VERIFIED BY: Name Signature



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/5	2:30PM	IV Lumit SDP (30ml)	over 30 min	IV	[Signature]	Shree
17/5	3:00PM	Transfuse 1 unit CRBC (25ml)	over 4 hrs	IV	[Signature]	Shree
17/5	8:00pm	SDP transfusion	30ml over 30min	IV	[Signature]	Shree
18/5	12:00Am	SDP transfusion	30ml over 30min	IV	[Signature]	Shree
18/5	4:00Am	SDP transfusion	30ml over 30min	IV	[Signature]	Shree
18/5	230 pm	10% DEXTROSE	3-3rd	IV	[Signature]	Shree
21/5	10:00Am	2mg Vancomycin	32mg	IV	[Signature]	Shree
21/5	3pm	1 RBC Transfusion	25ml over 4 hours	IV	[Signature]	Shree

Signature

VERIFIED BY

Verified by



I.V. FLUIDS CHART

Weight: 1.6 kg Ward:

Signature
VERIFIED BY: Name

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
16/5	3pm	TV - 170ml/day 10% ISO-P	" ml/h	PP			16/5 8:30 pm		
16/5	7:45 pm	TV - 170ml/kg 10% ISO-P + 3.2ml KCL	" ml	-					
		@ 2 meq/l/kg + 1.2u KCL @ 1.5 meq/l/kg							
17/5	8:30 pm	TV 170ml/kg/day 10% ISO-P + 12.8ml 3% NS	" ml/h	AP			18/5 7:30 am		
		@ 4 meq/l/kg + 3.4ml KCL @ 3 meq/l/kg							
18/5	7:30 AM	TV 170ml/kg/day 10% ISO-P + 12.8ml 3% NS + 3.2ml KCL	" ml (V)				18/5		
18/5	12:50 pm	TV 170ml/kg/day 12.5% ISO-P + 12.8ml 3% NS + 3.2ml KCL	" ml				18/5		
19/5	10:30 pm	TV - 170ml/kg/day 12.5% ISO-P + 12.8ml 3% NS + 3.2ml KCL	IV	5.5 ml/h			22/5 9AM		
23/5/24		TV = 170ml/kg/day 12.5% ISO-P + 12.8ml 3% NS + 3.2ml KCL (@ 3 meq/kg/day)	IV	" ml/h					



STAT / ONCE ONLY DRUGS

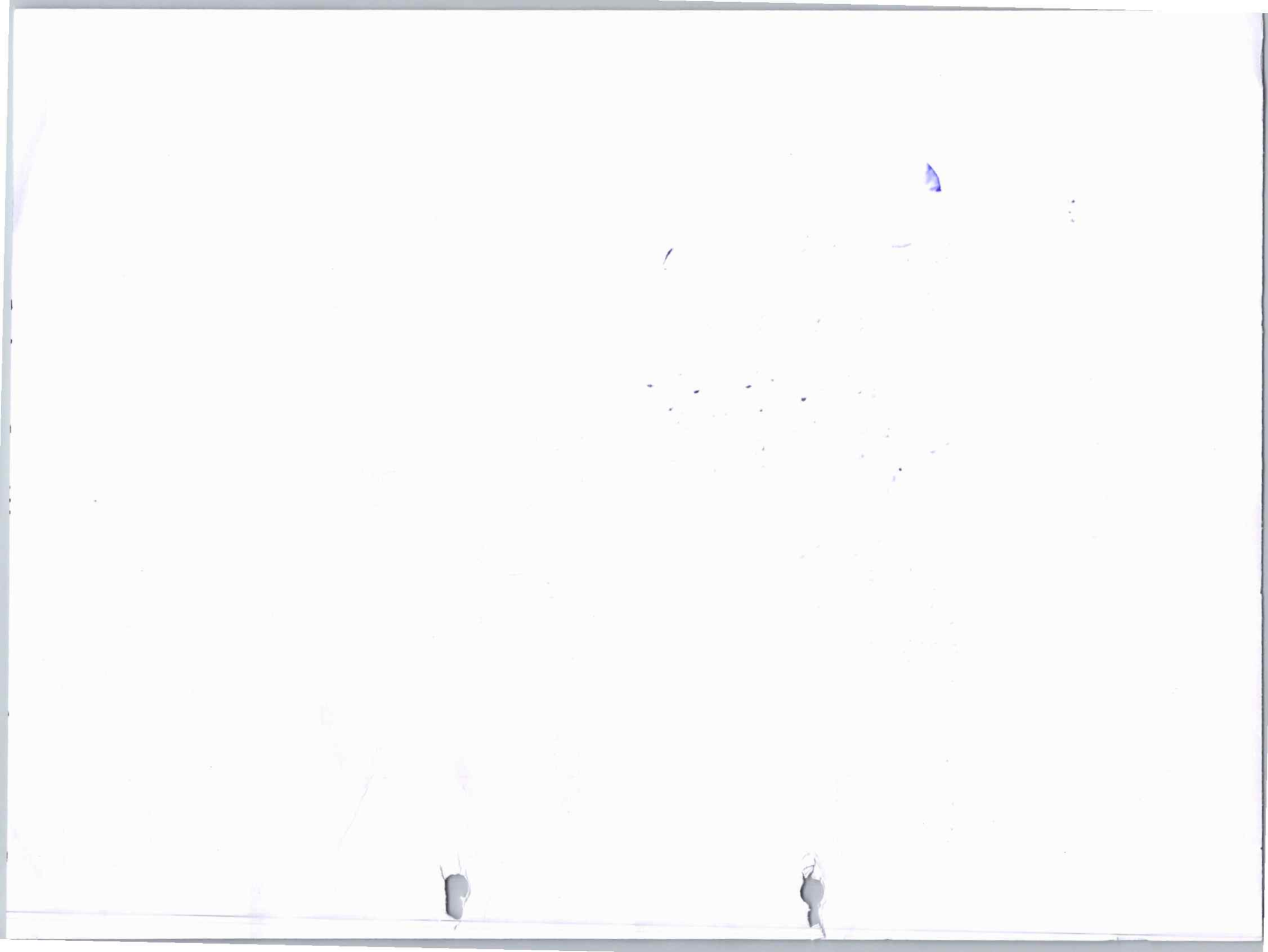
Name:

Weight: 1.66 kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/5	10:50	20g I.V IMMUNOGLOBULIN (1 vial = 2.5g in 50ml) (10 ml = 0.5g) Total 20ml = 1g	1g start with 0.5ml/hr for 1 hour ↓ 1 ml/hr for 1 hour ↓ 1.5ml/hr for 1 hour ↓ 2 ml/hr for 1 hour ↓ 4 ml/hr for rest	IV over 12 hrs	[Signature]	[Signature]	[Signature]
20/5	8pm	1g IVIG. (1 vial 2.5g in 50ml) (20ml = 1g)	1g start with 0.5ml/hr for 1 hour ↓ 1ml/hr for 1hr ↓ 1.5ml/hr for 1hr ↓ 2ml/hr for 1hr ↓ 4ml/hr for rest.	IV over 12 hours.	[Signature]	[Signature]	[Signature]

Verified by
Dr. Dhakshayani



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Ative Baby's Blood Group: Ative Sheet No: (6)

Gest Age: 34 weeks 6 days Birth Weight: 1.44 kg

Date: <u>25/5/26</u>	Date: <u>26/5/26</u>	Date: <u>27/5/26</u>
DOL <u>D34</u> Weight <u>1.500(-)</u>	DOL <u>D35</u> Weight <u>1.460 ↓ 40gr</u>	DOL Weight <u>1.440kg</u>
Problems: <u>PT / RDS</u>	Problems: <u>PT / RDS</u>	Problems:
Rs. <u>30 - 60 bpm</u> Exam <u>Done</u> Vent. Setting <u>R/A</u> ABG <u>p 80s</u> CXR	Rs. <u>30 - 60 bpm</u> Exam <u>Done</u> Vent. Setting <u>R/A</u> ABG <u>p 80s</u> CXR	Rs. Exam Vent. Setting ABG CXR
CVS <u>Normal</u> HR <u>137bpm</u> BP <u>75/48 Map (57)</u> Cap Refil <u>C284</u>	CVS <u>Normal</u> HR <u>120 + 160bpm</u> BP <u>76/52 Map (61)</u> Cap Refil <u>C284</u>	CVS HR BP <u>Map</u> Cap Refil
F/E/N T. Fluids CC /kg /day I/O /RBS: <u>82mg/dl</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC /kg /day I/O /RBS: U Output: <u>125 (CC/kg/hr) 500cc</u> Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC /kg /day I/O /RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>Big Caffeine</u> CRP Antibiotics	C/s Results <u>Big Caffeine</u> CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment
Plan <u>Graps 8th</u>	Plan <u>Graps op</u>	Plan

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: Birth Weight:

Date:	Date:	Date:
DOL Weight	DOL Weight	DOL Weight
Problems:	Problems:	Problems:
Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR	Rs. Exam Vent. Setting ABG CXR
CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill	CVS HR BP Map Cap Refill
F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med	Med	Med
Neuro:	Neuro:	Neuro:
Assessment	Assessment	Assessment
Plan	Plan	Plan

NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 26 D (F)
 r. S TEJASWI REDDY



2409



INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+V Baby's Blood Group: A+V Sheet No: 7

Gest Age: 30⁺3 weeks Birth Weight: 1.440 kg

Date: <u>19/5/26</u>	Date: <u>20/5/26</u>	Date: <u>21/5/26</u>
DOL <u>D28</u> Weight <u>1.620 kg.</u>	DOL <u>D29</u> Weight <u>1.580 ↓ 40gms.</u>	DOL <u>D30</u> Weight <u>1.560 ↓ 20gms.</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60b/m</u> Exam <u>Don</u> Vent. Setting <u>HF</u> ABG } <u>sas</u> CXR } <u>sas</u>	Rs. <u>30-60b/m</u> Exam <u>Don</u> Vent. Setting <u>RIA</u> ABG } <u>sas.</u> CXR } <u>sas.</u>	Rs. <u>30-60b/m</u> Exam <u>Don</u> Vent. Setting <u>RIA</u> ABG } <u>sas</u> CXR } <u>sas</u>
CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>63/38</u> Map <u>(47)</u> Cap Refil <u>C2 see</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>60/49</u> Map <u>(54)</u> Cap Refil <u>C2 see</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>81/66</u> Map <u>(72)</u> Cap Refil <u>C2 see</u>
F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N <u>180 cc</u> T. Fluids <u>298.0 ml/kg</u> CC/kg/day I/O/RBS: <u>7umol</u> U Output: (CC/kg/hr) <u>4.7 cc</u> Exam <u>185 ml</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) <u>176 ml</u> Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment	Assessment	Assessment
Plan <u>GRBS</u>	Plan <u>GRBS</u>	Plan <u>GRBS 6 hrs hourly</u>

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

11

12

NH-00015053 IP26-00006172
 SIBBY OF RACHNA SANKLA
 1-04-2026 0 Y 0 M 28 D (F)
 Dr. S TEJASWI REDDY



INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Ative Baby's Blood Group: Ative Sheet No: 5
 Gest Age: 30+3 weeks Birth Weight: 1.44 kg

Date: <u>22/5/26</u>	Date: <u>23/5/26</u>	Date: <u>24/5/26</u>
DOL <u>D31</u> Weight <u>1.550 ↓ 10gsm</u>	DOL <u>D32</u> Weight <u>1.530 ↓ 20gsm</u>	DOL <u>D33</u> Weight <u>1.500 ↓ 30gsm</u>
Problems: <u>PT / RDS</u>	Problems: <u>PT / RDS</u>	Problems: <u>PT / RDS</u>
Rs. <u>30 - 60bim</u> Exam <u>Done</u> Vent. Setting <u>02</u> ABG CXR <u>↳ SOS</u>	Rs. <u>30 - 60bim</u> Exam <u>Done</u> Vent. Setting <u>02</u> ABG CXR <u>↳ SOS</u>	Rs. <u>30 - 60bim</u> Exam <u>Done</u> Vent. Setting <u>02</u> ABG CXR <u>↳ SOS</u>
CVS <u>Normal</u> HR <u>120 - 160bim</u> BP <u>70/50 Map (60)</u> Cap Refil <u>C2sec</u>	CVS <u>Normal</u> HR <u>120 - 160</u> BP <u>Map</u> Cap Refil <u>C2sec</u>	CVS <u>Normal</u> HR <u>120 - 160bim</u> BP <u>65/48 Map (65)</u> Cap Refil <u>C2sec</u>
F / E / N T. Fluids CC /kg /day I / O / RBS: <u>82mg/dl</u> 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>101mg/dl</u> 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 <u>↳ force</u> I / O / RBS: <u>97mg/dl</u> U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>sup. Done</u> CRP Antibiotics <u>sup caffeine</u>	C/s Results <u>Caffeine</u> CRP Antibiotics	C/s Results <u>sup. Caffeine</u> CRP Antibiotics
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GABs 600mg</u>	Plan <u>GABs 600mg</u>	Plan <u>GABs 600mg</u>

NH-00015053 IP26-00006172
 aby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 25 D (F)
 R. S TEJASWI REDDY

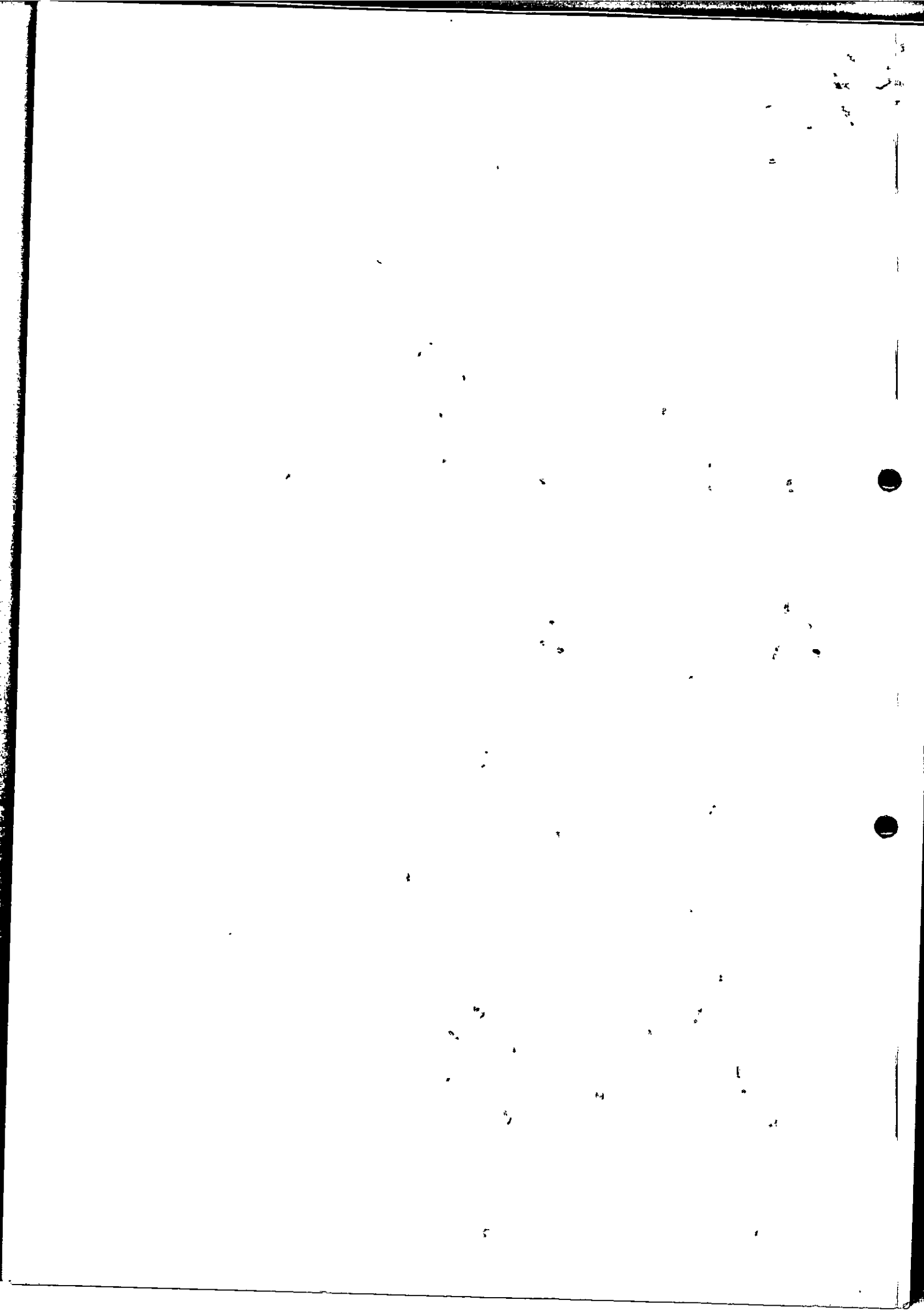


INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: A+ve Sheet No: 6
 Gest Age: 30+3 weeks Birth Weight: 1.440kg

Date: <u>16/5/26</u>	Date: <u>17/5/26</u>	Date: <u>18/5/26</u>
DOL <u>D25</u> Weight <u>1.62 kg ↑ 140gms</u>	DOL <u>D26</u> Weight <u>1.60 ↓ 20gms</u>	DOL <u>D27</u> Weight <u>1.60 (→)</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60b/m</u> Exam <u>Resp</u> Vent. Setting <u>C-PAD</u> ABG <u>Gas</u> CXR <u>Gas</u>	Rs. <u>30-60b/m</u> Exam <u>Resp</u> Vent. Setting <u>HFNC</u> ABG <u>Gas</u> CXR <u>Gas</u>	Rs. <u>30-60b/m</u> Exam <u>Resp</u> Vent. Setting <u>HFNC</u> ABG <u>Gas</u> CXR <u>Gas</u>
CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>77/43</u> Map <u>(5u)</u> Cap Refil <u>22sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>77/41</u> Map <u>(5u)</u> Cap Refil <u>22sec</u>	CVS <u>Normal</u> HR <u>120-160b/m</u> BP <u>73/56</u> Map <u>65</u> Cap Refil <u>22sec</u>
F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results <u>inj. Lipasone</u> <u>Ampho-B</u>	C/s Results <u>inj. Lipasone</u> <u>Ampho-B</u>	C/s Results
CRP <u>inj. vancomycin</u> Antibiotics <u>inj. mikaftangin</u>	CRP <u>inj. vancomycin</u> Antibiotics <u>inj. mikaftangin</u>	CRP <u>inj. ceftriaxone</u> Antibiotics
Med <u>inj. ceftriaxone</u>	Med <u>inj. ceftriaxone</u>	Med
Neuro:	Neuro:	Neuro:
Assessment <u>Resp</u>	Assessment <u>Resp</u>	Assessment <u>Resp</u>
Plan <u>GRBS</u>	Plan <u>GRBS</u>	Plan <u>GRBS</u>



Head - 1.5 x 4
Chest - 1.5 x 6

GB

NH-00015053 IP26-00006172
aby Of RACHNA SANKLA
1-04-2026 0 Y 0 M 18 D (F)
r. S TEJASWI REDDY



INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: +ve Baby's Blood Group: +ve Sheet No: (12)

Gest Age: 30+3 weeks Birth Weight: 1.440 kgs

Date: <u>10/5/26</u>	Date: <u>11/5/26</u>	Date: <u>12/5/26</u>
DOL <u>D19</u> Weight <u>1.460 ↓ 20 gms</u>	DOL <u>D20</u> Weight <u>1.440 ↓ 20 gms</u>	DOL <u>D20</u> Weight <u>1.440 kg</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>ventilator</u> ABG <u>Done</u> CXR <u>SOS</u>	Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>psos</u> CXR <u>psos</u>	Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>} sos</u> CXR <u>} sos</u>
CVS <u>Normal</u> HR <u>120-160 bpm</u> BP <u>(u8) Map</u> Cap Refil <u>L2sec</u>	CVS HR <u>120-160 bpm</u> BP <u>64/33 Map 44</u> Cap Refil	CVS HR <u>120-160 bpm</u> BP <u>67/37 Map 44</u> Cap Refil
F/E/N <u>-</u> T. Fluids <u>-</u> CC/kg/day I/O/RBS: <u>101 mg/dL</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion <u>} sos</u>	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics <u>inj: Amphe B</u>	C/s Results CRP Antibiotics <u>inj: Ampho-B</u>	C/s Results CRP Antibiotics <u>inj: Ampho-B</u>
Med <u>Done</u>	Med	Med
Neuro:	Neuro:	Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GRBS BD</u>	Plan <u>GRBS BD</u>	Plan <u>GRBS BD</u>

INTENSIVE CARE UNIT
 CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: A+ve Sheet No: 5
 Gest Age: 30+3 weeks Birth Weight: 1.440 kgs

Date: <u>13/5/26</u>	Date: <u>14/5/26</u>	Date: <u>15/5/26</u>
DOL <u>D22</u> Weight <u>1.460</u> ↑ <u>20 gm</u>	DOL <u>D23</u> Weight <u>1.480</u> ↑ <u>20 gm</u>	DOL <u>D24</u> Weight <u>1.480</u> →
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>pos</u> CXR <u>pos</u>	Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>pos</u> CXR <u>pos</u>	Rs. <u>30-60 bpm</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG <u>pos</u> CXR <u>pos</u>
CVS HR <u>120-160 bpm</u> BP <u>Map</u> Cap Refil	CVS HR <u>120-160 bpm</u> BP <u>88/11</u> Map <u>70</u> Cap Refil	CVS HR <u>120-160 bpm</u> BP <u>eq 12</u> Map Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>86 mg/dL</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>102 mg/dL</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: <u> </u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion <u>pos</u>
C/s Results CRP Antibiotics <u>Inj: Ampho-B</u>	C/s Results CRP Antibiotics <u>Inj: Ampho-B</u>	C/s Results CRP Antibiotics <u>Inj: Ampho-B</u>
Med	Med	Med
Neuro:	Neuro:	Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>CRBS</u>	Plan <u>CRBS</u>	Plan <u>CRBS</u>

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		<u>14/1.0</u>	<u>14/1.0</u>
APTT		<u>38</u>	<u>45</u>
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.) :

JH-00015053 IP26-00006172
 aby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 28 D (F)
 r. S TEJASWI REDDY



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

DET Positive (3+)
RESULT SHEET

Date	17/5/26	19/5/26	20/5/26	21/5/26	21/5/26	22/5/26
Time	6AM	5.30AM	11:56am	6:21AM	17.20pm	6:17AM
Hb	9.3	9.0	7.1	10.0		10.3
PCV	25.2	24.7	19.3	27.5		28.1
RBC	3.28	3.22	2.53	3.55		3.66
WBC	3.43	11.57	9.91	10.19		11.80
N/L	46/40	61.3/20.7	58/36	55/35		50.4/26.2
Platelets	27	146	150	123		145
CRP	175.7	84	67			52.0
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP		191				
SGPT		16				
SGOT		30				
T.Bill/Conj		21.4 < 4.4 17.0	14.6 < 3.4 11.2	11.9 < 9.4 2.5	10.9 < 8.4 2.5	10.2 < 7.9 2.2
T.Protein		5.6				
S.Albumin		2.8				
S.Globulin		2.8				
A/G Ratio		1				
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

TB-17.0
 DB-13.6

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.) :

NH-00015053 IP26-00006172
 baby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 28 D (F)
 r. S TEJASWI REDDY



RESULT SHEET

Date	29/5/26				
Time					
Hb	8.7				
PCV	24.2				
RBC	3.12				
WBC	19.78				
N/L					
Platelets	275				
CRP	36.0				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj	6.8 ^{5.1} 1.7				
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

NH-00015053
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 14 D (F)
 S. S TEJASWI REDDY

Patient Sticl

AL/124

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

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/5/20	Time: 2 PM	6 PM	10 PM	2 AM	6 AM
Doctor/Nurse/Family Concern?					
Temperature (°F)	97.8	97.8	97.8	98.1	97.8
Heart Rate (bpm)	143	143	140	140	140
Blood Pressure (mmHg) *					
Resp. Rate (bpm) (Over 1 Minute) *	42	40	40	40	40
Resp Rate (Number)	42	40	40	40	40
Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min)					
O ₂ Saturations (%)	97%	99%	99%	99%	99%
Conscious Level Normal / Altered					
GCS *	15/15	15/15			
TOTAL SCORE	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	ST	ST	ST	ST	ST

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

- If at any time additional help is required, call help – 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)

NH-00015053 IP26-00006172
 gby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 14 D (F)
 R. S TEJASWI REDDY

FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/5/20	08:00 am										0	}
	09:00 am										0	
	10:00 am										0	
	11:00 am										0	
	12:00 pm		FF-20ml								0	
	01:00 pm										0	
Total Intake :					Total Output : U- M-							
26/5/20	02:00 pm	EBM-25ml									0	}
	03:00 pm										0	
	04:00 pm										0	
	05:00 pm	FF									0	
	06:00 pm										0	
	07:00 pm	EBM									0	
Total Intake :					Total Output :							
26/5/20	08:00 pm	FF-20ml									0	}
	09:00 pm										0	
	10:00 pm	EBM									0	
	11:00 pm										0	
	12:00 am	FF									0	
	01:00 am										0	
Total Intake :					Total Output :							
27/5	02:00 am	EBM									0	}
	03:00 am										0	
	04:00 am	FF									0	
	05:00 am										0	
	06:00 am	EBM.									0	
	07:00 am										0	
Total Intake :					Total Output : U-2 M-2							

Total 24 hrs. Intake

Total 24 hrs. Output



NURSING CARE RECORD

Date: 26/5/20

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	11 AM	<ul style="list-style-type: none"> → To assess the baby condition → To check the vitals & record → 2nd hourly EBM + FF 	11 AM	<ul style="list-style-type: none"> → To assessed the baby condition → To checked the vitals & recorded → 2nd hourly EBM + FF 	<ul style="list-style-type: none"> → Baby is stable → IV Kanamycin is present → Vaccination to be done 	<ul style="list-style-type: none"> → Re-checked the vitals → I/O → Tomorrow plan for ROP 	Supriya
	2 PM	<ul style="list-style-type: none"> → To administer the medication as per drug chart → I/O chart maintenance → X-Ray @ to be collect 	2 PM	<ul style="list-style-type: none"> → To administered the medication as per drug chart → I/O chart maintained 			
Afternoon	2 PM	<ul style="list-style-type: none"> → Assess the baby condition → Monitor vitals & record → maintain I/O chart → 2nd hourly EBM + FF → Administer medication as per drug chart → Provide warm care 	2 PM	<ul style="list-style-type: none"> → assessed the baby condition → Monitored vitals & recorded → Maintained I/O chart → 2nd hourly EBM + FF → Administered medication as per drug chart → provided warm care 	<ul style="list-style-type: none"> → Baby is stable 	<ul style="list-style-type: none"> → Rechecked vitals 	U
	8 PM	<ul style="list-style-type: none"> → Assess the Pt condition → Monitor vitals & record → 2nd hourly EBM + FF 	8 PM	<ul style="list-style-type: none"> → Assessed the baby condition → Monitored vitals & recorded → 2nd hourly EBM + FF 	<ul style="list-style-type: none"> → Baby is stable 	<ul style="list-style-type: none"> → Re-checked vitals 	
Night	8 AM	<ul style="list-style-type: none"> → Assess the Pt condition → Monitor vitals & record → 2nd hourly EBM + FF 	8 AM	<ul style="list-style-type: none"> → Assessed the baby condition → Monitored vitals & recorded → 2nd hourly EBM + FF 	<ul style="list-style-type: none"> → Baby is stable 	<ul style="list-style-type: none"> → Re-checked vitals 	U

NH-00015053 IP26-00006172
 sby OF RACHNA SANKLA
 1-04-2026 0 Y 0 M 26 D (F)
 r. S. TEJASWI REDDY

NURSING CARE RECORD



Date:

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night							

HNH-00015053
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 27 D
 Dr. S TEJASWI REDDY (F)



2



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: PT/ARDS		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	BACKGROUND	Area Shift Time	20/5/26 G2	20/5/26 M1	21/5 M5	21/5 M1	21/5 M5	22/5 G2	
		Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS/PT	PT/RDS	PT/RDS	
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:		Temp:	36.5	36.5	36.8	36.5	36.6	36.8
			Res:	47	24b/m	29b/m	47	22b/m	26b/m
			SpO ₂ :	98%	99%	99%	99%	91%	99%
			Pulse:	137	142b/m	125	142	135b/m	121
		BP:	68/57/60	81/67/72	67/42	74/56	74/56	75/55	
		Fall Risk Score:	-	-	-	-	-	-	
		Pain Score:	-	-	-	-	-	-	
Recommendations	Safety Needs:		yes	yes	yes	yes	yes	yes	
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		-	-	-	-	-	-	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:		-	-	-	-	-	-	
Post Operative Procedure Special Orders:			-	-	-	-	-		
Handed Over By Name :			-	-	-	-	Laxmi Dhu		
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:			20/5/26	20/5/26	21/5	21/5/26	21/5/26		
Time:			5pm	8AM	21/5	8pm	8pm		
Taken Over By Name :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:			20/5/26	20/5/26	21/5	21/5	21/5		
Time:			8pm	8AM	8pm	8AM	8pm		



3

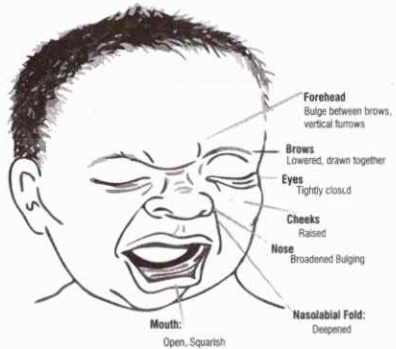
NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	PT / RDS						Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:
	Area	22/5/26 NI	23/5/26 MS	23/5/26 NI	24/5/26 MS	24/5/26 NI	25/5/26 MS	
BACKGROUND	Shift Time							
	Medical Condition (Any special condition to be noted):	PT / RDS	PT / RDS	PT / RDS	PT / RDS	PT / RDS	PT / RDS	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	36.5	36.5°C	36.5	36.5°C	36.5	36.5°C
		Res:	42	40	37	32b/10	42b/10	25b/10
		SpO ₂ :	95%	98%	98%	92%	95%	95%
		Pulse:	121	125	132	133b/10	112b/10	119b/10
		BP:			65/48(57)	68/39(49)	72/48(57)	70/49(57)
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	-	-	-	-	-		
Recommendations	Safety Needs:	yes	yes	yes	yes	yes	yes	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	-	-	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	-	
Handed Over By Name :		Shivakeel	Jyoti	Shivakeel	Nirmala	Shivakeel	Shivakeel	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		22/5/26	23/5/26	24/5/26	24/5/26	25/5/26	25/5/26	
Time:		8 AM	4:30 PM	8 AM	8 PM	8 AM	2 PM	
Taken Over By Name :		Jyoti	Shivakeel	Nirmala	Shivakeel	Sapriya	[Signature]	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		23/5/26	23/5/26	24/5/26	24/5/26	25/5/26	25/5/26	
Time:		8 AM	8 PM	8 AM	8 PM	8 AM	8 AM	

3

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date		
	-2	-1	0	1	2	24/5	25/5	25/5	25/5						
						Time	Time	Time	Time	Time	Time	Time	Time		
						m6	m1	m6	N4						
						Procedure →									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0						
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0						
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0						
	Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention					Gestational Age / Corrected Age	35 ⁺ 4	35 ⁺ 4	35 ⁺ 4	34 ⁺ 6					
						Total Pain / Agitation Score	-	-	-	-					
						Intervention	-	-	-	-					
						Effectiveness	0	0	0	0					
						Signature	M6	Sif							

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

NH-00015053
 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 28 D (F)
 r. S TEJASWI REDDY

BRADEN 'Q' SCALE



					Date :	23/5	23/5	24/5/20	24/5
					Time :	M5	M1	M6	M1
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
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		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 of 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						24	24	24	24

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

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



BRADEN 'Q' SCALE

					Date :	25/3	25/3		
					Time :	mb	ni		
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		
"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		
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		
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		
FRICION-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		
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		
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		
					TOTAL SCORE	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

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

NH-00015053
 sby Of RACHNA SANKLA IP26-00006172
 1-04-2026 0 Y 1 M 2 D (F)
 r. S TEJASWI REDDY



CHECKLIST FOR THROMBOPHLEBITIS

23/5/26 24/5 25/5

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	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0		
Signature of the Nurse													

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

Signature of Shift In Charge :
 Signature : Sr. Jyoti Name : Sr. Jyoti

Signature of Ward In Charge :
 Signature : [Signature] Name : Shavani



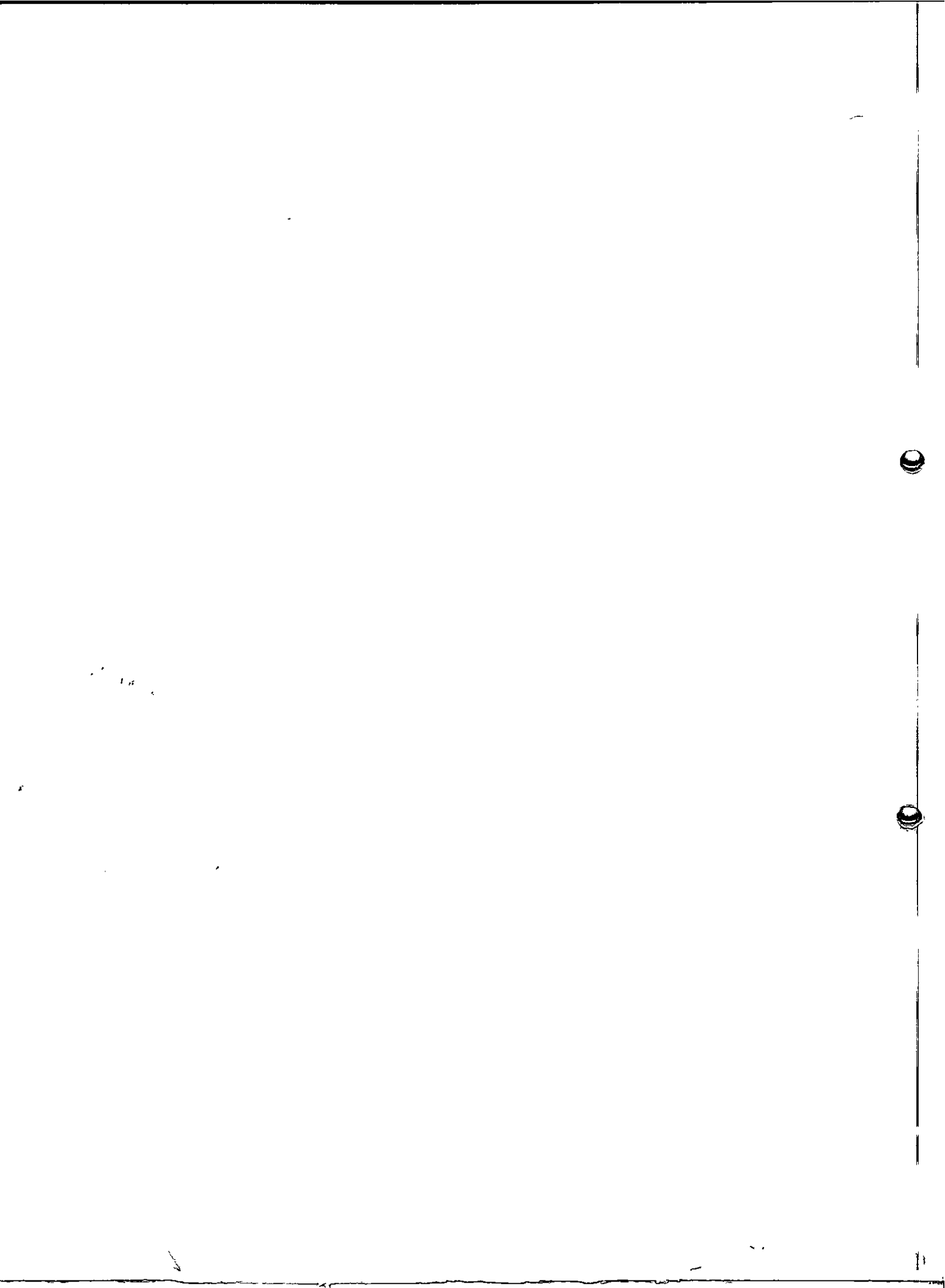
3

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	23/5/26 ms	23/5/26 NI	24/5/26 NI				
Can we remove Central Line today (Discuss in the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor))			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood at insertion site (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any peeling of dressing? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dressing clean and dry? (If no inform the doctor)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing intact and labelled properly			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on									
Name of the Nurse			Syobani	Shivabele	Shikhal				
Signature of the Nurse			[Signature]	[Signature]	[Signature]				



CRBC



CONSENT FOR BLOOD TRANSFUSION

NH-00015053 IP26-00006172
Sister of RACHNA SANKLA
1-04-2026 0 Y 1 M 3 D (F)
r. S TEJASWI REDDY

Name: Age: 1m3D Gender: Male Female

UHID.No: Date: 24/5/26

- 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, Chetan 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 PRBC Transfusion.

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: [Signature]

Name: Chetan

Date & Time

Doctor (Who is talking the consent)

Signature: [Signature]

Name: ANUSHA

Date & Time 24/5/26

Witness

Signature: [Signature]

Name: [Name]

Date & Time 24/5/26

1. f. Karpis - 20
i . . .



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 24/5/26 Time: 7:05 pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 10601 Date of Collection: 23/5/26 Date of Expiry: 27/5/26

Date & Time of Starting Transfusion: 24/5/26 @ 7:15 pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Dhanya Nurse 2: Laxmi

Before starting transfusion vitals: Temp: 36.6°C HR: 140 RR: 39 BP: 77/53 SpO₂: 95%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>24/5/26</u>	<u>7:15 pm</u> 15 Min	<u>128</u>	<u>36.6°C</u>	<u>77/53</u>	<u>96%</u>	-	-	-	-
	<u>7:45 pm</u> 15 Min	<u>120</u>	<u>36.3°C</u>	<u>70/44</u>	<u>97%</u>	-	-	-	-
	<u>8:15 pm</u> 30 Min	<u>119</u>	<u>36.5</u>	<u>75/51(59)</u>	<u>94%</u>	-	-	-	-
	<u>8:45 pm</u> 30 Min	<u>112</u>	<u>36.5</u>	<u>73/44(59)</u>	<u>95%</u>	-	-	-	-
	<u>9:15 pm</u> 30 Min	<u>134</u>	<u>36.5</u>	<u>82/51(64)</u>	<u>98%</u>	-	-	-	-
	<u>9:45 pm</u> 1 Hr	<u>125</u>	<u>36.5</u>	<u>75/46(56)</u>	<u>99%</u>	-	-	-	-
	1 Hr								

Comments: No reactions

Name of the Incharge-Nurse: Bhawanee Name of the Nurse: Dhanya

Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]

Date & Time: 24/5/26 Date & Time: 24/5/26

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

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

A
POSITIVE

LEUCOCYTE REDUCED R B C

VOLUME ~~250ml~~ - ~~250ml~~ 25ml

Patients Name : Blo Rachna Sankla

Age / Sex : 1M30IP

Hospital Name : Rainbow CH Hospital

Bag No. : 10601 Pt. Blood group : A+ve

Date of Collection: 23-5-26

Date of Issue : 24/5/26 my

Date of Expiry : 27-5-26 Tech. Signature

Tested and Found Negative for

HIV I & II	HBsAg	HCV	VDRL	MP
------------	-------	-----	------	----

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration

rad-sure™
irradiation indicator

OPERATOR: vd DATE: 24/5/26

Contents
clotting
injection set
cal anti-

25 Gy INDICATOR

IRRADIATED

LOT 038640GX25



2027-09-11



CRBC



CONSENT FOR BLOOD TRANSFUSION

Name: B/o Rachna Sankla Age: Gender: Male Female

UHID.No : 00015053 Date: 17/5/26

CRBC

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 Chetan 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 Blood transfusion (CRBC).

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: [Signature]
Name: Chetan
Date & Time: 17/5/26

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr Anule
Date & Time: 17/5/26

Witness

Signature: Shivaleela
Name: Shivaleela
Date & Time: 17/5/26 @ 5pm

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

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

.....

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

.....

.....



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 17/5/26 Time: 4:00 pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 9391 Date of Collection: 16/5/26 Date of Expiry: 21/5/26

Date & Time of Starting Transfusion: 17/5/26 @ 4pm Planned duration of Transfusion: 4 hrs.

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Shivadeela Nurse 2: pooja

Before starting transfusion vitals: Temp: 36.5 HR 137 RR: 17 BP: 61/49 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
	15 Min	142	36.6°C	61/49	91%	—	—	—	—
	15 Min	135	36.6°C	67/42	96%	—	—	—	—
	30 Min	152	36.5°C	64/41	90%	—	—	—	—
	30 Min	144	36.5°C	64/42	95%	—	—	—	—
	30 Min	136	36.5	61/39	95%	—	—	—	—
	1 Hr								
	1 Hr								

Comments: No rash

Name of the Incharge-Nurse: Shivadeela

Name of the Nurse: pooja

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 17/5/26

Date & Time: 17/5/26 at 2pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.
Lic No. 111/HD/TS/2021/BC/G

A
POSITIVE

LEUCOCYTE REDUCED R B C

VOLUME ~~3000 - 3500~~ 30M

Patients Name : B/o Roohana Samudra

Age / Sex : 26 days / F

Hospital Name : Rain bow CH Hosp

Bag No. : 9391 Pt. Blood group : A+ve

Date of Collection : 16/5/26

Date of Issue : 17/5/26

Date of Expiry : 21/5/26 Tech. Signature [Signature]

Tested and Found Negative for

HIV I & II	HBsAg	HCV	VDRL	MP
------------	-------	-----	------	----

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like hemolysis, clotting or discoloration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense without prescription.

