

ACTIVITY RE

VIH-00205853 IP-00060332
Baby Of T.RANI
12-06-2026 0 Y 0 M 0 D 23 H (M)
Dr. SURENDER RAO DUSA



Name: -----

UHID No : ----- Consultant : ----- Dept : pediatrics

Date of Admission : 13/6/26 Time : 12:30 AM Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>13/6/26</u>	<u>@ 1:30 AM</u>	<u>ER</u>	<u>NICU</u>	<u>As</u>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<u>Dr. Mustaf Kamal</u>	<u>13/06/26</u>	<u>3090068</u>	<u>[Signature]</u>
2.	<u>cross checked done by Sr. Alishab 15/6/26</u>			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
13/6/26	RBS - 57 mg/dl	26020210	(14)
13/6	CBP, blood grouping	26020215	} Dr. Jey
	Blebs	26020216	
	YBG, RBS	26020217	} Dr. Jey
	X-ray	26009464	
	RBS	26020230	Dr. Jey
	X-ray	260094974	Dr. Jey
	2d echo	26-009522	Dr. Jey
13/6/26	CBP, CRP, urea, creatinine	26020319	} Dr. Jey
	Calcium, SBR, electrolyte		
14/6/26	RBS	26020347	Dr. Jey
14/6	CRP	26009548	Dr. Jey
15/6	CBP, CRP, creatinine urea, SBR, SLE calcium	26020398	Dr. Jey
15/6	RBS	26020399	Dr. Jey
Cross checked done by Sr. Alhuda			15/6/26
15/6	EX-Ray	069582	Dr. Jey
16/6	RBS	26020520	Dr. Jey
16/6	X-ray	26009623	Dr. Jey
16/6	SBR, TFT	26020579	Dr. Jey
17/6	RBS	26020596	Dr. Jey
Cross checked done by Sr. Alhuda			17/6/26

①

Ref. No. F/INPR/12



Patient Name : **VIH-00205853**
Baby Of T.RANI IP-00060332
12-06-2026 0 Y 0 M 1 D (M)
Registration No.: **Dr. SURENDER RAO DUSA**

RBS



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
13/6	00.00	1am RBS - 57mg/dl	[Signature]	26020210
	1.00	4am RBS 71 mg/dl	[Signature]	26020230
14/6	2.00	6am RBS 102 mg/dl	[Signature]	26020547
15/6	3.00	6am RBS 78 mg/dl	[Signature]	26020399
	4.00	Cross checked done by Sr. Alisha		15/6/26
16/6	5.00	6am RBS 80 mg/dl	[Signature]	26020520
17/6	6.00	6am RBS 109 mg/dl	[Signature]	26020596
	7.00	Cross checked by Sr. Alisha	[Signature]	17/6/26
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

FOR CHECK LIST OF MEDICAL CASE SHEET

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060332

Admit Date : 13-Jun-2026

Admit Time : 12:32 AM UHID : VIH-00205853

Patient Details :

Patient Name : Baby Of T.RANI

Age : 0 D

Guardian : Mr M.SATISH KUMAR

DOB : 12-06-2026 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : 8-147/ 1-2 VASAVINAGAR,GAJWEL Gujvail Old
Town Medak Telangana INDIA 502278

Phone No : 9618090005

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD

Bed No : ER 101

Ward Name : N 0 GF-EMERGENCY

Room No : ER 101

Admission Type : First Visit

Contact Details :

Name : Mr M.SATISH KUMAR

Relationship : Father

Contact Address : 8-147/ 1-2 VASAVINAGAR,GAJWEL Gujvail
Old Town Medak Telangana INDIA 502278

Phone No : 9618090005 / 9666919891


Signature

Doctor Details :

Doctor Name : Dr. SURENDER RAO DUSA

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Dr E SURESH

Phone No : 9440135636

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: **Baby Of T.RANI** Age : **0 Y 0 M 0 D 23 H**
IP No: **IP-00060332** Sex: **Male**
Consultant: **Dr. SURENDER RAO DUSA** Ward/Bed No: **N 0 GF-EMERGENCY/ER 101**

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.

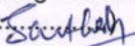
In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science 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".

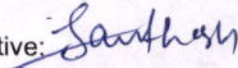
Note:

- 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: 

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: 


Relationship: 


Date: **13-06-2006**

Time:


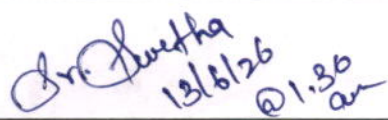
Patient Address:

8-147/ 1-2 VASAVINAGAR,GAJWEL
Gujvail Old Town Medak Telangana
INDIA 502278

Wittness Name: 

Wittness Signature: 

PATIENT TRANSFER FORM

VIH-00205853 IP-00060332 Baby Of T.RANI 12-06-2026 0 Y 0 M 0 D 23 H (M) Dr. SURENDER RAO DUSA 		Date & Time of Admission 13/6/26 @ 12:32 PM	Date & Time of Transfer Order 13/6/26 @ 1:30 PM
Transfer Ordered by Dr. Harish		Reason for Transfer Admission	
From Unit ER	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 21	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Aschitha / As		Name of Person Ordered Transfer Dr. Harish	
Patient & Clinical Records Received by :  13/6/26 @ 1:30 PM			
Date & Time of Patient Received :			

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

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : T. Rani Age : 30 Father's Name : SATISH Kumar Age : 35
 Date of Birth : 12/6/2026 Date of Admission : 12/6/26 UHID No. : VIH-00205853
 NICU Consultant : Dr. Surender Referring Consultant : Dr. Suresh
 Transferring Unit : OT Labour Room ER Ward (Cajwel)
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : No. Rani Mother's Blood Group : O+ve.
 Gender : M F Blood Group :
 Date of Birth : 12/6/26 Time of Birth : 7:12 PM Birth Weight (gms) : 3.1kg Length (cms) :
 Place of Birth : Sri rani children's hospi to OFC (cms) :
 Estimated Gesth Age : 39 wks.

