

ADMISSION SHEET

Registration Details :



Admission No : IP-00060492 Admit Date : 26-Jun-2026 Admit Time : 05:27 PM UHID : VIH-00206290

Patient Details :


Patient Name : Baby B/O M. BALAMANI Age : 0 D
Guardian : Mr SADALA AJAY RATANAM DOB : 26-06-2026 02:58 PM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : HNO. 12-5-49/1VIAJYAPURI COLONY ,
TARNAKA, SECUNDERABAD. Lalapet
Hyderabad Telangana INDIA 500017 Phone No : 9618024077/ 9989449227
E-mail : kumarsjack@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-MICU-227-1 Ward Name : N 2F-MICU
Room No : CRDL-MICU-227-1 Admission Type : First Visit

Contact Details :

Name : Mr SADALA AJAY RATANAM Relationship : Father
Contact Address : HNO. 12-5-49/1VIAJYAPURI COLONY ,
TARNAKA, SECUNDERABAD. Lalapet
Hyderabad Telangana INDIA 500017 Phone No : 9618024077 / 9381799227


Signature

Doctor Details :

Doctor Name : Dr. PREETHAM KUMAR Specialisation : GENERAL PEDIATRICS
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

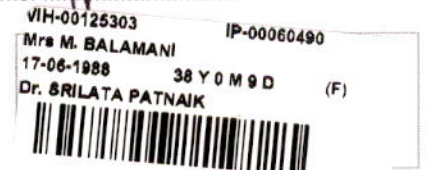


1

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo. Balamani Mother's Name: Mrs. Balamani
Date of Birth: 26/6/26 Time of Birth: 2:58pm Gender: Male Female
Birth Weight: 2.99 Kgs HC: 39 cm Length: 43 cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: Term
Resuscitated: Yes No Blood Group: Mother: O+ Positive Baby: Not at come
Feeding: Breast Feeding Formula Both First Feed Time: 4pm



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

Physical Assessment of New Born:

Temp: 36.4 °C HR: 140b/min RR: 48b/min BP: - SpO₂: 99%

Pain Score: _____ (Follow N Pass)

Fall Risk Assessment: Yes No Score: 15 (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: manga Devi

Signature:

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

VIH-00206290 IP-00060492
Baby B/O M. BALAMANI
26-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O M. Balamani Mother's Name:

Date of Birth: 26/06/26 Time of Birth: 2:58 pm Gender: Male Female

Birth Weight: 2.99 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: O+ve Baby:

Feeding: Breast Feeding Formula Both First Feed Time:

VIH-00125303 IP-00060490
Mrs M. BALAMANI
17-06-1988 38 Y 0 M 9 D (F)
Dr. SRILATA PATNAIK

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

Indication:

Physical Assessment of New Born:

Temp: 36 °C HR: 145b/Min RR: 45b/Min BP: - SpO₂: 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: Bevonika


Signature: Bmij

Date & Time: 26/6/26 @ 11:50pm

1

PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00206290 IP-00060492 Baby B/O M. BALAMANI 26-06-2026 0 Y 0 M 0 D 4 H (F) Dr. PREETHAM KUMAR 		Date & Time of Admission 26/6/26 @ 5:27pm	Date & Time of Transfer Order 26/6/26 @ 11:20am
		Transfer Ordered by DR. Srikar	Reason for Transfer Observation
From Unit MICU	To Unit Room (105)	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 25	Number of Imaging Films ni	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby small boots - 1	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

DR. Srikar

Name & Signature of Person who is Transferring Sis. Anah	Name of Person Ordered Transfer DR. Srikar
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Patient & Clinical Records Received by :

Sr. Bevanika

Date & Time of Patient Received :