LRBC



CONSENT FOR BLOOD TRANSFUSION

Name: Age: Gender: Male Female

UHID.No : Date: 3/5/26

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells ^{LRBC} | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, Chetan 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
Blood transfusion (LRBC)

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: [Signature]

Name:

Date & Time: 3/5/26 1:30pm

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Pranav

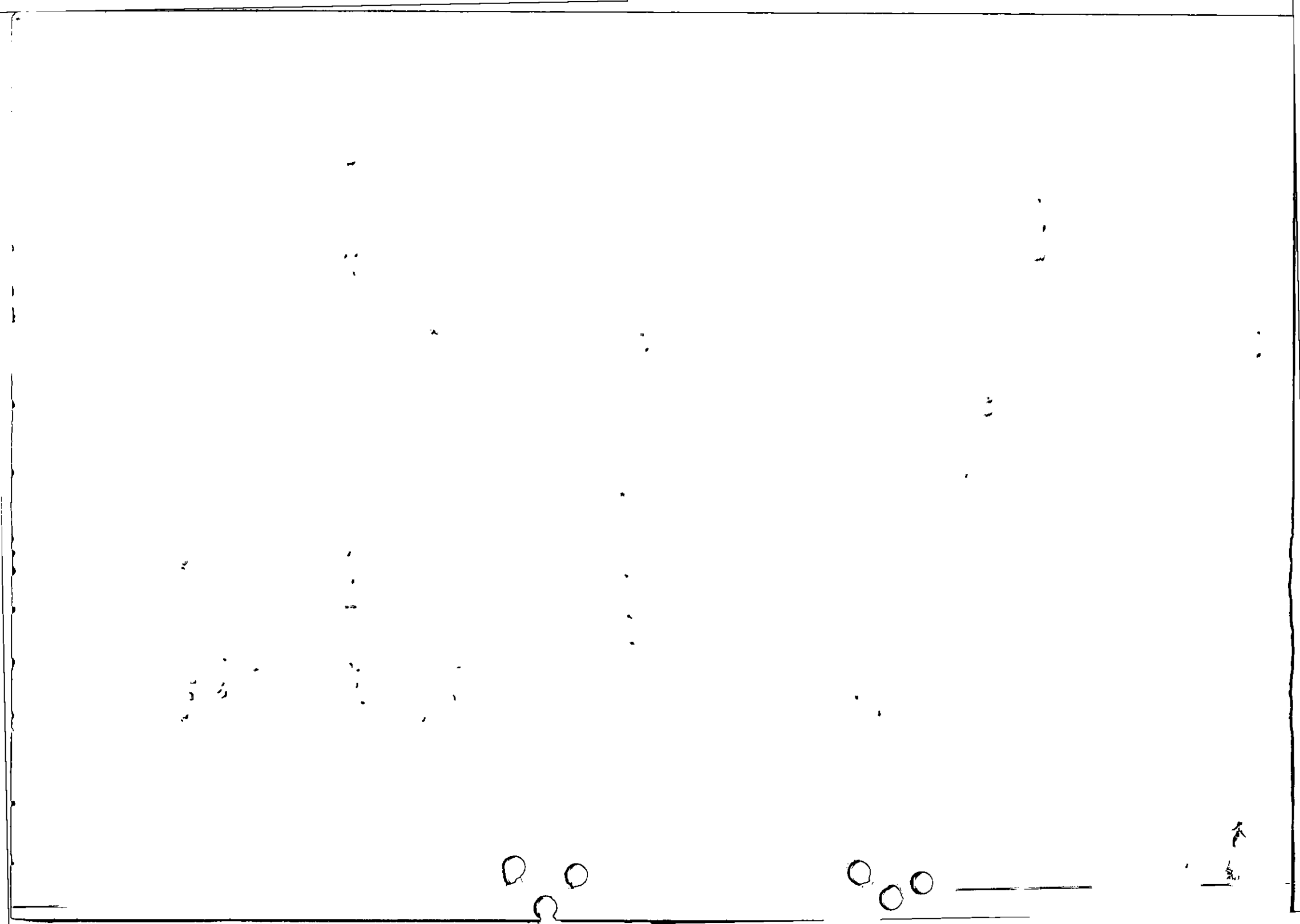
Date & Time: 3/5/26 1:30pm

Witness

Signature: [Signature]

Name: Leena

Date & Time: 3/5/26 1:20pm





L RBC

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: Ative 3/5/26 Time: 1:30pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: F42

Blood Bank Issue No: 742 Date of Collection: 1/5/26 Date of Expiry: 5/5/26

Date & Time of Starting Transfusion: 3/5/26 at 7:30am Planned duration of Transfusion: 4hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Larun Nurse 2: Ranya

Before starting transfusion vitals: Temp: 36.6°C HR 125 RR: 36b/m BP: 50/36(4) SpO₂ 100%/-

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
3/5/26	15 Min 1:30pm	139	36.6°C	50/30(41)	100%	-	-	-	-
	15 Min 1:45pm	128	36.6°C	74/43(53)	96%	-	-	-	-
	30 Min 2:00pm	120	36.5°C	71/45(52)	100%	-	-	-	-
	30 Min 2:30pm	115	36.5°C	64/40(49)	100%	-	-	-	-
	30 Min 3pm	129	36.5°C	70/44(52)	100%	-	-	-	-
	1 Hr 4pm	118	36.5°C	51/43(47)	100%	-	-	-	-
	1 Hr 5pm	143	36.5°C	58/41(47)	100%	-	-	-	-

Comments:

Name of the Incharge-Nurse: Alarun

Name of the Nurse: Shivakshi

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 3/5/26 at 10:30pm

Date & Time: 3/5/26 at 7:30pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

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



LEUCOCYTE REDUCED R B C

VOLUME ~~100~~ - ~~100~~ 30ml

Patients Name : *Blo RACHNA SANKLA*

Age / Sex : *12 Days / Female*

Hospital Name : *RainBow CH Hospital*

Bag No. : *742* Pt. Blood group : *A+ve*

Date of Collection : *1/5/26*

Date of Issue : *3/5/26*

Date of Expiry : *5/5/26* Tech. Signature *CS*

Tested and Found Negative for

HIV I & II HBsAg HCV VDRL MP

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like hemolysis, clotting or discoloration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to Transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense with out prescription.

CRBC



CONSENT FOR BLOOD TRANSFUSION

NH-00015053 IP26-00006172
Sister of RACHNA SANKLA
1-04-2026 0 Y 0 M 29 D (F)
Dr. S TEJASWI REDDY

Name: Age: Gender: Male Female

UHID.No : Date:

- 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 Chetan 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 Blood transfusion (CRBC)

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: [Signature]
 Name: Chetan
 Date & Time

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Dr. VARUN
 Date & Time 20/5/26 12PM

Witness
 Signature: [Signature]
 Name: [Signature]
 Date & Time 20/5/26 @ 8pm

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 20/5/26 Time: 3pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 98011 Date of Collection: 18/5/26 Date of Expiry: 22/5/26

Date & Time of Starting Transfusion: 20/5/26 @ 3:00pm Planned duration of Transfusion: 4hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Shivaleela Nurse 2: Jyothsna

Before starting transfusion vitals: Temp: 36.5 HR: 157 RR: 40b/m BP: 68/38(48) SpO₂: 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>20/5/26</u>	<u>15 Min</u>	<u>130</u>	<u>36.5</u>	<u>74/43(53)</u>	<u>99%</u>	-	-	-	-
	<u>15 u/30</u> <u>15 Min</u>	<u>128</u>	<u>36.5</u>	<u>68/38(48)</u>	<u>100%</u>	-	-	-	-
	<u>5pm</u> <u>30 Min</u>	<u>151</u>	<u>36.5</u>	<u>73/42(52)</u>	<u>99%</u>	-	-	-	-
	<u>5:30pm</u> <u>30 Min</u>	<u>130</u>	<u>36.5</u>	<u>68/52(62)</u>	<u>98%</u>	-	-	-	-
	<u>6pm</u> <u>30 Min</u>	<u>147</u>	<u>36.6</u>	<u>68/38(28)</u>	<u>95%</u>	-	-	-	-
	<u>6:30pm</u> <u>1 Hr</u>	<u>130</u>	<u>36.5</u>	<u>71/54(60)</u>	<u>100%</u>	-	-	-	-
	<u>1 Hr</u>								

Comments: no reaction

Name of the Incharge-Nurse: Shivaleela

Name of the Nurse: Prasanna

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 20/5/26 @ 8pm

Date & Time: 20/5/26 @ 8pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

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

A
POSITIVE

LEUCOCYTE REDUCED R B C
VOLUME ~~250~~ 250 ml

Patients Name : Blo Rainina Sankla

Age / Sex : 2901F

Hospital Name : Rainbow CH Hospital

Bag No. : 98011 Pt. Blood group : A+ve

Date of Collection : 18/5/26

Date of Issue : 20/5/26

Date of Expiry : 22/5/26 Tech. Signature: rup.

Tested and Found Negative for

HIV I & II	HBsAg	HCV	VDRL	MP
------------	-------	-----	------	----

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label. 5) Administer without warming. 6) Do not use if there is any visible evidence of hemolysis, clots or discoloration. 7) Use a fresh, clean, sterile transfusion set. 8) Use a filter to prevent clots. 9) Transfuse slowly. 10) Observe patient for any adverse reaction. 11) Do not use if the product is atypical anti-

ChromicVue™ 25Gy
LOT 0622C25G01

IRRADIATED
2025-02-09

LRBC



CONSENT FOR BLOOD TRANSFUSION

NH-00015053 IP26-00006172
Sister of RACHNA SANKLA
1-04-2026 0 Y 0 M 15 D (F)
r. S TEJASWI REDDY

Name: Age: Gender: Male Female
UHID.No : Date: 6/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells ^{LRBC}
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I Chaitan 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.

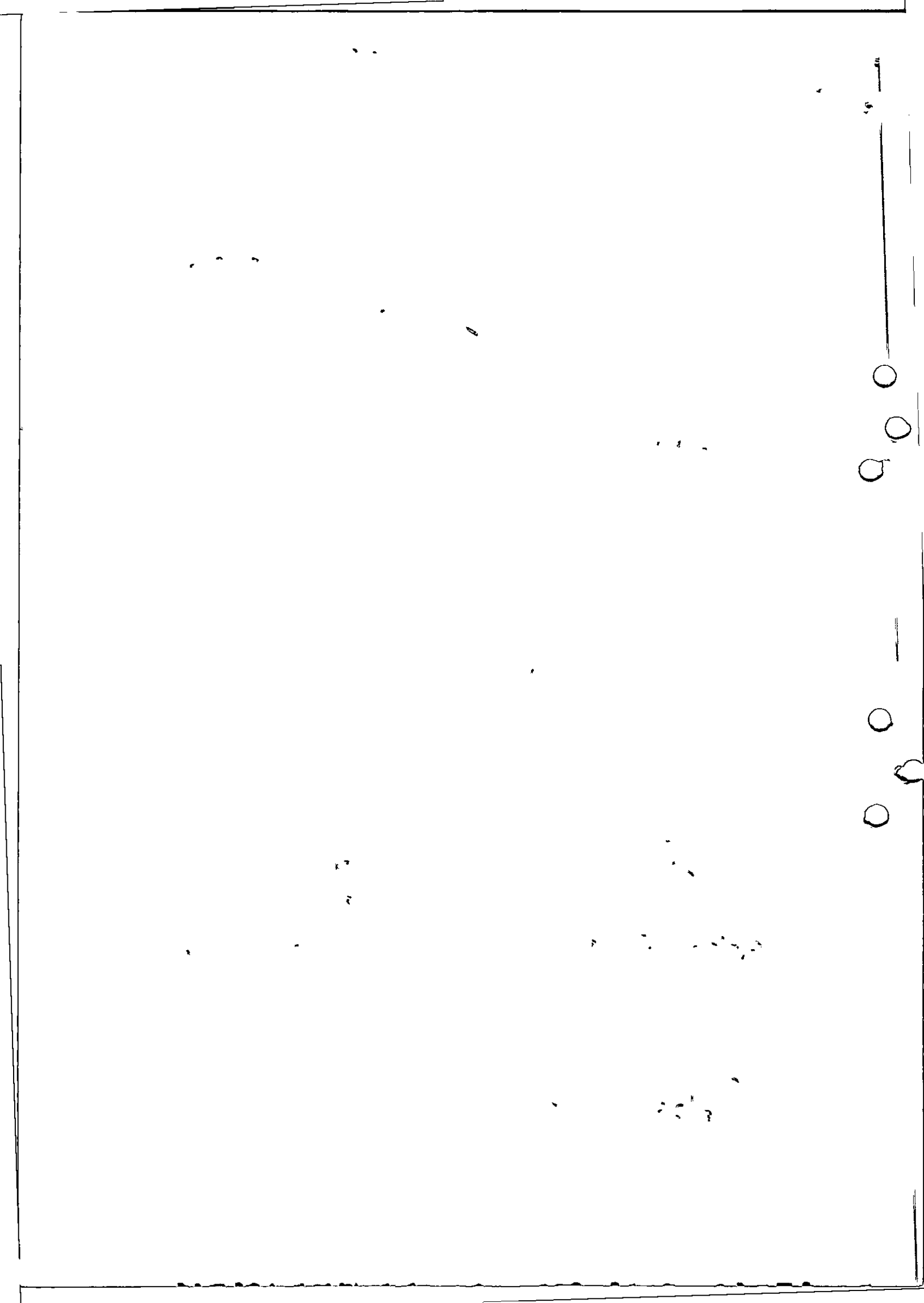
The doctor has explained to me about the alternative for this procedure which is Blood Transfusion (LRBC)

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: [Signature]
 Name:
 Date & Time: 6/5/26 5:22pm

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Prasen
 Date & Time: 6/5/26 5:22pm

Witness
 Signature: [Signature]
 Name: Carin
 Date & Time: 6/5/26 5:22pm





BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 6/5/26 Time: 2:45 AM

Blood Group of the Patient: A+ Blood Group on the Blood Bag: A+

Blood Bank Issue No: 770 Date of Collection: 4/5/26 Date of Expiry: 7/5/26

Date & Time of Starting Transfusion: Planned duration of Transfusion:

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Dhaya Nurse 2: Shivaleela

Before starting transfusion vitals: Temp: 36.6°C HR: 130 RR: 29 BP: 68/42 SpO₂: 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>6/5/26</u>	15 Min	<u>122</u>	<u>36.6°C</u>	<u>70/42</u>	<u>94%</u>	-	-	-	-
	15 Min	<u>126</u>	<u>36.4°C</u>	<u>65/39</u>	<u>96%</u>	-	-	-	-
	30 Min	<u>130</u>	<u>36.3°C</u>	<u>60/49</u>	<u>94%</u>	-	-	-	-
	30 Min	<u>141</u>	<u>36.4°C</u>	<u>62/41</u>	<u>97%</u>	-	-	-	-
	30 Min	<u>139</u>	<u>36.5°C</u>	<u>72/69</u>	<u>98%</u>	-	-	-	-
	1 Hr	<u>127</u>	<u>36.6°C</u>	<u>69/50</u>	<u>97%</u>	-	-	-	-
	1 Hr	<u>132</u>	<u>36.9°C</u>	<u>66/49</u>	<u>96%</u>	-	-	-	-

Comments: no reactions

Name of the Incharge-Nurse: Shivaleela
 Signature of the Incharge-Nurse: [Signature]

Name of the Nurse: Dhaya
 Signature of the Nurse: [Signature]

Date & Time: 6/5/26

Date & Time: 6/5/26 @ 2:45 AM

Phone : 8790221175 , 834171175

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

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

A
POSITIVE

LEUCOCYTE REDUCED R B C
VOLUME 220ml - 250ml

Patients Name B/o Rachna Sankia

Age / Sex : 14 days / F

Hospital Name : Rainbow hospital

Bag No. : 770 Pt. Blood group : A +ve

Date of collection : 4/5/26

Date of Issue : 05/5/26

Date of Expiry : 7/5/26 Tech. Signature A. Dany

Tested and Found Negative for

HIV I & II	HBsAg	HCV	VDRL	MP
------------	-------	-----	------	----

1) Keep continuously at 2°C to 6°C before use. 2) Cross match before use. 3) ...
before use. 4) Check blood group on label and recipient ...
5) Administer without warming ...
should not be ...
or ...
with ...
box ...

BIACH&RI
BLOOD BANK

OPERATOR Dr

DATE: 06/05/26

25 Gy INDICATOR 

IRRADIATED



CRBC



CONSENT FOR BLOOD TRANSFUSION

Name: B/o RACHANA Age: 22d Gender: Male Female
UHID.No: CRBC-00015053 Date: 15/5/26

- Type of Blood Product:
- Fresh Frozen Plasma
 - CRBC Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I Chetan 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 Blood transfusion

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: [Signature]
Name: Chetan Sankla
Date & Time: 15/5/26

Doctor (Who is talking the consent)
Signature: [Signature]
Name: PRAKASH
Date & Time: 15/5/26

Witness
Signature: [Signature]
Name: Dhayer
Date & Time: 15/5/26

1-7-1-

OPTIONAL BOND

1-7-1-

OPTIONAL BOND

OPTIONAL BOND



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/5/26 Time: 2:30 AM

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 9121 Date of Collection: 15/5/26 Date of Expiry: 15/5/26

Date & Time of Starting Transfusion: 15/5/26 @ 2:30 AM Planned duration of Transfusion: 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Dhanya Nurse 2: Loemini

Before starting transfusion vitals: Temp: 36.6°C HR 173 RR: 20 BP: 79/53 SpO₂ 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>15/5/26</u>	<u>15 Min</u>	<u>167</u>	<u>36.6°C</u>	<u>71/42</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>159</u>	<u>36.6°C</u>	<u>69/47</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>157</u>	<u>36.3°C</u>	<u>85/46</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>162</u>	<u>36.6°C</u>	<u>79/53</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>180</u>	<u>36.6°C</u>	<u>71/42</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>179</u>	<u>36.6°C</u>	<u>69/60</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>181</u>	<u>36.6°C</u>	<u>69/53</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Comments: ALO deaerubrong

Name of the Incharge-Nurse: Loemini

Name of the Nurse: Dhanya

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 15/5/26

Date & Time: 15/5/26

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

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

A
POSITIVE

LEUCOCYTE REDUCED R B C

VOLUME [REDACTED] - [REDACTED] uo/ml

Patients Name : Blo Raehana

Age / Sex : 23 days F

Hospital Name : Rainbow Hospital

Bag No. : 912/1 Pt. Blood group : A+ve

Date of Collection : 14-5-26

Date of Issue : 15-5-26

Date of Expiry : 19-5-26 Tech. Sign: [Signature]

Tested and Found Negative for

HIV I & II	HBsAg	HCV	VDRL	MP
------------	-------	-----	------	----

1) Keep continuously at 2°C to 8°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration.

or di
with
body

BIACH&RI OPERATOR vel DATE: 15/5/26
BLOOD BANK

25 Gy INDICATOR [REDACTED] IRRADIATED

CONSENT FOR BLOOD TRANSFUSION



NH-00015053 IP26-00006172
 Sibling Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 25 D (F)
 r. S TEJASWI REDDY

Name: Age: Gender: Male Female
 UHID.No : Date: 15/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Irradiated RBC
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I, Chetan 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: [Signature]
 Name: Chetan
 Date & Time: 15/5/26 at 11pm

Doctor (Who is talking the consent)

Signature: [Signature]
 Name: Dr. Babu Latha
 Date & Time: 15/5/26 11pm

Witness

Signature: [Signature]
 Name: Nisumath
 Date & Time: 15/5/26 11pm



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/5/2026 Time: 10:30pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 875 Date of Collection: 12/5/26 Date of Expiry: 11/5/27

Date & Time of Starting Transfusion: 10:30pm Planned duration of Transfusion: 30 minutes

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirmala Nurse 2: Dhanya Vath

Before starting transfusion vitals: Temp: 36.5°C HR: 181 RR: 28b/m BP: 79/39 SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>15/5/26</u>	<u>15 Min</u>	<u>182</u>	<u>36.5°C</u>	<u>3/39 (50)</u>	<u>98%</u>	—	—	—	—
	<u>30 mins</u> <u>15 Min</u>	<u>179</u>	<u>36.5°C</u>	<u>66/40 (52)</u>	<u>98%</u>	—	—	—	—
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No Reaction

Name of the Incharge-Nurse: Dhanya

Name of the Nurse: Nirmala

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 15/5/26 at 10:30 pm

Date & Time: 15/5/26 at 10:30 pm

Phone : 8790221175 , 8341711775

SURYA BLOOD CENTRE

(A unit of Telangana Development 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 : **Blo Rachan Sanku** Age / Sex : **24/10/F**

Hospital Name : **Rainbow CH Hospital.**

Blood Group : **A+ve** Blood Bag No. : **875**

Date of Preparation : **12/5/26** Tested Date : **12/5/26**

Expiry Date : **11/5/27** Volume : **20ml**

**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 recipients group before administration. 4)
Transfuse criteria '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 Refreeze 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.

SPP



CONSENT FOR BLOOD TRANSFUSION

Name: NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA (F) Age: D26 Gender: Male Female
 1-04-2026 0 Y 0 M 25 D
 r. S TEJASWI REDDY
 UHID.No : Date: 18/5/26

- 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 Chetan 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.

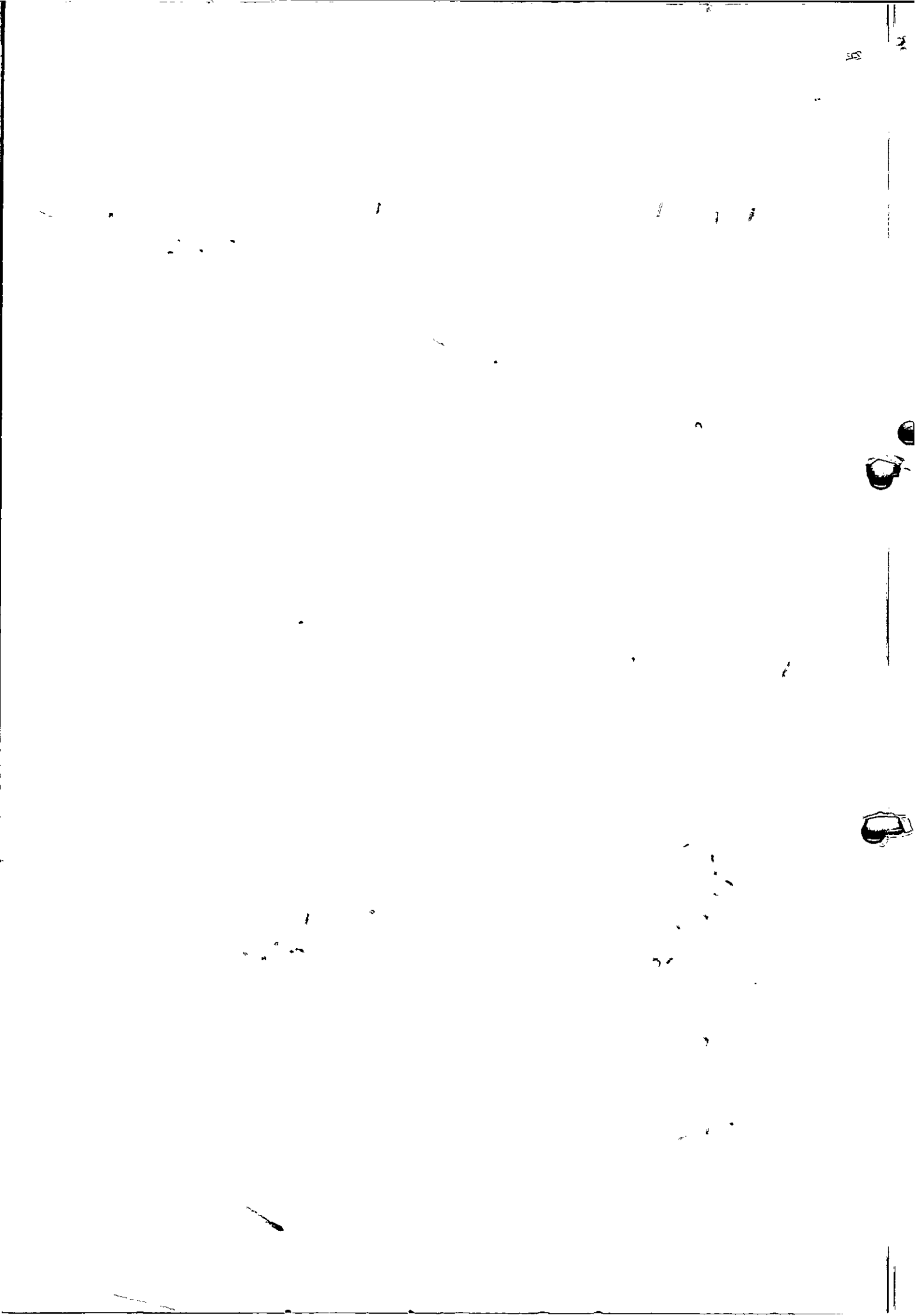
The doctor has explained to me about the alternative for this procedure which is Single donor Platelet transfusion

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: [Signature]
 Name: Chetan
 Date & Time: 18/5/26

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Dr. Naipuya
 Date & Time: 18/5 - 12:00AM

Witness
 Signature: [Signature]
 Name: N. Praveen
 Date & Time: 18/5/26 at 12:00AM



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/5/26 Time: 12:30 AM

Blood Group of the Patient: A +ve Blood Group on the Blood Bag: A +ve

Blood Bank Issue No: 110/3 Date of Collection: 17/5/26 Date of Expiry: 21/5/26

Date & Time of Starting Transfusion: 00:30 AM Planned duration of Transfusion: 01:10 AM

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Nirmala Nurse 2: Seipriya

Before starting transfusion vitals: Temp: 36.5°C HR: 143b/m RR: 56 BP: 78/59 SpO₂: 94.1%
(58)

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>18/5/26</u>	<u>15 Min</u>	<u>152</u>	<u>36.5°C</u>	<u>90/42 (58)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No rash.

Name of the Incharge-Nurse: Nirmala

Name of the Nurse: Seipriya

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 18/5/26 at 12:00 AM

Date & Time: 18/5/26 at 12:00 AM

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

#6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.
Phone : 8790221175 , 8341711775 Lic No. 111/HD/TS/2021/BC/G

SINGLE DONOR PLATELETS (SDP)

Anticoagulant : ACD Solution U.S.P.

Prepared from a **Voluntary Blood Donor / Replacement Blood Donor**

Patients Name : *B/o Rachana sakula* Age / Sex : *260/F*

Hospital : *Rainbow CH Hospital.*

BLOOD GROUP *A+ve*

Bag No. : *110/3*

Date of Collection : *17/5/26*

Expiry Date : *21/5/26*

Volume : *30 ml*

HIV I & II

HBsAg

HCV

VDRL

MP

} **NEG**

INSTRUCTIONS : 1) Do not store, transfuse immediately. 2) Check blood group on the table & recipient's Group before administration. 3) Administer without warming. 4) Do not add any medicine to the Blood Component. 5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrogen Free Disposable I.V. Transfusion Set to Transfuse. 7) Storage Temperature 20°-24°C with continuous agitation. 8) Transfuse under medical supervision. 9) Do not Vent 10) Do not dispense without prescription.



SPP



CONSENT FOR BLOOD TRANSFUSION

Name: Age: Gender: Male Female

UHID.No : Date: 30/4/26

- 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

 Single donor platelets

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):

Doctor (Who is talking the consent)

Signature: *[Signature]*

Signature: *[Signature]*

Name:

Name: *[Name]*

Date & Time 30/4/26 10 pm

Date & Time 30/4/26 10 pm

Witness

Signature: *[Signature]*

Name: *[Name]*

Date & Time 30/4/26 10 pm

3



4

5



6

7

8

9

10

SDP
Transfusion

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/04/26 Time: 5:22pm

Blood Group of the Patient: A +ve Blood Group on the Blood Bag: A +ve

Blood Bank Issue No: 100/1 Date of Collection: 30/4/26 Date of Expiry: 4/05/26

Date & Time of Starting Transfusion: 5:22pm Planned duration of Transfusion: 5:42pm

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Rahim Nurse 2: Dhanyavathi

Before starting transfusion vitals: Temp: 36.5°C HR 136b/min RR: 36b/min BP: 56/41(47) SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>30/4/26</u>	<u>15 Min</u>	<u>124</u>	<u>36.5°C</u>	<u>53/24</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>30/4/26</u>	<u>15 Min</u>	<u>136</u>	<u>36.5°C</u>	<u>51/23</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments:

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: Rahim

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 30/4/26 5:22pm

Date & Time: 30/4/26 E 5:22pm

SURYA BLOOD CENTRE (A unit of Telangana Development Committee) #3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29. Phone : 8790221175 , 8341711775 Lic No. 111/HD/TS/2021/BC/G							
SINGLE DONOR PLATELETS (SDP) Anticoagulant : ACD Solution U.S.P.							
Prepared from a Voluntary Blood Donor / Replacement Blood Donor							
Patients Name: 310 Rachna Sankla	Age / Sex : 5day / F						
Hospital : Rainbow CH Hospital							
BLOOD GROUP: A+ve	<table border="0"> <tr> <td>HIV I & II</td> <td rowspan="5">} NEG</td> </tr> <tr> <td>HBsAg</td> </tr> <tr> <td>HCV</td> </tr> <tr> <td>VDRL</td> </tr> <tr> <td>MP</td> </tr> </table>	HIV I & II	} NEG	HBsAg	HCV	VDRL	MP
HIV I & II		} NEG					
HBsAg							
HCV							
VDRL							
MP							
Bag No. : 100/1							
Date of Collection : 30/4/26							
Expiry Date : 4/5/26							
Volume : 25ml							
INSTRUCTIONS : 1) Do not store, transfuse immediately. 2) Check blood group on the table & recipient's Group before administration. 3) Administer without warming. 4) Do not add any medicine to the Blood Component. 5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrogen Free Disposable I.V. Transfusion Set to Transfuse. 7) Storage Temperature 20°-24°C with continuous agitation. 8) Transfuse under medical supervision. 9) Do not Vent 10) Do not dispense without prescription.							

SDP



CONSENT FOR BLOOD TRANSFUSION

NH-00015053 IP26-00006172
 aby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 15 D (F)
 r. S TEJASWI REDDY



Name: Age: Gender: Male Female
 UHID.No : Date: 30/4/26

- 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 Chetan 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
Single donor platelets

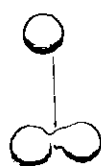
All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell,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

Patient (Or Patient Relative / Guardian):
 Signature: [Signature]
 Name:
 Date & Time

Doctor (Who is talking the consent)
 Signature: [Signature]
 Name: Dr. Prasad
 Date & Time 30/4

Witness
 Signature: [Signature]
 Name: [Name]
 Date & Time 30/4/26

11





SDP Transfusion

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/4/26 Time: 10pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 100/2 Date of Collection: 30/4/26 Date of Expiry: 4/5/26

Date & Time of Starting Transfusion: 10pm Planned duration of Transfusion: 30 minutes

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Sunita Nurse 2: Nirmala

Before starting transfusion vitals: Temp: 36.4°C HR: 130b/m RR: 20b/m BP: 61/47 SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
10pm	15 Min	130b/m	36.5°C	61/47 (52)	97%	-	-	-	-
	15 Min								
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments:

Name of the Incharge-Nurse: Bhanani

Name of the Nurse: Sunita

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 30/4/26 at 10:00pm

Date & Time: 30/4/26 @ 10:00pm

SURYA BLOOD CENTRE							
(A unit of Telangana Development Committee)							
#3-6-150, First Floor, Above Indian Bank, Main Road, Himayatnagar, Hyderabad-29.							
Phone : 8790221175 , 8341711775	Lic No. 111/HD/TS/2021/BC/G						
SINGLE DONOR PLATELETS (SDP)							
Anticoagulant : ACD Solution U.S.P.							
Prepared from a Voluntary Blood Donor / Replacement Blood Donor							
Patients Name Blo Rachna sankha Age / Sex 5day / F							
Hospital : Rainbow CH. Hospital							
BLOOD GROUP A+ve	<table border="0"> <tr> <td>HIV I & II</td> <td rowspan="5">} NEG</td> </tr> <tr> <td>HBsAg</td> </tr> <tr> <td>HCV</td> </tr> <tr> <td>VDRL</td> </tr> <tr> <td>MP</td> </tr> </table>	HIV I & II	} NEG	HBsAg	HCV	VDRL	MP
HIV I & II		} NEG					
HBsAg							
HCV							
VDRL							
MP							
Bag No. : 100/2							
Date of Collection : 30/4/26							
Expiry Date : 4/5/26							
Volume : 20ml.							
<p>INSTRUCTIONS : 1) Do not store, transfuse immediately. 2) Check blood group on the label & recipient's Group before administration. 3) Administer without warming. 4) Do not add any medicine to the Blood Component. 5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrogen Free Disposable I.V. Transfusion Set to Transfuse. 7) Storage Temperature 20°-24°C with continuous agitation. 8) Transfuse under medical supervision. 9) Do not Vent 10) Do not dispense without prescription.</p>							



SDP



CONSENT FOR BLOOD TRANSFUSION

Name: Blo Rachana Age: D26 Gender: Male Female
UHID.No : Date: 17/5/26

- 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 Chetan 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 Single donor Platelet transfusion

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: [Signature]
Name: Chetan
Date & Time: 17/5/26 at 8:00 pm

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Rajpreet
Date & Time: 17/5 8:00 pm

Witness

Signature: [Signature]
Name: Akhmal
Date & Time: 17/5/26 at 8:00 pm



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 17/5/26 Time: 8:20pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 11012 Date of Collection: 17/5/26 Date of Expiry: 21/5/26

Date & Time of Starting Transfusion: 17/5/26 @ 8:20pm Planned duration of Transfusion: 30 mins

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Shivaleela Nurse 2: Nikhitha

Before starting transfusion vitals: Temp: 36.5 HR 138 RR: 40 BP: 72/ SpO₂ 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
	15 Min	150	36.5		98%	-	-	-	-
	15 Min								
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No rashes

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: Saipriya

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 17/5/26

Date & Time: 17/5/26

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

Phone : 8790221175 , 8341711775

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

SINGLE DONOR PLATELETS (SDP)

Anticoagulant : ACD Solution U.S.P.

Prepared from a **Voluntary Blood Donor / Replacement Blood Donor**

Patients Name : **Blo Rachana S** Age / Sex : **26dy / F**

Hospital : **Rainbow Hospital**

BLOOD GROUP **A+ve**

Bag No. : **11012**

Date of Collection : **17-5-26**

Expiry Date : **21-5-26**

Volume : **50ml**

HIV I & II

HBsAg

HCV

VDRL

MP

} **NEG**

INSTRUCTIONS : 1) Do not store, transfuse immediately. 2) Check blood group on the table & recipient's Group before administration. 3) Administer without warming. 4) Do not add any medicine to the Blood Component. 5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrogen Free Disposable I.V. Transfusion Set to Transfuse. 7) Storage Temperature 20°-24°C with continuous agitation. 8) Transfuse under medical supervision. 9) Do not Vent 10) Do not dispense without prescription.

NH-00015053 IP26-00006172
Sdy Of RACHNA SANKLA
1-04-2026 0 Y 0 M 26 D (F)
r. S TEJASWI REDDY

SPP



CONSENT FOR BLOOD TRANSFUSION

Name: B/O RACHNA SANKLA Age: - Gender: Male Female
UHID.No : Date: 17/5/26

- Type of Blood Product:
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I Chetan 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.

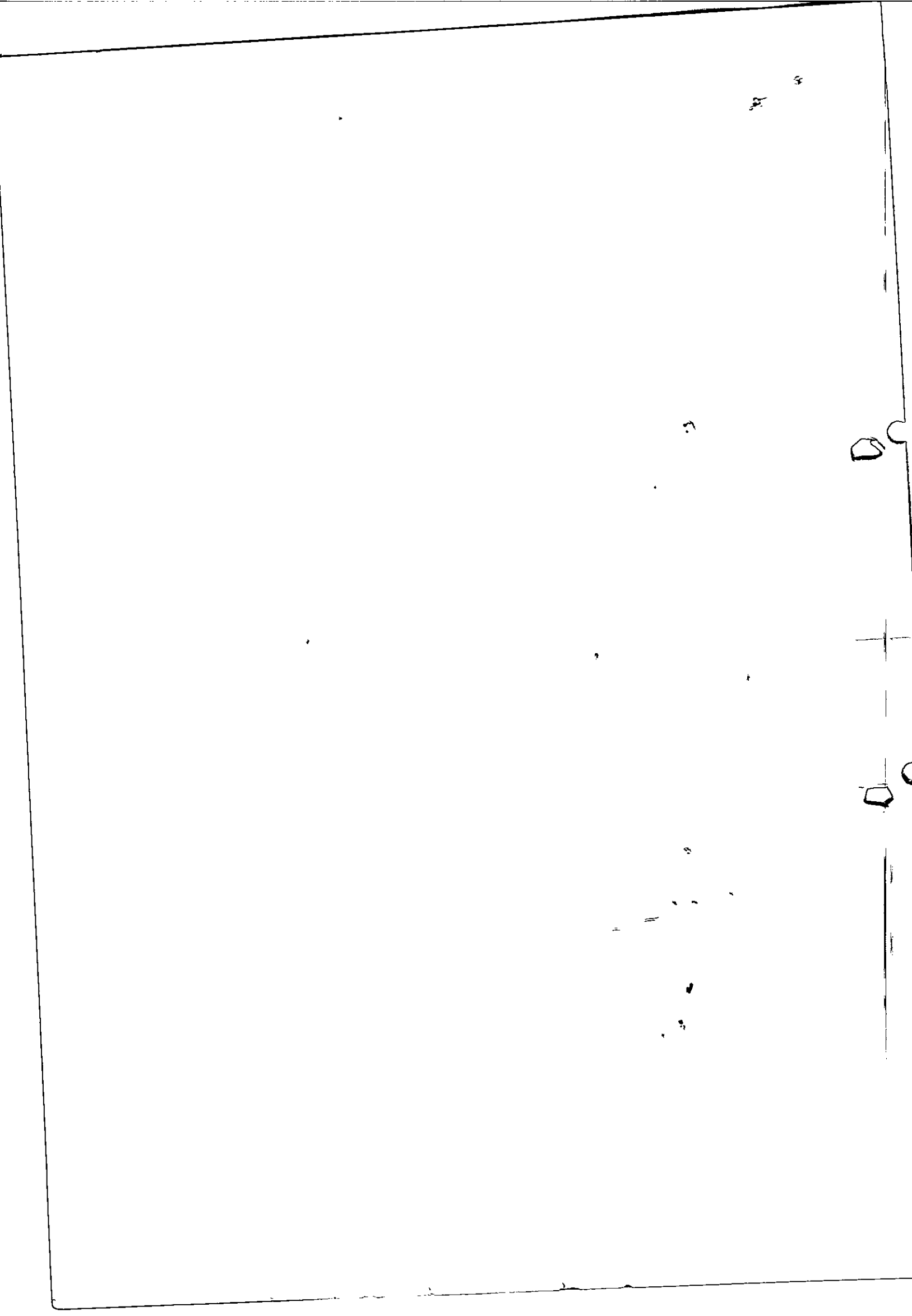
The doctor has explained to me about the alternative for this procedure which is single donor platelet transfusion.

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: [Signature]
Name: Chetan
Date & Time:

Doctor (Who is talking the consent)
Signature: [Signature]
Name: Dr. Varun
Date & Time: 17/5/26 8PM.

Witness
Signature: [Signature]
Name: A. Kirmale
Date & Time: 17/5/26 at 8pm





BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 17/5/26 Time: 3:30 pm

Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve

Blood Bank Issue No: 1101 Date of Collection: 17/5/26 Date of Expiry: 21/5/26

Date & Time of Starting Transfusion: 17/5/26 Planned duration of Transfusion: 17/5/26

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Shivaleela Nurse 2: Nikitha

Before starting transfusion vitals: Temp: 36.5 HR 137 RR: 42 BP: 61/49 SpO₂ 95%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
	15 Min	143	36.5	64/42	98%	-	-	-	-
	15 Min	150	36.6	61/49	96%	-	-	-	-
	30 Min								
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: No rashes

Name of the Incharge-Nurse: Alle

Name of the Nurse: Pooja

Signature of the Incharge-Nurse: Alle

Signature of the Nurse: Pooja

Date & Time: 17/5/26

Date & Time: 17/5/26

SURYA BLOOD CENTRE

(A unit of Telangana Development Committee)

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

Phone : 8790221175 , 8341711775

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

SINGLE DONOR PLATELETS (SDP)

Anticoagulant : ACD Solution U.S.P.

Prepared from a **Voluntary Blood Donor / Replacement Blood Donor**

Patients Name : **Blo Rachana Samlela** Age / Sex : **26 days / F**

Hospital : **Rain bow Cit Hosp**

BLOOD GROUP : **A+ve**

Bag No. : **110**

Date of Collection : **17/5/26**

Expiry Date : **21/5/26**

Volume : **30 ml**

HIV I & II }
HBsAg }
HCV } **NEG**
VDRL }
MP }

INSTRUCTIONS : 1) Do not store, transfuse immediately. 2) Check blood group on the label & recipient's Group before administration. 3) Administer without warming. 4) Do not add any medicine to the Blood Component. 5) Contents should not be used if there is any visible evidence of deterioration like discoloration. 6) Use a Fresh, Clean, Sterile and Pyrogen Free Disposable I.V. Transfusion Set to Transfuse. 7) Storage Temperature 20°-24°C with continuous agitation. 8) Transfuse under medical supervision. 9) Do not Vent 10) Do not dispense without prescription.

CONSENT FOR BLOOD TRANSFUSION



HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 24 D (F)
Dr. S TEJASWI REDDY

Name: Age: Gender: Male Female
UHID.No: Date: 16/5/26

- Type of Blood Product:
- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I chetan 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: [Signature]
Name: Chetan
Date & Time: 16/5/26

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Tejashwi Reddy
Date & Time: 16/5/26

Witness

Signature: [Signature]
Name: [Name]
Date & Time: 16/5/26

D

H

c

...

...

MNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 24 D (F)
 Dr. S TEJASWI REDDY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 16/5/26 Time: 2:50 AM
 Blood Group of the Patient: A+ve Blood Group on the Blood Bag: A+ve
 Blood Bank Issue No: 875/2 Date of Collection: 12/5/26 Date of Expiry: 11/5/27
 Date & Time of Starting Transfusion: 16/5/26 at 2:50 AM Planned duration of Transfusion: 3:30 AM
 Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Normala Nurse 2: Alia

Before starting transfusion vitals: Temp: 36.5°C HR: 132bpm RR: 28x BP: 79/43 (55) SpO₂: 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>11/5/26</u>	<u>15 Min</u>	<u>175</u>	<u>36.5°C</u>	<u>87/49 (56)</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: no reaction

Name of the Incharge-Nurse: Normala
 Signature of the Incharge-Nurse: [Signature]
 Date & Time: 16/5/26 at 3:30 AM
 Docu. No. : RCH / FRM / CLINICAL / 078

Name of the Nurse: Dhanyavalli
 Signature of the Nurse: [Signature]
 Date & Time: 16/5/26 at 3:30 AM

Phone : 8790221175 , 8341711775	
SURYA BLOOD CENTRE	
(A unit of Telangana Development 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 :	Bl0 Rachna sankala Age / Sex : 24/D/F
Hospital Name :	Rainbow c4 Hospital
Blood Group :	A+ve Blood Bag No. : 875/2
Date of Preparation :	12/5/26 Tested Date : 12/5/26
Expiry Date :	11/5/27 Volume : 200ml.
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 recipients group before administration. 4) Transfuse creteria '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.	

URG.



