

**DISCHARGE SUMMARY**

<b>Name</b>	Baby Of NITYA CHENNURI	<b>UHID</b>	HNH-00015895
<b>Father/Guardian</b>	Mr PRASHANTH REDDY BHAGIRTHI	<b>Age/Gender</b>	0 Y 0 M 0 D 20 H/ Male
<b>Address</b>	NIZAMABAD, Nizamabad, Nizamabad, Telangana, INDIA, 110005		
<b>IP No</b>	IP26-00006548	<b>Admission Date</b>	09-06-2026
<b>Ref Doctor</b>	SELF		
<b>Discharge Date</b>	12.06.2026		

**Consultant:**  
**Dr. DILNAAZ FAROOQUI**  
MBBS DNB  
56763

<b>DIAGNOSIS</b>	<b>ICD CODE</b>
TERM ( 39 weeks )/AGA/BABY BOY	

**History:** Baby Of NITYA CHENNURI is a term ( 39 weeks ) baby boy, delivered to a G3A2 mother by elective lscs on 09.06.2026 at 01:45 pm with birth weight of 3.080 kgs in Rainbow Children's Hospital, Himayatnagar, Hyderabad. Baby cried immediately after birth. Apgar scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was Vertex.

Name	Baby Of NITYA CHENNURI	UHID	HNH-00015895
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**Maternal History:** Mrs. NITYA CHENNURI is a 29 years old G3A2 mother.

G1-Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Haemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever.

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

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

**Anthropometry:**

Weight at birth : 3.080 kgs.  
Weight at discharge : 2.880kgs.  
Head Circumference : 35 cms.  
Length : 46 cms.

**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

Serum bilirubin at 48 hours of life was 11.5 mg/dl with indirect fraction of 11.4

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mg/dl. which doesn't fall under phototherapy treatment range.

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

**Vaccination:** Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	10.06.2026
OPV	Given	10.06.2026
HEPATITIS B	Given	10.06.2026

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

**Newborn screening advanced / Newborn sreening-4 :** Sent on 11.06.2026, report awaited.

**SPO2 : 98 % at room air**

**Red Reflex: Present & Symmetrical**

**Hip Examination was normal.**

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

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

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**Advice:**

Keep the baby clean & warm

Regular breast feeding

Continue direct breast feeds + measured feeds as advised.

Monitor urine output

Immunization as per schedule

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).

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

**Plan:**

- 1. Newborn screening advanced / Newborn screening-4 report to be collected on followup.**
- 2. Hearing test (TEOAE-Transient Evoked Otoacoustic Emissions) to be done on followup.**

Review consultation with Dr. DILNAAZ FAROOQUI on Friday (12/06/26) at Himayatnagar (**Review consultation will be charged**).

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

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

Name	Baby Of NITYA CHENNURI	UHID	HNH-00015895
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Parent/ Attender

In case of emergency contact 9154865030 emergency pediatrician on duty.

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

You can also take appointments at any time by going **online** to our website **[www.rainbowhospitals.in](http://www.rainbowhospitals.in)**

**Dr. DILNAAZ FAROOQUI**  
MBBS DNB  
56763

*Nitya*  
**Registrar/Resident/C.M.O**



IP26-00006548  
 1NH-00015895  
 Baby Of NITYA CHENNURI  
 19-06-2026 0 Y 0 M 0 D 23 H (M)  
 Dr. DILNAAZ FAROOQUI



## DEFICIENCY CHECK LIST OF CASE SHEET

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

*[Signature]*  
 (P.T.O)  
 17/06/2026



# CONSENT FOR FORMULA FEEDS

Patient Name : B/O NITYA CHENNURI Age : 00 Gender :  Male  Female

UHID No : HNH-00015895 Reg. No. : ..... Department : ..... Date : 10/6/26

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

**Patient Attendant :**

Signature : Prashanth

Name : PRASHANTH REDDY BHAGIRTHI

Relationship with Patient : FATHER

Date & Time : 10/6/26 10:10 pm

**Witness :**

Signature : Riya

Name : Riya

Date & Time : 10/6/26 10:10 pm

**Doctor (who is taking the consent) :**

Signature : Dr. Naipunya

Name : Dr. Naipunya

Date & Time : 10/6/26



# డబ్బా పాలు పట్టించుటకు సమ్మతి పత్రం

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

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

తేదీ .....

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

నా కుమార్తె/కుమారుడు రెయిన్ఫో ఆసుపత్రిలో నవజాత శిశువుల ఇంటెన్సివ్ కేర్ లో అడ్మిట్ చేసినాము మరియు (ఫార్ములా ఫీడ్) డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం తెలుపుచున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు

ఉపయోగాలు, ప్రత్యామ్నాయాలు, మరియు నష్టాలు గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

**Rainbow Childrens Hospital-Himayatnagar**

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

**ADMISSION SHEET****Registration Details :**

Admission No : IP26-00006548      Admit Date : 09-Jun-2026      Admit Time : 02:44 PM      UHID : HNH-00015895

**Patient Details :**

Patient Name	: Baby Of NITYA CHENNURI	Age	: 0 D
Guardian	: Mr PRASHANTH REDDY BHAGIRTHI	DOB	: 09-06-2026 01:45 PM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: NIZAMABAD Nizamabad Nizamabad Telangana INDIA 110005	Phone No	: 8179362782/ 9700550101
		E-mail	: NO@GMAIL.COM

**Admission Details :**

Bed Type : BASINET      Bed No : CRDL-HNPDA-414-1      Ward Name : 4F -OT  
Room No : CRDL-HNPDA-414-1      Admission Type : First Visit

**Contact Details :**

Name : Mr PRASHANTH REDDY BHAGIRTHI      Relationship : Father  
Contact Address : NIZAMABAD Nizamabad Nizamabad      Phone No : 8179362782  
Telangana INDIA 110005

*Prashanth*  
Signature

**Doctor Details :**

Doctor Name : Dr. DILNAAZ FAROOQUI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 15000.00  
Payor Name : SELFPAY







Baby delivered via C-section



CIAB



wound/suction done.



cord care  
vit K Give



Stable vitals



shyft moth side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

*Acynosis*

VITALS : Temperature : *36.5* HR : *156* RR : *54* NIBP : ..... CFT : *CSN*

Color of the extremities : *Acynosis*

Jaundice : ..... Pallor : ..... SpO2 : *99%*

Anthropometry : Birth Weight : *3.080kg* Length : ..... HC : ..... Present Weight : .....

