

**ACTIVITY** VIH-00206197 IP-00060458  
Baby B/O RAMACHANDHRUNI  
24-06-2026 0 Y 0 M 0 D 2 H (M)  
Dr. PREETHAM KUMAR

Name: -----  
UHID No: ----- Consultant: Dr. preetham kumar Dept: -----  
Date of Admission: 24/6/26 Time: @ 11:13am Date of Discharge: ----- Time: -----  
Room / Bed No: 4w 221-1 Ward: 4w Suggested Billable bed type: -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
<u>24/6/26</u>	<u>7:00am</u>	<u>4w</u>	<u>OT</u>	<u>[Signature]</u>


**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
	TEOAE	1	3694326	

**ANY OTHER INFORMATION**

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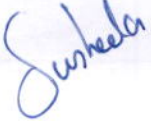
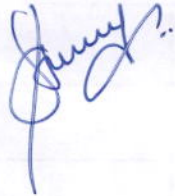
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Date: 25.06.2021

Time: 8 Am

Prepared By: ME-R14

<p>Staff Nurse</p> 	<p>Shift / Ward</p> 	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name :

VIH-00206197 IP-00060458  
 Baby B/O RAMACHANDHRUNI  
 24-06-2026 0 Y 0 M 0 D 8 H (M)  
 Dr. PREETHAM KUMAR

IP.No:

Ward:

DOA:



Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	/	/	
2	Discharge Summary	2	/	/	
3	Nursing Initial assessment form	1	/	/	
4	Patient Transfer Forms	1	/	/	
5	In-patient Medical Record	4	/	/	
6	Doctors Progress Sheets	2	/	/	
7	Nurses Progress notes	2	/	/	
8	Consultation Sheets				
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	DAMA Consent				
16	Consent for Special Procedure				
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre-Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	/	/	
26	Intake and Output chart (fluid Chart)	2	/	/	
27	Drug Chart (Regular prescription)	1	/	/	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	/	/	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart				
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Missing by Dept's	1	/	/	
	pan Anesth	1	/	/	
	Borden Q	3	/	/	
	Others	6	/	/	
		31 pages			
	Total No. of Pages				

Signature and Date : *[Signature]* 25/6/22

# ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE



## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060458

Admit Date : 24-Jun-2026

Admit Time : 11:13 AM UHID : VIH-00206197

### Patient Details :

Patient Name : Baby B/O RAMACHANDHRUNI VENKATA  
NAGA SAHITHI -

Age : 0 D

Guardian : Mr KAKANI VENKAT SAI ARVIND

DOB : 24-06-2026 09:35 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : G-1406, Aparna Kanopy Yellow bells,  
Gundlapochampally Nuthankkal Ranga Reddy  
Telangana INDIA 501401

Phone No : 9573085425/

E-mail : rvnsahithi1612@gmail.com

### Admission Details :

Bed Type : BASINET

Bed No : CRDL-LW-221-1

Ward Name : N 2F-LABOUR WARD

Room No : CRDL-LW-221-1

Admission Type : First Visit

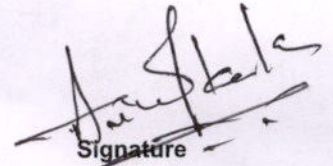
### Contact Details :

Name : Mr KAKANI VENKAT SAI ARVIND

Relationship : Father

Contact Address :

Phone No : 9573085425



Signature

### Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR

Specialisation : GENERAL PEDIATRICS

Referral Doctor :

Phone No :

Co-Consultant :



### Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

# PATIENT TRANSFER FORM

VIH-00206197      IP-00060458 Baby B/O RAMACHANDHRUNI 24-06-2026      0 Y 0 M 0 D 2 H (M) Dr. PREETHAM KUMAR 		Date & Time of Admission 24/6/26 @ 11:13am	Date & Time of Transfer Order 24/6/26 2 PM
Treating Consultant Name Dr. preetham kumar		Transfer Ordered by Dr. preetham	Reason for Transfer observation
From Unit L/w	To Unit Room C 202	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.	small ketchup	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Preetham	
Patient & Clinical Records Received by :      Sumitsa			
Date & Time of Patient Received :      24/6/26 cl. 1. pm			

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



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o sahithi Mother's Name: Mrs. Ramachandhrani Venkata naga sahithi  
Date of Birth: 24/6/26 Time of Birth: 9:35 am Gender:  Male  Female  
Birth Weight: 2.91kg Kgs HC: ..... cm Length: ..... cm  
Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
Term / Pre-term / Post-term: Term  
Resuscitated:  Yes  No Blood Group: Mother: B positive Baby: .....  
Feeding:  Breast Feeding  Formula  Both First Feed Time: 10:30 AM

VIH-00192785 IP-00060453  
Mrs RAMACHANDHRUNI VENKATA  
16-12-1999 26 Y 6 M 8 D (F)  
Dr. BHAVANA K

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

### Physical Assessment of New Born:

Temp: 36.3C °C HR: 160 /Min RR: 42 /Min BP: - SpO<sub>2</sub>: 98%

Pain Score: 0 (Follow N Pass)

Fall Risk Assessment:  Yes  No Score: 16 (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: Adithya

Signature: [Signature]