CONSENT FOR BLOOD TRANSFUSION

NH-00015053 IP26-00006172
Sister of RACHNA SANKLA
1-04-2026 0 Y 0 M 28 D (F)
r. S TEJASWI REDDY

Name: Age: Gender: Male Female
UHID.No : Date: *19/5/26.*

- 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 *IVI S*

I *chetan* 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 *URG.*

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):

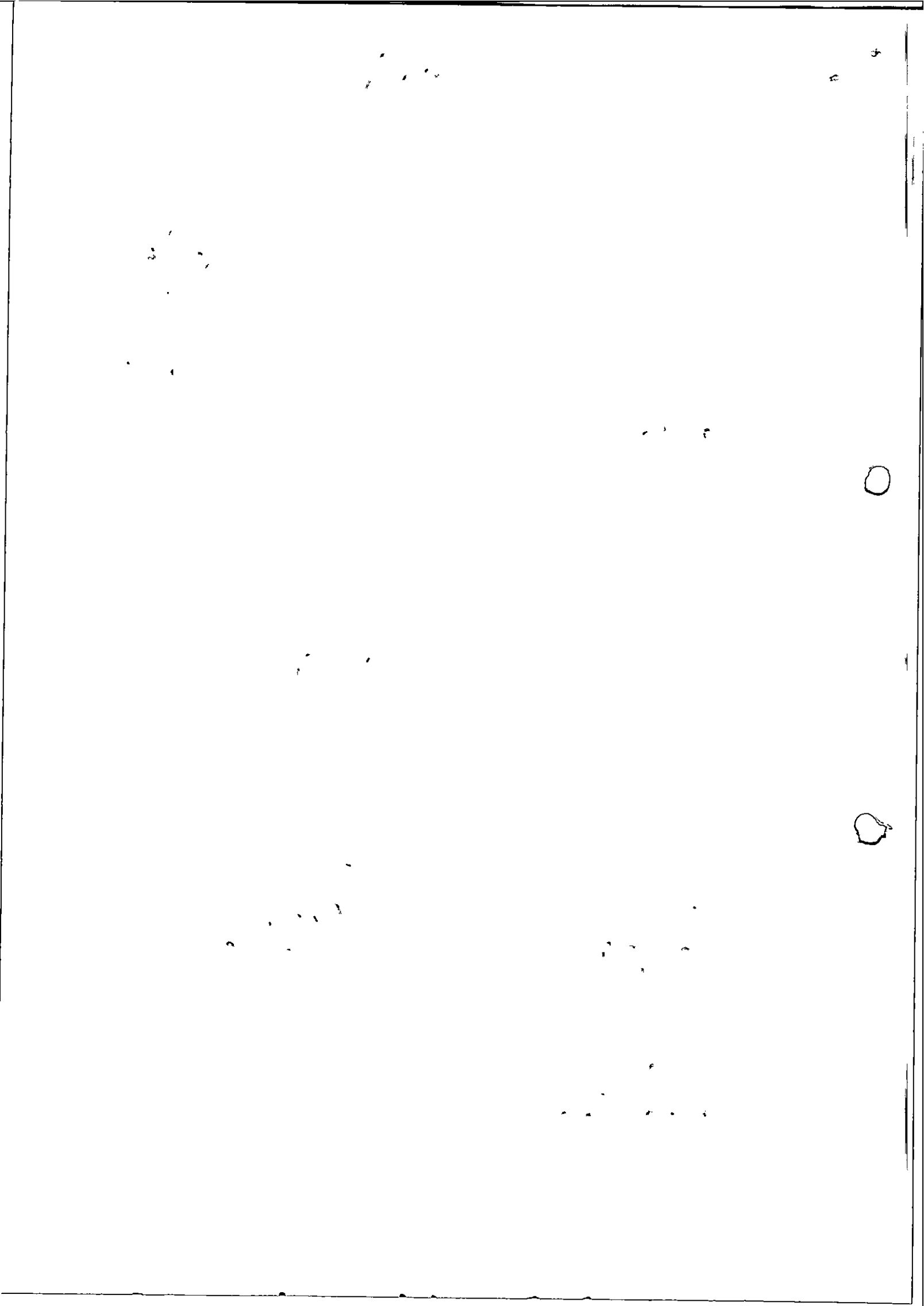
Signature: *[Signature]*
Name: *Chetan*
Date & Time: *19/5/26*

Doctor (Who is talking the consent)

Signature: *[Signature]*
Name: *PRANAV*
Date & Time: *19/5/26*

Witness

Signature: *[Signature]*
Name: *Nirmala*
Date & Time: *19/5/26*



2029

CONSENT FOR BLOOD TRANSFUSION

NH-00015053 IP26-00006172
Sister of RACHNA SANKLA
1-04-2026 0 Y 0 M 30 D (F)
r. S TEJASWI REDDY

Name: Age: Gender: Male Female

UHID.No : Date: 20/5/26

- 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 2029

I Chubbar 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 2029

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):

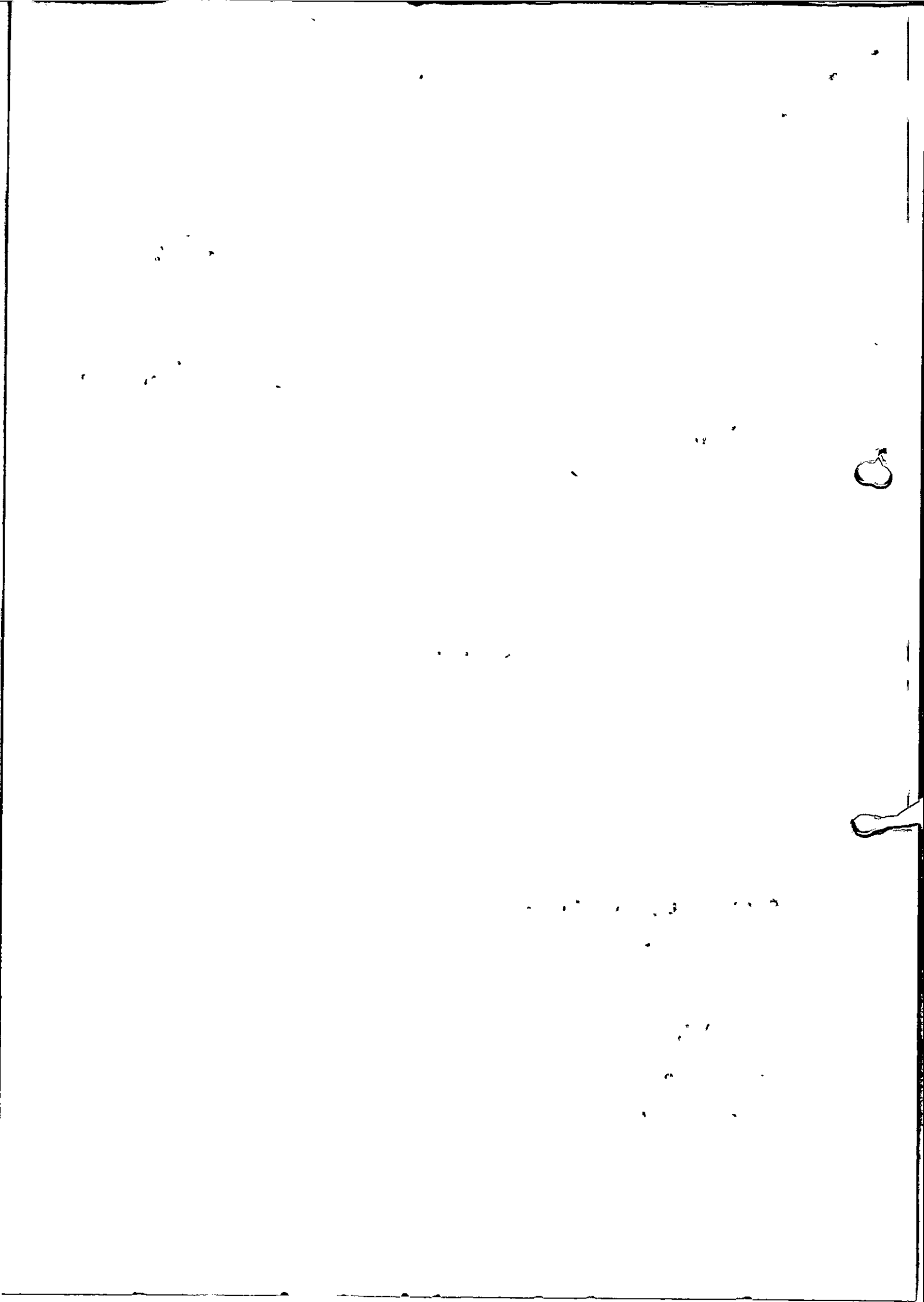
Signature: Kushal
 Name: Kushal Bhati (uncle)
 Date & Time: 20/5/26 at 6 AM

Doctor (Who is talking the consent)

Signature:
 Name:
 Date & Time:

Witness

Signature: Neeraj
 Name: Neeraj
 Date & Time: 20/5/26 at 6 AM





CONSENT FOR SPECIAL PROCEDURES

Patient Name : B/O RACHNA SANKLA Gender: Male Female
UHID No : Department : PAEDIATRICS Date : 17/5/26

I Chetan S/D/W/O

Here by give consent for procedure of : PICC LINE

For my patient, Named : B/O RACHNA SANKLA

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

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

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

Name of the Doctor performing the procedure: Dr. TEJASWI REDDY

Patient Attendant :
Signature : [Signature]
Name : Chetan
Relationship with Patient : father
Date & Time : 17/5/26 at 2pm

Witness :
Signature : [Signature]
Name : Shivaleela
Date & Time : 17/5/26 @ 3pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. VARUN
Date & Time : 17/5/26 2PM

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30



ppcc line



CONSENT FOR SPECIAL PROCEDURES

NH-00015053 IP26-00006172

Daughter of RACHNA SANKLA
1-04-2026 0 Y 0 M 15 D (F)
Dr. S TEJASWI REDDY

Patient Name : Gender: Male Female

UHD No : Department : micu Date : 5/5/26

I S/D/W/O

Here by give consent for procedure of : ppcc line

For my patient, Named : B/a. Rachana

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

Line site bleeding - Thrombus / Infection

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

Long lasting line for parenteral nutrition

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

Name of the Doctor performing the procedure: Dr. Tejaswi

Patient Attendant :

Signature : [Signature]

Name :

Relationship with Patient: falkar

Date & Time : 5/5/26

Witness :

Signature : [Signature]

Name : Levi

Date & Time : 5/5/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Pranav

Date & Time : 5/5/26



CONSENT FOR SPECIAL PROCEDURES

Patient Name: **Baby Of RACHNA SANKLA** *ila.* Gender: Male Female
UHID No: **Dr. S TEJASWI REDDY** (F) Department: Date:

I Chetan. S/D/W/O Blo Rachna Sankla

Here by give consent for procedure of: PICC line

For my patient, Named: Blo Rachna Sankla

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

PICC line block
Bleedief from insertion site

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

PICC line block
Insertion site bleed

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:

Patient Attendant :
Signature : *[Signature]*
Name : Chetan.
Relationship with Patient: Father
Date & Time : 21/4

Witness :
Signature : *[Signature]*
Name : Nirmala
Date & Time : 21/4/26.

Doctor (who is taking the consent) :
Signature : *[Signature]*
Name : Dr. Rajeev
Date & Time : 21/4

1

2

3
4

5

6


7

8

9
10
11
12

13
14
15

CONSENT FOR SPECIAL PROCEDURES

Patient Name: **NH-00015053** **IP26-00006172**
Sister of RACHNA SANKLA
1-04-2026 0 Y 0 M 14 D (F)
r. S TEJASWI REDDY
UHID No:  Gender: Male Female
Department: MCU Date: 11/5/26

I, _____ S/D/W/O _____

Hereby give consent for procedure of: LUMBAR PUNCTURE

For my patient, Named: B/o RACHNA

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

Bleeding / Infection / Embolism


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


To rule out meningitis

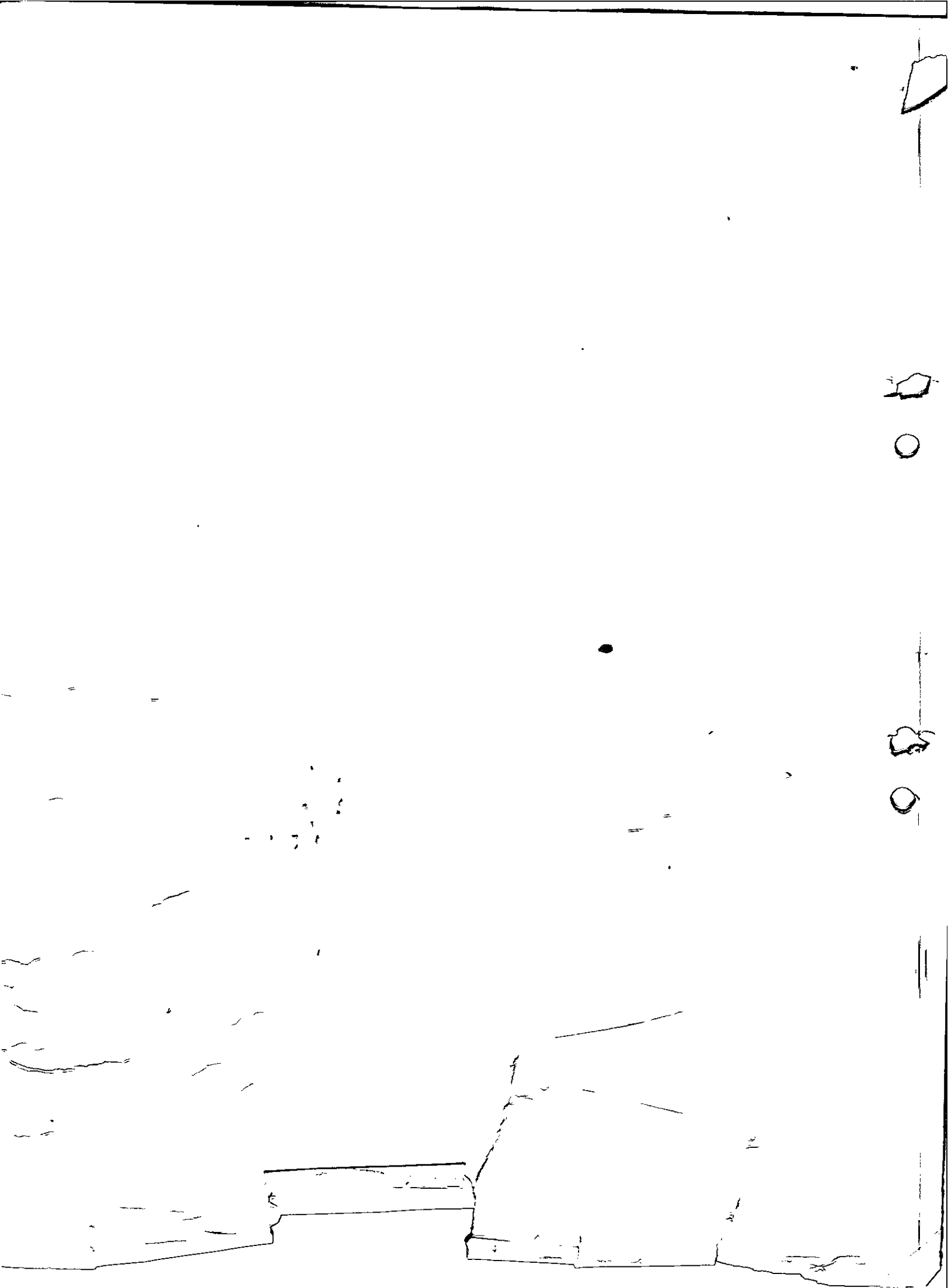
I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Prasad

Patient Attendant:
Signature: 
Name: Chetan Sankla
Relationship with Patient: 11/5/26 father
Date & Time: 11/5/26


Witness:
Signature: 
Name: Dhanu
Date & Time: 11/5/26

Doctor (who is taking the consent):
Signature: 
Name: Prasad
Date & Time: 11/5/2026



CONSENT FOR SPECIAL PROCEDURES



Patient Name: **NH-00015053** **IP26-00006172**
Daughter of RACHNA SANKLA Gender: Male Female
1-04-2026 **0 Y 0 M 14 D** (F)
UHID No: **r. S TEJASWI REDDY** Department: _____ Date: _____


I, _____ S/D/W/O _____

Hereby give consent for procedure of: C-PAP

For my patient, Named: _____

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


Pneumothorax, Nasal injury

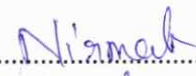
The doctor have explained to me about the alternatives, risks and benefits for this procedure that:


Breathing Support

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: _____

Patient Attendant :
Signature: 
Name: Sankla
Relationship with Patient: Father
Date & Time: 23/4/26 at 1:00pm

Witness :
Signature: 
Name: Nirmala
Date & Time: 23/4/26 at 1:00pm.

Doctor (who is taking the consent) :
Signature: 
Name: Prasanna
Date & Time: 23/4/26



CONSENT FOR SPECIAL PROCEDURES



Patient Name: NH-00015053 IP26-00006172 Gender: Male Female
Baby Of RACHNA SANKLA
1-04-2026 0 Y 0 M 14 D (F)
UHID No: .. r. S TEJASWI REDDY Department : Date :


I S/D/W/O

Here by give consent for procedure of: *ventilator*

For my patient, Named :

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

*nasal & oral cavity injury, Vocal cord injury
Bradycardia / Respiratory depression*

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

Breathing support

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. Spandan*

Patient Attendant : 

Signature :

Name : *Sankla*

Relationship with Patient: *father*

Date & Time : *4/5/26 at 9:00Am.*

Witness :

Signature : 

Name : *Nirmala*

Date & Time : *4/5/26 at 9:00Am.*

Doctor (who is taking the consent) :

Signature : 

Name : *PRANAV*

Date & Time : *4/5/26*

4
1
1





CROSS CONSULTATION FORM

Doctor Name: Dr. S. Tejaswi Date: 19/5/26 Time:

Diagnosis: PT / LBS / RDS / NNS / candidal sepsis

Hospital:	Type of Referral : <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Referred for: <input checked="" type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

On Room air.

Vitals {
- RR - 36
- SpO₂ - 93%
- HR - 132

Jaundice (+) on TSPT

TCB > 20, CRP - 175 (17/5)

TCB > 20, CRP - 84 (19/5)

T.B - 21. / Direct - 4.4 / RD - 17

Sr. Albumin - 2.8 / Hb - 7.5

LRBC transfusion, SD transfusion given

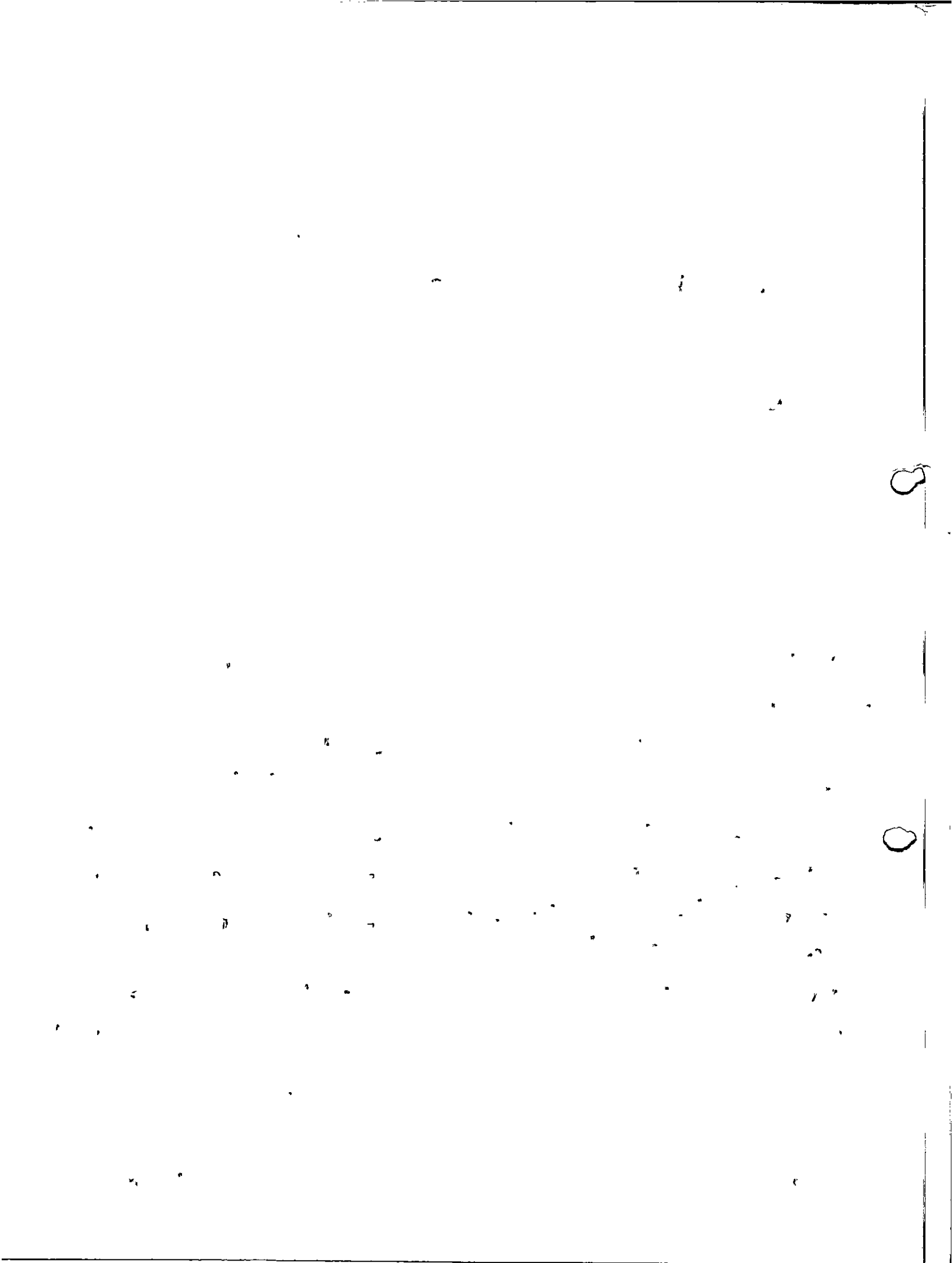
VSG Abdomen - Normal.

Plan

- IVIG transfusion (1g/kg)
- send sr. ferritin levels
- Check PS for Agglutinating
- check. DCT for IgG
- Minor blood group incompatibility test if no improvement after IVIG.

Consultant :

Name: Dr. Anurag Signature: Date & Time: 19/5





CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

Hospital :	Type of Referral : <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Referred for : <input type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> Transfer of care	

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

ROP Screening

Both Eyes
 Cornea - clear
 pupil - pharmacologically dilated
 lens - clear

fundus (RE) Disc (N)
 Posterior pole Normal
 NO plus signs
 Zone II - III Immature retina
 NO ROP

Advice
 - Renew 10 days / 85
 - TOBA Eyedrops 1 drop
 3 times a day x 3 days

Consultant :

me : N. Unnathi Signature : [Signature] Date & Time :

2000

100

100

1000000

9414

1000000

1000000

1000000

1000000

1000000

1000000

1000000



CROSS CONSULTATION FORM

Doctor Name: Date: 24/4/26 Time: 11:50 AM

Diagnosis:

Hospital:

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

S/B Dr. Jyoti

- Case capsule noted

DOL 5, pretum Hch, referred in

U/O ? Biliary aspirates

P/A - left, No VAP, Motion ⊕

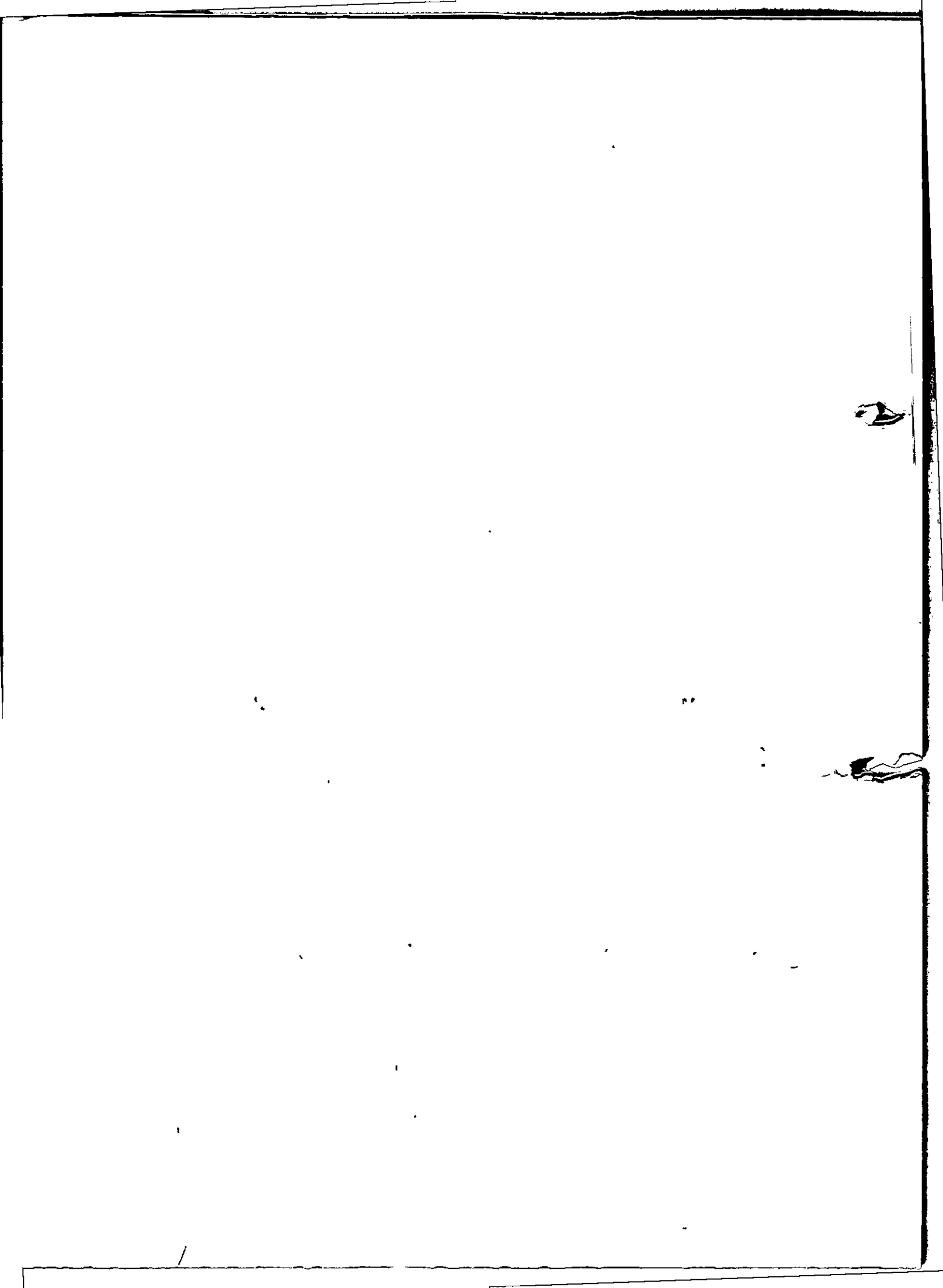
Adv:
- Nil surgical, at total feeds

- Use Abel for SMA + SMV ecb?

- R/w ses

Consultant :

Name: Dr. Jyoti Bote Signature: _____ Date & Time: 24/4/26 11:50 AM



HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 0 D 1 H (F)
 Dr. S TEJASWI REDDY



DRUG CHART

Date of Admission: 21/4/26 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
- 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

Signature

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:				

VERIFIED BY NURSING



REGULAR PRESCRIPTIONS

Weight: 1.460g Ward:

Verified by Dr. Dhakshayani

DRUG: MS PIPTAZ				Date/Time	21/26	22/21	23/14	24/4	25/6	26/4	27/9
Dose	Route	Frequency	Start Date								
15mg	IV	BD	21/4/26	6 AM							
Name & Signature of the Doctor Starting the Drugs: Dr Prabhakar											
Additional Instructions: 10mg/kg/dose. over the upper				6 pm							
Daily Doctor's Endorsement by a Sign											

DRUG: INT CARRIENE				Date/Time	21/24	22/4	23/4	24/4	25/6	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	6/6
Dose	Route	Frequency	Start Date																
70mg	IV	OD	21/4/26	6 PM															
Name & Signature of the Doctor Starting the Drugs: Dr Prabhakar																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

DRUG: DUMSTAL SUSPENSION				Date/Time	23/4	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5	6/6	
Dose	Route	Frequency	Start Date																
0.3ml	PO	TID	23/04	6 AM															
Name & Signature of the Doctor Starting the Drugs: Sankarsh																			
Additional Instructions: (1ml/1mg)																			
Daily Doctor's Endorsement by a Sign																			

DRUG: (INFANT) GLYCERINE SUPPOSITORY				Date/Time	24/4	25/4	26/4	27/4	28/4	29/4	30/4	1/5	2/5	3/5	4/5	5/5	6/6
Dose	Route	Frequency	Start Date														
1	PER	12H	23/04	6 AM													
Name & Signature of the Doctor Starting the Drugs: Sankarsh																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign																	



①

REGULAR PRESCRIPTIONS

Sheet No:

Weight 11.60kg Ward

DRUG: <u>Syp. ERYTHROMYCIN</u>				Date/Time	<u>25/4</u>	<u>26/4</u>	<u>27/4</u>	<u>28/4</u>	<u>29/4</u>	<u>30/4</u>	<u>1/5</u>
Dose	Route	Frequency	Start Dt.								
<u>0.2ml</u>	<u>PO</u>	<u>QID</u>	<u>25/4</u>	<u>6pm</u>	<u>12pm</u>	<u>6pm</u>	<u>12pm</u>	<u>6pm</u>	<u>12pm</u>	<u>6pm</u>	<u>12pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>(Dr. Namean)</u>											
Additional Instructions: <u>(5ml/125mg)</u>											
Daily Doctor's Endorsement by a Sign											
DRUG: <u>INJ MEROPENEM</u>				Date/Time	<u>29/4</u>	<u>30/4</u>					
Dose	Route	Frequency	Start Dt.								
<u>25mg</u>	<u>IV</u>	<u>BD</u>	<u>29/4/26</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prabhakar</u>											
Additional Instructions: <u>20mg/kg</u> <u>Add 4.6ml SD to vial to make 25mg/ml</u> <u>1ml + 9ml NS over 30min</u>											
Daily Doctor's Endorsement by a Sign											
DRUG: <u>INS. FLUCONAZOLE</u>				Date/Time	<u>29/4</u>						
Dose	Route	Frequency	Start Dt.								
<u>7.2mg</u>	<u>IV</u>	<u>OD</u>	<u>29/4/26</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>	<u>12pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prabhakar</u>											
Additional Instructions: <u>6mg/kg</u> <u>(2mg/ml) vial. (3.6ml + 6.4ml NS over 1hr)</u>											
Daily Doctor's Endorsement by a Sign											
DRUG: <u>INJ AMPHOTERICIN B</u>				Date/Time	<u>29/4</u>	<u>30/4</u>	<u>1/5</u>	<u>2/5</u>			
Dose	Route	Frequency	Start Dt.								
<u>0.8mg</u>	<u>iv</u>	<u>OD</u>	<u>29/4</u>	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>(Dr. Name)</u>											
Additional Instructions: <u>50mg vial + 10ml DW. (0.5mg/ml)</u> <u>further dilute 50ml DW (0.1mg/ml)</u> <u>(0.5mg/l) D1, Give 8ml - D1</u> <u>(1mg/l) D2, 14ml - D2</u> <u>(1.5mg/l) D3, 20ml - D3</u>											
Daily Doctor's Endorsement by a Sign											

Verified by Dr. L. Kanyani

Verified by Dr. Dhakshayani

Verified by Dr. D. Kshayani



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: Inj. PIPERACILLIN + TA ZOSACTAM
 Date/Time: 30/4/15

Dose	Route	Frequency	Start Dt.
145mg	IV	BD	30/4

Name & Signature of the Doctor Starting the Drugs: *Deef*

Additional Instructions: 6AM, 11S, STOP

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: Neb levoflo.
 Date/Time: 02/5, 03/5, 04/5, 5/5

Dose	Route	Frequency	Start Dt.
0.3mg neb	6th hole	1/5	12AM

Name & Signature of the Doctor Starting the Drugs: *Deef*

Additional Instructions: 1 resples + 1ml NS

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: Inj. Meropenem
 Date/Time: [Blank]

Dose	Route	Frequency	Start Dt.
50mg			

Name & Signature of the Doctor Starting the Drugs: *Deef*

Additional Instructions: [Blank]

Daily Doctor's Endorsement by a Sign: [Signature]

DRUG: Inj. MEROPENUM
 Date/Time: 02/5

Dose	Route	Frequency	Start Dt.
50mg		BD	2/5

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: CHANGED, 11PM, 1PM

Daily Doctor's Endorsement by a Sign: [Signature]

Verified by Dr. Dhakshayani

VERIFIED BY: Name

Dr. Dhakshayani



2

Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: Inj. MEROPENEM

Date/Time	2/5																				
Dose	55mg	Route	IV	Frequency	TID	Start Dt.	2/5														
Name & Signature of the Doctor Starting the Drugs:		B. Saugha		2 PM																	
Additional Instructions:		dilute in Sal a give over 3 hour		10 mg																	
Daily Doctor's Endorsement by a Sign																					

DRUG: Inj. CEFTRIAZOLONE AVIBACTAM

Date/Time	2/5	03/5	4/5																		
Dose	6	6	6	Route	IV	Frequency	TID	Start Dt.	2/5												
Name & Signature of the Doctor Starting the Drugs:		B. Saugha		2 PM																	
Additional Instructions:		dilute in 10ml NSD		10 PM																	
Daily Doctor's Endorsement by a Sign																					

DRUG: Inj. AZTREONAM

Date/Time	2/5	03/5	4/5																		
Dose	40mg	Route	IV	Frequency	TID	Start Dt.	2/5														
Name & Signature of the Doctor Starting the Drugs:		D. Saugha		2 PM																	
Additional Instructions:		dilute in 10ml NSD		10 PM																	
Daily Doctor's Endorsement by a Sign																					

DRUG: NEB E 3X NaCl

Date/Time	4/5	5/5	6/5																		
Dose	3ml	Route	NEB	Frequency	6/4	Start Dt.	4/5														
Name & Signature of the Doctor Starting the Drugs:		Pranav		6 AM																	
Additional Instructions:				12 PM																	
Daily Doctor's Endorsement by a Sign																					



Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.44kg Ward

DRUG: <u>Inj MICROPENEM</u>				Date Time	<u>4/5</u> <u>6:55</u>
Dose	Route	Frequency	Start Dt.		
<u>6mg</u>	<u>IV</u>	<u>TID</u>	<u>4/5</u>	<u>Am</u>	<u>X</u>
Name & Signature of the Doctor Starting the Drugs: <u>Pranav</u>					
Additional Instructions: <u>4mg/kg</u>					
<u>IV over 2 hours</u>					
Daily Doctor's Endorsement by a Sign					

DRUG: <u>Inj MICAFUN</u>				Date Time	
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG: <u>Inj MICAFUNGIN</u>				Date Time	<u>4/5</u> <u>5/5</u> <u>6/5</u> <u>7/5</u> <u>8/5</u> <u>9/5</u> <u>10/5</u> <u>11/5</u> <u>12/5</u> <u>13/5</u> <u>14/5</u> <u>15/5</u> <u>16/5</u>
Dose	Route	Frequency	Start Dt.		
<u>3mg</u>	<u>IV</u>	<u>once Daily</u>	<u>4/5</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Pranav</u>					
Additional Instructions: <u>2mg/kg</u>					
<u>1 vial = 50mg</u>					
<u>Orbit 1 vial in 10ml of SY.D</u>					
<u>1ml = 5mg => Take 0.6ml of reconstituted & add 4-4ml SY.D - IV over 2 hours</u>					
Daily Doctor's Endorsement by a Sign					

DRUG: <u>Inj LIPOSOMAL AMPHOTERICIN B</u>				Date Time	<u>4/5</u> <u>5/5</u> <u>6/5</u> <u>7/5</u> <u>8/5</u> <u>9/5</u> <u>10/5</u> <u>11/5</u> <u>12/5</u> <u>13/5</u> <u>14/5</u> <u>15/5</u> <u>16/5</u>
Dose	Route	Frequency	Start Dt.		
<u>10mg</u>	<u>IV</u>	<u>once Daily</u>	<u>4/5</u>		
Name & Signature of the Doctor Starting the Drugs: <u>Pranav</u>					
Additional instructions: <u>1 vial = 50mg</u>					
<u>1 vial + 12ml D.W => 1ml = 4mg</u>					
<u>Take 2.5ml + 2.5ml of SY.D - 5ml - IV over 2 hours</u>					
Daily Doctor's Endorsement by a Sign					

verified by Dr. Dhakshayani

3

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.44kg Ward

Dr. Dhak

Verified by

Signature

VERIFIED BY: N

Dr. Dhakshayani

Verified by

As per

As per

DRUG :				Date
Dose	Route	Frequency	Start Dt.	Time
MCT oil.				5/5/2026
	LA	BD	5/5	6 AM
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : Symp. Calcimox-P				
2.5ml	PO	BD	5/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : Vitamin D3 drops				
0.5ml	PO	BD	5/5	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : Symp. CAFFEINE CITRATE				
7.5mg	IV	OD	2/4	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Sheet No:

REGULAR PRESCRIPTIONS

Weight: 4.4kg Ward:

DRUG: DOMSTAL SUPPOSITORY				Date	Time
Dose	Route	Frequency	Start Dt.		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: DOMSTAL SUSPENSION				Date	Time
Dose	Route	Frequency	Start Dt.		
0-3ml	PO	TID	6/5	6 AM	7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5
Name & Signature of the Doctor Starting the Drugs: Prann					
Additional Instructions: Ind = 1mg					
Daily Doctor's Endorsement by a Sign					
DRUG: GLYCERINE SUPPOSITORY				Date	Time
Dose	Route	Frequency	Start Dt.		
2ml + 2ml/15	PR	BD	6/5	6 AM	7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5
Name & Signature of the Doctor Starting the Drugs: Prann					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: MUPIROCIN / MUPISONE				Date	Time
Dose	Route	Frequency	Start Dt.		
-	lovely	TID	6/5	6 AM	7/5 8/5 9/5 10/5 11/5 12/5 13/5 14/5 15/5
Name & Signature of the Doctor Starting the Drugs: Prann					
Additional Instructions: one pink 5ly					
Daily Doctor's Endorsement by a Sign					

Dr. Dhakshayani

Verified by

Signature

Dr. Dhakshayani

Verified by

VERIFIED BY: Name

Dr. Dhakshayani

4

Sheet No:

REGULAR PRESCRIPTIONS

Weight 1.44kg Ward

DRUG : SYP CALCIMAX-P				Date/Time																
Dose	Route	Frequency	Start Dt.																	
1.8ml	PO																			
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : SYP CALCIMAX-P				Date/Time	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5									
Dose	Route	Frequency	Start Dt.	12Am	X																
1ml	PO	Q6H	9/5/20	6Am	X																
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG : VITAMIN D3 DROPS				Date/Time	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5									
Dose	Route	Frequency	Start Dt.	4pm																	
0.5ml	PO	OD	9/5/20																		
Name & Signature of the Doctor Starting the Drugs: Dr. Prabhakar																					
Additional Instructions: (800IU/ml)																					
Daily Doctor's Endorsement by a Sign																					

DRUG : Tab LANZOL JUNIOR				Date/Time	9/5	10/5	11/5	12/5	13/5	14/5	15/5	16/5									
Dose	Route	Frequency	Start Dt.	6pm																	
1ml = 1.5mg	PO	OD	9/5																		
Name & Signature of the Doctor Starting the Drugs: Pranan																					
Additional Instructions: 1tab = 1.5mg Dilute in 10ml DW & give 1ml = 1.5mg																					
Daily Doctor's Endorsement by a Sign																					

Verified by
 Dr. Dhakshayani
 Signature
 Dr. Dhakshayani



Sheet No: (TOBRAMICIN) **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : TOBA EYE DROPS **Date/Time** 13/5 19:30M 14/5 6:00PM 15/5 6:00PM 16/5 6:00PM

Dose	Route	Frequency	Start Dt.
1 drop	Each eye	6 th July	13/5

Name & Signature of the Doctor Starting the Drugs: P. Ramu

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INJ PIPTAZ **Date/Time** 14/5/20

Dose	Route	Frequency	Start Dt.
150mg	IV	TID	14/5/20

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: e 100mg/kg/dose 8am.

Daily Doctor's Endorsement by a Sign STOP

DRUG : INJ VANCOMYCIN **Date/Time** 14/5 6:00PM 15/5 6:00PM 16/5 6:00PM

Dose	Route	Frequency	Start Dt.
25mg	IV	TID	14/5/20

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: e 15mg/kg/dose 8am.

Daily Doctor's Endorsement by a Sign

DRUG : **Date/Time**

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Verified by Dr. Dhakshayani

VERIFIED BY: Name Signature

**CONSENT FOR
LEFT AGAINST MEDICAL ADVICE
(Taking Ambulance for Transport)**

NH-00015053 IP26-00006172
 aby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 24 D (F)
 r. S TEJASWI REDDY

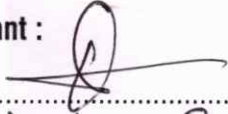




Patient Name : B/o Rachna Age : 2 Gender : Male Female
 UHID NO : HNH-00015053 Department : NICU Date : 15/5/16


I Chethan S/DW/O Kishan Reddy here
 by give declare that my baby is diagnosed of
Very preterm (30wk + 6d) / RDS / VLBW
Fungal sepsis / NND / Coagulopathy

The doctor has explained me nature of illness and need of NICU stay
 care. After extensive discussion with
 the family members about the risk and alternatives I have decided not to continue treatment in this hospital and I want
 to take my baby to another health care facility. The hospital staff have advised and
 helped me in arranging an ambulance with appropriate medical care facilities and a healthcare worker for safe
 transportation of my baby

I wish to take my baby in the private ambulance to another health care facility fully
 understanding that such transportation can be consequences for my baby due to
 his / her sickness. I do not have any complaints against the doctors and hospital staff.