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

**HEAD TO TOE EXAMINATION**

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

①

**Facies :**  
(Any Facial  
Dysmorphism)

② ? Retrognathic

**NECK and  
CLAVICLES :**

Range of Motion :  
Asymmetry :  
Masses :

③

**EYES :**

Symmetry :  
Red Reflex :  
Discharge :

to check

**EARS, NOSE  
MOUTH and  
THROAT :**

Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

④

**THORAX and  
BREASTS :**

Shape of Thorax :  
Position of Nipples and Number :

⑤

**ABDOMEN and  
UMBILICUS :**

Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

2A + 1V

**GENITILIA :**

Labia / Hymen :  
Testicles/penis :  
Anus :

⑥

**HERNIAL ORIFICES**

**TRUNK and SPINE :**

⑦

**SKIN LESIONS :**

⑧

**EXTREMITIES :**

Fingers / Toes :  
Arms / Legs :  
Deformities :  
Mobility :  
Hip Joint Examination :

⑨



**SYSTEMIC EXAMINATION**

**Respiratory System :**

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

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

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

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

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

**Cardiovascular System :**

HR : ..... BP : ..... Precordial Activity : .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

**Abdomen :**

Shape : ..... Hemia orifice : .....

Palpation : ..... Anal Patency : .....

Palpable masses : ..... Umbilical Cord : .....

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

**Nervous System : Higher intellectual functions (Sensorium) : .....**

State of wakefulness : .....

Prechtle Score : .....

**Nerves :**

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

**Motor System :**

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

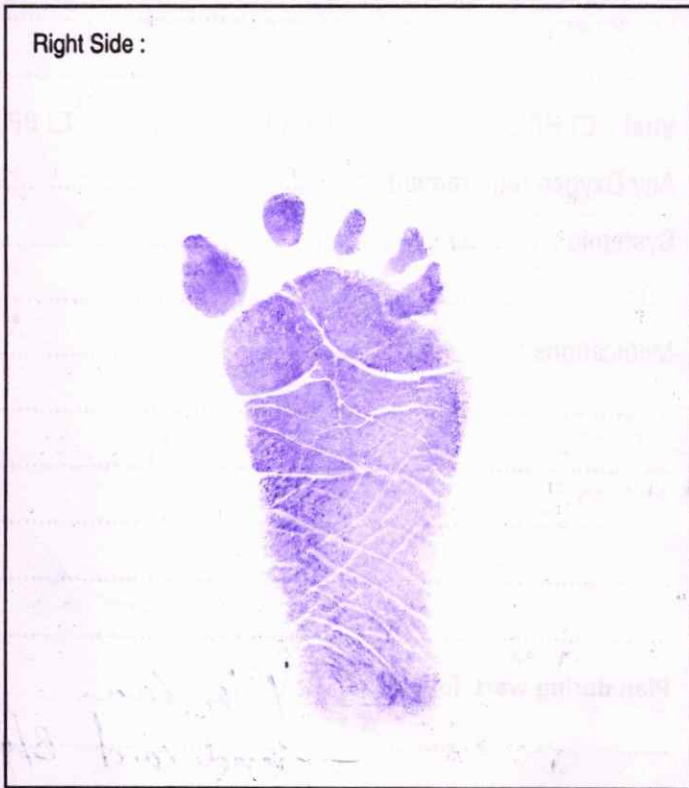
ATNR : ..... Skull and Spine : .....



Any Congenital Anomalies : .....

Diagnosis : Ten / AQA / Male / 3.050 kg / ? Retrognathia

**FOOT PRINTS**



Resident Doctor : AP  
Signature : .....  
Name : Anuabe  
Date & Time : 9/6/26

Consultant : Dr. Dilnaaz  
Signature : .....  
Name : Dr. Dilnaaz  
Date & Time : 10/6/26, 4:30 PM

Dr. Dilnaaz Farooqui  
Consultant Pediatrician  
Reg. No: 27476

**PLEASE FILL UP THE FOLLOWING DETAILS**

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



**AT THE TIME OF TRANSFER TO THE WARD**

Final Diagnosis : .....

Present Issues : .....

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

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Plan during ward follow up :   
- In-lan care DBF all jlb busy.  
- Send cord B/g/T  
- Sample @ 48HOL SBA, NBS, OAE.  
- Vaccinate BCG, OPV, Hep B.  
- Check 4 limb spo,  
- Inform son

Feeding Plan at the time of shifting : .....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Nitya Chennui Age : 29y Father's Name : ..... Age : .....

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

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

Transferring Unit :  OT  Labour Room  ER  Ward

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

### BIRTH INFORMATION

Name : B/o Nitya Chennui Mother's Blood Group : B+ve

Gender :  M  F Blood Group : ..... Birth Weight (gms) : 3.080 Length (cms) : 46cm

Date of Birth : 9/6/26 Time of Birth : 1.45pm OFC (cms) : 35cm

Place of Birth : ..... Estimated Gesth Age : 39wk

Current Obstetric History : (Booked / Unbooked Case) G3A2

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 9/9/25 EDD : 26/6/26

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

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

Last Scans Details : 2/6 - AFIS 6, SLFI 22wk, Efw 2.893kg, AC 24.1.

WAR TT Immunization and Iron / Folic Acid

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long : .....</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....</p> <p>IUGR - when detected : .....</p> <p>Doppler ( Increased Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus : .....</p> <p>AFI : .....</p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values : .....</p> <p>Compliance with Rx : .....</p> <p>Scans : LGA, TIFFA , Fetal Echo : .....</p> <p>H/o Hypothyroidism : when diagnosed ? Medication? .....</p> <p>Any other Chronic Medical Problems, when detected drugs ? .....</p> <p>( Anemia, SLE, Jaundice, CHD, Heart Disease )</p> <p>Infection : H/O, Fever</p> <p>( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )</p> <p>UTI : when : ..... Any culture : .....</p>
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PPROM : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....

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





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26 10 AM	s/s Dr. Sindhura	
	T/AGA/♂/3080g/? Pubognathia	
	Baby stable	
	accepting feeds	ADU
	<del>weight</del> passing urine	DBF 0241 = good level
	no stool	Warm care
	g/e vitals	Vaccinate
	Stable	BCG, OPV, Hep B
	S/G NAD	SBR, OAE, NBS 48HOL
		<del>M. Sindhura</del>
		Dr. Sindhura Munikuntla Consultant Pediatrician Reg. No. 60324

HNH-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-06-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. DILNAAZ FAROOQUI