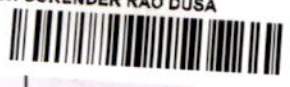
Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30 Ht : Wt : BMI : Married Life : 1yr. LMP : EDD : 8/9/2028 5/6/2016
 Conception : Spontaneous or with Rx. :
 Booked at what GA. : 10/10/25 AN Steroids Drugs / Doses :
 Last Scans Details :
 TT Immunization and Iron / Folic Acid : Taken.

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 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 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : <u>Nil</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : <u>Nil</u> Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : AFI : <u>Nil</u>	H/o GDM/ pre GDM/ on diet or insulin — <u>Nil</u> Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>Nil</u> Any other Chronic Medical Problems, when detected drugs ? (Anemia, SLE, Jaundice, CHD, Heart Disease) Infection : H/O, Fever (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :
--	---

PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



Suspicious ingestion/ intake/ swallowing of
meconium / CIAB
(Before the incision of cesarian)
↓
Presented to Resp distress. ∴ birth
No audible grunt. @ Presentation
Since 7:12 PM then referred.
@ 9:30 PM.
By Dr. Surendra

Investigation details in previous Hospital :

X-ray (AP view).

Feeding History :

Not taken feed ∴ birth.

Past History :

nil

Family History :

nil

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

Baby

VITALS : Temperature : 98.4 HR : 143 RR : 66 NIBP : CFT : 43 sec

Color of the extremities : Pinkish cyanosis

Jaundice : nil Pallor : nil SpO2 : 91-94% @ RA

Anthropometry : Birth Weight : 3.1 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism)

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

EYES : Symmetry :
 Red Reflex :
 Discharge :

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



Thorax :

BREASTS : Position of Nipples and Number :

ABDOMEN and UMBILICUS :
 Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump :
 Discharge :

GENITALIA :
 Labia / Hymen :
 Testicles/penis :
 Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

Respiratory System :
 Breathing Pattern : Regular Periodic Shallow Gasping
 Mention If baby has Respiratory distress : RR : 66/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 :
 SpO₂ : 92-94% Auscultation : B/L AFI Breath Sounds : B/L Crept⁺ Added Sounds : occasional crept^{re}

Cardiovascular System :
 HR : 160 BP : 98/60 Precordial Activity :
 Femoral Pulses : feet Murmurs : nil
 Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :
 Shape :
 Palpation :
 Palpable masses :
 Abdominal girth :
 Hernia orifice :
 Anal Patency :
 Umbilical Cord :
 First urine passed :
 Meconium passed :



Actual functions (Sensorium) :

State of wakefulness : (N)

Prechtle Score :

Nerves :

Motor System :

Passive Tone : 7 @

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : Symmetrical DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Male / full term / AGA / 3.11kg / CIAB / 9 MSL

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : CH. Ganesh

Name : CH. GANESH

Date & Time : 13/6/2026

Consultant :

Signature : Dr. Surender Rao

Name :

Date & Time :



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:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



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:
- TFR - 60 cc/kg/dy - 10% dextrose
- WBC, CXR, NPO
- GILBS -
- Blood culture, CBP
- SLORE PIPITAZ
- CTAP - fos.

Doctor Signature:

Doctor Name:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 6 AM	DOL-1 / FT / 39 wks / 3.2 kg / AGA / GM / M / Lcs CIAB / RD - LPO2.	
	<u>Issues:</u> Intermittent tachypnea	
	T.Wt - 3.2 kg (↓ 20gms)	- Normolective
	TLO - 48/40	- SV @ RA LPO2 @ 0' L
	ULO - 2ml / 15/L	- CVS - SISL ⊕
	ELO - Not found	- RI - BILAG ⊕, chest cly
	GRBS - 7 mg/dL	7A - 50 Pt
	<u>ADV</u>	
	- Target SpO ₂ - 90-96%, MAP > 39 mmHg	
	- ABG, CXR - SES	
	- GRBS - ⊕	
	- TV - 60 cc/kg/day (10% Desat)	
	- NP, @ 7 PM	
	- 7L chorb'ng	
	- Wtchs monitoring	
At 11 AM	- Plan to start feeds.	
	- 2D Echo today.	
	- (D) by Piptaz.	
	- OG feeds - 5ml q3h → 3 ml all feed.	
	- CXR - (11m)	
	OG feeds - 5-10-15	