Patient Attendant :
 Signature : 
 Name : Chetan Sankle
 Relationship with Patient : Father
 Date & Time : 15/5/16 10:30 AM

Witness :
 Signature : 
 Name : J. Saipriya
 Date & Time : 15/5/16 11 AM

Doctor :

B. Sankar
10:30
15/5/16 AM

and the way
2023

refugee

and the way
2023

and the way

and the way

and the way

and the way

and the way

and the way

and the way

and the way



①

B/o Rachna



PROGRESS NOTES AND DOCTOR'S ORDER

1.1 1.2

Date & Time	Progress Notes	Doctor's Order
	<p>wt <u>1.4 kg</u> → <u>30 wks</u></p>	
	<p>→ Baby on <u>NIV</u> → 16/6. → pressure O₂ → <u>21%</u></p>	
	<p>→ SpO₂ → maintaining ↳ NO req. of Supplement</p>	
	<p>→ NICE line placed.</p>	
	<p>→ feeds to be established today. <u>0.5 ml</u> / every 3rd hdy.</p>	
	<p>→ Samples sent. <u>CRP</u>, <u>Blood c/s</u> ↳ reports awaited.</p>	
	<p>→ Antibiotic started. (<u>piperaz</u>)</p>	
	<p>→ NCS 2 Dech's of <u>trans</u> <u>lung</u>. ↳ will deeper. based on culture.</p>	
	<p>→ <u>Dr. Tejam</u></p>	

Dr. S. TEJASWI REDDY
 Registration No: 94063

Noted by Shweta



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/4/26 10:10 AM.	c/s/by Dr Tyermin.	
		80g ↓
	visible Bowel loop @	10% D + Ca glu. - TV (100ml/kg/day) 5.8 ml/L
	<u>stool</u> Not yet passed.	- Aminocorin. start
	Baby NIV → CPAP	(39/kg/day)
	FiO ₂ 21	- (T) NPI.
	PEEP 6.5	- 0.5ml EBM/donan. Q3hly.
		- Today NSG, 2D Echo
		Noted by Laxmi



(3)

PROGRESS NOTES AND DOCTOR'S ORDER

B/o Rachna

Date & Time	Progress Notes	Doctor's Order
22/Jul/26 10:45 Am.	<p><u>Concally</u> Note (Dr. Tyawil)</p> <ul style="list-style-type: none"> - NIV → CPAP - Baby on CPAP Now. 	
		<p>Maintain.</p>
	<ul style="list-style-type: none"> - starts on 0.5ml 	<p>SBM 0.3ml / Donor Milk.</p>
	<ul style="list-style-type: none"> - If Im @ CPAP 	<p>HFNC LFNC.</p>
	<ul style="list-style-type: none"> - Not yet passed stools. 	
	<ul style="list-style-type: none"> - <u>Today</u> NSG, 2D Echo plan. 	
	<p>Dr. Tejan</p>	<p>Dr. S. TEJASWI REDDY Registration No: 94068</p>
		<p>Noted by poof</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>22/4/26</u> 3pm	c/s/by. Dr. Anuha.	
	Baby on CPAP. PEEP 6.5 2l/min	- ct iv fluids - ct CPAP Ⓟ CBP potassium
	Stool Not yet pat	
	Vital: HR 136/min SpO ₂ 100% RR = 36/min Bp = 67/40(50)	- ct CPAP CPAP PIPTA3 - 1 form no. - 0.5ml O ₃ H ₂ (EBM/dona milk)
	AP	
		Noted by Anamala



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C1116- Dr Tejswari / U Subramanyam	
22/04/26 5:30 PM	Trial of CPAP PIP 16 / PEEP 6.5 / Flow 2L Not passed stork	
	O/E: vitals: Euthymic HR: 140/min TSP: 60/46 mmHg RR: 40/min SpO ₂ : 97-99% @ CPAP	<u>Adv</u> Tx fluids
23/4/26 1:30 AM	SIB Dr-Srinath Very very preterm (30wk+3d) / FIC IAB / IV Awt / RDS / vLBW / 1.440 kg	
	Baby on NIV Euthymic HR - 140/min SpO ₂ - 95% BP - 78/46 (SB) CV - S ₁ , S ₂ @ CRT clear B - BU - ACF @ eye @	P6 - OG feed - 0.5u / 2d > 100ml - IV fluids @ 5ml 10% Dextrose - CF AMINOVEN - AMB monitor 6h KUST

Noted by page

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/4/26 7:26 AM	S/B Dr. Saughey Δ Very very preterm (30wk + 3d → 30wk + 4d) 2 nd DOL / ARA / RDS → NIV-CPAP / VLBW	
	Baby on CPAP	Play - On feed 0.5ml/2 nd h
	Euthermic	
	HR - 124/min	- IV Fluid 10% Dextrose @ 6ml/h
	SpO ₂ - 98%	
	BP - 75/46 (56)	- CF AMINOVEN 0.1.8ml
	CNS - S ₄ S ₄ @	(3g/10d)
	CRT - 3/4	
	M - 3/4 - ACC@	- Iv Heplock @ 0.3ml
	(clear)	- GMB monitoring 6 ^h
	PLA job	
	CMZ - Spont movement @	- Blood gas Now
		13-54 - Considered Crystal TID - Cytocian rectal suppository TID - Fome 20 Gbrn - Iv fluid 12ml/kg/d Amiroven 3.5 gm/kg Mx lipid - Repeat CRP, TFT Now PRA
	Noted by Dhanya	

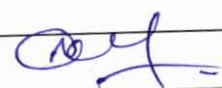


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/26 5pm	CBC re-spende	
	Baby on down side on su fluids + Amoxicillin	
	O/S vitalis fulbionid HR: 170/min SpO2 99% @ RA RR: 24/min TSp: 70 (90% sat)	
		<p><u>Plan</u></p> <ol style="list-style-type: none"> 1) ct - NPO 2) ct - CRP 3) ct - antibiotics 4) Rest ct - as pre Rx chart
		Suth
		<p style="transform: rotate(-45deg);">Nobel by Shivalika</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4	C/S/B Dr. Nripureya / Dr. Anusha	
2:00pm.	VPT / BLBW / RDS	
	on room Air	Plan
	Aspirate - 7ml (+)	- NPO till further advice.
	RLS - BLAC	- Cont 7g Caffeine
	PIA - soft.	7g Piptaz
	AG:	- Cont Domstal suspension
		Glycerin suppositories
		- monitor vitals, AG
		

Noted by Normal

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4	CLUB for Naipaya / for Anushka	
7:00 AM	VPT (30w + 3 → 30 + 5) / ACA / VLBW / RDS - NIV - CPAP /	
	on Room Air.	Plan
	vitals - HR - 145 RR - 36 SpO2 - 98%	- or feed or small / 2nd burble
	RIS - BILAE.	- NPO till further advice
	PIA - soft, not	- Cont Zj piptor Zj caffeine
	Aspirin - 24ml. Over 24hrs	- Get domestic suspension
U/V S/V		- Monitor vitals
		@ef
		all by Dhanya zulu@sam

Baby of Rachna Sankla

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 2 D (F)
Dr. S TEJASWI REDDY



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/04/26 18:50pm	Dr. <u>Spandana</u>	
	<u>SRJA</u>	
	<u>NPO</u> - vomiting	
	tummy - try to start feeds	
	CRP - (15) <u>Abx</u>	
	Repeat CRP - report awaiting.	
	Dr. S. Tejaswi Reddy	
		Dr. SPANDANA PASUPULETI - Reg. No. 3392

~~Noted by
N. Tejaswi~~



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/3/26 10:30 AM	S/B Dr. Tejaswi	
	Baby icteric on B.A.	+ 32 ml
	Aspirate +.	<u>Pa</u>
		Start DSPT.
		IVF 10-1.150 P 130 ml / Cysto + Ca gluconate
		CT. Antibio
		O = 500 @ 24.
		CT. Dowstal.
		Red suspension

~~Noted by
Laxmi~~

HNH-00015053
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 2 D (F)
 Dr. S TEJASWI REDDY



8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26 10:30 AM	<p><u>Counseling</u> On RA</p>	
	<p>Feeding to be started</p>	
	<p><u>Aspirate - 24cc.</u> 0.5cc @ 2H feeds started</p>	
	<p><u>Gaundice - on Despt.</u></p>	
	<p>Actively - fine</p>	
	<p>Paed. <u>(S) Opinion +?</u></p>	
	<p><u>Dr. Tejan</u></p>	<p><u>Dr. S. TEJASWI REDDY</u> Registration No: 94068,</p>
	<p><u>Noted by</u> <u>Ushankant</u></p>	



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/3/26	Age 0/w @ Re Jyothi	
10:30am	24 ml light	
	green aspects +	Plan
	on - sup Postals X	Ray abdomen
	PA - Soft.	
	Passed - stool 2 hrs.	

~~Noted by
 Laxmi~~



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/4/26	SIB Dr. Sreeghar	
3pm	Very Very prefer (Bowel Fed) Feed Intolerance	AGA (F/RP) - NIV - NA INNJ
	Baby Gekhenic	
	HR - 157/min	
	SpO ₂ - 98% on RA	<u>Plan</u>
	WS - S, S ⊕	- OG Intim
	PI - BU - A/E ⊕	- CT DJT
	PIA JOK	- CT PIPTA
	Low - light greenish	
	Aspirate	- GMS monitoring 6HL
	passed stool	- Monitor vitals
		- CT IVF @ 4.8ul 10% Iso P
		- IV AMINOVEN @ 2ul
	T ASK	
		Noted by Vishnaya

Baby of Ratchana

HNH-00015053
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 3 D (F)
Dr. S TEJASWI REDDY


IP26-00006172

10

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/04/2026 11:30pm	Dr. Chandana	
	<u>SUIA</u>	
	Feed started. —	<u>0.5ml</u>
	<u>NO vomiting</u>	
	CRP - <u>↓</u>	
	Abx - <u>continue</u>	
	<u>P.A.</u>	
	Dr. S. SURESH	Reg. No: 3172
	s/o Dr. Nareem / Dr. Varun	
		<u>Plan</u>
	On room air	① NPO overnight
	No RD	② start 0.5ml morning
	HR - 129/min	③ GRBS nontoxic
	SpO ₂ - 98% @ RA.	④ et piper, caffeine.
	BP - 58/41 mmHg	⑤ Add. Synthocin Symp.
	↓ DSP I	⑥ U - DPT
	aspiratus (+)	
		<u>Plan</u> (Dr. Nareem)
		Noted by Nareem 25/04/26 at 1:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	TV = 150ml/kg/day	
	150ml	= 216 ml/day
	Amnioview 3g/kg/day	- 43.2ml.
	Heplock -	7.2ml
	Pipton	20ml
		70.4 - 145.6ml
	IVF - 10% 150P + cal glu - 6ml/hr	
		(Plan Dr. Nameen)
25/4/2026 8am	s/B Dr. Nameen / Dr. Vamur	
	VPT (30 ⁺⁴ → 30 ⁺⁶ wks) / AGA / P / RDS / Feed intolerance / MNJ	
	- T. wt - 1.380kg (↓ 20gms)	Plan
	on room air	① ct NPO
	no bradyl desat	② ct pipton; caffeine
	HR - 135/min	③ IVF - Iso-P + Amnioview
	SpO ₂ - 100% ; BP - 75/44mmHg	④ DSPT - Stop after 24 hrs after needs
	2ml - last aspirate (light green)	
	23ml in last 24 hrs	
		(Plan Dr. Nameen)
		Noted by A. Colvins 25/4/26.



11

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26 10:45am	Counselled by Dr Tejaswi	Placed on
	Feeding initiated ↓	
	24ml aspirated @ @ greenish ↓	
	2 days NPO. ↓	
	To start again on Monday ↓	
	On Monday to start Oral feeds.	
	started medications : for aspirates today ↓	Signature
	IV fluids to continue	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/4/26 3 PM	<u>CL/12 - Dr. Jadae</u>	
	Very Preterm (30w+4d → 30w+6d) ACHT feeds / NPS feed intolerance	Advice:- ① NPO today
	Ole- Activity feed.	② Continue Pipitaz; Caffeine
	Ab down - soft No distension.	③ Add erythromycin to continue
	On room air.	④ Monitor vitals.
	HR - 143bpm	
	r - 29	
	SpO ₂ - 94%	
		Nurtured by Nirmalakes 25/4/26 at

Baby of Rachana

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 4 D (F)
Dr. S TEJASWI REDDY



12



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/04/26 19.18 PM	Dr. Spandana	
	<u>SVGA</u>	
	Feeds - 0.5ml - hourly	
	<u>Erythromycin</u>	
	Ull abdomen - normal	
	Tomorrow will start feeds - cyclical feeds.	
	P. Sh	
	Dr. SPANDANA PASUPULETI	
	Reg. No: 3372	

HNM-00015053 IP26-00006172
 Baby Of RACHNA SANKLA (F)
 21-04-2026 0 Y 0 M 4 D
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/04/26 11:30 AM	C/O - D. Sankartha / D. Prakash	
	Baby in room on O ₂ IV fluids + Iy Amnucy	
	O/C - Kathiraman HR: 150/min TSP: 76 (57 mmHg) RR: 35/min SpO ₂ : 99% @ NA	
		Ad
		- Cont. IV fluids + Amnucy
		- INT PIPAC
		- Syp. Crystalloids
		- Monitor vitals and Tfactors
		Sankartha

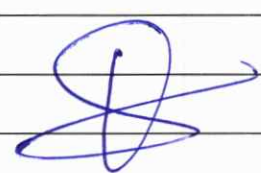
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/4/26 9:30 am	Vitals re-spander	
	- Passing stools - aspirates ~ 0.5 ml	
	<u>meas:</u> Stable	<u>Plan</u>
		1) Start cyclical feeds - 0.5 ml/hr. 2) ct. antibiotics 3) check TUB.
26/4/26 6 pm	ct/by Dr Anucha	
	Baby on RA iv fluids	<u>Plan</u>
	To start cyclical feeds.	ct Cyclical feed 0.5 ml/hr
	HR = 156/min RR = 55/min SpO ₂ = 96% RA	ct Antibiotic
	CFT < 3sec <u>ASJ</u>	ct DSPT. Monitor vitals.



14

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/Jul/26 10:50 AM	Counelly Note	
	Baby doing well.	
	starts feed - some cyclic feeds started.	
	↓ 4 tolerating.	(EBM)
	try to increase.	
	NNT stated NSPT	
	at Antibiotics.	
	P.S.	
		Dr. SPANDANA PASUPULETI Reg. No. 3092



15

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26	c/s by Dr Anubha/Dr Alekhye	
8 Am	VPT (30w+3) / AGA / RDS / feed intolerance / CGA 31w+1	N/NJ
	- Baby on RA IV fluid + Amirovic on cyclic feeds.	I/O Twt 1.280 kg (120g).
	HR - 142/min BP - 61/36 (us) SpO ₂ - 96% RR - 46/min.	No feed Intake no aspirate / vomity
	SLE NAD	Plan ct IV fluid + Amirovic
	(RL) B/c AE (+) NIVBS (+)	ct IV antibiotic
	(CVS) size (+) abnorm.	ct cyclic feed 0.5mL (3h off & 3h on)
		- Monitor vitals.
		- stop NSPT aft 2 hours.
	A	



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
27/4/20	M/D Dr. Tejashwi	
10 am	DOL-C	
	- on Room air	
	- no aspirates	
	- accepting feeds well	
	<u>OLE</u>	
	- HR = 140 bpm	
	RR = 30 bpm	
	SpO ₂ : 100%	
	<u>PLA</u> : soft	
		<u>Plan</u>
		1) ↑ 04 feeds to 1ml/hr.
		(cyclical feeds)
		2) STOP DSPT.
		3) Ut. Mptaz, caffeine
		4) Rest it as per
		Rx chart.



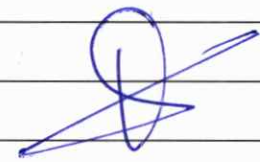
16

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26	<u>Blo Rachana</u>	
11am		
	- on koom air	
	maintaining well	
	- ↑ feeds to 0.5 → 1ml/hr. - cyclical feeds.	
	- abdomen: soft.	
	tolerating feeds well.	
	- Plan to ↑ feeds gradually.	
	- attempt ~ 1.4 kg to discharge the baby	
	to accept spoon feeds. well.	


 Dr. Tejan

Dr. S TEJASWI REDDY
 Registration No: 94068





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4/26 2:30pm	<u>UIB Dr. Spandana</u>	
	- on room air	
	- accepting feeds well	
	- no aspirates	
	- passing stools O/E	
	HR: 131 bpm	
	RR: 40 bpm	<u>Plan</u>
	SpO ₂ : 95%	1) ct. 04 feeds 1ml/hr.
	<u>PHA</u> : soft	2) STOP PIPTAZ
		3) 4RBS-maintaining 12th H.
		4) ct. caffeine
		5) Rert ct. as per Rx chart
		6) ↑ feeds to 1.5ml/hr after <u>1am</u> .



77

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/4 8:00pm	<p>CLS 113 Dr. Naipunya / Dr. Prabhat</p> <hr/> <p>on room Aiv Tolenting feeds well. Vitals - HR-128 - RR-42 - SpO₂-95% RLS - BILAF ⊕ PLA - soft, NO distension</p>	<p>Plan</p> <ul style="list-style-type: none"> - Cont OG feeds 1.5ml/hr Cyclical feeds. - Cont erythromycin - GRBS Q12H - Cont Cayfiemp - Monitor vials
28/4/26 7:30am	<p>S/B Dr. Prabhat / Dr. Naipunya.</p> <p>Baby ↓ RA accepting feed passing urine stool + 75-8ml. No other ops</p> <p>of vitals stable.</p> <p>rd eye</p>	<p>Plan</p> <p>CT. OG 1.5cc/hr 3hrs on & 3hrs off</p> <p>CT. Erythromycin</p> <p>GRBS 12th hrs</p>




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>01/02 - Dr. Tejeswi</u>	
<u>28/11/26</u> 11am	On room air	
	Accepting feeds.	<u>Advice:</u>
	O ₂ -	① Increase 0.5ml feeds Once in 6hrs.
	HR - 121 bpm	
	RR - 39 cpm	② 2ml/kg ↓ 2.5ml/kg } today ↓ 3ml/kg
	CFT - < 2 sec	
	SpO ₂ - 100%	
		③ Monitor vitals.
<u>28/11/26</u>	<u>01/02 - Dr. Akshya</u>	
	On room air	<u>Advice:</u>
	On cyclical feeds & milk. Observing	① 2ml/kg → 2.5ml/kg 3ml/kg.
	O ₂ -	
	HR - 132 bpm	② Monitor vitals.
	RR - 27 cpm	
	SpO ₂ - 96%	

18

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/4/26 11am	Counselled by Dr. Tejaswi 0.5 - 1ml → 1.5ml → 2ml	1/6 Bedside
	feeds - 2ml / hr	
	Oish to <u>DBH</u>	
	↓ today	
	to increase 0.5ml/hr once in phase.	Signature 
	Cyclical feeds to	
	2 → 2.5 → 3ml today	
	tomorrow → 4 - 4.5ml	
	From day after tomorrow normal feed. (0.6 feed)	



PROGRESS NOTES AND DOCTOR'S ORDER

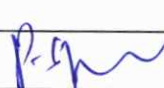
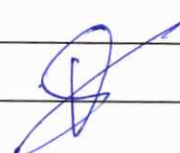
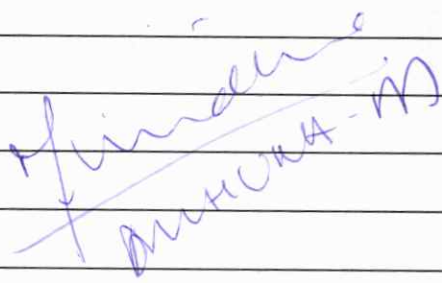
Date & Time	Progress Notes	Doctor's Order
21/4/26	SIB Dis. Spandane	Plan
5 pm	T. wt: 1.260 kg (20g ↓)	2.5ml/hr cyclical feed
	HR - 120/min	OK feed 2.5ml/hr
	SpO ₂ - 99%	↓
	BP - 81/56 (65)	every 8 hrs increase
	CWI - S, S @	0.5ml/hr
	P - BLU - ACFO	Stop PIPTAZ 3hr on
	PIA - 20 act	3hr off
	CMI - Spantameneb	ct Erythromycin
	TCB - 18-4 yld	6AM - {SBA, CBP}
		{TFT, CBR}
		- Start Triple Surfactant Phototherapy

Baby of Rachna

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 10 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/04/26 20.06pm	Dr. Spandana	
	SVTA	
	Feeds - 0.5ml/hr - 8th hourly	
	SBR - 18.5 - Triple phototherapy	
	[SBR] - feet	
	Baby is crable.	
	 <p>Dr. SPANDANA RASUPULETI Reg. No. 3372</p>	
28/4/2026 10.20pm	S/B Dr. Sindhu M	
	↓ TSPT	Plan
	on room air	- As per advice
	HR - 125/min	
	SpO ₂ - 100%	
	on cyclical feeds	
		 <p>Sindhu RACHNA-M</p>



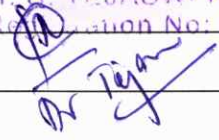
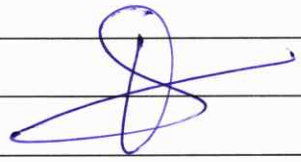
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4 7Am	CLS/B D. Prann / D. Wagners	
	VPT 130+3 → 31+4 / VLBSW - 1.44 kg / RDS / WMS	
	Feed Protololam	
	G-WT → 1.2 kg (↓60g)	
	Baby ↓ TSPT	Phs
	SV on RA	1) OG feed - Cystis jal
	cystis feed - 3ml/hr	3ml/hr (3hr on left)
	Vitals	↑ x 0-Snd / 8 th hly
	HR - 132/h	2) FRak CBP, SBR
	SpO ₂ - 98%	TKD
	RR - 44/h	3) CT - TSPT 24 SBR
	R-S - B/LABCD	4) Trj Caffein
	PIA - Soft	5) Syp Donsht
	Passed Urine & Stool	6) Syp Erythromy
		7) Monitor Vitals
		8) Collect Blood c/s
		Send CRP, CBP
		Prann



20

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Counselling</u>	
29/4/26		
11 AM	Intralipid infusion to be started for wt gain.	
✓	Feeds. 3.5cc/hr	
	↓ evening 4cc/hr	
	↓ T/m 5cc/hr	
✓	CBP, CRP, Blood c/s to be repeated.	
	<u>Hb: 19.6</u> , PLT. 1 fig trend.	
	Dr. S. TEJASWI REDDY Registration No: 94068 	



20

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26	Dr. Tejaswi / Dr. Prabhakar	
10. am	VPT / 30 ⁺³ wk → 31 ⁺⁴ wk	VLBW / RDS / NNT
	Feed intolerance	
	Baby stable.	<u>Plan</u>
T. wt	1.200kg	
	5.5cc/hr cyclical	→ Inj Pipta Mesopren
	feed 3hr on / 3hr off.	fluconazole.
	of G vitals stable	
	PA exp.	→ CBP, CRP, Blood c/s.
	for	→ Amoven 3.5g/kg
	for	Lipide 2g/kg
		→ T/m 5cc/hr
		→ Subtract fluid
		→ 9 0.5cc/hr
		@ 2hr



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26	s/o Dr. Prabhakar	
2pm.	VPT 30 ⁺³ wk → 31 ⁺⁴ wk	VLBW RDS NNJ
✓	Baby ↓ DSPT	
CRP 49.	Stable	+104.6 ml
PCT 36 k.	on 3.5 cc/hr cyclical feeds	Plan
SBR 11.1	3 hrs on & 3 hrs off	① iv Meopenen
	of viral stable	iv Fluconazole
	SpO ₂ 93-100% intermittent	CT
	Pt off fluctuating	Amnoren 3.5g/kg Intralipid 2g/kg
		③ 7 feeds 4cc/hr
		3 hrs on & 3 hrs off
		④ T/M 5cc/hr Cyclical feeds
		⑤ Stop DSPT
		⑥ Trace Blood c/s



22

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26 5:30pm	c/s/hy Dr Spanclan	
		Plan
	<u>vital</u>	
	-HR = 132/min	- cl Antibiotic
	SpO ₂ = 95%	Antijungal
	RR = 41	- 4 ml cyclic feeds
	<u>Bp</u> =	↑ 0.5ml every 8th hourly
		- (T) <u>B/c/p</u> :

Baby of Raktana

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 6 D (F)
Dr. S TEJASWI REDDY



23



PROGRESS NOTES AND DOCTOR'S ORDER

29/04/26
18:20pm

Dr. Chandana

SVGA

Feed - tolerating

- 0.5ml / 1hr

4ml/hr - 3 hours on + off

SBR - 18.5

Triple ppx

SBR / CRP

- Hb - 19.7

platelet - 34,000

problem - low immunity

Abx + antifungal

- Meropenem

Fluconazole

CRP / BC

- CRP - (45)

BC - report

- 48 hours

CRP / CRP

~~Dr. Chandana~~
REG. NO: 8092



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/4/26	<u>U/S re-transmission</u>	
10:30pm		
	- on room air	
	- tolerating feeds well.	
	- Passing urine & stools.	
	<u>OLE</u>	
	<u>vitals</u> : HR: 125 bpm	<u>Plan</u>
	RR: 30 bpm	1) CRP 7/11m & 6am
	SpO ₂ : 100.1.	CRP
	PLA: soft.	2) 4ml/hr oral feeds
		↑ 0.5ml / 8 th hourly.
		3) ct. antibiotics
		antijungals
		4) monitor vitals -



26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/4/26 8am	<p><u>WLB re-narrative</u> VPT 36⁺ → 31⁺ 1.44kg PDS NNJ</p>	
	<p>- on room air</p>	
	<p>- tolerating feeds well</p>	
	<p>- passing urine & stools</p>	
	<p><u>O/E</u></p>	
	<p>vitals : HR: 134 bpm</p>	
	<p>RR: 44 bpm</p>	
	<p>SpO₂ = 96%</p>	
	<p>PIA = soft</p>	<p><u>Plan</u></p>
	<p>RS: BPE ⊕ clear</p>	<p>1) treat USP USP</p>
	<p>Jr.</p>	<p>2) ct. 4ml/hr oral feeds P.O.S.M.E cthr</p>
		<p>3) ct. antibiotics antipyretics</p>
		<p>4) monitor vitals.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4 9 AM	<u>CS/B In Tejaswi / A Spandan</u>	
	Baby Aetia	Pln 1) CS/B
	SV on RA	2) SPP Transfusion Now 3) Check Jol Jaundi
	<u>Vitals</u> HR - 132b RR - 32b	5) Feed - Sml/ 2nd hly 6) Tissue (CNS - Blood CS
	SpO ₂ - 98% BP - 46/31 (33)	7) PT PT / IWR / APTT - Send ✓ 8) VSG ARden ✓
	TCB ₉ - 14-5	→ Start DSPT ✓
	CRP - 39-4	



25

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4 1:30pm	<p><u>CLBS A Program</u></p> <p>Baby ↓ DSPT SV on RA</p>	<p><u>Plan</u></p>
	<p><u>Vitals</u></p> <p>HR - 126b</p> <p>SpO₂ - 98%</p> <p>RR - 42b</p> <p>BP -</p>	<p>1) CT- DSPT</p> <p>2) Feed - 5ml / 2nd hly</p> <p>3) ↑ in hml / 8th hly</p> <p>4) T/m (PT / INR Blood C/S USG report</p>
	<p>R-S ~ B/LAED</p> <p>PIA Soft</p>	<p>5) Monitor Vitals</p> <p>6) SDP transfusion</p> <p>7) SBR } T/m CBP }</p>
	<p>Tolerated well</p>	<p>8) Monitor Vitals</p>
	<p>CRP - 39</p>	<p>Noted by Rabim</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/4 5:00pm.	<u>CLUB Dr. Spandana</u>	<u>Plan</u>
	ON. RA	- CBP, CRP, Hemogram
	Vitals - HR - 117	CBG. 6:00 AM
	RR - 45	- SDP every 3 rd hourly
	SpO2 - 100%	Nest @ 8pm
	Rls - Bil AC ⊕	- OG feed 6ml / 2 nd hourly
	PLA - soft, NT	- Raise fungal sensitivity
		- cont DSPT mcs
		- Stop Menopene
		- Start 2g PIPTAZ.
		.

		Noted by Kalim

Baby of Rachana

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 9 D (F)
Dr. S TEJASWI REDDY



26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/04/2026 18:10pm	Dr. Spandana	
	Baby feeds tolerating 6ml hourly	
	Tavelore - DSPT	
	US abdomen -	Internal Echo - urinary Bladder
	urine -	UTI urine <u>WE</u> and <u>culture</u>
	pneucils	Rattina
	CRP - Males - 34,000	CRP - (49) - (39)
	BC - Bacterial growth - negative	
	Fungal - candida	ampho-B
	antifungal - going on	
	3 hours - Males transfusion	coagulation screen - normal
	tomorrow - Blood gas / CRP / CRP	
	candida ->	Sensitivity - 48 hours
		Dr. SPANDANA DESAI



Baby of Ruhya

27

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/04/26 18:23pm	Dr. <u>Spandana</u>	
	HNFc - doing good on IANFc GL	
	we stopped neoprene -	Piperz Necathugis
	uric acid - negative	
	all bicarbonate - (1P)	
	we are giving bicarbonate.	
	platelet - 20,000.	
	tomorrow - CRP / CRP / blood gas.	
	P. Sp	Tej Reddy
	Dr. S. Tejaswi Reddy	

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA 0 Y 0 M 10 D (F)
 21-04-2026
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26 1 AM	S/B Dr. Sreejha Vg Vg p/bn (300k/1200 → 3/10k/60) Plan Baby Ruthenic	
	HA - 15.6 gm SpO ₂ - 96% on RA	- CT PIPTAL - AMPHOTERICIN-B
	BP - 52/29 (33)	- CF IV Fluids @ 3.1 mL
	C/S - S ₁ S ₂ ⊕ C/R - 3sc	- stop phototherapy
	M - Bic - A/C ⊕ P/A - sac	- Oh Feed 7ml/2dl ↑ 1ml/8hr by
		- Monitor vitals
	15-4	- Send CUF - @ 6 AM V B ₂ @ 6 AM ↓ Preserve sample for Urine C _s
		Noted by Swathi

28

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5/26 7 AM	SIB Dr. Sreeghan Δ Very very preterm (30wk + 2d → 31wk + 6d) 1.44kg RDS / v LBW / NNTJ / Sepsis	
	Baby febrile T. wt:- 1.320	Plg, - ct PIPTAZ AMPHOTERICIN-B
	⊙ HR - 158/min SpO ₂ - 99% on RA	- ct Iv fluid 10% Iso + P @ 3.1ml/h
	BP - 66/46 (54)	- O/G Feed 8ml / 2nd h
	CVS - S ₄ S ₃ ⊙	
	CRT = 3 sec	- Send CUF
	M - BLU - ACF ⊙	
	PLA - JOLK	- CRBS monitoring 8 th h
	CNS:-	
	Spont. Activity ⊙	M LB - S ₄ S ₃
<p>Noted by Sreeghan</p>		

IP26-00006172
 0000015053
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 8 D (F)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/4/26	s/o Dr Prabhath.	
7pm.	VPT GA31+6D	1.44kg / RDS / VLBW / sepsis / NNT
	Baby ↓ RA	USG s/o cystitis NSG - (N)
+49mL Balance	Tolerating feed.	
T.Wt 1.320. (80g↑)	acc 92H CBM. OG feeds passed urine stool	<u>Plan</u>
	Vitals stable	① CBG Now
	AF OSF CRT < 3s	② Trace CSF Report
	PA sgt	③ CT. Amphis B yuplan.
		④ Trace CUE, U/C.
	Tr	

Raby of Rachana
 31



PROGRESS NOTES AND DOCTOR'S ORDER

01/05/2026
 19:20pm

Date & Time	Progress Notes	Doctor's Order
	Dr. Chandana	
	SVIA (49)	
	→ CRP - (26)	
	→ Platelet - 20,000 - 1,93,000	
	→ BC - candida	→ <u>Urethra swab</u>
		- report coming.
	antibiotic - Anepho-R	→ good response
	→ NCA - normal	
	→ Feeds - tolerating	→ 1 ml every 3 hours
		9 ml - 2 hours
	→ activity good	
	→ antibiotic - 2 weeks	→ red blood cells
		→ BC - 1 week
		→ report coming
	P.S. Dr. S. Tejaswi Reddy	2 weeks - stop



32

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5 9:45pm.	C/SIRS Dr. Pritesh.	
	RDS LBW NNS Sepsis.	
	OD RA	Plan
	Repeated episodes of bradycardia ⊕.	
	desaturation ⊕.	- CBG now
	lethargic.	- Start LFAC. 2.0/min
	Vitals - HR-108	
	RR-20	
	SpO ₂ -82%.	- Start CPAP. now.
	Rls - poor respiratory efforts.	- Trace CSF reports
		- Strict Input/output monitoring
		- Monitor vitals
		- CBP } tomorrow
		CRP } 6:00 AM
		CBG }
		- send sr. CRP]
		electrolytes]
		VBG]
	w/H	- Neb levolin.
		- Insulin Dextrose infusion
		- ECG now.
	w/H	- 2nd hourly GRRS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5 12:00pm	C/S/B Dr. Naipya	for Anusha
	on NIV	<u>Plan</u>
	PEEP - 6.5	- Cont NIV.
	PIP - 16	- Trace sr. electrolytes CBP, CRP.
	FiO ₂ - 25%	
	Vitals - [HR - 138 RR - 32 SpO ₂ - 98%	- Cont Piptaz Ampho - B
	RIS - BLU AE ⊕	- Cont Neb levulin.
	Efforts ⊕	- Monitor vitals
	PIA - soft, NT	- 10ml. 2nd hourly
		- monitor vitals
		- Send PT/APTT/INR at 6:00 AM
		Blood U/s, procalcitonin
		- CBG. at 3:00pm.



33

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/5	<p><u>Insulin. dextrose infusion</u></p>	
	<p>⇒ 0.05IU/kg + 2ml/kg 10% Dextrose. [BOLUS]</p>	
	<p>⇒ 0.08IU + 3ml 10% Dextrose. over 30 minutes</p>	
	<p>↓ ⇒ 0.1IU/kg/hr. (10units in 100ml 10% D)</p>	
	<p>⇒ 0.14IU/kg/hr ⇒ 1ml/hr. (L/H)</p>	
2/5 3:00 AM	<p><u>Bicarbonate Correction</u></p>	
	<p>- 0.3 X wt X BE.</p>	
	<p>= 0.3 X 1.5 X 6. ⇒ 3ml</p>	
	<p>1.5ml + 1.5ml NS over 30 minutes</p>	
	<p>↓</p>	
	<p>1.5ml + 1.5ml NS over 1H hours</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 5:30 AM	c/s/b <u>Dr Anuch</u> / <u>Dr Naipuy</u> NPT / RDS / NIMS / sepsis	
	Baby Euthic. Euglycic pale look. - cuti mummified CPT < 3 sec	
	HR = 133/min RR - 38/min - 45 BP = SpO2 = 100% on NIV CPT < 3 sec.	active mnts (+) PIP 20 PEEP 7 FiO2 21%
	AP	do CBG 6 AM - 1 PM
		check BP

34

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 7:00 AM	<p>CLSB for punitesh</p> <p>on MV.</p> <p>poor resp efforts lethargic.</p> <p>PCO₂ - retention?</p>	<p>Plan</p> <p>- Intubation on MV.</p>
2/5/26 9:40 AM	<p>SLB Dr. Tejaswi</p> <p>Very very preterm (30wks + 1d) → 32wks / 1.49kg / RDS</p> <p>VLBW / Sepsis</p> <p>Baby on ventilator in SIMV mode</p> <p>HR - 148/min</p> <p>SpO₂ - 99%</p> <p>BP - 52/39 (95)</p>	<p>PEEP - 5.5</p> <p>PiP - 15</p> <p>Rate - 40</p> <p>FiO₂ - 21%</p> <p>Inj. MEROPENEM 55mg in TID slow infusion over 3 hrs</p>
PT-INR ↓ Normal	<p>WS - 5.4 Sec @</p> <p>CR - 3 sec</p> <p>R - 2.0 - ACF @</p> <p>Equal</p> <p>Tube repositioning done</p> <p>CSF shows - glucose - 3.0</p> <p>protein - 130</p> <p>cell - 10</p> <p>Polymorphs - 20%</p>	<p>Trace PT/INR</p> <p>Monitor vitals</p> <p>OG feed 10ml (2nd h)</p> <p>q 3rd every 6th h</p> <p>of AMINOVEN @ 1.8 ml/h</p> <p>Intralipid @ 0.55 ml/h</p>

B/o Rachna.
 (35)

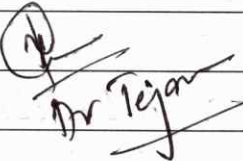

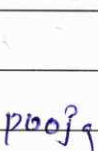


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26		Counselling Notes
11:15 AM	<ul style="list-style-type: none"> - CSF - shows 20% polymorphs with mixed protein, decreased glucose 	
	<ul style="list-style-type: none"> - Antibiotics started in meningitis dose 	
	<ul style="list-style-type: none"> - Baby Intubated and taken on ventilator in the morning 	
	<ul style="list-style-type: none"> - Blood culture sent in the morning 	
	<ul style="list-style-type: none"> - on O₂ feed low/2nd by 	↓ to increase Incubator S ^g by
	<ul style="list-style-type: none"> - Baby dull today 	
	<ul style="list-style-type: none"> - Ventilation requirement for 2-3 days 	
	<ul style="list-style-type: none"> - CBR, CRP to be done tomorrow 	
	<ul style="list-style-type: none"> - IV Antibiotics might be required for 2-3 weeks if CSF culture is positive 	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- Maintaining sedation flow on minimal settings on ventilator.	
	- Platelet - 1.2 lakh/mm ³	
		
		
2/5/26 12:05 PM	S/D Dr. Tejaswi change Antibiotic to Cefazidime Amibacter ← Aztreonam	Stop Meropenem Inj. CEFTRIAZIDIME (27mg) AVIBACTAM (6.7mg) dilute 2gm Cefazidime in 10ml 5% Dextrose ↓ dilute 1ml of this solution in 4ml of 5% Dextrose ↓ (1ml = 4mg) Take 0.7ml of this solution and dilute in 4.3ml N/4 give over 2 hour along with AZTREONAM
	Noted by 	

Dr. S TEJASWI REDDY
 Registration No: 94068



36

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Ij. AZTREONAM 4mg Iv TID
		↓
	(I) 100% dilute 1gm in 10ml 5% Dextrose + take 0.4ml of that solution & further dilute in 4-6ml of 5% Dextrose and give over 2hrs. along with CEFOTAZIDIME AVIBACTAM.	
	4 + 157 0.7m. 4.5m	
2/5/26 3:45 PM	SIB Dr. Shekhar Δ Very very preterm (30wk + 2d → 32wk / 1.44kg (RD) v LBW / sepsis / ? Meningitis on ventilation in SIMV mode HR - 137/min SpO ₂ - 100% BP -	
		- Ij CEFOTAZIDIME AVIBACTAM AZTREONAM
		- Ij IVF 10% Iso-p @ 2ml
	CNS - S ₁₁ S ₁₂ ⊕ CRT = 36u P ₁ - BU - ACE ⊕ Regu.	- Ij AMINOVEN @ 1.8ml LIPID @ 0.55ml
	PIA 70u	- Ij OG feed 11ml / 2ml ↑ Int every 6h
	(CNS) :- Spont. movements ⊕ Tolerant of feeds	- Trace Blood C ₁ PEEP - 6 PInsp - 15 FiO ₂ - 21%



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 9:30 PM	S/B Dr. Spandana	
	Baby on ventilation SIMV mode HR-133/min SpO ₂ -100%	CRB - 47 mg/L ↓ Dlx below 3.5u ↓ Recheck after 3am KVBH after 3am.
	CVS - S ₁ & @ P ₁ - Bk - A @ @ Equal	- CEFTAZIDIME AVIBACTAM AZTRONAM
	PIA 702	- CBP, CRP - 7/M
		- Trace Blood C ⁺
		- Start 12.5% 950-P @ 2ml
		- 10% 930-P @ 4ml
		- CE AMPHOTERICIN-B
		- CRBS monitoring
		Noted by profey

Baby of Rachana

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 11 D (F)
Dr. S TEJASW REDDY

37



PROGRESS NOTES AND DOCTOR'S ORDER

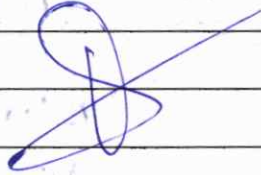
02/05/26
18:08 PM

Date & Time	Progress Notes	Doctor's Order
	<u>Dr. Spandana</u>	
	20:30pm - Blood gas - Normal	
	21-45pm - desaturates / Rarely cardiac	
	↓	
	<u>NIV</u> - minimal pressure	
	after short gas - PO_2 - accumulates	
	↑ - PIP-20' PEEP-7	
	gas - PO_2 - (60) ← indication	
		Intubation
	<u>Intubated + Ventilator</u>	
	→ Lumbar puncture - No brain infection	
	Blood/ coagulation screen/ Blood culture.	
	procalcitonin	
	↓	
	(12) - Indicate bacterial	
	Blood culture	
	Wqter Abx - meropenem.	
	Cep- (26) → (39)	
		Cefadroxime

normal
(1)

BC - last time - fungal
condition

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Feeds - 12mls - slowly - <u>WT 1.3 kgs</u> pernilla feeding.	
	Infection - Abx + anti-fungal	minimum 14 days
	BC + LP - Bacterial +ve	14 to 21 days <u>Abx</u>
	Fungal - candida! <u>2-times anti-fungal, medication</u>	
	Bea	
	Moneley - entubate	- NIV - CPAP - HFNC - low flow - SVTA
	→ to memon <u>CPAP</u>	
	<u>sterium - 3 to 4 weeks</u>	
	P. G.	