Date & Time: 24/6/26 @ 10:30 AM



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Rama Chandhruni Venkate Age : ..... Father's Name : ..... Age : .....  
 Date of Birth : 26/6/99 Date of Admission : ..... UHID No : .....  
 NICU Consultant : Dr. Preetham Referring Consultant : Dr. Bhavana  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : Sh. Ramachandhruni Mother's Blood Group : B Positive  
 Gender :  M  F Blood Group : .....  
 Birth Weight (gms) : 2.91 kg Length (cms) : .....  
 Date of Birth : 24/6/26 Time of Birth : 9:35am OFC (cms) : .....  
 Place of Birth : Rvt V.K.P. Estimated Gesth Age : 37+1 w/c

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 26yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 4yrs LMP : 6/10/25 EDD : 13/7/26  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : 9+5 w/c AN Steroids Drugs / Doses : .....  
 Last Scans Details : SUWA / 37w4d cerebral at path length AB-12.1 Doppler @

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

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 35yrs                  Consanguinity : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <b>H/o PIH (after 20 weeks) / PE</b>                  How many Drugs / Doses / Since how long : .....                  H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....                  IUGR - when detected : .....                  Doppler ( Increased Resistance / ADEF / REDF / Redistrbution in MCA ) / Ductus Venosus : .....                  AFI : .....</p>	<p><b>H/o GDM/ pre GDM/ on diet or insulin</b> <u>As - low risk</u>                  Controlled or not, recent values, HbA1 values : .....  <u>Gom - metformin 500mg B.D.</u>                  Compliance with Rx : .....                  Scans : LGA, TIFFA , Fetal Echo : <u>(M)</u>  <b>H/o Hypothyroidism</b> : when diagnosed ? Medication? .....                  Any other Chronic Medical Problems, when detected drugs ? .....                  ( Anemia, SLE, Jaundice, CHD, Heart Disease )                  Infection : H/O, Fever                  ( <input type="checkbox"/> Malaria <input checked="" type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV )                  UTI : when : <u>12+5 w/c</u> Any culture : .....</p>
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**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....



**PAST OBSTETRIC HISTORY**

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

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

**PERINATAL HISTORY**

Treating Obstetrician : Dr. Bhavana Hospital : Reem-VKP  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : .....</p> <p>Specify the reason : <u>NVD</u></p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL : .....</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG : .....</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....</p>
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**NEONATAL RESCUSTITION DETAILS**

**APGAR SCORE**

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

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

	1 Minute	5 Minutes	10 Minutes
<b>TOTAL</b>	<u>7/10</u>	<u>9/10</u>	

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

**Snapee II Score**

	> 30 (0)	20-29 (9)	< 20 (19)	
Mean BP (mmHg)	> 96 (0)	96-95 (8)	< 95 (15)	
Lowest Temp (oF)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28)
Pao2 / Fio2 (mmHg%)	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	
Lowest Serum PH	No (0)	Yes (19)		
Multiple Seizures	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	
U. Output (ml / kg / hr)	> = 7 (0)	< 7 (18)		
Apgar Score	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
Brith Weight	> 3rd percentile (0)	< 3rd (12)		
SGA				

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

CIAB



target SpO<sub>2</sub> reached  
at 21 of life

Equipment Check done

↓  
B/O Ramachandran delivered via  
NVD ↓  
Mch - eAB  
↓  
Cord clamp cut immediately  
(? ↓ FAR)  
↓  
Received into a preheated warmer  
↓  
Dried and stimulated  
↓  
Secretions cleared  
↓  
Cord clamp cut 2A+11(+)  
↓

Investigation details in previous Hospital :

Inf. vit K 10m givan  
↓  
Body vigorous.  
↓  
Shift to mother side

Feeding History :

Past History :

Family History :

Socio Economic History :



**GENERAL EXAMINATION ON ADMISSION**

General Disposition:  
 Cry - vigorous  
 Tone ⊕  
 Activity - good flexion  
 of UL, LL ⊕

VITALS : Temperature : 36.3°C HR : 160/min RR : 42/min NIBP : ..... CFT : C3R  
 Color of the extremities : Acrocyanosis  
 Jaundice : - Pallor : - SpO2 : 98% RA

Anthropometry : Birth Weight : 2.91 kg Length : ..... HC : ..... Present Weight : .....  
 Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

Facies : (Any Facial Dysmorphism) ⊕

NECK and CLAVICLES : Range of Motion : | ⊕  
 Asymmetry :  
 Masses :

EYES : Symmetry : } Not checked  
 Red Reflex :  
 Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape : | ⊕  
 Periauricular Pits / Tags :  
 Nasal shape / Patency :  
 Palate :  
 Gums :  
 Lips :  
 Tongue :



**THORAX and BREASTS :** Shape of Thorax :  
 Position of Nipples and Number : 2 in (N) of position

**ABDOMEN and UMBILICUS :** Shape :  
 Organomegaly :  
 Bowel Sounds :  
 Umbilical Stump : 2A+1V (+)  
 Discharge :

**GENITALIA :** Labia / Hymen :  
 Testicles/penis : 3L Testes palpable in scrotum  
 Anus :

**HERNIAL ORIFICES** free

**TRUNK and SPINE :** (N)

**SKIN LESIONS :**

**EXTREMITIES :** Fingers / Toes :  
 Arms / Legs :  
 Deformities : 10T + 10T (+)  
 Mobility :  
 Hip Joint Examination :