26/6/26 @ 11:30pm

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

Unavailable Bed

Nurse not Available

Available Bed not ready

1

ACTIV VIH-00206290 IP-00060492
Baby B/O M. BALAMANI
26-06-2026 0 Y 0 M 0 D 4 H (F)
Dr. PREETHAM KUMAR

ING

Name: _____



UHID N. _____

Consultant : _____

Dept : _____

Date of Admission : 26/6/26

Time : 5:27 PM

Date of Discharge : _____

Time: _____

Room / Bed No : 227-1

Ward : Lw

Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	11:20 PM	MICU	Room (105)	[Signature]

Cross Consultation Visit

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

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Balamani Age : Father's Name : Age :
 Date of Birth : 17/06/88 Date of Admission : UHID No. :
 NICU Consultant : Dr. Preetham Referring Consultant : Dr. Sridhar
 Transferring Unit : OT Labour Room ER Ward
 Transported ? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Balamani Mother's Blood Group : O Positive
 Gender : M F Blood Group : Birth Weight (gms) : 2.99 kg Length (cms) :
 Date of Birth : 26/6/26 Time of Birth : 2:58 PM OFC (cms) :
 Place of Birth : RCT - VKP Estimated Gesth Age : 38⁺1 wk

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 38 yrs Ht : Wt : BMI : Married Life : 6 yrs LMP : 2/10/20 EDD : 9/7/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 8⁺5 wk AN Steroids Drugs / Doses :
 Last Scans Details : 34 wks 36⁺2 wks Cephalic Pl. Anterior
Ac-4% EFW - 3634g Doppler Immunization and Iron / Folic Acid : covered.

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input checked="" 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>T. ECo sporing Irony</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF /) Redistribtion in MCA) / Ductus Venosus : AFI :	H/o GDM/ pre GDM/ on diet or insulin <u>As-1aon2k</u> Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIFFA , Fetal Echo : H/o Hypothyroidism : 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 type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :



Equipment check done
↓
S/o Balamani Delivered up
Emileus ↓
fch-cias
↓
Dce done for goose
↓
Dried and Stimulated
↓
Secretions cleared
↓
Cord clamp cut 2A+IV+
↓
Inj. vit K 1mg given

target SpO2
reached at
3 of life

Investigation details in previous Hospital :
Baby vigorous
↓
Shift to mother side

Feeding History :

Past History :

Family History :

Socio Economic History :



GENERAL EXAMINATION ON ADMISSION

General Disposition :

CIA good

VITALS : Temperature : 36.5°C HR : 160/min RR : 39/min NIBP : CFT : c/s

Color of the extremities : Acrocyanosis

Jaundice : Pallor : SpO2 : 98/RA

Anthropometry : Birth Weight : 3.99 kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : AF @ level
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 : } Not checked

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



Sex:

Position of nipples and Number:

2 in No @ Position

ABDOMEN and UMBILICUS :

Shape :
 Organomegaly :
 Bowel Sounds :
 Umbilical Stump : 2A+IV ⊕
 Discharge :

GENITALIA :

Labia / Hymen : Female
 Testicles/penis :
 Anus : ⊕

HERNIAL ORIFICES

Free

TRUNK and SPINE :

N

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :
 Deformities : 10ft+10T ⊕
 Hip Joint Examination :

Arms / Legs :
 Mobility :

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 :

SpO₂ : 96.1RA Auscultation : BAE ⊕ Breath Sounds : NVB ⊕ Added Sounds :

Cardiovascular System :

HR : 160/min BP : Precordial Activity : ⊕

Femoral Pulses : ⊕ Murmurs :

Other Peripheral Pulses : ⊕ Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice : ⊕

Palpation : soft Anal Patency : Umbilical Cord : 2A+IV ⊕

Palpable masses : First urine passed : ⊕

Abdominal girth : Meconium passed :



Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *B/c equivocal* DTR :

ATNR : *(+)* Skull and Spine :

Any Congenital Anomalies :

Diagnosis : *Term / Em-154 / Fet / CIAS / 2.99kg / AGA*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor

Signature : *[Signature]*

Name : *Dr. Smiker*

Date & Time : *26/6/26 / 3:20pm*

Consultant :