**GROSS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/06/2026	S/B Dr Nameer Dr. Prabhakar	
8am	Term / ANA / male / 3000 gms / ? Retrognathia	
	T. wt - 2.980 kgs (1000 gm) % wt loss - 3.20% Intermic / milk. U/A good hemodynamically stable chest clear P/A soft normie stool ✓ 4 lib spo <sub>2</sub> ✓	Plan ① warmie all ② DDF every 2nd hly HB biopsy ③ Vaccination today B BCG, OPV, HepB ④ SBR } MNS } @ usnoc JME } ⑤ Monitor vitals NB EGH
<del>10/6/26</del>	<del>BCG }            OPV }            HepB } give</del>	<del>( Nameer )</del>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
10/8/26	c/s/b Dr. Diksha / Dr. Sindhu - M	
10:50 Am	Term (GA/Male) 3090gms.	
	Pink/pernathemic.	
	Cry Tone Activity } Good.	Plan
	S/E - vitals stable.	Warm core DBF Q2H + FF.
	S/E - WNL.	SBR MBS OAE } @ 48HDL. NB Suck @ 10:50am
	Laccination ✓	
	Red reflex ✗ yet to check. 4 limb SpO <sub>2</sub> ✓	
	Dr. Sindhu Ramakuntla Consultant Pediatrician Reg. No: 66970	<del>Mundane Dundun</del>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/1/26	C/S/b Dr. Dilmaz	
3PM	Term / AGA / Male.	
	Baby is pink, active.	
	Cry } Tone } Activity } Good.	Plan
		- Warm care.
		- DBF 02H + PF.
		- Red reflex to
		check.
	S/E - vitals stable.	- NBS
		SBR @ 48Hr.
		DAE
	S/E - WNL.	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/11/26 5pm	18/3 - Dr. DILNAAZ	
	Term / AGA / ♂	
	Baby pink, Euthermic	
	vitals stable	<p>Plan</p> <p>1) DBF Q2H</p>
	cry, tone, Activity Good	<p>2) Warm care</p>
		<p>3) Vaccination</p>
		<p>4) NBS OAE SBK } @ 48 h of</p>
		<p><i>[Signature]</i></p>
		<p>N.B. maheshwari</p>
		<p><i>[Signature]</i>            Dr. Dilnaaz Farooqui            Consultant Pediatrician            Reg. No. 27476</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6	CLSB Dr. Parv / Dr. Shreehan	
7:30 AM	FT / BT LSCS / ASA / Boy / 3080g / 7 Re Trognathm	
	T-WT - 2.88kg (200g wt loss)	MBS → BT
	Cumulative - 6.5y. (200g)	BBS →
	Baby Enteral	
	Cry	Pls
	Tone } low	Attan low
	Activity	2) DBF / 16 bulky air
	R-S - BIVAS @	3) SBR
	PIA - soft	NBS } 1:30pm today
	On DBF + FF	02 11/6 (Today)
	Passy Urine & stool	4) Monitor Vkr
		Noted by Riya U/6/26
		@ Dr. BOB Khan
	15:50	

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/6	<u>CLUB. Dr. Dilnaaz</u>	
9:00 AM	FT   CL-LSCS   AQA   Boy	3.080kg
	wt loss - 6.5%.	<u>Plan</u>
	Euthenic	- DBF + FR 2nd hourly
	C/T/A - Good	
	Vitals - Stable	- SBR   11/6
	R/S   NAD	NBS   1:30pm
	P/A	OAE
		- Discharge today after SBR report
		- FLU/P. on. <del>mon</del> Saturday

Dr. Dilnaaz Farooqui  
 Consultant Pediatrician  
 Reg. No: 27476

Dilnaaz

11/6	<u>CLUB. Dr. Naipunya</u>	
2:00 pm	Euthenic	<u>Plan</u>
	C/T/A - Good	- SBR ] 11/6 @ 2:00pm.
	Vitals - stable.	NBS ]
	R/S   NAD SBR 11.5	OAE ]
	<u>discharge today</u>	- DBF + FR 2nd hourly
		- DIC after SBR report

n B Sandya

at







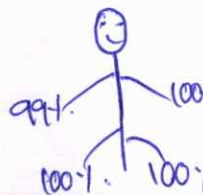




HNH-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-08-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. DILNAAZ FAROOQUI



210



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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**RESULT SHEET**

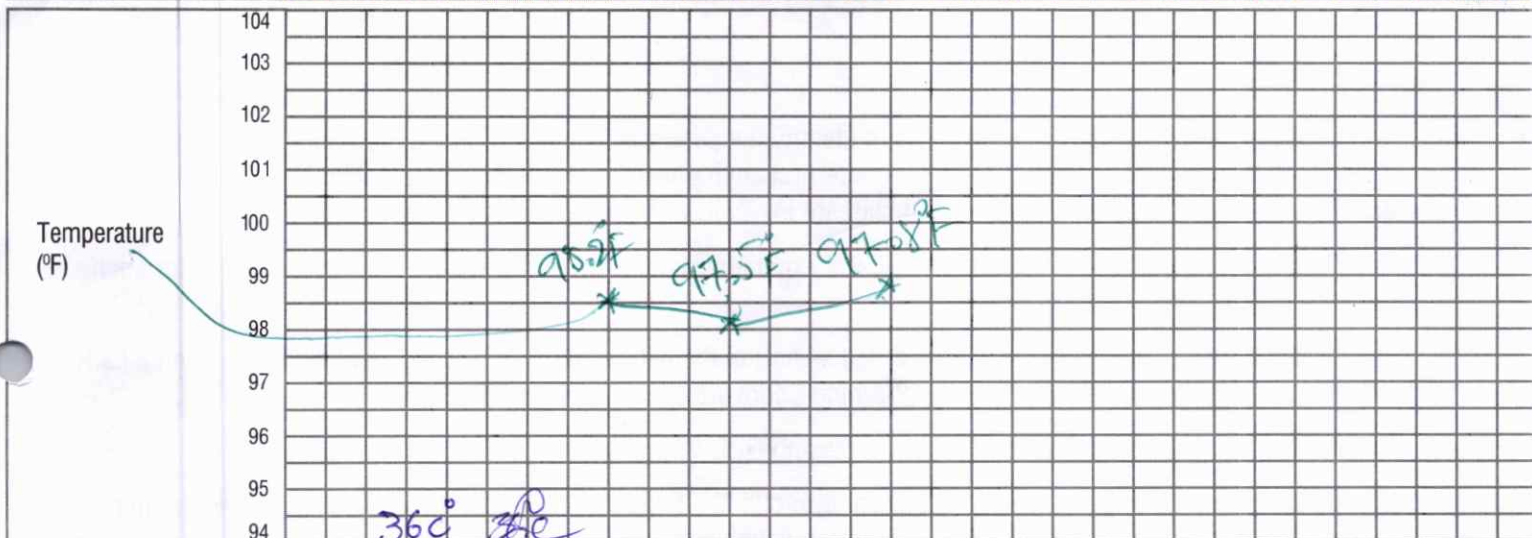
Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric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



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 9/6 Time: 2PM 4PM 6AM

Doctor/Nurse/Family Concern?