**SYSTEMIC EXAMINATION**

**Respiratory System :**  
**Breathing Pattern :**  Regular  Periodic  Shallow  Gasping  
 Mention If baby has Respiratory distress : RR : 40/min SCR / ICR / See - Saw breathing :  
 Scoring of respiratory distress if present (Silverman or Downe's) :  
 Mention if baby is on :  Hood box  CPAP  Ventilator  
 Settings :  
 SpO<sub>2</sub> : 98.1% Auscultation : RAE (+) Breath Sounds : NUB (+) Added Sounds :

**Cardiovascular System :**  
 HR : 160/min BP :  
 Femoral Pulses : (+)  
 Other Peripheral Pulses : (+)  
 Precordial Activity : (N)  
 Murmurs :  
 Signs of Cardiac Failure :

**Abdomen :** Hernia orifice : free  
 Shape :  
 Palpation : soft  
 Palpable masses :  
 Abdominal girth :  
 Anal Patency : (+)  
 Umbilical Cord : 2A+1V (+)  
 First urine passed :  
 Meconium passed :



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 : ..... *Bl. equivocal* ..... DTR : .....

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

Any Congenital Anomalies : .....

Diagnosis : ..... *Term | NVD | Liab | Infant of | 2.91kg | AGA |*  
*Diabetic mother*

**FOOT PRINTS**

Left Side :



Right Side :



*Taken by  
Kareh  
24/6/26  
elo by*

Resident Doctor :

Signature : ..... *[Signature]*

Name : ..... *Dr. Shrikar*

Date & Time : ..... *24/6/26 19:50 am*

Consultant :

Signature : ..... *[Signature]*

Name : ..... *Dr. Preetham*

Date & Time : ..... *24/6/26 9pm*



Information given by:  Family  Friend

Will patient require transportation arrangements to go home:  Yes  No  NA

Will Physiotherapy require at home:  Yes  No  NA

Is home medical equipment anticipated:  Yes  No  NA

Is home oxygen therapy anticipated:  Yes  No  NA

Breastfeeding  Yes  No  NA

Formula Feed  Yes  No  NA

Are dressing needs at home anticipated:  Yes  No  NA

Any other needs anticipated:  Yes  No If Yes Specify .....

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

.....

.....

.....

.....

.....

.....

.....

.....

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

**Discharge Details:**

**Neonatal Condition at Discharge:**

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**Feeding:**  Breastfeeding Exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

Vaccinations given  BCG  Hepatitis B  Others: .....

Neonatal Screen Taken:  Yes  No, parents advised to have Neonatal Screen at National screening

program center on: ...../...../.....

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

Appointment was given for follow-up at OPD:  Yes  No

Date of Discharge: ...../...../.....

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

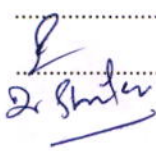
Referred to another hospital:  Yes  No

**Discharge Medications:**  Yes  No

Details: .....

Final Diagnosis: .....

- DRF 2nd hrly
- GRS 6th hrly continued till 48 hr
- OAE / CRR / NBS / B/DK
- Cord Care / WaemTH Care



Doctor Signature: .....

Doctor Name: .....

Date & Time: .....



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>24/6/26</del>	<p>8/3 Dr. Preetham M</p> <p>Term born / Room / 2.9 kg / AGA</p>	
Stools - not passed	<p>Baby warm</p> <p>CP/A good</p> <p>CV care</p> <p>CV - stable</p> <p>RS - stable</p>	<p>M: B+VC</p> <p>R:</p>
Urine - passed		<ol style="list-style-type: none"> <li>1) APRES &amp; baby prepared</li> <li>2) OAE T/m</li> <li>3) Vaccination T/m</li> <li>4) TCB before dU</li> <li>5) Warmth, cord care</li> <li>6) DBS 2<sup>nd</sup> day Stry Purpur</li> </ol>
<p><del>no. 10/20/26</del></p> <p>Noted by <del>Dr. Preetham</del>          24/6/26</p>		



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26		
10:15 AM	<ul style="list-style-type: none"> <li>⇒ Baby reviewed</li> </ul>	
	<ul style="list-style-type: none"> <li>⇒ CRA - good</li> </ul>	
	<ul style="list-style-type: none"> <li>CRT - L35e</li> </ul>	
	<ul style="list-style-type: none"> <li>TV - good</li> </ul>	
	<ul style="list-style-type: none"> <li>- Tong &amp; tolerably Red wood</li> </ul>	
	<ul style="list-style-type: none"> <li><sup>with</sup> ⇒ eye discharge @ rt in lb eye</li> </ul>	<ul style="list-style-type: none"> <li>DO</li> <li>- CR</li> </ul>
<ul style="list-style-type: none"> <li>FA</li> <li>cataract</li> </ul>		<ul style="list-style-type: none"> <li>- Toba eye drops 4x/day</li> </ul>
<ul style="list-style-type: none"> <li>Not in bed</li> <li>24/6/26</li> </ul>		
24/6/26	<ul style="list-style-type: none"> <li>lactation note (Mrs. Rangaswari)</li> </ul>	
	<ul style="list-style-type: none"> <li>• 1st time Mother</li> </ul>	
	<ul style="list-style-type: none"> <li>• Normal breast condition</li> </ul>	
	<ul style="list-style-type: none"> <li>• Drope of milk seen</li> </ul>	
	<ul style="list-style-type: none"> <li>• Baby latching &amp; sucking</li> </ul>	
	<ul style="list-style-type: none"> <li>• Advised to feed every 2hrs</li> </ul>	
	<ul style="list-style-type: none"> <li>• More skin to skin</li> </ul>	
	<ul style="list-style-type: none"> <li>• To track the feeding in the sheet given</li> </ul>	
	<ul style="list-style-type: none"> <li>• flu in OPD</li> </ul>	
<ul style="list-style-type: none"> <li>Dr. [Signature]</li> <li>10:30 AM</li> </ul>		