Signature : *[Signature]*

Name : *Dr. Preetham*

Date & Time : *27/6/26 9h*

DISCHARGE PLAN

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: - DBF 2nd wly

- BAE/SBR/MBS r/f d/c

- Immunization

- Routine New Born Care.

marked by
Ruhina
3:20pm

Doctor Signature: 

Doctor Name: Dr. Shrikar

Date & Time: 26/6/24, 13:20pm

VIH-00206290 IP-00060492
 Baby B/O M. BALAMANI
 26-06-2026 0 Y 0 M 0 D 6 H (F)
 Dr. PREETHAM KUMAR



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/24 8:30 AM.	<p><u>1/13 Resident</u></p> <p>Term / emul / femul / CTAS / 2.99 kg / A2.A</p>	
HOL: 18 hrs.	<p><u>0/2</u></p> <p>chud Akur</p> <p>Vitac table</p>	
MB 4 - 0 tre	<p>CTA - Good</p>	
BB 4 - A tre	<p>CPT 2 soc.</p>	
	<p>cu: Pisi ⊕</p>	
Vaccination done.	<p>pu: BLAC ⊕</p> <p>pln: soft</p> <p>cu: NAB.</p>	<p><u>plan</u></p>
Twt: 2.850 kgs. (4.6%)		<p>- DB of 4b burping and hily</p>
		<p>- warm the and case</p>
		<p>- OAC today.</p>
		<p>- TCB B/d the discharge.</p>
		<p>- monitor intell</p>
		<p>- Injfm (sos s.)</p>
		<p>- lactation cln</p>

Dr. Prachantika

Dr. Ananya A
 27/6/26
 SAM

noted by
 manasa
 27/6



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26	<p><u>GB Resolved</u></p> <p>o/t Babyworn</p> <p>clt/A good</p> <p>CRT CR sec</p> <p>CVS - SIS @</p> <p>PI - BAC @</p> <p>PA soft</p>	<p>Term fetus / 2.95kg</p>
<p>0 } passed</p> <p>m }</p>	<p>plan</p> <ol style="list-style-type: none"> 1) OAE today 2) TCB b/f dly (T(m)) 3) DSE flog Bupivac 4) Symptom 	
<p>Dr. Vignesh</p>	<p>27/6/26</p> <p>Free</p>	
<p>27/6/26</p>	<p><u>Lactation notes (Mrs. Raneyashwini)</u></p> <p>2nd time Mother</p> <ul style="list-style-type: none"> • Normal breast Condition, drops of Milk seen • Assisted Mother in feeding • Advised to feed every 2hrs • Move skin to skin 	<p>Noted by Manisha 27/6/26 @ 8pm</p>