Dr. Surender Rao Dusa
 Reg. No: 4716
 Dr. Suresh
 13/6/26
 10:50 AM

Noted by
 Sherry
 13/6/26 @ 11 PM

VH-00205853
Baby Of T.RANI
12-06-2026
Dr. SURENDER RAO DUSA

IP-00060332

0 Y 0 M 1 D (M)



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26	Baby seen	
6 PM	tolerating well	
	Intermittent tachypnea	
	CRP ↑/n.	
		[Signature]

VH-00205853

IP-00060332

Baby Of T.RANI

12-06-2026


0 Y 0 M 1 D

(M)

Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 3AM	DOL-2 / FT / 39wks / 2.2Ks / AUA / Em / male / 280 / CIAB / RD- LFO ₂ / small PDA	
	Issues :- Intermittent tachypnoea.	
	T-Wt - 3.18kg (same wt)	Normothermic
	S/O - 227 / 105ml	SV @ LFO ₂ 0.1kw 4/2
	U/O - 1.4ml / 15/hr.	CNS - S/S ⊕
	S/O - 5 times.	CNS - T/M/R AUA
	CRBS - 102mg/dl	PS - BAEE ⊕
		P/A - Soft
	<u>Advice</u>	
	Target SpO ₂ >90-95%.	
	Target MAP 739,	<u>NP, T/M</u>
	CRBS OD.	
	SV - 80ml / 15/day	
	Oral feeds - 24ml x 3hrly.	
	B/O charty	
	⊕ Lij Pptas.	
	CXR today.	
	Noted by Sr. Sravanir 14/6/26 @ 10PM	 Dr. Surender Rao Dusa 14/6/26 10:35 AM
	D. K. S. Hal	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 CAM	^{39 notes} D ₃ / weight 3.2 kg fact of CIAR / MAS - CFO ₂ .	
	issues - tachypnea (+) 70-80/min	
	T. wt - 3.14 kg (140 gm) SpO ₂ - 246/140 ml U/P - 1 stool soft S/P - 4 times CRBS - 75 mg/dl	O/E - Normothermic on RA. C/P/A - Good C/S - S/C (+) R/P - S/A (+) P/A - Soft
	<u>Plan</u> - Target SpO ₂ 90-96% - Target MAP >39 - ABG / CXR - stat. - CRBS - OD - Tr - 100 resp/day - OG feeds - 40ml Q4 - Oral feeds try today. - Trace R/S - mg lipos - D ₃ . - CXR if tachypnea worsens, desaturation, retractions. - SpO ₂ charting, vitals monitoring	<u>CXR</u>
	Noted by UMG 15/6/26	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Dr. Surender Rao Dusa Reg. No. 41116 15/6/26 10:30 AM </div>

4/4/26
 no growth
 4/4/26


VIH-00205853 IP-00060332
 Baby Of T.RANI
 12-06-2026 0 Y 0 M 1 D (M)
 Dr. SURENDER RAO DUSA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 NPS	Baby - term. Alertly & taking feeds well Passing urine & stool regularly. Child Active	
	on LPR @ 0.1L/px.	
		Adv.
		Plan to stop Lij Piplas & Omorad
		Noted by Bhawan
		15/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 8 AM	Day 4 / term / 39 weeks / 3.2 Kgs / AGA / LAD / MAS - LFO2 / small PDA Issues = Intermittent tachycardia, ^{apnea.} or dependency.	
	T.Wt - 3.18 Kgs (710gms).	
	R/O - 320/125	Normothumic
	U/O - 4.6ml/Kg/hr.	SV @ RA
	S/O - 6 times.	C/A good.
	GRBS - 80mg/dL	CUS - 95% (P)
		PS - BAEP (P)
	Plan:-	P/A - soft
	Target SpO ₂ >90%	
	Target MAP >39,	
	ABG/cxr SOS, CXR OD.	
	GRBS OD.	
	IV - 120ml/Kg/day.	
	Oral demand feeds.	
	Prox Blood C/s - 48hrs - No growth	
	A/d Iij Piptas (Dy) / Ds	
	R/O charting,	
	Vitals monitoring	
	TFT (1m)	
	 noted by Rekha 16/6/26 @ 10:20 AM. 	
		 16/6/26 10:15 AM

VIH-00201853
 Baby Of T-14M
 12-06-2026
 Dr. SURENDER DUSA (M)
 OYO MSD
 DUSA

IP-00080332



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 6 AM	Df term / 3.2 kgf - Acute CHF MAS - UO ₂ / Small PDAf .	
	T. wt - 3.2 kg (↑ 60 gm) SPO ₂ - 92% on air U/O - 10.6 cc/kg/hr SPO ₂ - 6 times GRES - 109 mg/dl	O/E - Normoethmic M RA C/A - good C/S - S/S ⊕ R/S - IAE ⊕ P/A - soft
	<u>Plan</u> - Target SPO ₂ > 90% - Target MAP > 39 - ABG / CXR - S.O.C. - GRES - OD - Oral demand feeds - inf foley - Df/D ₂ - trace TFT. - SPO charting, vitals monitoring - involve parents - if no deaceleration - plan to discharge. DTC today	
² Infectious -	Wanted to Dr. Umabanni 17/6/26 10:15 AM	Dr. Suresh 17/6/26 10:15 AM