## PROGRESS NOTES AND DOCTOR'S ORDER

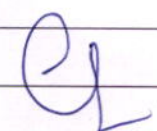
Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Resident	
room 2302	Term/NRP/PODM	2.91 kg / ASA
	Baby warm	No yellowish discharge from left eye.
M-2 B } B tre	CP/A good CRT clear	ON DBF-
	Cush 20	
V-2 S } paired	Pp - 200 Pb - 100	
	TW = 2.83 kg (+ 80g)	Plan
		1) DBF Day Nursing Q2H
		2) OAC Today
		3) TCS Today before PA
		4) warmth & cord care
		5) Informs

~~DD Vishay~~

noted by  
 Swati  
 25/6/26  
 @ 10 AM



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/6/26</u> <u>9 AM</u>	<u>CU/B Resident</u>	DOB - 24/6/26 9:35 AM
	Term (37+1wks) NVD (CAB) 2.91kg/	
	M.BG - B +ve	
	B.BG - B +ve	<u>Adv</u>
	T.Wt - 2.83 (+80 gm)	- DBF flb burp of only
	O/E C/T/A good CVS - S <sub>2</sub> @ R/L B/LAS @	- OAE, <del>both ears</del> only followup
	PA - S <sub>2</sub> V/L stable CRT < 3 sec	- TCB Now Lab days
	Vaccination done	- Flup m Saturday
	<del>Dr. Preetham Kumar</del> 25/6/26 9 AM	 Dr. Preetham Kumar

**NURSING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <i>Peum (NOD) LRTS / kind of disease methu / 2-91kg / RAB1</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <i>nil</i>				
	Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>		
	Shift	<i>N</i>	<i>E</i>	<i>N</i>	<i>M</i>		
	Medical Condition (Any special condition to be noted):	<i>-</i>	<i>-</i>	<i>-</i>	<i>nil</i>		
Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>			
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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>		
	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>96.5P</i>	<i>96.6P</i>	<i>97.2P</i>	<i>96.6P</i>	
		Res:	<i>42b/min</i>	<i>42b/min</i>	<i>40b/min</i>	<i>48b/min</i>	
		SpO <sub>2</sub> :	<i>98%</i>	<i>98%</i>	<i>99%</i>	<i>99%</i>	
		Pulse:	<i>150bpm</i>	<i>156b/min</i>	<i>140b/min</i>	<i>150b/min</i>	
		BP:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>		
	Fall Risk Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>16</i>		
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>			
Skin Integrity	<i>intact</i>	<i>intact</i>	<i>intact</i>	<i>intact</i>			
Recommendations	Safety Needs:	<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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>		
	Others Specify:	<input type="checkbox"/> Yes <input 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	
	Special Diet:	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>	<i>DBF</i>		
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>-</i>	<i>nil</i>		
	Other Special Orders / Medications:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input 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		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input 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		
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>			
Post Operative Procedure Special Orders:	<i>DBF 2N hourly 8th hourly GRBS</i>	<i>DBF 2nd hourly RAB.S</i>	<i>DBF 2nd hourly RAB.S</i>	<i>nil</i>			
Handed Over By Name :	<i>Abhishek</i>	<i>Sumitra</i>	<i>Sushila</i>	<i>Sushila</i>			
Signature / ID :	<i>020575</i>	<i>03105</i>	<i>016992</i>	<i>016993</i>			
Date:	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>	<i>25/6/26</i>			
Time:	<i>@ 1 PM</i>	<i>@ 8 PM</i>	<i>@ 8 AM</i>	<i>10 AM</i>			
Taken Over By Name :	<i>Sumitra</i>	<i>Abhishek</i>	<i>Sushila</i>				
Signature / ID :	<i>03105</i>	<i>016992</i>	<i>016993</i>				
Date:	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>				
Time:	<i>@ 2 PM</i>	<i>@ 8 PM</i>	<i>8 AM</i>				

VIH-00206197 IP-00060458  
 Baby B/O RAMACHANDHRUNI  
 24-06-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. PREETHAM KUMAR



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
<b>BACKGROUND</b>	Date	/	/	/	/	/	/
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:					
		Res:					
		SpO <sub>2</sub> :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physiotherapy:						
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):							
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							



# NURSING CARE RECORD



Date: 24/6/26

**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 DBP

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10am	DBP given	10am	provided breast milk	DBP 2nd hourly	Baby is good.	<i>[Signature]</i> Subiksha @ 1 PM
Afternoon	3pm	* Ensure Safety * Maintain Good Nutritional Status	5pm	* Provided the side rails * Breast and hourly feeding & burping given	* To prevent Risk of falls * To prevent dehydration	Reassessment done Baby is stable & comfortable	<i>[Signature]</i> 24/6/26 @ 8pm
Night	9pm	prevent Infection Ensure safety	9:30pm	provided hand rub. provided side rail.	prevented for Infection prevented for fall risk	Re assessed done every 4hr baby vital checked baby is stable	<i>[Signature]</i> 25/6/26 @ 8pm