Heart Rate (bpm)	190				
	180				
	170				
	160				
	150	*	*	*	*
	140				
	130				
	120				
	110				
	100				
	90				
	80				
	70				
	60				
	50				

**Note:**  
BP does not score in early warning scoring

Heart Rate (Number) 150b/m 142 143b/m 140b/m 142b/m

Resp. Rate (bpm)	70				
	60				
	50	*	*	*	*
	40				
	30				
	20				
	10				

Resp Rate (Number) 44b/m 36 38b/m 40b/m 42b/m

Resp Distress | Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) | O<sub>2</sub> Saturations (%) 98% 94 99% 100% 100%

Conscious Level | Normal Altered

GCS \*

<b>TOTAL SCORE</b>					
Number of shaded boxes	0	0	0	0	0
Pain Score	0	0	0	0	0
Observer's Initials	<u>Li</u>	<u>RO</u>	<u>a</u>	<u>d</u>	<u>a</u>

**ACTIONS**

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

NB: 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	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
S	<b>SITUATION :</b> 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	<b>BACK GROUND :</b> 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	<b>ASSESSMENT :</b> 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	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

HNH-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-06-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. DILNAAZ FAROOQUI

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

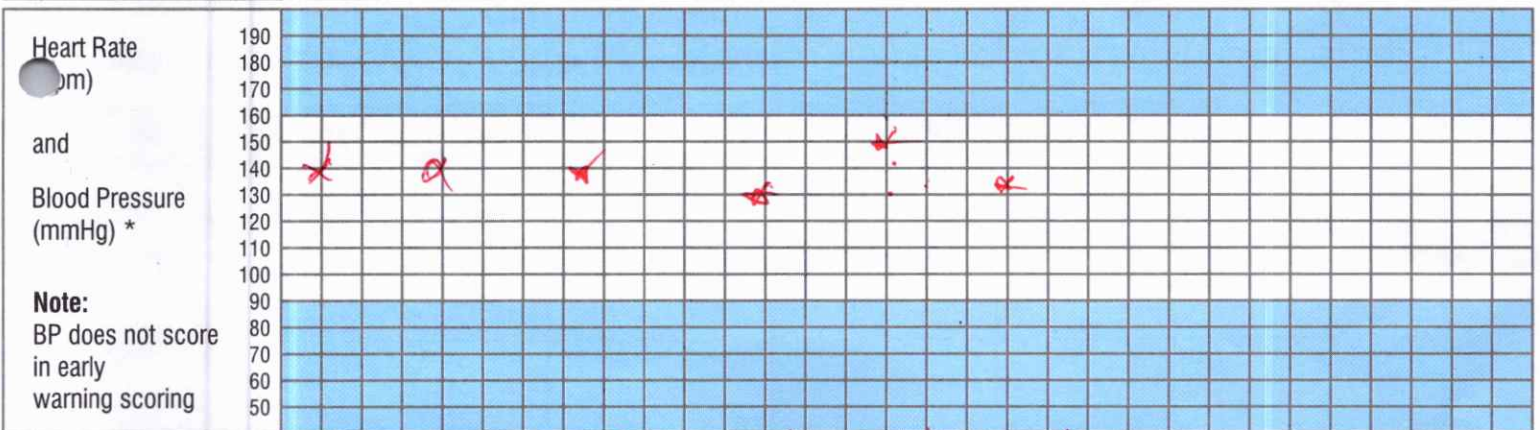
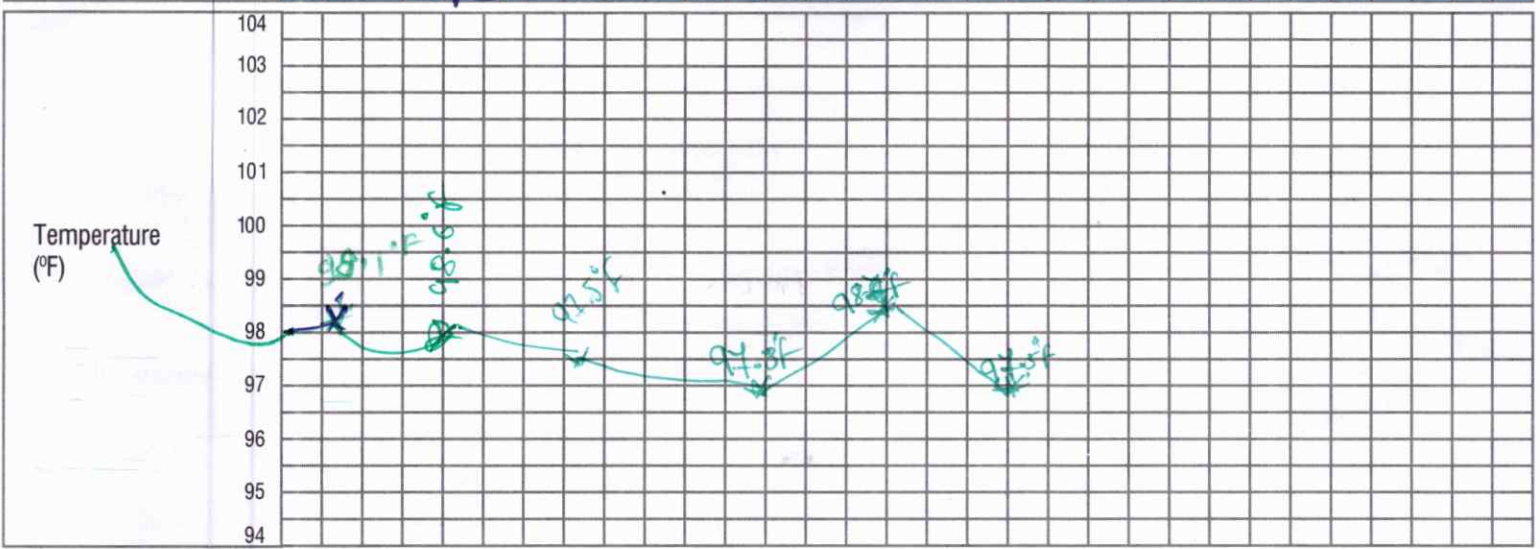


Patient Sticker

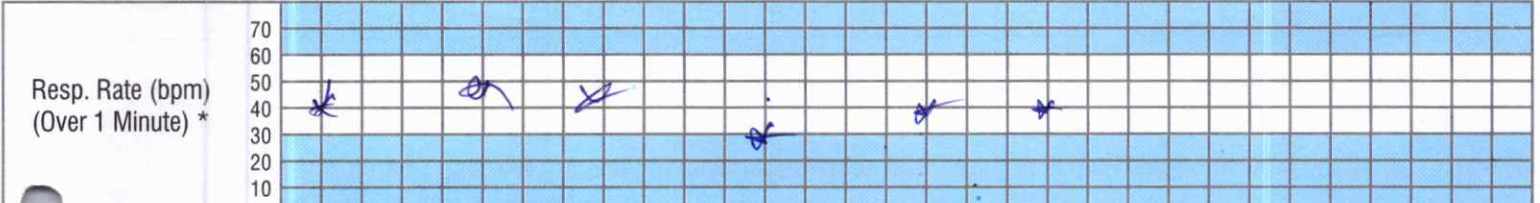
124

**NG SCORE: CHILDREN'S UNIT**

Date: 10/6/22	Time: 10PM	2	6PM	10PM	2PM	6AM
Doctor/Nurse/Family Concern?		RD				



Heart Rate (Number)	140bpm	145bpm	140bpm	130bpm	150bpm	140bpm
---------------------	--------	--------	--------	--------	--------	--------