SR

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2LS		
6pm	<u>CBS/BS DA - Pranav</u>	
		<u>Plan</u>
	Baby on SIMV	1) CBP } T/m \bar{c}
	PEEP - 6 \rightarrow 7cm	CRP } that track
	PIP - 15	2) Ct. Abx
	FiO ₂ - 21%	3) Tang Blood C/S
	Rate - 50/lm	4) Repeat CBC @ 10pm
		5) Warm the baby \bar{c}
	<u>Vital</u>	blanket & ↓ Warming
	HR - 136/lm	6) IVF - 10% D50 - P
	SpO ₂ - 99%	7) Monitor Vital
	RR - 36/lm	8) Send PT/INR/APTT
	Skin Mottled	<u>Pranav</u>
	Peripheria cool \oplus	
	Activity \oplus	
		<u>Plan</u>
2LS		
7:30pm	<u>Vital</u>	1) Send PT/INR/APTT
	HR - 142/lm	2) Ct - IVF
	SpO ₂ - 98%	3) Ct - rest same
	RR - 40/lm	
	BP - 53/42 (50) mmHg	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 11pm	CBS/B Di Spandans / <u>Di Prasar</u>	
	Baby on SIMV PIP - 15 PEEP -> 7 -> 6 cm FiO ₂ - 21% RR - 50/min 2: episodes - milky Mucoid Venoxy Matting ⊕	<u>Ph</u> 1) NPO 2) IVF - 150ml/kg/d 3) Ct - SIMV 4) Ij Ceftazidime + Amikac 5) Ij Aztreonam 6) Ij Amphotericin B 7) Ct - Dom STAC 8) Monitor Vitals 9) Warm Care 10) Ij Pan so
	<u>Vitals</u> RR - 110/min SpO ₂ - 100% RR - 44/min BP - 70/56(62) mmHg	10) Ij Pan so <u>Banner</u>
		Noted by shivaleela



39

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5		
1 AM	GRBS - 15mg/dl	Ph
	NPO to N/O Vomiting	1) IV B/D - Behr - 3/
	Mottled skin	↓ Recheck GRBS after 1 hour
	Temp - 36.6° F	2) IVK - 12-5% ISO P
	HR - 130/L	3) CT - SIMV
	BP - 66/36(4S)	4) CT - rest on
	RR - 50/min	5) Hold Intin lipid
	SpO ₂ - 98%	6) Monitor vitals
	R-S - B/L AI	
		<p style="text-align: right;"><u>Ph</u></p> <p>Monitored by shivakumar</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5 6 AM	CS/B In Prem Dr Spandan	
	VPT / 30 ⁺ → 32 ⁺ wk / 1-46 kg / ROS / NNS / Septis - Cardiac Insu - Hypoglycemia Baby on SIMV	PH 1) IVF - 12-5% D50-P
	PIP → 15 → 14 cm PEEP - 6 → 5 cm FiO ₂ - 21% RR → 56 → 45 / min	2) D ₂ ceftriaxone + Amibact D ₂ Aztreonam
Vtdh MA - 115 h RR - 46 h SpO ₂ - 98% BP - 60/25 (50%) mmHg		3) CT - test 4) NPO 5) Monitor Vtdh 6) CRBS - Q4H.
	R-S - B/LAE ⊕ P/A - soft	Pima
	GRBS → 46 mg/dl	If further Hypoglycemia < 50
		Send S-Troponin } critical S-Cortisol } simple &
		Inc IVF to 15% D50-P
		Noted by shivabekr



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>B/O Rachana</u>	
3/5	<u>Counselling</u>	
9:30 AM		
	- Baby on Ventilator - Minimal setting	
	TIm plan - NIV	
	- Baby had 3 Vomtings - yesterday - kept NPO	
	But activity - (M)	
	- Baby Hemoglobin - 9 , hence LRBC Transfusion	
	- Ptt - 70K , hence no SGP today	
	- Will continue Antibiotic & Antifungal	
	- Parents requested interim Summary	
	P.S	

Dr. S. TEJASWI REDDY
 21-04-2026





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/5/26	S/B Dr. Sreeghar	
5:30 PM	Δ Very preterm / 30wkt 6d → 32wkt 11d /	
	Feed Intolerance / VNT /	vLBW / Sepsis / ? Meningitis
	Baby on ventilator	P6
	in SIMV mode	
	HR - 125/min	- CF IVF 15% 910-P
	SpO ₂ - 100%	@ 7ml/h
	BP - 60/42(49)	
		- CRBS monitoring 4 th 4
	CVS - S ₁ , S ₂ ⊕	
	CRTc 3sec	- CF CEFOTAXIME
	P ₅ - BII - ACE ⊕	AVIBACTAM
	F _{oguel}	AZTREONAM
	PLA - 100%	- CF AMIKACICIN-B
	CMT	
	Spont movements ⊕	- CF IV AMINOVEN
		@ 1.8ml/c
	P1cc line Insitu	
	4 Day 13	- IV Hepbct @ 0.3ml
		- SIMV
		PEEP - 6.5
		Rate - 45
		FiO ₂ - 21%
		P _{insp} - 19 → 12
	M/S - sup	

41

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/1/26 1:30 AM	S/B Dr. Sneyhan	P6
	Baby on ventilator	
	in SIMV mod	CP IVF 15x 350-P
	HR = 160/min	@ 74C
	SpO ₂ - 100%	
	BP - 70/54 (G)	GRBJ monitoring 4x h
	CNS - S, S, ⊕	Monitor vitals
	CRT = 3h	
	P1-3L-A (⊕)	Trace Blood CS
	Eyes	CBG @ 6AM
	P/A JOL	
	CMI:	
	Spont. movements ⊕	15-30
		Noted by Shivakumar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 7:20 AM	SIB Dr. Sneeghan Δ Very preterm (GA → 32wk 4d) 1.44 kg RDJ /V L BW / Sepsis / ? Meningitis	
	on ventilator in SIMV mode	Plg
	HR - 137/min SpO ₂ - 92% BP - 87/65 (29)	- CE IV F 15% Iso-P @ 2ml/h
	CVS - S, S, @ CRT 3h	- CE CEFOTAZIDIME AVIBACTAM ALTREONAM
	M - BLU - ACE @ Eyes	- CE IV AMINOVEN @ 1.8 ml/h
	PLA - 20c	- CO ₂ monitor 6 th h
	CM: - Spont movements @	- IV Heplock @ 0.3 ml/h
	PLCC Line - Intub 4 Day / 4	- CE AMPHOTERICIN-B - Plan to extubate today
	GRB - 73 day	- SIMV PEEP - 6.5 PIP - 12 FiO ₂ - 21%
		- Trace Blood C ^s

M/SB - Trace Blood C^s
 Noted by shivaleetg



42

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5 9pm	C/S/B Dr. Tejash	
	on SIMV mode	Plm
	PIP - 12 / PEEP - 5.5	1) NPO
	FiO ₂ - 21%	2) IVF - 15V Iso - P
		3) Cont Abx
	<u>Vital</u>	
	HR - 136/min	4) Trans blood c/c
	RR - 45/min	
	BP - 53/37 (4.5)	5) C - AMINOGEN
	SPO ₂ - 92%	6) GABIS - 6 th Lq
	Aspirin - 1ml	7) Evaluation plm
	no vomiting	8) CRP } Today
		CRP } <u>Plm</u>
		Noted by Ralim



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p style="text-align: center;">Counselling</p>	
	<p>R/o Rachana</p>	
	<p>Baby activity improved.</p>	
	<p>48hrs → ventilator</p>	
	<p>↓ plan to remove ventilator</p>	
	<p>CRP / CRP</p>	<p>pts ↓ CRP ↑</p>
	<p>Blood transfusion</p>	
	<p>feeding start</p>	
	<p>Blood C/s →</p>	<p>get an update ↓ Antibiotic</p>



23

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
A/S 11 Am	<u>Intubation</u>	
	Baby was successfully intubated to NIV	
	Suctioning done Vital HR - 140 (n) RR - 26 /min SpO ₂ - 97%	Pm 1) NIV } PIP - 15 } PEEP - 5.5 cm } F _i O ₂ - 25% } Rate - 45/min
		2) CBG } } CBP } after } CRP } 2 hours } CXR } (1pm)
		3) Neb \bar{c} Adrenaline after 1h 4) Add Neb \bar{c} 3% NaCl
		Pran
	Send CBG / CBP / CRP PT, INR, APTT Interleukin - 6 Ferritin	<u>Advice</u> 1) Add MICAFUNGIN 2 - Ampla B 2) Stop Ceftriaxone Ambractin Aztreonam 3) Add Meropenem
		Noted by Shiraletha Pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5 2:30 PM	<u>c/s/B Di Pranam</u>	
	Baby on NIV x PIP-15 PEEP-6	
	NPO	<u>Plm</u> 1) KCl (0.5ml + 12.5ml NS) IV over 1 hour
	<u>Vitals</u> HR - 136/min SpO ₂ - 100% BP - 64/44 (51) mmHg RR - 38/min	2) Add - 3 meq/kg KCl i.e 2ml of KCl to IVF
		3) send CBP, CRP PT/INR, Prothrombin
		4) Hold Sample for (DL-6 & Ferritin)
	<u>CBS</u> pH - 7.31 pCO ₂ - 38.3, pO ₂ - 50 HCO ₃ ⁻ - 18.8 BE - -6.6 Na ⁺ - 146 K ⁺ - 2.6 → low Cl - 112	5) In Meropenem Miconazole L-Amphotericin B
		6) IVF - 45% D50-P
		Noted by <u>shvateer</u> PR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5 3pm	<p>CB/IS Dr. Spandana DOL - 14/30⁺² → 32⁺² 11.44 Kg / RDS / VLBW T.W + - 1.34 Kg NIV - 15 - PIP 6 - PEEP Rate - 45 → 60 FiO₂ - 21%</p>	<p>Plan 1) TV - 160 ml/kg/day Amnionex - 3.5g/kg 2) 5mg Meropenem MICAFUNGIN L-Amplio - B 3) Ct. KCl IVF - 15% Iso - P</p>
	<p>Vitals HR - 133/min SpO₂ - 98% RR - 34/h BP - 53/43 (49) mmHg</p>	<p>Day - L-Amplio - B 3) Ct. KCl IVF - 15% Iso - P</p>
	<p>R-S - B/LAE ⊕ P/A - soft</p>	<p>4) Trac. Labs [CBP, CRP, PT, INR] 5) Plan to start feeds 1ml/2nd hourly. 6) Repeat CBG at 5pm</p>
	<p>Last Blood c/s (-) 2/5 sent</p>	<p>Noted by <u>Rahim</u></p>



215

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/10/26 15:20pm	Dr. Spandana	
	Baby Intubated -	NIV PIP- 15/6
	saturations - good/normal.	
	HR/BP - stable/normal.	
	NPO - Fluids.	
	- 1ml/2 hourly - tolerate	
	tomorrow - 1cc feeds.	
	Infection - 2x BC - candida trophocaris	
	Fungal growth	
	NO Bacterial growth	
	culture - 1-5-3	
	ampro B + Miconazole - antifungal.	
	4wks	2x BC - negative
	Repeatedly - Blood sampling - CRP/cep/	
	FNRTed	cloaking screen / FEMTIS /
	FFP	IL6 / triglyceride / fibrinogen
	Chyloenterak	
	Dr. Spandana	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26		
	S/B. Dr Prabhath.	
6-25pm		
	D1401 / 30 ⁺² wk → 32 ⁺⁸ wk / 1.44kg / BDS / VLBW	
	Baby ↓ NIV	
T.Wt		
	1.340kg on FiO ₂ 21-1. PEEP 6.3 PIP 15 f 60/min	<u>Plan</u>
68 → CRP 69	Mildly Baby Icteric	↑ 1cc O ₂ H feeds
INR 1.1	Baby Icteric	
	paused urine/stool	Ammonocorn 2.5g/kg
	1cc NG aspirate	
	at 10am.	lipids 2g/kg
	Vitals stable	CT. Mero
		Mecafungin
		Ampho-B
		noted by Ralim



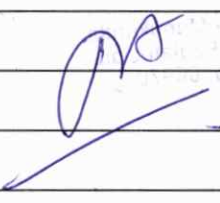
46

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 9 PM	<p>Dr. <u>Sindhura M</u></p> <p>Also done at night.</p>	
	<p>Bely on NU R/O 21/-</p>	
	<p>HR - 145/min</p>	
	<p>SpO₂ - 95% - 2 hours</p>	
	<p>BD - 58/43 mmHg</p>	
		<p><u>Sindhura</u> <u>Munukuntla M</u></p> <p>Noted by <u>Sindhura</u></p>
		<p>Dr. Sindhura Munukuntla Consultant Pediatrician Reg. No: 66970</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26	S/B. Dr. Prabhath / R. Varun	
11:30am	D1400 / CGA 32 ⁺² wk / 1.44 kg / RDS / VLBW	
	Baby ↓ NIV	
	FiO ₂ 21-1 PEEP 6-3 ↑ IP 15	
	freq. 60/min	
CRP 69		+38.7 ml
Inv 1-1	ONI CC @ BM Q 2H.	
	accepts	Plan
	passed urine	
	Interuc	↑ ICC @ 4H
	Vitals stable	feeds
	PA eye	Ct. Amoxic
		hypot
		IVF.
		Monitor vital
		ujom 50s
		Rpt CRP CRP T/m
		6am @ CBG
		Noted by shivaleeta



47

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/20	S/B Dr Pallathu	Dr Vasou
7:20 AM	Disol CGA 32 ⁺ 2 ⁺ 2 ⁺	1.44 kg PDS VLBW-
	Baby ↓ NIV	
	T.Wt FiO ₂ 21% PEEP 6-3	
	1.3800 kg PIP 15 + 60/cm	
	(40g ⁺) Stable	+38.1 mL
	on 3CC @ 24 EBM	
	accepting	
	6am CBG	Plan
	pH 7.34	
	P _{CO} 40-1	① ↑ 1cc @ 4H
	Hct 32-1	② CT. Amnion
	Kactate 1-0	Lipid
	HCO ₃ 21.6	③ Monitor vitals
	PA soft	④ Rpt CBP, CRP
		after 20cc
		⑤ Plan to take to
		CRP.
		Noted by shivalent



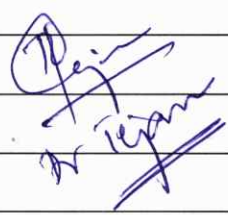
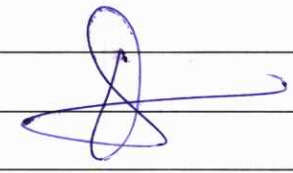
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5	c/c/B Dr. Tejaswi P.	
10:00am		Plan
	OO. CPAP.	
	FiO ₂ - 21 %	- ↑ 1cc O ₂ H
	PEEP - 6.	
	Vitals - HR - 183	- Cont Aminoven (3.5g/kg)
	- RR - 36	lipid (2g/kg)
	- SpO ₂ - 98%	- MVJ (1ml/kg)
		TV - 160ml/kg/day
	RIS - BIL NUBS.	- 4ml / 2nd hourly
	PIA - cofk, vt	↑ 3ml / 4th hourly
		- CBG at 2:00pm
		- ↓ if normal
		HFNC.
		- MCT oil local Application
		- Start Supplements



48

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5	<u>Counselled by Dr. Tejaswi</u>	
11:00 AM	<ul style="list-style-type: none"> - Baby on CPAP. maintaining well Plan to start HFNC if CBG is normal in afternoon 	
	<ul style="list-style-type: none"> - OG feeds continue with 1ml 4th hourly increase 	
	<ul style="list-style-type: none"> - Tolerating feeds well 	
	<ul style="list-style-type: none"> = Plan to do CBP, CRP. today 	
	<ul style="list-style-type: none"> - PICC. comes out, plan to place PICC today 	
	<ul style="list-style-type: none"> - Baby activity improved. 	
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
S/S	<u>CLS/IB Dr. Spandana</u>	
3:00 PM	on CPAP PEEP = 6.5	<u>Plan</u>
	F.Wt = 1.380 (↑40g)	- PICC LINE
	vitals $\left\{ \begin{array}{l} \text{HR} - 131 \\ \text{RR} - 38 \\ \text{SpO}_2 - 96\% \end{array} \right.$	- CBP, CRP, CBG during picc line
	R/S - BIL AE ⊕.	- Cont OG feeds
	PIA - soft, NT	5ml / 2nd hourly ↑ picc 4th hourly
	<u>GIR - II</u>	- Cont meropenem - Ampho - B Miconazole
		- If CBG normal wear off to HFNC.
		- MCT oil application




49

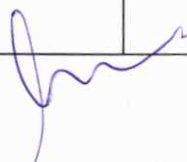
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/05/26 9:30 AM	<p>C/SIS. D. Tejaswi</p> <p>On CPAP</p> <p>PEEP - 6.5 / PIP - 15 / P10, 12</p> <p>On feed 5ml 2nd hourly</p> <p>Vitals: HR - 140/min RR - 40/min SpO₂ - 97% @ CPAP</p> <p>SPE - PSI - TELUGU</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Increase feeds 1ml every 4th hourly - Stop. by Meperidine - LRBC transfusion (10-20ml/kg) over 4 hours - Cont. Ampicillin - Cont. Moxifloxacin - Cont. CPAP - Rest continue same <p>Srinivas</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 1am	<p><u>MRB De Shanvi</u></p>	
	<p>- on cpap</p>	
	<p>L PEEP : 6.5</p>	
	<p>F_iO₂ : 21%</p>	
	<p><u>vitals</u> : HR : 122 bpm</p>	
	<p>RR : 40 bpm</p>	<p><u>Plan</u></p>
	<p>SpO₂ : 95%</p>	<p>1) LRBC transfusion</p>
	<p>BP : 71/42</p>	<p>28ml over 4h</p>
	<p>PLA : vest</p>	
		<p>2) ct. cpap</p>
		<p>3) Rpt ct. as per Rx chart</p>
	<p><u>MRB De Shanvi</u></p>	
<p>6/5/26 7:30am</p>	<p>HFNC - 6L</p>	<p><u>Plan</u></p>
	<p>- on room air F_iO₂ : 21%</p>	<p>1) ct. HFNC</p>
	<p>↓</p>	<p>2) ct. ON feeds</p>
	<p><u>vitals</u> : HR : 134 bpm</p>	<p>↑ 1ml / every 40 min</p>
	<p>RR : 40 bpm</p>	<p>3) ct. antipyretics</p>
	<p>SpO₂ : 99%</p>	<p>4) Rpt ct. as per Rx chart</p>
	<p>AS : BPE ⊕</p>	
	<p>PLA : vest</p>	<p><i>Made by Laxmi</i></p>





50

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5 9:30 AM	<p>CLB/B D. Braam D16 / 30⁺⁶ → 32⁺³ / 1.44 kg CANDIDA sepsis T.WE → 1.40 kg (↑ 80g) HFNC - 6 lit - 21 %</p>	<p>Pl 1) HFNC - 6 lit</p>
	<p>Vitab HR - 125 RR - 20/mi SpO₂ - 97% BP - 65/43 (51)</p>	<p>2) Sig MICAFUNGIN L-AMPO-D] D₃ 3) TV - 180 ml/kg/day WF → 3-2 ml/h</p>
6/5	<p>→ Feed - 7ml/AM R-S - Blood P/A - soft Passing urine & stools</p>	<p>AMINOVEN - 3.5g/kg e 2ml/h INTRALIPID - 2g/kg e 0.5ml/h 4) Feed - 7ml/AM (Target - 19ml) 5) CT - Supplements 6) Monitor Vitab</p>
6/5	<p>CLB/B D. Tejaswi on HFNC - 6 → 4 lit P/A - soft</p>	<p>Pl 1) Taxx CLS 2) MIVPIROCIIN - locally 3) Feed - 7ml/AM 4) 10% ISO - P</p>

Shobha
 Lavanya



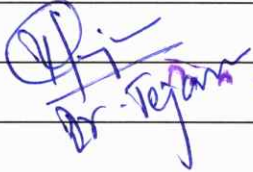
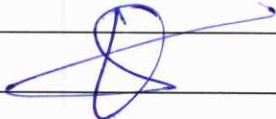
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5 5:45 PM	CBC/D \rightarrow Spandana / \rightarrow $10^{+6} \rightarrow 32^{+3}$ WBC / 1.4 g/dl Hb / 1 RDS / 1 NIV / 1 NIVS / Feed Intolerance / 1 candida / 1 sepsis	
	on NIVC - 2 lit/hr	
	Tolerating and feed	Ph 1) To wean off NIVC - 2 lit/hr
	Vital	2) 2 Mg MICAFENGIN L- AMPHO } $D3$
	HR - 136 /min	3) TV - 160 ml/kg/day
	RR - 44 /min	Feed - 1 neat - 1 / 1 / 1 / 1
	SpO ₂ - 96%	AMINOVEN @ 3 - 5 g/kg
	R-S - B/L R/O	Enteral LIPID @ 2 g/kg
	PLA - 1 g/kg	RST IVF
		4) CBP, CBS - 1 hr
		5) Month Vital
		6) 2 Mg VANCOMYCIN - 2 stat
		doses - 12 hrs apart
		Ph

~~Noted by
 A. Arora~~



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5	<u>B/O RACHANA</u>	
11 AM	Counselling - Dr Tejaswi	
	-> Baby on MFNC from CPAP	
	Will try to wean by night	
	-> Feed - neat - 8ml from now, use 4 th hourly	
	till baby tolerated - Improving for now	
	-> Yesterday fresh Pice line placed & night LRBC given	
	-> Infection - Antibiotic stopped	
	Antifungal continuation	
	PLT - 36K, CRP - 126 } Yesterday	
	Also one session for PICC line change yesterday	
	-> Today evening - CBP, CRP (after 24 hours of Pice line removal)	
	4) 2g PLT < 30K - then SDP	
	-> It will give direction for further management of infection	
	whether pure sepsis / or line related infection	
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/5/26 11 pm	c/s by Dr Spandana	
	D12 / 30 ⁺⁶ - 32 ⁺³ / 1.4kg / RDS / NIV / sepsis	candida.
	vital	
	HR = 140/min	
	SpO2 99/min	
	Bn 52/40 (42)	Send CBP
	PICC line secured	- P/E <u>30IC</u> SDP plan
		- ct LFNC 1lit/min
	<u>Tagb feed</u> <u>20ml</u>	- ct antifungal
	Note by Saipriya	- ct ivkide.
	6/5/26	Aminover Intralip.
	[Signature]	- <u>Now 10ml Q4h</u>
		7ml q4hly
		- Monitor vitals
		- Form SOS.



52

RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CLSIB Dr. Naipungee	
7/5		
7:30 Am	D18 30+6 → 33+4 1.41kg LBW RPS. (NIV → CPAP CPAP → AFNC AFNC → LFNC → RA)	
	on Room Air	<u>Plan</u>
	vitals - HR-150	→ SOS LFNC 1 lit/min
	- RR-50	
	- SpO2-98%	
	X.Wt - 1.420 kg	- IV - 100ml/kg/day
	T.Wt - 1.420 kg	- OG feeds 10ml / 2nd hourly
	vitals - HR-140	↑ 1ml / 4th hourly
	- RR-32	(target feed - 17ml)
	- SpO2-98%	
	PICC line insitu.	- monitor vitals
	<u>VBC (4:00pm 6/5)</u>	- D3 Micafungin
		- D2 Ampho-B
		- Cont 2ml caffeine citrate.
	PH - 7.41 HCO3- 19.5	
	PO2 - 31 BE - (-5.2)	
	PO2 - 53.	
	<u>U/V</u>	
	<u>S/V</u>	
		Deef



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 9:00 AM	CLSB Dr. Spandna	
	on RA.	Plan
	vitals - stable	- Target 17ml / 2nd hly
	PICC line @ insity	- Cont of feeds 10ml / 2nd hourly
		(↑ 1ml / 4th hourly)
		- Stop Aminovers if 15ml / 2nd hourly achieved
		- CBP, CRP at 5 PM
		Noted by Nikitha 7/5/26



(54)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26	No reaction ^{COUNSELLING NOTES}	
12 PM	Clinically stable.	
	feds 10ml Q2H → 10ml Q4H.	
	- on formula feds.	
	- platelets - 21K yesterday, apt.	
	platelets today evening.	
	- coag. activity is good.	

Dr Tejan

[Signature]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 10:30 _{am}	<p><u>CB/B Dr Prann</u></p>	
	<p>DR / 30°C → 33.7°C → 1.44 kg / RDS / NNT / Feed Intake Candida Sepis</p>	
	<p>SV on RA Tolerating feed</p>	<p><u>Plan</u> 1) Feed - 10 ml (2x) Target → 20-21ml</p>
	<p><u>Vitals</u> HR - 156/L RR - 50/min SpO₂ - 98% BP - 61/48 (59) mmHg</p>	<p>2) IVF @ 1.5 ml/hr 10% - 250 - P + 2.5ml KCl 3) C₁ - Mergajug L-Amplix J₀₃</p>
	<p>R-S - B/20E ⊕ pTA Soft</p>	<p>4) Monitor Vitals</p>
	<p>V.O - 100 ml in 14 h (~ 5ml/kg/h)</p>	<p><u>Prn</u></p>



53

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>CLTB Dr. Varun</u>	
7/5/24 4PM	- on RA, maintaining saturation.	
	32W WGA / LBW / NDI / fungal sepsis.	D16
	8/5 - vitals stable.	
		Plan -
		- cont. IV at Q2H
		- stop Amoxicillin if 1st Q2H.
		- Temp - feeds and Q2H.
		- CRP, CRP @ 12am
		Noted by Nikitha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5 6p	ds/B Dr Spandan Dis 30 ⁺⁶ → 33 ⁺⁴ / 1.46kg / Candida Sepsis	
SV on RA	Tolerating feeds	Plan 1) Feed - 16ml/kg TV - 170 ml/kg/day PR 1ml/kg/day Target - 240ml IVF @ 1-5ml/h
V:W	HR - 130 h BP - 56/34 mmHg SpO ₂ - 98% RR - 36/min	2) Ct - Micafungin] D4 L - Ampicillin] 3) Trace CRP 4) (R/V) Blood gas
S/B - NAD		
		Noted by Nikitha <u>Span</u>

Baby at Rakhana

NH-00015053
Baby Of RACHNA SANKLA
1-04-2026 0 Y 0 M 15 D (F)
r. S TEJASWI REDDY
IP26-00006172

SS

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/5/26 19:30pm	Dr. Spandana	
	SVIA	
	Feeding tolerating	
	Sondula - full feed	
	Platelets - 31,000 - 63,000	
	no need transfusion	
	CRP - report awaiting	
	P.S.	
	Dr. SPANDANA PASUPULETI	
	Reg. No: 3092	

Note by Dr. Spandana



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5 8pm	<u>CS/IB</u> Dr. Prannu	
	D19 / 30 ⁺ → 33 ⁺ / VLBN - 1.44 Kg / RDS / NNTJ / Feed Intolerance / Candida sepsis Today Wt - 1.480 (P60g) SV on Res Air	
	Vital HR - 166/min RR - 55/min SpO ₂ - 98%	PR 1) Feed - 19 ml / Q4h Target - 20 - 21ml 2) Rest IVF
	R-S - B/2AK PLA - Soft V.O - 190ml S - 4 ml/kg/hr	3) Ct - MICAFUNGIN L - AMPHO - B } DS 4) Monitor Vital
		5) (R/V) Gas <u>Prannu</u>
8/5 11am	<u>CS/IB</u> Dr. Spandana m	→ T/M - (CRP (CRP 1) Stop - IVF 2) Ct - rest same.



Baby of Raktana

56

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/8/26	Dr Spandana	
11-40pm	SVDA	
	Feeds - <u>foradek</u>	
	CRP - 123 - 43	
	platelet - 31000 - <u>63,000</u>	
	<u>CRP/CRP</u>	
	antibiotic - continue - <u>4wks</u>	

Dr. SPANDANA DASUPULETI
 Reg. No. 3092



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5 3:00 pm	C/SIB for Naipyyee	
	On Room Air	Plan
	Vitals - HR - 150 RR - 36 SpO ₂ - 98%	- Cont Micafeengib L-Ampho-B
	Accepting feeds well.	
	RLS - BILAE	- Try SFS + ok feed. 1st/2nd h
	PLA - soft, no distension	Target - 21 ml/2nd h
		- Tomorrow CBP CRP
		= Monitor vitals
		@deef
		Noted by laxmi prasanna
		2/5/26 @ 3:05 pm



57

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/5/26	child of Tejaswini	
SPM	- on Room air	
	Vitals: HR: 154 bpm	
	RR: 30 bpm	
	SpO ₂ : 96%	
	P/A: - soft	
	- mild distension (+)	
	PS: BPE (+)	
		Plan
		1) on feeds + spoon feeds.
		(~ 2 ml)
		target.
		2) CBC now
		3) CBP] T/M exam
		cp]
		4) ct. antifungal
		5) monitor vitals +

Noted by
 Nikitha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26	C/C/b Dr. Venun	
8 AM.	D20/33TG (CGA) / RDS / NNH / Candida sepsis	feed intolerance
	- Elevating feeds low PWT.	
	- on room air	
	- No of vomiting, loose stools.	
	S/E - HR - 150/min	Pka -
	RR - 36/min	Ct. low pte.
	SpO ₂ - 100% @ RA.	rest IVF.
		- Ct. outgrowth
	S/E - P/A - SMA, no abd. distention	x 4-10s.
		- Monitor vitals
		- f/u CBP, CRP.

Noted by
 Nikitha
 @ 8:00pm to 8:00AM

NH-00015053

IP26-00006172

Baby Of RACHNA SANKLA

1-04-2026

0 Y 0 M 15 D

(F)

r. S TEJASWI REDDY



SB




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 10AM	S/O Dr Tejaswi	Dr. Kharbhe
	Baby stable accepts feed ↓ RA. Pain 2/5 No clt	<u>Adv</u> Start Vit D Calcium
		HMC Sachet EBM
		T/M Single met oil in feed
	→ Monday CBP CBP Bloods	Take CBP CBP ↓ WF after feed
		Noted by Laxmi Prasanna 9/5/26 @ 4:00pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 3pm	s/o Dr Prabhakar. <u>CBP</u>	
	TLC 10k	Baby stable
	PLT: 56k	accepting feed
	CRP: (38)	passing urine/ stool
		no other c/o
	O/e vitals	① CT. Mefen Ampho-B
	Stable	② CT Supplements vit D
	PA- soft.	Calcium
	dubbed	CT. AM P 1/2 sachet unaccepted 15
		③ Monday
		Dpt CBP
		CRP
		Blood c/s
		Noted by <i>Laumi</i>
		Prasanna
		9/5/26 @ 3pm



59



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5 4 pm	<u>C/S/IS Dr. Tejaswi</u>	
	D20 / 30 ⁺³ → 33 ⁺⁶ / LSCS / RDS / NJS / sepsis - CANDIDA / Feed Intolerance 1.44g → 1.68g	
	Abdominal distension ⊕ V.O - 60ml :: 8h (5ml/1h/1h)	Ph 1) By MICAFUNGIN L-ORNAFLIN } D6
	Tolerated - 1.5ml feed	2) G. VIT D COPCINOL
	Vital HR - 155bpm RR - 32bpm	3) Add AMF - 1/2 sachet in EPH
	BP - 60/29 (40) mmHg SpO ₂ - 95%	4) Feed - 1.5ml / 2h + IVF - 1ml/h
	R-S - B/V/AE ⊕ PIA - Soft ⊕ Mild distension	5) CBP CRP Blood CS } on Monday
		noted by <u>Cauniprasame</u>
	<u>Desat ⊕</u> - Post feeding upto 86%	9/5/26 ⊕ 4 pm
	Add LANZOL	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/2026 1am	S/B Dr. Nameen / Dr. Varun	
	on vom air no further desaturation accepting feeds well.	Plan ① ct micafungin l-Ampho B ② ct supplements Nacl (Dalameen)
10/05/2026 7:30am	S/B Dr. Nameen / Dr. Varun D ₂₁ 30 ⁺³ → 34 wts / USC / ROS / NNT / sepsis - Candida / Feed intolerance - T. wt - 1.460 kg (↓20gms) - Suthenic, pale HR - 128/min SpO ₂ 95% BP - 77/42 mmHg - no desaturation / bradycardia - P/A - soft tolerating 15ml Q&H feeds no vomiting / Abd distention I/O - +53.7 U/O - 4.5 cc/kg/hr	Plan ① ct l-Amphotericin B / D ₂ Micafungin ② ct Vitamin D ₃ / Calcimax ③ Feeds 15ml Q&H + 1/2 HMF ④ CBP, CRP, Blood c/s - T/m. ⑤ Monitor vitals Nacl (Dalameen) Noted by Nikitha 10/5/26 7:30 Am



60



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/05/2026 9am	S/B Dr. Tejansu	
	Inklike, pink	Plan
	Accepting 15ml Q4 feeds	① Increase feeds to 17ml Q4
	no Abd distention	② ct L-Amphotericin B
	No Brady (derat)	Miconazole
		③ CBP } 1m @ 6am
		CRP } Blood c/s
		④ ct supplements
		nlu
		(Domen)

Noted by: V. Vishwanath
 10/5/26
 9:05 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26	2/B Dr Prabhat.	
3pm	D ₂₁ / 34wk / ESCS / RDS / NJS / sepsis / feed intolerance	
	Baby + RA.	
	accepting	
	17cc @ 2H.	Plan
	+ 13-5ml SF	
	balance - paired w/s	① ↑ to 18cc @ 2H
	of 6 vitals	EBM + aptail
	stable	+ HMF sachet
	PA GA	Stop IVF.
	m	CT
		② GRBS BD
		③ - CBP
		CRP } T/m.
		B/C/S }

Noted by *Laemmi*
Prasanna
10/5/26 @ 3pm



(61)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26	S/B Dr Sindhu M	
11:45 AM	Baby JKA	
	accepting 18cc @ 2H	
	SF.	
	failed U/S.	<u>Plan</u>
	PA: soft distended	① CR Same
	Vitals - stable	② CBP
	No issues	CRP
	present	Blood c/s
		T/2
		of Sindhu
		Antibiotic - M.
11/5/26	Dr B Re. Mani	
7am	- Baby on room air	<u>Plan</u>
	- accepting 18ml / 2nd h	1) leave CBP, CRP,
	spoon feeds	Blood c/s.
	O/E	2) U - 18ml feeds + HMF
	Vitals: HR: 135 bpm	sorbit.
	RR: 42 bpm	3) U - anti-moagal
	SpO2: 96%	4) U - supplements.
	Bp: 77/45 [56]	5) But U - as per Kx
	S/E - (N)	chart

[Signature]

chart

Noted by Saisor



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	S/B Dr. Sreyash	
10:30 Am	Δ P ₂ / Very preterm /	30wks + 3d → 34wks + 1d /
	VLBW / PD / NNT /	Sepsis (Candida)
	Feed Intolerance	
		Plg
	Baby Afebrile	
	HR - 128/min	- OG Feed 18 x 12 x 4
	SpO ₂ - 98%	
	on RA	- IV Heptalet @ 0.3wks
	CVS - S ₁ S ₂ ⊕	- CF MICAFUNGIN
	RI - B ₁ C ₁ ⊕	- Liposomal Amphotericin-B
	C ₁ - neg	
		- CF CALCIUM-P
	PLATOC	VITAMIN-D ₃
	C ₁ M ₁ -	CAFFEINE
	Spont. Activity ⊕	- CF DOMSTAC
		LANZOL junior
		✓ PB-S

PROGRESS NOTES AND DOCTOR'S ORDER


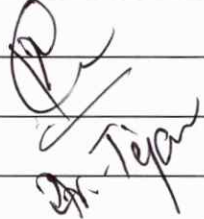
Date & Time	Progress Notes	Doctor's Order
11/5/28	S/B Dr. Sneha	
	Δ: Day 22 / Very preterm / 30wkt 3d → 34wkt + 1d	
	VLBW / RDS / NNT / sepsis (Candida)	
	Baby Atherani	Plan
	HA - 138/mg	- cf Atiparomel
	SpO ₂ - 97%	- Amphotericin B
	BP - 62/31 (42)	- MICAFUNGIN
	CVS - S ₁ E ⊕	- Trace CSF
	CRT - 3 sec	Single Pathogen PCR
	M - 200 - ACF ⊕	- OG feed 18m / 2nd
	clear	
	PIA - tole	- cf VITAMIN D ₃
	CM -	- CAFFEINE
	Spont - Active ⊕	- CALCIUM P
	cry ⊕	- GAB monitoring ³⁰
	PLCC line Insitu - Day 7	
	Use output	
	From over 6h	
	↳ 334/4h	



B/s Rachna
 (63)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Counselling Note</u>	
11/5/26		
12:40 PM	<ul style="list-style-type: none"> - CRP - Platelets - increased ↳ 1,16,000 	
	<ul style="list-style-type: none"> - Blood C₁ sent today 	
	<ul style="list-style-type: none"> - 11 days of Amphotericin-B ↳ given till now 	
	<ul style="list-style-type: none"> - 1st Blood C₁ Negative 	
	<ul style="list-style-type: none"> - 14 days of Amphotericin-B is sufficient 	
	<ul style="list-style-type: none"> - CRP better today - 30 	
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5 3:45 pm	<p><u>CKD/B</u> <u>Dr Spandean</u></p> <p>D22/VPT / 30⁺ → 34⁺ wh / VLBW / NNT / Sepsis - candida / <u>Feed Intake</u></p>	<p>Plan</p> <p>1) ROP - Today / TM</p>
	<p><u>Tolerating feed</u></p>	<p>2) Cf. MICAFUNGIN L - AMPHO - B</p>
	<p><u>Vital</u></p> <p>HR - 135/ni RR - 26/min Spo₂ - 98% BP - 73/48 (57) mmHg</p>	<p>3) Take Blood c/s from CF single passage PCR</p>
	<p>R/S - B/2AE @ PA - soft</p>	<p>4) Monitor Vital</p> <p style="text-align: right;">P.</p>
	<p>Balan → +20ml Vio → 35ml (4ml/kg/h)</p>	
	<p>CF - CANDIDA</p>	



Baby of Rachana

64

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/05/2024 18:10pm	Dr. Sankhala	
	SVIA	
	Feeds - tolerating.	
	Antibiotics - continue	
	Matuk - 1,10,000 Fed	
	CRP - (30)	
	Lumbar puncture - candida +ve	
	2 days antibiotics - (work)	
	Blood culture - awaiting reports	
	48 hours	
	P.G.	
	Dr. SANKHANA DASAPUZZI Reg No: 3072	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5 9:00pm	<p><u>C/S/S for Neisseria</u> on room air.</p>	<p>Plan</p>
	<p>Tolerating feeds well</p>	<p>- ROP tomorrow</p>
	<p>Vitals - $\left\{ \begin{array}{l} HR - 142 \\ RR - 32 \\ SpO_2 - 98\% \end{array} \right.$</p>	<p>- (T) Blood C/S report</p>
	<p>R/S - BIL AE (+)</p>	<p>- Cont micafungin L-Ampho-B</p>
	<p>PIA - soft, no distension</p>	<p>- monitor vials</p>
	<p>UO/P - Adequate</p>	<p>- OG feed 1gm / 2nd hourly</p>
	<p>CSF - candidia (+) (21 days Antifungals)</p>	<p>Def</p>

Note by swiggy

65

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5	C/S/B Dr. Naipunya / Dr. Sushanth	
7:00 AM	D23 / VPT / 30t3 → 34t2 / VLBW / NNS / sepsis Candida (+) / feed intolerance.	
	on RA.	Plan
	tolerating feeds well.	
	HR - 52	- OG feeds 2ml / 2nd hourly
	Vitals - RR - 36	(TV - 180ml / kg / day)
	→ PO2 - 98%.	
	RIS - BIL ACP	= (+) Bld's sepsis
	P/A - soft, no distension.	- cont Micafungin (D8)
	T.wt - 1.440kg	L-Ampho - R (D8)
	(same wt)	- at feeds
	PICC line insitu (+)	- Monitor vitals
	V/O/P - Adequate.	
		Deef
		Note by Sainiy



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/22 10 AM	S/O Dr Tejaswi / Dr Prabhakar	
	P23 / VPT / 34+2wk / VLBW / NNS / septic	
	Baby ↓ RA accepts 20cc O2H.	Adv
	+62.9ml T. wt 4.40kg (Static).	① OG feeds 21cc Q2H
	Parents no do 6 vitals stable	② T Blood c/s
	PA sp	③ CT Mcajugan
		Lampho.
		④ TV 180ml / day
		⑤ ROR today



66

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 3pm	C/B Dr Spandana / Dr Babak	
	D ₂₃ / VRT / 24 ⁺² wk / VLBW / VNT / Sens	
	Baby 12A accepts 20cc SF 22A	Adv
	paused SF	GT Same
	o/e vital stable	Trace blood cl
		CT SF 21cc @ 24.
	pr	ROP screening
		Noted by Lakshmi Prasanna 12/5/26 @ 3pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 10 AM	No issues at present HR - 131/min	SpO ₂ - 99.1% Remain BP - 55/24 (36) mmHg.
		Amidline DMTUA-M.
13/05/2026 12 AM	S/B Dr. Nameem / Dr. Thanni	
	on room air active accepting spoon feeds well. HR - 151/min SpO ₂ - 98% BP	Plan. ① ct Micafungin h-Angiotensin - B ② ct spoon feeds 2ml Q4H ③ Trace blood c/s ④ ROP screening Noted by Nikitha 13/5/26 @ 12 AM (Nameem)



68

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/05/2026 7:30 am	S/B Dr. Tanni / Dr. Nameen	
	D4 / VPT / URSW / WNT / Sepiro	
	on room air	Plan
	T. wt - 1.460 kg (↑20gms)	① ct Micafungin
	accepting spoon feeds well.	↳ Amphotericin B
	HR - 152/min	② ct spoon feeds
	SpO ₂ - 98%	③ Trace blood c/s
		④ ROP screening
		⑤ Supram sos
		New
		(Nameen)
		Noted by
		Nikitha
		13/5/26 @ 7:30 Am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5 9:30 AM	<u>CB/B In Pranam</u>	
	POL 21 / ^{VPT} 30 ⁺ → 33 ⁺ wk	CLAB/ROD / NAT / Cardiac Sp
	SV on RA	PL
	Tolerating feed Balans =) +80% I v	1) B; MICAFUNGIN] D9 L + Alpha - B
	U/O - 160 ml in 24 hr 4-5 ml/kg/h	2) Feed - 21 ml (AM) TV - 180 ml/hr
	<u>Vital</u>	3) Trans Blood c/c
	HR - 152b	4) Monitor Vital
	SpO ₂ - 95%	5) ROP - Today
	BP - 51/31 (40) only	
		Pen
		Note by Sripriya



68

PROGRESS NOTES AND DOCTOR'S ORDER

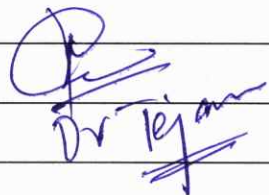
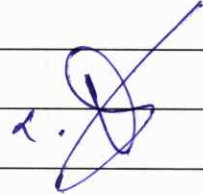
Date & Time	Progress Notes	Doctor's Order
13/05/26	S/R. Dr. Tejani / Dr. Kulkarni	
10:30 AM		
	D210L / 33 ⁺² WK / CIAB / RPS / NNT / Candida	Sepsis
	SV on RA.	
	Tolerating feed.	
	21cc Q2H	
	Pas. 2/1/3	Phon
	G6 Vitals Stable	(1) Feed 21cc Q2H TV. 180ml/1d.
	Pd up	(2) Inf. Miconazole 2 Dg L-Simplex S.
	Pas	(3) Trace Blood clots
	Pas	(4) Rot today.
		Abata by swiping

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5	<u>cks/B Dr. Pranan</u>	
2:40pm		
	DOZ - 21 / VPT / 30 ⁺ 3 → 33 ⁺ 3 Wt / RDS / 1.44kg - VLSV NNTS / Candida sepsis / Feed Intolerant	
	SV on room air Tolerating feed	<u>Plan</u> 1) 25 L-Ampho-B Micafungin } D9
	HR HR - 150/min RR - 60/h	2) Feed - 21 ml/kg TV - 180 ml/h
	SpO ₂ - 95% BP - 62/37 (45)	3) Monitor Vitals
	R-S - B/2PE @ P/A - Soft	Prmn

69

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Baby of Rachana	
→	Baby is fine <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> Hts ↑ CRP ↓ </div>	
→	wt. gain → 20gm (1.46kg)	
→	PICC line → 1 week of Antifungal	
	<u>2 to 3 days</u> →	in and out antifungal.
	Molter to be trained for feeding	
	↓ Spoon feeding.	
	 Dr. Tejan	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 11:30pm	<p>cl/ly. Dr. Anuha</p> <p>DOC-21 / VPT / CGA 33+3 / RDS / i. ualy / candidat sepsis / jud intoleran</p>	
	<p>HR = 162/min SpO₂ = 100% Bp = 23/154 (60) RR = 36/min pulsof = Good.</p>	
		<p><u>Plan</u></p>
		<p>ct L-Ampo - B (Dg) (Micojungin)</p>
		<p>(tabis 25ml) ct spoon judi 2ml 2x Monitor vita.</p>
	<p><u>Al</u></p>	
		<p>Noted by Nikitha 13/5/26 @ 11:33 pm</p>

70

Patient S

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26	cls / by Dr Anush.	
7 Am	Day 22 / 33+4 CGA / CIAB / RDS / NNTJ / candida sepsis.	
	Baby on RA Tolerate feeds well	T. 10.480 kg 2097 g.
	<u>vital</u>	= 190 ml. S-3 ml/h
	HR = 154/min	
	RR = 34/min	
	SpO ₂ = 97%	
	Bp = 86/61 (70) mmHg	
	CFR < 3 SEC	- change nasmen
		- ct Antijungals
	D/C	(210)
	R/S B/c AE (+)	- spoon
	NIVBS (+)	- feedi Oshly flb
		(20-25ml) buypic
	CVS S122 (+)	
		- (+) B/c/p
		- Monitor vitals.