VIH-00206197 IP-00060458  
 Baby B/O RAMACHANDHRUNI  
 24-06-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. PREETHAM KUMAR



# NURSING CARE RECORD



Date: 25/6/26

**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	9AM	ensure safety	9:10 AM	To provided side rails	To prevented fall risk	patient is stable	S. S. S 25/6 cot/ou
Afternoon				<del>discharge noted, doctor advised for discharge</del>			
Night				<del>noted by S. S. S 25/6/26 cot/ou</del>			

GENERAL CONSENT FOR TREATMENT

Patient Name: Baby B/O RAMACHANDHRUNI VENKATA NAGA SAHITHI Age : 0 Y 0 M 0 D 1 H
IP No: IP-00060458 Sex: Male
Consultant: Dr. PREETHAM KUMAR Ward/Bed No: N 2F-LABOUR WARD/CRDL-LW-221-1

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.
(Receiver's 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: Kakani Venkat Sai Arvind

Relationship: Father

Date: 24-06-2026

Time:

Witness Name:

Witness Signature:

Patient Address:

G-1406, Aparna Kanopy Yellow bells, Gundlapochampally Nuthankkal Ranga Reddy Telangana INDIA 501401



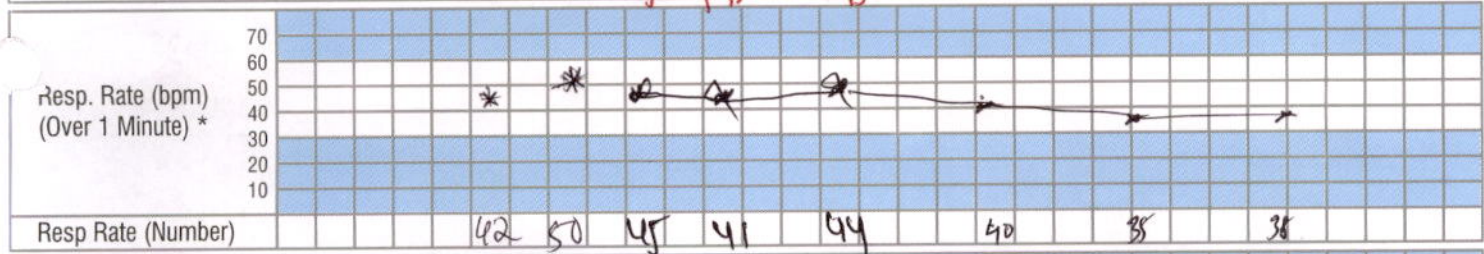
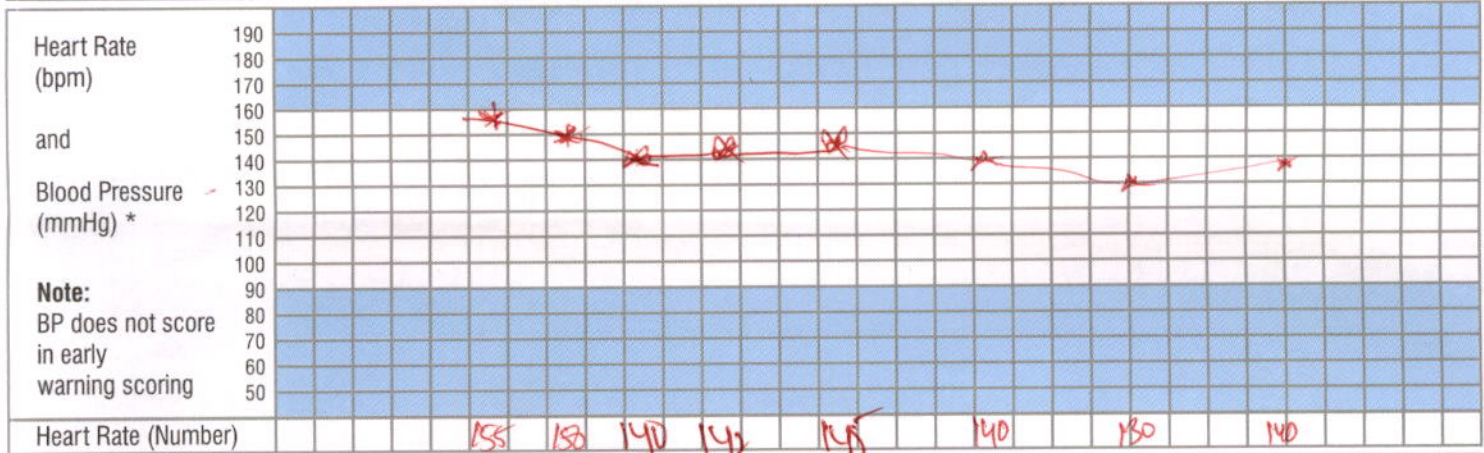
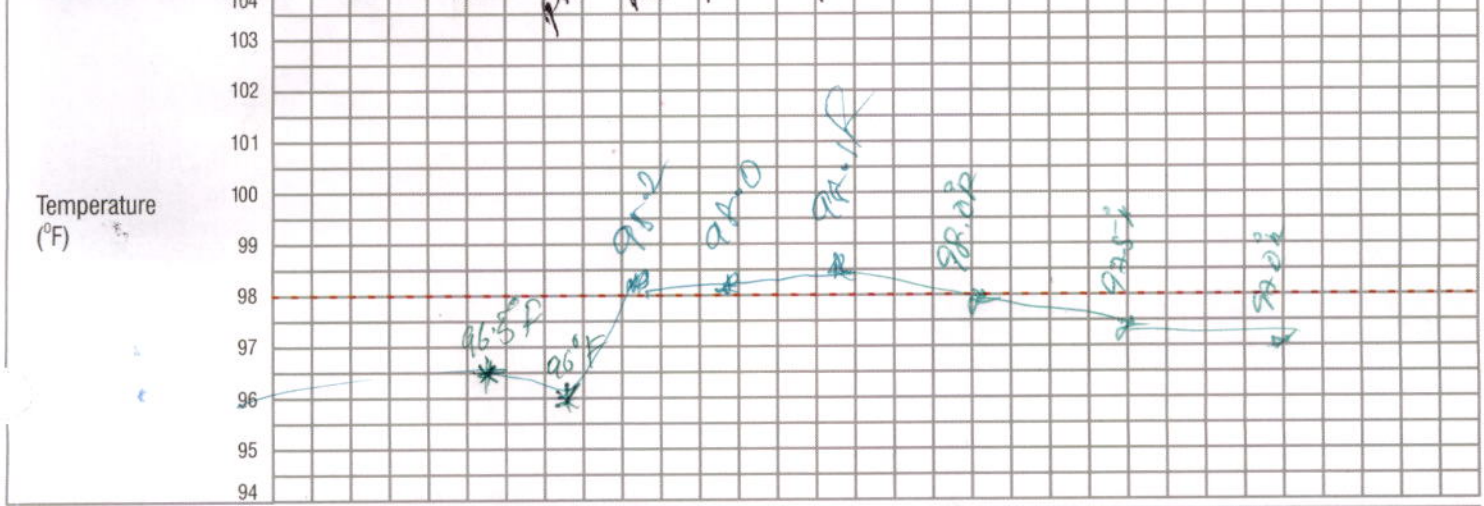
**INFANT (<1 year)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date: 24/6/26 Time: 10 12 2 4 7 11 3 7