Resp Rate (Number)	40bpm	40bpm	40bpm	30bpm	40bpm	40bpm
--------------------	-------	-------	-------	-------	-------	-------

Resp Distress	Mod/ Severe	None / Mild				
---------------	-------------	-------------	--	--	--	--

Receiving O <sub>2</sub> (l/min)						
O <sub>2</sub> Saturations (%)	99%	99%, 99%	100%	99%	99%	

Conscious Level	Normal	Altered				
-----------------	--------	---------	--	--	--	--

GCS *						
-------	--	--	--	--	--	--

<b>TOTAL SCORE</b>						
Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0
Observer's Initials	(R)					

<b>ACTIONS</b>	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.
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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:

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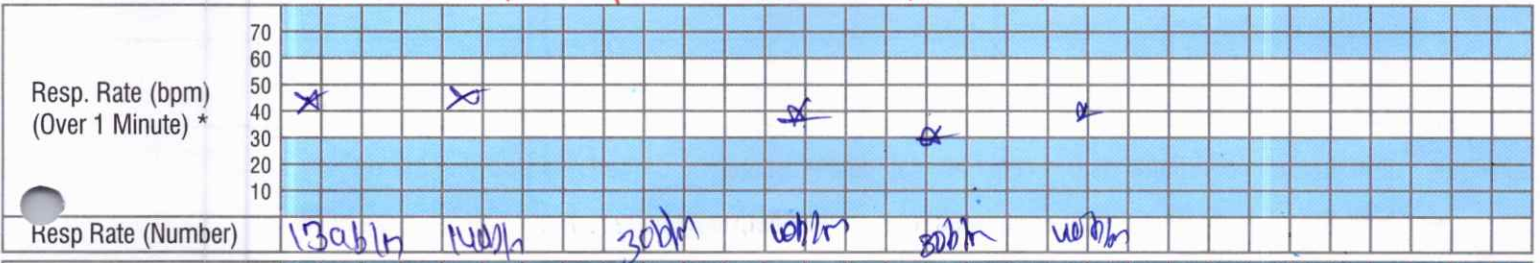
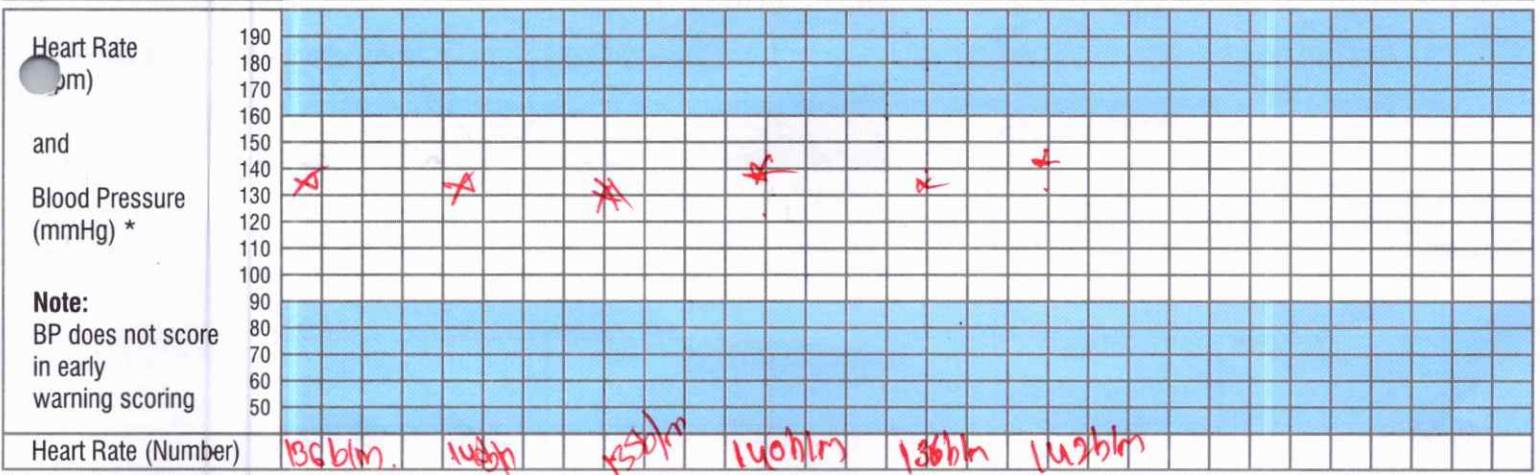
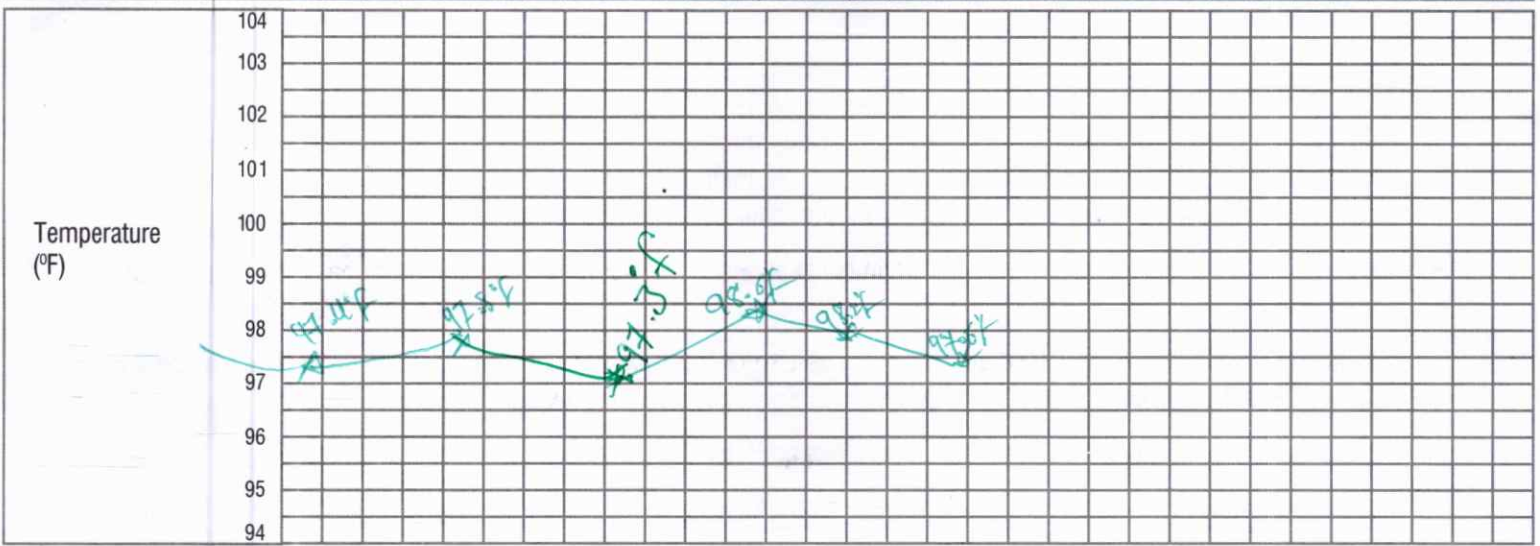
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<b>R</b>	<b>RECOMMENDATION:</b> I need you to ... come to see the child in the next (XX mins) AND Is there anything I need to do in the meantime? (e.g. stop the fluid/ repeat observation)