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: New born		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known		If Yes Specify:		
BACKGROUND		Surgery / Procedure:		Post OP Day:				
BACKGROUND	Date	26/6/26	26/6/26	26/6	27/6	27/6/26	27/6	
	Shift	Evening	N	Night	m	E	Night	
ASSESSMENT	Medical Condition (Any special condition to be noted):	-	-	Nil	Nil	Nil	Nil	
	Diet:	DBF	DBF	DBM	DBM	DBM	DBM	
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.4 F	98.1 F	98.6 F	98.6 F	98.6 F	98.6 F
		Res:	48 blm	47 blm	45 blm	46 blm	40 blm	42 blm
	SpO ₂ :	99%	99%	99%	98%	99%	98%	
	Pulse:	140 blm	146 blm	145 blm	148 blm	140 blm	138 blm	
	BP:	-	-	-	-	-	-	
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious	
	Fall Risk Score:	15	15	15	15	15	15	
Pain Score:	0	0	0	0	0	0		
Recommendations	Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact	
	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendations	Physiotherapy:	Nil	Nil	Nil	Nil	Nil	Nil	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Recommendations	Special Diet:	Nil	DBF	DBM	DBM	DBM	DBM	
	Critical Lab Test / Values:	Nil	-	Nil	Nil	Nil	Nil	
Recommendations	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Recommendations	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Dependent	dependent	dependent	Dependent	Dependent	dependent	
Post Operative Procedure Special Orders:		-	DBF 2nd hourly.	DBM 2nd hourly	DBM 2nd hourly	DBM 2nd hourly	DAE TCS BIA PIC	
Handed Over By Name :		Suhorini	Karal	Benavika	marasa	manisha	Benavika	
Signature / ID :		8020477	020573	018727	019597	1990504	018727	
Date:		26/6/26	26/6/26	27/6/26	27/6	27/6/26	28/6/26	
Time:		@8m	@11:20pm	@8am	@2pm	@8pm	@8am	
Taken Over By Name :		Karal	Benavika	marasa	manisha	Benavika	marasa	
Signature / ID :		020573	018727	019597	1990504	018727	019597	
Date:		26/6/26	26/6/26	27/6	27/6/26	27/6/26	28/6	
Time:		@8pm	@11:30pm	@8AM	@2pm	@2pm	@8AM	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>New born</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: <u>Nil</u>					
	Surgery / Procedure: <u>-</u>	Post OP Day: <u>-</u>					
BACKGROUND	Date	<u>20/6</u>					
	Shift	<u>m</u>					
	Medical Condition (Any special condition to be noted):	<u>nil</u>					
	Diet:	<u>DBM+FF</u>					
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>					
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.3 °C</u>				
		Res:	<u>30 bl/m</u>				
		SpO ₂ :	<u>98 %</u>				
		Pulse:	<u>132 bl/m</u>				
		BP:					
		LOC:	<u>Core Conscious</u>				
		Fall Risk Score:	<u>10</u>				
	Pain Score:	<u>0</u>					
	Skin Integrity	<u>intact</u>					
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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>nil</u>					
	Others Specify:	<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:	<u>DBM+FF</u>					
	Critical Lab Test / Values:	<u>nil</u>					
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<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 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):	<u>dependent</u>						
Post Operative Procedure Special Orders:		<u>nil</u>					
Handed Over By Name :		<u>manasa</u>					
Signature / ID :		<u>[Signature]</u>					
Date:		<u>28/6</u>					
Time:		<u>00:00</u>					
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Noted by
manasa
25/6
20:00

VIH-00206290 IP-00060492
 Baby B/O M. BALAMANI
 26-06-2026 0 Y 0 M 0 D 4 H (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	6pm	⇒ Ensure safety	6:10 PM	⇒ provided cradle & warm care	⇒ Baby safety	⇒ Baby safe & comfortable	the Pmangar 26/6/26 @ 7pm
Night	9 PM 11am	Ensure safety → Feeding	9 PM	→ provided cradle → DBM given every 2nd hrly	⇒ to prevent fall. → Feeding well	Baby is Good	Jalal 27/6/26 Jesars

VIH-00206290 IP-00060492
 Baby B/O M. BALAMANI
 26-06-2026 0 Y 0 M 0 D 4 H (F)
 Dr. PREETHAM KUMAR



NURSING CARE RECORD



Date: 27/6/26

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..... (Nil)

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10AM	→ Feeding		→ Every 2nd hourly to given DBF	→ Baby taking well	→ Baby is Good	Anita 27/6 @ 2pm
Afternoon	3pm	- Feeding		- Every 2nd hourly to given DBF	- Baby taking well	- Baby is Good.	Manisha 27/6/26 @ 3pm
Night	10pm	→ Provide warm care and cold care.		→ Provided warm care and cold care.	→ Prevent infection	→ Baby is stable	Beronica 28/6 @ 8am
	1am	→ Feeding.		→ DBF given every 2nd hourly	→ Feeding well		

NURSING CARE RECORD

Date: 28/6

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10 AM	→ Discharge		note :- Doctor came for rounds and advice for discharge			
Afternoon							
Night							