Doctor/Nurse/Family Concern? PM PM PM PM PM PM Am A



Resp Mod/ Severe Distress None / Mild:

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%): 02 02 01 01 01 01 01 01

Conscious Level Normal / Altered: NA NA NA NA NA N NA NA

GCS \*: 15 15 15 15 15 15 15 15

**TOTAL SCORE**  
 Number of shaded boxes: 0 0 0 0 0 0 0 0  
 Pain Score: 0 0 0 0 0 1 0 0  
 Observer's Initials: K K S S S S S S

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

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

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



# 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<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</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)
<b>A</b>	<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.
<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)



# 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.
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<b>A</b>	<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.
<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)

VIH-00206197 IP-00060458  
 Baby B/O RAMACHANDHRUNI  
 24-06-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. PREETHAM KUMAR



**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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/6/26	08:00 am											
	09:00 am											
	10:00 am	DBF								✓	0	Stal 24/6/26 @ 1 PM
	11:00 am										0	
	12:00 pm	DBF									0	
	01:00 pm										0	
<b>Total Intake :</b>						<b>Total Output :</b>						
24/6/26	02:00 pm											
	03:00 pm	DBF										
	04:00 pm											
	05:00 pm	DBF								✓		
	06:00 pm											
	07:00 pm	DBF										
<b>Total Intake :</b>						<b>Total Output :</b>						
24/6	08:00 pm											Stal 24/6/26 colla
	09:00 pm	DBF										
	10:00 pm											
	11:00 pm	DBF										
	12:00 am											
	01:00 am	DBF										
<b>Total Intake :</b>						<b>Total Output :</b>						
25/6	02:00 am											Stal 25/6/26 @ 8 pm
	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.

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
<i>02/6/26</i>			Mouth	I.V	N.G							
	08:00 am								✓		0	<i>25/6/26 AV</i>
	09:00 am		<i>DBF</i>								1	
	10:00 am		<i>DBF</i>								1	
	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>							
					<i>Noted by Surya 25/6/26 CA/RA</i>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

VIH-00206197 IP-00060458  
 Baby B/O RAMACHANDHRUNI  
 24-06-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. PREETHAM KUMAR



## 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					





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 Baby B/O RAMACHANDHRUNI  
 24-06-2026 0 Y 0 M 0 D 2 H (M)  
 Dr. PREETHAM KUMAR