REGULAR PRESCRIPTIONS

Weight. 3.2kg Ward. NIW

U Surender RAO DUSA
 13/6/26 at 2 am
 As per Doctor's order

DRUG : INT PIPGRACILIN TAZOBACTAM				Date Time
Dose	Route	Frequency	Start Date	
320MG	I-V	Twice Daily	13/6	13/6 2am 14/6 15/6 16/6 17/6
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions: 100MG / KG / DOSE				2pm Bed 2nd 10am Bed 11am 12am
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



CONSENT FOR ADMISSION IN NEONATAL INTENSIVE CARE UNIT (NICU)

I M. Santhosh Kumar S/o Mr./ Ms venkateshwar Rao
 hereby declare that our patient Mr. / Ms Balo T. Rami who is related to me as
son is getting admitted in the Neonatal Intensive Care Unit (NICU) of Rainbow Children's
 Hospital on 13.6.26 with UHID No. : 205853

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

RDS

The doctors have clearly explained to me that my patient Mr./ Ms. Balo T. Rami during his / her stay in the NICU may undergo various medical and surgical procedures like airway management, mechanical ventilation, UAC, UVC (Umbilical Vein and Arterial Lines) PICC Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child.

I understand that a sick child in NICU has life threatening medical conditions.

I understand that when a child is sick in the NICU with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Mr. / Ms Balo T. Rami son in the NICU fully understanding the associated risks involved from various procedures, high risk medications and infections in the NICU and treat him/her with all necessary means.

The doctors have explained to me in the language best understood to me.

Patient Attendant :

Signature : Santhosh
 Name : M - Santhosh Kumar
 Relationship with Patient: Father
 Date & Time : 13/6/26 @ 12:40 AM

Witness :

Signature : [Signature]
 Name : Shwetha
 Date & Time : 13/6/26 @ 1:30am

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Harisha
 Date & Time : 13/6/26 @ 12:40am



నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్. ఐ. సి. యు) సమ్మతి పత్రం

రోగి పేరు వయస్సులింగం పు / స్త్రీ
 యు.హెచ్. ఐ.డి
 నేను చి
 అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రేయిన్హో చిల్డ్రన్ హాస్పిటల్ లోని నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్లో తేది నాడు పూర్తి సమ్మతితో చేర్చితిని. మా బాలుడి/బాలికలో ఈ క్రింద తెలిపిన ఆరోగ్య సమస్యల గురించి వైద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.
 నవజాత శిశువుల ఇంటెన్సివ్ కేర్ యూనిట్ లో మా పాప /బాబుకు వైద్య పరంగా అవసరమగు అన్ని రకాల చికిత్స విధానాలకు మరియు ప్రక్రియలను (ఉదా కృత్రిమ శ్వాస వెంటిలేటర్, ఆర్థోలియర్ లైన్, సింట్రిల్ లైన్ చ్రెస్ట్ డ్రెయిన్, పెరిటోనియల్ డ్రెయిన్ ఇంసర్షన్ వంటి ప్రక్రియలను డాక్టరు గారు నాకు అర్థమగు భాషలో(సవివరంగా) వివరించారు.
 పైన తెలుపబడిన శస్త్ర ప్రక్రియలు చేసేముందు సమ్మతి తీసుకునే వీలు లేనిచో మా బాలుడ / బాలికను కాపాడుటకు అవసరమైన వైద్య శస్త్ర ప్రక్రియలు మా సమ్మతి లేకుండానే చేయవచ్చని నేను సమ్మతిస్తున్నాను.

ఆరోగ్య సమస్యలతో బాధపడుతున్న మా బాలుడికి/బాలికకు రుగ్గుతలచే ప్రాణహాని కలుగవచ్చిన నాకు వైద్యుడు అర్థమగు భాషలో వివరించితిరి.
 మా బాలుడు / బాలిక ఎన్.ఐ.సి. యు లో ఉన్నప్పుడు ఎన్నో విధాల వైద్య మరియు శస్త్ర ప్రక్రియలు ఇంకా వివిధ చికిత్స విధానాలు అవసరం పడతాయని మరియు వాటివల్ల దుష్ప్రతిఫలములు కలగవచ్చని అర్థం చేసుకున్నాను. ఆ పరిణామాలు ఎటువంటివి అనగా రక్తస్రావ ప్రమాదం కణజాలం దెబ్బతినడం మొదలగునవి.
 మా బాలుడిని/బాలికను అడ్మిట్ చేయుటకు మరియు ఎన్. ఐ. సి.యు. లో ఉన్నప్పుడు జరుగు చికిత్స విధానాలు మరియు శస్త్ర ప్రక్రియలు వలన కలిగే అపాయాలను నేను అంగీకరిస్తున్నాను. మా పేషంట్ ను తగినన విధంగా చికిత్స చేయడానికి వైద్యునికి నా పూర్తి అంగీకారం తెలియజేస్తున్నాను. వైద్యుడు నాకు అర్థమగు భాషలో అంతా వివరించారు.
 మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (ఎన్.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు (అటెండెంట్)
 సంతకము
 పేరు
 తేది మరియు సమయము