*noted by
 manasa
 28/6
 P 10:00 AM*

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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



①

THE HUMPTY DUMPTY SCALE

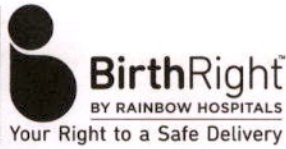
PARAMETER	CRITERIA	SCORE	DATE	DATE	DATE	DATE	DATE
			26/6/26	27/6	27/6	27/6	28/6
Age	Less than 3 years old	4	4	4	4	4	4
	3 to less than 7 years old	3	-	-	-	-	-
	7 to less than 13 years old	2	-	-	-	-	-
	13 years old and above	1	-	-	-	-	-
Gender	Male	2	-	-	-	-	-
	Female	1	1	1	1	1	1
Diagnosis	Neurological Diagnosis	4	-	-	-	-	-
	Alterations in Oxygenation (Respiratory Diagnosis, Dehydration, Anemia, Anorexia Syncope/ Dizziness, etc.	3	-	-	-	-	-
	Psych/ Behavioral Disorders	2	-	-	-	-	-
	Other Diagnosis	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	4	4
Environmental Factors	Patient uses assistive devices or infant toddler in crib or Furniture/ Lighting (Tripled Room)	3	-	-	-	-	-
	Patient Placed in Bed	2	-	-	-	-	-
	Outpatient Area	1	-	-	-	-	-
Response to Surgery / Sedation Anesthesia	Within 24 hours	3	-	-	-	-	-
	Within 48 hours	2	2	2	2	2	2
	More than 48 hours/ None	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	1	1	
Total			15	15	15	15	15

Intervention:

-Fall Risk: Low Humpty Dumpty Score = 7-11,

High Risk Humpty Dumpty Score = 12 or above

Bed in low position		crib	crib	crib	crib	crib
Call device within reach		-	✓	-	-	-
Wheels Locked		-	✓	-	-	-
Room free of clutter		-	-	-	-	-
Adequate lighting		-	-	-	-	-
Wheel chair safe		-	-	-	-	-
Other Intervention(s) Specify		-	-	-	-	-
Nurse's Name:		Mang	marasa	manika	Baronik	parag
Signature:		(M)	M	M	B	P
Date:		26/6/26	27/6	27/6	27/6	28/6
Time:		6:30 AM	3pm	9pm		



CONSENT FOR FORMULA FEEDS

Patient Name : B/o. Balaram Age : 2 days

Gender : M F - IP No : 0006492 Reg. No. : 206290

Department : 1st Floor Date : 28/6/26

I Mr / Mrs. : S / W / D / o :

aged years. Hereby declare that I have admitted my son / daughter

In the NICU of Rainbow Children's Hospital, Hyderabad on Here by giving consent for formula feeding for my child. Doctors have explained me about the formula feeding benefits and risks involved in the language I best understand.

Patient Attendant :

Signature : [Signature]

Name : S. Jay Prakash

Relationship with Patient: father

Date & Time : 28/06/2026 - 2:00AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Mr. Vithwal

Date & Time : 28/6/26

డబ్బా పాలు పట్టించుటకు అనుమతి పత్రం

రోగి పేరు :వయస్సు : లింగం :పు□ స్త్రీ□

రిజిస్ట్రేషన్ నం : ఐ.పి. నం :

నేను స్త్రీ/స్త్రీమతి : S/W/D/O:

వయస్సు : సంవత్సరాలు, నా కుమార్తెని/కుమారుడును రెయిన్ బో పిల్లల ఆసుపత్రి,

ఎన్ ఐ సి యు లో అడ్మిట్ చేసినాము మరియు డబ్బా పాలు పట్టించుటకు నా పూర్తి అంగీకారం

తెలుపుతున్నాను. డాక్టర్లు డబ్బా పాలు త్రాగించడం వల్ల కలుగు ఉపయోగాలు మరియు నష్టాల

గురించి నాకు అర్థమైన భాషలో వివరించారు.