## THE HUMPTY DUMPTY SCALE

PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
Age	Less than 3 years old	4	24/6	24/6	28/6		
	3 to less than 7 years old	3	4	4	4		
	7 to less than 13 years old	2	-	-			
	13 years old and above	1	-	-			
Gender	Male	2	2	2	2		
	Female	1	-	-			
Diagnosis	Neurological Diagnosis	4	-	-			
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3	-	-			
	Psych/ Behavioral Disorders	2	-	-			
	Other Diagnosis	1	1	1	1		
Cognitive Impairments	Not aware of Limitations	3	-	-			
	Forget Limitations	2	-	-			
	Oriented to own ability	1	-	-			
	History of Falls or Infant-Toddler Placed in Bed	4	4	4	4		
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture / Lighting (Tripled Room)	3	3	3	3		
	Patient Placed in Bed	2	-	-			
	Outpatient Area	1	-	-			
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-	-			
	Within 48 hours	2	-	-			
	More than 48 hours/ None	1	1	1	1		
Medication Usage	Sedatives (Excluding ICU patients sedated and paralyzed)	3	-	-			
	Hypnotics	3	-	-			
	Barbiturates	3	-	-			
	Phenothiazines	3	-	-			
	Antidepressants	3	-	-			
	Laxatives/ Diuretics	3	-	-			
	Narcotics	3	-	-			
	One of the Meds listed above	2	-	-			
Other Medications / None	1	1	1	1			
<b>Total</b>			16/6	16/6	16/6		

**Intervention:**

-Fall Risk: Low Humpty Dumpty Score = 7-11, High Risk Humpty Dumpty Score = 12 or above

Bed in low position					
Call device within reach					
Wheels Locked	yes	yes			
Room free of clutter					
Adequate lighting	yes	yes			
Wheel chair support					
Other Intervention(s) Specify					
Nurse's Name:	Akhya Suresh				
Signature:	<i>[Signature]</i>				
Date:	24/6/2026				
Time:	2:30pm				

VIH-00206197 IP-00080458  
 Baby B/O RAMACHANDHRUNI  
 24-08-2026 0 Y 0 M 0 D 13 H (M)  
 Dr. PREETHAM KUMAR



# PAIN ASSESSMENT FORM



Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/6	7pm	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
25/6	3Am	0	—	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Re-assessment Frequency:**

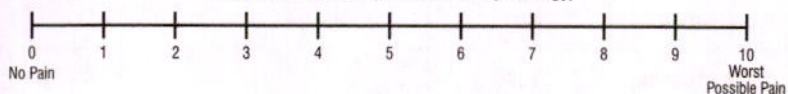
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
  - At least every 2 hours for the first 24 hours
  - Then every 4 hours.
  - Prior to pain relieving intervention.
  - Within 30 – 60 minutes after pain relief intervention.

# PAIN ASSESSMENT TOOLS

## FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

## Numerical Pain Scale (Obstetric and Gynecology)



## Neonatal Pain, Agitation and Sedation Scale (upto 1 Month)

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<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
<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)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<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
<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

## Wong - Baker (Pediatrics) Above 7 Years



# Neonatal / Infant Braden Q Scale

VIH-00206197 IP-00060458  
Baby B/O RAMACHANDRUNI  
24-08-2026 0 Y 0 M 0 D 8 H (M)  
Dr. PREETHAM KUMAR

No.: F/HW/BRD-Q/NSG/04

Patient Name : .....

Age..... G



24/8/26  
772

Intensity and Duration of Pressure					Score
<b>General Physical Condition</b>	<b>1. Gestational Age ≤ 28 weeks</b>	<b>1. Gestational Age &gt; 28 weeks and ≤ 33 weeks</b>	<b>1. Gestational Age &gt; 33 weeks and ≤ 38 weeks</b>	<b>1. Gestational Age &gt; 38 weeks</b>	1
<b>Mobility :</b> The ability to change and control body position	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position due to sedation or paralytic medication	<b>2. Very Limited:</b> Makes occasional slight changes in body or extremity position.	<b>3. Slightly Limited:</b> Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	<b>4. No Limitations:</b> Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	3
<b>Activity:</b> The degree of physical activity	<b>1. Bedfast :</b> Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	<b>2. Very Limited:</b> Tolerates position changes, may be lifted to reposition but is not out of bed	<b>3. Slightly Limited:</b> Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	<b>4. No Limitations:</b> Can be repositioned or held freely, OOB to mat, chair, swing, scheduled play times	3
<b>Sensory perception:</b> The ability to respond in a developmentally appropriate way to pressure-related discomfort	<b>1. Completely Limited:</b> Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	<b>2. Very Limited:</b> Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	<b>3. Slightly Limited:</b> Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	<b>4. No Impairment:</b> Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
<b>Tolerance of the Skin and Supporting Structure</b>					
<b>Moisture</b> Degree to which skin is exposed to moisture	<b>1. Constantly Moist:</b> Skin is kept moist almost constantly by urine, tube, wound or ostomy drainage, etc. Dampness is detected every time patient is moved or turned.	<b>2. Very Limited :</b> Skin is often, but not always moist, Linen must be changed at least every 8 hours. Increased frequency of output (diarrhea or urine).	<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 change, linen only requires changing every 24 hours.	3
<b>Friction - 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> Agitation leads to almost constant friction and vigorous rubbing of head, knees or extremities against bed surfaces.	<b>2. Problem :</b> Complete lifting without sliding against sheets is impossible, fragile skin. Frequently slides down in bed, requiring frequent repositioning.	<b>3. Potential Problem :</b> During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	<b>4. No Apparent Problem :</b> Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	3
<b>Nutrition</b> Usual food intake pattern	<b>1. Very poor:</b> NPO and/or maintained on clear liquids, or IVs, OR never tolerates a complete feeding, losing weight.	<b>2. Inadequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	<b>3. Adequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	<b>4. Excellent :</b> Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	3
<b>Tissue Perfusion and Oxygenation</b>	<b>1. Extremely Compromised:</b> Hypotensive (MAP < 50 mmHg; < 40 in a newborn) when position changed, generalized edema, high frequently/high ventilator requirements.	<b>2. Compromised:</b> Normotensive but compensated; extremities cool, cardiac defects, Oxygen saturation may be < 95%; Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40, unstable body temperature, oxygen	<b>3. Adequate :</b> Normotensive by self or compensated; Oxygen saturation may be < 95 % Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is normal, stable body temperature, oxygen	<b>4. Excellent:</b> Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	3
Total: If < 20 at Risk for Skin Breakdown					22