Noted by
 Nikitha
 14/5/26 @ 7:01 AM

Baby of Raehana

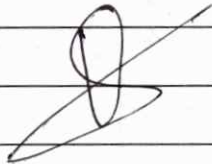
NH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
1-04-2026 0 Y 0 M 22 D (F)
Dr. S TEJASWI REDDY

(21)

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/05/26 17:46pm	Dr. Spandana	
	Stable	
	BC - report - negative.	
	8 days - antihist.	
	<u>stop</u> - after 8 days	
	spoon feeds	
	P. G.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 10:30 am	cl/B Dr. Tejaswi DOI-22 / C/A 32+4	RDS / candidal sepsis /
		T. wt: 1.480 kg
	- 2 episodes of vomiting (+) { yellowish ~ 20 ml.	↑ 20g
	- ileic.	
	- on exam air.	
	- passing stools/urine.	
		<u>Plan</u>
		1) O ₂ & aspirate.
		2) VBG now.
		3) send UBP, UKP
		4) it-antifungals [D10].
		5) it-supplements.
		6) monitor intals.
	<u>notes</u> HR: 165 bpm RR: 50 bpm SpO ₂ : 95% cPA P/A: mild distension (+).	
	Aspirates (+) ~ 10-15ml	

22

Patient St

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/2026	Bp Rachana.	
→	Baby is wt. gain 20gm ↑ (1.480kg).	
9pm	One episode of vomiting (yellow coloured) ↓ 2 feeds. skip.	
reassess	Abdomen soft → fluid ✓	restart feeding
→	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CBP CRP Blood c/s. </div> → Infection → 2nd blood c/s	Blood c/s ↓ Negative
	Dr Tejan	

NH-00015053 IP26-00006172
 sby OF RACHNA SANKLA
 1-04-2026 0 Y 0 M 22 D (F)
 r. S TEJASWI REDDY

23



Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/20	ulb re-Drain	
2:30 pm		
	- start sml of feeds.	
	now	
	- citic	
	- on room air	
	- Passing stools ✓	
	- did not pass	
	? urine	
	<u>olt</u>	<u>Plan</u>
	<u>vitals</u> : HR: 154 bpm	1) of feeds - sml / start
	RR: 46 bpm	2) add in vancomycin
	spo2: 93%.	3) have CRP
	<u>PIA</u> : soft	Blood cl
	mild distension	4) ct. Rul. as pre
	⊕	Rx chart
	<u>W</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 5pm	<p>CS/B Dr. Spandana</p>	
	<p>- on room air,</p>	
	<p>- <u>Aspirates (+)</u> [CRP: 135],</p>	
	<p><u>O/E</u></p>	
	<p>HR: 150 bpm</p>	
	<p>RR: 56 bpm</p>	
	<p>SpO₂: 91%</p>	
	<p><u>HA</u> - mild dehydrat (+)</p>	<p><u>Plan</u></p>
		<p>1) MPO see further orders</p>
		<p>2) start on NP e 20min</p>
		<p>3) ct- vancomycin</p>
		<p>ct- antipyretics</p>
		<p>4) Rest ct- as per Rx chart.</p>
	<p>Dull activity</p>	<p><u>Plan</u></p>



24

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5	<u>Counseling notes</u>	
6:00 pm	- on room Air.	
	- Vomiting 2 episodes → overnight	
	- Blood tests showed → CRP ↑↑ (113)	
	- Baby started on Antibiotics	
	- DO continued Antifungals	
	- Repeat Blood c/s sent showed today	
	↓	
	- 24 positive. →	Plan for 14 days antibiotics
	P.S.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5 8:30p	<u>CB/B Di Prasar</u>	
	DOL-27 / 30 ⁺ → 34 ⁺ Wk / RDS / Candida Septin / Feed Intake <u>1.44kg → 1.48 kg</u>	Plm 1) SOS - CPAP CT - low flow
	on low flow	2) By AMPHO-B MICAFUNGIN } D10
	Intermittent Bradycardia NPO -	3) By VANCO MYCIN
	vital	4) - Month Vibs
	HR - 182/min RR - 30/min	5) Inj SOS of
	SpO ₂ - 97%	6) NPO
	BP - 77/52 (61) mdy	7) IVF - 10% ISO - P @ 9.2ml/h (TR - 16ml/h) Pl.
		170
		Noted by normal STS
		14/5/20 at 8:30pm

26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5 10:30pm	<p><u>CLSB D. Prasad</u></p> <p>Baby on low flow O₂</p> <p>Patent ⊕</p>	<p><u>Ph</u></p> <p>1) Low flow O₂</p>
	<p><u>Vital</u></p> <p>HR - 172b</p> <p>RR - 45b</p> <p>SpO₂ - 93%</p> <p>BP - 76/49 (59) mmHg</p>	<p>2) Ct. Amph - D Miconazole</p> <p>3) Bz VANCOMYCIN</p>
	<p>RS - B/LAE ⊕</p> <p>PIA - soft.</p>	<p>4) IVF - 10% ISO-P TV - 170ml/h 10% ISO-P - 10ml/h</p>
		<p>5) Enja 50-5</p>
		<p>AS</p>
		<p>alt by Saipal</p>
		<p>14/5/20 at 10:30 pm</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5	CK/B A Pharm	
6 AM	DOL - 24 3673 → 3444	ROS candida Septi / or J /
	1:44 → 1:48 by Feed	Entateran
	Bleed in stool ⊕	
	Tachycardia	PR
	NS Aspirin (-) 23ml (Oral)	1) 20% flw O ₂
	V-O → 5.6 ml/kg	2) Sig Ampic - B] On
	Balna → +40 ml	Mucfungi
	Vital	3) Sig Xanaxin
	HR - 172b	4) NPO
	SpO ₂ - 98%	5) IVF - 10x-250-P
	RR - 20b	@ 10 ml/h
	BP - 83/44	TV - 170 ml/kg
	Pice in - D10	c) Mouth with
		F
		Note by Supriya 15/5/26 @ 6 AM



136 Rachna
 97

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	Counselling Notes	
10:20 AM	- Baby on CPAP - Maintaining saturation	
	- Baby has blood in stool.	
	- LABC transfusion given at Hb. 7.5	
	- CRP increased (135) probably new sepsis	
	- Baby already on IV Antibiotics	
	- Baby kept NPO in v/s vomiting	
	- Platelets - 2.9 Lacks	
	Dr Tejan	
		Chetan Sankla



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26	s/p Dr Prathaly / Dr Thomas	
11 pm	D2402 / 34 wk CGA / RDS / candida sepsis / 1.48 kg / feed int done	
	↓ sepsis	
	↓ CRAP - year 5.7	
	PIP 14	
	Blood	Adu
	LRBC	Vital stable
	● BGAT	① Transfuse
	DOC: 14/5/26	Immediate LRBC
	DOI 15/5/26	30ml IV 0.2M
	Do Expiry 19/5/26	4hrs
	⊖ for HIV, 24U	FRP after LRBC
	HLS Ag	Transfuse
	HEV	CT NPO
	VDRL	② CT Ampho B
	MP	Mucfungin
		Vancomycin
		③ 170ml / leg / day
		note by Saiprags
		11 pm
		15/5/26

NH-00015053 IP26-00006172
 nby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 25 D (F)
 r. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 10 AM	<p>CLS/B Dr. Spandana</p> <p>DOL-25 / 30⁺³ → 34⁺² Wm / AOS / NNT / Corditis Epis</p> <p>T.Wt - 1.62 kg</p> <p>On HFNC ← 6lit 25%</p>	<p style="text-align: center;"><u>Plan</u></p> <p>1) Inj L-Amplms Miconazole Vancomycin - D3 } D13</p>
	<p><u>Vital</u></p> <p>HR - 170b</p> <p>Spo - 93%</p> <p>RR - 24b</p> <p>BP - 65/44 (52)</p>	<p>2) NPO</p> <p>3) CBP CRP } T/m</p>
	<p>R.S - B/ARE ⊕</p> <p>PIA - soft</p>	<p>4) Tm Blood CO.</p> <p>5) TV - 170 ml/kg/day</p>
	<p>Minimal aspirator ⊕</p> <p>Vio → 3.6 ml/kg/h</p>	<p>6) Monitor Vitals</p>
		<p style="text-align: right;">B Note by Saipriya 16/5/26 @10 AM</p>

Baby of Rachana



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5	Dr. <u>Spanelana</u>	
10:30		
	Hb ↓ - 1x haemogram & 1x Bc - <u>negative</u>	
	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 1x CRP </div>	CRP - 135
	<ul style="list-style-type: none"> - Baby appears better - Blood transfused yesterday - Breathing - CPAP → HFNC (Step down) - Had minimal aspirates 	
	If no further aspirates - will restart feed according	
	- T/m ← CBP CRP	
	- Blood c/s - of day before yest - so far @	
	P. S. H.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5 3pm	<p>ck/B Dr Prasad DOL - 26 / 30⁺ → 34⁺ wk / F / ASA / 1.44 kg / VLBW / RDS / ANS / Candida Sepsis / Feed Intolerance / Apnea</p>	
	<p>Petechiae ⊕</p>	
	<p>ON HFNC ← 6L</p>	<p>PL</p>
	<p>25% FiO₂</p>	<p>1) 2g L-Amphotericin } D₁₂</p>
	<p>Transient & intermittent desat</p>	<p>MICAFUNGIN } D₁₃</p>
	<p>Aspirin - 5ml = Moding</p>	<p>By VANCOMYCIN - D₃</p>
	<p>V-O - 4.1 ml/kg/h</p>	<p>2) NPO</p>
	<p>Vib</p>	<p>3) CBP } T₁m</p>
	<p>HR - 155b</p>	<p>CRP } T₁m</p>
	<p>RR - 22/min</p>	<p>4) TV - 170 ml/kg/day</p>
	<p>SpO₂ - 95%</p>	<p>5) Trans blood CG</p>
	<p>BP - 70/45 (54) mmHg</p>	<p>6) Monitor Vib</p>
	<p>R-S - B/LAS ⊕</p>	
	<p>PIA Soft.</p>	

Noted by Neonatalists
 16/5/26 at pm

NH-00015053

IP26-00006172

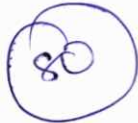
By Of RACHNA SANKLA

1-04-2026

0 Y 0 M 25 D

(F)

r. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/3/26 7:30 PM	SIB Dr. Tejaswi	Plan
	NBC pH - 7.50 pCO ₂ - 37.5 PO ₂ - 97 K ⁺ - 3.32 Na ⁺ - 132 Ca ⁺ - 1.29 Lac - 1.3 H ₂ A - 114/1m SpO ₂ - 95% BP - 63/41 (99)	- Add 1.5 meq/kg/day of KCl 2 meq/kg/day of 3% NS in IV Fluid 10% Iso-P
		6.4m 3% NS over 24h 1.2m KCl over 24h Add in IV Fluid total of 264ul of Fluid.
	CW - S ₁ , S ₂ @ CRT @ 30cc Rx - BIC - ALP @ PLASOL	- CF HEME Flow - 4L Feed - 21% - CF MICABUNGIN AMPHOTERICIN D VANCOMYCIN
	CMI Spont movements NG - Aspirates Bow - Greenish from morning	- Plan to taper HEMC by tomorrow morning



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/2026 6:20pm	Go Rachana	
	Baby activity → good.	
	Breathrip → ✓	
	HFNC → 6lit → Blood gas (N)	
	4lit → 2lit	Night
	low flow stop	mmu Mug
	Lactate ✓	
	Hb → 8.3	Chetan
	Issues	
	→ feeding	→ Blood (Hb) 8.3
	1ml aspirate (green colour).	
	till mmmu aftermm → restart feeding	Immune CRP CRP (P.T.O)

Dr Tejan

NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 25 D (F)
 r. S TEJASWI REDDY

(81)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26	SFB Dr. Sreejha	PL
12:30 AM	HR-136/min	CF MICAFUNGIN
	SpO ₂ - 95%	LIPIDOMAL AMPHOTERICIN B
	on HEMC	VANCOMYCIN
	BP-70/41(5/)	CF IV fluid
	CVS - S, S, S	CF HEMC - Flow 4 K/min
	RT - 2L - ALC	Eq. - 117
		T/M - CBP, CRP, VBC
	R b-g	
		Noted by Normalis
		17/5/26 at 12:30 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 8:15 AM	c/s/by- <u>Dr. Anusha / Dr. Sneha</u> 30+3wk / F / A GA / 1.44kg / VCBW / RDS / NMS /	
	Twt. 1.6 kg. Baby on HFNC	candida sepsis / jud Intoleran / Anemia. o/b urine / h.
	aspirat (+) - total 13ml yellow. activity - moderate	dark urine. collect & Inform
	HR = 150/min	
	SpO ₂ = 98% on HFNC	Na 4mEq/dy/dy
	RR = 35/min	K 3mEq/14dy
	BP = 65/38 (uc) mmHg	stop vanco - send (B/c's)
	(RLs) Bl. AC (+) NVBS (+)	start 1 st - COCUSTIN 1 st - MEROPENEM
	(US) BLAD (+) No mass.	ct HFNC
	AP	SDP } Plan → SDP Daily CRBC (after coonellij)
		Npo
		(+) CRP
		ct w/ fluids. Monitor vitals

Noted by N. Normalok
 17/5/2026
 8:15 AM



82

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		B/o Rachana
	Baby <u>CBP</u> & CRP.	
	↓ <u>Hb</u> → <u>9</u>	→ Blood transfusion
	<u>PLT</u> → <u>19K</u>	→ platelet transfusion
	PICE line <u>11 days over</u>	Injection <u>12 days</u> <u>4</u>
	PICE line change.	Blood q/c ↓ <u>neg.</u>
		→ Stop all antibiotics
		→ <u>Meloxicam</u> → <u>Colistin</u>

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	feeding →	also not started
		plan to start from evening
	HFNC → 4lit	
	tomorrow we can plan to take out.	
	<ol style="list-style-type: none"> ① PICC line ② transfusion ③ Meropenem, Colistin ④ Blood c/c. 	<p>Blood</p> <p>CDP</p>
		<i>[Signature]</i>

32-1



83

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26 2:15PM	C/S/b Dr. Venmu / Dr. Tejaswi forehead - 18.8 TCB \leftarrow \rightarrow 20	
	↓ Plan - Start TSP in 20	
17/5 5:30PM	C/S/b Dr. Venmu 34+30kgs / AGA / 1.44kg / WBS - / MDS / NNSJ / candida sepsis Baby on HPNC on TSP.	
	- NO NG/DS aspirates. s/e - HR - 143 RR - 34 SpO ₂ - 96% BP - 61/39 (44) s/e - P/A - SGA, NT. no abd. distension.	Plan - ct - IV Antibiotics - ct - TPN / MPO. - ct - HPNC - SDB QUH. - PUS c transposition done. - Monitor vitals.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5 10:30 AM	<u>CLSB for Naipya / Dr. Varun</u>	
	On HFNC FiO ₂ - 25% FLOW - 4L/min HR - 142 Vitals - RR - 32 - SpO ₂ - 96%	Plan - Cont micafungin liposomal Amphotericin
	RIS - BILAE ⊕ PIA - soft, NT	- Cont Cayfene Citrate - SDP transfusion at 12:00 AM, 4am
		- Monitor vitals - Cont HFNC
18/5 6:00 AM	CLSB for Tejaswi evening at 6:00 AM CBP } CRP } CBG } - Cyclic feeds 1ml 3hrs on & 3hrs off - Cont HFNC Flow - 3L/min FiO ₂ - 25%	Def Nected by Anindya 17/5/26 at 10:30 PM



84

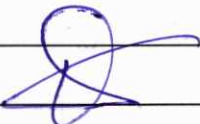
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	C/S/b Dr. Varun	
8 AM	34+4 wks / A/GA / VLBW / RDS / NNO / candida sepsis / feed intolerance.	
	T.W - 1600 pm Y.W - 1600 pm.	
	- Baby on HFNC T ³⁶ _{25%} - Cry } Improved; normal - Tone }	Plan - Ct. cefepime Ari + Aztreonam.
	- Nil of aspirates. - ON TSPT since yesterday 3pm.	- Ct. IVF NET - Ct. med KT - ↑ to chest
	E - HR - 144 RR - 36 SpO ₂ - 100% on HFNC BP - 66/38 (48)	- ↓ HFNC to LFNC 2lit.
	E - P/A - S.Y, NT, no abd. distension.	- Cyclic feeds 1ml @ 3h - USP, CRP, VBG in the evening. - Monitor vitals.
		Noted by Nirmalasis 18/5/26 at 8 AM



85

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/4 10:15 AM	Counseling	
	Baby fine	
	Activity good.	
	feeds started - cyclical feed.	
	↑ 1cc every cyclical feed	
	↓	
	one Night 5cc/hr	
	erythromycin to be started.	
	HRNC removed on LFNC. 12/ni → RA	
	evening.	
	Trace Blood c/s.	
		 Dr. Tejaswi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26	S/O: Dr. Tejaswi / Dr. - Prabhath	
10:30am	34+4wk AGA VLBW PDS NNT Candida feed intolerance	
T.Wt	Baby ↓ HFNC	
1.640 kg	3c/min	
(static).	25% FiO ₂	
+140.55ml.	↓ DSPT.	
	stable.	→ Start feed
	Activity - fair	Adv 3cc 3hr
	PA: soft distended	3hr on 4
	paved w/s	3hr off
		→ 1cc feed every
		cycle till 5cc/hr
		overnight
		→ Next feed 4cc/hr
		3hr on 4
		3hr off
		Monitor for abdomen distention
		→ start Ent through
		→ Trace Blood c/s
		→ Stop ent
		→ Evening Plan
		LFNC
		12/min
		→ Vit K for 3 days

started by Nirmala

86

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 11:15 Am	S/B Dr Prabhathy	
	GRBS 42ng/dL	
	Last → 47ng/dL	Adv
	Baby active	(1) 2.5ml/kg 10D Bolus & Recheck after 30 min
	Adv Adv	(2) GRBS Q 2H Monitoring
	Adv GRBS 48ng/dL 12:30 pm	Adv
		Change fluid to 12.5% 150-F
		Noted by Shrivardhanis
		18/5/26 at 11:15 Am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 2:30pm	C/S/B Dr Spandana / Dr. Pranav	
	D-28 / 30 + 3 → 34 ⁺ wk / F / ASA / 1.44 kg / VLBW / RDS / NRJ / candida sepsis / Feed Intolerance / <u>critically Hypoglycemia</u>	
	T-D+ - 1.64 kg	Ph
	on low flow O ₂ -	1) Feed - 1ml/hr cyclified
	GRBS - 4 cmg/dl	3hr on 3hr off
	V.O - 20ml ∴ 10hr	2) TV - 180 ml/kg
	1.2 ml/kg/h	12.5% Iso-P
	Balms - +62ml	if further Hypoglycemia - 15% Iso-P
	Vital	3) Trig Vit - K x 3 dec till 2d/s
	HR - 162/h	4) Erythropoietin
	SpO ₂ - 94%	Lanzol
	RR - 22/h	Domitol
	BP - 10/39 (47) mmHg	5) Trans blood C/S
		6) Monitor Vital
		7) 3.2ml - 10% O bolus
		B
		Noted by Nirmaladevi
		18/5/26 at 2:30pm

Baby at Raktana

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 27 D (F)
Dr. S TEJASWI REDDY



87

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/05/26 12:00pm	Dr spontaneous	
	Abx- continue	
	Reed- Maltol	
	Emt- hourly	Hourly / Hourly off
	CRpl crp	
	Pg	



89

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 8:15pm	<p>OB/S Dr Prann</p>	
	<p>D28 / 30th → 36th HR / Fank / VPT / 1.46 kg / VLBW / RDS / NNS / Candida Sepsis / Feed Intolerance Currently - Hypoglycemia</p>	
		<p>Plan</p>
	<p>On low flow O₂ - 1Ltr</p>	<p>1) Fed - 2ml/hr 3hrs on & 3hr off ↑se 1ml, each cycle</p>
	<p>CRBS - 110 mg/dl</p>	<p>2) TV - 160 ml/kg IVF - 12.5% D50-F 9.7 ml/hr</p>
	<p>U.O → 40 ml ∴ 14hr 1.7 ml/kg</p>	<p>Next of Hypoglycemia - 15% D50-F</p>
	<p>Vital</p>	<p>3) Jg Vit - K x 3d</p>
	<p>HR - 126/hr RR - 36/hr</p>	<p>4) Ct Dextrose; Large Dextl</p>
	<p>SpO₂ - 96% BP - 59/36(4h)</p>	<p>5) Trans Blood c/s (17/5)</p>
	<p>R-S - B/LAE⊕</p>	<p>6) Monitor Vital</p>
	<p>PIA - soft, distended</p>	<p>7) Infr S/S</p>
		<p>Prann</p>
		<p>Noted by Prann S/S</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5 9pm	<p>cks/TS Di Spudum</p>	
	<p>D-28 / 30⁺³ → 34⁺⁴ wk / VPT / F / ASA 1/1.44 kg - VLBW / ROS NNS / Candida sepsis / Feed Intolerant</p>	
	<p><u>Hydrocortisone</u></p>	
	<p>On low flow O₂</p>	
	<p>U.O - 40 ml 1-5 ml/h</p>	<p>Ph</p>
	<p><u>Vital</u></p>	<p>1) Add - L - Propha - D 2) Cyclo jal - 2ml/h next 3ml/h 3hrs on to my</p>
	<p>NR - 128h</p>	
	<p>SpO₂ - 98% RR - 30h</p>	<p>3) TV - 160 ml/kg/kg 12V - Iso - P</p>
	<p>BP - 53/47 (51) only</p>	<p>4) Ct. Inst RV 5) Tera blood c/s</p>
	<p>R-S-B/LAP P/A - soft</p>	<p>6) Monitor vitals Inj. SoS</p>
		<p>TT</p>

90

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/2026 8am	s/s Dr. Nameem / Dr. Sushant	
	D2A 30+3 → 34+5 wks / VPT / F / Aeria / 1.44 kg / ROS / NNS / Candida sepsis / Hypoglycemia	
	- on 0.08 L/min of mini-low flow O ₂	Plan
	- icterus (+F)	① ct - L-Amphotericin B
	activity - good.	② Trace CBL / CRP
	HR - 146/min	③ continue cyclical feeds 3ml/hr - 3hrs on 4hrs off
	SpO ₂ - 96%	④ Increase by 1ml every cycle
	BP - 62/42 mmHg	⑤ ct 12.5% Iso - P.
	u/o - 3.6 ml/kg/hr	TV = 160 ml/kg/day
	maintaining negais	⑥ Trace blood c/s
	accepting cyclical feeds well	⑦ R/S send LFT
	no blood in stool.	
		<p style="text-align: right;">Nameem (Dr. Nameem)</p>
		<p style="text-align: center;">Initiated by Nameem's 19/05/26 at 8 am</p>



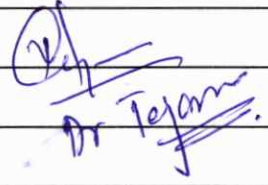
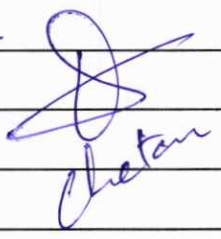
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5	ds/B Dr. Tejaswi	
10am	D-29 / (GA: 34 ⁺ W / RDS / NWJ / candida sepsis hypoglycemia	
	- on room air. - tolerating some feeds.	T. wt: 1.620 kg (same wt)
	- u/o: maintaining, - on dsPT, - passing stools.	- 24h ds: no growth
	<u>O/E</u>	<u>Plan</u>
	<u>vitals</u> : HR: 142 bpm RR: 44 bpm SpO2: 100% BP: 68/43.	1) <u>wean</u> UKP LFT → if abn send
	<u>PLA</u> : soft.	2) stop antibiotics
		3) some 2ndh feed. time every 6th.
		4) stop antijungals
		5) monitor vitals.
		6) send urine - cmv PCR (hold)
		7) try spoon feeds if activity good
		8) USG abd & pelvis.

APCR
 FT/
 INR

91

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 10:30 AM.	counselling	B/O Raghana
	- on Room air	
	- accepting feeds well [gave spoon feeds] (5ml) ↳ tolerating well.	
	- 24h blood clts - Negative - ∴ stopping antibiotics & antifungals.	
	- Baby on Dept. will ct till urine - CMV report.	
	- stool is seamyish, mucus. → ∴ usg abdomen & pelvis. - urine CMV - PCR.	
	- CBP - (N)	
	- LFT, CRP to be tested. ↳ if abnormal send Aptt	
		PT, INR 

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26	<u>U/S/B Dr. Pravin</u>	
3pm		
	- TSB: 21 -	
	L on TSPT	
	- on room air.	
	- tolerating feeds well	
	- Passing urine ✓	
	stools ✓	
	O/E	Plan
	<u>intake</u> : HR: 150 bpm	1) U. spoonfeeds - 7ml
	RR: 42 bpm	↑ 1ml after every
	SpO ₂ : 92%	feed
	R.p: 69/41	2) leave send urine every
	P/A - soft	P.R.
	- mild distension (+)	3) CRBS monitoring
	<u>hs.</u>	8th h.
		4) monitor intake
		5) Ket U. as per Rx
		sheet



95

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 5:00 PM	<p>CLIB, Dr. Spandana</p> <p>on room Air.</p>	<p>Plan</p>
	<p>tolerating feeds well.</p> <p>vitals - HR - 145 RR - 32 SpO₂ = 94-95%</p>	<p>- Cont SF 9ml. ↑ 1ml each feed.</p> <p>- Ⓢ urine CMV PCR</p>
	<p>RLS - BIL AG⊕</p> <p>PIA - Soft, no distension</p>	<p>- CRBS 8th hourly</p> <p>= monitor vitals</p> <p>- Cont T. folic acid</p>
	<p>SBR, CBG @ 12:00 AM</p>	<p>@ 10:00</p>
	<p>DCA 2gg 2g</p>	
	<p>PS - Agglutinins</p>	
	<p>- So - Prominent</p> <p>- 1g/kg</p>	
	<p>- ? Minor</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5 10:30 AM	<u>cb/b D Pramu</u>	
	↓ TSPT	
	SV on RA Tolerated - 11ml feed Passed Urin & stool	<p>Ph</p> <ol style="list-style-type: none"> 1) Sporanogol - 11ml/days for 1ml/4th hly 2) Tab Febid Acid 3) Tab CAFFEINE 4) LANZOL DOMSTAL ERYTHROMYCIN
	Balum → # 26	
	<p><u>Vital</u> HR - 138 li SpO₂ - 94 % RR - 30 li BP - 63/36 (65) hly</p>	<ol style="list-style-type: none"> 5) Vit - K - 1ml + 1m 6) Tab Lipobond Amplicon - P 7) 8) Check c DCT - Ig 4 P. Serum for Agglutination
	PIA - soft & Mild distension	<ol style="list-style-type: none"> 9) IVIG - now 10) Ferritin - Decid - T12 11) SBR J CBS Jc 12u
		12) Ct. TSPT
		13) TR - 170. ml/hy Target - 24ml
		IVF - 5.5 ml/h

Noted by N. K. Reddy
 20/5/26 at 10:07 PM



93

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>B/O Rachana</u>	
19/5 7:15pm	at Counselling (Dr. Spandan)	
	- Baby off oxygen	
	- Taking feed	
	with 1ml / 4 th hly & slowly try spoon feed	
	→ Jaundice level - high	
	Will repeat - SBR } @ night	
	↓ CBS }	
	if Bilirubin persistent high - IVIG plan	
	to consider hemolysis	
	→ Will continue antibiotic for infection	
	CRP - 82 (still high)	

NH-00015053
 baby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 28 D (F)
 Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5 3 AM	<p>ch/b Di- Prann / Dr. Alekhya</p>	
	<p>SV on RA</p>	<p><u>Plan</u></p>
	<p>↓ TSPT</p>	<p>1) Spoon feed - 12 ml/dish</p>
	<p>Tolerating feed</p>	<p>TV - 120 ml/kg</p>
		<p>Target - 26 ml</p>
	<p><u>Vital</u></p>	<p>IVF - 5-5 ml/h</p>
	<p>HR - 136/min</p>	<p>2) CT - L-Amplia B</p>
	<p>SpO₂ - 96%</p>	<p>3) Traa. SBR</p>
	<p>RR - 35/min</p>	<p>4) CT TSPT</p>
	<p>BP - 69/51 (58) mmHg</p>	<p>5) CT. Best. Same</p>
		<p>6) Monitor Vital</p>
	<p>IVIG - ongoing</p>	
		<p><u>Prann</u></p>
		<p>ALT by Saipriya 20/5/26 @3AM</p>



94

PROGRESS NOTES AND DOCTOR'S ORDER

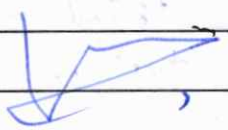
Date & Time	Progress Notes	Doctor's Order
20/6 7 AM	<p>admission Di. Pranam / Dr. Akhya</p>	
	<p>D 30 / 30⁺³ → 34⁺⁵ wk / Girl / AGA / 1-66 kg / 42.4 / ROS / NMS / Candida Sepsis / Feed Intolerance / DCT ⊕ / Hypoglycemia</p>	
	<p>T-WT - 1.580 kg (↓ 40g)</p>	
	<p>IVIG - Done Fortifying feed Baby ↓ TSPT on time Vitd RR - 132/min RR - 51/min</p>	<p>Plan 1) TV - 170 ml/kg/day spoon feed - 13 ml/dm Target - 24 ml IVF - 12-5% ISO-P + 3% NaCl + KCl</p>
	<p>SpO₂ - 95% on O₂ BP - 65/45 (49) mmHg</p>	<p>2) Inj L-Ampho-B → D16 → 17 3) Inj Caffein 4) Lanzel 5) Dorstat</p>
	<p>R-S - B/LAB ⊕ P/A - Soft</p>	<p>6) Brythromycin 7) Inj Vit-K</p>
	<p>Passed Urine & Stool</p>	<p>8) To check - DCT - IgG 4) Peripheral smear for Agglutination</p>
	<p>U.O - 185 ml ⇒ 47 ml/kg/d Balance - +107 ml</p>	<p>9) (RTV) Fortatis 10) cat. TSPT c-eggs kept until coml 11) Tab Folic Acid</p>

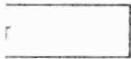
Accepted by Neeraj S
 20/6/2026

Pranam



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 10 AM	C/S/b Dr. Tejaswi	
	D30 / Very Preterm / AGA / Wt 30 / PDS / NNT / Candida Septis	
	- on LFNC - Tolerating feeds well.	Plan - Send LFT, LDH, CRP now.
	- LTSPIT. - Cry / Activity - Good.	- CRBC transfusion to be done; send.
	SpE - HR - 136/min RR -	- Minor Blood sp. incompatibility test to be collected.
	SpO2 -	
	SpE - 45 - BAC (+)	- off CBC/CRP, plan to stop Abx.
		- To check DLT - IgG / P/S for Agglutination.
		 Noted by Saipriya 20/5/26 @ 10 AM



95

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26	B/o Rachna Sankla	COUNSELLING
10:30 AM	Activity is good. Crying is good. Plan to ↑ SF to 22ml. No OG feeds as of now.	
	- Jaundice (+); will repeat SBL/ - now.	CBC/CAP.
	- IVIG given yesterday in view of hemolysis (DAT +ve).	
	- Antibiotics have been stopped.	
	- 3 blood cultures -ve.	
	- CRP ↓ from 175 to 80 → sent CRP now.	
	- Blood transfusion (RBC) will be done.	
	Hb yesterday was 9 before IVIG transfusion.	
	- feeding well. (PATTERN)	
	- SBA ↓ from 21 to 17.	

06

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3 PM	c/c/b Dr. Venen	
	- Baby on CPAC - fit/min.	
	- cry/Tone/Activity - Normal.	
	- Tolerating feeds well.	
	- ↓TAPT; LDRBC transfusion ongoing.	
	f/e - HR 140/min.	
	RR - 32/min.	
	SpO2 - 98% @ CPAC	Plan - Cont.
	f/e - WNL.	Plan - 13ml SF Q4H.
		- IVIG after blood Tx.
		- Trace CP, SBR.
		- Monitor vitals.
		Noted by Shovadevish
		20/5/26 est 3pm

97

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 3:30pm	c/s/by Dr Spandana	
	Baby on CPNC.	- <u>13ml</u> Spoonys
	Takes feeds	↑ 1ml Every alternate hr
	HR = 137/min	
	Spo. 97%	(WIG) after Blood Tx
	RT 32/min	- Repeat SBR e 12 AM
	Bp 68/38 (us)	- (T) CBP, CRP, CEI , SBR
		- Monitor vitals

note by Saipriya
 20/5/26
 @ 3:30 pm



Baby of Rachana

98

MNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 28 D (F)
Dr. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 19:40 pm	Dr Spandana	
	Blood haemoglobin	
	Oxygen - 0.5	will
	→ after finishing anti biotic - stop medication	
	→ IVSA - given	
	Today - one more dose we will give.	
	Feed - 1ml - 4th hourly - Open feeding	
	<u>CRP</u> - awaiting	
	<u>SRP</u> - 12 pm	<u>CRP</u>
		
		Dr. SPANDANA BASUPULETI Reg. No: 3092



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	Case of New Born Sepsis	
8:30 PM	Very pre term / AHA / (C.R.P) / Sepsis Conjugated hyperbilirubinemia	
	HR-138/min SpO2-99% on O2 by NP @ 2 L/min	
	CVS - S4S0 - P1m R-BU-AIR ⊕	- IVF 12.5% 250-P @ 2.2 ml
	BP- 84/61 (69)	- OG feed 13ml/2hr - ↑ 1ml/6hr
		- GABIS monitoring 6hr
		- CF IVIG infusion @ 0.54g - increase from 12h increments
		- Tomorrow morning 6AM CBP, SDB, VBK

✓
17/5/26

Noted by Seeraj
20/5/26
@ 8:30 pm

99

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 JAN	SIB Dr. Sneyhan Very preterm (AGA) E/RDI/ sepsis Congenital hyperbilirubinemia	
	HA-120/w SpO ₂ - 100%	P6
	on 20% by NP @ 14w	
	CVI - S ₁ S ₂ ⊕ P4 - BIC - A ⊕	- CF IVE 12-5% 950-P @ 2.24h
	PIA SOL Spont. movements ⊕	- OG feed 13w/2.04L ↑ 24/16" L
		- CRB monitor 6" L
		- CF IVE Intubation @ 4wL
		- TIM - CBP, SBA, VBA
		Noted by <u>Misra</u>
		20/5/26 ext. JAN

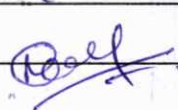


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/4/26 8:30 AM	S/B. Dr Peabhath.	
	VPT / AGA / ♀ / RDS / sepsis / conjugated hyperbilirubinaemia	
	T. wt Baby ↓ DSPT	
	1.560 kg on O ₂ 1L/min	
	(20g ↓) on 15CC EBM.	
	accepts	Fla
	+131.5 mL	
	passing urine	
	Stool	① CT. 12.5 ml. 150-P
	IVIG infusion done	@ 2.2 ml/kg
	of vital	② CT 15CC EBM
	stable	OG feed @ 24
	Hb 10.0	
	TEC: 10,190	③ G RBS 6 th day
	N-49.3	
	L-28.4	
	PLT 1.23 Lakh.	④ Trace SBR
	per	
		Noted by Alborneisa
		21/4/26 at 8:30 AM

100

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5	<u>CLINIC Dr. Tejaswi</u>	
9:00 AM	on O ₂ 0.1 L/min. miniflow.	Plan
	vitals - HR - 125	- TV - 150 ml/kg/day
	- RR - 32	- GR SF 15cc/2nd hour
	- SpO ₂ - 97	↑ to 20cc (Target feed)
	R/L - Bil ACP	- Supplements vit-D - Today
	P/A - soft, no distension	- CalciMax - Tomorrow
		- GRBS 6th hourly
		- AddPhos Sachets
		- Monitor vitals
		- HMF Sachet
		

Noted by Seemant
 21/5/26
 9 AM



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
21/5 3pm	<u>cls/B Dr. Prannav</u>	
	DOL-31 / 30 ⁺ 3 → 34 ⁺ 4h / VPT / VESW-1.46kg / Aind / ASA / RDS / NNS / candida sepsis / Feed Intolerance / DCT-3⊕	
	T-Wt - 1.560 kg (↓20g)	
	Low flow O ₂ - 0.05 ltr No RD	Ph 1) IVF - 1.3ml/hr 12-SV-ISO-P
	Tolerating - 20ml spoon feed.	(12.8ml 3% NaCl + 3.2ml KCl) 2) Feed - 20ml / QM
	U.O - 3.3 ml/kg/h Balance - + 44ml	3) VA - D3 4) Calcium - P
	<u>Vital</u> HR - 155b	5) Add Phos 6) Jak folic Acid
	SpO ₂ - 96% RR - 22k	7) MMF in EBM 8) Fipronazole
	BP - 69/44 (SS)	9) Dorstat 10) Lanzol
	R-S-B / 2PB⊕ PIA - soft	11) Stop Caffeine 12) Glycine Suppository
		13) SBR e 5pm 14) Monitor Vital
	NT by Saiprincy 21/5 @ 3pm	15) CBP, CRP, SBR - T/m 6 Am Prannav

NH-00015053
 sby Of RACHNA SANKLA
 1-04-2026
 r. S TEJASWI REDDY
 IP26-00006172
 0 Y 1 M 0 D
 (F)

(101)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5 10:00 AM	<p><u>Counselling notes</u></p>	
	<p>- Baby on o.i.L / day NPOs</p>	
	<p>- Bilirubin levels are 11 mg/dl. hence TSPT stopped</p>	
	<p>SBR - FSB to repeat at 5:00pm</p>	
	<p>- CBP, CRP showed improvement.</p>	
	<p>- Plan to continue SF 20ml / 2nd hourly</p>	
	<p><i>Dr Team</i></p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 10 AM	By Mr. Sridharan M	Also busy at work
		HR - 120/min RR - 32/hrs SpO ₂ - 95% on 2L O ₂ BP - 78/51 mm Hg
		By Mr. Sridharan M
21/5/26 12 AM	c/s/ by. Dr. Anuch	
	Baby <u>active</u> / no vomits.	
	HR - 154/min.	<u>Plan</u>
	SpO ₂ = 94% on CFNC.	ct feeds.
	BP = 74/56(63)	- IVF
	RR - 38/min	- Trm CBP CRP, SBR. @ 6 AM
		- ct supplements
	A	- Inform son
		Note by Saipriya 21/5/26 @ 10 AM

102

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 7 AM	<p>c/s/by Dr Anubh / Dr Varun 20c32 / 30c32 35wk / VPT / VLBW / early / RDS / WNS / candida Sepsis / feed Intolerance / OCT 3+</p>	
	<p>Baby on <u>LENC</u> 1lit/min → 0.9</p>	<p>- (T) CBP, CRP, SBR.</p>
	<p>Euglycemic</p>	<p>- ct ivfluc 1.3mg/h</p>
	<p>Activity - Improving</p>	<p>(12.5: 150-P)</p>
	<p>Twt = 1.950 (10g↓)</p>	<p>- feed 20ml Q4hly</p>
		<p>- ct vit D3</p>
	<p><u>o/o</u></p>	<p>Calimax-P</p>
	<p><u>vital</u> - HR = 100/min.</p>	<p>- HMF in EBM.</p>
	<p>Bp 70/59(6u)</p>	<p>- ct Domstal</p>
	<p>RR = 34/min</p>	<p>Lanzol</p>
	<p>SpO2 = 95% 1lit</p>	<p>- li caffeine</p>
		<p>folic acid.</p>
	<p>(R/S) B/c AC (+)</p>	<p>- Glycine Suppository.</p>
	<p>NVBS (+)</p>	
	<p>(P/A) soft</p>	<p>- ct domstal</p>
	<p>No distention</p>	<p>- Monitor vitals.</p>
	<p>Al</p>	
		<p>Noted by Saipriya 22/5/26 @ 4 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	SIB Dr. Tejaswi	
10:20 Am	DOL 32/ CGA → 35 wt of female / very preterm	
	VLBW / PDS / NNT / conjugated hyperbilirubinemia	
	Fungal sepsis (Candida) / Feed Intolerance	
	Baby Athermic	Plg
	HR - 124/min	
	SpO ₂ - 94%	- SIF - 2ml/2ml
	on O ₂ by NP @ 1L/min	+ HMB in FBM
	BP - 60/42 (48)	
		- Three reports
	CVI - S ₁ S ₀	
	CRT 3 sec	- ct CALCIUM P
	PI - BU - AL P	VITAMIN - D ₃
	PIA 50 u	- ct DOMSTAC
	CNP	LAN 20 u
	Spont. movement.	
		- VBG - now
		- Monitor vitals
		- Start DART regimen

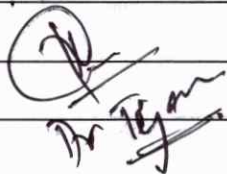
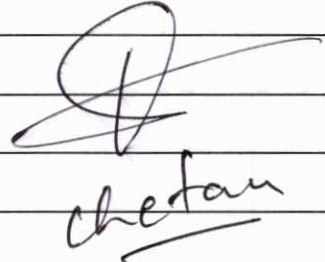
Noted by Saipriya
 22/5/26
 @ 10:20 Am

NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 30 D (F)
 r. S TEJASWI REDDY

103



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 11:	B/o Rachana	
	- feeding → 22 ml/2 nd L - spoon feed.	
	- To start DART Regimen today	
	- Platelet (G) improving trend	
	- Conjugated bilirubin in decreasing trends.	
	- Chest x-ray - suggestive of BPD.	
	- on O ₂ by NP @ 1L/min	
	- CRP-52 today	
		
	<p>Dr. S. TEJASWI REDDY Registration No. 9-068</p>	

NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 30 D (F)
 r. S TEJASWI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	S/B Dr. Sanyal	
2:30 PM	A DOG 32 / CHA 35 weeks Female / Very preterm	
	VLBW / RDI / NNT (conjugated hyperbilirubinemia)	
	Fungal sepsis (Candida) / Feed Intolerance	
	Baby Sukhmani	PLG
	HR - 115/min	
	SpO ₂ - 94%	- LT DART Regimen
	on D ₂ b, NP 2 14/min	
		- SLE - 20 - 22 ml / 2-4k
		+ HMF in EBM
	CVS - S ₄ S ₁ @	Via Albut bed
	CRT 231a	- CF CALCIUM-P
	P1 - BLC - ACP @	VITAMIN - D ₃
	PLATO @	- CF DOMPAZ
	CM2 -	LANZOL
	Spont movement @	
		- Monitor vital

Noted by Seepu
 22/5/26
 @ 2:30 PM



104

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 3:30pm	<u>CIS/B Dr. Sreedara</u>	
	DOL-32 / 30 ⁺ 3 → 35 wk / Fungal Septis. - CANDIDA / Hypokalaemia	VPT / VLBW - 1.44 kg / RDS / NNT / Feed Intake / Coagulated
	F.Wt → 1.550 (↓ 10g) Desats ⊕ On Low flow O ₂ - 1lit Accepting spoon feed Vital	Ph 1) FO tap for low flow O ₂ 2) Spoon feed - 20-22 ml / q 4 + HMF in EBM (alt feed)
	HR - 138 / min RR - 24 / min SpO ₂ - 93% BP - 41/28 (56) mmHg	3) DART begins 4) CT - DOMESTAL LANZOL ERYTHROMYCIN
	R-S-B/LAR ⊕ PIA - soft ± Mild disten	5) CT - Folic Acid CALCIMAX-P VIT AMIN-D3 ADD PHOS
	V.O - 50 ml :: Morning (3.2 ml/kg/h)	6) Monitor Vital 7) (PIV) CBS at 6pm
	Noted by Sreedara 22/5/26 3:30pm	Bram



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5 9:30 pm	C/S/B Dr. Naipanyer	
	on 0.5L/min NPO ₂	Plan
	tolerating feeds well.	- Cont - 20-22ml / 2nd half Spoon feed.
	Vitals - HR - 126 RR - 36 SpO ₂ - 97%	- HMF in tBM alternate feeds
	Rls - Blk AG PIA - soft, nt	- CBG at 10:00pm
		- Cont Domstal lanzole. erythromycin
		- Cont supplements
		- monitor vitals AUF
		Noted by Dr. S. Tejaswi 22/5/26 @ 9pm

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY



UNDERTAKING FOR BALANCE DEPOSIT

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

Sub:- Undertaking Balance Deposit

Mr./Mrs./Ms. Chethan Sankla (Father/
Mother/ Other _____) of Master/ Baby/ Baby of/
Mrs. / Ms. B/o Rachana Sankla was
bought to your hospital on Emergency basis on 21/4/26
at 15:30. Admitted in NICU. Approximate charges
deposit details were explained by the Pharmacy executive on duty.
I have to pay the amount of 50k as a caution deposit but for
now I'm depositing 30k. The remaining amount 20k I'll
deposit on 21/4/26 at 9pm.