సహాయకుడు :

సాక్షి

సంతకము : _____

సంతకము : _____

పేరు : _____

పేరు : _____

తేది మరియు సంతకము : _____

తేది మరియు సమయము : _____

డాక్టర్ :

సంతకము : _____

పేరు : _____

తేది మరియు సమయము : _____



: RCH/ FRM / CLINICAL / 124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 26/6/26	Time:	8	10	12	2	4	6	8
Doctor/Nurse/Family Concern?		PM	PM	PM	AM	AM	AM	AM
Temperature (°F)		98.8	98.6	98.4	98.6	98.6	98.6	98.6
Heart Rate (bpm)		152	150	145	140	145	140	150
Blood Pressure (mmHg) *		135	135	135	135	135	135	135
Resp. Rate (bpm) (Over 1 Minute) *		45	55	55	40	45	35	40
Resp Mod/ Severe Distress		NA	NA	NA				
Receiving O ₂ (l/min)								
O ₂ Saturations (%)		99	99	99	99	98	97	98
Conscious Level		✓	✓	✓	N	N	N	N
GCS *		✓	✓	✓	15	15	15	15
TOTAL SCORE		0	0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0	0
Pain Score		0	0	0	0	0	0	0
Observer's Initials		P	P	P	B	B	B	B

ACTIONS

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

NB: Scores 3 should be recorded overleaf

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	IDENTITY: I am (name), a nurse on ward (X). I am calling about (child X)
S	SITUATION: I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	BACK GROUND: Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