**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 11/6/26 Time: 10pm 3pm 6pm 10pm 2am 6am

Doctor/Nurse/Family Concern?                                                      



Heart Rate (Number) 136b/m 140b/m 135b/m 140b/m 136b/m 142b/m

Resp Rate (Number) 136b/m 140b/m 30b/m 40b/m 30b/m 40b/m

Resp Mod/ Severe Distress None / Mild                                                      

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 99% 99% 100% 100% 99%

Conscious Level Normal Altered                                                      

GCS \*                                                      

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

**ACTIONS**

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# FLUID CHART

Sheet No. : 1

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

9/6/26		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm	DBF											
	03:00 pm												
	04:00 pm	DBF											
	05:00 pm												
	06:00 pm												
	07:00 pm	DBF											
<b>Total Intake : taken</b>						<b>Total Output : not passed</b>							
	08:00 pm												
	09:00 pm	DBF											
	10:00 pm												
	11:00 pm	DBF											
	12:00 am												
	01:00 am	DBF											
<b>Total Intake : Taken</b>						<b>Total Output : passed</b>							
	02:00 am												
	03:00 am	DBF											
	04:00 am												
	05:00 am	DBF											
	06:00 am												
	07:00 am	DBF											
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

# 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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/6/26	08:00 am		DBF			/	/				/		
	09:00 am					/		NA		✓	/		
	10:00 am	o	DBF		NA	/	o		NA		o		
	11:00 am					/	/				/		
	12:00 pm		DBF			/	/			✓	/		
	01:00 pm					/	/				/		
<b>Total Intake :</b>			Taken			<b>Total Output :</b>						U-2 M-x	
10/6/26	02:00 pm		DBF			/	/				/		
	03:00 pm					/	/			✓	/		
	04:00 pm	o	DBF			/	o		NA		o		
	05:00 pm					/	/			✓	/		
	06:00 pm		DBF			/	/				/		
	07:00 pm					/	/			✓	/		
<b>Total Intake :</b>						<b>Total Output :</b>							
10/6/26	08:00 pm		DBF			/	/				/		
	09:00 pm					/	/			✓	/		
	10:00 pm	o	DBF		NA	/	o		NA		o		
	11:00 pm		DBF			/	/			✓	/		
	12:00 am		DBF			/	/				/		
	01:00 am					/	/			✓	/		
<b>Total Intake :</b>			Taken			<b>Total Output :</b>						U-3 M-2	
10/6/26	02:00 am		DBF			/	/				/		
	03:00 am					/	/				/		
	04:00 am	o	DBF		NA	/	o		NA		o		
	05:00 am					/	/			✓	/		
	06:00 am		DBF			/	/				/		
	07:00 am					/	/			✓	/		
<b>Total Intake :</b>			Taken			<b>Total Output :</b>						U-2 M-2	

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
11/6/26	08:00 am		DBFF							✓		
	09:00 am											
	10:00 am	o	DBFF									
	11:00 am				NA					✓		(MS)
	12:00 pm		DBFF									
	01:00 pm											
	<b>Total Intake :</b>						<b>Total Output :</b>					
11/6/26	02:00 pm		DBFF									
	03:00 pm		FF									
	04:00 pm	o	DBFF							✓		
	05:00 pm		FF									
	06:00 pm		DBFF									
	07:00 pm		FF									
	<b>Total Intake :</b>						<b>Total Output :</b> U-2 M-1					
11/6/26	08:00 pm											
	09:00 pm		DBFF									
	10:00 pm	o										
	11:00 pm		DBFF									
	12:00 am											
	01:00 am		DBFF									
<b>Total Intake :</b> taken						<b>Total Output :</b> U-2 M-2						
12/6/25	02:00 am											
	03:00 am		DBFF									
	04:00 am	o										
	05:00 am		DBFF									
	06:00 am											
	07:00 am		DBFF									
	<b>Total Intake :</b> taken						<b>Total Output :</b> U-2 M-2					

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

MNH-00015895 IP26-00006548  
 Baby Of NIYA CHENNURI  
 09-06-2026 0 Y 0 M 1 D (M)  
 Dr. DILNAAZ FAROOQUI



# FLUID CHART

Sheet No. : .....

1. All measurements in ml.
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		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

HNH-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-06-2026 090601H (M)  
 Dr. DILNAZ FAROOQUI



# NURSING CARE RECORD

Date: 9/6

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning				Ns			
Afternoon	2pm	→ Assess the baby condition monitor	2pm	→ Assessed the baby condition			
		→ maintain I/O chart		→ maintain I/O chart	I/O chart maintained	baby is stable	Li
	8pm	→ give every and feeding	8pm	→ given every and baby feeding.			Syathra
Night	8pm	→ Assess baby condition	8pm	→ Assessed baby condition			
		→ monitor the vitals		→ monitored vitals	Baby is stable	re-checked vitals	Ay
		→ maintain I/O chart		→ maintained I/O chart			
	8pm	→ DBF every 2nd hourly	8pm	→ DBF every 2nd hourly			

HNH-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-06-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. DILNAAZ FAROOQUI