Thanking You

Signature

Name:-

Chethan

Ph. No.:-

9030305465

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 0 D 0 H (F)
Dr. S TEJASWI REDDY

Rainbow®
Children's
Hospital
To CURE & NOT TO BRING THE PAIN.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

25
Years
of Trust, the Quality you
Expect. Better. Smarter. Right.

BILLING POLICY

- **Billing cycle:** - With effective from 1st January 2020, Our billing cycle to be start from 12 PM to 12 PM, Settlement post 12 PM, room rent will be charge for half day extra & post 6 pm, it will be charge for full day. Less than 24 hours stay will be considered as one day.
- As per the GOI guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Card / Demand draft or online payment.
- In the event of TPA/ Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / corporates won't be applicable.
- If the surgery / scans performed in Emergency hours (8pm - 7am), public holiday and on Sunday will be charged 30% extra.
- Patient Government ID proof is mandatory to submit during the admission.
- TPA processing charges Rs.500 for every TPA route cases.
- All charges vary as per Room category, except Pharmacy and consumables.
- We follows a "No Discounts Policy" kindly cooperate.
- No Duplicate/Second copy of OP OR IP bill is issued.
- ICU/Ward Charges DO NOT INCLUDE - Air Mattress, Monitor, Consultants/ Specialty Doctors Visit, Infusion/syringe pump, Ventilator/C pap, Oxygen, Investigations, Procedures, Consumables, Medicines or any

INTERIM BILLING

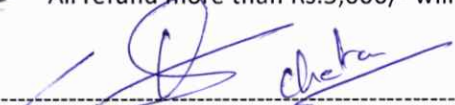
Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested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

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

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

MODE OF PAYMENT & REFUNDS

We accept payments by cash (up to Rs 1,99,999/- only), cards, online transfer and Demand Drafts.
All refund more than Rs.5,000/- will be refund through NEFT in three Bank working days.


Name & signature of Patient/Attendant


(Signature of Admission Desk executive)

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

RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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

Branches : BANJARA HILLS - T: 2233 4455 | VIKRAMPURI - T: 4246 2200 | KONDAPUR - T: 4246 2400 | MADHAPUR

- T: 6464 2020 | KUKATPALLY - T: 4246 2300 | L B NAGAR - T: 7111 1333 | HIMAYATNAGAR - 40 488 73000 | MARATHAHALLI, BENGALURU - T:

+91 807111 2345 | BANNERGHATTA ROAD, BENGALURU - T: +91 80 2551 2345



GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of RACHNA SANKLA **Age :** 0 Y 0 M 0 D 0 H
IP No: IP26-00006172 **Sex:** Female
Consultant: Dr. S TEJASWI REDDY **Ward/Bed No:** 4F -NICU 1/NICU1-401

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
Receivers Signature: (.....)
- 3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- 4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: *Chetan Sankla.*
 Relationship: *husband*
 Date: *21/4/26*
 Witness Name:
 Witness Signature: *[Signature]*

Patient Address:
 4-3-582 King Koti Hyderabad
 Telangana INDIA 500001

Time: *15:30*

Patient Sticker



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

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

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



6



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 5/5/26

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

*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.



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 5/5/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✓	✓	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	<u>Neel</u>	<u>Lowu</u>	<u>Lowu</u>	
Signature of the Nurse:	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date & Time:	<u>5/5/26 at 8am</u>	<u>5/5/26 at 2pm</u>	<u>5/5/26 2pm</u>	

*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.

NH-00015053 IP26-00006172
 by Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 13 D (F)
 r. S TEJASWI REDDY

3



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 4/5/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	X	X	X	
Excess Fainout (Afferent Tubing) Drained	X	X	X	
Excess Rainout (Efferent Tubing) Drained	X	X	X	
Temperature Probe away from Heat / Cover with Aluminium Foil	X	X	X	
Gas Bubbling Continuously	X	X	X	
Water Level at Desired Level in Bubble Chamber.	X	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:	Nirmala Nirmal			
Signature of the Nurse:	<i>(Signature)</i>			
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.



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 28/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✗	✗	✗	
Excess Fainout (Afferent Tubing) Drained	✗	✗	✗	
Excess Rainout (Efferent Tubing) Drained	✗	✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✗	✗	✗	
Gas Bubbling Continuously	✗	✗	✗	
Water Level at Desired Level in Bubble Chamber.	✗	✗	✗	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	prasan	Swami	Swami	
Signature of the Nurse:	<i>prasan</i>	<i>Swami</i>	<i>Swami</i>	
Date & Time:	28/4	28/4	28/4	

*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.

NH-00015053
 IP26-00006172
 by Of RACHNA SANKLA
 1-04-2028 0 Y 0 M 13 D (F)
 r. S TEJASWI REDDY

4



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 27/4/28

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	x	x	x	
Excess Fainout (Afferent Tubing) Drained	x	x	x	
Excess Rainout (Efferent Tubing) Drained	x	x	x	
Temperature Probe away from Heat / Cover with Aluminium Foil	x	x	x	
Gas Bubbling Continuously	x	x	x	
Water Level at Desired Level in Bubble Chamber.	x	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:	Saipruthi	Prasan	Nikhil	
Signature of the Nurse:	Sul	Pran	Nikhil	
Date & Time:	27/4/28	27/4/28	27/4/28	

*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.



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 26/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✗	✗	✗	
Excess Fainout (Afferent Tubing) Drained	✗	✗	✗	
Excess Rainout (Efferent Tubing) Drained	✗	✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✗	✗	✗	
Gas Bubbling Continuously	✗	✗	✗	
Water Level at Desired Level in Bubble Chamber.	✗	✗	✗	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	Sripndy	Prasanna	Nikhil	
Signature of the Nurse:	Sri	Pr	N	
Date & Time:	26/4	26/4	26/4	

*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.



3



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 25/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✗	✗	✗	
Excess Fainout (Afferent Tubing) Drained	✗	✗	✗	
Excess Rainout (Efferent Tubing) Drained	✗	✗	✗	
Temperature Probe away from Heat / Cover with Aluminium Foil	✗	✗	✗	
Gas Bubbling Continuously	✗	✗	✗	
Water Level at Desired Level in Bubble Chamber.	✓	✗	✗	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	Pooja	Lakshmi	Arushi	
Signature of the Nurse:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date & Time:	25/4	25/4	25/4	

*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.



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 24/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✓	✓	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	Subh	SP	SP	
Signature of the Nurse:	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date & Time:	24/4/26 8pm	24/4/26 2pm	24/4/26 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.



2



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 23/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	✓	✓	✓	
Excess Fainout (Afferent Tubing) Drained	✓	✓	✓	
Excess Rainout (Efferent Tubing) Drained	✓	✓	✓	
Temperature Probe away from Heat / Cover with Aluminium Foil	✓	✓	✓	
Gas Bubbling Continuously	✓	✓	✓	
Water Level at Desired Level in Bubble Chamber.	✓	✓	✓	
INTERFACE:				
Nasal Prong / Mask Correct Size	✓	✓	✓	
Nasal Prong/ Mask Correctly Placed	✓	✓	✓	
Hat Fits Snugly	✓	✓	✓	
Moustache Suitable and Effective	✓	✓	✓	
Nasal Bridge Intact	✓	✓	✓	
Septum Intact	✓	✓	✓	
POSITION:				
Head Position Correct	✓	✓	✓	
Head Roll - Correct Size and Position	✓	✓	✓	
MONITORING/ SUCTIONING				
SpO ₂ Probe Monitoring	✓	✓	✓	
Oro Nasal Suctioning Documentation	✓	✓	✓	
OG Tube in SITU	✓	✓	✓	
Baby Comfortable	✓	✓	✓	
Chest Retractions	✓	✓	✓	
Name of the Nurse:	Prasanna	De	Alka	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	23/4/26	23/4/26	23/4/26	

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

at 2:15



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 22/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply	✓	✓	✓	
Flow Between 5-7 Litres / Min	✓	✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)	✓	✓	✓	
Humidifier Water Level Correct	✓	✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.	✓	✓	✓	
Tubing Correctly Placed (Position & Leak)	X	X	X	
Excess Fainout (Afferent Tubing) Drained	X	X	X	
Excess Rainout (Efferent Tubing) Drained	X	X	X	
Temperature Probe away from Heat / Cover with Aluminium Foil	X	X	X	
Gas Bubbling Continuously	X	X	X	
Water Level at Desired Level in Bubble Chamber.	X	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:	Laxmi	Na	Dhanu	
Signature of the Nurse:	[Signature]	[Signature]	[Signature]	
Date & Time:	22/4/26	22/4/26	22/4/26	

*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.



①



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 21/4/26

	CRITERIA MET / NOT MET <input type="checkbox"/> Yes <input type="checkbox"/> No			Comments by Duty Registrar
	Morning	Evening	Night	
CIRCUIT and BUBBLER:				
Blended Air / Oxygen Gas Supply		✓	✓	
Flow Between 5-7 Litres / Min		✓	✓	
Humidifier Temperature Correct (36.5-37.5°C)		✓	✓	
Humidifier Water Level Correct		✓	✓	
Proper Oxygen Tubing From Blender to Humidifier.		✓	✓	
Tubing Correctly Placed (Position & Leak)		X	-	
Excess Fainout (Afferent Tubing) Drained		X	-	
Excess Rainout (Efferent Tubing) Drained		X	-	
Temperature Probe away from Heat / Cover with Aluminium Foil		X	-	
Gas Bubbling Continuously		X	-	
Water Level at Desired Level in Bubble Chamber.		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:		Uma	Ranjana	
Signature of the Nurse:		<i>[Signature]</i>	<i>[Signature]</i>	
Date & Time:		21/4/26	22/4/26	

*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.

NH-00015053 IP26-00006172

aby Of RACHNA SANKLA

1-04-2026 0 Y 0 M 14 D (F)

r. S TEJASWI REDDY



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
5/5/26	00.00	neb Levoline 0.3mg	[Signature]	
	01.00	(13)		
	02.00			
	03.00			
	04.00			
	05.00			
5/5/26	06.00	neb Levoline 0.3mg	[Signature]	
	07.00	(14)		
	08.00			
	09.00			(10)
	10.00			98368
	11.00			
5/5/26	12.00	Levoline neb + 3% nee	[Signature]	
	13.00	(15)		
	14.00			
	15.00	Total (15)		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 12 D (F)
 Dr. S TEJASWI REDDY

*Levaline + 3% NaCl
 & the hourly.*



NEBULISATION CHART 3

Date	Time	Drug	Nurse	Parents Signature
4/5/26	00.00	Neb:- Levoflin 0.31mg		
	01.00	(9)		
	02.00			
	03.00			
	04.00			
4/5/26	06.00	Neb:- Levoflin 0.31mg		
	07.00			
	08.00	(10)		
	09.00			
	10.00			
4/5/26	12.00	Neb:- Levaline + 3% NaCl	Nurse	
	13.00	(11)		
	14.00			
	15.00			
	16.00			
4/5/26	18.00	Neb:- Levaline + 3% NaCl	Nurse	
	19.00			
	20.00	(12)		
	21.00			
	22.00			
	23.00			

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 11 D (F)
 Dr. S TEJASWI REDDY

5th hourly levofln 0.3mg nebs



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/05/26	00.00	Neb! - levofln 0.3mg		
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
03/05/26	06.00	Neb! - levofln 0.3mg		
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
03/05/26	12.00	Neb! - Levofln 0.3mg		
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
03/05/26	18.00	Neb! - Levofln 0.3mg		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			



2/5/26
 ①

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
2/5/26	00.00	Neb: Levolin ①	②	③
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
2/5/26	06.00	Neb: Levolin ②	③	④
	07.00			
	08.00			
	09.00			
	10.00		④	
	11.00			④
2/5/26	12.00	Neb: Levolin ③		④
	13.00			97557.
	14.00			
	15.00			
	16.00			
	17.00			
2/5	18.00	Neb: Levolin ④		
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 12 D (F)
 Dr. S TEJASWI REDDY



4



INTENSIVE CARE UNIT

CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: A+ve Sheet No: 4
 Gest Age: 32 weeks Birth Weight: 1.440 kgs

Date: <u>04/05/26</u>	Date: <u>05/5/26</u>	Date: <u>06/5/26</u>
DOL <u>D13</u> Weight <u>1.340 kgs</u>	DOL <u>D14</u> Weight <u>1.380 ↑ 40gms</u>	DOL <u>D15</u> Weight <u>1.420 ↑ 40gms.</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS.</u>
Rs. <u>30-60</u> Exam <u>Done</u> Vent. Setting <u>ventilator</u> ABG <u>Done</u> CXR <u>sos</u>	Rs. <u>30-60</u> Exam <u>Done</u> Vent. Setting <u>NIV</u> ABG <u>sos</u> CXR <u>sos</u>	Rs. <u>30-60</u> Exam <u>done.</u> Vent. Setting <u>HFNC.</u> ABG <u>sos</u> CXR <u>sos</u>
CVS <u>Normal</u> HR <u>120-160 bpm</u> BP <u>64/39</u> Map <u>(48)</u> Cap Refil <u>↳ 2 sec</u>	CVS <u>Normal</u> HR <u>120-160 bpm</u> BP <u>53/41</u> Map <u>(35)</u> Cap Refil <u>↳ 2 sec</u>	CVS <u>Normal</u> HR <u>120-160 bpm</u> BP <u>75/42</u> Map Cap Refil <u>↳ 2 sec.</u>
F/E/N T. Fluids <u>1-</u> CC/kg/day I/O/RBS: <u>73 mg/dl.</u> U Output: (CC/kg/hr) Exam <u>Done</u> T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } <u>sos</u>	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>(97 mg/dl)</u> U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } <u>sos</u>	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>Normal.</u> U Output: (CC/kg/hr) Exam T. Bil/D Na Hc03 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } <u>sos.</u>
C/s Results CRP Antibiotics <u>Zicefta</u>	C/s Results CRP Antibiotics <u>Piv amphi-B</u>	C/s Results CRP Antibiotics <u>Enjir + Amphi-B</u>
Med <u>Piv Amphi-B</u>	Med	Med
Neuro: <u>sos</u>	Neuro: <u>sos</u>	Neuro: <u>sos.</u>
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>done.</u>
Plan <u>- GRBS 6th hr</u>	Plan <u>GRBS 6th hr</u>	Plan <u>GRBS 6th hourly.</u>

BY RAINBOW HOSPITAL
Your Right to a Safe Delivery

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: Ave Baby's Blood Group: Ave Sheet No: 5

Gest Age: Birth Weight: 1.440 kgs

Date: <u>07/5/26</u>	Date: <u>08/5/26</u>	Date: <u>09/5/26</u>
DOL <u>D16</u> Weight <u>1.420 kgs</u>	DOL <u>D17</u> Weight <u>1.480 ↑ 60 grms</u>	DOL <u>D18</u> Weight <u>1.480 (s.wt)</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>Nasal prones</u> ABG } <u>SOS</u> CXR } <u>SOS</u>	Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>Room/Air</u> ABG } <u>SOS</u> CXR } <u>SOS</u>	Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>Room air</u> ABG } <u>SOS</u> CXR } <u>SOS</u>
CVS <u>Normal</u> HR <u>120-160 blm</u> BP <u>48/30</u> Map <u>137</u> Cap Refil <u>22 sec</u>	CVS <u>Normal</u> HR <u>120-160 blm</u> BP <u>65/44</u> Map <u>(52)</u> Cap Refil <u>22 sec</u>	CVS <u>Normal</u> HR <u>120-160 blm</u> BP <u>65/44</u> Map <u>(52)</u> Cap Refil <u>22 sec</u>
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>(122 mg/dL)</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea } <u>SOS</u> Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day <u>[85 mg/dL]</u> I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea } <u>SOS</u> Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>[78 mg/dL]</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics <u>Inj: Amphy-B</u>	C/s Results CRP Antibiotics <u>Inj: Amphy-B</u>	C/s Results CRP Antibiotics <u>Inj: Amphy-B</u>
Med Neuro:	Med Neuro:	Med Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment <u>Done</u>
Plan <u>GRBS 6th bag</u>	Plan <u>GRBS BD</u>	Plan <u>GRBS BD</u>

Dr. S. TEJASWI REDDY
SANKLA
070 M 10 D
21-04-2025

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

Maternal Blood Group: A+ve Baby's Blood Group: Sheet No: 2
Gest Age: Birth Weight: 1.440kg

Head: 8.9 mgdl
Chest: 8.3 nge

Date: <u>1/5/26</u>	Date: <u>01/5/26</u>	Date: <u>03/5/26</u>
DOL <u>D10</u> Weight <u>1.320kgs</u>	DOL <u>D11</u> Weight <u>1.340kgs</u>	DOL <u>D12</u> Weight <u>1.340kgs</u>
Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>	Problems: <u>PT/RDS</u>
Rs. <u>30-60blm</u> Exam <u>Done</u> Vent. Setting <u>R/A</u> ABG } <u>SOS</u> CXR } <u>SOS</u>	Rs. <u>30-60blm</u> Exam <u>Done</u> Vent. Setting <u>R/IV</u> ABG } <u>SOS</u> CXR } <u>SOS</u>	Rs. <u>30-60 blm</u> Exam <u>Done</u> Vent. Setting <u>SIMV</u> ABG } <u>SOS</u> CXR } <u>SOS</u>
CVS <u>Normal</u> HR <u>120-160blm</u> BP <u>Map</u> Cap Refil <u>Lxsc</u>	CVS <u>Normal</u> HR <u>120-160blm</u> BP <u>65/42 Map (54)</u> Cap Refil	CVS <u>Normal</u> HR <u>103 but to 136blm</u> BP <u>51/34 Map (54)</u> Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: <u>59mg/dl</u> U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids <u>263.7ml</u> CC/kg/day <u>196.00</u> I/O/RBS: <u>84mg/dl</u> U Output: (CC/kg/hr) Exam <u>140ml 4.35cc</u> T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: <u>46mg/dl</u> U Output: <u>170ml (CC/kg/hr) 528cc</u> Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics <u>inj piptar</u>	C/s Results CRP Antibiotics <u>inj piptar</u>	C/s Results CRP Antibiotics <u>inj piptar</u>
Med <u>inj Ampho-B</u>	Med <u>inj Ampho-B</u>	Med <u>inj Ampho-B</u>
Neuro:	Neuro:	Neuro:
Assessment <u>Done</u>	Assessment <u>Done</u>	Assessment
Plan	Plan	Plan

30/4/26 ✓ Head = 14.5 mg/dl
Chest = 14.7 mg/dl (2)

HNH-00015053 IP26-00006172
Baby Of RACHNA SANKLA
21-04-2026 0 Y 0 M 6 D (F)
Dr. S TEJASWI REDDY



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

Maternal Blood Group: Baby's Blood Group: Sheet No: (2).....

Gest Age: Birth Weight: 1.440 Kg.....

Date: 28/4/26	Date: 29/4/26	Date: 30/4/26
DOL D7 Weight 1.260 ↓ 20gms	DOL D8 Weight 1.200 ↓ 60gms	DOL D9 Weight 1.240 ↑ 40gms
Problems: PT/RDS	Problems: PT/RDS	Problems: PT/RDS
Rs. 30-66 Exam Done Vent. Setting R/A ABG CXR	Rs. 30-60 Exam Done Vent. Setting R/A ABG CXR	Rs. 30-60bpm Exam Done Vent. Setting } SOS ABG CXR
CVS HR 120-160 BP Map Cap Refil	CVS HR 120-160 BP Map Cap Refil	CVS Normal HR 120-160bpm BP 57/45 Map (49) Cap Refil 225cc
F/E/N T. Fluids CC/kg/day I/O/RBS: 6umg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids 207.6 144.1cc CC/kg/day I/O/RBS: 94mg/dl U Output: 180 (CC/kg/hr) 520cc Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics	C/s Results CRP Antibiotics	C/s Results CRP Antibiotics inj. meropenem
Med	Med	Med inj. Ampho-B
Neuro:	Neuro:	Neuro:
Assessment	Assessment	Assessment Done

INTENSIVE CARE UNIT CLINICAL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: Birth Weight: ^{TCS}

Date: 25/11/26	Date: 26/11/26 ^{Head-12.2 Chest-13.7}	Date: 27/11/26
DOL D4 Weight 1.260 kg 1209ms	DOL D5 Weight 1.260 kg	DOL D6 Weight 1.280 kg 1209ms
Problems: PT/POs.	Problems: PT/POs.	Problems: PT/POs.
Rs. 30 bpm Exam done Vent. Setting ABG CXR gas.	Rs. 20-60 bpm Exam done Vent. Setting ABG CXR gas.	Rs. 30-60 bpm Exam done Vent. Setting ABG CXR gas.
CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil	CVS HR 120-160 bpm BP Map Cap Refil
F/E/N T. Fluids CC/kg/day I/O/RBS: 80mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 117mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion	F/E/N T. Fluids CC/kg/day I/O/RBS: 136mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion
C/s Results CRP Antibiotics Inj-PIPTAZ	C/s Results CRP Antibiotics Inj-PIPTAZ	C/s Results CRP Antibiotics Inj-PIPTAZ
Med Inj-Caffeine Neuro:	Med Inj-Caffeine Neuro:	Med Inj-Caffeine Neuro:
Assessment done	Assessment done	Assessment done
Plan CRBS & Phenylephrine	Plan CRBS TID	Plan CRBS TID

①

INTENSIVE CARE UNIT
AL PRESENTATION FORMAT FOR NURSES AND DOCTORS

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

Gest Age: Birth Weight: 1.440 kgs

Date: 22/4/26	Date: 23/4/26	Date: 24/4/26
DOL - D1 Weight 1.360 kgs ↓ 20g	DOL D2 Weight 1.400 kg ↑ 40g	DOL D3 Weight 1.380 ↓ 20 gm
Problems: PT/RD	Problems: PT/RDS	Problems: PT/RDS
Rs. 30-60 b/m Exam DONE Vent. Setting NIV ABG } SOS CXR }	Rs. 30-60 b/m Exam Rche Vent. Setting NIV ABG } SOS CXR }	Rs. 30-60 b/m Exam DONE Vent. Setting RIA ABG CXR
CVS Normal HR 120 to 160 b/m BP 60/53 Map 55 Cap Refil Cum	CVS Normal HR 120-160 b/m BP Map Cap Refil < 2 sec	CVS HR 120-160 b/m BP Map Cap Refil < 2 sec
F/E/N T. Fluids 90-1 ml CC/kg/day 62.5 cc/kg/day I/O/RBS: 159 mg/dl U Output: 68 ml (CC/kg/hr) 2.7 cc/kg Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } SOS	F/E/N T. Fluids CC/kg/day I/O/RBS: 76 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } SOS	F/E/N T. Fluids CC/kg/day I/O/RBS: 40 mg/dl U Output: (CC/kg/hr) Exam T. Bil/D Na HcO3 K BUN Cl Crea Hemat HB: WCC Plats Transfusion } SOS
C/s Results CRP Antibiotics Inj: piptaz	C/s Results CRP Antibiotics Inj. piptaz	C/s Results CRP Antibiotics Inj. - PIPTAZ
Med Inj: caffeine.	Med Inj. caffeine.	Med Inj. Caffeine
Neuro:	Neuro:	Neuro:
Assessment done.	Assessment done	Assessment done
Plan GRBS - BD	Plan GRBS - BD	Plan Cess 6th hourly

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



BRADEN 'Q' SCALE 8

					Date :	8/5	8/5	8/5	8/5
					Time :	11	11	11	11
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	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	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	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	3
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	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	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	3
					TOTAL SCORE	21	21	21	21
					Evaluator's Name	SA	SA	SA	SA

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

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

BRADEN 'Q' SCALE

7



					Date :	5/5/25	6/5/25	7/5/25
					Time :	12	15	15
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
"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
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
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
FRICION-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
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
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
TOTAL SCORE						21	21	21
Evaluator's Name						[Signature]	[Signature]	[Signature]

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

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



BRADEN 'Q' SCALE

6

					Date:	24	4/5/26	4/5	5/5
					Time:	10:15	Mu	n/1	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	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	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent body 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					<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	

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

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

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 10 D (F)
 Dr. S TEJASWI REDDY

5

BRADEN 'Q' SCALE



Date: 1/5/26 1/5/26 2/5/26
 Time: 11:45 AM 11:45 AM 11:45 AM

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

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

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



②

BRADEN 'Q' SCALE

					Date :	21/4	29/4	30/4	
					Time :	MS	PL	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	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	
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	
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	
FRICION-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	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	
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	
TOTAL SCORE						21	21	21	
Evaluator's Name						<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	

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

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

BRADEN 'Q' SCALE

					Date :	27/4/24	27/4	28/4	28/4
					Time :	NS	NS	NS	NS
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	
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3	
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3	
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3	
Severe Risk : less than 9 High Risk : 10-12 Moderate Risk : 13-14 Mild Risk : 15-18 Not at Risk: 19-23					TOTAL SCORE	21	21	21	21
Docu. No. : RCH /FRM / CLINICAL / 119					Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

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



2

BRADEN 'Q' SCALE

		Date : 23/4 24/4 24/4 25/4						
		Time : 7/6 8/6 10/6 11/6						
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	2	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
FRICION-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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
TOTAL SCORE					21	21	21	21
Evaluator's Name					Sky	De	De	De

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

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

BRADEN 'Q' SCALE

		Date : 21/4						
		Time : 10:21 AM						
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
FRICITION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	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 of meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
TOTAL SCORE					21	21	21	21
Evaluator's Name					TS	TS	TS	TS

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


NPASS: Neonatal Pain, Agitation & Sedation Scale

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



3

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

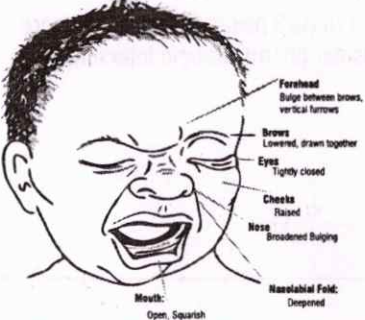
Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	15/26	15/26	15/26	21/3/25	4/5/24	4/5/24	5/5/25	5/5/25	
							Time	Time	Time	Time	Time	Time	Time	Time
						M 5	N 2	M 5	N 2	M 5	M 4	N 1	E 2	M 5
	Procedure →													
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	-	-	NA	NA	NA	NA	NA	NA	NA
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	-	-	NA	NA	NA	NA	NA	NA	NA
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	-	-	NA	NA	NA	NA	NA	NA	NA
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	-	-	NA	NA	NA	NA	NA	NA	NA
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	-	-	NA	NA	NA	NA	NA	NA	NA
 <p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 - No Intervention Pain Score greater than 3 - Intervention</p>	Gestational Age / Corrected Age	30 weeks + 2 days	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	30 weeks	
	Total Pain / Agitation Score	-	-	-	-	-	-	-	-	-	-	-	-	
	Intervention	-	-	-	-	-	-	-	-	-	-	-	-	
	Effectiveness	-	-	-	-	-	-	-	-	-	-	-	-	
	Signature													

NPASS: Neonatal Pain, Agitation & Sedation Scale

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



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	26/4	26/4	27/4	27/4	28/4	29/4	29/4	30/4	
						Time	Time	Time	Time	Time	Time	Time	Time	
						E2	N1	mb	N1	G2	M5	N1	M6	N1
	Procedure →					-	-	-	-	-	-	-	-	-
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA	NA
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA	NA
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA	NA	NA
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age					Gestational Age / Corrected Age	30+ weeks	30+ weeks	30+ weeks	30+ weeks	30+ weeks	30+ weeks	30+ weeks	30+ weeks
	Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 - No Intervention Pain Score greater than 3 - Intervention					Total Pain / Agitation Score	-	-	-	-	-	-	-	-
						Intervention	-	-	-	-	-	-	-	-
						Effectiveness	-	-	-	-	-	-	-	-
						Signature	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

NPASS: Neonatal Pain, Agitation & Sedation Scale

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



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date							
	-2	-1	0	1	2	21/4	21/4	22/4	22/4	23/4	23/4	24/4	25/4	26/4						
						Time	Time	Time	Time	Time	Time	Time	Time	Time						
						5	NI	MS	NI	M6	5	MS	MS	M6						
						Procedure →									-	-	-	-	-	-
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	DA	NA	NA	NA	NA	NA	NA						
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	WA	NA	DA	NA	NA	NA	NA	NA	NA						
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	DA	NA	NA	NA	NA	NA	NA						
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	DA	NA	NA	NA	NA	NA	NA						
Vital Signs HR, RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	DA	NA	DA	NA	NA	NA	NA	NA	NA						
<p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 - No Intervention Pain Score greater than 3 - Intervention</p>	Gestational Age / Corrected Age	30w	30+ 6week	30w	30+ 6week	30w	30+ 6week	30w	30+ 6week	30w	30+ 6week	30w	30+ 6week							
	Total Pain / Agitation Score	-	-	-	-	-	-	-	-	-	-	-	-							
	Intervention	-	-	-	-	-	-	-	-	-	-	-	-							
	Effectiveness	-	-	-	-	-	-	-	-	-	-	-	-							
	Signature																			

3

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	4/5/26 DAY-1			DAY-2			7/5/26 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	NA	NA	NA	0	0	NA	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	NA	NA	NA	0	0	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	NA	NA	NA	NA	NA	0	0	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	NA	NA	NA	NA	NA	0	0	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	NA	NA	NA	NA	NA	0	0	NA	
Signature of the Nurse				5/2	0	0	0	0	0	0	0	0	

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

Signature of Shift In Charge :

Signature : [Signature] Name : Nirmala

Signature of Ward In Charge :

Signature : [Signature] Name : Bhavani


9

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	30/4 DAY-1			1/5/26 DAY-2			3/5/ DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	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	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	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	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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	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 : Nishu

Signature of Ward In Charge :

Signature :  Name : Shavani



30

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	21/4/26 DAY-1			28/4/26 DAY-2			29/4/26 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0		
Signature of the Nurse				[Signature]			[Signature]			[Signature]			

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

Signature of Shift In Charge :

Signature : [Signature] Name : Nirmala

Signature of Ward In Charge :

Signature : [Signature] Name : Balaji



②

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	24/4 DAY-1			25/4 DAY-2			26/4 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	NA	NA	NA	0	0	0	0	0		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	NA	NA	NA	0	0	0	0	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	NA	NA	NA	0	0	0	0	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	NA	NA	NA	0	0	0	0	0		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	NA	NA	NA	0	0	0	0	0		
Signature of the Nurse				[Signature]			[Signature]			[Signature]			

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

Signature of Shift In Charge :

Signature : [Signature] Name : [Signature]

Signature of Ward In Charge :

Signature : [Signature] Name : [Signature]

11

CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	DAY-1 21/4			DAY-2 22/4			DAY-3 23/4			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	NA	0			0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2		0	NA	0			0	0	0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3		0	NA	0			0	0	0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4		0	NA	0			0	0	0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cordpyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5		0	NA	0			0	0	0	
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : AB Name : Nirmala

Signature of Ward In Charge :

Signature : B Name : Bhavani

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>PT/RDS.</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<u>4/5/26</u>	<u>5/5/26</u>	<u>5/5/26</u>	<u>5/5</u>	<u>5/5</u>	<u>6/5/26</u>	
	Shift	<u>M</u>	<u>M6</u>	<u>E2</u>	<u>AM</u>	<u>M5</u>	<u>M1</u>	
	Medical Condition (Any special condition to be noted):	<u>PT</u>	<u>PT</u>	<u>PT</u>	<u>PT/RDS</u>	<u>PT/RDS</u>	<u>PT/RDS</u>	
Diet:		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>NIV</u>	<u>CPAP</u>	<u>CPAP</u>	<u>CPAP</u>	<u>CPAP</u>	<u>NP</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.5</u>	<u>36.6</u>	<u>36.6</u>	<u>36.6</u>	<u>36.6</u>	<u>36.6</u>
		Res:	<u>47</u>	<u>30b/m</u>	<u>22b/m</u>	<u>29b/m</u>	<u>34b/m</u>	<u>37b/m</u>
		SpO ₂ :	<u>99</u>	<u>97</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
		Pulse:	<u>137</u>	<u>125b/m</u>	<u>128b/m</u>	<u>128</u>	<u>152b/m</u>	<u>129b/m</u>
		BP:	<u>48/36</u>	<u>58/42</u>	<u>59/42</u>	<u>68/42</u>	<u>69/39</u>	<u>60/33</u>
		LOC:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Pain Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Skin Integrity	<u>-</u>	<u>antect</u>	<u>Intec</u>	<u>Int</u>	<u>yes</u>	<u>yes</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>dependent</u>	<u>Depend</u>	<u>dependent</u>	<u>depend</u>	<u>depend</u>		
Post Operative Procedure Special Orders:		<u>N/A</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :		<u>Srinivasa</u>	<u>Nirmala</u>	<u>Laxmi</u>	<u>Dheer</u>	<u>Laxmi</u>	<u>Saipriya</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>5/5/26</u>	<u>5/5/26</u>	<u>5/5/26</u>	<u>5/5</u>	<u>6/5</u>	<u>7/5/26</u>	
Time:		<u>8AM</u>	<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	
Taken Over By Name :		<u>Nirmala</u>	<u>Laxmi</u>	<u>Dheer</u>	<u>Laxmi</u>	<u>Saipriya</u>	<u>Nikitha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>5/5/26</u>	<u>5/5/26</u>	<u>5/5</u>	<u>5/5</u>	<u>6/5</u>	<u>7/5/26</u>	
Time:		<u>8AM</u>	<u>2pm</u>	<u>8pm</u>	<u>8AM</u>	<u>8pm</u>	<u>8pm</u>	



3

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>PT/ RDS</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify:				
BACKGROUND	Date	<u>1/5/26</u>	<u>1/6/26</u>	<u>2/5/26</u>	<u>2/5/26</u>	<u>3/5/26</u>	
	Shift	<u>M5</u>	<u>N5</u>	<u>M5</u>	<u>N5</u>	<u>M5</u>	
BACKGROUND	Medical Condition (Any special condition to be noted):			<u>PT</u>		<u>PT</u>	
	Diet:	-	-	-	-	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>venti</u>	<u>venti</u>	<u>venti</u>	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.2°C</u>	<u>36.4</u>	<u>36.4°C</u>	<u>36.6</u>	<u>36.6°C</u>
		Res:	<u>35</u>	<u>24b/m</u>	<u>35b/m</u>	<u>30b/m</u>	<u>46b/m</u>
		SpO ₂ :	<u>99</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>98%</u>
		Pulse:	<u>140</u>	<u>130b/m</u>	<u>140b/m</u>	<u>140b/m</u>	<u>155b/m</u>
		BP:	<u>55/38</u>	<u>55/45</u>	<u>48/36</u>	-	<u>55/38</u>
		LOC:	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	
Pain Score:	-	-	<u>+</u>	-	-		
Skin Integrity	-	-	-	-	-		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	-	-	-	-	-	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	
Post Operative Procedure Special Orders:	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
Handed Over By Name :	<u>Ranjana</u>	<u>Rahim</u>	<u>Larun</u>	<u>Rahim</u>	<u>Larun</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>1/5/26</u>	<u>2/5/26</u>	<u>2/5/26</u>	<u>2/5/26</u>	<u>4/5/26</u>		
Time:	<u>3pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8pm</u>		
Taken Over By Name :	<u>Rahim</u>	<u>Larun</u>	<u>Rahim</u>	<u>Larun</u>	<u>Suman</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>2/5/26</u>	<u>2/5/26</u>	<u>2/5/26</u>	<u>3/5/26</u>	<u>4/5/26</u>		
Time:	<u>5pm</u>	<u>8pm</u>	<u>8pm</u>	<u>8am</u>	<u>5pm</u>		

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area	28/4/26 NI	29/4/26 M5	29/4/26 NI	30/4/26 M6	30/4 E2	30/4 NI	
	Shift Time							
	Medical Condition (Any special condition to be noted):	✓	-	-	-	-	✓	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	36.5°C	36.5°C	36.4°C	36.6°C	36.6°C	36.6°C
		Res:	50 bpm	25 bpm	43 bpm	50 bpm	50 bpm	30 bpm
		SpO ₂ :	100%	100%	100%	100%	100%	99%
		Pulse:	121 bpm	168 bpm	129 bpm	126 bpm	128 bpm	133 bpm
		BP:	-	-	62/50	-	-	-
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-		
Recommendations	Safety Needs:	Yes	Yes	Yes	Yes	Yes	Yes	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	-	-	-	-	-	-	
	Post Operative Procedure Special Orders:	-	-	-	-	-	-	
	Handed Over By Name :	Nikitha	Saijanvi	Prasanna	Saijanvi	Dhu	Sunita	
	Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
	Date:	29/4/26	29/4/26	30/4/26	30/4/26	30/4	12/26	
	Time:	8 AM	8 PM	8 PM	8 PM	8 PM	8 AM	
	Taken Over By Name :	Saijanvi	Laxmi	Saijanvi	Dhu	Sunita	Sunita	
	Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
	Date:	29/4/26	29/4/26	30/4/26	30/4	30/4	30/4	
	Time:	8 AM	8 PM	8 AM	2 PM	8 PM	8 AM	



2

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: PT / RDS		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	BACKGROUND	Area	Shift Time	26/4/26 E2	26/4/26 N1	27/4/26 M2	27/4/26 E2	27/4/26 N1	28/4 E2
Medical Condition (Any special condition to be noted):	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.5°C	36.6°C
		Res:	42b/m	43b/m	49b/m	42b/m	48b/m	48b/m	48b/m
		SpO ₂ :	100%	99%	98%	100%	100%	100%	100%
		Pulse:	133	135	140b/m	137b/m	117	117	137b/m
	BP:				60/36(mm)	74/51	74/51	62/57	
Fall Risk Score:	-	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-	-		
Recommendations	Safety Needs:	yes	yes	yes	yes	yes	yes	yes	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Other Special Orders / Medications:	-	-	-	-	-	-	-	
Post Operative Procedure Special Orders:	-	-	-	-	-	-	-		
Handed Over By Name :	Laxmipras	Dhayanabhi	Seepriya	prasane	Nikitha	Dhanu			
Signature :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			
Date:	26/4/26	27/4/26	27/4/26	27/4/26	28/4/26	28/4			
Time:	8pm	8AM	2pm	8pm	8AM	8pm			
Taken Over By Name :	Dhayanabhi	Seepriya	prasane	Nikitha		Nikitha			
Signature :	[Signature]	[Signature]	[Signature]	[Signature]		[Signature]			
Date:	26/4/26	27/4/26	27/4/26	27/4/26		27/4/26			
Time:	8pm	8am	2pm	8pm		8pm			



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Area	25/4 All	24/6 MS	24/4 All	25/4/26 MS	25/4 All	26/4/26 M6	
BACKGROUND	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	36.6°C	36.4	36.6°C	36.5°C	36.6°C	36.5°C
		Res:	40b/m	20bpm	40b/m	38bpm	50b/m	43b/m
		SpO ₂ :	100%	100%	100%	64(40/42)	95/95	100%
		Pulse:	140b/m	143bpm	142b/m	130bpm	140b/m	150b/m
		BP:	63/46	-	-	-	-	-
Fall Risk Score:	-	-	-	-	-	-		
Pain Score:	-	-	-	-	-	-		
Recommendations	Safety Needs:	-	-	-	-	-	-	
	Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:	-	-	-	-	-	-	
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Special Orders / Medications:		-	-	-	-	-	-	
Post Operative Procedure Special Orders:		-	-	-	-	-	-	
Handed Over By Name :		Dhu	Kaishf	Dhu	Prasanne	Dhu	Saipriya	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		25/4	24/4/26	25/4	25/4/26	26/4	26/4/26	
Time:		8am	8pm	8am	8pm	8am	2pm	
Taken Over By Name :		Kaishf	Dhu	Prasanne	Dhu	Saipriya	Laxipras	
Signature :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		24/4/26	25/4	25/4/26	25/4	26/4/26	26/4/26	
Time:		8am	8am	8am	8am	8am	2pm	