సాక్షి
 సంతకము
 పేరు
 తేది మరియు సమయము

డాక్టర్
 సంతకము
 పేరు
 తేది మరియు సమయము

CONSENT FOR FORMULA FEEDS



Patient Name : Blo Rani Age : NLB Gender : Male Female

UHID No : 205853 Reg. No. : Department : NICU Date : 13/6/20

I Mr / Mrs : M. Santhosh Kumar aged 35 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 : Sant

Name : M. Santhosh Kumar

Relationship with Patient : Father

Date & Time : 13/6/26 @ 4AM

Witness :

Signature : shorby

Name : Sant

Date & Time : 13/6/26 @ 11AM

Doctor (who is taking the consent) :

Signature : Navin

Name : Dr. Navin

Date & Time : 13/6/26 4 AM



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)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

FLUID CHART

Sheet No. : 1

12/6/26

60cc/kg/day

- 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				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :						Total Output :								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
Total Intake :						Total Output :								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am			8.0							0			
	03:00 am	N		8.0					20ml		0			
	04:00 am			8.0							0			
	05:00 am	P		8.0							0			
	06:00 am			8.0					20ml		0			
	07:00 am	D		8.0							0			
Total Intake : 48ml						Total Output : 40ml								

10% dextrose

13/6/26
 @8am

Total 24 hrs. Intake 60cc/kg/day

Total 24 hrs. Output 2.0cc/kg/hr

FLUID CHART

Sheet No. : 2 13/6/26

- 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			
	08:00 am			8.0						10ml	0		
	09:00 am			8.0							0		
	10:00 am			8.0							0		
	11:00 am			6.3	5ml.		✓			10ml	0		
	12:00 pm			6.3							0	Shreya	
	01:00 pm			6.3							0	13/6/26	
Total Intake :			47.9.			Total Output :			20ml.				@ 2pm.
	02:00 pm			4.6	10ml.		✓				0		
	03:00 pm			4.6							0		
	04:00 pm			4.6						15ml	0		
	05:00 pm			4.6	15ml						0		
	06:00 pm			4.6			✓				0		
	07:00 pm			4.6						10ml	0	13/6 @ 2pm	
Total Intake :			62.6 ml			Total Output :			20ml				
	08:00 pm			4.6	20ml						0		
	09:00 pm			4.6							0		
	10:00 pm			stop.	24		✓			15ml	0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am				24		✓			15ml	0	Shreya	
Total Intake :			73.2ml			Total Output :			30ml				13/6 @ 2pm
	02:00 am										0		
	03:00 am										0		
	04:00 am				24					15ml	0		
	05:00 am										0		
	06:00 am										0		
	07:00 am				24					15ml	0		
Total Intake :			40ml 227.2ml			Total Output :			30ml 105ml				Shreya 13/6 @ 2pm
Total 24 hrs. Intake		73 cc less 1 dx				Total 24 hrs. Output		1-4 cc less 1 hr					

VIH-00205853
 Baby Of T.RANI
 12-06-2026
 Dr. SURENDER RAO DUSA

IP-00060332

0 Y 0 M 0 D 23 H (M)



FLUID CHART

Sheet No. : 3

14/6/20

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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am										0	} <u>Shy</u> <u>14/6</u> <u>@ 2 P.M</u>	
	09:00 am								15ml	0	0		
	10:00 am		<u>24ml</u>							0	0		
	11:00 am								25ml	0	0		
	12:00 pm									0	0		
	01:00 pm				<u>24ml</u>					0	0		
Total Intake : <u>44ml</u>			Total Output : <u>40ml</u>										
	02:00 pm										0	} <u>Shy</u> <u>14/6</u> <u>@ 8pm</u>	
	03:00 pm										0		
	04:00 pm				<u>31ml</u>				15ml	0	0		
	05:00 pm									0	0		
	06:00 pm									0	0		
	07:00 pm				<u>31ml</u>				20ml	0	0		
Total Intake : <u>62 ml.</u>			Total Output : <u>35ml.</u>										
	08:00 pm										0	} <u>Shyam</u> <u>15/6/20</u> <u>8 hr</u>	
	09:00 pm										0		
	10:00 pm	<u>Aptan</u>			<u>31ml</u>				15ml	0	0		
	11:00 pm									0	0		
	12:00 am									0	0		
<u>100cc</u>	01:00 am				<u>38ml</u>				15ml	0	0		
Total Intake : <u>62ml</u>			Total Output : <u>30ml</u>										
	02:00 am										0	} <u>Shyam</u> <u>15/6/20</u> <u>8 hr</u>	
	03:00 am										0		
	04:00 am	<u>Aptan</u>			<u>38ml</u>				20ml	0	0		
	05:00 am									0	0		
	06:00 am									0	0		
	07:00 am	<u>Aptan</u>			<u>38ml</u>				15ml	0	0		
Total Intake : <u>76ml</u> <u>246ml</u>			Total Output : <u>35ml</u> <u>100ml</u>										
Total 24 hrs. Intake		<u>78cc</u> <u>100ml</u>			Total 24 hrs. Output		<u>1.8cc</u> <u>1hr</u>						