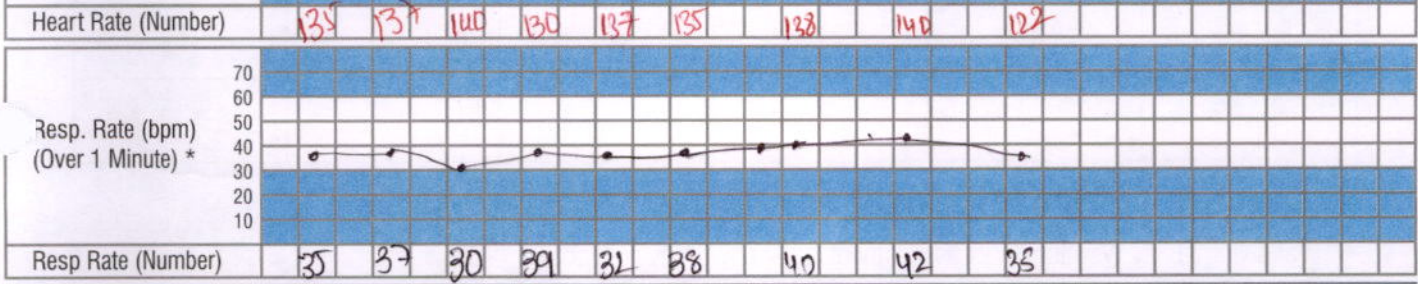
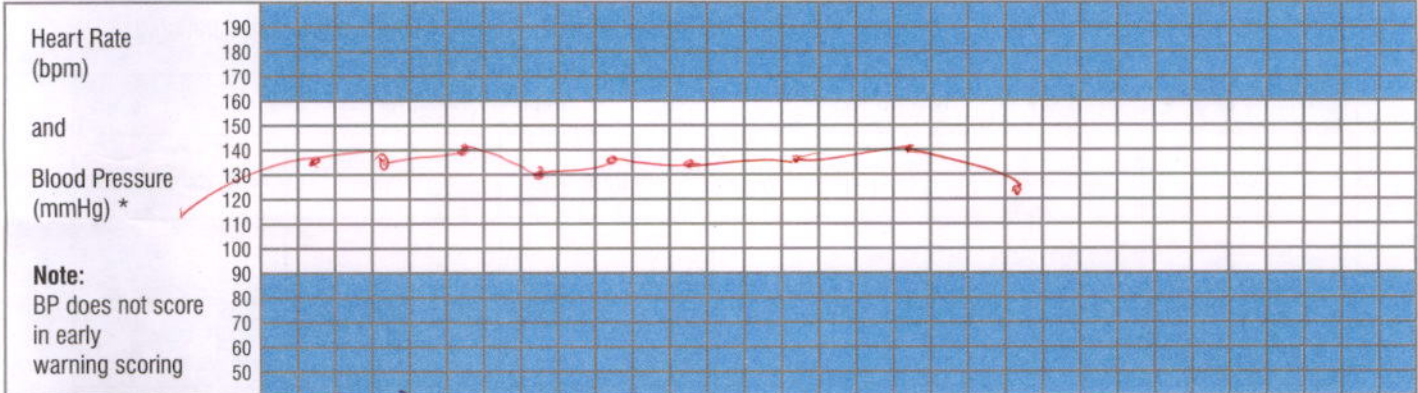
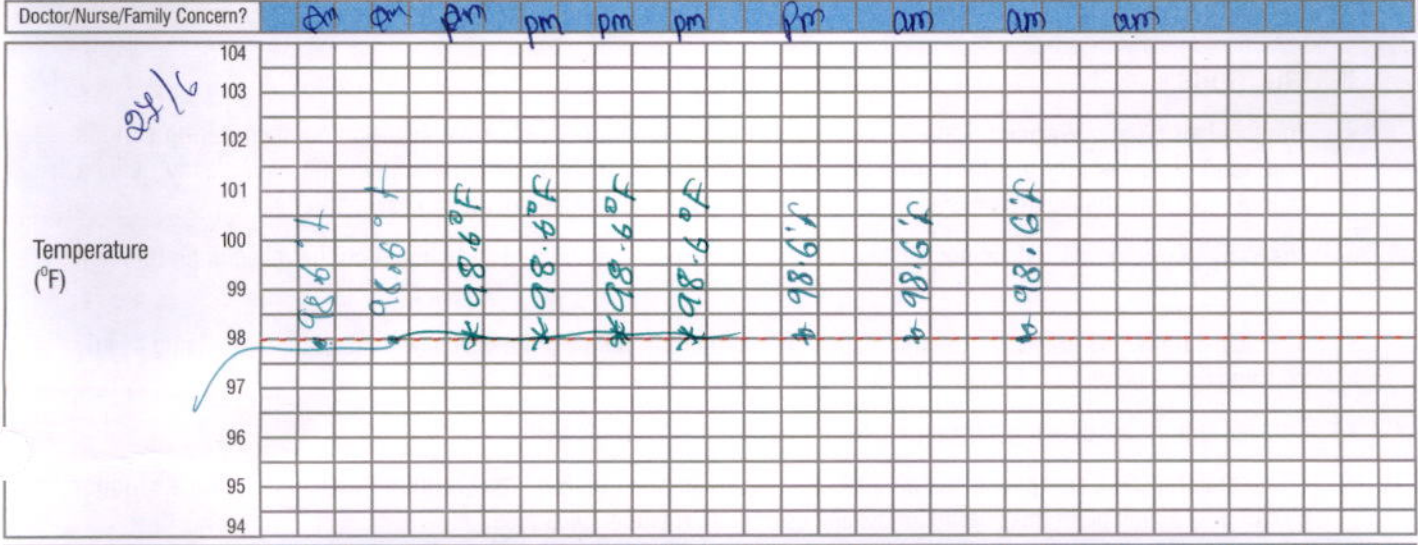


INFANT (<1 year)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: Time: 9 11 1 3 5 7 9 11 1 4 7
 Doctor/Nurse/Family Concern? AM AM PM PM PM PM PM AM AM AM