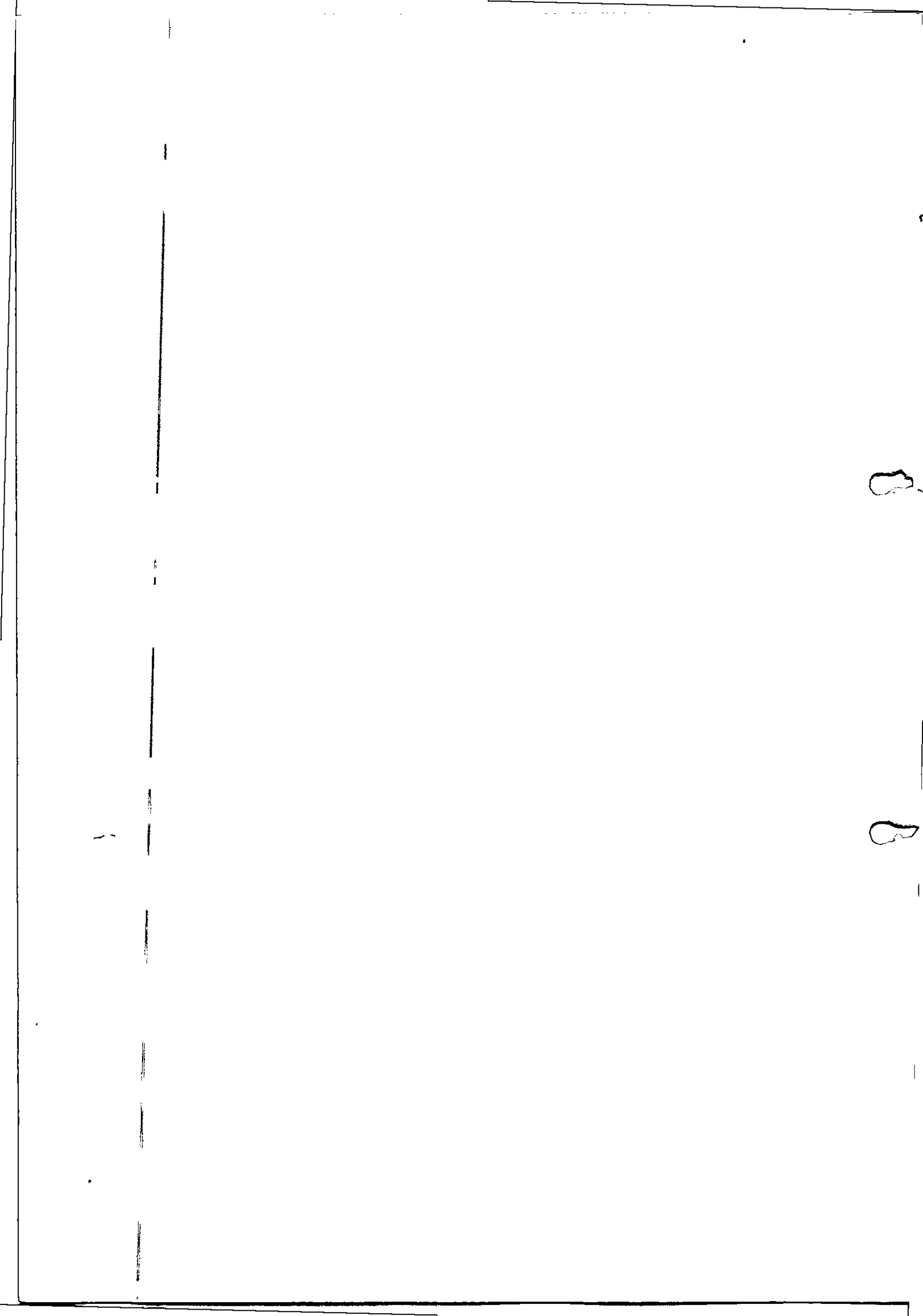


1

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: PT/RDS		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	BACKGROUND	Area	Shift Time	21/4/26 NL	21/4/26 N1	22/4/26 N5	22/4 AV	23/4/26 M6	23/4/26 E2
Medical Condition (Any special condition to be noted):			PT/RDS	PT/RD	PT/RD	PT/RD	PT/RD	PT/RD	PT/RD
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Tubes/Drains/Catheter:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:		36.6°C	36.4°C	36.4°C	36.6°C	36.5°C	36.5°C
		Res:		53b/m	60	44	48	32b/m	40b/m
		SpO ₂ :		100%	98%	100%	100%	100%	99%
		Pulse:		158b/m	131	129	140	146b/m	140b/m
		BP:		42/27	60/53	67/40	62/40	77/51 (58)	60/53
Fall Risk Score:		-	-	-	-	-	-		
Pain Score:		-	-	-	-	-	-		
Recommendations	Safety Needs:		yes	Yes	yes	yes	yes	Yes	
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Others Specify:		-	-	-	-	-	-	
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Other Special Orders / Medications:		-	NA	NA	NA	NA	NA	NA	
Post Operative Procedure Special Orders:		-	NA	NA	NA	NA	NA	NA	
Handed Over By Name :			Leenu	Rangya	Leenu	Dheer	Prasanna	Neeraj	
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:			21/4/26	22/4/26	22/4/26	23/4	23/4/26	23/4/26	
Time:			8pm	8pm	8pm	5pm	2pm	8pm	
Taken Over By Name :			Rangya	Dheer	Dheer	Prasanna	Neeraj	Dheer	
Signature :			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:			21/4/26	21/4	22/4	23/4/26	23/4/26	23/4	
Time:			8pm	5pm	5pm	8am	8pm	8pm	



Inpatient

RAINBOW CHILDRENS HOSPITAL HIMAYATANAGAR

First Name: Baby Of RACHNA

Sample Type:

Sample ID: HN260072760004

Last Name: SANKLA

Department:

Run Time: 29/04/2026 07:11

Gender: Female

Patient ID: 6798

Age: 8 Day

Diagnosis:

Parameter	Result	Ref. Range	Unit
1 WBC	11.89	4.00-20.00	10 ³ /uL
2 Neu%	46.9	40.0-80.0	%
3 Lym%	36.7	10.0-60.0	%
4 Mon%	14.6 ↑	3.0-13.0	%
5 Eos%	1.6	0.5-5.0	%
6 Bas%	0.2	0.0-1.0	%
7 Neu#	5.58	1.60-16.00	10 ³ /uL
8 Lym#	4.36	0.40-12.00	10 ³ /uL
9 Mon#	1.74	0.12-2.50	10 ³ /uL
10 Eos#	0.19	0.02-0.80	10 ³ /uL
11 Bas#	0.02	0.00-0.20	10 ³ /uL
12 *ALY#	0.24 ↑	0.00-0.20	10 ³ /uL
13 *ALY%	2.0	0.0-2.0	%
14 *LIC#	0.24 ↑	0.00-0.20	10 ³ /uL
15 *LIC%	2.0	0.0-2.5	%
16 *NRBC#	0.000	0.000-9999.999	10 ³ /uL
17 *NRBC%	0.00	0.00-9999.99	%
18 RBC	5.59	3.50-7.00	10 ⁶ /uL
19 HGB	19.7	17.0-20.0	g/dL
20 HCT	54.6	38.0-68.0	%
21 MCV	97.7	95.0-125.0	fL
22 MCH	35.3	30.0-42.0	pg
23 MCHC	36.1 ↑	30.0-34.0	g/dL
24 RDW-CV	14.5	11.0-16.0	%
25 RDW-SD	57.8 ↑	35.0-56.0	fL
26 PLT	34 ↓	100-300	10 ³ /uL
27 MPV	9.9		fL
28 PDW-SD	16.9		fL
29 PDW-CV	16.6		%
30 PCT	0.034		%
31 *LCR	34.5		%
32 *LCC	12		10 ³ /uL

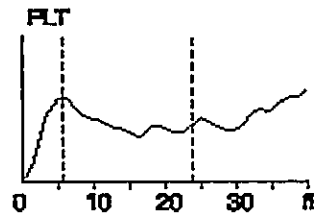
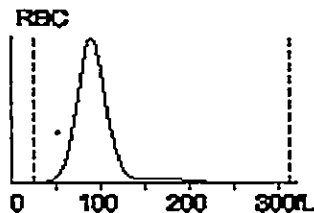
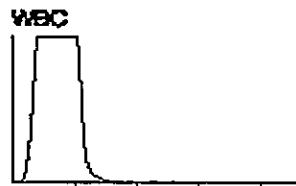
WBC Message

Immature granulocytes ?
Leucocytosis
Lymphocytosis
Monocytosis

RBC Message

PLT Message

Abn. PLT Distr
Thrombocytopenia



*** means "Research use only, not for diagnostic use".

Submitter:

Operator: admin

Approver: admin

Sampling Time: 29/04/2026 07:10

Delivery Time: 29/04/2026 07:10

Validated Time: 29/04/2026 07:24

Report Time: 29/04/2026 07:24

Remarks:

*The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours.



2

TOTAL PARENTERAL NUTRITION (TPN) CHART



Patient Name : B/O Rachana Sankla
 Current (Maximum) Weight : 1.380 kg
 Fluid : 160 ml / kg / day
 Feed : 48 ml ml / kg / day
 Others : ml / kg / day
 TPN Fluid : 12.5% 850 - P.

Date : 5/5/26
 UHID. NO:

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	<u>2</u> g/kg	<u>2.76g</u>	<u>14ml</u>	
Protein / Aminoveni 10, 1g=10ml	<u>3.5</u> g/kg	<u>4.83g</u>	<u>48.3ml</u>	
3% NaCl (1ml = 0.5 mEq)	mEq/kg			
KCL	mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	ml/kg			
MVI	<u>1.38</u> 1 ml/kg	<u>1.2ml</u>	<u>1.04ml</u>	
CELECEL (Trace Elements)	1 ml/kg			
MgSo4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose				
25% Dextrose				
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

Proteins

Fats

Name : Dr. Naipunya
 Signature : [Signature]
 Date & Time : 5/5



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>PT/RDS/sepsis</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	<u>12/5/26</u>	<u>13/5/26</u>	<u>13/5/26</u>	<u>14/5/26</u>	<u>15/5/26</u>	<u>16/5/26</u>	
	Shift	<u>NI</u>	<u>MS</u>	<u>NI</u>	<u>MS</u>	<u>NI</u>	<u>MS</u>	
	Medical Condition (Any special condition to be noted):	<u>RDS</u>	<u>RDS</u>	<u>RDS</u>	<u>RDS</u>	<u>RDS</u>	<u>RDS</u>	
Diet:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RIA</u>	<u>RIA</u>	<u>RIA</u>	<u>RIA</u>	<u>RIA</u>	<u>RIA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.6°C</u>	<u>36.5°C</u>	<u>36.5°C</u>	<u>36.5°C</u>	<u>36.6°C</u>	<u>36.5°C</u>
		Res:	<u>26 bpm</u>	<u>24 bpm</u>	<u>50 bpm</u>	<u>34 bpm</u>	<u>34 bpm</u>	<u>53 bpm</u>
		SpO ₂ :	<u>98%</u>	<u>95%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>94%</u>
		Pulse:	<u>154</u>	<u>146</u>	<u>167</u>	<u>168</u>	<u>168</u>	<u>164</u>
		BP:	<u>50/38</u>	<u>51/31(60)</u>	<u>64/36</u>	<u>79/52</u>	<u>76/49</u>	<u>69/43(52)</u>
		LOC:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Pain Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Skin Integrity	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Handed Over By Name :	<u>N. Nikitha</u>	<u>Saipriya</u>	<u>N. Nikitha</u>	<u>Ch. Dheeraj</u>	<u>Ch. Dheeraj</u>	<u>Saipriya</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>13/5/26</u>	<u>13/5/26</u>	<u>14/5/26</u>	<u>14/5/26</u>	<u>15/5/26</u>	<u>16/5/26</u>		
Time:	<u>8 AM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>8 PM</u>		
Taken Over By Name :	<u>Saipriya</u>	<u>N. Nikitha</u>	<u>Saipriya</u>	<u>Ch. Dheeraj</u>	<u>Saipriya</u>	<u>Tyotha</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>13/5/26</u>	<u>13/5/26</u>	<u>14/5/26</u>	<u>14/5/26</u>	<u>16/5/26</u>	<u>18/5/26</u>		
Time:	<u>2:5 AM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>18/5/26</u>		

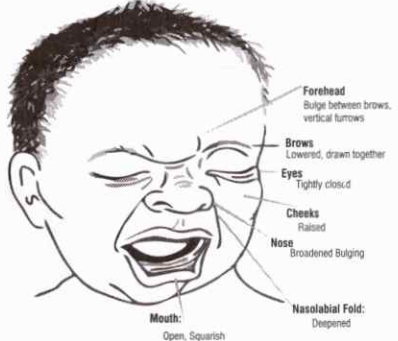


NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: RDS		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:			
	Surgery / Procedure:		Post OP Day:			
BACKGROUND	Date	17/5/26 MS	18/5/26 MS	18/5/26 MS	19/5/26 MS	20/5/26
	Shift					
	Medical Condition (Any special condition to be noted):	RDS	RDS	RDS	RDS	RDS
ASSESSMENT	Diet:	-	-	-	-	-
	Allergy:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	-	-	-	-	-
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: 36.5	36.6°C	36.5°C	36.5°C	36.5°C
	Res: 56	36 bpm	41 bpm	30 bpm	26 bpm	36 bpm
	SpO ₂ : 97%	100%	96%	100%	95%	96%
	Pulse: 162	130 bpm	142 bpm	145 bpm	143 bpm	151 bpm
	BP: 61/35	67/42	63/35		60/49	70/40/50
	LOC: -	-	-	-	-	-
Fall Risk Score: -	-	-	-	-	-	
Pain Score: -	-	-	-	-	-	
Skin Integrity: -	-	-	-	-	-	
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Physiotherapy:	-	-	-	-	-
	Others Specify:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	-	-	-	-	-
	Critical Lab Test / Values:	-	-	-	-	-
	Other Special Orders / Medications:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ADL (Dependent / Non Dependent):	-	-	-	-	-
Post Operative Procedure Special Orders:	-	-	-	-	-	
Handed Over By Name :	Shivalak	Jyotika	Nirmal	Nirmal	Nirmal	Jyotika
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	17/5/26	18/5/26	19/5/26	19/5/26	20/5/26	20/5/26
Time:	8pm	2pm	8am	8am	8am	8pm
Taken Over By Name :	Jyotika	Nirmal	Jyotika	Nirmal	Nirmal	[Signature]
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Date:	18/5/26	18/5/26	19/5/26	20/5/26	20/5/26	20/5/26
Time:	8am	8pm	8am	8pm	8pm	2pm



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	19/5/26	20/5/26	20/5/26	21/5/26	21/5/26	22/5/26	22/5/26	23/5/26	23/5/26	
						Time	Time	Time	Time	Time	Time	Time	Time	Time	
						8pm	8am	82	NI	MS	NI	MS	NI	MS	
					Procedure →	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	0	0	0	0	0	0	0	0	0	
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	0	0	0	0	0	0	0	0	0	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	0	0	0	0	0	0	0	0	0	
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	0	0	0	0	0	0	0	0	0	
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	0	0	0	0	0	0	0	0	0	
 <p>Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age</p> <p>Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention</p>	Gestational Age / Corrected Age	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	34 ^{1/2} weeks	
	Total Pain / Agitation Score	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Intervention	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Effectiveness	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Signature	Alina	Zy	AL	IS	AL	AL	AL	AL	AL	AL	AL	AL	AL	AL

NPASS: Neonatal Pain, Agitation & Sedation Scale

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



BRADEN 'Q' SCALE

					Date :	18/5	19/5	20/5	21/5	20/6
					Time :	8 AM	6 PM	8 AM	8 AM	8 AM
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	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	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	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	3
FRICION-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	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	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	3
					TOTAL SCORE	21	21	21	21	21
					Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

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

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

NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 27 D (F)
 r. S TEJASWI REDDY

BRADEN 'Q' SCALE



Date : 22/04/2026 9:15 AM
 Time : 11:15 AM

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
FRICION-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 of 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

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

TOTAL SCORE	21	21	21	21
Evaluator's Name	[Signature]	[Signature]	[Signature]	[Signature]

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



20



CHECKLIST FOR THROMBOPHLEBITIS

17/5/26. 28/9/25 19/2/25

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	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0	0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0	0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0	0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0	0	
Signature of the Nurse				[Signature]			[Signature]			[Signature]			

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

Signature of Shift In Charge :
 Signature : [Signature] Name : Shiraleale

Signature of Ward In Charge :
 Signature : [Signature] Name : Bhawan

HNH-00015053 IP26-00006172
 Baby Of RACHNA SANKLA
 21-04-2026 0 Y 0 M 27 D (F)
 Dr. S TEJASWI REDDY



4



CHECKLIST FOR THROMBOPHLEBITIS

20/5/26

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	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	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	0	0	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	0	0	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	0	0	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 cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	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 : Nimale

Signature of Ward In Charge :
 Signature : Name : Shavani



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date: 17/5/26

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

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

Patient Sticker



CHECKLIST FOR MAINTAINING CPAP / HFNC / NIV

Date:

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

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

2

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	13/5/26 NI	14/5/26 ms	15/5/26 ms	16/5/26 NI	17/5/26	18/5/26	19/5/26
Can we remove Central Line today (Discuss in the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blood at insertion site (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any peeling of dressing? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is dressing clean and dry? (If no inform the doctor)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dressing intact and labelled properly			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on			—	—	—	—	—	—	—
Name of the Nurse			Nitha	Shibul	Shibul	Shibul	Shibul	Jyoti	Jyoti
Signature of the Nurse									



53

CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: Duration of Central Line:

- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	19/5/26 NI	20/5/26 NI	20/5/26 NI	21/5 NTS	21/5/26 NI	22/5/26 NTS	23/5 NI
Can we remove Central Line today (Discuss in the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor))			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blood at insertion site (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any peeling of dressing? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is dressing clean and dry? (If no inform the doctor)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dressing intact and labelled properly			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on			—	—	—	—	—	—	—
Name of the Nurse			Nigmal	Jyoti	Nigmal	Lavi	Shikha	Lavi	Shikha
Signature of the Nurse			[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]



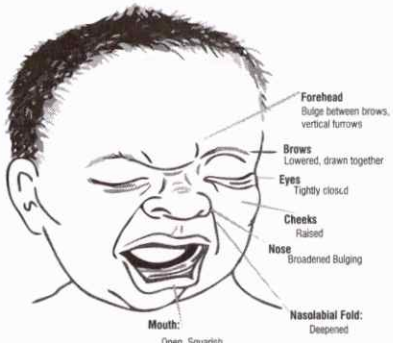
BRADEN 'Q' SCALE

					Date :	14/5	25/5	15/5	16/5
					Time :	11:5	12:5	12:1	12:5
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		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
FRICION-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	S	R	S	R

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

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

NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date	
	-2	-1	0	1	2	Time	Time	Time	Time	Time	Time	Time	Time	
						12/5/26	12/5/26	13/5/26	14/5/26	15/5/26	15/5/26	16/5/26	16/5/26	
						E2	NI	MS	NI	MS	MS	NI	MS	
						Procedure →								
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA	
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA	NA	
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA	
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA	NA	
Vital Signs HR RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	NA	NA	NA	
	Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention					Gestational Age / Corrected Age	34+2 wks	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks	34+2 weeks
	Total Pain / Agitation Score	-	-	-	-	-	-	-	-	-	-	-	-	
	Intervention	-	-	-	-	-	-	-	-	-	-	-	-	
	Effectiveness	-	-	-	-	-	-	-	-	-	-	-	-	
	Signature													

NPASS: Neonatal Pain, Agitation & Sedation Scale

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



1

CHECKLIST FOR THROMBOPHLEBITIS

12/5/26 13/5/26

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	11/5/26 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	0	0	0	
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0	0	
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0	0	
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0	0	
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0	0	
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0	0	
Signature of the Nurse				S			S			S			

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 : Bhavani Name : [Signature]

Signature of Ward In Charge :

Signature : Nirmala Name : Nirmala



2

CHECKLIST FOR THROMBOPHLEBITIS

14/5/26 15/5/26 15/5/26

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	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0		
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	0	0	0	0	0	0	0		
Signature of the Nurse													

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

Signature of Shift In Charge :
 Signature : Name :

Signature of Ward In Charge :
 Signature : Name :

NH-00015053 IP26-00006172
 sby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 15 D (F)
 r. S TEJASWI REDDY

2

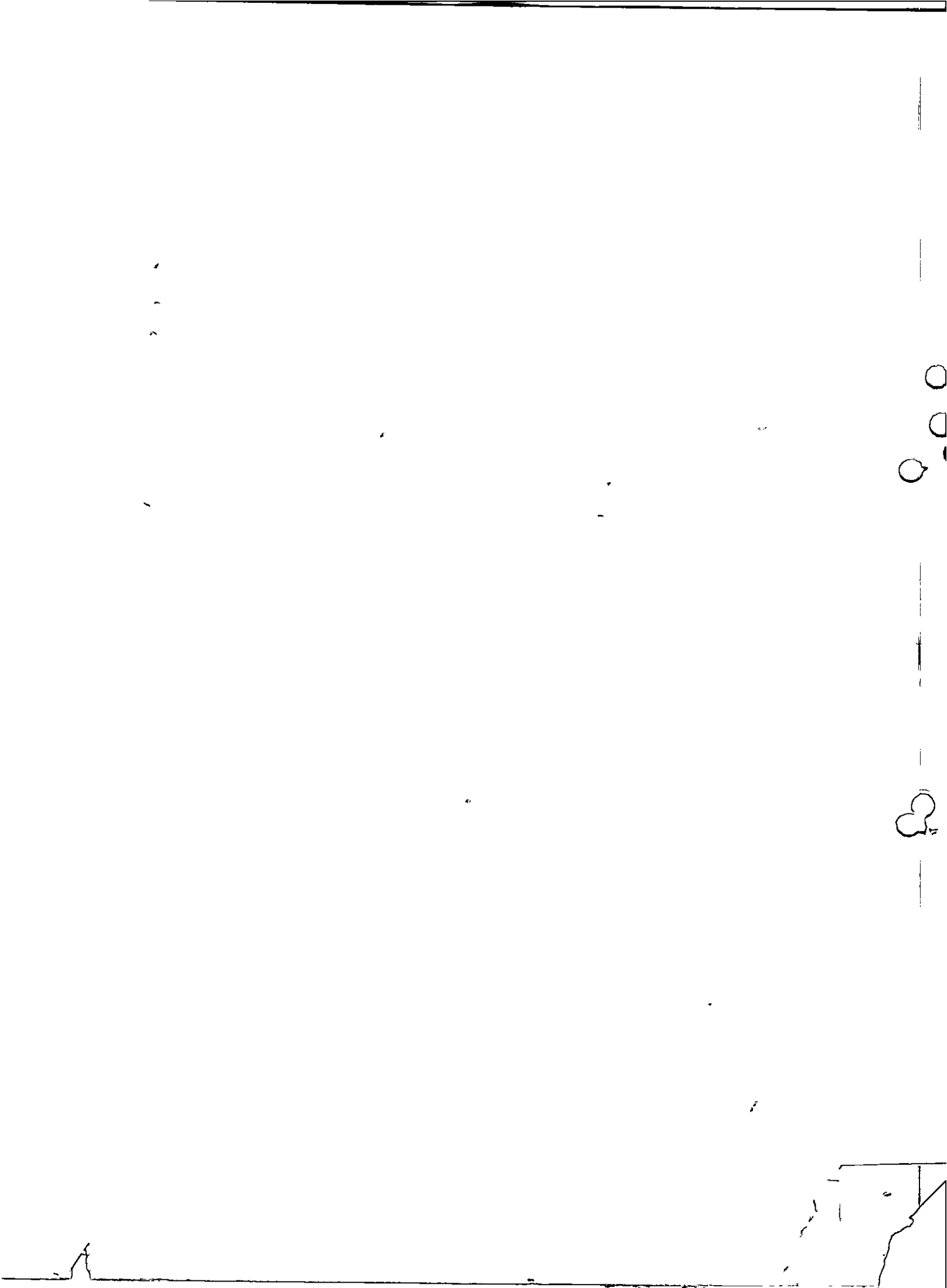


CENTRAL LINE MAINTENANCE CARE BUNDLE CHECK LIST

Type of Line: PICC Line UAC UVC Other Date of Initial Line Insertion: 5/5/26 Duration of Central Line: 14 days

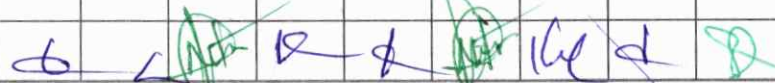
- Always perform hand hygiene before accessing central line
- Use Sterile gloves for handling central line
- Clean the hub with antiseptic solution every time before & after it is accessed
- Consider – antibiotic via central line before removal of the line
- Inspect Central line in each shift for the following

Parameters	Date	Shift Time	8/5/26 ms	7/5/26 ms	9/5/26 NI	10/5/26 ms	11/5/26 ms	12/5/26 EL	12/5/26 NI
Can we remove Central Line today (Discuss in the clinical round)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Evidence of any inflammation at insertion site (Redness / Swelling (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blood at insertion site (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Any peeling of dressing? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is dressing clean and dry? (If no inform the doctor)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Any leakage at insertion site? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any obstruction to the infusion flow? (If yes inform the doctor)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dressing intact and labelled properly			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Central line changed on			-	-	-	-	-	-	-
Name of the Nurse			Prasanna	Prasanna	Nikitha	Vaishy	Stavram	Prasanna	Nikitha
Signature of the Nurse			Sky	Sky	Nikitha	Vaishy	Sky	Sky	Nikitha





CHECKLIST FOR THROMBOPHLEBITIS

S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	8/5 DAY-1			9/5 DAY-2			10/5 DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0	0	0	0	0	0		
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	0	0	0	0	0	0	0	0		
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	0	0	0	0	0	0	0	0		
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	0	0	0	0	0	0	0	0		
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	0	0	0	0	0	0	0	0		
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	0	0	0	0	0	0	0	0		
Signature of the Nurse													

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

Signature of Shift In Charge :

Signature : Laxmi Name : Laxmi

Signature of Ward In Charge :

Signature : Bharani Name : Bharani



NEONATAL PAIN AGITATION SEDATION SCORE (N-PASS)

Assessment Criteria	Sedation		Normal	Pain / Agitation		Date	Date	Date	Date	Date	Date	Date	Date		
	-2	-1	0	1	2	6/5	7/5	8/5	8/5	9/5	11/5	10/5	11/5/20		
						Time	Time	Time	Time	Time	Time	Time	Time		
						NI	MS	NI	MS	NI	MS	NI	MS		
						Procedure →									
Crying Irritability	No Cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals consolable	High-pitched or silent-continuous cry Inconsolable	NA	NA	NA	NA	NA	NA	NA	NA		
Behavior State	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking constantly awake or Arouses minimally / no movement (not sedated)	NA	NA	NA	NA	NA	NA	NA	NA		
Facial Expression	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA	NA	NA	NA		
Extremities Tone	No grasp reflex Flaccid tone	Weak grasp reflex decreased muscle tone	Relaxed hands and feet Normal Tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense	NA	NA	NA	NA	NA	NA	NA	NA		
Vital Signs RR, BP, SaO₂	No variability with stimuli Hypoventilation or apnea	Less than 10% variability from baseline with stimuli	Within baseline or normal for gestational age	Increase 10-20% from baseline SaO ₂ 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO ₂ less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA	NA	NA	NA		
	Premature Pain Assessment: Scoring +3 if less than 28 weeks gestation age / Corrected Age +2 if 28 - 31 weeks gestation age / Corrected Age +1 if 32 - 35 weeks gestation age / Corrected Age					Gestational Age / Corrected Age	30 weeks	30 weeks	30+ weeks	30+ weeks	30+ weeks	36+ weeks	36+ weeks	36+ weeks	36+ weeks
	Intervention Deep Sedation: Score = -10 to -5 Light Sedation: Score = -5 to -2 Pain Score less than or equal to 3 – No Intervention Pain Score greater than 3 – Intervention					Total Pain / Agitation Score	-	-	-	-	-	-	-	-	
						Intervention	-	-	-	-	-	-	-	-	
						Effectiveness	-	-	-	-	-	-	-	-	
						Signature	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	

NPASS: Neonatal Pain, Agitation & Sedation Scale

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

BRADEN 'Q' SCALE



Patient ID

Date : 12/5/20 12/17/20 12/15 12/15
Time : 6:20 11:15 11:45 11:15

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
FRICION-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 lift up completely during move. Maintains good position in bed or chair at all times."	3	3	3	3
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	3	3	3	3
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	3	3	3	3
TOTAL SCORE					21	21	21	21
Evaluator's Name					SC	[Signature]	[Signature]	[Signature]

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

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



BRADEN 'Q' SCALE

					Date :	10/5	11/5/26	11/5	12/5
					Time :	M5	M5	M	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	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	
FRICION-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	SP	SC	Q	Q

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

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

TOTAL PARENTERAL NUTRITION (TPN) CHART

NH-00015053 IP26-00006172
 baby Of RACHNA SANKLA
 1-04-2026 0 Y 0 M 13 D (F)
 r. S TEJASWI REDDY



Date: 4/5/26

Patient Name: B/o Rachana Sankla
 Current (Maximum) Weight: 13.40 kg
 Fluid: 160 ml/kg/day
 Feed: ml/kg/day
 Others: ml/kg/day
 TPN-Fluid: ml/kg/day

UHID. NO:

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	2 g/kg	2.68g	13.5 ml	
Protein/ Aminoveni 10, 1g = 10ml	2.5 g/kg	3.35g	33.5 ml	
3% NaCl (1ml = 0.5 mEq)	mEq/kg			
KCL	mEq/kg			
POTPHOS (0.3 ml = 1.2 mEq K)	0.3 ml/kg			
Calcium Gluconate	ml/kg			
MVI	1 ml/kg			
CELECEL (Trace Elements)	1 ml/kg			
MgSO4	ml/kg			
Heplock (0.1 ml = 1 unit)	0.5 unit/ml of lipid			
5% Dextrose				
25% Dextrose				
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total Calories:

Carbohydrates

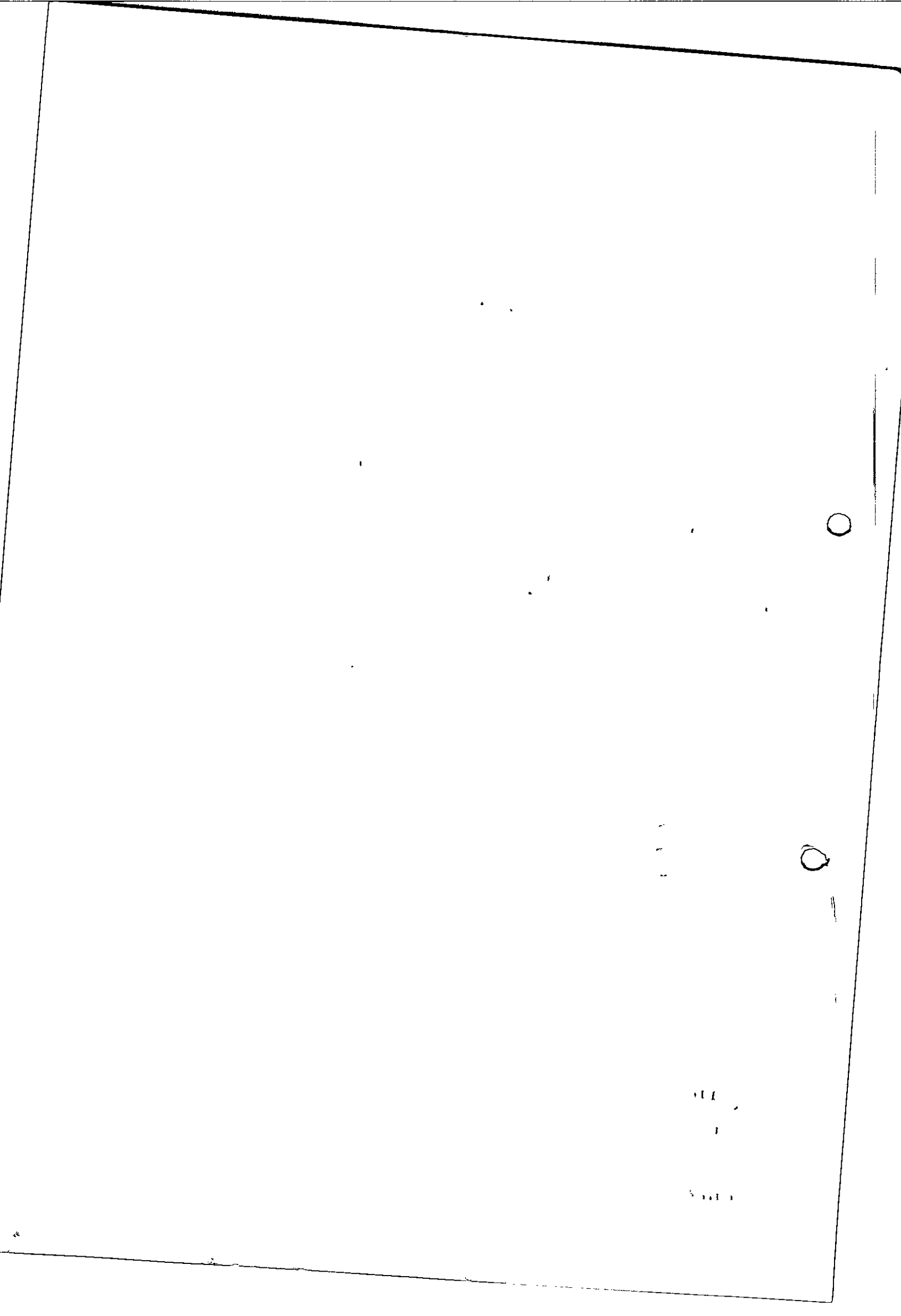
Proteins

Fats

Name: Dr. Rajesh

Signature: [Signature]

Date & Time: 4/5/26 6:30 pm



4

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	7/5/26	7/5/26	8/5/26	8/5/26	9/5/26	9/5/26	
	Shift	MS	NI	MS	NI	MS	NI	
	Medical Condition (Any special condition to be noted):	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	PT/RDS	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Vital Signs:	Temp:	36.5°C	36.3°C	36.5°C	36.5°C	36.5°C	36.6°C
		Res:	40 bpm	30 bpm	32 bpm	40 bpm	45 bpm	32 bpm
		SpO ₂ :	100%	97%	100%	92%	100%	96%
		Pulse:	137 bpm	140 bpm	142 bpm	149 bpm	134 bpm	145 bpm
		BP:	57/39	65/40/52	65/42/50	-	63/39/42	43/50
		LOC:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	-	-	-	-	-	-		
Skin Integrity	-	-	-	-	-	-		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Physiotherapy:	-						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Special Diet:	-						
	Critical Lab Test / Values:	-						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	ADL (Dependent / Non Dependent):	-						
Post Operative Procedure Special Orders:	-							
Handed Over By Name :	Nikitha	Saipriya	Prasanna	Nikitha	Prasanna	Nikitha		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	7/5/26	8/5/26	8/5/26	9/5/26	9/5/26	10/5/26		
Time:	8pm	8am	8pm	8am	8pm	8am		
Taken Over By Name :	Saipriya	Prasanna	Nikitha	Prasanna	Nikitha	Vaishali		
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:	7/5/26	8/5/26	8/5/26	9/5/26	9/5/26	10/5/26		
Time:	8pm	8am	8pm	8am	8pm	8am		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>PTIRDS / sepsis</i>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<i>10/5/26</i>	<i>10/5/26</i>	<i>11/5/26</i>	<i>11/5/26</i>	<i>12/5</i>	<i>12/5/26</i>
	Shift	<i>M6</i>	<i>E2</i>	<i>M5</i>	<i>M1</i>	<i>M6</i>	<i>E2</i>
	Medical Condition (Any special condition to be noted):	<i>PTIRDS</i>	<i>PTIRDS</i>	<i>PTIRDS</i>	<i>PTIRDS</i>	<i>PTIRDS</i>	<i>RDS</i>
ASSESSMENT	Diet:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):	<i>R/A</i>	<i>R/A</i>	<i>RA</i>	<i>R/A</i>	<i>R/A</i>	<i>R/A</i>
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vital Signs:	Temp: <i>36.5°C</i>	Temp: <i>36.5°C</i>	Temp: <i>36.5°C</i>	Temp: <i>36.5°C</i>	Temp: <i>36.5°C</i>	Temp: <i>36.5°C</i>
	Res:	<i>25b/m</i>	<i>42b/m</i>	<i>26b/m</i>	<i>30b/m</i>	<i>45b/m</i>	<i>49b/m</i>
	SpO ₂ :	<i>100%</i>	<i>100%</i>	<i>99%</i>	<i>99%</i>	<i>97%</i>	<i>97%</i>
	Pulse:	<i>150b/m</i>	<i>152b/m</i>	<i>134b/m</i>	<i>149b/m</i>	<i>141b/m</i>	<i>145b/m</i>
	BP:	<i>80/138</i>	<i>91/65(73)</i>	<i>57/33(42)</i>	<i>79/46(59)</i>	<i>79/49(6)</i>	<i>76/53(61)</i>
	LOC:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
Fall Risk Score:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Pain Score:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Skin Integrity	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Special Diet:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>-</i>	<i>Dependent</i>	<i>dependent</i>	<i>Dependent</i>	<i>dependent</i>
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Post Operative Procedure Special Orders:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Handed Over By Name :	<i>Vaishy</i>	<i>prasanna</i>	<i>Senan</i>	<i>Saivini</i>	<i>Saipriya</i>	<i>prasanna</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	<i>10/5/26</i>	<i>10/5/26</i>	<i>11/5/26</i>	<i>12/5/26</i>	<i>12/5/26</i>	<i>12/5/26</i>	
Time:	<i>2pm</i>	<i>8pm</i>	<i>8pm</i>	<i>8pm</i>	<i>2pm</i>	<i>8pm</i>	
Taken Over By Name :	<i>prasanna</i>	<i>Senan</i>	<i>Saivini</i>	<i>Saipriya</i>	<i>prasanna</i>	<i>[Signature]</i>	
Signature / ID :	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:	<i>10/5/26</i>	<i>11/5/26</i>	<i>12/5/26</i>	<i>12/5/26</i>	<i>12/5/26</i>	<i>12/5/26</i>	
Time:	<i>2pm</i>	<i>8Am</i>	<i>8pm</i>	<i>8Am</i>	<i>2pm</i>	<i>8pm</i>	



ANTIBIOTIC JUSTIFICATION FORM



Date of Admission: 21/12/26

Antibiotic Name	Date & Time	Reason	48 Hours Culture	Antibiotic Reviewed at 72 Hours (If No Please Justify)
Inj MEROPENEM	29/12	HIGH CRP, THROMBOCYTOPENIA	CANDIDA growth	Upgraded in view of clinical non improvement
Inj CEFTAZIDIME + AVIBACTAM	2/5	} Baby clinically Sick, Not improving = Thrombocytopenia & High CRP	CANDIDA	} Stopped after 48 hours
Inj AZTREONAM	2/5			
Inj MICAFUNGIN	4/5	CANDIDA TROPICALIS in blood C/S	} Expected course 14-21 days	
Inj LIPOSOMAL AMPHOTERICIN-B	4/5	CANDIDA TROPICALIS in blood C/S		

<p>A. Reasons for Starting Empirical Antibiotics:</p> <ol style="list-style-type: none"> Preterm's with risk factors: <ol style="list-style-type: none"> PPROM Positive Maternal Culture (HVS/Urine C/S) Maternal Pyrexia / Chorioamnionitis Term Babies <ol style="list-style-type: none"> PROM > 18 hours Sepsis Screen Positive at 12 hours <ol style="list-style-type: none"> High TLC/ High CRP / High PCT / Thrombocytopenia / Leukopenia Shift to left / Bank forms / Neutrophilia on PS Out born with suspected sepsis Culture negative Sepsis 	<ol style="list-style-type: none"> Clinical Sepsis <ol style="list-style-type: none"> Frequent Apnoea's attributed to suspected sepsis Hemodynamic instability Temperature instability Suspected NEC Lethargy VAP Congenital Pneumonia Meningitis Aspiration Pneumonia Any sick newborn 	<p>B. Prophylactic Antifungals</p> <p>B1 – Extreme PT (<28 Weeks) or ELBW (<1000 grams)</p> <p>B2 – Central line in situ (PICC / UVC) in < 28 weeks & or < 1kg.</p> <p>B3 – Septic Shock</p> <p>C. Culture Positive Sepsis</p>
--	---	--

Consultant Name & Signature : Dr. TEJASW J

Name & Signature of Infection Control Nurse :

Date & Time :

Date & Time :

ANTIBIOTIC JUSTIFICATION FORM

Date of Admission: 21/4/26

Antibiotic Name	Date & Time	Reason	48 Hours Culture	Antibiotic Reviewed at 72 Hours (If No Please Justify)
1) MEROPENEM	2/15	High CRP, Thrombocytopenia	CANDIDA growth	Upgraded in view of clinical picture
2) CEFTRAXIME + AVIGACTIN	2/15	Baby clinically sick, Not a priori = Thrombocytopenia (High CRP)	CANDIDA	} Stopped after 48 hours
3) AZITRONAM	2/15			
4) MICAFUNGIN	4/15	CANDIDA TROPICUS in blood C/S	Expected course 14-21 days	
5) LIPosomal AMPHOTERICIN-B	4/15	CANDIDA TROPICUS in blood C/S		

A. Reasons for Starting Empirical Antibiotics:

1. Preterm's with risk factors:
 - a. PPROM
 - b. Positive Maternal Culture (HVS/Urine C/S)
 - c. Maternal Pyrexia / Chorioamnionitis
2. Term Babies
 - a. PROM > 18 hours
 - b. Sepsis Screen Positive at 12 hours
 - i. High TLC/ High CRP / High PCT / Thrombocytopenia / Leukopenia
 - ii. Shift to left / Bank forms / Neutrophilia on PS
3. Out born with suspected sepsis
4. Culture negative Sepsis

5. Clinical Sepsis

- a. Frequent Apnoea's attributed to suspected sepsis
 - b. Hemodynamic instability
 - c. Temperature instability
 - d. Suspected NEC
 - e. Lethargy
6. VAP
 7. Congenital Pneumonia
 8. Meningitis
 9. Aspiration Pneumonia
 10. Any sick newborn

B. Prophylactic Antifungals

- B1 – Extreme PT (<28 Weeks) or ELBW (<1000 grams)
- B2 – Central line in situ (PICC / UVC) in < 28 weeks & < 1kg.
- B3 – Septic Shock

C. Culture Positive Sepsis

Consultant Name & Signature : Dr. Tejaswi

Date & Time :

Name & Signature of Infection Control Nurse :

Date & Time :



TOTAL PARENTERAL NUTRITION (TPN) CHART

3



Date : 6/5

Patient Name : B/o RACHANA SANKLA

UHID. NO.:

Current (Maximum) Weight : 1.440 kg

Fluid : TR-160 ml/h = 230 ml / kg / day

Feed : 7ml/h = 8 ml / kg / day

Others : Heplock = 7.2 ml / kg / day

TPN-Fluid : 10% D50 - P

TV - 230
 - 91.2
 - 10ml { Amphe B }
 - 50 { Metformin }
 - 14
 RV = 65ml = 2-7ml/h

	Daily Requirement		Amount (ml)	Calories
	Per KG	Total		
Intra Lipid (20%) 1g = 5ml	2 g/kg	2.88g	14 ml = 0.5ml/h	
Protein / Aminovent 10, 1g=10ml	3.5 g/kg	5.04g	50 ml = 2ml/h	
3% NaCl (1ml = 0.5 mEq)		mEq/kg		
KCL	3.5 mEq/kg	5.04	2.5ml	
POTPHOS (0.3 ml = 1.2 mEq K)		0.3 ml/kg		
Calcium Gluconate		ml/kg		
MVI	1.38 1 ml/kg	1.4 ml	1.4 ml	
CELECEL (Trace Elements)		1 ml/kg		
MgSo4		ml/kg		
Heplock (0.1 ml = 1-unit)		0.5 unit/ml of lipid		
5% Dextrose				
25% Dextrose				
TPN Fluid				
GIR				
NPC / Protein (gm)				

Total-Calories:

Carbohydrates

Proteins

Fats

Name :

Signature :

Date & Time :