15/6/26

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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
	08:00 am									0		4mg 15/6/26 @ 2PM
	09:00 am									0		
	10:00 am	Aptamil	40ml				✓		15ml	0		
	11:00 am									0		
	12:00 pm									0		
	01:00 pm	Aptamil	30ml				✓		15ml	0		
Total Intake : 70ml					Total Output : 30ml							
	02:00 pm									0		Sumanjali 15/6/26 @ 2pm
	03:00 pm		30ml				✓		20ml	0		
	04:00 pm		30ml							0		
	05:00 pm									0		
	06:00 pm						✓			0		
	07:00 pm		35ml						10ml	0		
Total Intake : 65ml					Total Output : 30ml							
	08:00 pm									0		Shreya 16/6/26 8AM
	09:00 pm									0		
	10:00 pm	Aptamil	50ml						20ml	0		
	11:00 pm									0		
	12:00 am									0		
	01:00 am	Aptamil	50ml				✓		15ml	0		
Total Intake : 100ml					Total Output : 35ml							
	02:00 am								15ml	0		Shreya 16/6/26 8AM
	03:00 am									0		
	04:00 am	Aptamil	40ml						15ml	0		
	05:00 am									0		
	06:00 am	Aptamil	15ml				✓		15ml	0		
	07:00 am									0		
Total Intake : 85ml 320ml					Total Output : 95ml 120ml							
Total 24 hrs. Intake		100cc/9/day			Total 24 hrs. Output		46cc/9/day					

FLUID CHART

Sheet No. : 16/6/26

- 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		
16/6	08:00 am										0	Rishi
	09:00 am										0	
	10:00 am	Aptamil	30ml				✓	✓	10		0	
	11:00 am										0	
	12:00 pm	Aptamil	35ml				✓	✓	15ml		0	
	01:00 pm											
Total Intake : 65 ml						Total Output : 25 ml						
16/6	02:00 pm								15		0	Rishi
	03:00 pm	Aptamil	45ml				✓		10		0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm	Aptamil	40ml				✓		20		0	
07:00 pm											0	
Total Intake : 85 ml						Total Output : 45 ml						
16/6	08:00 pm							10ml	20ml		0	Rishi
	09:00 pm		60ml								0	
	10:00 pm										0	
	11:00 pm		50ml				✓		15ml		0	
	12:00 am										0	
	01:00 am		60ml				✓		15ml		0	
Total Intake : 170 ml						Total Output : 50 ml						
17/6	02:00 am										0	Rishi
	03:00 am										0	
	04:00 am	Aptamil	60ml					✓	15		0	
	05:00 am										0	
	06:00 am										0	
	07:00 am	Aptamil	60ml						20ml		0	
Total Intake : 120 ml						Total Output : 35 ml						
Total 24 hrs. Intake		135 cals/day				Total 24 hrs. Output		1. acc 18 hrs				



FLUID CHART

Sheet No. :

17/6/26

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am										0	} UMG 17/6/26 @ 2PM
	09:00 am						✓		20ml		0	
	10:00 am	After 50									0	
	11:00 am										0	
	12:00 pm								10ml		0	
	01:00 pm	After 60ml									0	
Total Intake : 120					Total Output : 30							
	02:00 pm										0	
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00205853 IP-00060332
 Baby Of T.RANI
 12-06-2026 0 Y 0 M 1 D (M)
 Dr. SURENDER RAO DUSA



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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :						Total Output :					
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

Ref No. F/INPR/19

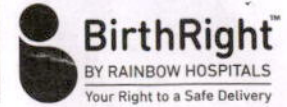
Patient Name :

I.P. No

Date : 13/6/26 Diagnosis : RDS Weight : 3.2kg Chart No. : (1)

VH-00205853
 Baby Of T.RANI
 12-06-2026 0 Y 0 M 1 D (M)
 Dr. SURENDER RAO DUSA

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16																								
	14																								
	12																								
	10																								
O2																									
SPO2																									
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU																									

Handwritten notes in the chart:
 - A red line graph is drawn across the 'U-UNRESPONSIVE' and 'A-ALERT' rows, showing a fluctuating trend.
 - Asterisks (*) are written in the 'U-UNRESPONSIVE' row at columns 2, 3, 4, 5, and 6.
 - Asterisks (*) are written in the 'A-ALERT' row at columns 2, 3, 4, 5, and 6.
 - The number '98.6' is written in the 'A-ALERT' row at columns 2, 3, 4, 5, and 6.

Signature of the Nurse :

Morning Shift :

Evening Shift :

Night Shift : Deep
13/6/26
28a

VIH-00205853 IP-00060332

Baby Of T.RANI

Ref No. F/INPR/1 12-06-2026 0 Y 0 M 1 D (M)

Dr. SURENDER RAO DUSA

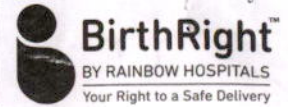
Patient Name :



I.P. No

Date : 13/6/26 Diagnosis : RDS Weight : 3.18kg Chart No. : 2

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	139	162	156	128	153	146	144	150	151	160	168	170		175	134	133	121	121	158	160	128	125	124	
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103																								
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
	95																								
VERBAL	90	5	2	4	4	5	5	6	3	5	4	5	5	6	3	1	3	1	3	1	3	1	3	1	
5-ORIENTED	80																								
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24	7	2	7	4	6	7	6	1	6	6	9	5	6	6	7	6	7	3	4	6	2	7	6	
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18	5	9	6	2	6	4	5	2	5	0	5	2	5	0	3	3	4	3	6	5	8			
	16																								
	14																								
	12	5	2	5	5	6	0	4	4	3	0	6	4	3	4	9	6	9	4	8	3				
	10																								
O2		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
SPO2		85	92	91	92	94	96	95	98	97	95	95	92		94	92	91	92	94	96	95	98	97	95	
RBS																									
SUCTION																									
PHYSIOTHERAPY																									
AVPU																									