# Neonatal / Infant Braden Q Scale

VIH-00206197 IP-00080458  
 Baby B/O RAMACHANDRUNI  
 24-08-2026 0 Y 0 M 0 D 8 H (M)  
 Dr. PREETHAM KUMAR

F/HW/BRD-Q/NSG/04

Patient Name : .....

Age..... Gender.....

30/08/26  
25/6/26  
Score

Intensity and Duration of Pressure	1. Gestational Age ≤ 28 weeks	1. Gestational Age > 28 weeks and ≤ 33 weeks	1. Gestational Age > 33 weeks and ≤ 38 weeks	1. Gestational Age > 38 weeks	Score
<b>General Physical Condition</b> <b>Mobility :</b> The ability to change and control body position	<b>1. Completely immobile:</b> Does not make even slight changes in body or extremity position due to sedation or paralytic medication	<b>2. Very Limited:</b> Makes occasional slight changes in body or extremity position.	<b>3. Slightly Limited:</b> Makes frequent changes in body or extremity position, turns head, limited extension/ flexion of extremities.	<b>4. No Limitations:</b> Makes major and frequent changes in position, moving all extremities, turning head, positive reflexes (reaching, grasping, startle, etc)	1 3 3
<b>Activity:</b> The degree of physical activity	<b>1. Bedfast :</b> Confined to bed, minimal shifting of position. Limited position choices due to condition or equipment	<b>2. Very Limited:</b> Tolerates position changes, may be lifted to reposition but is not out of bed	<b>3. Slightly Limited:</b> Tolerates frequent position changes, can be held and/ or out of bed, skin to skin care.	<b>4. No Impairment:</b> Age appropriate response to aversive stimuli, alert, perceptive with successful self-calming behaviors.	3
<b>Sensory perception:</b> The ability to respond in a developmentally appropriate way to pressure-related discomfort	<b>1. Completely Limited:</b> Unresponsive to environmental or tactile stimuli, due to diminished level of consciousness, paralytic or sedation medication	<b>2. Very Limited:</b> Not tolerant of environmental stimuli, oversensitive to noise, lights, & touch, easily agitated, difficult to calm	<b>3. Slightly Limited:</b> Easily agitated but calms with comfort measures. Few self-calming behaviors, occasionally successful at self-calming	<b>4. Rarely Moist :</b> Skin is usually dry, routine diaper change, linen only requires changing every 24 hours.	3
<b>Tolerance of the Skin and Supporting Structure</b> <b>Moisture</b> Degree to which skin is exposed	<b>1. Constantly Moist:</b> Skin is kept moist almost constantly by urine, tube, wound or rubbing of head, faces, extremities against bed	<b>2. Very Limited :</b> Skin is often, but not always moist. Linen must be changed at increased frequency	<b>3. Occasionally Moist:</b> Skin is occasionally moist, requiring linen change every 12 hours.	<b>4. No Apparent Problem :</b> Able to completely lift patient during a position change. Maintains good position in bed or chair at all times.	3
<b>Feeding and</b> <b>Position</b> Ability to maintain position and	<b>1. Very poor:</b> NPO and/or maintained on clear liquids, or IVs. OR never tolerates a complete feeding, losing weight.	<b>2. Inadequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR trophic feeds or tolerates partial feeds, some emesis, no weight gain or losing weight.	<b>3. Potential Problem :</b> During a move skin may slide to some extent against sheets but easily repositioned. Maintains relatively good position in swing or bed most of the time but occasionally slides down.	<b>4. Excellent :</b> Is on a normal diet providing adequate calories for age. All feeds taken orally, consistent weight gain. 20gm/kg/day < 2kg weight or 20gm/day/ ≥ 2kg	3
<b>Respiratory and</b> <b>Temperature</b> Ability to maintain respiratory and	<b>1. Extremely Compromised:</b> Hypotensive (MAP < 50mmHg; < 40 in a newborn) when position changed, generalized edema, respiratory treatments	<b>2. Compromised:</b> Normotensive but compensated; extremities cool, cardiac defects. Oxygen saturation may be < 95%. Hemoglobin may be < 10 mg/dl; Capillary refill may be > 2 seconds; serum pH is < 7.40. unstable body temperature, oxygen	<b>3. Adequate :</b> Is on tube feedings or TPN/IL which provide adequate calories and nutrients for age OR tolerates P.O. feeds, stable weight or weight gain. 20gm/kg/day.	<b>4. Excellent:</b> Normotensive by self, Oxygen saturation > 95%; Normal Hgb; Capillary refill < 2 seconds, no oxygen, stable body temperature.	3
<b>Total: If &lt; 20 at Risk for Skin Breakdown</b>					22