Patient Sticker



# NURSING CARE RECORD



Date: 10/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM   2 PM	<ul style="list-style-type: none"> <li>- Assess the Baby Condition</li> <li>- monitor vitals</li> <li>- maintain I/O chart</li> <li>- DBF every 2nd Hourly</li> </ul>	8 AM   2 PM	<ul style="list-style-type: none"> <li>- Assessed the Baby Condition</li> <li>- monitored vitals</li> <li>- maintain I/O chart</li> <li>- DBF every 2nd Hourly</li> </ul>	Baby is Stable	Rechecked vitals	<i>manisha</i>
Afternoon	2 PM   5 PM	<ul style="list-style-type: none"> <li>→ Assess the Baby condition</li> <li>→ monitor the vitals.</li> <li>→ maintain I/O chart.</li> <li>→ DBF give 2nd hourly.</li> <li>→ plan vaccination Today.</li> </ul>	2 PM   5 PM	<ul style="list-style-type: none"> <li>→ Assessed the baby condition.</li> <li>→ monitored the vitals.</li> <li>→ maintained I/O chart.</li> <li>→ DBF given 2nd hourly.</li> <li>→ planned vaccination Today. (vaccination done).</li> </ul>	→ Baby is stable now	→ Reassessed the vitals.	<i>ABJ</i>
Night	8 PM   8 AM	<ul style="list-style-type: none"> <li>→ Assess the baby general Condition</li> <li>→ Check the vital sign &amp; record</li> <li>→ Maintain the I/O Chart.</li> <li>→ DBF give 2nd hourly.</li> <li>→ Today (vaccination done)</li> </ul>	8 PM   8 AM	<ul style="list-style-type: none"> <li>→ Assessed the baby condition</li> <li>→ Check the vital sign &amp; record</li> <li>→ maintain the I/O chart</li> <li>→ DBF give 2nd hourly.</li> </ul>	→ baby is stable now	→ Reassessed the vitals	<i>Suz</i>

# NURSING CARE RECORD

Date: 11/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	→ Assess the baby condition → monitor the vitals. → DBF + FF give every 2nd hourly. → Maintained I/O chart.	8AM	→ Assessed the baby condition. → Monitored the vitals. → DBF + FF given every 2nd hourly. → Maintained I/O chart.	→ Baby is stable now	→ Re assessed the vitals	(Signature)
Afternoon	2PM	→ Assess the baby condition. → DBF + FF 2nd hourly → monitor vitals → maintain I/O	2PM	→ Assessed the patient condition. → monitor vitals → DBF + FF 2nd hourly	→ Baby is stable	→ Rechecked vitals → continue DSPT → call 6:am SBR to send	(Signature)
Night	8PM	→ Assess the baby condition → monitor vitals → maintain I/O chart → DBF + FF 2nd hourly → CT DSPT → SBR TIM 6am	8PM	→ Assessed the baby condition → monitored vitals → maintained I/O chart → CT DSPT → SBR TIM 6am → DBF + FF 2nd hourly	→ baby is stable → SBR TIM 6am	→ rechecked vitals	(Signature)

Date: .....

Patient Stick

HNH-00015895 IP26-00006548  
Baby Of NIYA CHENNURI  
09-06-2026 0 Y 0 M 1 D (M)  
Dr. DILNAAZ FAROOQUI



# NURSING CARE RECORD

**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							



### NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: ..... Department: LDR Date of Admission: 9/6/26

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	<u>new born</u>		If Yes Specify: .....					
BACKGROUND	Area	9/6 2pm	9/6/26 N <sub>1</sub>	10/6/26 M <sub>6</sub>	10/6/26 E	10/6/26 N <sub>1</sub>	11/6/26 E <sub>6</sub>	
	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:	97.7	97.2	98.6	98.6	98.6	99.1
		Res:	40b/m	42b/m	40b/m	41b/m	38b/m	40b/m
		SpO <sub>2</sub> :	98.1	100.1	99.8	99.1	98.7	99.1
		Pulse:		143b/m	144	145b/m	140b/m	140b/m
		BP:	-	-	-	-	-	-
	Fall Risk Score:	-	-	-	-	-	-	
Pain Score:	0	-	-	1	-	-		
Recommendations	Safety Needs:	NA	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:	NA	-	-	NA	NA	-	
	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	-	-	-	-	-	
Post Operative Procedure Special Orders:		NA	-	-	-	-	-	
Handed Over By Name :		Suialtha	Anusha	Suz	mahi	Jeram	Mahi	
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	
Date:		9/6/26	10/6/26	10/6	10/6/26	11/6/26	11/6/26	
Time:		8pm	8Am	2pm	8pm	8Am	8:2pm	
Taken Over By Name :		Anusha	Suz	mahi	Jeram	mahi		
Signature :		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>		
Date:		9/6/26	10/6	10/6/26	10/6/26	11/6/26		
Time:		8pm	8pm	2pm	8pm	8Am		



## NURSING SHIFT HAND OVER FORM - WARD

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

<b>SITUATION</b>	Diagnosis: <span style="color: blue; font-size: 1.2em;">NB</span>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
<b>BACKGROUND</b>	Area	Shift Time	/	/	/	/	/
	Medical Condition (Any special condition to be noted):		17/6/26	N1			
<b>ASSESSMENT</b>	Allergy:	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:	97.6F				
		Res:	20b/m				
		SpO <sub>2</sub> :	99%				
		Pulse:	130b/m				
		BP:	—				
	Fall Risk Score:	—					
	Pain Score:	—					
<b>Recommendations</b>	Safety Needs:	—					
	Physiotherapy	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:	—					
	Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Special Orders / Medications:	—					
Post Operative Procedure Special-Orders:		—					
Handed Over By Name :		Divya					
Signature :		D					
Date:		17/6/26					
Time:		8AM					
Taken Over By Name :							
Signature :							
Date:							
Time:							



## 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	9/6 Time	10/6 Time	10/6/26 Time	11/6 Time	11/6/26 Time					
						2M	2PM	8PM	M.C	NI					
	Procedure →					NA	NA	NA	NA	NA					
<b>Crying Irritability</b>	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					
<b>Behavior State</b>	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					
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual	NA	NA	NA	NA	NA					
<b>Extremities Tone</b>	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					
<b>Vital Signs HR RR, BP, SaO<sub>2</sub></b>	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 <sub>2</sub> 76-85% with stimulation - quick recovery	Increase greater than 20% from baseline, SaO <sub>2</sub> less than or equal to 75% with stimulation - slow recovery Out of sync or fighting ventilator	NA	NA	NA	NA	NA					
<p><b>Premature Pain Assessment: Scoring</b>                  +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><b>Intervention</b>                  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>						<b>Gestational Age / Corrected Age</b>									
						<b>Total Pain / Agitation Score</b>		1	1	-	-				
						<b>Intervention</b>		-	-	-	-				
						<b>Effectiveness</b>		-	-	-	-				
						<b>Signature</b>		Jin	(Signature)	(Signature)	(Signature)	(Signature)			

## NPASS: Neonatal Pain, Agitation & Sedation Scale

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



# BRADEN 'Q' SCALE

					Date :	9/6	10/12	10/6/26	11/6/26
					Time :	2pm	8:45	8pm	2:6
Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.		3	2	3	3
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	2
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	3	4	3
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	3	3	3
<b>FRICITION-SHEAR</b> Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."		4	4	4	4
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> 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.		4	4	4	4
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	3	3	3
<b>TOTAL SCORE</b>						26	20	24	20
<b>Evaluator's Name</b>						Fi	Qzi	sz	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	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for "At Risk" Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for "Moderate Risk" Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	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"> <li>• Use same protocol as for "High Risk" Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNM-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-06-2026 0 Y 0 M 1 D (M)  
 Dr. DILNAAZ FAROOQUI