Resp Mod/ Severe Distress	None / Mild										
Receiving O ₂ (l/min)	O ₂ Saturations (%)	98	99	98	99	98	99	99	98	98	
Conscious Level	Normal / Altered	N	N	N	M	M	N	N	N	N	
GCS *		15	15	15	15	15	15	15	15	15	

TOTAL SCORE	Number of shaded boxes	0	0	0	0	0	0	0	0	0	
Pain Score		0	0	0	0	0	0	0	0	0	
Observer's Initials		A	A	A	M	M	M	B	B	B	B

ACTIONS

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VIH-00206290 IP-00060492
 Baby B/O M. BALAMANI
 26-06-2026 0 Y 0 M 1 D (F)
 Dr. PREETHAM KUMAR



d. : RCH/ FRM / CLINICAL / 124

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 28/6 Time: 9

Doctor/Nurse/Family Concern? AD

Temperature (°F)	104	
	103	
	102	
	101	
	100	98.0
	99	
	98	
	97	
	96	
	95	
	94	

28/6/26

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

Note: BP does not score in early warning scoring

Heart Rate (Number) 130

Resp. Rate (bpm) (Over 1 Minute) *	70	
	60	
	50	
	40	
	30	
	20	
	10	

noted by Manu 28/6 010197

Resp Rate (Number) 30

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 97

Conscious Level Normal / Altered N

GCS * 15

TOTAL SCORE Number of shaded boxes 0

Pain Score 0

Observer's Initials m

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.
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A	ASSESSMENT: I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION: I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



FLUID CHART

Sheet No. : 1

26/6/26

- 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												
	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	DBF ✓											
	05:00 pm												
	06:00 pm	DBF ✓											
	07:00 pm												
Total Intake : Good						Total Output :							
	08:00 pm	DBF											
	09:00 pm												
	10:00 pm	DBF											
	11:00 pm												
	12:00 am	DBM											
	01:00 am												
Total Intake :						Total Output :							
	02:00 am	DBM											
	03:00 am												
	04:00 am	DBM											
	05:00 am												
	06:00 am	DBM											
	07:00 am												
Total Intake :						Total Output :							

26/6/26

26/6

26/6/26
 @ 7:15m

26/6/26
 @ 7:15m

Benjika
 27/6
 @ 7AM

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00206290 IP-00060492
 Baby B/O M. BALAMANI
 26-06-2026 0 Y 0 M 0 D 4 H (F)
 Dr. PREETHAM KUMAR

FLUID CHART

Sheet No. :

27/6

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			
24/6	08:00 am	QBM										manisha 24/6 @ 1pm	
	09:00 am												
	10:00 am	QBF											
	11:00 am												
	12:00 pm	QBF											
	01:00 pm												
Total Intake :						Total Output :							
27/6/26	02:00 pm	DBF										manisha 27/6/26 @ 8pm	
	03:00 pm												
	04:00 pm	DBF											
	05:00 pm												
	06:00 pm	DBF											
	07:00 pm												
Total Intake :						Total Output :							
28/6	08:00 pm											manisha 28/6 @ 1am	
	09:00 pm	DBF											
	10:00 pm												
	11:00 pm	DBF											
	12:00 am												
	01:00 am	DBF											
Total Intake :						Total Output :							
29/6	02:00 am	FP										manisha 29/6 @ 7am	
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am	QBM											
	07:00 am	+FP											
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00125303 IP-00060490
 Mrs M. BALAMANI
 17-06-1988 38 Y 0 M 10 D (F)
 Dr. SRILATA PATNAIK



FLUID CHART

Sheet No. :

28/6/26

- 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 Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
28/6	08:00 am											MANASA 28/6 @ 10:00 AM	
	09:00 am	FF											
	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 :							

noted by
 MANASA
 28/6
 @ 10:00 AM

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

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							

VIH-00206290 IP-00060492
 Baby B/O M. BALAMANI
 26-06-2026 0 Y 0 M 0 D 4 H (F)
 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					