Signature of the Nurse : Shirley

Morning Shift : Shirley 13/6/26 @ 2pm

Evening Shift : Shirley 13/6 @ 8pm

Night Shift : Sharan 13/6/26 8am

Ref No. F/INPR/19

VH-00205853 IP-00060332
Baby Of T.RANI
12-06-2026 0 Y 0 M 1 D (M)
Dr. SURENDER RAO DUSA

Patient Name :



I.P. No

Date : 14/6/26 Diagnosis : RBS Weight : 3.11kg Chart No. : 2

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210	129	133	144	150	138	144	155	154	145	150	155	160	175	131	134	139	142	120	124	115	106	131	127	123
RED - PULSE	200																								
BLACK - RESP	105																								
GREEN - TEMP	104																								
BLUE - NIBP	103	98.6	98.6	98.6	98.6	98.6	98.6	98.6	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	
	102																								
	101																								
A- ALERT	100																								
V-VOICE	99																								
P-PAIN	98																								
U-UNRESPONSIVE	97																								
	96																								
VERBAL	95																								
5-ORIENTED	80	81	78	26	26	30	35	30	45	40	35	40	30	35	40	54	61	33	61	68	68	72	56	43	52
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35																								
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26	78	70	64	74	39	78	77	74	79	67	67	67	67	71		77		86	70	75	68	72		
4-WITHDRAWS	24																								
3-FLECTION	22																								
2-EXTENSION	20	46	40	40	58	41	57	62	58	55	53	49	40	50	56		62		62	52	41	57	52		
1-NONE	18																								
	16																								
	14	57	50	35	49	52	46	55	49	46	46	40	49	42	50		56		57	51	57	57	57		
	12																								
	10																								
O2		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
SPO2		93	94	95	96	94	93	94	95	98	97	95	96	93	97	100	92		100	100		100	95	92	100
RBS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUCTION		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PHYSIOTHERAPY		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AVPU		UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	UP	A	A	A	A	A	A	A	A	A	A

Signature of the Nurse : Sravani

Morning Shift : Sravani

Evening Shift : [Signature]

Night Shift : Bhavana
15/6/26
[Signature]

Ref No. F/INPR/19

Patient Name :

I.P. No

Date : 15/6/26 Diagnosis : RPS Weight : 3.1415 kg Chart No. :

NURSES ASSESSMENT CHART



Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7	
COLOUR CODE	200																									
	210																									
RED - PULSE	200																									
BLACK - RESP	105	190	149	118	145	163	132	115	130	110	132	114	139	144	132	129	121	159	121	113	128	130	117	132	120	112
GREEN - TEMP	104	180																								
BLUE - NIBP	103	170																								
	102	160																								
	101	150																								
A- ALERT	100	140																								
V-VOICE	99	130	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
P-PAIN	98	120																								
U-UNRESPONSIVE	97	110																								
	96	100																								
VERBAL	95	90																								
5-ORIENTED	80		30	74	45	39	43	45	38	30	37	41	44	42	41	20	37	16	57	37	38	19	65	62	30	
4-CONFUSED	70																									
3-IN APPROPRIATE WORDS	60																									
2-INCOMPREHENSIBLE SOUND	50																									
1-NONE	40																									
MOTOR	30																									
6-OBEYS	28																									
5-LOCALISES PAIN	26																									
4-WITHDRAWS	24		53	56	57		62	64	64	62	69	60	71	78	71	60	75		54	56	55	51	52	54	57	
3-FLECTION	22																									
2-EXTENSION	20																									
1-NONE	18		44	47	52		56	55	52	50	52	51	52	51	51	58	69		48	48	42	48	44	47	48	
	16																									
	14																									
	12																									
	10																									
O2			91	99	100	94	93	95	97	99	98	97	99	97	96	91	85	92	92	98	94	97	97	93	92	96
SPO2																										
RBS																										
SUCTION																										
PHYSIOTHERAPY																										
AVPU			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	

Signature of the Nurse : Uma

Morning Shift : Uma
15/6/26
@ 2PM

Evening Shift : Sumaniali
15/6/26
@ 8PM

Night Shift : Shreya
16/6/26
8AM

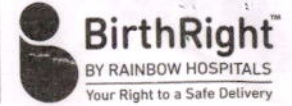
VH-00205853 IP-00060332

Baby Of T.RANI
 Ref 12-06-2026 0 Y 0 M 1 D (M)
 Dr. SURENDER RAO DUSA



I.P. No

NURSES ASSESSMENT CHART



Date : 16/6/21 Diagnosis : EDS Weight : 3.18 Chart No. :