# BRADEN 'Q' SCALE



Date : 11/6/26  
 Time : 2)

Mobility	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position without assistance.	<b>2. Very limited:</b> Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	<b>3. Slightly limited:</b> Makes frequent through slight changes in body or extremity position independently.	<b>4. No limitations:</b> Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	<b>1. Bedfast :</b> Confined to bed	<b>2. Chairfast :</b> Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	<b>3. Walks occasionally:</b> Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	<b>4. All patients too young to ambulate; OR walks frequently:</b> Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4			
Sensory Perception	<b>1. Completely limited:</b> 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.	<b>2. Very limited:</b> 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.	<b>3. Slightly limited:</b> 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.	<b>4. No impairment:</b> Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	<b>1. Constantly moist:</b> Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very moist:</b> Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	<b>3. Occasionally moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. Rarely moist:</b> Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
<b>FRICION-SHEAR</b> <b>Friction</b> Occurs when Skin moves against support surfaces <b>Shear</b> Occurs when skin and adjacent bony surface slide across one another	<b>1. Significant problem:</b> Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	<b>2. Problem:</b> 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.	<b>3. Potential problem:</b> 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.	<b>4. No apparent problem:</b> Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	<b>1. Very Poor:</b> 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.	<b>2. Inadequate:</b> 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.	<b>3. Adequate:</b> 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.	<b>4. Excellent:</b> Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	<b>1. Extremely compromised:</b> Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	<b>2. Compromised:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	<b>3. Adequate:</b> Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	<b>4. Excellent:</b> Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
<b>TOTAL SCORE</b>					28			
<b>Evaluator's Name</b>								

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	<b>Support Surfaces</b> (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"> <li>• Regular Turning Schedule</li> <li>• Enable as much activity as possible</li> <li>• Protect the heels</li> <li>• Use pressure redistribution surfaces</li> <li>• Manage moisture, friction and shear</li> <li>• Advance to a higher level of risk if other major risk factors are present</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	<ul style="list-style-type: none"> <li>• Use the Same Protocol as for “<b>At Risk</b>” Patients</li> <li>• Position patient at 30 degree lateral incline using foam wedges</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	<ul style="list-style-type: none"> <li>• Follow the same protocol as for “<b>Moderate Risk</b>” Patients</li> <li>• In addition to regular turning schedule</li> <li>• Make small shifts in their position frequently</li> </ul>	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"> <li>• Use same protocol as for “<b>High Risk</b>” Patients</li> <li>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors.</li> </ul>	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

HNH-00015895 IP26-00006548  
 Baby Of NITYA CHENNURI  
 09-06-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. DILNAAZ FAROOQUI



DATE: 9/6/26

NEWBORN ANOMOLY ASSESSMENT CHECKLIST

S.NO	ASSESSMENT PARAMETERS	CHECKED BY REGISTRAR	CHECKED BY CONSULTANT	REMARKS
1.	Palate	(N) No cleft anomaly	? Retrognathia Joubert	(N) No cleft palate
2	Pre natal teeth	No	No	Nul
3	Anal opening	Patent	patent	Patent anal orifice
4	Genitalia	B/Lc tub descended	B/Lc descended Testis	B/Lc Descended testis
5	Spine	(N)	(N)	Normal
6	Red reflex	to be checked	Present B/Lc	Red reflex seen in both eyes
7	4 limb saturation (before discharge)	checked	checked	equal in all 4 limbs

Ped.Registrar signature

Ped.Consultant signature



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Baby of Nitya Chennuri Mother's Name: Mrs. Nitya Chennuri  
Date of Birth: 9/6/26 Time of Birth: 1:45 PM Gender:  Male  Female  
Birth Weight: 3.050 Kgs HC: ..... cm Length: ..... cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: .....  
Resuscitated:  Yes  No Blood Group: Mother: B Positive Baby: .....  
Feeding:  Breast Feeding  Formula  Both First Feed Time: .....

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery:  Normal  LSCS - Emergency/ Elective  Instrumental  AVD  
Indication: .....

### Physical Assessment of New Born:

Temp: 98.1 °C HR: 150 /Min RR: 42 /Min BP: ..... SpO<sub>2</sub>: 98.1

Pain Score: 0 ( Follow N Pass)

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

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

Behaviour Status on admission:  Sleeping  Crying  Calm  Drowsy

### Findings:

General Appearance: Posture:  Well-Flexed  Asymmetry

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

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

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

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No

2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No


3. Socio History: Siblings Yes / No

All information obtained from  Mother  Father  Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Sujatha Signature: Li Date & Time: 9/6/26 @

# PATIENT TRANSFER FORM

Patient Name & UHID No. HNH-00015895 IP26-00006548 Baby Of NITYA CHENNURI 09-06-2026 0 Y 0 M 0 D 1 H (M) Dr. DILNAAZ FAROOQUI		Date & Time of Admission 9/6/26 @	Date & Time of Transfer Order 9/6/26 @
		Transfer Ordered by DR. Dilnaaz Farooqui	Reason for Transfer Observation
From Unit PSC - post	To Unit ROOM	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<del>200 - 10</del>		
2.	NA		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sis. Anshu		Name of Person Ordered Transfer DR. Dilnaaz Farooqui	
Patient & Clinical Records Received by : Amrutha			
Date & Time of Patient Received : 9/6/26 9pm			

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

- Unavailable Bed       Nurse not Available       Available Bed not ready

### GENERAL CONSENT FOR TREATMENT

Patient Name: Baby Of NITYA CHENNURI Age : 0 Y 0 M 0 D 1 H  
IP No: IP26-00006548 Sex: Male  
Consultant: Dr. DILNAAZ FAROOQUI Ward/Bed No: 4F -OT/CRDL-HNPDA-414-1

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Receivers Signature: *Prashanth*)

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: *Prashanth*

Name: PRASHANTH REDDY BHAGIRTHI

Relationship: father

Date: 9/6/26

Time: 14.44 hrs

Witness Name: Sumendu Maveer

Witness Signature: *[Signature]*

Patient Address:

NIZAMABAD Nizamabad Nizamabad  
Telangana INDIA 110005

HNH-00015895 IP26-00006548  
Baby Of NITYA CHENNURI  
09-06-2026 0 Y 0 M 0 D 1 H (M)  
Dr. DILNAAZ FAROOQUI



Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

25  
years  
of being the quality you  
expect. Every. Single. Day.

## BILLING POLICY

- **Billing cycle:** - With effective from 1<sup>st</sup> 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.

PRASHANTH Prashanth

Name & signature of Patient/Attendant

[Signature]

(Signature of Admission Desk executive)

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

## RAINBOW CHILDREN'S MEDICARE PRIVATE LIMITED

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

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