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7		
COLOUR CODE	200																										
	210																										
RED - PULSE	200	111	120	129	139	139	138	144	143	137	144	125	130	130	141	127	138	138	140	138	129	141	134	153	129		
BLACK - RESP	105																										
GREEN - TEMP	104																										
BLUE - NIBP	103																										
	102																										
	101																										
A- ALERT	100																										
V-VOICE	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98		
P-PAIN	98																										
U-UNRESPONSIVE	97																										
	96	85	85	81	84	19	18	33	25	35	18	29	64	32	14	24	41			59	76		52	63			
VERBAL	95																										
5-ORIENTED	80																										
4-CONFUSED	70																										
3-IN APPROPRIATE WORDS	60																										
2-INCOMPREHENSIBLE SOUND	50																										
1-NONE	40																										
	35																										
MOTOR	30	81	77	62	71	60	66	37	30	50	41	25	51	76	37	25	22	61			24	80	24	25	23	20	
6-OBEYS	28																										
5-LOCALISES PAIN	26																										
4-WITHDRAWS	24																										
3-FLECTION	22																										
2-EXTENSION	20	62	60	59	48	49	52	62	63	55	59	50	6	26	25	59	54	56	56			67	61	64	50	51	81
1-NONE	18																										
	16																										
	14																										
	12																										
	10	50	50	50	37	43	49	35	35	50	48	53	51	5	35	40	50	47	43			56	51	63	43	44	
O2	0-2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	
SPO2	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
RBS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SUCTION	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PHYSIOTHERAPY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AVPU	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Signature of the Nurse :

Morning Shift : Rakha
16/6/21
Rakha @ 2pm

Evening Shift : Rakha
16/6/21
@ 5pm

Night Shift : Bhavani
17/6/21
2pm

Ref No. F/INPR/19

Patient Name :

I.P. No

VIH-00205853

Baby Of T.RANI

12-06-2026

Dr. SURENDER RAO DUSA

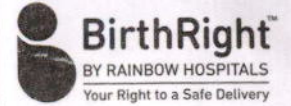
IP-00060332

0 Y 0 M 5 D

(M)



NURSES ASSESSMENT CHART



Date : Diagnosis : Weight : Chart No. :

Guide	Time	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
COLOUR CODE	200																								
	210																								
RED - PULSE	200	136	134	183	143	145																			
BLACK - RESP	105	190																							
GREEN - TEMP	104	180																							
BLUE - NIBP	103	170																							
	102	160																							
	101	150																							
A- ALERT	100	140																							
V-VOICE	99	130	98	98	98	98	98	98																	
P-PAIN	98	120																							
U-UNRESPONSIVE	97	110																							
	96	100																							
VERBAL	95	90																							
5-ORIENTED	80	56	21	57	40	45																			
4-CONFUSED	70																								
3-IN APPROPRIATE WORDS	60																								
2-INCOMPREHENSIBLE SOUND	50																								
1-NONE	40																								
	35	73	65	86	80																				
MOTOR	30																								
6-OBEYS	28																								
5-LOCALISES PAIN	26																								
4-WITHDRAWS	24	54	51	64	65																				
3-FLECTION	22																								
2-EXTENSION	20																								
1-NONE	18																								
	16	44	44	61	45																				
	14																								
	12																								
	10																								
O2																									
SPO2		96	90	100	95	92																			
RBS		-	-	-	-	-																			
SUCTION		-	-	-	-	-																			
PHYSIOTHERAPY		A	A	A	A	A																			
AVPU		A	A	A	A	A																			

Signature of the Nurse : *Uma*

Morning Shift : *Uma*

Evening Shift :

Night Shift :

17/6/26 @ 2PM

VIH-00205853 IP-00060332
 Baby Of T.RANI
 12-06-2026 0 Y 0 M 0 D 23 H (M)
 Dr. SURENDER RAO DUSA



(O+ve)



RESULT SHEET

Date	13/6/26	15/6/26	15/6/26	16/6/26
Time	@ 3:30am	@ 6PM	6am	
Hb	18.8	16.0	15.2	
PCV	50.5	u	40.6	
RBC	5.25	4.59	4.42	
WBC	20.52	19.55	10.14	
N/L	72.5/20.4		57.2	
Platelets	224	188	223	
CRP		25	13	
ESR				
PCT				
RBS				
Na		140	142	
K		4.4	4.6	
Cl		105	110	
Ca/Mg		9.0	9.6	
Phosphate				
Urea		18.7	12.9	
Creatinine		0.8	0.5	
ALP				
SGPT				
SGOT				
T.Bill/Conj		6.7 / 0.1 6.6	9.7 / 0.1 9.4	13.2 / 0.1 13.1
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
TT				
Protein / Sugar				



UHID No.: VIH-00205853 IP-00060332
Baby Of T.RANI
12-06-2026 0 Y 0 M 1 D (M)
Name: Dr. SURENDER RAO DUSA



Date of Birth :
NICU

NEONATAL WEIGHT CHART

Birth : Admission Weight
Weight 3.2kg Discharge Weight

Month	Day	Weight (g)
6	13	3200
6	14	3200
6	15	3200
6	16	3200
6	17	3200

WEIGHT IN GRAMS



Handwritten text, possibly a name or address, located at the top right of the page.

Handwritten notes or a list of items, possibly including dates or measurements, located in the upper right quadrant.

Handwritten notes or a list of items, possibly including dates or measurements, located in the middle right quadrant.

Several faint tables or grids are visible at the bottom of the page, likely for data recording or calculations.